

HCAI Health of Primary Care in California Snapshot Workgroup

May 13, 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 Investment & Workforce Indicators Feedback**

9:25 a.m. **Primary Care Snapshot Access Indicators**

9:55 a.m. **Primary Care Snapshot Quality 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)

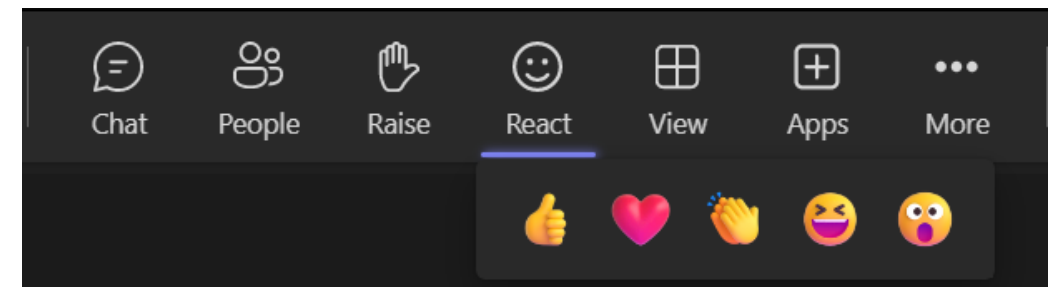
Meeting Format

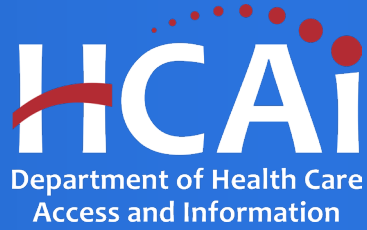
Workgroup members may provide verbal feedback during the meeting. Non-workgroup members are welcome to participate during the meeting via the chat or provide written feedback to the HCAI team after the meeting.

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

- Wednesday, July 1st, 2026 (rescheduled due to conflict with Health Care Affordability Advisory Committee)
- Thursday, November 19th, 2026 (rescheduled due to Veterans Day holiday)

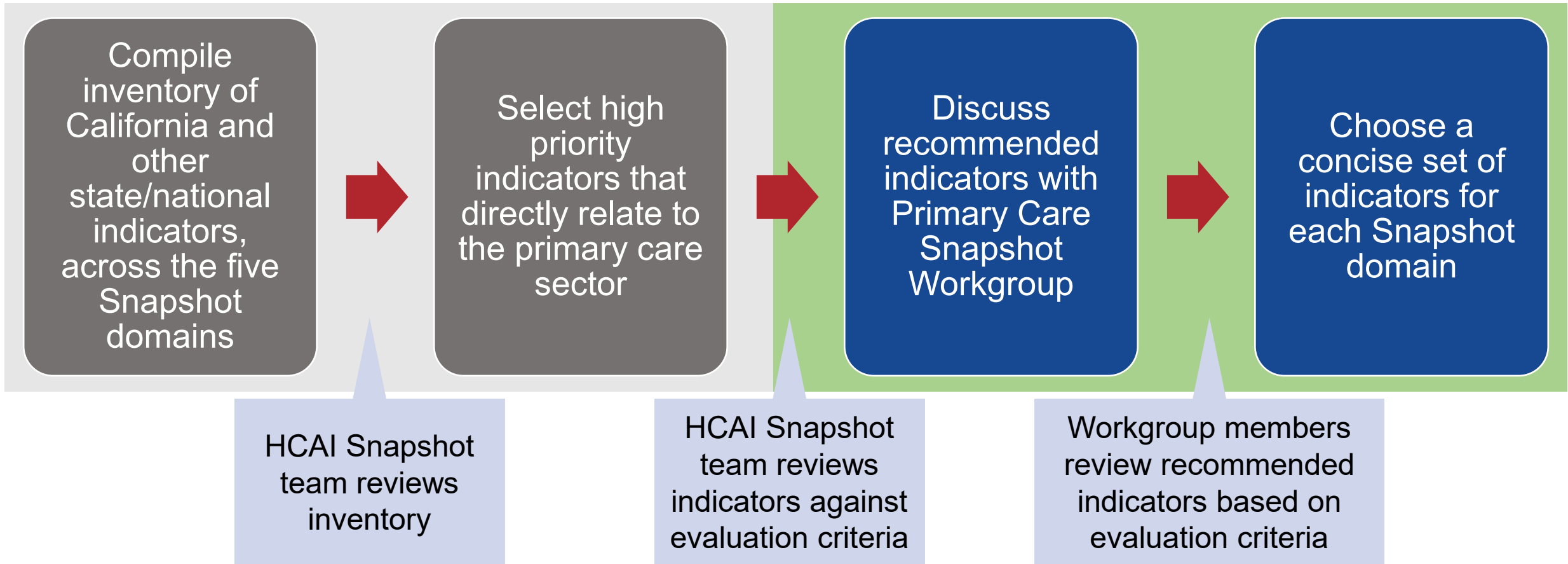
- Remote participation via Teams Webinar only
- We will be using reaction emojis, and chat functions





Approach to Selecting and Evaluating Primary Care Snapshot Indicators

Indicator Selection Process





Summary of Indicator Inventory Findings

- Includes over 100 California and other state/national indicators, across the **five Snapshot domains**, published by state agencies and policy organizations (HCAI and others, e.g., CHCF, UCLA Center for Health Policy Research)
- Data sources with California-specific data include administrative data (e.g., HCAI's HPD), survey data (e.g., CHCF policy survey, CHIS, CA licensure renewal surveys), and professional training data (e.g., ACGME statistics)
- Populations included in measurements range from those covered in specific markets (e.g., Medicaid, commercial) to statewide



Example Access Indicator: Primary care visits per 1,000 California residents



Criteria for Evaluating Primary Care Snapshot Indicators

Criterion		Why It Matters
	<p>Is the indicator of interest to, and actionable for, California stakeholders?</p>	<p>The Primary Care Snapshot aims to generate insights to increase stakeholders' (e.g., health care purchasers, payers, clinicians, state government and other policymakers, consumer advocates, and researchers) awareness of the challenges facing the primary care sector in California and inform efforts to strengthen it.</p>
	<p>Is the indicator supported by existing, accessible, high-quality, California-specific data sources that can be tracked over time?</p>	<p>The Primary Care Snapshot will minimize duplication of effort and support measure alignment by using existing data sources that are timely, complete, accurate, provide appropriate granularity, have been used for similar analyses, and are likely to be available in the future.</p>

Criteria for Evaluating Primary Care Snapshot Indicators

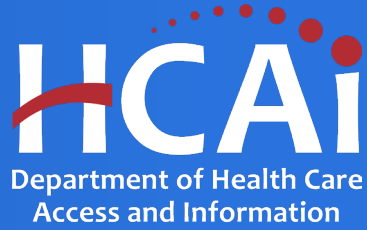
Criterion		Why It Matters
	Does the indicator directly measure the strength of the primary care sector?	Many indicators of overall health system performance, such as chronic disease burden, may relate to primary care but improvements in the primary care sector alone would not address them. The Primary Care Snapshot should include indicators for which improvements in the primary care sector likely would result in improved performance on the indicator.
	Does the indicator track change over time in the primary care sector, aligned with the five key domains?	Transparent, longitudinal reporting on the primary care sector helps identify barriers to high-quality primary care and potential policy solutions. The Primary Care Snapshot will focus on advancing these aims, not measuring the performance of specific providers or health plans.

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.



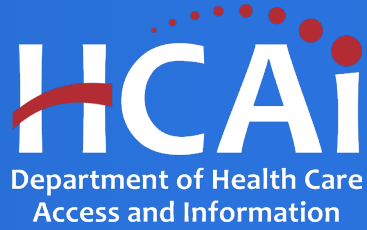
Primary Care Snapshot Investment & Workforce Indicators Feedback

March Snapshot Workgroup Feedback

Feedback	Action Since Last Meeting
<p>Research physician associate (PA) and nurse practitioner (NP) licensing data for primary care workforce indicators</p>	<ul style="list-style-type: none"> • For 2026: Incorporated Milbank Memorial Fund data source, which includes PAs and NPs • Considered additional data sources for 2027 Snapshot <ul style="list-style-type: none"> ○ Reviewed CHCF’s <i>California’s Nurse Practitioner Workforce</i> report, which includes measures specific to primary care. HCAI will continue to investigate if this can be used for future workforce indicators.
<p>Develop a clearer definition of community-based and rural settings and consider stratifying separately</p>	<ul style="list-style-type: none"> • For 2026: Incorporated community-based settings definition from the Milbank Memorial Fund • Reviewed rural definitions from the Federal Office of Rural Health Policy (FORHP) and HCAI’s Medical Service Study Areas (MSSA) • Recommend using FORHP rural definition to align with Rural Health Transformation Program and reporting rural status separate from county
<p>Consider and look for opportunities to stratify indicators by age (e.g., pediatric vs. adult)</p>	<ul style="list-style-type: none"> • Incorporated age band stratifications for several indicators, where data allows

Investment & Workforce Indicator Survey Feedback

- Most survey responders Strongly Agreed or Agreed that the recommended Investment & Workforce indicators aligned with the four evaluation criteria
- Workgroup members expressed interest in ensuring Workforce indicators (e.g., primary care clinicians per 100,000) are inclusive of non-physician providers and other team members, in addition to physicians, to track changes in the composition of the primary care workforce
- For clinicians trained in community-based settings, Workgroup members expressed interest in understanding whether they continue practicing in those settings



Primary Care Snapshot Access Indicators

Access Domain Background

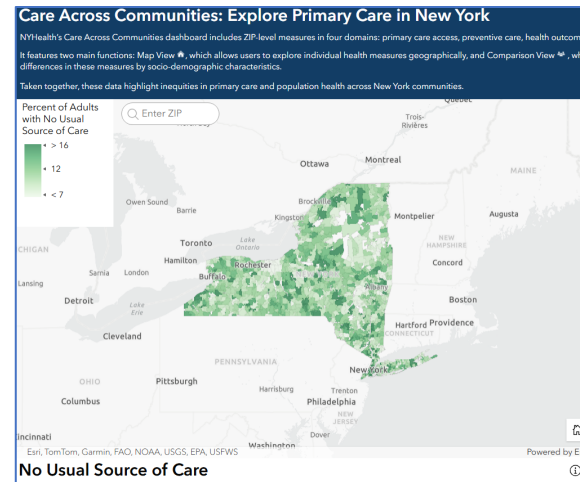
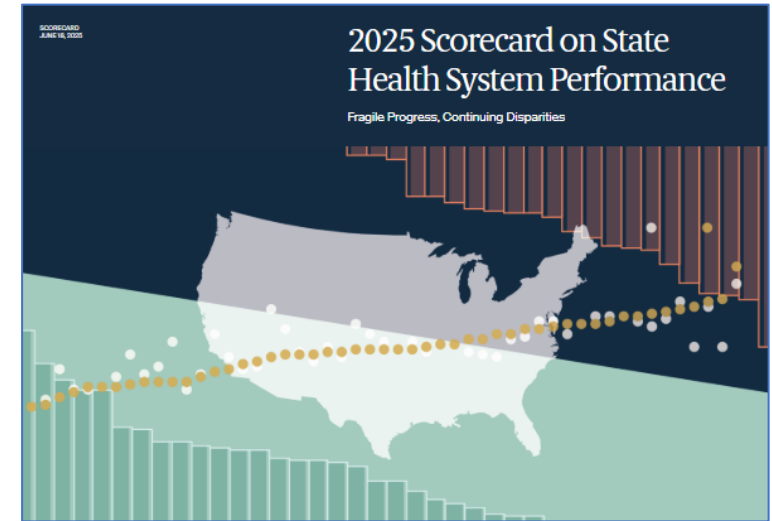
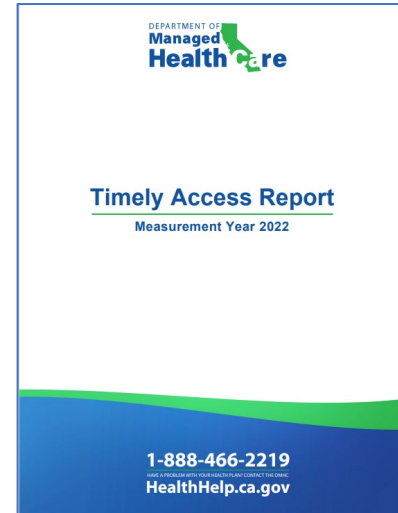
Domain Description	Why It Matters	Example Policy Questions
<p>The ability of individuals to obtain timely, appropriate, and affordable services from primary care clinicians.</p>	<ul style="list-style-type: none"> Timely access to primary care prevents disease, helps individuals manage illness, and promotes wellness 	<ol style="list-style-type: none"> Do Californians have a usual source of care? How far are Californians traveling for primary care?

Potential Access Data Sources

Data Source	Tradeoffs
HCAI Health Care Payments Database (HPD) Data	<ul style="list-style-type: none"> • Available to HCAI • Granular data available for most payer types • Allows for many stratifications, including geography, payer type, age, sex, and others • Includes 82% of California’s total population
UCLA Center for Health Policy Research California Health Interview Survey (CHIS)	<ul style="list-style-type: none"> • Available to HCAI • Several stratifications available, including geography, race/ethnicity, age, gender, federal poverty level, and others • Survey includes multiple questions on primary care access and utilization that represent patient experience • Represents more than 20,000 households in California





Access Indicators Reviewed

- HCAI reviewed 37 primary care access indicators from California and national reports.
- Many indicators reviewed were similar variations: 11 unique indicators were identified.
- Of these, HCAI identified 5 to consider for inclusion in the 2026 Primary Care Snapshot.







Recommended Access Indicators

Criteria for Evaluating Primary Care (PC) Indicators





Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
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"> • Geography: Urban/Rural • Age groups: <18, 18-44, 45-64, 65+ • Sex • Healthy Places Index (HPI) or Social Vulnerability Index (SVI)* 	A high-performing primary care system is characterized by patient access and care continuity, which improves health outcomes	HCAI Health Care Payments Database (HPD) (2019-2023)	Measures care continuity and utilization of the primary care system	Tracks changes in patient access to and engagement with the primary care sector
Median miles traveled to in-state primary care visits	<ul style="list-style-type: none"> • Presence of chronic conditions: 0, 1, 2, or 3+ 	Distance to primary care visits can be a significant barrier to access		Measures miles patients must travel to access primary care	

Recommended Access Indicators

Criteria for Evaluating Primary Care (PC) Indicators					
Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
Primary care visits per 1,000 people	<ul style="list-style-type: none"> • Geography: Urban/Rural • Age groups: <18, 18-44, 45-64, 65+ • Sex • HPI or SVI* • Presence of chronic conditions: 0, 1, 2, or 3+ 	Utilization of the primary care system improves health outcomes and informs improvements to access and resource allocation	HCAI Health Care Payments Database (HPD) (2019-2023)	Measures primary care service use	Tracks changes in primary care utilization patterns

*Stratification by SVI or HPI likely feasible for 2027, not 2026.

Recommended Access Indicators

		Criteria for Evaluating Primary Care (PC) Indicators			
Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
Usual source of care <ul style="list-style-type: none"> Type of usual source of care 	<ul style="list-style-type: none"> Geography: County, CHIS Region Race/Ethnicity Gender Payer type Age Federal Poverty Level 	<p>A sustainable primary care system relies on clinician availability and patient connection to and engagement with primary care services</p>	<p>California Health Interview Survey (CHIS) (2009-2024)</p>	<p>Measures access to primary care from the patient perspective</p>	<p>Tracks changes in usual source of care</p>

Example Access Indicator

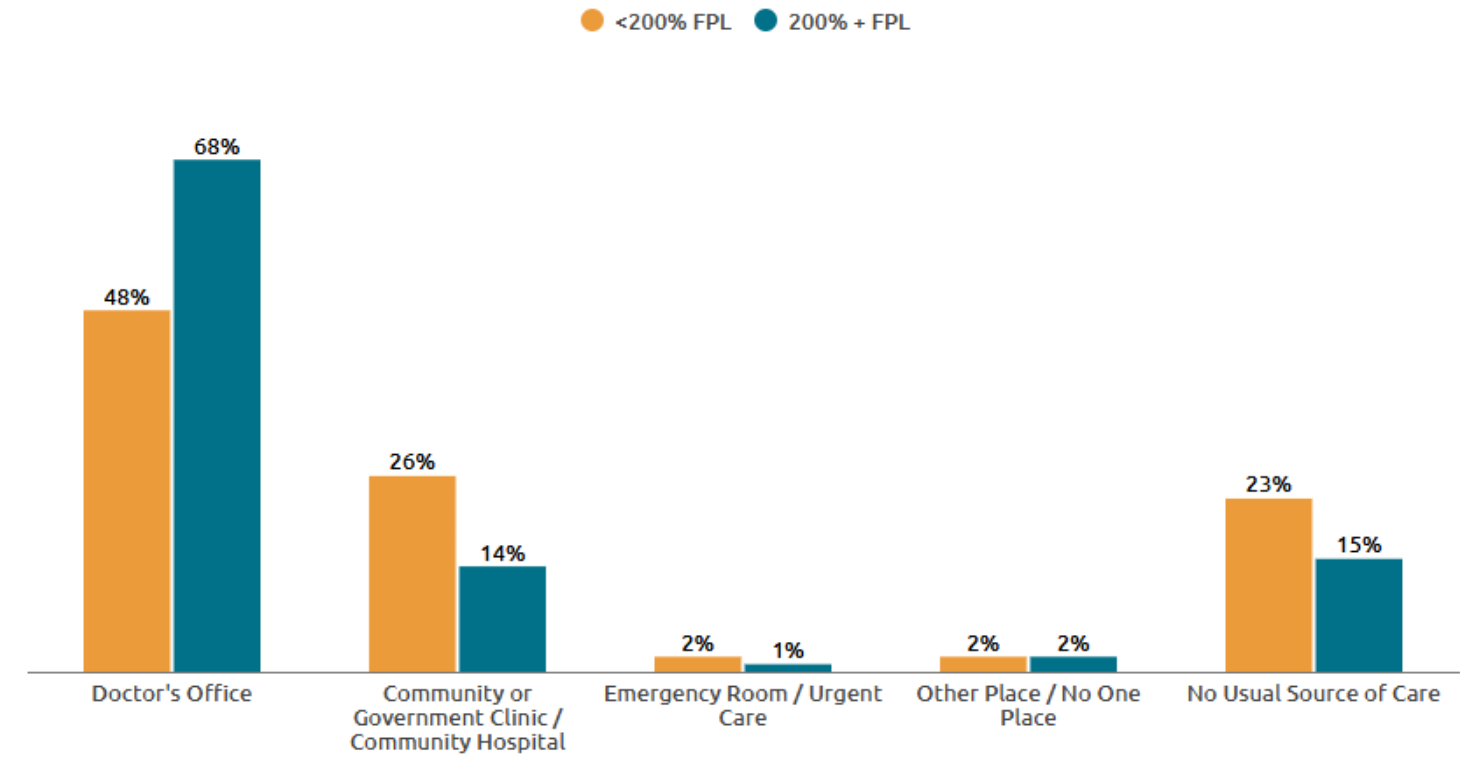
Recommended Indicator:
Type of Usual Source of Care

Indicator Evaluation Criteria







Example of Existing Reporting on Indicator:

Usual Source of Care, By Income Level
Nearly one in four Californians with low income did not have a usual source of care.



Recommended Access Indicators

Criteria for Evaluating Primary Care (PC) Indicators

Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
Adults with a routine check-up in the past 12 months	<ul style="list-style-type: none"> • Geography: County, CHIS region • Race/Ethnicity • Gender • Payer type • Federal Poverty Level 	Patient engagement with preventive services is a hallmark of a strong primary care sector	California Health Interview Survey (CHIS) (2009-2024)	Measures continuity and engagement with the primary care system	Tracks changes in patient utilization and access in California

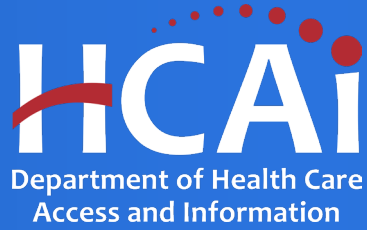


Discussion

1. Do workgroup members have questions or feedback on the proposed Access indicators for the Primary Care Snapshot?
2. Do workgroup members want to highlight any other key Access indicators for the Primary Care Snapshot?

Access Indicator Next Steps

1. Workgroup members to share any additional feedback on Access 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



Primary Care Snapshot Quality Indicators



Quality Domain Background

Domain Description	Why It Matters	Example Policy Questions
<p>The extent to which primary care services improve health outcomes and are consistent with evidence-based standards, patient needs, and professional guidelines.</p>	<ul style="list-style-type: none">• High-quality primary care can improve population health and equity, while reducing overall health care costs.• Primary care quality varies both in California and nationally.	<ol style="list-style-type: none">1. Do Californians receive comprehensive primary care?2. Are Californians acute care needs met via primary care, or do they need to visit other care settings (e.g., emergency departments)?3. Are Californians satisfied with their primary care clinicians?

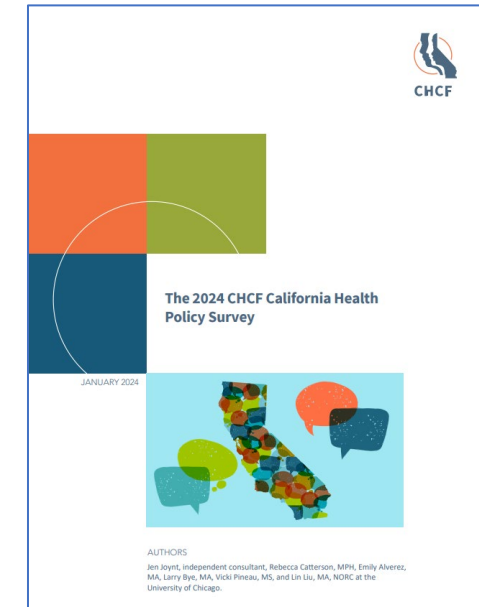
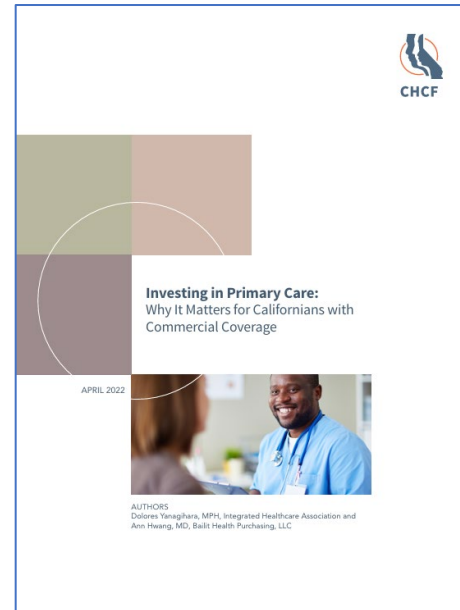


Potential Quality Data Sources

Data Source	Tradeoffs
California State Departments	<ul style="list-style-type: none">• Available to HCAI• Consistently reported across departments for some indicators
HCAI Health Care Payments Database (HPD) Data	<ul style="list-style-type: none">• Available to HCAI• Granular data available for most payer types• Allows for many stratifications, including geography, payer type, age, sex, and others• Includes 82% of California's population
Patient Discharge Data (PDD)	<ul style="list-style-type: none">• Available to HCAI• More robust race/ethnicity data• Includes a larger proportion of the California population, including uninsured and self-insured populations

Quality Indicators Reviewed

- HCAI reviewed 26 primary care quality indicators from California and national reports.
- Many indicators reviewed were similar variations: 10 unique indicators were identified.
- Of these, HCAI identified 5 to consider for inclusion in the 2026 Primary Care Snapshot.





Recommended Quality Indicators

2026





- Rate of potentially preventable hospitalizations for chronic conditions (AHRQ Prevention Quality Indicator in Inpatient Settings 92)
- “Core 4” HEDIS® Measures*:
 - Childhood immunization (CIS-10)
 - Colorectal cancer screening
 - Controlling high blood pressure
 - Glycemic status assessment for patients with diabetes

2027

- Rate of avoidable emergency department visits per 1,000 member years (AHRQ Prevention Quality Indicators in Emergency Department Settings 1-5)

* "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.

Recommended Quality Indicators

		Criteria for Evaluating Primary Care (PC) Indicators			
Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
Rate of potentially preventable hospitalizations for chronic conditions (AHRQ Prevention Quality Indicator 92)	<ul style="list-style-type: none"> • Geography: County • Race/Ethnicity • Market and Product Type* • Healthy Places Index (HPI) or Social Vulnerability Index (SVI)** 	<p>A sustainable, well-resourced primary care sector will reduce preventable acute care visits and hospitalizations</p>	HCAI Patient Discharge Data (PDD) (2010-2024)	<p>Measures downstream outcomes directly associated with quality primary care</p>	<p>Tracks changes in outcomes of quality primary care delivery</p>
Rate of avoidable emergency department visits per 1,000 member years (AHRQ Prevention Quality Indicators 1-5)			Historically HPD; Recommend PDD in 2027		

*Market: Commercial, Medicare, Medi-Cal; Product type: HMO, PPO

**Stratification by SVI or HPI may be more feasible for 2027 than 2026.

Example Quality Indicator

Recommended Indicator:

Rate of potentially preventable hospitalizations for chronic conditions

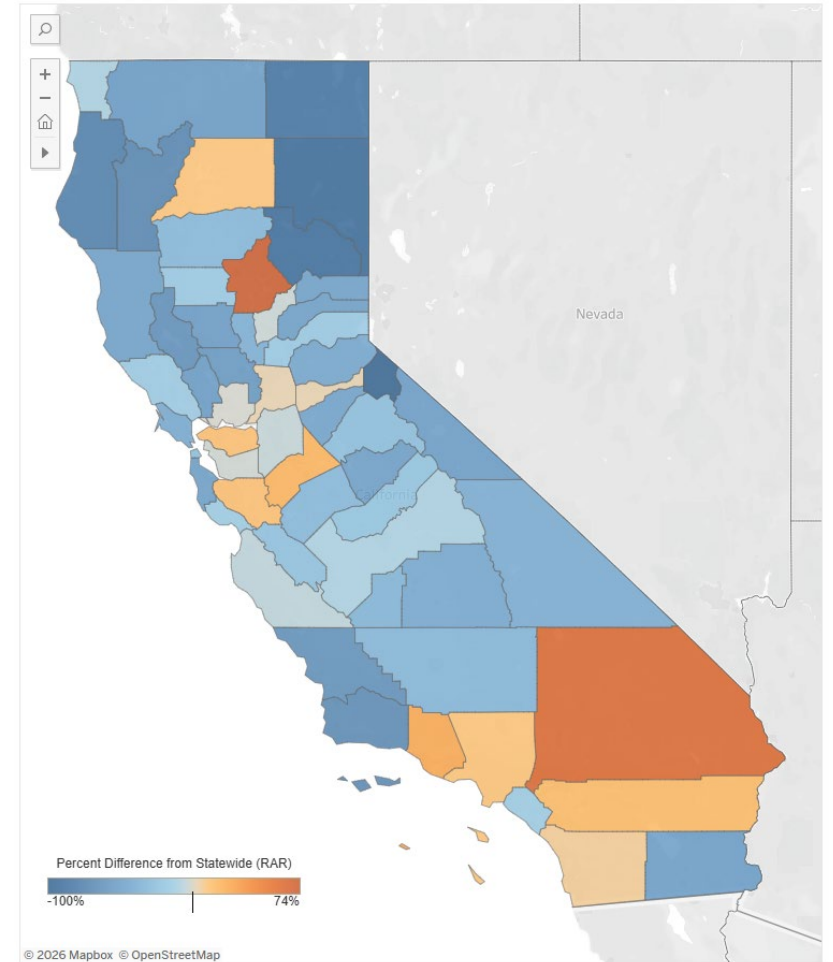
Indicator Evaluation Criteria



Example of Existing Reporting on Indicator:

Preventable Hospitalizations for Chronic Conditions: Hypertension, 2023

Difference from the Risk-Adjusted-Rate (RAR) varies by county.









Data Sources Impact Reporting Timeline and Stratifications

- Preventable hospitalizations and avoidable emergency department (ED) visits will both be reported using Patient Discharge Data (PDD)
 - While avoidable ED visits have been reported using HPD historically, reporting from a consistent data source and measure developer across both indicators is preferable
 - PDD allows for reporting across the full population and has more complete race and ethnicity data
- Stratification for Social Vulnerability or Healthy Places Indices may be feasible for these indicators in 2027, not 2026

Recommended Quality Indicators



Criteria for Evaluating Primary Care (PC) Indicators

Indicators	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
<p>“Core 4”* HEDIS® Measures:</p> <ul style="list-style-type: none"> • Childhood immunization (CIS-10) • Colorectal cancer screening • Controlling high blood pressure • Glycemic status assessment for patients with diabetes 	<ul style="list-style-type: none"> • Race/Ethnicity • Market and Product Type • Stratifying by geographic region may not be possible 	<p>Metrics align across California state departments to identify high quality primary care</p>	<p>California State Departments (Years available to be discussed with state departments)</p>	<p>Measures the quality and effectiveness of primary care delivery in alignment with national standards</p>	<p>Tracks changes in quality of care that Californians receive, though methodologies may change over time</p>

*“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.



Core 4 Data Considerations

- HCAI plans to use data collected by various California state departments to report Core 4 quality indicators
- HCAI plans to introduce market level reporting in 2027 to allow time to align across departments
 - HCAI is considering including a sample in the 2026 Snapshot
- HCAI is currently working with other California state departments to better understand:
 - **Data granularity** (e.g., unit of analysis, geographic unit of analysis)
 - **Data collection methods** (e.g., administrative, hybrid, or Electronic Clinical Data System (ECDS))
 - **Data reporting nuances** (e.g., adjustments to technical specifications, reporting by rates versus percentages, including percentile benchmarks)



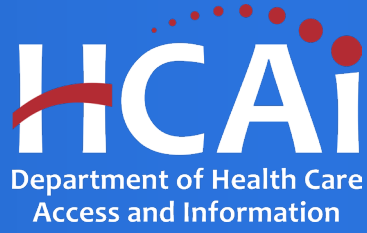
Discussion

1. Do workgroup members have questions or feedback on the proposed Quality indicators for the Primary Care Snapshot?
2. Do workgroup members want to highlight any other key Quality indicators for the Primary Care Snapshot?



Quality Indicator Next Steps

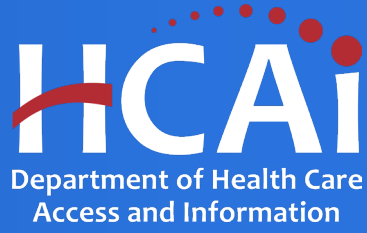
1. Workgroup members to share any additional feedback on Quality indicators via email
2. HCAI to compile Workgroup input to inform final list of indicators
3. HCAI to continue working with other California state departments to understand data currently collected on the Core 4 HEDIS[®] Measures and impact on potential Snapshot reporting
4. HCAI to develop technical specifications for Quality indicators for inclusion in 2026 Primary Care Snapshot



Next Steps

HCAI Primary Care Snapshot Next Steps

1. Send updated invites for the July and November Primary Care Snapshot Workgroup meetings
2. Continue review of 2026 Primary Care Snapshot indicators for Equity domain
3. Reach out to Miranda Werts (Miranda.Werts@hcai.ca.gov) with any additional feedback on Quality and Access indicators



Adjournment