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## Hospital Equity Measures Advisory Committee (HEMAC)

### Approved Meeting Minutes for September 3, 2025

**Members Attending In-Person:** Dr. Ash Amarnath, California Association of Public Hospitals and Health Systems; Elia Gallardo, Department of Health Care Access and Information (HCAI); Dr. Amy Sitapati, University of California San Diego.

**Members Attending Remotely:** Dr. Amy Adome, Sharp Healthcare; Joan Allen, Service Employees International Union; Dannie Ceseña, California LGBTQ Health and Human Services Network; Dr. Neil Maizlish, Public Health Alliance of Southern California; Cary Sanders, California Pan-Ethnic Health Network; Kristine Toppe, National Committee for Quality Assurance; Silvia Yee, Disability Rights Education & Defense Fund.

**State Partners Attending Remotely:** Peg Carpenter, Covered California

**Members Absent:** Denny Chan, Justice in Aging.

**State Partners Absent:** Sarah Lahidji, California Department of Health Care Services (DHCS) Julie Nagasako, California Department of Public Health (CDPH); Nathan Nau, California Department of Managed Health Care (DMHC).

**Presenters:** Tamar Boyadjian, MPH, Program Manager Lead, CMQCC Maternal Data Center (MDC); Elia Gallardo, Chief Equity Officer, HCAI; Zachary Gersten, PhD, Research Scientist II, HCAI; Chris Krawczyk, PhD, Chief Analytics Officer, HCAI; Alma Lopez, Program Manager, HCAI; Michael Valle, MPA, Deputy Director and Chief Information Officer, HCAI.

**Public Attendance: 87**

### Agenda Item #1: Call to Order, Welcome, and Meeting Minutes

Elia Gallardo, Chief Equity Officer at HCAI, welcomed everyone and called the meeting to order with a roll call from committee members and state partners. The committee reviewed and approved the minutes from the June 17, 2025, HEMAC meeting. A motion was made by Ash Amarnath. The following members voted to approve the minutes: Ash Amarnath, Amy Adome, Joan Allen, Dannie Ceseña, Neil Maizlish, Cary Sanders, Amy Sitapati, Kristine Toppe, Silvia Yee. Committee Department Representative Elia Gallardo abstained from voting.

The minutes were approved by a vote of nine.

#### Questions/Comments from the Committee:

The committee did not have any questions or comments about this agenda item.



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Public Comment: There were no public comments received on this agenda item.

### **Agenda Item #2: June 17, 2025, Meeting Recap**

Elia Gallardo, Chief Equity Officer at HCAI, recapped recent Health Equity Measures (HEM) Program progress, noting that final regulations took effect on June 4, 2025. HCAI staff shared reporting tools and resources, including submission guides, templates, and a data toolkit, to help hospitals comply with annual reporting. The meeting also included presentations on best practices for data collection and patient privacy, featuring insights from health equity expert Ignatius Bau and inclusive sexual orientation and gender identity (SOGI) data collection strategies presented by committee member Ceseña.

Questions/Comments from the Committee: The committee did not have any questions or comments about this agenda item.

Public Comment: There were no public comments received on this agenda item.

### **Agenda Item #3: Deputy Director Updates**

Michael Valle, MPA, Deputy Director and Chief Information Officer, HCAI, emphasized the importance of data de-identification to protect privacy, particularly for vulnerable communities, as required by California law. He also highlighted the success of HCAI's August 18, 2025 webinar on de-identification, which drew over 200 participants. He clarified that HCAI only collects de-identified data, and while this limits some public reporting, hospitals may voluntarily share additional information through supplemental reports.

Questions/Comments from the Committee: The committee did not have any questions or comments about this agenda item.

Public Comment: There were no public comments received on this agenda item.

### **Agenda Item #4: Hospital Equity Measures Program Updates**

Alma Lopez, Program Manager, HCAI, explained that HEM reports are due by September 30, 2025, with a one-time 60-day extension is available through the Hospital Disclosures and Compliance (HDC) system. Reports must be submitted through the HDC system using manual entry or CSV upload, with an option to include supplemental PDF documents following de-identification guidelines. HEM Reporting resources, including QuickStart guides, templates, and webinar recordings, are available on the [program website](#). HCAI also offers continued



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technical assistance and support via email at [Hospitalequity@hcai.ca.gov](mailto:Hospitalequity@hcai.ca.gov) or phone at (916) 326-3830 to help ensure compliance.

#### Questions/Comments from the Committee:

The committee expressed appreciation for the guidance and asked about consumer and stakeholder access to HEM reports, noting past accessibility challenges with similar data. HCAI responded that the full dataset will be on the Open Data Portal after review, with a user-friendly PDF version of each hospital's submission also available.

The committee inquired whether a centralized directory or website will allow users to easily access individual hospital reports. HCAI noted that a searchable webpage is in development.

Public Comment: The public asked about the anticipated public release date for the HEM reports, noting the law is unclear about when hospitals must post the reports on their own websites or when the information will be made publicly available. HCAI responded that hospitals are required to provide the web address where their equity reports are posted, and this information will be made public. However, the full data release is expected in the first quarter of 2026 because hospitals have up to 120 days after the deadline to revise their submissions. This revision period ensures accuracy before the data is published, given the large size and complexity of the files.

#### **Agenda Item #5: Presentation on HCAI Providing Quality Assurance and Quality Control around Data De-Identification Guidelines (DDG) Validation**

Zachary Gersten, PhD, Research Scientist II, HCAI, outlined the technical assistance HCAI offers hospitals for the HEM reporting process, focusing on DDG and quality assurance. Support includes publishing resources, hosting webinars, and offering one-on-one consultations on data masking and risk assessments. In August 2025, HCAI held a webinar for approximately 230 attendees covering DDG and risk assessment examples. During the reporting submission period, HCAI reviews reports for data completeness and proper masking, addressing both under-masking and over-masking issues by working directly with hospitals to correct errors. He also mentioned that post-submission, HCAI will validate data against patient discharge data and, in the future, compare trends across years to improve data quality and reporting accuracy.

#### Questions/Comments from the Committee:

The committee raised concerns about over- and under-masking in hospital equity data, with a request for regular reports on these trends to inform the committee and public and help with broader education.

The committee also raised questions about how missing data is reported, monitored, and managed. They highlighted the complexity of tracking missingness across variables over time to



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ensure data quality improves and targeted assistance is provided. HCAI responded that hospitals receive clear guidance on how to report missing data versus zeros, ensuring transparency in published reports. HCAI will monitor missing data trends, provide ongoing technical support to reduce missing data, and improve reporting accuracy over time.

Public Comment: There were no public comments received on this agenda item.

### **Agenda Item #6: HCAI Updates on Hospital Utilization of Reporting Resources**

Chris Krawczyk, PhD, Chief Analytics Officer, HCAI, outlined resources to help hospitals comply with the requirements of the HEM Program. Key resources include the [Hospital Equity Data Toolkit](#) for demographic, SOGI, disability, and social needs data collection, and health equity plan development. He also highlighted tools from partners such as the Hospital Quality Institute (HQI).

HQI has expanded their Hospital Quality Improvement Platform (HQIP) to assist hospitals with data display, preliminary measure calculations, disparity identification, and draft report generation aligned with HCAI guidelines. While HQIP offers significant support, hospitals remain responsible for finalizing reports, submitting structural measures, and ensuring full compliance with program requirements. For questions about HQIP report preparation, hospitals can email [hqianalytics@hqinstitute.org](mailto:hqianalytics@hqinstitute.org).

#### Questions/Comments from the Committee:

The committee expressed strong appreciation for the progress made in the HEM program, congratulating HCAI staff, hospitals, and advocacy groups.

The committee raised concerns around the need for better interpretation of data beyond collection and confidentiality, emphasizing the challenges of analyzing disparities in large versus small hospitals due to statistical variability and the importance of contextualizing results with epidemiological expertise. Additional concerns included potential impacts of hospital closures on data comparability and the need for ongoing technical support.

The committee highlighted the importance of considering broader trends when interpreting low-volume data and recognizing hospitals' roles in serving new or mobile populations, acknowledging that such disruptions can pose additional challenges to health equity in care delivery. They also emphasized the need to begin thinking about how to quantify these factors in future reports.

#### Public Comment:

The public asked about HCAI's role in data analysis. HCAI clarified this is a data transparency program, and the committee and the public will play a key role in interpreting the data and putting it into action, in addition to making recommendations to HCAI. The program supports HCAI's broader mission to promote informed decision-making through data, analytics, and research.



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### **Agenda Item #7: California Maternal Quality Care Collaborative (CMQCC) Updates on Hospital Utilization of Reporting Resources**

Tamar Boyadjian, Program Manager Lead at the CMQCC, presented an overview of how CMQCC supports California hospitals in meeting HEM reporting requirements. She highlighted the role of the Maternal Data Center (MDC) in generating a partially stratified report that includes three key perinatal measures; Nulliparous, Term, Singleton, Vertex Cesarean Birth rate, Vaginal Birth After Cesarean rate, and exclusive breast milk feeding, stratified by payor, maternal age, language, and race/ethnicity. Tamar Boyadjian detailed two report submission paths via HQI or independent reporting, emphasizing that hospitals are ultimately responsible for their data and improvement plans. Additional resources were provided such as the [CMQCC webpage](#), MDC Report, and contact information for CMQCC specific questions: [datacenter@cmqcc.org](mailto:datacenter@cmqcc.org).

#### Questions/Comments from the Committee:

The committee inquired about using statistical tools like confidence intervals and rate ratios in CMQCC's equity reports to accurately interpret disparities and avoid misdirected quality improvement efforts. Tamar Boyadjian clarified that while CMQCC does not include rate ratios or confidence intervals in the HCAI equity report itself, such features are available within MDC for hospitals that wish to conduct deeper analysis. Melinda Kent added that CMQCC can support hospitals identify confounding factors and understand disparities with additional stratified analyses in the MDC.

The committee raised concerns about the lack of comprehensive race/ethnicity and SOGI data from birth certificates. The committee recommended efforts are made to update these forms and improve data inclusivity. Tamar Boyadjian and Melinda Kent noted CMQCC's ongoing advocacy with the state for expanded data elements.

The committee inquired about CMQCC's plans to incorporate disability status data. Tamar Boyadjian shared that while it's not currently collected, CMQCC plans to add it as a supplemental data element and would likely form a working group to define it appropriately. The committee offered to share recent research on disability data questions.

Public Comment: There were no public comments received on this agenda item.

### **Agenda Item #8: Committee Wrap Up**

Dr. Ash Amarnath, HEMAC Chair, provided a recap of the meeting. Dr. Ash Amarnath highlighted that this was the last HEMAC meeting before reporting submissions. Upcoming meetings will review results and the program's impact, focusing on HEM updates, addressing common questions, and technical assistance efforts to help hospitals file reports on time. HCAI will contact committee members to schedule 2026 meetings.

#### Questions/Comments from the Committee:



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The committee emphasized the importance of data interpretation and expressed concerns that without clear analytical guidance, the program could risk being perceived as performative. In response, HCAI staff clarified that the program was designed as a transparency initiative to provide aggregated, researchable data, with hospitals expected to analyze disparities and develop action plans.

HCAI assured that the process will be iterative, evolving based on initial reports and feedback, and that future committee input can help shape program changes. While current resources are limited, HCAI will respond to hospitals' technical assistance needs as they arise.

The committee raised questions about the potential use of federal rural health transformation funds to support this work. HCAI confirmed it is administering the federal Rural Health Transformation Program in California but noted federal guidelines are still being finalized. Stakeholder engagement is ongoing, and public meetings will be posted on HCAI's website to ensure transparency and encourage community engagement.

*Public Comment:* There were no public comments received on this agenda item.

#### **Agenda Item #9: Adjournment**

Dr. Ash Amarnath, HEMAC Chair, adjourned the meeting at 11:17 a.m.