

DMHC Health Equity and Quality Committee

May 18, 2022

Housekeeping

For those attending in-person and virtually:

- If any Committee member has a question, please use the “Raised hand” feature in Zoom.
- All questions and comments from Committee members will be taken in the order in which “Raised hands” appear.
- State your name and organization prior to making a comment or asking a question.

Housekeeping

For those attending in-person:

- A sanitation station is in the back of the room where you will find masks and hand sanitizer. Masks are strongly encouraged.
- The women's restroom is located at the end of this corridor to the left; the men's bathroom is located just beyond the women's restroom on the other side of the catwalk. The entry way is near suite 200.

Housekeeping

For those attending in-person:

- Please do not join the Zoom meeting with your computer audio. Use the microphone in front of you and push the button on your microphone to turn it on or off.
- To ensure that you are heard online and in the room, please use the microphone in front of you and push the button on your microphone to turn it on or off.

Housekeeping

For those attending virtually or by phone:

- For attendees participating through Zoom with microphone capabilities, you may use the “Raise Hand” feature and you will be unmuted to ask your question or leave a comment.

Housekeeping

For all Committee members:

- The Health Equity and Quality Committee is subject to the Bagley-Keene Open Meeting Act. As such, Committee members should refrain from emailing, texting or otherwise communicating with each other off the record during Committee meetings.

Housekeeping

For all Committee members:

- The Bagley-Keene Act prohibits “serial” meetings. A serial meeting would occur if a majority of the Committee members emailed, texted, or spoke with each other (outside of a public Health Equity and Quality meeting) about matters within the Committee’s purview.

Housekeeping

For all members of the public:

- Written public comments should be submitted to the DMHC using the email address at the end of the presentation.
- Members of the public should not contact Committee members directly to provide feedback.

Agenda

1. Welcome and Introductions
2. Review April 20, 2022 Meeting Summary
3. Continued Discussion: Data Quality Expert Panel
4. Discussion on Measures and Disparities by Focus Area
5. Break
6. Continued Discussion: Measures and Disparities by Focus Area
7. Public Comment
8. Closing Remarks

DMHC Attendees

1. **Mary Watanabe, Director**
2. **Nathan Nau, Deputy Director, Office of Plan Monitoring**
3. **Chris Jaeger, Chief Medical Officer**
4. **Sara Durston, Senior Attorney**

Voting Committee Members

1. **Anna Lee Amarnath, Integrated Healthcare Association**
2. **Bill Barcellona, America's Physician Groups**
3. **Dannie Ceseña, California LGBTQ Health and Human Services Network**
4. **Alex Chen, Health Net**
5. **Cheryl Damberg, RAND Corporation**
6. **Diana Douglas, Health Access California**
7. **Lishaun Francis, Children Now**

Voting Committee Members

8. **Tiffany Huyenh-Cho, Justice in Aging**
9. **Edward Juhn, Inland Empire Health Plan**
10. **Jeffrey Reynoso, Latino Coalition for a Healthy California**
11. **Richard Riggs, Cedars-Sinai Health System**
12. **Bihu Sandhir, AltaMed**
13. **Kiran Savage-Sangwan, California Pan-Ethnic Health Network**

Voting Committee Members

14. Rhonda Smith, California Black Health Network
15. Kristine Toppe, National Committee for Quality Assurance
16. Doreena Wong, Asian Resources, Inc.
17. Silvia Yee, Disability Rights Education and Defense Fund

Ex Officio Committee Members

18. Palav Babaria, California Department of Health Care Services
19. Alice Huan-mei Chen, Covered California
20. Stesha Hodges, California Department of Insurance
21. Julia Logan, California Public Employees Retirement System
22. Robyn Strong, California Department of Healthcare Access and Information

Sellers Dorsey Team

1. Sarah Brooks, Project Director
2. Alex Kanemaru, Project Manager
3. Andy Baskin, Quality SME, MD
4. Ignatius Bau, Health Equity SME
5. Mari Cantwell, California Health Care SME
6. Meredith Wurden, Health Plan SME
7. Janel Myers, Quality SME

Meeting Materials

1. References and Resources Handout
2. Prevention Focus Area Measures Workbook
3. Chronic Conditions Focus Area Measures Workbook
4. Mental Health Focus Area Measures Workbook
5. Substance Use Focus Area Measures Workbook
6. Birthing Persons and Children Focus Area Measures Workbook

Meeting Materials

7. Access Focus Area Measures Workbook
8. Utilization Focus Area Measures Workbook
9. Specialty Focus Area Measures Workbook
10. Coordination of Care Focus Area Measures Workbook
11. Patient Experience Focus Area Measures Workbook
12. Population Health Focus Area Measures Workbook
13. Health Equity Focus Area Measures Workbook

Committee Meeting Timeline

- Committee Meeting #4 – May 18
 - Focus Areas
- Committee Meeting #5 – June 8
 - Measure Selection Process
- Committee Meeting #6 – June 22
 - Measure Selection Process
- Committee Meeting #7 – July 13
 - Benchmarking
- Committee Meeting #8 – August 17
 - Review Draft Report of Committee Recommendations

Questions

Review of April 20, 2022 Meeting Summary

Sarah Brooks, Project Director

Questions

Continued Discussion: Data Quality Expert Panel

Dr. Anna Lee Amarnath, Integrated Healthcare Association (IHA)

Kristine Toppe, National Committee for Quality Assurance
(NCQA)

Continued Discussion: *Data Quality Expert Panel*

- During the March 24 and April 20 meetings, a Data Quality Expert Panel was held to review and discuss what Committee partners from IHA, NCQA, and RAND are doing to advance health equity and quality in California.
- We wanted to keep the conversation open to Committee members to continue the discussion, provide feedback, and ask questions to the Committee's data quality experts.

Committee Discussion

1. Would additional information or clarification be useful to further the Committee's understanding of what the data quality expert panelists' organizations are doing to advance health equity and quality in California?
2. Are there any additional questions or comments from Committee members for the data quality experts?

Questions

Discussion on Measures and Disparities by Focus Area

Sarah Brooks, Project Director

Discussion on Measures and Disparities: *Goal and Audience*

The goal of the Health Equity and Quality Committee is to make recommendations to the DMHC for standard health equity and quality measures, including annual benchmark standards for assessing equity and quality in health care delivery.

The recommended measures will apply to full-service and behavioral health plans across California.

Process for Measure Selection

Review and identify measures by focus areas

Review the 2-3 candidate measures by focus area to narrow down to final measure set

Review, identify, and finalize benchmarks

July Meeting

June Meetings

April-May Meetings

Guiding Principles for Measure Selection Criteria

1. Alignment with other measurement and reporting programs
 - a. California (e.g., Medi-Cal, IHA, Covered CA), National (e.g., CMS), accreditation programs (e.g., NCQA)
2. Important to measure, report, and to make significant gains in quality and improve outcomes
 - a. Opportunity for improvement
 - b. Potential for high population impact
3. Opportunity to identify and reduce disparities (e.g., racial, ethnic, etc.)

Guiding Principles for Measure Selection Criteria

4. Feasibility
 - a. Access and availability of data
 - b. Minimize burden for data collection and reporting
 - c. Potential for stratification
5. Usability
 - a. Proven implementation elsewhere
6. California priority area for focus

Most Common Focus Areas

1. Health Equity*
2. Access*
3. Prevention
4. Coordination of Care*
5. Birthing Persons & Children*
6. Chronic Conditions*
7. Mental Health*
8. Substance Use*
9. Population Health*
10. Specialty*
11. Utilization*
12. Patient Experience*

* Time permitting, asterisk indicates the focus area that will be discussed during today's meeting

Discussion on Measures:

Process for Identifying Measures

1. Leveraged Robert Wood Johnson Foundation's *Buying Value Measure Selection Tool*, developed to assist state agencies, private purchasers and other stakeholders in creating aligned measure sets
2. Organized measures by focus areas
3. Narrowed list to 'green' measures identified in CA programs (e.g., Medi-Cal, IHA, Covered CA) or widely used as evident in federal programs (e.g., CMS Core Set)

Prevention Measures

During the April 20 meeting, there was Committee consensus for the following measures:

1. Cervical Cancer Screening [NQF Disparities-Sensitive]
2. Breast Cancer Screening [NQF Disparities-Sensitive]**
3. Colorectal Cancer Screening [NQF Disparities-Sensitive]*

**NCQA Stratification by Race/Ethnicity*

***Candidate for NCQA Stratification by Race/Ethnicity*

Chronic Conditions Measures

During the April 20 meeting, there was Committee consensus for the following measure:

1. Hemoglobin A1c Control for Patients with Diabetes
[NQF Disparities-Sensitive]*

**NCQA Stratification by Race/Ethnicity*

Chronic Conditions Measures

The remaining measures align with DHCS, Covered CA, and IHA or are widely used in federal programs:

2. Controlling High Blood Pressure [NQF Disparities-Sensitive]*
3. Asthma Medication Ratio**
4. Medication Management for People With Asthma

**NCQA Stratification by Race/Ethnicity*

***Candidate for NCQA Stratification by Race/Ethnicity*

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Mental Health Disparities

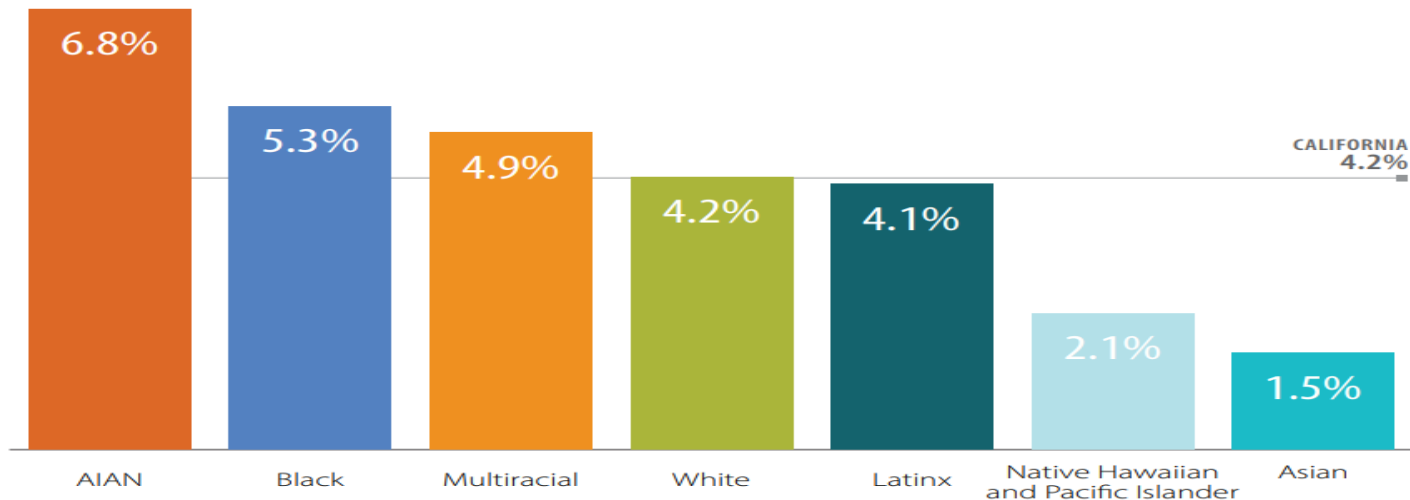
According to California Health Care Foundation's "Health Disparities by Race and Ethnicity in California" (2021):

- The rates of serious mental illness in California adults varied considerably by racial/ethnic group.
- There were higher rate of mental illness among American Indian and Alaska Native, Black, and Multiracial Californians.

Mental Health Disparities

Adults with Serious Mental Illness, by Race/Ethnicity
California, 2019

PERCENTAGE OF ADULT POPULATION



Mental Health Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. Anti-Depressant Medication Management
2. Depression Remission or Response for Adolescents and Adults
3. Depression Screening and Follow-Up for Adolescents and Adults [NQF Disparities-Sensitive]**

***Candidate for NCQA Stratification by Race/Ethnicity*

Mental Health Measures

List of measures that align with DHCS, Covered CA, and IHA measures or are widely used in federal programs:

4. Follow-Up After Hospitalization for Mental Illness
5. Follow-Up After Emergency Department Visit for Mental Illness
6. Follow-Up Care for Children Prescribed ADHD Medication

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Substance Use Disparities

According to California Health Care Foundation’s “Health Disparities by Race and Ethnicity in California” (2021):

- The highest rates of drug-induced deaths were among American Indian and Alaska Native, Black, and White Californians.
- The highest rates of alcohol-induced deaths were among American Indian and Alaska Native Californians.

Substance Use Disparities

According to California Health Care Foundation’s “Health Disparities by Race and Ethnicity in California” (2021):

- The highest opioid overdose deaths were among American Indian and Alaska Native, White, and Black Californians.
- The highest opioid overdose emergency department (ED) visits were among Black and White Californians.

Substance Use Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
 - *New Version for MY2022: Initiation and Engagement of Substance Use Disorder Treatment***
2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
 - *New Version for MY2022: Follow-Up After ED Visit for Substance Use***

***Candidate for NCQA Stratification by Race/Ethnicity*

Substance Use Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

3. Concurrent Use of Opioids and Benzodiazepines
4. Use of Pharmacotherapy for Opioid Use Disorder
5. Pharmacotherapy for Opioid Use Disorder**
6. Use of Opioids at High Dosage in Persons Without Cancer

***Candidate for NCQA Stratification by Race/Ethnicity*

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Birthing Persons & Children Disparities

According to California Health Care Foundation's "Health Disparities by Race and Ethnicity in California" (2021):

- Lowest rate of first trimester prenatal care among American Indian and Alaska Native, Native Hawaiian and Pacific Islander, and Black Californians.
- Highest rate of maternal mortality among Black Californians.
- The highest rate of infant mortality was among Black, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander Californians.

Birthing Persons & Children Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. Cesarean Rate for Nulliparous Singleton Vertex
2. Prenatal Immunization Status**
3. Prenatal Depression Screening and Follow Up**

***Candidate for NCQA Stratification by Race/Ethnicity*

Birthing Persons & Children Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

4. Postpartum Depression Screening and Follow Up**
5. Prenatal and Postpartum Care [NQF Disparities-Sensitive]*
6. Contraceptive Care – Postpartum [NQF Disparities-Sensitive]

**NCQA Stratification by Race/Ethnicity*

***Candidate for NCQA Stratification by Race/Ethnicity*

Birthing Persons & Children Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

7. Developmental Screening in the First 36 Months of Life and Follow-up
8. Well-Child Visits in the First 30 Months of Life**
9. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
10. Child and Adolescent Well-Care Visits*

**NCQA Stratification by Race/Ethnicity*

***Candidate for NCQA Stratification by Race/Ethnicity*

Birthing Persons & Children Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

11. Childhood Immunization Status

12. Immunizations for Adolescents**

13. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

***Candidate for NCQA Stratification by Race/Ethnicity*

Birthing Persons & Children Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

14. Appropriate Testing for Pharyngitis

15. Metabolic Monitoring for Children and Adolescents on Antipsychotics

17. Topical Fluoride Varnish for Children

18. Annual Dental Visit

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Questions

Break

Access Disparities

According to California Health Care Foundation’s “Health Disparities by Race and Ethnicity in California” (2021):

- The highest rates of difficulty finding a primary care physician were among Black, Multiracial, and Latinx Californians.
- The highest rates of preventable hospitalizations for Black Californians when compared to other races/ethnicities.
- Latinx people represented 39% of the population but only 6% of active patient care physicians.

Access Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. Adults' Access to Preventive/Ambulatory Health Services
2. Children and Adolescents' Access to Primary Care Practitioners
3. CAHPS Survey – Getting Needed Care Composite
4. CAHPS Survey – Getting Care Quickly Composite

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Utilization Disparities

According to “Racial/Ethnic Differences in Emergency Department Utilization and Experience” by RAND and CMS in the Journal of General Internal Medicine (2021):

- Higher ED utilization by Black and Latinx persons.

According to “Inappropriate Antibiotic Prescribing Across the U.S.” (2022):

- Highest antibiotic prescription rates among Black and Latinx persons.

Utilization Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-AD)
2. Appropriate Treatment for Upper Respiratory Infection (URI)
3. Cervical Cancer Overscreening
4. Emergency Department Utilization (EDU)
5. Frequency of Selected Procedures (FSP)

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Specialty Disparities

According to California Health Care Foundation's "Health Disparities by Race and Ethnicity in California" (2021):

- Black, Multiracial, and Latinx Californians reported the greatest difficulty finding a specialist.

Specialty Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. Osteoporosis Management in Women Who Had a Fracture
2. Sepsis Management
3. International Normalized Ratio (INR) Monitoring for Individuals on Warfarin

Specialty Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

4. Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category
5. Central Line Associated Blood Stream Infection (CLABSI)

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Coordination of Care Disparities

According to California Health Care Foundation's "Health Disparities by Race and Ethnicity in California" (2021):

- Highest hospital readmissions among Black, American Indian and Alaska Native, and Latinx Californians

Coordination of Care Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. Medication Reconciliation Post-Discharge
2. Plan All-Cause Readmissions (PCR)

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Patient Experience Disparities

According to Health Affairs “Racial and Ethnic Disparities in Patient Experience of Care Among Nonelderly Medicaid Managed Care Enrollees” (2022):

- Asian, Native Hawaiian and Pacific Islander, Black, and Latinx persons in Medicaid managed care report worse experiences of care.

Patient Experience Disparities

According to the International Journal for Health Equity
“Controlling for race/ethnicity: a comparison of California
commercial health plans CAHPS scores to NCBD
benchmarks” (2022):

- For commercial health plans in California and nationally Black persons tend to be more satisfied, while Asian persons were less satisfied.

Patient Experience Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. CAHPS Survey – Health Plan Customer Service Composite
2. CAHPS Survey – Enrollees' Ratings Composite

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Population Health Disparities

According to the Commonwealth Fund Health Equity Scorecard (2021):

- Highest rate of obesity among Black, Latinx, and American Indian and Alaska Native Californians.
- Lowest rate of adults with a recent flu shot among Black and Latinx Californians.
- Lowest rate of older adults who received the pneumonia vaccine among Black and Latinx Californians.
- Highest rate of adults who smoke among Black and American Indian and Alaska Native Californians.

Population Health Measures

List of measures that align with DHCS, Covered CA, and IHA or are widely used in federal programs:

1. Adult Body Mass Index (BMI) Assessment
2. Flu Vaccinations for Adults
3. Adult Immunization Status**

***Candidate for NCQA Stratification by Race/Ethnicity*

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Health Equity Measures

List of measures for discussion based on Committee recommendations and independent peer reviewed research:

1. Social Need Screening and Intervention – *NCQA proposed measure for MY2023*
2. Health Equity Summary Score (HESS)
3. Race/Ethnicity Diversity of Membership (RDM)
4. Language Diversity of Membership (LDM)

Committee Discussion

1. Are there any other measures you feel strongly should be added to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

Questions

Public Comment

Public comments may be submitted until 5 p.m. on May 25, 2022, to publiccomments@dmhc.ca.gov

Closing Remarks

Public comments may be submitted until 5 p.m. on May 25, 2022, to publiccomments@dmhc.ca.gov

Members of the public may find Committee [materials](#) on the [DMHC website](#).

Next Health Equity and Quality Committee meeting will be held in Sacramento on June 8.