

**Right Care Rotating University of Best Practices**  
**Taking Action Together to Prevent Heart Attacks and Strokes**  
**February 7, 2011**

**Group I: Dr. Lisa Gleason (Dr. Garner, Diane Stollenwerk, Rebecca Cupp and Alison DeCristofaro)**

- 1) Getting BP values consistently
- 2) Focus measures more narrowly (too broad a net currently, add more each year)
- 3) Focus at Fill Data vs. LDL Goal
- 4) Culture change in health care roles patient/provider responsibilities
- 5) Paradigm shift monitoring goals from PT driven to medical home driven

**Group II: Dr. Nick Yphantides Group (Dr. Penso, Hattie Rees Hanley, Jack & Judy White, Liz Hems, Dr. DeMaria)**

- 1) PT. engagement plus physician acceptance
- 2) Capacity for regional customization
- 3) Maximizing pharmacy participation/coordination
- 4) Medical group willingness for meaningful standardization
- 5) Background noise fatigue

**Group III: Dr. Robert Smith Group (Dr. Dudl, Dr. Fremont, Dr. Øvretveit, Dr. Kaweski)**

- 1) Alignment of incentives:
  - a. MD's can't do it all
  - b. Peer counseling/interest
- 2) Community Outreach:
  - a. "Pull Strategy"
  - b. Opinion Leaders in Community
  - c. Public Interest Spots
- 3) Venture Effort to:
  - a. Fund to Address over/ inappropriate utilizers
  - b. Modeling

**Group IV: Cathy Coleman (Dr. Philis-Tsimikas, Dr. Bayne, Dr. Dworsky, Lynne Farrell, Dr. Green, Melissa Wilimas and Dr. Phil Yphantides)**

- 1) Bandwidth (lack of ADEQ) Current>Future need. Wireless technology etc.
- 2) Imperfect usage data (medications filling patterns etc.)
- 3) More Awareness/Communications, outreach and discussing 3<sup>rd</sup> party media etc.
- 4) Get MD's to participate (Wi-Fi) EMR fears, transparency
- 5) Data Sharing – Good Idea. Need \$\$/Resources