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Sacramento, CA 95833
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Hospital Equity Measures Advisory Committee Meeting Minutes for September 01, 2022

Members Attending: Dr. Amy Adome, Sharp Healthcare; Dr. David Lown, California Association of Public Hospitals and Health Systems; Denise Tugade, Service Employees International Union; Denny Chan, Justice in Aging; Cary Sanders, California Pan-Ethnic Health Network; Dr. Anthony Iton, California Endowment; Silvia Yee, Disability Rights Education & Defense Fund; Dannie Ceseña, California LGBTQ Services Network; Kristine Toppe, National Committee for Quality Assurance; Dr. Neil Maizlish, Public Health Alliance of Southern California; Dr. Alice Huan-mei Chen, Covered California; Elhahm Mackani (representing DMHC on behalf of Nathan Nau); Latesa Sloan (representing CDPH on behalf of Julie Nagasako); Palav Babaria (representing DHCS on behalf of Dr. Pamela Riley)

Members Absent: Robyn Strong, California Department of Health Care Access and Information.

Presenters: Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant; Ignatius Bau, Health Equity Expert, HCAI Consultant

Public Attendance: 16

Agenda Item I. Call to Order, Welcome & Meeting Minutes

Denise Tugade, Committee Chair, welcomed everyone and called the meeting to order at 9:02 am with roll call of committee members and state partners. Chair Tugade also provided a brief overview of the meeting agenda and goals of the meeting.

Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI, introduced herself and her goals as the facilitator for the meeting. A review of meeting procedures and ground rules for the virtual meeting was provided to all meeting participants.

Questions/Comments from the Committee:

A review and discussion of the August 4, 2022, meeting minutes with the Committee was completed with noted comments to amend the Excel file spreadsheet, "Measures for Consideration", Instructions Tab, related to Column F and to remove reference to the National Quality Forum (NQF) criteria being established during the August meeting.



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The Committee voted to approve the August meeting minutes with the commitment to a strike and amend a part of the Excel measures document mentioning the NQF criteria.

Motion: Neil Maizlish
Second: Cary Sanders

Final Vote: 10 Aye, 0 Nay and 0 Abstentions. Motion passed.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item II. Discussion on Definitions

Ignatius Bau, Health Equity Expert, HCAI Consultant, provided a review of definitions of key health equity terms for committee discussion on agreed upon terminology. Key terminology and concepts reviewed and discussed with the Committee included: vulnerable populations; health equity versus health care equity versus hospital equity; health disparities versus health inequities; (unmet) health-related social needs; (individual) social needs vs. (community) social risks; social determinants of health vs. social drivers of health; Ignatius also included guidance around inclusive language such as first-person language (e.g., people with a disability), and gender-inclusive language (e.g., birthing persons) for the Committee to consider.

There will be a glossary of the key terms developed for the Committee to ensure common alignment around the language used when discussing the work of the Committee.

Questions/Comments from the Committee:

A robust discussion around the key terminology and concepts occurred during the presentation. The Committee discussed how the usage of correct terminology is helpful in defining the scope of this committee's work as well as understanding what is within a hospital's scope. They appreciated the recognition of nesting between hospital equity, broader health care equity, and even broader health equity. There was also recognition that quality measures at the hospital level may not encapsulate the full ecosystem of what the hospitals might report on to address both individual social needs and community level social risks – either through collaboration with other partners or other means of collaborative efforts.



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Public Comment:

There were no public comments received for this agenda item.

Agenda Item III. Measure Selection Discussion

Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant, provided a review of final principles and criteria for measure selection from the August meeting and led the Committee in a discussion and feedback on the proposed measures list. He also led a review of disparities for the committee's consideration based on the 2021 disparities report that was done by the Agency for Healthcare Research and Quality (AHRQ) on health care quality and disparities. During the presentation he reviewed technical terms in the "Measures for Consideration" Excel spreadsheet, such as Patient Safety Indicators (PSIs) and Inpatient Quality Indicators (IQIs) and provided a brief tutorial on how to navigate and sort the information on the Excel spreadsheet.

Dr. Spurlock concluded the measure selection discussion with a review of expectations for the October committee meeting, stating that the Committee will focus on the "all hospital" measures. He also noted that the Committee will need to start discussing considerations for pediatric hospitals, inpatient psychiatric, and other specialty hospitals that are listed in the legislation. There are pediatric measures that the children's hospitals collect and submit, but the non-children's hospitals don't collect that many or any for pediatric patients.

Questions/Comments from the Commission:

There was high engagement and robust discussion from the Committee regarding measure selection, methodology used for measure selection, issue of sample size, the use of measures already in widespread use, and the importance of specifying the magnitude of each health disparity. The committee also had some questions regarding populations with limited English proficiency, language access, and additional subgroups that were mentioned in the statute. Additionally, there was discussion around mental health and behavioral health in the hospital settings and the ability to review any California-specific health disparities information to support measure selection. The committee also discussed the challenges of including the Prevention Quality Indicators (PQIs), which are not collected by hospitals as they are calculated at the area rather than the facility level, but were noted as an important lens to identify disparities.

The Committee emphasized the need for clarity of the methodology for measure selection, requesting more technical detail in the next iteration of the "Measures for Consideration" Excel spreadsheet to provide further transparency in how the



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measures for consideration and inclusion were selected, as well as consolidating criteria for measure selection into one area. The Committee also discussed prioritizing measures that capture the hospital's partnerships with community-based organizations.

The Committee had an extended conversation regarding birthing quality-indicators, including vaginal birth after cesarean (VBAC) rates, deliveries by certified nurse midwives, and exclusive breastmilk feeding rates. The Committee discussion concluded with requesting HCAI staff to make some key updates to the "Measures for Consideration" Excel spreadsheet in preparation for the continuation of the discussion in October.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item IV. Committee Wrap Up

Denise Tugade, Committee Chair led the closing discussion including recap of items covered, and action items, in preparation for next meeting.

The action items for the Committee included additional review of the "Measures for Consideration" Excel spreadsheet and materials provided to prepare for October meeting.

The action items requested from the Committee to the HCAI team included:

- Request for information on California-specific disparities, if available and timely to be reviewed by the Committee to support measure selection.
- Further clarity on the methodology of the measure selection criteria with written documentation such as technical notes and/or brief technical definitions to support understanding the methodology selected.
- Future discussion on how the equity reports can assess the hospital's contributions to addressing social risk in their community and identification of measures that hold hospitals accountable for partnering with community actors to improve the continuity of care.
- Continue to address the gaps in the measures that were identified including Sexual Orientation and Gender Identity data, Limited English Proficiency data, mental health and behavioral health as well as other areas where the Committee acknowledged that there are gaps (doulas and certified nurse midwives).



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Questions/Comments from the Commission:

Committee members requested for a section in the minutes that outline the work that the Committee had requested to be done instead of having to go through the entire document just to find it.

The Committee supported the follow ups identified related the hospitals' role as anchor institutions, identification of measures that reflect the social determinants of health and the importance of not doing the measure selection in a vacuum. The Committee commented on a desire to extent possible for this process to explore what is actionable more broadly in a healthcare system rather than specifically hospitals

Public Comment:

There were no public comments received for this agenda item.

Agenda Item V. Public Comment

There were no public comments received for this agenda item.

Agenda Item VI. Adjournment

Denise Tugade, Committee Chair provided reminders for the October committee meeting and procedures for hybrid meeting options as well as requests for reasonable accommodations.

Committee member Kristine Toppe: Move for adjournment.

Committee member Cary Sanders: Seconded the motion.

Chair Tugade adjourned the meeting at 12:59 pm.