

# HCAI Health of Primary Care in California Snapshot Workgroup

July 1, 2026

# Agenda

9:00 a.m. **Welcome, Updates, and Introductions**

9:05 a.m. **Approach to Selecting and Evaluating Primary Care Snapshot Indicators**

9:10 a.m. **Primary Care Snapshot Access and Quality Indicators Feedback**

9:25 a.m. **Review of Recommended 2026 Primary Care Snapshot Indicators: Investment, Workforce, Access and Quality Domains**

9:45 a.m. **Primary Care Snapshot Equity Indicators**

10:25 a.m. **Next Steps**

10:30 a.m. **Adjournment**

# Primary Care Snapshot Workgroup Members

## Providers & Provider Organizations



### Eric Ball, MD

Chair, Board of Directors, American Academy of Pediatrics in California (AAP-CA)

### Rene Bravo, MD

President, California Medical Association (CMA)

### Lisa Folberg, MPP

Chief Executive Officer, California Academy of Family Physicians (CAFP)

### Susan Huang, MD

Chief Medical Officer, America's Physician Groups (APG)

### Melissa Marshall, MD

Chief Medical Officer, California Primary Care Association (CPCA)

### Jeremy Meis, PA-C, MPH

Immediate Past President, California Academy of Physician Associates (CAPA)

### Aimee Paulson, DNP, MSN

President, California Association for Nurse Practitioners (CANP)

## Health Plans



### Edward Juhn, MD, MBA, MPH

Chief Medical Officer, Inland Empire Health Plan (IEHP)

### Todd May, MD

VP Medical Director, Health Net

## Consumer Reps & Advocates



### Selene Betancourt, MPP

Associate Policy Director, California Pan-Ethnic Health Network (CPEHN)

### Diana Douglas, MA

Director of Policy and Legislative Advocacy, Health Access

## Hospitals & Health Systems



### Shunling Tsang, MD, MPH

Chair of Family Medicine, Riverside University Health System (RUHS)

### Raul Ayala, MD, MHCM

Ambulatory Medical Officer, Adventist Health

## Academic/SMEs



### Kevin Grumbach, MD

Professor of Family and Community Medicine, UC San Francisco (UCSF)

### Sunita Mutha, MD

Director, Healthforce Center at UCSF

### Carlina Hansen, MHA

Senior Program Officer, California Health Care Foundation (CHCF)

## Purchasers



### Crystal Eubanks, MS-MHSc

VP of Care Transformation, Purchaser Business Group on Health (PBGH)

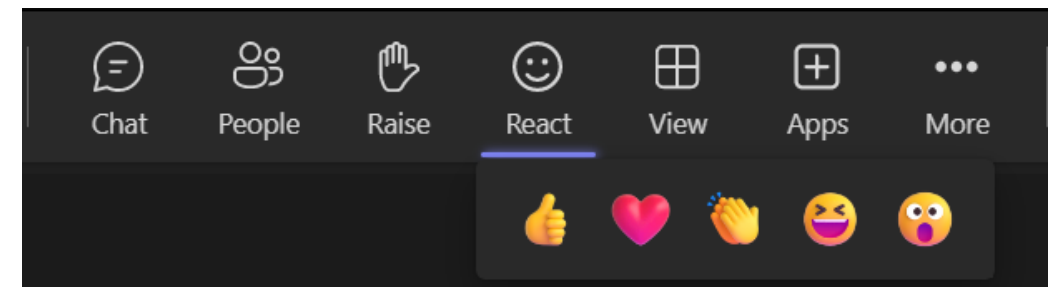
# Meeting Format

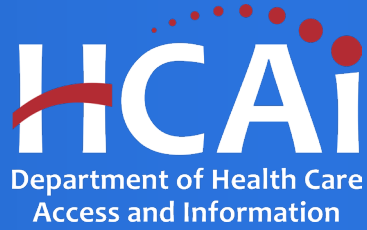
Workgroup members may provide verbal feedback during the meeting. Non-workgroup members are welcome to participate during the meeting via the chat or provide written feedback to the HCAI team after the meeting.

**Meeting recurs the second Wednesday of every other month from 9:00 a.m. – 10:30 a.m., with the following exception:**

- Thursday, November 19<sup>th</sup>, 2026 (rescheduled due to Veterans Day holiday)

- Remote participation via Teams Webinar only
- We will be using reaction emojis, and chat functions





# Approach to Selecting and Evaluating Primary Care Snapshot Indicators

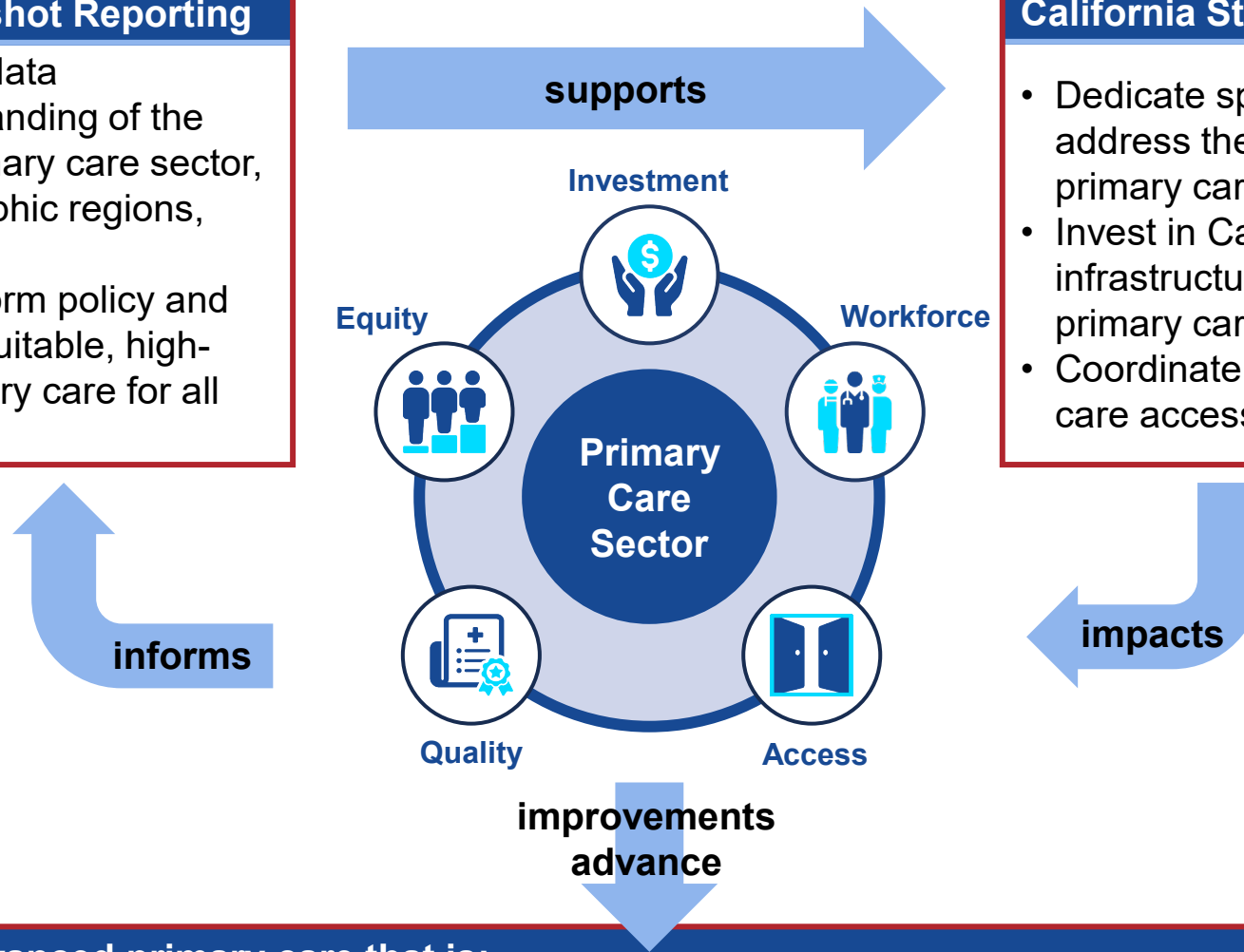
# Primary Care Snapshot Overview

## HCAI Primary Care Snapshot Reporting

- Curate relevant existing data
- Create a shared understanding of the health of California's primary care sector, statewide and by geographic regions, across five domains
- Identify challenges to inform policy and drive progress toward equitable, high-quality, sustainable primary care for all Californians

## California Stakeholders' Actions

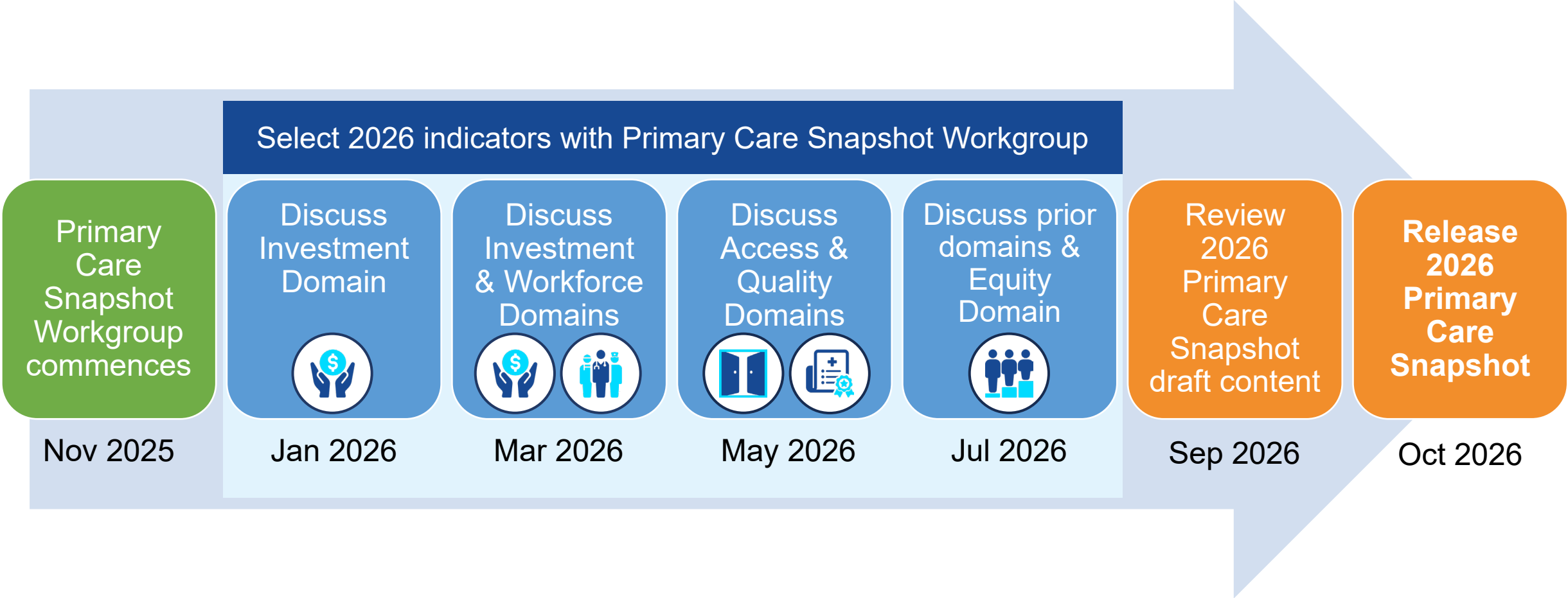
- Dedicate spending and resources to address the challenges facing the primary care sector in California
- Invest in California's primary care infrastructure, such as growing its primary care workforce
- Coordinate efforts to improve primary care access, quality, and equity



## High-quality, advanced primary care that is:

- Accessible
- Relationship-based
- Team-based
- Comprehensive
- Person- and family-centered
- Integrated
- Coordinated
- Equitable to all Californians

# 2026 Primary Care Snapshot Workgroup Timeline



# Criteria for Evaluating Primary Care Snapshot Indicators

## Criteria for state and national indicators for the Primary Care Snapshot



Is the indicator of interest to, and actionable for, California stakeholders?



Is the indicator supported by existing, high-quality, California-specific data sources that can be tracked over time?



Does the indicator directly measure strength of the primary care sector?



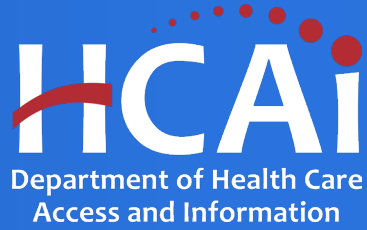
Does the indicator track change over time in the primary care sector, aligned with the five key domains?

# Primary Care Snapshot Data and Analyses

## HCAI will:

- Include key insights from existing data sources with California-specific data
- Develop new analyses of existing data
- Align methodologies for analyses with state and national best practices when possible
- Update reporting to align with OHCA's primary care definition when possible

**Note: New data collection is not a part of the Primary Care Snapshot project.**



# Primary Care Snapshot Access and Quality Indicators Feedback

# May Snapshot Workgroup Feedback

Feedback	Response
Consider adding Quality indicators related to adult immunization and women's health screening	<ul style="list-style-type: none"> <li>Flu and Pneumovax immunizations and breast cancer and cervical cancer screenings are being considered for the 2027 Snapshot</li> </ul>
Review additional data sources for Core 4 Quality indicator reporting	<ul style="list-style-type: none"> <li>Explored Uniform Data System (UDS) Core 4 reporting capabilities</li> <li>Met with other California state departments on Core 4 reporting capabilities for 2026 Snapshot and recommend reporting the number of plans performing at or above a market-specific national benchmark</li> </ul>
Consider opportunities to capture patient wait time and primary care appointments availability within the Access domain	<ul style="list-style-type: none"> <li>Reviewed available DMHC measurement of primary care appointment availability for new patients and patient wait times               <ul style="list-style-type: none"> <li>Measures are focused on physicians only, used for regulatory purposes, and not designed to reflect patient experience</li> </ul> </li> <li>Opportunities to capture these measures will be explored for the 2027 Snapshot</li> </ul>
Continue reviewing provider compensation data sources	<ul style="list-style-type: none"> <li>Reviewed American Academy of Physician Associates 2025 Salary Report and will continue to explore whether and how to present data on workforce compensation</li> </ul>

\*"Core 4" measures are those that California state departments (DMHC, DHCS, CalPERS, and Covered CA) have aligned on for assessment of quality performance by regulated/contracted health plans. They include Childhood Immunizations (CIS-10), Colorectal Cancer Screening (COL), Controlling High Blood Pressure (CBP), and Glycemic Status Assessment for Patients with Diabetes (GSD).

# Core 4\* Quality Indicator Reporting Capabilities: Uniform Data System (UDS)

- **Background:** Health Resources and Services Administration (HRSA) Uniform Data System (UDS) hosts data gathered from health centers nationally and includes patients who have visited a health center at least once during the past performance year
- **Reporting on Core 4:** UDS data include Core 4 equivalent measures consistent with National Committee for Quality Assurance (NCQA) HEDIS © measures
- **Compared to California state departments:** Much of this data is already captured in California state departments' reporting

\*Core 4 quality measures: Childhood Immunizations (CIS-10), Colorectal Cancer Screening (COL), Controlling High Blood Pressure (CBP), and Glycemic Status Assessment for Patients with Diabetes (GSD).

HRSA UDS data: <https://data.hrsa.gov/topics/health-centers/uds#ToolsResources>

# Core 4\* Quality Indicator Reporting Capabilities: California State Departments

- HCAI gathered input from California state departments on reporting for Core 4 Quality indicators, including:
  - Alignment with National Committee for Quality Assurance (NCQA)
  - Data granularity
  - Reporting preferences (e.g., percentages vs. rates; percentile reporting by Commercial, Medi-Cal, and Covered California markets)
- Based on California state departments' input, **only plan-level reporting is possible for the 2026 Snapshot**

**For 2026, HCAI recommends reporting the number of plans performing at or above market-specific national benchmarks for each “Core 4” HEDIS® measure. HCAI will explore feasibility of aggregating by market for 2027.**

# Example Core 4 Reporting

## Recommended Indicator:

Number of plans performing at or above market-specific national benchmarks for each “Core 4”\* HEDIS® Measure

## Indicator Evaluation Criteria



## Example of Existing Reporting on Indicator:

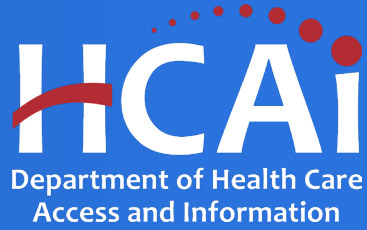
**Number of Medi-Cal Managed Care plans performing at or above the national 50<sup>th</sup> percentile Medicaid benchmark for each Core 4 indicator, 2020**

Medi-Cal Managed Care	
Childhood Immunizations	15 of 17 plans
Controlling High Blood Pressure	14 of 24 plans
Hemoglobin A1C Poor Control (>9.0%)	15 of 23 plans

Note: Denominator varies depending on number of health plans publicly reporting data or reported no data is available. Data on plans meeting Colorectal Cancer Screening benchmark was not available.

\*Core 4 quality measures: Childhood Immunizations (CIS-10), Colorectal Cancer Screening (COL), Controlling High Blood Pressure (CBP), and Glycemic Status Assessment, formerly Hemoglobin A1c Control, for Patients with Diabetes (GSD).

Source: [2022 Health Equity and Quality Committee Recommendations Report](#). Included data are from NCQA Quality Compass 2021.



# **Review of Recommended 2026 Primary Care Snapshot Indicators: Investment, Workforce, Access, and Quality Domains**

# 2026 Primary Care Snapshot Indicator Selection

- The **2026 Snapshot will be a static report**, whereas the 2027 update will include an interactive dashboard and accompanying static report.
- Informed by the Primary Care Snapshot Workgroup and other stakeholders, **HCAI recommends 16 indicators for reporting in the 2026 Snapshot** across the Investment, Workforce, Access and Quality domains.
  - Most indicators include multiple possible stratifications for reporting.
- **HCAI proposes to report specific years of data and high-priority stratifications for each indicator**, based on its assessment of which years and stratifications are most informative and actionable as visualizations or within the report narrative.

# Recommended 2026 Primary Care Snapshot Indicators: Investment



**Investment:** Financial resources spent to strengthen the primary care sector and deliver continuous, comprehensive, and coordinated primary care.

Indicators	Stratifications	Data Source
Primary care spending as a percent of total medical expense	Market and/or Plan Type*	OHCA Total Medical Expense and Primary Care Spending data collection
	Year	
Primary care spending on a per member, per year basis	Market and/or Plan Type	
	Year	
Share of primary care spending by payment category (fee-for-service, capitation/full risk, non-capitation non-claims)	Market and/or Plan Type	
	2024 only	
Change in statewide total primary care spending year over year	Market and/or Plan Type	
	Year	

\*Includes Commercial HMO vs PPO, Medicare Advantage, Medi-Cal Managed Care  
See Appendix for all possible stratifications for each indicator.

# Recommended 2026 Primary Care Snapshot Indicators: Workforce




**Workforce:** Supply, geographic distribution, diversity, and demand for individuals on the primary care team including primary care clinicians, expanded care team professionals, and community care team members.

Indicators	Stratifications	Data Source
Primary care clinicians per 100,000 population	Primary care clinician licensure (MD/DO, NP, PA)	Milbank Memorial Fund Primary Care Scorecard Data Dashboard
Number of new primary care residency positions in California		Accreditation Council of Graduate Medical Education
Percentage of primary care physician residents trained in community-based settings*	Narrow and broad definitions	

Community-based settings definition: (1) **Narrow:** Physician-used programs with rural training track or a Health Resources and Services Administration Teaching Health Center Graduate Medical Education grant; (2) **Broad:** The majority of training did not take place in a university academic medical center or a hospital with a medical school affiliation.

# Recommended 2026 Primary Care Snapshot Indicators: Access



Proposed for reporting in the Equity domain



**Access:** Ability of individuals to obtain timely, appropriate, and affordable services from primary care clinicians.

Indicators	Stratifications	Data Source
Proportion of patients with 2 or more primary care visits, that received consistent care from the same individual provider during the reporting year (Bice-Boxerman Index)	Age groups: <18, 18-44, 45-64, 65+	HCAI Health Care Payments Database (HPD)
	Geography: Urban/Rural	
	Presence of chronic conditions: 0, 1, 2, or 3+	
Median miles traveled to in-state primary care visits	Geography: Urban/Rural	California Health Interview Survey (CHIS)
Usual source of care and type of usual source of care	Geography: CHIS region	
	Federal Poverty Level	
	Insurance Status	
	Race/ethnicity	

# For Discussion: Primary Care Visits

- During the May workgroup meeting, HCAI proposed two access indicators related to primary care visits and utilization:
  - **Primary care visits per 1,000 people (HPD)**
  - **Adults with a routine check-up in the past 12 months (CHIS)**
- A third utilization indicator is also available in HPD: **Percentage of people without a primary care visit.**
- Based on feedback from the May Snapshot workgroup, and given the various tradeoffs across these three indicators, **HCAI is seeking Workgroup feedback on which of these three indicators best fits Primary Care Snapshot criteria.**

# For Discussion: Primary Care Visits

## Primary care visits per 1,000 people

- **Data source:** HCAI Health Care Payments Database (HPD)
- **Tradeoffs:**
  - Measure of engagement with primary care system at the population level
  - Interpretation not clear (i.e., what is the right benchmark for number of visits?)
  - Can stratify by age groups
  - Unable to stratify by race/ethnicity

## Percentage of people without a primary care visit

- **Data source:** HCAI Health Care Payments Database (HPD)
- **Tradeoffs:**
  - Measure of disengagement with primary care system
  - Compared to visits per 1,000 people, more directly measures the share of people accessing primary care
  - Can stratify by age groups
  - Unable to stratify by race/ethnicity

## Adults with a routine check-up in the past 12 months

- **Data Source:** California Health Interview Survey (CHIS)
- **Tradeoffs:**
  - Measure of patient experience with primary care system
  - Limited evidence that routine annual check-ups are necessary to improve outcomes
  - Different stratifications available (e.g., race/ethnicity in CHIS but not HPD)

Which of these indicators best meet Snapshot criteria and is/are most valuable for Snapshot audiences?  
 For the preferred indicator(s), which stratifications are high-priority for the 2026 report?

# Recommended 2026 Primary Care Snapshot Indicators: Quality



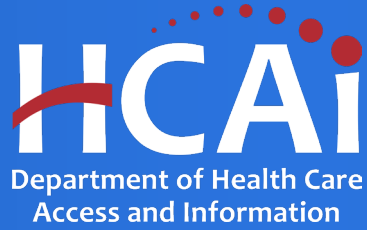
**Quality:** Extent to which primary care services improve health outcomes and are consistent with evidence-based standards, patient needs, and professional guidelines.

Indicators	Stratifications	Data Source
Rate of potentially preventable hospitalizations for chronic conditions (AHRQ Prevention Quality Indicator 92)	Geography: County	HCAI Patient Discharge Data (PDD)
Number of plans performing at or above market-specific national benchmarks for each “Core 4” <sup>*</sup> HEDIS <sup>®</sup> Measure: <ul style="list-style-type: none"> <li>• Childhood immunization (CIS-10)</li> <li>• Colorectal cancer screening (COL)</li> <li>• Controlling high blood pressure (CBP)</li> <li>• Glycemic status assessment for patients with diabetes (GSD)</li> </ul>	Market: Commercial, Covered California, Medi-Cal	California State Departments

<sup>\*</sup>“Core 4” measures are those that California state departments (DMHC, DHCS, CalPERS, and Covered CA) have aligned on for assessment of quality performance by regulated/contracted health plans.

# Discussion

1. Any reactions after seeing all recommended indicators for the 2026 Primary Care Snapshot?
2. Are there any additional considerations for these indicators that workgroup members would like to raise for the 2026 Snapshot?



# Primary Care Snapshot Equity Indicators

# Equity Domain Background



Domain Description	Why It Matters	Example Policy Questions
<p>The absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically, or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)</p>	<ul style="list-style-type: none"><li>• Primary care investment, workforce, access, and quality performance vary across California</li><li>• Californians' experiences of primary care differ across demographic factors, such as race and ethnicity, geographic regions, and income</li></ul>	<ul style="list-style-type: none"><li>• Across domains, how do indicator results vary by population?</li><li>• Are all Californians able to access primary care when needed?</li></ul>





# Equity Indicators Reviewed

- HCAI reviewed all recommended 2026 Snapshot indicators and available stratifications, totaling 43 potential Equity indicator-stratification combinations
- Across the Investment, Access, Workforce, and Quality domains, HCAI identified 30 indicator-stratification combinations that were most relevant to Equity
  - Stratifications include Race and Ethnicity, Age, Sex, Geography, Insurance Status, and Income
- Of these, HCAI identified 10 indicator-stratification combinations to consider for inclusion in the 2026 Primary Care Snapshot







# Recommended Equity Indicators

## Criteria for Evaluating Primary Care (PC) Indicators

Indicator	Stratification	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
<b>Proportion of patients with 2 or more primary care visits that received consistent care from the same individual provider during the reporting year (Bice-Boxerman Index)</b>	<b>Geography: Urban/Rural</b>	Known disparities in primary care access for rural areas fragment continuity of care compared to urban areas, and may translate to disparities in health outcomes	HCAI Health Care Payments Database (HPD) (2019-2024)	Measures differences in primary care continuity across groups	Tracks changes in equitable access to primary care continuity
	<b>Age groups: &lt;18, 18-44, 45-64, 65+</b>	Continuity of care plays an important role in addressing differences in care needs across age groups			

Which of these stratifications would be most valuable in the Equity domain for Snapshot stakeholders?





# Recommended Equity Indicators

		Criteria for Evaluating Primary Care (PC) Indicators			
Indicator	Stratification	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
<b>Median miles traveled to in-state primary care visits</b>	<b>Geography: Urban/Rural</b>	Distance to primary care visits varies across urban and rural communities. Greater distance is a barrier to utilizing primary care services, thereby exacerbating health disparities.	HCAI Health Care Payments Database (HPD) (2019-2024)	Measures differences in miles urban and rural patients must travel to access primary care	Tracks changes in barriers impacting equitable access to primary care in California

Do Workgroup members prefer to see this indicator included in the Equity domain or Access domain?

# Recommended Equity Indicators

## Criteria for Evaluating Primary Care (PC) Indicators

Indicator	Stratification	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
Usual source of care	Race and Ethnicity	Regular access to primary care services varies with significant disparities between racial and ethnic groups	California Health Interview Survey (CHIS) (2009-2024)	Measures disparities in patient experience with access to primary care	Tracks changes in equitable access to primary care from the patient perspective
	Federal Poverty Level	Income level can be a significant barrier to patients' ability to access primary care services			
	Insurance Status	Insurance enrollment can be a significant barrier to maintaining a usual source of care			

Which stratification(s) would be most valuable in the Equity domain for Snapshot stakeholders?

# Example Equity Indicator

## Recommended Indicator:

Usual source of care, by Federal Poverty Level

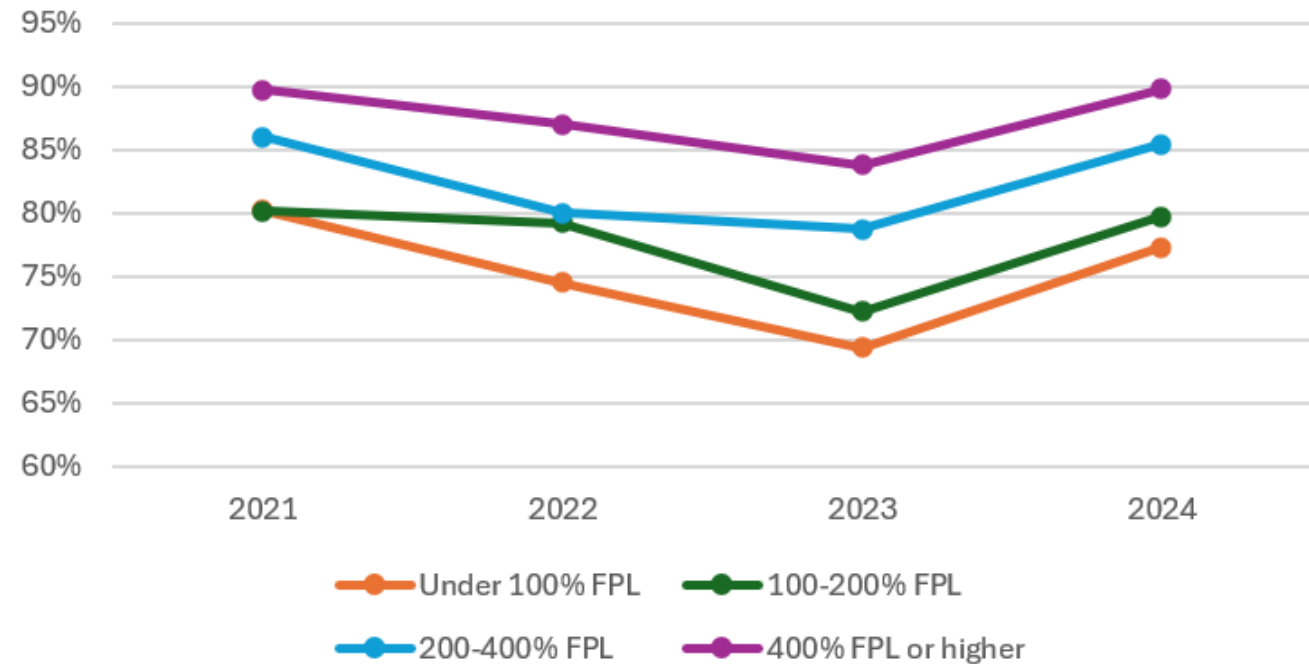
## Indicator Evaluation Criteria



## Example of Existing Reporting on Indicator:





### Percent of California Patients with a Usual Source of Care, by Federal Poverty Level

In these years, patients with lowest income were least likely to have a usual source of care.



# Recommended Equity Indicators\*

## Criteria for Evaluating Primary Care (PC) Indicators

Indicator	Stratification	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
<b>Adults with a routine check-up in the past 12 months</b>	<b>Race and Ethnicity</b>	Regular access to primary care services varies with significant disparities across groups	California Health Interview Survey (CHIS) (2009-2024)	Measures differences in engagement with the primary care system	Tracks changes in equitable access to primary care from the patient perspective
	<b>Insurance status</b>				
<b>Percentage of people without a primary care visit</b>	<b>Geography: Urban/Rural</b>	Living in an urban or rural area and differences by age may impact patients' access and utilization of primary care services	HCAI Health Care Payments Database (HPD) (2019-2024)	Measures disengagement with and lack of access to primary care	Tracks changes in equitable access and utilization to primary care
	<b>Age group</b>				

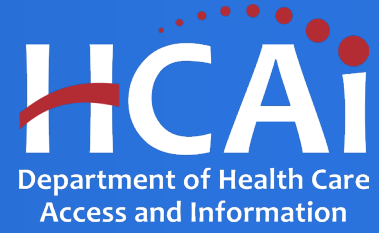
\*Based on earlier discussion (slide 20), if either of these indicators is not recommended for inclusion in the Access domain, it would not be considered for the Equity domain.

# Discussion

1. Among the proposed indicators and stratifications, are there any others that HCAI should consider for the Equity domain?
2. Are there any additional indicators related to Equity that HCAI should consider?
3. Do Workgroup members have additional questions or feedback on the proposed Equity indicators for the 2026 Primary Care Snapshot?

# Equity Indicator Next Steps

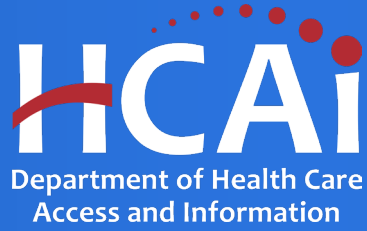
1. Workgroup members to share any additional feedback on Equity indicators via email
2. HCAI to compile Workgroup input to inform final list of indicators
3. HCAI to develop technical specifications for indicators for inclusion in 2026 Primary Care Snapshot



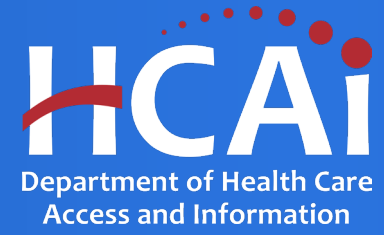
# Next Steps

# HCAI Primary Care Snapshot Next Steps

1. Reach out to Miranda Werts ([Miranda.Werts@hcai.ca.gov](mailto:Miranda.Werts@hcai.ca.gov)) with any additional feedback on indicators across domains
2. HCAI will finalize indicators across all domains
3. Review draft content for the 2026 Primary Care Snapshot Static Report at September meeting




# Adjournment




# Appendix

# Recommended 2026 Primary Care Snapshot Indicators & Possible Stratifications


Domain	Indicators	Stratifications	Data Source
<b>Investment</b> 	Primary care spending as a percent of total medical expense	<ul style="list-style-type: none"> <li>Market and/or Plan Type*</li> <li>Payment Category</li> <li>Year</li> </ul>	OHCA Total Medical Expense and Primary Care data collection
	Primary care spending on a per member, per year basis		
	Share of primary care spending by payment category (fee-for-service, capitation/full risk, non-capitation non-claims)		
	Change in statewide total primary care spending year over year		

\*Includes Commercial HMO vs PPO, Medicare Advantage, Medi-Cal Managed Care

# Recommended 2026 Primary Care Snapshot Indicators & Possible Stratifications


Domain	Indicators	Stratifications	Data Source
<b>Workforce</b> 	Primary care clinicians per 100,000 population	<ul style="list-style-type: none"> <li>Primary care clinician licensure (MD/DO, NP, PA)</li> </ul>	Milbank Memorial Fund Primary Care Scorecard Data Dashboard
	Number of new primary care residency positions in California		Accreditation Council of Graduate Medical Education
	Percentage of primary care physician residents trained in community-based settings*	<ul style="list-style-type: none"> <li>Narrow and broad definitions</li> </ul>	Accreditation Council of Graduate Medical Education

# Recommended 2026 Primary Care Snapshot Indicators & Possible Stratifications

Domain	Indicators	Stratifications	Data Source
<b>Access</b> 	Proportion of patients with 2 or more primary care visits that received consistent care from the same individual provider during the reporting year (Bice-Boxerman Index)	<ul style="list-style-type: none"> <li>• Geography: Urban/Rural</li> <li>• Age groups: &lt;18, 18-44, 45-64, 65+</li> <li>• Sex</li> <li>• Presence of chronic conditions: 0, 1, 2, or 3+</li> </ul>	HCAI Health Care Payments Database (HPD)
	Median miles traveled to in-state primary care visits		
	Primary care visits per 1,000 people*		
	Percentage of people without a primary care visit*		
	Usual source of care and type of usual source of care	<ul style="list-style-type: none"> <li>• Geography: CHIS region</li> <li>• Age</li> <li>• Race/Ethnicity</li> <li>• Sex</li> <li>• Federal Poverty Level</li> <li>• Insurance status</li> </ul>	California Health Interview Survey (CHIS)
	Adults with a routine check-up in the past 12 months*		

\*Based on earlier discussion (slide 20), if the indicator is not recommended for inclusion in the Access domain, it would not be included in the 2026 Snapshot.

# Recommended 2026 Primary Care Snapshot Indicators & Possible Stratifications

Domain	Indicators	Stratifications	Data Source
<p><b>Quality</b></p> 	<p>Rate of potentially preventable hospitalizations for chronic conditions (AHRQ Prevention Quality Indicator 92)</p>	<ul style="list-style-type: none"> <li>• Geography: County</li> </ul>	<p>HCAI Patient Discharge Data (PDD)</p>
	<p>Number of plans performing at or above market-specific national benchmarks for each “Core 4”<sup>*</sup> HEDIS<sup>®</sup> Measure:</p> <ul style="list-style-type: none"> <li>• Childhood immunization (CIS-10)</li> <li>• Colorectal cancer screening (COL)</li> <li>• Controlling high blood pressure (CBP)</li> <li>• Glycemic status assessment for patients with diabetes (GSD)</li> </ul>	<ul style="list-style-type: none"> <li>• Market: Commercial, Covered California, Medi-Cal</li> </ul>	<p>California State Departments</p>

<sup>\*</sup>“Core 4” measures are those that California state departments (DMHC, DHCS, CalPERS, and Covered CA) have aligned on for assessment of quality performance by regulated/contracted health plans.

# Equity Data Sources



Data Source	Tradeoffs
Accreditation Council for Graduate Medical Education (ACGME) Data	<ul style="list-style-type: none"><li>• Data is publicly available</li><li>• Identifies many primary care specialties, but not all OHCA PCPs or non-physician team members</li><li>• Includes physician residency positions</li><li>• Cannot track whether provider eventually practices primary care</li></ul>
HCAI Health Care Payments Database (HPD) Data	<ul style="list-style-type: none"><li>• Available to HCAI</li><li>• Granular data available for most markets</li><li>• Does not yet include non-claims data</li><li>• Able to stratify by geography</li><li>• Less robust race and ethnicity data available</li><li>• Includes 82% of California's total population</li></ul>

# Equity Data Sources



Data Source	Tradeoffs
Patient Discharge Data (PDD)	<ul style="list-style-type: none"><li>• Available to HCAI</li><li>• More robust race/ethnicity data than HPD</li><li>• Includes a larger proportion of the California population than HPD, including uninsured and self-insured populations</li></ul>
UCLA Center for Health Policy Research California Health Interview Survey (CHIS)	<ul style="list-style-type: none"><li>• Available to HCAI</li><li>• Several stratifications available, including geography, race/ethnicity, age, gender, federal poverty level, and others</li><li>• Survey includes multiple questions on primary care access and utilization that represent patient experience</li><li>• Represents more than 20,000 households in California</li></ul>