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Hospital Equity Measures Advisory Committee
Meeting Minutes for October 06, 2022
(Approved)

Members Attending: Dr. Amy Adome, Sharp Healthcare; Dr. David Lown, California Association of Public Hospitals and Health Systems; Denise Tugade, Service Employees International Union; 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; Nathan Nau, California Department of Managed Health Care (DMHC); Latesa Sloan (representing the California Department of Public Health (CDPH) on behalf of Julie Nagasako); Dr. Pamela Riley, California Department of Health Care Services (DHCS)

Members Absent: Denny Chan, Justice in Aging

Presenters: Natalie Graves, Hospital Quality Measures Expert, HCAI Consultant; Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant; Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI; Ignatius Bau, Health Equity Expert, HCAI

Public Attendance*:* 25

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

Denise Tugade, Committee Chair, welcomed everyone and called the meeting to order at 9:08 am with roll call of committee members and state partners. Chair Tugade also provided a brief roadmap 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 September 1, 2022, meeting minutes with the committee was completed with noted comments to amend the meeting minutes on Page 4, Agenda Item IV. Committee Wrap Up, second bullet point to include "with written documentation such as technical notes and/or brief technical definitions to support understanding the methodology selected."

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The committee voted to approve the September meeting minutes, with the amendment to the meeting minutes on Page 4, Agenda Item IV. Committee Wrap Up, second bullet point.

Motion: Committee member Anthony Iton
Second: Committee member 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. Follow-Up from September Advisory Committee Meeting

Natalie Graves, Hospital Quality Measures Expert, HCAI Consultant and Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant provided an overview of available California data to identify health care disparities.

Chris Krawczyk, Chief Analytics Officer, HCAI, provided an overview of the available HCAI data that can be stratified to analyze disparities. Chris also reminded the committee that HCAI recently passed a regulations package that's going to begin to collect patient address starting January 1 of 2023, which will allow for more granular analysis of the data.

Ignatius Bau, Health Equity Expert, HCAI Consultant, provided a review Potential Additional Topics for California HCAI Hospital Equity Report for the committee to consider as a follow-up to the September committee meeting. A brief discussion on additional health equity standards and measures broader than hospital quality measures were conducted during this agenda item.

Questions/Comments on the California Disparity Data Presentation:

The committee had a robust discussion around the magnitude of disparities and the need for an acknowledgement about where the disparities are occurring in the health care system – from hospitals to primary care to community – and the importance of coordination between systems of care. The Committee emphasized the importance of ensuring data is disaggregated not only by race, ethnicity, in particular the fact that "Asian and Pacific Islander" is too broad of a category, but also by language, sexual orientation, gender identity (SOGI), and disability. The Committee noted that without the collection of that granular data, sexual and gender minorities and racial and ethnic minorities are at risk of erasure and not having disparities in those communities

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identified and addressed. Committee members will share recommended resources to include for best practices for numerically small groups like American Indian and Alaska Native, and Native Hawaiian and Pacific Islander groups.

The committee discussed what data HCAI currently has that provides insight into disparities, as well as confirming that patient preferred language and race/ethnicity data are collected as part of the current discharge dataset. The committee made a request for the current HCAI file formats for these discharge data.

Questions/Comments on Presentation of Additional Topics for Hospital Equity Reports to Include:

Overall, the committee agreed that all hospitals should commit to addressing equity as aligned with CMS final rule and include necessary processes to use data in a meaningful way to identify disparities. The committee expressed the need for further discussion around the CMS requirements for data analysis and stratification and best approaches to interpreting the results especially if linked to benchmarking and goal setting. The committee noted that language data was not specified in the CMS measure, but that HCAI would have the authority to request hospitals to disaggregate their data by language. The committee also commented on HCAI's role in developing its own disparity reports with data it currently has; it was noted that performance on many hospital quality measures are not reported as part of the administrative dataset, and therefore would not be collected by or available to HCAI. The committee urged HCAI to consider developing best practices and or guidance on data collection, data analysis, and data interpretation for hospital equity reporting.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item III. Hospital Quality Measure Example

Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant, led a presentation of publicly available data on two select California hospitals and the insights a hospital quality measure can provide when applied to the sample data.

Questions/Comments from the Commission:

The committee emphasized the need for clarity of the methodology used in the data analysis, such as including technical notes, documentation, legends, and footnotes to explain the data being presented. The committee understood that each individual quality measure may unearth a number of disparities across race and ethnicity, language,

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payer, etc. – and commented that it would be helpful to understand the relationship between the extent of measures reported to HCAI versus what will be on the hospital report to support the committee's decision making. They also noted the importance of being able to aggregate the data that is in order to understand the inequities across the state.

The committee also discussed the role of risk-adjustment and the appropriate circumstances to do so, the importance of standardizing how to disaggregate data, the ability to aggregate at the statewide level, data elements collected by HCAI currently, and information needed to support the committee to develop recommendations for measure selection criteria that hospitals will need to report on.

Lastly, the committee also recommended that HCAI develop a standardized format to collect the information from hospitals in a manner that allows the data to be interpreted, aggregated, presented, and shared in the most meaningful way possible.

Public Comment:

There were no public comments received for this agenda item.

IV. Measure Selection Discussion and Preliminary Vote

Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant, reviewed the updated proposed measures list. The committee discussed the process for voting and held a preliminary vote on measures to include for all hospital reporting.

Specific "All Hospitals" measures reviewed in Tier 1 were:
- HCAHPS: Would recommend hospital
- HCAHPS: Received information and education
- Hospital-wide readmission rate
- Breastfeeding rate

Specific "All Hospitals" measures reviewed in Tier 2 were:
- Sepsis management
- Pneumonia death rate
- Heart attack death rate

Specific "All Hospitals" measures reviewed in Tier 3 were:
- Stroke death rate
- Cesarean birth rate (NTSV)
- Death after serious treatable complication

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Questions/Comments from the Committee:

The committee discussed two additional criteria to be considered for measures – the measures' connection to community engagement and the ability to aggregate measures for statewide comparison as well as regional comparison.

Discussion on "HCAHPS: Would recommend hospital" and "HCAHPS: Received information and education" measures. (Tier 1 Measures)

Committee members confirmed that the power calculation for these two measures was completed and that it meets the threshold for subgroup analysis and detection of a disparity. The committee also had a discussion around HCAHPS survey completion rates. Typically, 30-40% of the patients who are randomly sampled to receive the survey complete it. Committee members raised concerns that these data may be skewed based on language access limitations, though other committee members noted that the HCAHPS survey is available in Spanish, Chinese, Russian, Vietnamese, Portuguese, and German translations. HCAI staff noted that these measures are not meant to assess performance, but rather to identify disparities and guide the creation of action plans to narrow those disparities.

Discussion on "Hospital-wide readmission rate" measure (Tier 1 Measure)

The committee had an extended conversation to clarify that the state-wide discharge data used for the power calculations reflect the hospital-wide readmissions measure that is currently calculated for hospitals by CMS for Medicare FFS beneficiaries. This measure is calculated for Medicare FFS beneficiaries rather than the hospital's entire population. The committee could, instead, require hospitals to report on all-payer readmissions, stratified by demographic categories. The committee discussed the many and varied causes for readmissions, many of them linked closely to social drivers of health such as lack of transportation, lack of housing, or food insecurity. It was noted that while hospitals are able to directly intervene to prevent some readmissions, many factors are beyond the hospital's control. The committee also discussed the limitation that hospitals are not able to see whether a patient was readmitted to another facility. HCAI would be able to perform that type of a data analysis in the future, though it would be complex.

Discussion on the "Breastfeeding rate" measure (Tier 1 Measure)

There was a discussion that there are currently two measures being used by hospitals regarding breastfeeding rates, and some hospitals use one while others use the other. Most hospitals report and prefer PC-05, which is from the Joint Commission Perinatal

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Care Measure Set. If a hospital is not Joint Commission certified, it could report the perinatal screening measure that is currently reported to CDPH. The committee discussed that this is a challenging measure for hospitals to directly intervene on, as it is mostly affected based on what happens outside the hospital. However, it is a measure with documented disparities across race and ethnicity, as well as good quality improvement resources available to guide improvement efforts. The committee also noted this measure could be aggregated across the state.

Discussion on "sepsis management," "pneumonia death rate," and "heart attack death rate" measures (Tier 2 measures)

For the sepsis management measure, there was a concern brought up that because it is a bundle of four measures, it would create a data collection burden.

For pneumonia death rate measure, there was an additional concern noted regarding small sample sizes at the local level and concerns that actionability may be lower.

There were no comments on the health attack death rate measure.

Discussion on "stroke rate," "Cesarean birth rate (NTSV)," and "Death after serious treatable complication (Tier 3 measures)

Regarding the Cesarean birth rate (NTSV), committee members discussed that this data is reported by hospitals., They also discussed the correlation between vaginal birth after cesarean (VBAC) and C-Section rates, as well as the challenges presented by VBAC deserts. The committee also confirmed that this measure was considered by the DMHC health equity committee but was ultimately not chosen.

Regarding death after serious treatable complication, it was noted that only 154 hospitals report on this measure which is due to sample size limitations. If hospitals do not have a large enough sample size, they do not report on it. This is another measure, like readmission rates that is calculated for hospitals and not done by them.

Voting on Tier 1 Measures

Recommendation: Approval for the "All Hospitals" measures included Tier 1 measures:
- HCAHPS: Would recommend hospital
- HCAHPS: Received information and education
- Hospital-wide readmission rate
- Breastfeeding rate

Motion: Committee member Anthony Iton

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Second: Committee member Cary Sanders

Discussion: There was a comment that the hospital readmission rate measure needs further input and that the HCAHPS measures may provide a skewed sample given that linguistically appropriate care was very high on the list of concerns for public hospitals. It was noted that hospitals do have the ability to work with their HCAHPS survey vendor to administer the survey in various languages. Typically, Spanish and English are the standard languages, but others can be accommodated, though it is dependent on the hospital's budgetary flexibility. Currently the HCAHPS survey is available in seven different languages. Regarding accessibility, committee members remarked that it would be important to ensure the survey is accessible for people with disabilities. Lastly, it was also noted that the HCAHPS measures are the two measures that provide a consumer voice.

Final Vote: 8 Ayes, 1 Nay and 1 Abstention. Motion passed.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item V. Committee Wrap Up

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

The action items for the committee included sending additional measures to consider for the "Measures for Consideration" Excel spreadsheet by October 11, 2022, and review of materials provided to prepare for November meeting.

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

- Request for 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. And to add power analysis to the measure selection criteria slides going forward.
- Request to include Committee member's recommended resources on best practices for numerically small groups like American Indian and Alaska Native, and Native Hawaiian and Pacific Islander groups.
- Request to place at the forefront of measure selection process and to continue addressing the gaps in the measures that were identified including sexual orientation and gender identity and disability data, and data about mental health,

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and behavioral health as well as other areas where the Committee acknowledged that there are gaps (discharge data, language access data, SOGI data, multiracial ethnicity, identification of ethnic minorities).

- Request that HCAI share file formats for the data tables and resource links.
- Request to add "language" on slide 33 to keep in line with that priority.
- Request to update slides 36 and 37 to remove names of the hospitals.
- Request to add to the consideration "aggregate ability" and community partnerships – leaning into community partnerships as we move forward.

Questions/Comments from the Committee:

The committee supported the follow up items identified. The committee commented on a desire to move the meeting time to 10 am to support the committee members traveling to attend the meetings.

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 November committee meeting and procedures for hybrid meeting options.

Chair Tugade adjourned the meeting at 12:59 pm.