HCAI Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

Hospital Equity Measures Advisory Committee
Draft Meeting Minutes for February 2, 2023

Members Attending: Dr. Amy Adome, Sharp Healthcare; Denny Chan, Justice and Aging; Dr. David Lown, California Association of Public Hospitals and Health Systems; Denise Tugade, Service Employees International Union; Cary Sanders, California Pan-Ethnic Health Network; Silvia Yee, Disability Rights Education & Defense Fund; Kristine Toppe, National Committee for Quality Assurance; Dr. Neil Maizlish, Public Health Alliance of Southern California; Dannie Ceseña, California LGBTQ Services Network; Robyn Strong, Department of Health Care Access and Information (HCAI); Taylor Priestley, Covered California; Nathan Nau, California Department of Managed Health Care (DMHC); Julie Nagasako, California Department of Public Health (CDPH); and Dr. Pamela Riley, California Department of Health Care Services (DHCS).

Members Absent: Dr. Anthony Iton, California Endowment

Presenters: Elia Gallardo, Legislative and Government Affairs Deputy Director and Chief Equity Officer, HCAI; Ignatius Bau, Health Equity Expert, HCAI Consultant; Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI; Natalie Graves, Hospital Quality Measures Expert, HCAI Consultant; and Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant.

Public Attendance: 32

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

Elia Gallardo, Legislative and Government Affairs Deputy Director and Chief Equity Officer, HCAI, welcomed everyone and called the meeting to order at 9:31 am with roll call of committee members and state partners. Chair Tugade joined the committee meeting shortly after the roll call.

Elia Gallardo also provided a review of meeting procedures and ground rules for the virtual meeting to all meeting participants.

Questions/Comments from the Committee:

A review of the December 1, 2022, meeting minutes with the committee was completed with no requested amendments and no additional discussion.

The committee voted to approve the December meeting minutes as presented.

Motion: Committee member Cary Sanders
Second: Committee member Kristine Toppe

HCAI Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

Final Vote: 7 Ayes, 0 Nay, and 1 Abstention. Motion passed.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item II. 2022 Meeting Recap and Overview of the 2023 Roadmap

Elia Gallardo, Deputy Director Legislative and Government Affairs Deputy Director and Chief Equity Officer, HCAI, provided a summary from the 2022 committee meetings, including recommendations voted on by the committee, a roadmap highlighting planned key activities for 2023 through 2027, a review of the scope of the committee, and that the measures recommendations were posted on the HCAI website.

Questions/Comments from the Committee:

There were no questions received from the committee for this agenda item.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item III. Discussion about Demographic Data Stratification

This agenda item contained two parts. The first part of the presentation was led by Ignatius Bau, Health Equity Expert, HCAI Consultant. Ignatius led a discussion about federal and state level standards for demographic data stratification, including the US Core Data for Interoperability (UCDI) Standards, versions 2 to 4, and the CalHHS Data Exchange Framework. Assembly Bill 1204 requires hospitals to stratify health equity measures by age, sex, race, ethnicity, language, disability status, sexual orientation and gender identity (SOGI), and payor, to the extend the data is available, and Ignatius discussed the types of such data that may be available. Ignatius also provided an example of the work undertaken by the California Public Hospital Association and the California Health Care Safety Net Institute to increase SOGI and Race/Ethnicity and Language (REAL) data collection, demonstrating the progress that can be made by hospitals to improve the collection and stratification of such data.

The second part of the presentation was led by Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI, and focused on the persona demographic categories HCAI currently receives from California hospitals. He also discussed the CalHHS Data De-Identification Guidelines that will be used by hospitals to de-identify their health equity reports prior to submission.

A committee discussion was conducted at the conclusion of each section of each

HCAI Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

presentation and the opportunity for public comment was provided at the conclusion of the agenda item.

Part 1: Discussion about Demographic Data Stratification

Questions/Comments from the Committee:

The committee engaged in a robust discussion around REAL data completeness for the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program that operated from 2015 to 2020. A distinction was made from the discussion that the PRIME Program data completeness required the field to be complete, and the patient's identity could be marked as "unknown", but it was required that hospitals asked the individual patient on how they identified. However, the completely "unknown" data was low. It was also noted that the SOGI data implementation began later than the REAL data. Another aspect with the PRIME Program was that the data collection of REAL and SOGI data was a requirement of the PRIME program and was tied to financial accountability, which makes it different from the Hospital Equity reporting program. There are lessons learned from the PRIME Program around technical assistance and training, specifically the need for cultural sensitivity training around collecting data that can be applied to the Hospital Equity Measures Program.

The committee also discussed the CalHHS Data Exchange Framework and provided a clarification that the Data Exchange Framework is a data sharing agreement that does not mandate collection by providers, it rather mandates sharing. The committee also noted that USCDI Version 1 is the only required version for electronic health record (EHR) systems at this time. This could affect the capability of hospitals and health systems on what they are able to report. Another point noted by the committee was that HCAI currently maintains a list of preferred languages for the hospital discharge database that goes beyond the ISO Code 639-2 list. The committee also expressed concerns around data flow processes, barriers or issues around data completeness, and the lack of available data on intersectionality. The committee further noted that the EPIC EHR vendor has made progress in incorporating disability status data elements as part of their system. The committee further noted that the EPIC EHR vendor has made progress in incorporating disability status data elements as part of their system.

The committee received clarification that the intent of this agenda item discussion is to understand the existing standards for how data can be stratified. It was noted that in all measurement in healthcare there is a goal for standardization, to the extent possible, and that standardization improves over time and that there will be learning that happens throughout this process.

The committee agreed that collaborative efforts from all entities is needed to bring a solution forward to address the issues of data completeness, data collection, and lessons learned from the PRIME program. The committee recognizes the limitations in what data is available and what has been collected. The task at hand is to ensure that the data collected for the Health Equity Measures Program will be comparable and will result in measurable progress.

HCAI Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

Part 2: Administrative Data Currently Reported to HCAI

Questions/Comments from the Committee:

The committee engaged in a robust discussion on the race categories and issues of mutually exclusive categories, especially when the Native American, Alaskan Native, and Pacific Islander communities have voiced their concerns that mutually exclusive categories artificially deflate their representative numbers compared to other groups. There was discussion around the usage and applicability of the CalHHS Deidentification Guidelines, as well as a discussion on the most effective analytic approaches. The committee recommended that HCAI review current best practices that address analyzing disparities data and to work with the committee to develop non-regulatory guidance to support hospitals in their task of analyzing and interpreting the data that goes into their equity reports.

The committee also discussed how HCAI could assist hospitals in performing de-identification. The committee received clarification that currently the data calculations and technical assistance are done manually by a limited number of HCAI staff. While there is a learning curve associated with the deidentification guidance as with any new program, HCAI is fortunate to have staff dedicated to this topic and can provide expert level technical assistance on this subject matter.

The committee communicated the importance of intersectional data analyses that look at age and race/ethnicity or dual eligible patients, which is something that HCAI plans to further assess in future data releases. It was also acknowledged that capturing data for people who identify with two or more races is a complex issue.

The committee had a broad discussion about the difference between the data that hospitals analyze and use to act on to improve disparities for their patients, versus what is publicly reported. The hospitals will have access to all of their detailed data and be able to develop action plans based on the granular data; however, what they ultimately report to HCAI will need to be de-identified in order to protect individual privacy. The de-identification is not a limiting factor for hospitals to use their analysis of the data to make actionable change and speak to that change in their equity plans.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item IV. Discussion about Identification of Disparities and Disparities Reduction

This agenda item was presented to the committee in three sections.

The first section was led by Natalie Graves, Hospital Quality Measures Expert, HCAI Consultant. Natalie provided a presentation on disparities, defining terms, considerations for analysis & interpretation, limitations, data completeness, data accuracy, risk adjustment, and the consideration of reference groups.

The second section was led by Dr. Bruce Spurlock, Hospital Quality Measures Expert,

HCAI Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

HCAI Consultant. Bruce provided a presentation on concepts such as absolute versus relative differences in data, the magnitude of impact in data, and an overview of the Simpson's Paradox.

The third section was led by Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI. Christopher led the presentation on statistical significance, and public health significance, using examples from HCAI data.

Due to time constraints, the committee will receive the presentation on determining actionability, considerations for ongoing monitoring and evaluation, and further review of the Simpson's Paradox at the meeting in April.

Part 1: Discussion about Identification of Disparities

Questions/Comments from the Committee:

The committee discussed concerns on using the terminology of "nonwhite," to describe population to people of color and indigenous communities, due to the historical tendency towards assuming white is the standard. The committee recommended a review of a book called "Weapons of Math Destruction: How Big Data Increases Inequality and Threatens Democracy" by data scientist Cathy O'Neill that talks about imputation and issues on faulty underlying data used in analysis. The committee noted that imputation should not be the approach for hospitals, as it is important for hospital staff to develop the capabilities to work directly with patients to collect demographic data at intake.

The committee had a robust discussion around the topic of defining a reference group. Overall, the committee agreed that using the highest performing group as the reference group is a best practice. This was further reinforced in examples committee members provided of other efforts that also used the highest performing population as the reference group, such as the PRIME and Quality Improvement Program, as well as Covered California's approach to their disparity identification and reduction work. The committee did discuss that there is a great deal of nuance and complexity when selecting a reference population, including the added complexity around intersectional identities.

The committee also emphasized the importance of developing guidelines when selecting a reference group and noted that the choice of reference groups gets into the heart of what is an inequity and what is a disparity. The committee recommended that a more in-depth analysis of the history of health services disparities is needed and that this review can provide better information on the various dimensions of the sources of inequities other than race and ethnicity.

Part 2: Discussion about Disparities Reduction

Questions/Comments from the Committee:

The committee engaged in a robust discussion on disparities reduction and the need to review the data for absolute versus relative differences, magnitude of impact, and

HCAI Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

linkages to clinical quality improvement principles to leverage all the information that may reveal extra causes of the disparities as well as could help hospitals with the prioritization of which issue to follow up to do first.

Part 3: Discussion about Statistical and Public Health Significance with Examples from HCAI data and overview of Simpson's Paradox.

Questions/Comments from the Committee:

The committee discussed the considerations related to statistical versus public health significance, including the usage of confidence intervals and setting an appropriate p-value for this setting. The committee recommended developing non-regulatory guidance to support hospitals in their task of analyzing and interpreting the data that goes into their equity reports. The committee commented that the Simpson's Paradox presentation was helpful and suggested that the term "confounding or effect modification" should be used to reach a broader audience when describing or presenting this phenomenon. The committee urged for an overall strategy and playbook to support hospitals with an analytic approach that guides univariate analysis to bivariate analysis and beyond, especially when looking at a measure of social determinants of health – two factors and the health outcome.

Public Comment:

There was no public comment received for this part of the agenda item.

Agenda Item VI. Committee Wrap Up

Denise Tugade, Committee Chair led the closing discussion including a recap of items covered and reminders for the next meeting. The next meeting will be on Thursday, April 6, 2023, at 9:30 am also in hybrid format with in-person meeting location in Sacramento at the HCAI main office.

Chair Tugade expressed her appreciation of the committee members, HCAI staff, and consultants of all the work put into the meeting and robust participation. Chair Tugade encouraged everyone to check out the recommended reading of "Weapons of Math Destruction" and look forward to additional shared resources from the committee regarding non-regulatory guidance for hospitals. The committee will discuss report formats, measure evaluation process, and have a guest speaker from the Lown Institute in April.

Questions/Comments from the Committee:

No additional comments or questions received from the committee for this agenda item.

Public Comment:

Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

There were no public comments received for this agenda item.

Agenda Item VII. Public Comment

There were no public comments received for this agenda item.

Agenda Item VIII. Adjournment

Chair Tugade adjourned the meeting at 12:46 pm.