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## **DMHC Health Equity and Quality Committee Overview**

### **GENERAL DESCRIPTION:**

The California Department of Managed Health Care (DMHC) is establishing a Health Equity and Quality Committee (Committee) to make recommendations to DMHC for standard health equity and quality measures to be used to assess health plan performance. In accordance with Health and Safety Code Section 1399.870, the DMHC Director will convene the Committee on or before March 1, 2022. The Committee will be tasked with providing initial recommendations to the DMHC Director by September 30, 2022.

### **DEPARTMENT OBJECTIVE:**

The mission of the DMHC is to protect consumers' health care rights and ensure a stable health care delivery system. The DMHC accomplishes its mission by ensuring the health care system works for consumers. The Department protects the health care rights of approximately 27.7 million Californians by regulating health care service plans, assisting consumers through a consumer Help Center, educating consumers on their rights and responsibilities, and preserving the financial stability of the managed health care system.

### **HEALTH EQUITY COMMITTEE OBJECTIVE:**

The Committee shall be tasked with making recommendations to the DMHC Director for standard health equity and quality measures, including annual benchmark standards for assessing equity and quality in health care delivery. When making the recommendations, the Committee may consider the following:

- Quality measures, including, but not limited to, Healthcare Effectiveness Data and Information Set (HEDIS) measures and the federal Centers for Medicare and Medicaid Services Child and Adult Core Set measures.
- Surveys or other measures to assess consumer experience and satisfaction, including alternative approaches that take into account cultural competence, health literacy, exposure to discrimination, and social and cultural connectedness, such as connection to community, identity, traditions, and spirituality.
- Other child and adult quality or outcome measures that the Committee determines are appropriate, including establishing new measures for patient-reported outcomes.

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- Effective ways to measure health outcomes in the absence of quality measures, including both of the following:
  - Demographic data or other data related to race, ethnicity, or socioeconomic variables that are currently collected by health care service plans.
  - Other data sources, including the Health Care Payments Data Program established pursuant to Health and Safety Code Section 127671.1, the health evidence initiative of Covered California for the individual and small group markets, and other statistically valid and reliable sources of data.
- Approaches to stratifying reporting of results by factors, including, but not limited to, age, sex, geographic region, race, ethnicity, language, sexual orientation, gender identity, and income to the extent health plans or public programs have data on these factors and that the results are statistically valid and reliable.
- Alternative methods to measure health outcomes that permit sufficient stratification to determine impacts on health equity and quality that are not subject to the methodological limitations of current measurement approaches.
- Alternative methods to measure physical and behavioral health outcomes, including, but not limited to, measures to assess social and cultural connectedness, such as connection to community, identity, traditions, and spirituality. The Department shall consult with the Office of Health Equity in identifying these alternative methods.
- Measures of social determinants of health, such as housing security, food insecurity, caregiving, and other nonmedical determinants of health.

**JOB DESCRIPTION:**

The Committee members are expected to review all materials in advance of the Committee meetings in order to actively participate in discussions and provide meaningful contributions. Some Committee members may be tasked with presenting certain topics as subject matter experts. Committee members are expected to attend all meetings. The Committee members shall participate in forming recommendations to the DMHC Director on or before September 30, 2022.

The Committee acts as an advisor to the DMHC Director and does not have direct decision-making authority.

**KNOWLEDGE AND ABILITY REQUIREMENTS:**

Members will include individuals with training and experience in health care quality, quality improvement activities, health equity, social determinants of health, and/or health disparities. For the Committee composition to reflect the diversity of the State of California, the Department is seeking individuals who represent and have knowledge of diverse communities, including the racial, cultural, ethnic, sexual orientation, gender, economic, linguistic, age, disability, and geographical diversity of California.

**MEETING FREQUENCY:**

The Committee will convene in early 2022, no later than March 1, 2022, and will meet at an undetermined frequency before concluding by September 30, 2022. It is anticipated that the Committee could meet at least monthly during this time period.

The Department will reconvene the Committee following the establishment of the standard measures and annual benchmarks for the purpose of reviewing or revisiting the standard measures and annual benchmarks after the Department has received data from health care service plans.

**ADDITIONAL REQUIREMENTS:**

The Committee meetings are subject to the requirements of the Bagley-Keene Open Meeting Act. The Committee members are expected to attend meetings in person unless virtual meetings are permitted pursuant to existing or future Executive Orders. Meetings will be preceded by a publicly distributed Notice and Agenda. Substantive discussions of matters being considered by the Committee may occur only during a public meeting, including discussions regarding materials distributed in advance of a meeting.