



Proposal to Add Healthcare-Associated Infection Measures to the Office of Health Care Affordability Quality and Equity Measure Set

The Office of Health Care Affordability's Mission and Purpose

In 2022, the California Health Care Quality and Affordability Act¹ (SB 184, Chapter 47, Statutes of 2022) established the Office of Health Care Affordability (OHCA) within the Department of Health Care Access and Information (HCAI). Recognizing that health care affordability has reached a crisis point as health care costs continue to grow, OHCA's enabling statute emphasizes that it is in the public interest that all Californians receive health care that is accessible, affordable, equitable, high-quality, and universal.

Health care spending in California reached \$10,487 per capita and \$408.6 billion overall in 2023, up 8.2% from 2022.² Californians with job-based coverage are facing higher out-of-pocket costs, with the share of workers with a large deductible (\$1,000 or more) increasing from 6% in 2006 to 54% in 2020.³ The 2026 California Health Care Foundation (CHCF) California Health Policy Survey reports that almost six in 10 Californians (59%) – and seven in 10 (70%) of those with lower incomes (under 200% of the federal poverty level) – reported skipping or delaying at least one kind of health care due to cost in the past 12 months.⁴ Among those who reported skipping or delaying care due to cost, about four in 10 (42%) reported their conditions worsened as a result. Further, high costs for health care disproportionately affect Californians from the Latino/x community who report they had problems paying or could not pay medical bills (38% compared to Asian (20%), Black (24%), and White (27%) Californians).⁴

OHCA has three primary responsibilities to achieve its mission of improved consumer affordability:

1. Slow health care spending growth through collection and reporting on total health care expenditure data and enforcing spending targets set by the Board;
2. Promote high-value health system performance; and
3. Assess market consolidation.

¹ Health and Safety Code Sections 127500-127507.6.

² Office of Health Care Affordability, HCAI. (2025, June 5). *Baseline Report: Health Care Spending Trends in California, 2022–2023*. <https://hcai.ca.gov/wp-content/uploads/2025/06/Baseline-Report-Health-Care-Spending-Growth-Trends-in-California-2.pdf>

³ Whitmore, H., & Satorius, J. (2021, August). California Health Care Almanac, California Employer Health Benefits: Are Workers Covered? California Health Care Foundation. <https://www.chcf.org/wp-content/uploads/2021/08/CAEmployerHealthBenefitsAlmanac2021.pdf>

⁴ Joynt, J., Catterson, R., Alvarez, E., & Bye, L. (2026, February 25). *The 2026 CHCF California Health Policy Survey*. <https://www.chcf.org/wp-content/uploads/2026/02/CHCFHealthPolicySurvey2026.pdf>

OHCA promotes high-value system performance through its work in five focus areas: (1) primary care investment, (2) behavioral health investment, (3) alternative payment model adoption goals and standards, (4) quality and equity performance and (5) workforce stability. Across all these areas, the goal is to reorient the health care system towards greater value, with the vision of creating a sustainable health care system that provides high-quality, equitable care to all Californians.

As part of its work to promote high-value health system performance, OHCA has developed, adopted, and will report performance on a single set of measures for evaluating quality and equity across various health care entities. OHCA is proposing to include additional hospital safety measures in the OHCA Quality and Equity Measure Set as outlined below.

Statutory Requirements

As described in the OHCA enabling statute and summarized here, the statutory requirements related to quality and equity performance include:⁵

- Present to the Board approaches for measuring access, quality, and equity of care.
- Adopt a single set of standard measures for assessing quality and equity across payers, fully integrated delivery systems, hospitals, and physician organizations.
- Report performance on quality and equity of care measures in annual reporting.
- Report access measures and data, as available, in annual reporting. Access includes timely access, language access, geographic access, and other measures of access reported through available data.
- Use recognized clinical quality, patient experience, patient safety, and utilization measures for health care service plans, health insurers, hospitals, and physician organizations.
- Reflect the diversity of California in terms of race, ethnicity, sex, age, language, sexual orientation, gender identity, and disability status. The standard quality and equity measures shall be appropriate for a population under 65 years of age, including children and adults.
- Consider available means for reliable measurement of disparities in health care, including race, ethnicity, sex, age, language, sexual orientation, gender identity, and disability status.
- Reduce administrative burden by selecting quality and equity measures that simplify reporting and align performance measurement with other payers, programs, and state agencies, including leveraging existing voluntary and required reporting to the greatest extent possible.
- Further reduce administrative burden by encouraging other payers and programs to use the same reporting mechanisms.

⁵ These requirements are summarized from Health and Safety Code Sections 127501-127501.12 and 127503.

- Public reporting shall consider differences among payers, fully integrated delivery systems, hospitals, and physician organizations, including factors such as plan or network design or line of business, provider payer mix, and the risk mix associated with the covered lives or patient population for which they are primarily responsible.

The OHCA enabling statute also specifies additional statutory guidance for quality and equity performance as follows:

- Coordinate with the Department of Health Care Services (DHCS), Covered California, and the California Public Employees' Retirement System (CalPERS).
- Coordinate with the Department of Managed Health Care (DMHC) to align with requirements of the Health Equity and Quality Committee and the set of standard quality and equity measures and applicable annual benchmarks enforced by the DMHC.
- Obtain from the DMHC and the Department of Insurance (CDI) information regarding quality and equity for health care services plans and insurers offering policies of health insurance for coverage in the individual, small group, and large group markets for both grandfathered and nongrandfathered products.
- Coordinate with DHCS on data and other information necessary to report quality and equity measures to assess performance for the Medi-Cal program or other programs administered by DHCS.
- Consult with state departments, external quality improvement organizations and forums, payers, physicians, other providers, and consumer advocates or stakeholders with expertise in quality or equity measurement.
- Collect data and other information OHCA determines necessary from health care entities, except exempted providers.
- The office may request data and information from, or enter into a data sharing agreement with, DHCS, Covered California, the DMHC, the CDI, the Labor and Workforce Development Agency, the California Business, Consumer Services and Housing Agency, and other relevant state agencies that monitor compliance of plans and providers with access standards, including timely access, language access, geographic access, and other access standards as provided by law and regulation.

The statute also requires that OHCA periodically review and update the priority set of standard measures for assessing the quality and equity of care.

Background

To develop the OHCA Quality and Equity Measure Set, OHCA analyzed over 300 quality measures used by health care organizations in California and nationally. This analysis identified measures that are consistently used across organizations, indicating their prevalence in assessing health care performance, and reviewed the selection criteria (if available) organizations used to choose the measures. OHCA also met with internal and external partners to gather feedback and to align with statewide quality and

equity performance measurement efforts. OHCA received feedback on the proposed OHCA Quality and Equity Measure Set from the Health Care Affordability Advisory Committee and Board as well as public comment. The OHCA Quality and Equity Measure Set was adopted in April 2025 (see **Table 1** and **Table 2** in the Appendix).⁶

Throughout the development process, stakeholders encouraged OHCA to expand the OHCA Quality and Equity Measure Set and address its limitations. Stakeholders representing a range of perspectives encouraged OHCA to consider adding Healthcare-Associated Infection (HAI) measures and more hospital patient safety measures to the OHCA Quality and Equity Measure Set, citing the importance of monitoring patient safety as hospitals work to meet spending targets. HAIs are infections that patients get while or soon after receiving health care.⁷ When OHCA adopted the Quality and Equity Measure Set in April 2025, sibling state departments, including CalPERS and Covered California, were working to develop a priority set of hospital patient safety measures, including HAI measures. To align with this emerging initiative and other statewide patient safety programs, OHCA reviewed the sibling state department's priority set of hospital patient safety measures and is proposing to add these HAI measures to the OHCA Quality and Equity Measure Set for hospitals.

Proposal to Add Healthcare-Associated Infection Measures to the OHCA Quality and Equity Measure Set

OHCA proposes the addition of four Healthcare-Associated Infections (HAI) measures to the OHCA Quality and Equity Measure Set to measure quality and safety performance of hospitals. The proposed four HAI measures are *Clostridioides difficile* infections (CDI), Catheter-associated Urinary Tract Infection (CAUTI), Central line-associated Blood Stream Infection (CLABSI), and Methicillin-resistant *Staphylococcus aureus* (MRSA) (see **Table 3** in the Appendix). To align with statewide initiatives, OHCA proposes to adopt these four HAI measures which are a subset of California Department of Public Health (CDPH) HAI Program and the Center for Disease Control and Prevention (CDC) HAI measures and are the focus of the sibling state departments' priority set of hospital patient safety measures through the California Alignment for Hospital Quality (Cal-HQ) initiative. OHCA will rely on publicly reported data from CDPH or CDC to leverage existing reporting on these HAI measures.

Existing law requires CDPH to oversee the prevention, surveillance, reporting, and response to HAIs in California's hospitals and other healthcare facilities.⁸ The CDPH HAI Program receives and publicly reports California hospital HAI data to inform the public and prompt healthcare providers to take action to prevent infections, conducts statewide surveillance of healthcare-associated reportable conditions, and provides

⁶ For additional information on the OHCA Quality and Equity Measure Set, see https://hcai.ca.gov/wp-content/uploads/2025/05/CLEAN_Office-of-Health-Care-Affordability-Quality-and-Equity-Measure-Set-Memo_04.17.pdf.

⁷ For additional information about HAIs, see <https://www.cdc.gov/healthcare-associated-infections/about/index.html>.

⁸ Health and Safety Code Sections 1288.55 and 1288.8

infection prevention and control education, training, and consultation to healthcare providers.⁹ CDPH receives and annually reports on five HAIs¹⁰ from the CDC's National Health Safety Network (NHSN)¹¹, the nation's most widely used HAI tracking system. NHSN provides facilities, states, regions, and the nation with data to identify problem areas, measure progress of prevention efforts, and ultimately eliminate HAIs. Hospitals subject to CDPH reporting on HAIs are all CDPH-licensed General Acute Care Hospitals, including long term acute care, critical access, and acute rehabilitation hospitals, regardless of size.

Cal-HQ is an emerging statewide collaborative focused on improving hospital quality through aligned action.¹² This initiative is led by Covered California, CalPERS, and Cal Healthcare Compare, with oversight from a steering committee that includes representatives from state agencies, hospitals, health plans, improvement organizations, and patients to identify and advance a common set of hospital quality measures. Cal-HQ's initial focus will be on reducing infection rates for the four HAIs listed above, with a goal of preventing 2,000 infections statewide over two years.

In April 2025, OHCA adopted all or a subset of three publicly available measure sets and their respective stratification requirements to measure quality and equity across health care entities including payers, physician organizations, hospitals, and fully integrated delivery systems. Combined with the proposed addition of the four HAI measures for hospitals, these measure sets will make up the OHCA Quality and Equity Measure Set.

Adopting the OHCA Quality and Equity Measure Set was a starting point. The proposed addition of the HAI measures strengthens the OHCA Quality and Equity Measure Set. OHCA is required by statute to regularly review and update its measure set. OHCA continues to work with sibling state departments, stakeholders, and other partners to evolve the measure set, collaboratively address limitations, and strengthen quality and equity analyses.

⁹ For additional information on the CDPH HAI Program, see <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx>.

¹⁰ The five HAIs report by CDPH are: Clostridioides difficile Infection (CDI), Central Line-associated Bloodstream Infection (CLABSI), Methicillin-resistant Staphylococcus aureus (MRSA) Bloodstream Infection (BSI), Vancomycin-resistant Enterococci (VRE) Bloodstream Infection (BSI), and Surgical Site Infection (SSI).

¹¹ For more information on the CDC's NHSN, see <https://www.cdc.gov/nhsn/index.html>.

¹² For more information on Cal-HQ, see <https://calhq.calhospitalcompare.org>.

Appendix

Table 1. OHCA Quality and Equity Measure Set Measures for Payers and Physician Organizations¹³

Measure Name	Measures for Payers: DMHC Health Equity and Quality Measure Set (Full) ¹⁴	Measures for Physician Organizations: OPA Health Care Quality Report Cards (Subset) ¹⁵
Childhood Immunization Status ⁺	x [*]	x
Colorectal Cancer Screening ⁺	x [*]	x
Controlling High Blood Pressure ⁺	x [*]	x
Glycemic Status Assessment for Patients with Diabetes (<8.0% and/or >9.0%) ⁺	x [*]	x
All-Cause Readmissions	x	x
Asthma Medication Ratio	x [*]	x
Breast Cancer Screening Rate	x [*]	x
Child and Adolescent Well-Care Visits	x [*]	x
Immunizations for Adolescents	x [*]	x
Depression Screening and Follow-Up for Adolescents and Adults (Depression Screening and Follow-Up on Positive Screen)	x	
CAHPS Health Plan Survey: Getting Needed Care (Adult and Child survey) or QHP Enrollee Experience Survey ¹⁶	x	
Prenatal and Postpartum Care (Postpartum Care and Timeliness of Prenatal Care)	x [*]	
Well-Child Visits in the First 30 Months of Life (0 to 15 Months and 15 to 30 Months)	x [*]	

⁺ Measures that align across the DMHC, DHCS, OPA, Covered California, and CalPERS for payers and physician organizations.

^{*} Measure results stratified by race and ethnicity for measurement year 2024.

¹³ OHCA anticipates that the payer and physician organization measure sets will become more aligned as measures are added to the OPA Health Care Quality Report Cards.

¹⁴ DMHC Licensing eFiling. (2024, June 28). *APL 24-013 – Health Equity and Quality Program Policies and Requirements* (6/28/2024). DMHC. [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements\(6_28_2024\).pdf?ver=9wJvJOJ61DNjXvVpRgHqeQ%3d%3d](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements(6_28_2024).pdf?ver=9wJvJOJ61DNjXvVpRgHqeQ%3d%3d)

¹⁵ OPA. (2024). *Health Care Quality Report Cards*. Department of Health Care Access and Information. <https://hcai.ca.gov/data/initiatives/opa/>

¹⁶ In the DMHC Health Equity and Quality Measure Set, CAHPS Child Survey is only for applicable Medicaid plans. CAHPS health plan survey does not apply to Exchange plans. Exchange plans will report to the DMHC on the QHP Enrollee Experience Survey in measurement year 2024.

Table 2. OHCA Quality and Equity Measure Set Measures for Hospitals by Hospital Type

HCAI Hospital Equity Measures Reporting Program Measure Name (Full)¹⁷	General Acute Hospital Measures	Acute Psychiatric Hospital Measures	Children's Hospital Measures
Designate an individual to lead hospital health equity activities ⁺	x	x	x
Hospital Commitment to Health Equity Structural Measure ⁺	x	x	x
Provide documentation of policy prohibiting discrimination ⁺	x	x	x
Report percentage of patients by preferred language spoken ⁺	x	x	x
Screen Positive Rate for Social Drivers of Health ⁺	x	x	x
Screening for Social Drivers of Health ⁺	x	x	x
All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavior health diagnosis ⁺	x	x	
HCAHPS survey (Received information and education and would recommend hospital)*	x	x	
Pneumonia Mortality Rate*	x	x	
All-Cause Unplanned 30-Day Hospital Readmission Rate*	x		x
Cesarean Birth Rate (NTSV)*	x		
Death Rate among Surgical Inpatients with Serious Treatable Complications*	x		
Exclusive Breast Milk Feeding*	x		
Vaginal Birth After Cesarean Rate (VBAC)*	x		
All-Cause Unplanned 30-Day Hospital Readmission Rate in an inpatient psychiatric facility*		x	
Screening for metabolic disorders*		x	
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge*		x	
Pediatric experience survey with scores of willingness to recommend the hospital*			x

⁺ Structural measures for all hospitals. For more information, see the HCAI [Hospital Equity Measures Reporting Program](https://hcai.ca.gov/data/healthcare-quality/hospital-equity-measures-reporting-program/).

* Core quality measures that will be stratified by race/ethnicity, age, sex assigned at birth, expected payer, preferred language, disability status, sexual orientation, and gender identity to the extent that the data is available.

¹⁷ HCAI. (n.d.). *Hospital Equity Measures Reporting Program*. HCAI. Retrieved December 27, 2024, from <https://hcai.ca.gov/data/healthcare-quality/hospital-equity-measures-reporting-program/>.

Table 3. Proposed HAI Measures to Add to the OHCA Quality and Equity Measure Set for Hospitals

Healthcare-Associated Infections (HAIs)	General Acute Hospital Measures	Acute Psychiatric Hospital Measures	Children's Hospital Measures
Clostridioides difficile infections (CDI) ¹⁸	x		x
Catheter-associated Urinary Tract Infection (CAUTI) ¹⁹	x		x
Central line-associated Blood Stream Infection (CLABSI) ²⁰	x		x
Methicillin-resistant Staphylococcus aureus (MRSA) ²¹	x		x

¹⁸ For more information on CDI, see <https://www.cdc.gov/c-diff/about/index.html>.

¹⁹ For more information on CAUTI, see <https://www.cdc.gov/uti/about/cauti-basics.html>.

²⁰ For more information on CLABSI, see <https://www.cdc.gov/clabsi/about/index.html>.

²¹ For more information on MRSA, see <https://www.cdc.gov/mrsa/about/index.html>.