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Hospital Equity Measures Advisory Committee Draft Meeting Minutes for April 6, 2023

Members Attending: Dr. Amy Adome, Sharp Healthcare; Dr. Anthony Iton, California Endowment; 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; Robyn Strong, Department of Health Care Access and Information (HCAI); Nathan Nau, California Department of Managed Health Care (DMHC); and Palav Babaria, California Department of Health Care Services (DHCS)

Members Absent: Denny Chan, Justice and Aging; Dannie Ceseña, California LGBTQ Services Network; Taylor Priestley, Covered California; and Julie Nagasako, California Department of Public Health (CDPH)

Presenters: Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI; Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant; Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI; Janis Herbstman, Legal Counsel, HCAI; and Denard Uy, Utilization and Disclosures Reporting Section Manager, HCAI

Public Attendance: 26

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

Denise Tugade, Committee Chair, welcomed everyone and called the meeting to order at 9:33 am with roll call of committee members and state partners.

Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI, provided a review of meeting procedures and ground rules for the virtual meeting to all meeting participants. Elia also provided the announcement of the Bagley Keene Open Meeting Act extension for virtual meeting participation is ending on July 31, 2023. If the extension is not adopted into legislation for virtual participation, then committee members will need to participate in-person for all committee meetings moving forward.

Questions/Comments from the Committee:

A review of the February 2, 2023, meeting minutes with the committee was completed with no requested amendments and no additional discussion.

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



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Motion: Committee member Neil Maizlish
Second: Committee member Kristine Toppe

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. February 2023 Meeting Recap & Follow-up items

Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI, provided a recap summary from the February 2023 committee meeting, including a summary of the roadmap review highlighting planned key activities for 2023 through 2027, and goals for April's discussion items with an overview of the first year reporting activities flow chart followed by a brief review presentation on "Simpson's Paradox" from Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant.

Questions/Comments on the February 2023 Meeting Recap & Follow-up items Presentation:

The committee inquired about the timeline of committee recommended measures being adopted by HCAI for hospitals to report, regulations reporting requirements, data submission, and the specifications of the measures.

The committee also expressed their concern about third variable relationships and confounding variables when collecting equity data, especially around the combination of intersecting variables that can potentially create super high-risk groups. The committee recognizes that confounding variables are an issue, however, the committee believes that the technique of stratification can be used for a much broader purpose that addresses this issue of multiple variables having some kind of potentially additive effect or multiplicative effect that has practical consequences in identifying high-risk groups.

Another concern raised was the "Simpsons Paradox" labeling used to describe confounding variables as this may cause confusion as the "Simpsons Paradox" is not the term used within the health services, research, epidemiology, clinical quality improvements.

The committee also requested to keep an open discussion on populations that fall into multiple categories, move from region to region, and to discuss solutions especially as we anticipate that for smaller racially, ethnically diverse subpopulations with very small numbers to ensure privacy and patient protection.

The committee received information about the regulatory process and steps that HCAI will be preparing for the drafting of regulations. More information about the process will be reviewed in the subsequent agenda items for today's meeting and in the August committee meeting.



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Public Comment:

There were no public comments received for this agenda item.

Agenda Item III. Review of Statutory Requirements for the Hospital Equity Measures Program per Assembly Bill (AB) 1204

Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI, opened this agenda item to provide context of current program status and HCAI program activities during the advisory committee meeting session break from today's meeting and August.

Janis Herbstman, JD, Attorney, HCAI provided a presentation on meeting the requirements of AB 1204 for the Hospital Equity Measures Program with a review of the scope of the committee and HCAI followed by discussion.

Questions/Comments from the Committee:

The committee engaged in a robust discussion during this agenda item. The committee raised concern regarding the capacity of some hospitals to report versus others, especially in consideration of hospitals' resourcing to be able to perform complex data reporting. The committee also expressed thoughts on data reporting models such as the California Align Measure Perform (AMP) & Value Based Pay for Performance programs.

The committee emphasized that the specifications for quality measures should be explicitly stated in the rules. The committee also commented that validation and standardization of the data submission is important for the public reporting of the data to be credible and successful.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item IV. Discussion on Hospital Equity Measures Evaluation: Supporting Hospitals to Collect, Analyze, and Interpret Disparities Data

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

The first section was led by Christopher Krawczyk, Chief Analytics Officer, HCAI. Dr. Krawczyk led the presentation on parameters for standardization and data validation. Dr. Krawczyk opened the agenda item with a review of practical implementation of reporting and analysis requirements, overview of measure characteristics, levels of standardization, levels of validating data, de-identification, and the current data measures landscape.

The second section of the agenda item was led by Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant. Dr. Spurlock provided a presentation on approaches to supporting hospitals in gathering, analyzing, and interpreting data to create meaningful reports including a proposed stratification tool.



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Questions/Comments from the Committee:

The committee discussed concerns about the minimum standards and the potential for perpetuating health disparities, though it was noted that the standards should be meaningful and reasonable enough for hospital to be able to meet them. The committee said that hospitals should self-audit their data and the burden of data validation should not be all on HCAI. It was noted that HCAI cannot independently audit the data submitted by hospitals.

The committee said that routine monitoring of population health, clinical quality improvement and Health Equity should not involve high complex analysis or differential diagnosis that would cause a burden on hospitals. Given that most reports are nonconclusive and that there are factors that are unmeasured, confounding variables, the reporting activity should be accessible without high complexity.

The committee expressed support for HCAI providing a tool to assist hospitals with data stratification. The committee suggested HCAI to provide technical assistance to hospitals and hospital systems in a form of a learning collaborative or shared resources beyond the typical technical assistance around reporting so that hospitals can learn from one another. For example, where some of the hospitals with greater resources can provide tutorials, materials, even personal mentoring and guidance to those less resourced hospitals and share some of this capacity.

The committee also discussed the operational collection of patient data by hospital staff. The committee noted that the best practice approach is to have patients' self-report data.

The committee received clarification from HCAI about data standardization and collection. Many of HCAI programs are based on the billing data and HCAI has established reporting requirements for data elements, based upon the existing national standard and HIPAA – required transaction sets and formats. SOGI and disability status are not among those data elements required for billing purposes. HCAI does not have the regulatory authority to require that those fields be populated in a hospital's EHR.

Public Comment:

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

Agenda Item V. Discussion on Hospital Equity Measures Reports: Considerations for Preparation and Submission Process

Denard Uy, Utilization and Disclosures Reporting Section Manager, HCAI, provided a presentation on data submission processes for current hospital disclosure reports collected by HCAI, and an overview of reporting format approaches for hospital equity measures reporting, followed by discussion.

Questions/Comments from the Committee:



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The committee expressed support for utilizing a standardized report format to allow for comparability, standardization, and ease of use for end-users. The committee received clarification that the submitted information would be compiled into a statewide data set that includes all of the hospital information and all of the responses to any of the text on the narrative open-ended responses.

The committee expressed concerns about issues such as character limits, the structure of the report content, and other specifications, which should be taken into account while HCAI develops the report format. The committee suggested that reports from each facility be compared over time to support data quality improvement and that the missingness of data be transparent to the public in the reports.

HCAI said the current reporting system is flexible and can be customized based on the requirements and what would be most useful to hospitals and the committee.

The committee expressed support for allow hospitals to upload files, such as in CSV format, directly into the system.

The committee also discussed the reporting burden on hospitals, noting that hospitals would be required to submit stratified measures, identify disparities, and include an action plan during the first year of implementation. The committee suggested that consider be given to how implementation could be phased to allow data collection, processing, and reporting time to mature across hospitals.

Public Comment:

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

Agenda Item VI. Lown Institute Hospitals Index Presentation

Vikas Saini, MD, President, Lown Institute provided a guest presentation about the Lown Institute Hospitals Index, the first ranking developed to measure hospital social responsibility in the U.S. followed by discussion.

Questions/Comments from the Committee:

The committee expressed appreciation of the Lown Institute Hospitals Index presentation and views the index as a resource for hospitals to aspire to when implementing their equity plans. The committee inquired about the rationale for not including the Medicaid shortfall and would that change when the Medicaid data is added to the index.

The committee received clarification that Medicaid spending or the shortfall is used in many ways by hospitals and the Lown Institute feels that while it's an important topic and it might well need to be addressed, it's not an appropriate thing to simply lay as a justification for the tax-exempt status, no questions asked - and there's certainly a lot more to talk about there.

The committee also inquired how does the Lown Institute anticipates the findings shifting as they add in Medicare Advantage and particularly adding in Medicaid data.



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The committee received in response from Dr. Saini that the addition of Medicaid may not change their inclusivity calculations as much as refine them. It will also allow the team to start reporting some things like ER bounce to a different hospital based on insurance status. The team at the Lown Institute is going to start looking at overuse metrics, given that the Lown Institute Index has a value metric on unnecessary care. And that is where the team at the Lown Institute is really interested in looking at Medicaid and Medicare Advantage. So, the team will be reporting Medicare Advantage and Medicare overuse rates for 12 specific commonly overused procedures in the near future.

The committee discussed issues such as Medicaid shortfall, the impact of new data being introduced into the analysis, and the role of accessible transportation on the Index.

Public Comment:

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

Agenda Item VII. 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 Thursday, August 3, 2023, at 9:30 am. HCAI will inform the committee of in-person attendance requirements as the Bagley-Keene Open Meeting Act extension ends.

Chair Tugade expressed her appreciation of the guest speaker presentation from the Lown Institute, committee members, and HCAI staff and consultants. Chair Tugade also expressed appreciation of Dr. Lown's contribution to the committee and wished him well for his next endeavor.

Chair Tugade reminded the committee that the guest speaker presentation was for informational purposes and meant to serve as a reference for hospitals to aspire to..

Questions/Comments from the Committee:

The committee inquired about providing further feedback to HCAI. The committee received instructions to send all additional feedback and comments via email to the hospitalequity@hcai.ca.gov.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item VIII. Public Comment

There were no public comments received for this agenda item.

Agenda Item IX. Adjournment

HCAI Department of Health Care
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Chair Tugade adjourned the meeting at 12:58 pm.

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