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Hospital Equity Measures Advisory Committee
Draft Meeting Minutes for April 10, 2024

Members Attending In-Person: Ash Amarnath, California Association of Public Hospitals and Health Systems; Robyn Strong, Department of Health Care Access and Information (HCAI).

Members Attending Remotely: Dr. Amy Adome, Sharp Healthcare; Denny Chan, Justice, and Aging; Isaias Guzman, California LGBTQ Health and Human Services Network; Dr. Neil Maizlish, Public Health Alliance of Southern California; Cary Sanders, California Pan-Ethnic Health Network; Silvia Yee, Disability Rights Education & Defense Fund.

State Partners Attending Remotely: Sarah Lahidji, California Department of Health Care Services (DHCS); Nathan Nau, California Department of Managed Health Care (DMHC); Julie Nagasako, California Department of Public Health (CDPH); Taylor Priestley, Covered California.

Members Absent: Kristine Toppe, National Committee for Quality Assurance; Dr. Anthony Iton, California Endowment.

Presenters: Elizabeth Landsberg, Director, HCAI; Elia Gallardo, Deputy Director of Legislative and Government Affairs and Chief Equity Officer, HCAI; Tara Zimonjic, Chief Planning Officer, HCAI; Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI; Robyn Strong, Branch Chief, HCAI; Ignatius Bau, Health Equity Subject Matter Expert, HCAI Consultant; Nadia Raczek, Quality Incentive Pool Program Lead, Natividad Medical Center; Renata Ferreira, Director of Value-Based Care, San Francisco Health Network; Lindsay Olson-Mack, Senior Quality Director, Scripps Health; Dr. Craig Uejo, Chief Quality Officer, Scripps Health.

Public Attendance: *45*

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

Elia Gallardo, Committee Facilitator and Chief Equity Officer, HCAI, welcomed everyone and called the meeting to order with roll call of committee members and state partners.

The committee reviewed and approved the meeting minutes from the October 5, 2023, HEMAC Meeting. The motion was made by Ash Amarnath and seconded by Silvia Yee.

The following members voted to approve the minutes: Amy Adome, Ash Amarnath, Denny Chan, Isaias Guzman, Neil Maizlish, Cary Sanders, and Silvia Yee.

Robyn Strong abstained from voting.

The motion to approve the minutes was carried by a vote of seven in favor and one abstention.

Questions/Comments from the Committee:

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

Public Comment:

There were no public comments received for this agenda item.

Agenda Item II. Oath of Office

Elizabeth Landsberg, HCAI Director, administered the oath of office to Isaias Guzman, the new committee member representing the California LGBT Services Network while committee member Dannie Ceseña is on a temporary leave of absence.

Questions/Comments from the Committee:

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

Public Comment:

There were no public comments received for this agenda item.

Agenda Item III. Statement of Interest for Chair Position

Elia Gallardo, Committee Facilitator and Chief Equity Officer, HCAI, invited committee members to express their interest in volunteering for the chair position. Ash Amarnath expressed interest and highlighted his extensive 18-year background in healthcare. There were no additional volunteers for the chair position. Elia Gallardo noted that Director Landsberg will carefully consider anyone who expressed interest.

Questions/Comments from the Committee:

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

Public Comment:

There were no public comments received for this agenda item.

Agenda Item IV. October 2023 Meeting Recap

Elia Gallardo, the Committee Facilitator and Chief Equity Officer, HCAI, recapped the October 2023 meeting, highlighting the committee's discussion to streamline the 2024 meeting schedule to two sessions, scheduled for April 10, 2024, and October 2, 2024. The focus of these sessions will be on providing hospitals technical support in cultural competency and data analysis.

Questions/Comments from the Committee:

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

Public Comment:

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There were no public comments received for this agenda item.

Agenda Item V. Hospital Equity Measures Program Updates

Tara Zimonjic, Chief Planning Officer, HCAI, outlined the hospital equity measures program's progress in drafting regulations.

Questions/Comments from the Committee:

The committee inquired about the timeframe for providing feedback on the draft regulations. HCAI responded, stating that there is a 45-day public comment period during which the department will accept feedback on the regulations.

Final Measures Based on HEMAC Recommendations

Chris Krawczyk, PhD, Chief Analytics Officer, HCAI, presented the structural and core quality measures that HCAI plans to include in the regulations process.

Questions/Comments from the Committee:

The committee raised a question regarding whether the measures included the consumer and patient experience perspective, emphasizing the importance of engaging patients and caregivers, particularly with the adoption of more detailed data categories. HCAI responded by mentioning the Centers for Medicare and Medicaid Services (CMS) hospital commitment to health equity measure, which includes a domain requiring hospitals to have a strategic plan for engaging key stakeholders. HCAI noted that this measure is binary, asking yes-no questions, so it may not fully capture qualitative or contextual aspects, though it does provide some indication of stakeholder engagement within that domain.

The committee raised a follow-up question on whether there is a measure of the robustness of engagement regarding community consultations. HCAI responded that there is not a specific measure for assessing the robustness of engagement. The committee suggested examining other parts of the program, like the equity report and plan of action, to gauge hospital engagement with their communities. The committee highlighted that if these documents mention mechanisms for community outreach, it indicates attention to the matter. The committee proposed that advocates may need to closely review equity plans to ensure genuine community engagement.

The committee expressed appreciation for HCAI considering the California Maternal Quality Care Collaborative (CMQCC) measures and other standard measures that hospitals and health systems already adhere to, highlighting the importance of alignment to minimize data collection burden. The committee inquired about the release of a data specification manual. HCAI confirmed that there will be a measures submission guide, mentioning that it will provide technical details and stratification instructions.

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Draft Stratification Groupings

Chris Krawczyk, PhD, Chief Analytics Officer, HCAI, explained that Assembly Bill 1204 mandates the inclusion of specific stratification categories in the hospital equity report, including race, ethnicity, age, sex, assigned birth, expected payer, preferred language, disability, gender identity, and sexual orientation. The data for stratifications will be submitted to HCAI to the extent it's available. HCAI acknowledged potential variation in data availability and reporting, especially in the early stages of the program. Chris Krawczyk outlined the stratification categories proposed for various measures, mentioning adoption of national standards where available and the importance of stakeholder engagement.

Questions/Comments from the Committee:

The committee raised several questions regarding age stratification and its practical implications. The committee asked how the categorization scheme aligns with measures that have explicit age specifications for health outcomes and emphasizes the need for actionability beyond legislative requirements. The committee highlighted issues related to age-related disparities and confounding effects, suggesting that hospitals should discuss their age-related practices when describing best practices.

HCAI explained how age criteria are incorporated into measure definitions and explained the approach of adopting fewer, broader categories can address potential confounding and age-related aspects uniformly across measures. While certain measures may exhibit higher counts in specific age groups, support will be provided to address concerns about small sample sizes and category aggregation. HCAI emphasized the importance of engaging with hospitals to address specific concerns and ensure meaningful actionability in addressing age-related disparities identified in hospital equity plans.

The committee suggested including American Sign Language (ASL) as a language category, noting its significance in California, which HCAI noted would be considered and evaluated. The committee advocated for broader inclusion of terms related to sexual orientation and gender identity (SOGI), suggesting the adoption of United States Core Data Interoperability (USCDI) Version 3 terminology, such as "non-binary." Regarding the use of USCDI Version 2 versus Version 3, HCAI explained that it has been difficult to access Version 3 to assess it, as access requires a license agreement.

The committee raised a question about the submission of the expected payer category, specifically inquiring if hospitals can select more than one payer, such as Medicare and Medicaid for dually eligible individuals. HCAI explained that the current measure aligns with existing data collection practices, focusing on identifying the primary expected payer. HCAI acknowledged discussions about potentially allowing hospitals to identify both a primary and secondary payer but notes that this might not capture all dually enrolled

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individuals. HCAI suggested revisiting this topic in 2027 to assess hospitals' capabilities and consider adding dually eligible as a stratification category.

The committee asked about the categorization of facilities in California that cater to children with complex conditions, disabilities, and psychiatric needs within the framework of general hospitals, psychiatric hospitals, and children's hospitals. HCAI explained that categorization would depend on the location of care and the specific measure definition. HCAI emphasized the need to consider inclusion and exclusion criteria and assess potential small cell concerns for calculating disparities. HCAI mentioned ongoing discussions about methodologies for identifying the top 10 disparities and acknowledged flexibility will need to be provided in the equity report for hospitals to address the specific patient populations they serve.

Race/Ethnicity Stratification

Robyn Strong, Chief Data Programs Officer, HCAI, discussed the release of new race and ethnicity categories by the Office of Management and Budget (OMB) in March 2024, coinciding with the drafting of the program's regulations for public comment. These changes merge separate questions on race and ethnicity into a single question and introduce a new category, Middle Eastern or North African (MENA), encourage selection of multiple options, and collection of additional detail to ensure disaggregation when appropriate. Robyn Strong presented two possible approaches for stratifying race/ethnicity for the committee's consideration of: the current draft regulations version based on the 1997 OMB standard and the newly announced categories by OMB. HCAI asked for the committee's input on whether to align the hospital equity measures program regulations with the 2024 OMB categories.

Questions/Comments from the Committee:

The committee had a robust discussion regarding the proposed adoption of new race and ethnicity categories announced by the OMB. The committee highlighted issues such as the absence of a multi-race category in the current draft regulations and the potential over-representation of the "other" race category. The committee's suggestions included aligning with the National Committee for Quality Assurance (NCQA) stratification categories, adding a multi-racial category, and incorporating the MENA grouping. Additionally, the committee advocated for starting MENA data collection now to gather insights and address potential challenges rather than waiting. Committee members also emphasized the importance of various issues regarding the selection of multiple identities.

HCAI acknowledged the complexity of addressing issues related to reporting data when individuals select multiple race and ethnicity categories. HCAI emphasized the importance of input from the committee members and expressed gratitude for the insights shared, indicating that they will continue to grapple with these challenges moving forward.

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The committee sought clarification on the decision to combine race and ethnicity into a single category, asked if this choice has been previously deliberated and settled. HCAI explained the difference between handling race and ethnicity data under the 1997 standard versus the new 2024 standard. Under the 1997 standard, race and ethnicity are separate categories, with ethnicity often being a “Hispanic yes/no” question, then combined with race for data analysis and reporting. HCAI clarified that the 2024 standard allows individuals to check all categories that apply, providing more flexibility in data collection. This raised questions about how to combine and analyze the data, including whether to create multi-race categories. HCAI acknowledged grappling with several factors, including the timing of decisions, their implications for hospitals, and the practicalities of implementation. HCAI acknowledged interest about how the collected information will be organized and grouped, particularly in terms of its stratification.

The committee raised questions about the format of data collection for the "other race" category, specifically inquiring about whether there will be a write-in component or solely a checkbox option. HCAI highlighted considerations regarding the practicality of data collection methods, the need for usability in data stratification, and ensuring compliance with data de-identification guidelines.

The committee emphasized the importance of optimizing options for self-reporting and self-identification at the most granular level possible. The committee suggested making a distinction between collection categories and reporting categories to allow for a smoother transition to the expanded categories introduced in 2024. This approach would provide a pathway for hospitals to optimize data collection while minimizing the burden of immediate reporting. The committee highlighted the benefits of combining race and ethnicity categories for improved reporting accuracy and suggested considering relevant subcategories for California's diverse population.

The committee inquired whether the disability stratification is also “check all that apply.” HCAI explained that currently there is no specification allowing for the selection of multiple disability statuses.

Public Comment:

The public inquired about behavioral health stratification and whether the data reporting considers a specific timeframe, such as the past year or two years, or if it encompasses the individual's entire medical history.

Agenda Item VI. Discussion on Demographic Data Collection Resources

Ignatius Bau, Health Equity Subject Matter Expert, HCAI Consultant, outlined various resources available to hospitals in California to aid in data collection on demographics and health-related social needs, as required for the hospital equity report.

Questions/Comments from the Committee:

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The committee discussed the accessibility and availability of resources for hospitals regarding data collection on demographics and health-related social needs. HCAI confirmed that the resources shared are free for hospitals to access, and there are plans to compile them on a website for easy access. The committee inquired about the inclusion of best practices from these resources in the draft regulations. HCAI clarified that while regulations outline requirements, providing additional guidance, the resources can further help hospitals adopt best practices and change norms. The committee suggested including resources to explain demographic questions to patients in plain language to improve patient literacy and voluntary information provision. The committee highlighted the importance of understanding the link between data and health disparities be emphasized. HCAI recognized existing resources, such as patient-facing materials from the American Hospital Association toolkit, are valuable references.

Public Comment:

The public mentioned the challenges hospitals may face in integrating self-reported demographic data into their workflows, due to resource constraints. The public suggested that hospitals may continue to rely on staff-observed demographic information. The public raised a question about whether there could be an option to indicate this reliance on staff-observed data in the equity measures or in how hospitals collect and report data to HCAI.

Agenda Item VII. Discussion on Resources for Discussions Around Health-Related Social Needs

Ignatius Bau, Health Equity Subject Matter Expert, HCAI Consultant, emphasized the importance of hospitals collecting data on health-related social needs due to new requirements under CMS payment rules. The presentation highlighted resources from the American Hospital Association, UCSF's social interventions research and evaluation network, and other organizations.

Questions/Comments from the Committee:

The committee highlighted Senate Bill (SB) 1152, which mandates homeless patient discharge planning policies and processes in hospitals. The committee emphasized that hospitals should already be screening for homelessness and have plans in place for discharge. The committee suggested elevating this requirement within the context of health-related social needs data collection.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item VIII. Discussion on Resources to Support Hospitals with Developing Health Equity Plans

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Ignatius Bau, Health Equity Subject Matter Expert, HCAI Consultant presented additional resources available to hospitals for advancing health equity beyond the minimum reporting requirements to HCAI.

Questions/Comments from the Committee:

The committee emphasized the importance of analyzing and interpreting data findings between the steps of data collection and reporting, highlighting the need for attention to systematic biases and variation. The committee suggested that without a formal structure for interpretation, reporting could become a bureaucratic exercise lacking meaningful analysis. The committee suggested that HCAI consider additional resources for this interpretation step, suggesting that HCAI could serve as a promoter of best practices in this area. The committee mentioned the importance of comparative data to provide context for hospitals' performance relative to their peers and suggested that HCAI could play a role in aggregating national data for this purpose. HCAI reiterated that its intent is to pull resource recommendations from the hospital equity committee meetings together in a resource guide or resource manual for hospitals to be able to access easily.

Public Comment:

The public addressed the challenge of interpreting collected data, particularly when individuals select multiple options. The public expressed the need for additional guidance to help hospitals better understand how to interpret and report such data effectively. The public emphasized the importance of clear guidelines to ensure consistency and accuracy in data reporting practices.

Agenda Item IX. Hospital Panel on Best Practices Leading with Cultural Competency

Renata Ferreira, Director of Value-Based Care, presented the San Francisco Health Network's efforts in collecting REaL (race, ethnicity, and language) and SOGI data, focusing on best practices and training programs. Key steps included forming a steering committee, standardizing categories, and launching the “MyChart” program for patient input.

Lindsay Olson-Mack, Senior Quality Director, and Dr. Craig Uejo, Chief Quality Officer, provided a presentation that highlighted Scripps Health's initiatives in health equity, focusing on data collection, training, and social determinants of health screening. Key aspects included appointing chief health equity officers, developing dashboards for data visualization, and deploying social determinants of health screening processes. Collaboration with other organizations in the county and ensuring continued care post-discharge were highlighted as key aspects of their commitment to health equity.

Nadia Raczek, Nurse Informatics Consultant, Natividad Medical Center, shared insights into their organization's approach to data management and health equity, which included

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establishing a solid data foundation include defining workflows, ensuring data capture accuracy, and implementing meaningful data stratification.

Questions/Comments from the Committee:

The committee expressed gratitude to the presenters for their valuable insights and acknowledged the remarkable work they are doing. The committee inquired about the response rate for SOGI questions in the San Francisco Health Network. Renata Ferreira mentioned that they have achieved a 99% collection rate for SOGI data in primary care clinics, with only 1% of the population not responding to the question. The committee commended the efforts of the San Francisco Health Network in collecting SOGI data and highlighted the importance of using collected data effectively to provide appropriate care, drawing parallels with the collection of disability information.

The committee inquired about the scope of Scripps Health's employee training efforts, whether they were limited to registration staff or extended to the entire workforce. The committee inquired about the impact of requiring social determinants of health data collection within 12 hours in the Epic system and specifically, whether this requirement led to modifications in the length or number of follow-up questions in their Wellbeing Center. Lindsay Olson-Mack from Scripps Health discussed that their team trains both access registration staff and clinical staff, including nurses, physicians, and providers, to collect data. They embedded the requirement to collect social determinants of health data within 12 hours into The Brain in Epic, to help ensure timely documentation. They simplified the screening tool to five screens covering domains like housing instability and food insecurity, with follow-up questions triggering referrals to the Wellbeing Center for further assessment.

The committee inquired about the benefits of community partnerships and their potential for further adoption, along with the role of community health workers in data collection and reporting. The committee raised a question about managing follow-up inquiries for SOGI data, particularly in cases where individuals' statuses may change over time, prompting discussion about established practices for accommodating such changes. Lindsay Olson-Mack discussed Scripps Health's partnerships with community organizations and the use of Promotoras (Hispanic/Latino community health workers) to facilitate data collection and connect patients with resources. A subset of staff, including community members and Promotoras, conducts social determinants of health screenings and assists individuals in accessing necessary resources. This partnership is crucial for ensuring follow-up and addressing subsequent needs identified in the screenings. Furthermore, efforts are underway to establish a regional collaboration with healthcare institutions like Sharp, Kaiser, and the University of California, San Diego to optimize resource sharing for mutual patient populations. The goal is to leverage collective resources effectively across institutions to enhance patient care and support.

The committee inquired about the rationale behind selecting a 10% difference threshold for addressing disparities in cervical cancer screening at Natividad Hospital. Nadia Raczek

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explained that they followed guidelines outlined in the Quality Incentive Program (QIP) manual and focused on metrics with the largest disparities, leveraging existing programs and resources.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item X. Committee Wrap Up

Elia Gallardo, the Committee Facilitator and Chief Equity Officer at HCAI, concluded the discussion with a meeting summary.

The next hybrid meeting will be held on October 2 from 9 a.m. – 1 p.m. The next meeting topics will cover updates on hospital equity regulation packages and discussions on data analysis support for hospitals to promote equitable healthcare practices, potentially including optional tools for data collection.

Agenda Item XI. Public Comment

Public Comment:

The public inquired when will the healthcare payment database start accepting applications. HCAI mentioned that the healthcare payment database is anticipated to start accepting applications by the end of calendar year, quarter two.

Agenda Item XII. Adjournment

Elia Gallardo adjourned the meeting at 12:21 p.m.