HCAI Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
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Hospital Equity Measures Advisory Committee
Approved Meeting Minutes for December 1, 2022

Members Attending: Dr. Amy Adome, Sharp Healthcare; Denny Chan, Justice and Aging; Dr. David Lown, California Association of Public Hospitals and Health Systems; Denise Tugade, Service Employees International Union; Cary Sanders, California Pan-Ethnic Health Network; Silvia Yee, Disability Rights Education & Defense Fund; Kristine Toppe, National Committee for Quality Assurance; Dr. Neil Maizlish, Public Health Alliance of Southern California; Robyn Strong, Department of Health Care Access and Information (HCAI); Taylor Priestley, Covered California; Nathan Nau, California Department of Managed Health Care (DMHC); Julie Nagasako, California Department of Public Health (CDPH); and Dr. Pamela Riley, California Department of Health Care Services (DHCS).

Members Absent: Dr. Anthony Iton, California Endowment and Dannie Ceseña, California LGBTQ Services Network.

Presenters: Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI; Natalie Graves, Hospital Quality Measures Expert, HCAI Consultant; Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant; and Ignatius Bau, Health Equity Expert, HCAI.

Public Attendance: 51

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

Denise Tugade, Committee Chair, welcomed everyone and called the meeting to order at 10:07 am with roll call of committee members and state partners. Chair Tugade also welcomed Taylor Priestley who will be representing Covered CA as a state partner and provided a brief review of agenda and goals of the meeting.

Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI, introduced herself and provided a review of meeting procedures and ground rules for the virtual meeting to all meeting participants.

Questions/Comments from the Committee:

A review and discussion of the November 3, 2022, meeting minutes with the committee was completed with two requested amendments. The first requested amendment was to update the bottom of page 3 to substitute the phrase “justification of self-attestation” with the phrase “data section lacking what’s required for an analysis and interpretation of results”, as the committee clarified the issue discussed at the meeting was with the data section and not with self-attestation. The second amendment was to update the members attending list to add committee member Denny Chan, as he was in attendance at the

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meeting

The committee voted to approve the November meeting minutes as amended.

Motion: Committee member David Lown
Second: Committee member Kristine Toppe

Final Vote: 8 Ayes, 0 Nay, and 1 Abstention. Motion passed.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item II. November Meeting Recap

Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI, provided a recap summary from November meeting, including recommendations voted on by the committee, a summary of the roadmap review presented by committee member Robyn Strong at the November meeting highlighting planned key activities for 2023 through 2027, a brief review of the scope of the committee, and a reminder of HCAI aiming for a reasonable number of measures to be included.

Questions/Comments on the November Meeting Recap Presentation:

The committee sought clarification on which exclusive breast milk feeding measure was being proposed as there are slight variations in specifications across measures (e.g., the Joint Commission vs. CDPH). The committee received clarification that the CDPH breastfeeding measure is collected at the time of the newborn genetic screen, so it does not necessarily reflect breast milk feeding at discharge. An infant may be breastfed until the time of the screen and then change to formula feeding for the rest of the hospital stay. In contrast, the Joint Commission measure (PC-05) is collected at discharge. The Joint Commission measure is preferred, but not all hospitals participate in Joint Commission accreditation. As such, HCAI consultants recommended allowing individual hospitals to select the version of the measure they currently report.

The committee also inquired about the committee term limits as several committee members are currently serving one-year terms. The HCAI Director responded that HCAI appreciates continuity and would invite committee members to continue to serve on the committee when their term limit is reached. The current term for members with one-year terms would end on June 30th, before which HCAI would reappoint members who are interested in serving on the committee.

Public Comment:

There were no public comments received for this agenda item.

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Agenda Item III. Behavioral Health Measure Discussion and Vote

Natalie Graves, Hospital Quality Measures Expert, HCAI Consultant, presented on the behavioral health landscape and options for a hospital-based quality measure related to behavioral health. She described existing behavioral health measures from NCQA, Medicaid (plan and state level), inpatient psychiatric hospitals (IPRQR), and SAMHSA and AHRQ (clinic level), not of which are currently reported in a standardized way by general acute care hospitals. To fill this gap, she presented a recommendation for committee discussion that general acute care hospitals stratify readmissions by behavioral health conditions to assess disparities in behavioral health vs. non-behavioral health rates. A committee discussion, public comment, and roll call vote was conducted at the conclusion of the presentation.

Questions/Comments from the Committee:

The committee engaged in a robust discussion on the proposal to assess behavioral health by stratifying the readmissions measure by behavioral health diagnosis. The discussion covered data limitations, stratification of mental conditions based on diagnosis type (for example, mental health diagnosis versus substance use disorder), and the potential for second-level stratification, first by diagnosis type and then by other demographic variables such as race, ethnicity, age, gender, payer type, and language. The committee agreed that stratifying readmissions by behavioral health diagnosis is complex and would require an extended conversation at the next meeting when the topic of data stratification is presented. The committee requested additional information on how many hospitals have enough behavioral health-related discharges and/or readmissions to enable meaningful analysis. This information will be presented at a future committee meeting to inform discussion on whether second-level stratification is feasible.

***[Committee Vote]** Behavioral Health Measure:*

The committee recommends that general acute care hospitals will report all-cause readmissions stratified by behavioral health diagnosis (exact specifications to be identified in 2023).

Motion: Chair Tugade
Second: Committee member Cary Sanders

Final Vote: 8 Ayes, 0 Nay, and 1 Abstention. Motion passed.

Public Comment:

There was one public comment for this agenda item. The public comment received was in support of the readmissions rate stratification for the behavioral health measure. The commenter inquired if they could share their research performed on inpatient behavioral health measures and was directed to the hospital equity email as posted in the meeting agenda to use for follow-up communication.

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Agenda Item IV. Measure Selection Discussion and Vote on Pediatric and Psychiatric Hospitals

Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant, presented potential measures for pediatric and psychiatric hospitals. The committee discussed and voted on: 1) whether to require pediatric and psychiatric hospitals report the same structural measures recommended for general acute care hospitals, 2) quality measures for inpatient psychiatric hospitals, and 3) quality measures for pediatric hospitals. The committee recommended requiring pediatric and psychiatric hospitals to report the measures health equity structural and screening measures already adopted for general acute care hospitals. This agenda item opened with presentation and concluded with pediatric hospital measures discussion, paused for public comments, and committee vote.

[Committee Vote] *Structural Measures to Include for Pediatric and Psychiatric Hospitals:*

The committee recommends that Psychiatric and Children's hospitals report the health equity structural and screening measures (already adopted for general acute care hospitals) in their the HCAI hospital equity reports.

Motion: Committee member David Lown
Second: Chair Tugade

Final Vote: 8 Ayes, 0 Nay, and 1 Abstention. Motion passed.

Public Comment:

There was one public comment received noting that the pediatric population is unique and it is important to have good risk-adjustment tools that are appropriate for pediatric specialty populations. The public commentor offered to send information on their work with the National Children's Hospital Association to the email provided earlier in the meeting.

It was confirmed and clarified that the public comment provided was not in relation to the committee recommendation and vote.

Discussion on Psychiatric Hospitals Measures:

For psychiatric hospitals, Dr. Spurlock presented to the committee the proposed measures list and provided a brief rationale of the measures in Tier 1, Tier 2, Tier 3, and Tier 4 for psychiatric hospitals. The committee discussed the pros and cons of the proposed measures and held a vote on the psychiatric measures to include for hospital reporting.

"Psychiatric Hospitals" measures reviewed in Tier 1 were:

- 30-Day All-Cause unplanned readmission following psychiatric hospitalization in

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an IPF (inpatient psychiatric facility)
- Timely transmission of transition record
- Screening for metabolic disorders
- 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
- TOB3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge

"Psychiatric Hospitals" measures reviewed in Tier 2 were:
- Transition discharge record with specified elements received by discharged patients
- SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention
- TOB-2: Tobacco use treatment provided or offered and TOB-2a: Tobacco Use Treatment

"Psychiatric Hospitals" measures reviewed in Tier 3 were:
- HBIPS–2: Hours of Physical Restraint Use
- HBIPS-3: Hours of Seclusion Use
- HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification

"Psychiatric Hospitals" measures reviewed in Tier 4 were:
- FUH: Follow-up After Hospitalization for Mental Illness
- Medication continuation following inpatient psychiatric discharge

After deliberation on the proposed measures, the committee recommended to include measures from Tier 1 as-is, as well as measures from Tier 3 with the annotation of "pending ability to aggregate at regional or statewide level". The committee assessed that the concepts (such as follow up after hospitalization or screening for SUD) addressed by the Tier 2 measures were represented by more actionable Tier 1 measures. Therefore, no motion to recommend measures from Tier 2 were made. Measures reviewed in Tier 4 were determined to not be feasible for current reporting and therefore not recommended.

Questions/Comments from the Committee regarding Psychiatric Hospital Measures Tier 1:

The committee engaged in a robust conversation on Tier 1 measures presented for psychiatric measure selection and sought clarity on the '30-day all cause readmission' measure, the difference between the NCQA quality measure and the CMS quality measure, and the numerators for readmissions to the index hospital versus readmissions to other hospitals. The committee also inquired about the 'screening for metabolic disorders' and if the measure has exclusions for individuals already diagnosed with metabolic disorders. The committee commented that measures 'SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a:

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Alcohol and Other Drug Use Disorder Treatment at Discharge' and 'TOB3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge' are important to include as they will encourage hospitals to engage with their communities to develop connections for care after discharge. The committee discussed the data source and abstraction method for these measures, noting that many are abstracted from the patient's medical record. Upon completion of the discussion on Tier 1 measures, and a pause for public comments during which none were received on this item, a motion was taken for the committee vote for Tier 1 measures to include for psychiatric hospitals.

[Committee Vote] *Tier 1 Measures to Include for Psychiatric Hospitals:*

The committee recommends that Psychiatric hospitals to report the following measures:

1. 30-Day All-Cause unplanned readmission following psychiatric hospitalization in an IPF
2. Timely transmission of transition record
3. Screening for metabolic disorders
4. 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
5. TOB3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge

Motion: Chair Tugade
Second: Committee member Denny Chan

Final Vote: 8 Ayes, 0 Nay, and 1 Abstention. Motion passed.

Public Comment:

There was no public comment received for this part of the agenda item.

Questions/Comments from the Committee Regarding Psychiatric Hospital Measures Tier 3:

The committee engaged in a robust conversation on Tier 3 measures and sought clarity on psychiatric measures for hours of physical restraint use and hours of seclusion. The committee inquired whether those measures would be subject to patient privacy issues upon public reporting, given the small numbers. The committee noted that if these measures may not be reportable at the individual hospital level due to privacy concerns, the data could be aggregated to the statewide or regional level and then stratified, which could make them more actionable.

The committee also raised the issue of data reporting for the measures selected and how hospitals should be collecting or integrating information on gender, age, race, ethnicity, social needs, and other areas for data stratification and analysis. The committee was

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reminded that the topic of data stratification will be reviewed at the upcoming committee meeting for further discussion. Another comment received from the committee was regarding addressing care coordination between one care setting to another. Upon completion of the discussion on Tier 3 measures, and a pause for public comment, during which none were received on this item, a motion was taken for the committee vote for Tier 3 measures to include for psychiatric hospitals.

[Committee Vote] *Tier 3 Measures to Include for Psychiatric Hospitals:*

The committee recommends that Psychiatric hospitals to report the following measures:

1. HBIPS-2: Hours of Physical Restraint Use
2. HBIPS-3: Hours of Seclusion Use
3. HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification

*pending ability to aggregate at regional or statewide level.

Motion: Chair Tugade
Second: Committee member Silvia Yee

Final Vote: 7 Ayes, 1 Nay, and 1 Abstention. Motion passed.

Public Comment:

There was no public comment received for this part of the agenda item.

***Discussion on Pediatric Hospitals**:*

For pediatric hospitals, Dr. Spurlock and Natalie Graves presented the multiple configurations for children's hospital reporting (such as single hospital campus, multiple campuses, and overlap with general acute care hospitals) and the differences between the measures used and the hospital care provided to children versus adults. The committee discussed the proposed recommendations to adopt pediatric equivalents of the adult measures for the children's hospitals, paused for public comment, and held a vote.

Questions/Comments from the Committee Regarding Pediatric Hospital Measures:

The committee discussed various configurations for reporting by children's hospitals and how the 'all cause readmission' rate measure would work for the children's hospitals. The committee received clarification that the readmission rate includes readmissions only to the index hospital and only includes unplanned hospital admissions. For example, chemotherapy treatments are excluded. The committee also considered age stratification among children's hospitals and the complexity of risk adjustment, recognizing that while age is the most common factor for risk adjustment in the pediatric population, more

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children die within the first year of life than after that age—which is the opposite for the adult population, since for most diseases, the older you get the more complications arise.

[Committee Vote] *Pediatric Equivalent General Acute Care Measures to include for Children's Hospitals:*

The committee recommends that Children's Hospitals to submit the "pediatric equivalent" of relevant general acute care measures:

- Child HCAHPS
- All-cause readmission rate (including the Behavioral Health measure)
- Sepsis management (not SEP-1, specifications defined in 2023)
- Breastfeeding (birthing only)
- NTSV Cesarean birth (birthing only)
- VBAC rate (birthing only)

Motion: Chair Tugade
Second: Committee member Neil Maizlish

Final Vote: 7 Ayes, 0 Nay, 1 Abstention, and 1 Not voting (committee member had to leave the meeting prior to casting vote). Motion passed.

Public Comment:

There was one public comment in support of the children's hospitals' measures, identifying themselves as representing the California Children Hospital Association (CCHA). The public commenter expressed appreciation of the careful thought that has gone into the recommended measures for children's hospitals, and in particular that children's hospitals are different from other types of general acute care hospitals in terms of population treated and services provided. CCHA has had the opportunity to review the proposed measures and the rationale that was used to select them, and CCHA believes the recommended approach is both reasonable and consistent with the goals of the Assembly Bill 1204.

V. Hospital Equity Measures Advisory Committee Glossary

Ignatius Bau, Health Equity Expert, HCAI Consultant, led the discussion of and review with the committee the Hospital Equity Measures Advisory Committee glossary of terms outlining the definitions of key health equity terms as reviewed in previous committee meeting sessions. The purpose of the glossary of terms is to serve as a resource to hospitals and HCAI when defining key health equity terms in the annual hospital equity reports.

The committee engaged in a robust discussion regarding the health equity terms. Concerns were expressed about definitions not being aligned, such as health "inequity" versus "disparity", that can be used with different meanings, as well as what reference

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groups are being used. For example, committee members expressed that there is a difference between the term “disparity”, which is statistical, and “inequities”, which refers to the root cause of the issue of disparity. The committee also expressed concerns about how hospitals would utilize the glossary and the possibility of picking out the most appealing terms and ignoring the other areas that would contradict the health equity terms utilized for the hospital equity report. The committee also expressed that while there are some things in the glossary that are helpful, the terms are confusing. In particular, the graphic from the Bay Area Regional Health Inequities Initiative and how social determinants, or the drivers of health, are differentiated from social risks risk factors. The committee suggested using a visual matrix to represent the different terms. The committee discussed the practicality of having a committee vote, whether to endorse the glossary, and if it should rather be made available as a resource to hospitals and other stakeholders, without requiring formal adoption by the committee.

The committee received clarification that the recommendation to the committee is to consider the glossary of terms as a resource and that it is not a requirement for hospitals to use. The purpose of the glossary is to support implementation of the program by highlighting the differences of how the terms are used by various organizations and, at minimum, provide guidance for hospitals to align on definitions and terminology. In accordance with the statute, a part of the regulations will include definitions that will be part of the hospital requirements when submitting their equity reports.

The committee also received clarification that in the glossary there is a distinction between social determinants of health and health related social needs, which was made by CMS in its definition of health-related social needs. The National Committee for Quality Assurance, Health Equity Accreditation Plus creates an expectation that organizations that achieve that accreditation address both social needs and social risks. There are distinctions between the two, and if an entity is addressing health related social needs, they may not be fully addressing the social determinants, but they should have an obligation to do so.

Upon completion of the discussion, the committee agreed that more time would be needed to develop the glossary of terms and to include language in the glossary clarifying that the terms defined within the glossary do not replace any of the terminology included in the measure definitions hospitals will be required to report. The committee did not conduct a vote for the glossary of terms at this meeting and requested to continue the discussion next year, when appropriate.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item VI. Committee Wrap Up and Approval of 2023 Meeting Calendar

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Denise Tugade, Committee Chair led the closing discussion including a recap of items covered and reminders for the next meeting. The next meeting will be on Thursday, February 2, 2023, at 9:30 am also in hybrid format with in-person meeting location in Sacramento at the HCAI main office.

Chair Tugade expressed her appreciation of the committee members, HCAI staff and consultants of all the work put into reaching the committee's first milestone of completing the voting process for the quality measures recommendations for the HCAI Director to consider for adoption.

Questions/Comments from the Committee:

The committee acknowledged and supported the items identified in the recap that included the 2023 meeting calendar meeting dates and times, summary of the measures recommended by the committee to HCAI for consideration, and the continuation of the discussion for the glossary of terms.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item VII. Public Comment

There were no public comments received for this agenda item.

Agenda Item VIII. Adjournment

Chair Tugade adjourned the meeting at 2:09 pm.