

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

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Practical Implementation of Reporting and Analysis Requirements

- The data reporting and analysis process needs to be within the reasonable capabilities of all the hospitals in 2025
 - Some hospitals do not have the resources to perform complex analyses. Requiring complex analyses may place undue stress on their systems. More complex analyses can be allowed.
 - The analysis that HCAI initially requires of hospitals should be simple enough to be easily implemented and compliment their current processes as much as possible.
- HCAI may expand on the Health Equity Measures program in the future after the infrastructure is in place

Measure “Characteristics”

- Level of Standardization
- Ability to validate
- Stratification
- Deidentification
- Level of availability (facility, system, county, statewide)
- A more favorable measure is one that can be standardized, HCAI already has the underlying data and can validate, it can be stratified, and is available at the facility and system level
- A less favorable measure is one that is limited in being standardized, HCAI does not have the underlying data to validate, it has limitations in being stratified, and is only available at the County or statewide level

Levels of Standardization

- Data Collection

- Currently no method for standardizing or ensuring completion and accuracy of data collected for information like race/ethnicity, SOGI, and disability status
- Methods for collecting data, such as Race/Ethnicity and SOGI, vary at the point of collection.
 - HCAI available to provide guidance on standardizing data collection but unable to determine adherence to the guidance
 - How can HCAI ensure standardization in the collection of data across facilities?
- HCAI and organizations such as California Maternal Quality Care Collaborative, CA Health Care Foundation, and Public Policy Institute of California are currently working on addressing data collection quality issues

- Data Reporting

- HCAI available to provide guidance to improve data format standardization
- HCAI available to provide relevant ICD codes for defined measures to hospitals
- HCAI available to provide guidance for standardizing stratification levels
- HCAI available to provide technical assistance to ensure adherence to DDG
- Possibly provide a standardized analytic tool

Validating Data

- HCAI is known for data quality and completeness.
 - What level of validation is sought in the Health Equity Measures program?
 - If a high level of validation is sought, what will be the method(s) and when?
- Based on AB 1204, HCAI
 - Can verify the completeness of fulfilling statutory requirements in reporting, but
 - HCAI can not request and receive the underlying record level data.
 - Does not have the authority to perform an audit of the data.
- Without record level data, HCAI can not fully validate the data that hospitals report.
- Some level of validation may be possible for some of the measures using datasets already in HCAI's possession.
 - This will not be possible for SOGI and Disability stratifications.

Validating Data (Continued)

- What is the best way forward regarding validation?
 - Thorough validation
 - Possible for measures that HCAI already has record level data
 - Partner organization's validation of their data and measures (?)
 - An audit could address other measures
 - Surface level validation
 - Only possible if demographic and statewide or facility level data is available
 - No validation
 - Measures for which HCAI does not have the underlying data, partner organization has not done a validation, and an audit is not completed
- Validation on SOGI and Disability status is not currently possible for any of the recommended measures

Stratification

- HCAI available to provide guidance and possible tool for standardizing and analyzing stratification levels:
 - Age
 - Race/ethnicity
 - Language
 - Gender/SOGI
 - Disability
 - Payer

De-identification

- Data that is reported from hospitals needs to adhere to Data De-identification Guidelines
 - This requires suppression of cell size less than 11 as well as complimentary cells and products
 - It is crucial that HCAI, hospital systems and individual facilities ensure the protection of patient data in the release of these reports
- To what extent does small counts and resulting de-identification limit a measure?

Examples of Data Limitations

- A strong measure is one that
 - Can be standardized
 - HCAI or partner organization has the underlying data to validate
 - Can be stratified with minimal/no limitations
 - De-identification does not render the measure uninformative/limited informative
 - Data is available at the facility and system level and capacity for facility and system to analyze
- A less favorable measure is one that
 - Is limited in being standardized
 - HCAI or partner organization does not have access to underlying data to validate
 - Has limitations in being stratified
 - De-identification limits the informativeness of the data
 - Data is only available at the County or statewide level
 - Facility or system does not have the capacity to analyze

How can we support hospitals to:

- **gather**
- **analyze and interpret**
- **report and**
- **act on disparities data?**





Data Collection,
Analysis,
Interpretation

Report and Act

Anticipated Challenges for Reporting Hospitals

- Disparate data sources (claims, ADT, EMR, survey, interview)
- Demographic data completeness and accuracy
- Variance in knowledge of disparity interpretation
- Prioritizing action plans to maximize impact



Large Health System



Small/Rural Hospital



Variation in Capabilities

Data Analytic Capabilities

Large Health System

- Data Science Team
- More experience with CHNAs
- Data portal for patients
- Often integrated with other health services
- Multiple touch points to collect and validate demographics
- Engaged in pop health

Small/Rural

- Some outsource IT
- Some have limited personnel able to manipulate Excel spreadsheets
- May not use common EMR
- Overall financial stability often less

Potential Solution: Easy-to-use Tool for Data Collection & Analysis

- Would support hospital-level...
 - Data aggregation
 - Analysis and interpretation of disparities
 - Interpretation (autogenerated “top 10 disparities” lists)
 - Reporting – facilitates the upload of required information to HCAI
- Optional for hospitals
- Developed with input from end-users
- Supports...
 - Data standardization
 - Data validation