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Hospital Equity Measures Advisory Committee Draft Meeting Minutes for October 5, 2023

Members Attending: Dannie Ceseña, California LGBTQ Services Network; Dr. Amy Adome, Sharp Healthcare; Denise Tugade, Service Employees International Union; 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); California Association of Public Hospitals and Health Systems; Dr. Anthony Iton, California Endowment; Silvia Yee, Disability Rights Education & Defense Fund; Cary Sanders, California Pan-Ethnic Health Network.

State Partners Attending: Sarah Lahidji, California Department of Health Care Services (DHCS); Nathan Nau, California Department of Managed Health Care (DMHC); Julie Nagasako, California Department of Public Health (CDPH); Kelly Bradfield, Covered California.

Members Absent: Denny Chan, Justice and Aging.

Presenters: Elia Gallardo, Deputy Director of Legislative and Government Affairs and Chief Equity Officer, HCAI; Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI; Scott Christman, Chief Deputy Director, HCAI; Addy Harewood-Smith, Research Scientist II, HCAI; Tara Zimonjic, Chief Planning Officer, HCAI; Morgan Clair, Policy and Governance Supervisor, HCAI.

Public Attendance: 46

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

Denise Tugade, Committee Chair, welcomed everyone and called the meeting to order with roll call of committee members and state partners.

Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI, provided a review of meeting procedures and ground rules, reminding attendees that flexibilities to the Bagley Keene Open Meeting Act will allow committee members to participate in person and virtually through the end of 2023. Information regarding remote attendance flexibilities in place at the beginning of 2024 will be provided later.

The committee reviewed and approved the meeting minutes from the April 6, 2023, Hospital Equity Measures Advisory Committee (HEMAC) Meeting. The motion was made by Amy Adome and seconded by Cary Sanders.

The following members voted to approve the minutes: Amy Adome, Ash Amarnath, Dannie Ceseña, Anthony Iton, Neil Maizlish, Cary Sanders, Kristine Toppe, Denise Tugade, and Silvia Yee.



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Robyn Strong abstained from voting.

The motion to approve the minutes was carried by a vote of nine in favor and one abstention.

The committee reviewed the meeting minutes from the August 3, 2023, HEMAC Meeting and approved them with an amendment to a statement on page five that states, “members also noted that Healthcare Effectiveness Data and Information Set (HEDIS) Measures were mostly used in the inpatient setting,” changing “inpatient to outpatient.” The motion to approve was made by Anthony Iton and seconded by Neil Maizlish; the motion to amend was made by Kristine Toppe and seconded by Neil Maizlish.

The following members voted to approve the minutes: Amy Adome, Ash Amarnath, Dannie Ceseña, Anthony Iton, Neil Maizlish, Cary Sanders, Kristine Toppe, and Denise Tugade.

Robyn Strong and Silvia Yee abstained from voting.

The motion to approve the minutes was carried by a vote of nine in favor and one abstention.

Questions/Comments from the Committee:

There were no questions or comments from the committee received for this agenda item.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item II. Oath of Office

Scott Christman, Chief Deputy Director for HCAI, administered the oath of office to Ash Amarnath, the new committee member is representing public hospitals.

Questions/Comments from the Committee:

There were no questions or comments from the committee received for this agenda item.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item III. August 2023 Meeting Recap

Elia Gallardo, Deputy Director of Legislative and Government Affairs and Chief Equity Officer, HCAI, provided a recap from the August 2023 meeting, including the presentation on preliminary information received from hospitals regarding data submission processes,



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the update on the Joint Commission Standards and the Centers for Medicare & Medicaid Services (CMS) Measures related to health equity; and the Hospital Equity Measures Program Regulatory Process.

Questions/Comments from the Committee:

The committee clarified that committee members can participate in the regulatory process as individual participants not representing the committee.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item IV. Overview of the Evaluation and Measure Recommendations

Christopher Krawczyk, PhD, Chief Analytics Officer, and Addy Harewood-Smith, Research Scientist II at HCAI, gave a presentation on hospital equity reporting measures intended to be included in forthcoming regulations.

Questions/Comments from the Committee:

The committee discussed the changes HCAI proposed for the final measures to be included in the regulations.

Structural Measures

The committee raised questions about the proposed changes and sought clarification on the proposed screening measure, which activated a robust discussion regarding the comparison between the HEDIS screening measure and CMS screening measures. The committee discussed long-term implementation and flexibility in data collection and sought clarification on data interpretation and the reasons behind changing the measure from the originally recommended HEDIS measure to the CMS measure. The committee noted that a big challenge in screening for social drivers of health is expanding the denominator and increasing the number of people that are even getting screened for social drivers of health which also requires increased staffing resources. The committee also inquired about the process if CMS issued a rule change, prompting a discussion on the tradeoff between incorporating the measures into the regulations by reference or including the measure definitions in the regulations themselves.

The committee inquired about the age limitation (18 and over) for the CMS Social Needs Screening measures, expressing concern about California's sizable LGBTQ youth homeless population. Emphasis was placed on the critical opportunity for at-risk youth to be screened for and access services through hospitals. HCAI acknowledged the concern, noting the constraints of the measure definitions. HCAI expressed openness to modifications, with consideration for complexities in hospital reporting and data collection systems.



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The committee inquired about data completeness targets, prompting acknowledgment of complexities in defining completeness and addressing organizational policies. The committee raised concerns about hospital readiness for future measures, particularly HEDIS measures still in development. HCAI addressed administrative components, citing policies and manuals as supportive resources, while acknowledging the challenge of limited HCAI staff to support the program.

The committee noted that the CMS screening measures would include an intervention component for social drivers of health in 2025. The committee recommended maintaining alignment and adjusting specifications in line with CMS changes, stressing consistency and synchronization. The committee expressed concerns about how this program can continue to push for hospitals to further build out their data collection and analysis efforts, particularly for disability, sexual orientation, and gender identity data. The committee emphasized the importance of getting hospitals to a point where interventions for all can be ensured and addressing any gaps.

Core Quality Measures

The committee expressed support for the California Maternal Quality Care Collaborative (CMQCC) measures, highlighting its joint commission status and experience with managing data reporting at the CMQCC level. The committee also inquired about the stratification of the CMQCC measures and suggested exploring possibilities for overlapping certifications.

The committee expressed concerns about HCAI's access to identifiable data for auditing, considering potential data suppression by hospitals. The committee explained the inconsistencies in data collection and definitions for the emergency department measure, leading to unreliable information. HCAI clarified the standardized de-identification process and acknowledged limitations in accessing underlying data for some measures.

The committee expressed concern about the removal of the core quality measure "time spent in the emergency department without being seen", emphasizing its significance for historically marginalized communities. The committee also raised concerns about the removal of the breastfeeding measure by CMS. HCAI responded, explaining CMS' reasons, and expressed openness to exploring alternative breastfeeding measures. The committee had a robust discussion on challenges in addressing disparities in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, particularly in Latino and aging communities and emphasized the difficulty of aligning quantitative measures with qualitative feedback.

The committee expressed concern about the inadequacy of measures for substance use disorders (SUDs) screenings in psychiatric hospitals. The revelation in HCAI's outreach that many psychiatric hospitals lack basic data systems or Electronic Health Record (EHR) data was particularly alarming. The committee emphasized the need for additional measures, including a data readiness measure, to address the lack of infrastructure and ensure progress over time. HCAI acknowledged the need for further understanding and



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collaboration with psychiatric hospitals. Recognizing the limitations in EHRs, HCAI made mention of the ongoing workshopping sessions with psychiatric hospitals to grasp their unique challenges. The recent outreach with seven psychiatric hospitals in California highlighted their reliance on manual data abstraction, pointing to federal-level initiatives like meaningful use but emphasizing the need for additional support and funding. Despite the challenges, the collaboration with psychiatric hospitals has been positive, with a focus on capacity development and ongoing dialogue.

The committee suggested gathering data on the readiness of psychiatric hospitals, specifically related to meaningful use and EHR usage. HCAI mentioned ongoing efforts to share surveys and polls conducted in other workshopping sessions with psychiatric hospitals in California. This information aims to provide insights into the current state of readiness among psychiatric hospitals.

The committee raised a question about the complaint mechanism for psychiatric hospitals, inquiring whether it is similar to that of all hospitals in cases of discrimination or complaints. HCAI expressed uncertainty and committed to further investigating the matter to provide a comprehensive response.

The committee raised a question regarding the connection between psychiatric hospitals, mobile crisis units, and units providing intensive inpatient and outpatient care. The committee inquired about the affiliation or connection and how these entities relate to the disability community's desire for more community-based psychiatric services. HCAI clarified that the focus of the discussion is on hospitals and their reporting requirements. HCAI noted the importance of addressing disparities, which involves collaboration with other organizations in the community, such as mobile programs. The actual action plans developed by hospitals would outline how they propose to address disparities and potentially involve partnerships with various entities for community-based services.

The committee raised concerns about technical difficulties in data collection for readmission rates, with a focus on disparities in discharge planning. HCAI responded highlighting complexities in capturing readmissions, including coding variations and reporting standards.

Public Comment:

A public comment was received that sought clarification on changes to HCAHPS reporting for children's hospitals, specifically regarding whether hospitals can report willingness-to-recommend scores from surveys other than HCAHPS. HCAI confirmed this was accurate, but detailed specifications and measure definitions still needed to be developed.

Agenda Item V. Proposal for 2024 HEMAC Meetings

Tara Zimonjic, Chief Planning Officer, introduced Morgan Clair, Policy and Governance Supervisor, HCAI, who has been managing four public bodies, including the Hospital Equity Measure Advisory Committee. The focus of the presentation was on the proposal for the 2024 meetings, involving documentation of regulations and additional technical



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assistance for hospitals. The key areas for exploration included data analysis support and cultural competency in data collection. Morgan Clair outlined plans for two in-depth meetings in 2024, addressing cultural competency in late spring and data analysis technical assistance in late fall.

Questions/Comments from the Committee:

The committee emphasized the need for separate and specialized Sexual Orientation and Gender Identity (SOGI) data training. The committee provided an example where LGBTQ+ education for hospital staff improved patient care. The committee proposed a webinar format to create a safe space for staff to ask questions. The committee advocated for a train-the-trainer approach to ensure continuous education, given the evolving nature of SOGI data. The committee also stressed the importance of comprehensive staff training in data collection and encouraged leveraging available resources. The committee emphasized planning action steps based on collected data, with a focus on understanding and addressing disparities through technical assistance and cultural competency components. The committee highlighted the need for specific and nuanced training addressing various aspects of identity, including race, ethnicity, disability, gender identity, and sexual orientation. There was an emphasis on understanding the intersectionality of different characteristics and their impact on individuals' experiences. The committee advocated for training programs encompassing these multiple dimensions of identity.

The committee stressed the importance of sensitive demographic data collection, discussing challenges individuals face in asking sensitive questions. The committee suggested involving different touchpoints like enrollment staff, providers, medical assistants, and community health workers and emphasized the need for training addressing potential negative responses and providing opportunities for practice.

The committee inquired about training programs and core competencies for hospitals in analyzing and interpreting health data, referencing HEDIS measures. The committee highlighted how accredited organizations are expected to have core competencies in quality improvement and discussed comprehensive strategies and commended HCAI's approach in supporting hospitals with clear guidelines.

The committee suggested a process similar to the widespread adoption of EHR system be created where programs start small with accrediting or offering incentives for data completeness with gradual increase in measures required to be reported on to encourage hospitals to adopt quality improvement standards.

Public Comment:

There were no public comments received for this agenda item.

Agenda Item VI. Committee Wrap-Up



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Denise Tugade, Committee Chair gave the closing discussion including recap of items covered.

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 11:54 a.m.

DRAFT