

Health Equity and Quality Committee: References and Resources on Health Equity

Background on Health Equity and Quality Improvement

Nundy S, Cooper LA, Mate KS. [The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity](#). *JAMA*, 2022

O’Kane M, Agrawal S, Binder L, Dzau V, Gandhi TK, Harrington R, Mate K, McGann P, Meyers D, Rosen P, Schreiber M, Schummers D. [An Equity Agenda for the Field of Health Care Quality Improvement](#). National Academy of Medicine Discussion Paper, 2021

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS), Office of Minority Health, [Paving the Way to Equity: A Progress Report](#), 2021

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services, Innovation Center, [Driving Health System Transformation: A Strategy for the CMS Innovation Center’s Second Decade](#), 2021

Health Care Payment Learning & Action Network Health Equity Advisory Team, [Advancing Health Equity Through Alternative Payment Models: Guidance for Equity-Centered Design and Implementation](#), 2021

National Committee for Quality Assurance (NCQA), [Health Equity Accreditation and \(Proposed\) Health Equity Accreditation Plus Standards](#), 2021

California Pan-Ethnic Health Network, [Centering Equity in Health Care Delivery and Payment Reform](#), 2020

Families USA, [A Framework for Advancing Health Equity and Value: Policy Options for Reducing Health Inequities by Transforming Health Care Delivery and Payment Systems](#), 2018

Institute for Healthcare Improvement, [Achieving Health Equity: A Guide for Health Care Organizations](#), 2016

Health Equity Work and Measures in California

California Department of Health Care Services (DHCS), [Comprehensive Quality Strategy](#), 2022

Health Equity Roadmap Health Equity Measure Set for 2022

- o Colorectal cancer*
- o Controlling high blood pressure*
- o HgbA1c for persons with diabetes mellitus*
- o Prenatal and postpartum care*
- o Child and adolescent well-child visits*
- o Childhood immunizations
- o Adolescent immunizations
- o Follow up after emergency department visit for mental illness or substance use disorder (SUD)
- o Perinatal and postpartum depression screening and referral

* NCQA Healthcare Effectiveness Data and Information Set (HEDIS) measures to be stratified by race and ethnicity for Measurement Year 2022

[Covered California, 2022 Amended Qualified Health Plan Contract Attachment 7](#), 2022

For Measurement Year 2022, the Contractor must achieve eighty percent (80%) self-identification of race and ethnicity data for Covered California Enrollees. The Contractor must demonstrate compliance by including a valid race and ethnicity attribute for at least 80% of Covered California Enrollees in its Healthcare Evidence Initiative (HEI) data submissions. The Contractor must engage with Covered California to review its race and ethnicity data for off-Exchange members for Measurement Year 2022.

For Measurement Year 2022, the Contractor must submit the following HEDIS hybrid measure patient level data files for Covered California Enrollees:

- 1) Comprehensive Diabetes Care (CDC): HbA1c Control <8.0% (NQF #0575)
- 2) Comprehensive Diabetes Care (CDC): Medical attention for nephropathy (NQF #0062)
- 3) Comprehensive Diabetes Care (CDC): Eye exam (retinal) performed (NQF #0055)
- 4) Controlling High Blood Pressure (CBP) (NQF #0018)

The Contractor must submit a patient level measure file that includes a unique person identifier for each person in the denominator. The Contractor must also submit numerator and denominator totals and rates at the summary level. The Contractor must also submit HEDIS hybrid measure summary files including numerators and denominators by Race/Ethnicity category for all commercial product types for which it reports these HEDIS measures to the NCQA Quality Compass and for each Medi-Cal Managed Care product for which it reports these HEDIS measures to the DHCS.

Covered California will modify the measures set over time, with stakeholder input, to track disparities in care and health outcomes in additional areas, including behavioral health, for plan year 2023 and beyond.

The Contractor must engage with Covered California to review its performance on the disparities measures using HEI data.

The Contractor will meet a mutually agreed upon target for improvement in quality for the disparities intervention target population based on the mutually agreed-upon health disparities intervention proposal. The Contractor must report progress through submission of specified progress reports. Covered California will assess the Contractor's performance based on the submitted HEDIS measures sample per Article 1, Section 1.02, specified progress reports and intervention results.

If the Contractor does not select a measure pursuant to Article 1, Section 1.02.2, the Contractor must additionally submit the patient level HEDIS measure file for their approved intervention HEDIS measure for Covered California Enrollees.

Covered California, [Draft 2023-2025 Qualified Health Plan Contract Attachment 2 Performance Standards with Penalties](#), 2022

Covered California, [California's Largest Public Health Care Purchasers Unite to Address Gaps in Childhood Immunizations and Colorectal Cancer Screenings Due to the COVID-19 Pandemic](#), 2021

Health Management Associates, [NCQA Distinction in Multicultural Health Care: Assessment of Benefits and Recommendation to Require that Issuers Achieve this Distinction](#), 2020

Frameworks for Measurement of Health Equity

National Quality Forum, [A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four “I’s” for Health Equity](#), 2017

Revised criteria for disparities-sensitive measures

1. Prevalence - How prevalent is the condition among populations with social risk factors? What is the impact of the condition on the health of populations with social risk factors?
2. Size of the disparity - How large is the gap in quality, access, and/or health outcome between the group with social risk factors and the group with the highest quality ratings for the measure?
3. Strength of the evidence - How strong is the evidence linking improvement in performance on the measure to improved outcomes in the population with social risk factors?
4. Ease and feasibility of improvement (actionable) - Is the measure actionable (e.g. by providers/clinicians/health plans, etc.) among the population with social risk factors

RAND, [Developing Health Equity Measures](#), 2021

Appendix B: Disparities-Sensitive Measures Using National Quality Forum Assessment

National Quality Forum, [Measures Application Partnership Health Equity Advisory Group](#), 2022

The Advisory Group takes a poll on the potential impact on health disparities if the measure is included within a specific program; the poll scores range from 1-5, or from negative impact/increasing disparities to positive impact/reducing disparities

Suggested discussion questions for the Advisory Group:

1. What aspects of health equity do you see this measure advancing (culture, access, outcomes, etc.)?
2. What social determinants of health should be considered related to this measure?
3. If the measure includes stratification or risk adjustment, are there any concerns about how the measure is stratified or risk adjusted from a health equity lens? What additional information would be beneficial to include? If the measure does not include stratification or risk adjustment, what information would be beneficial to include?
4. Would it be beneficial to provide stratification when providing performance feedback for this measure?
5. In what ways could the measure exacerbate disparities or have unintended consequences?
6. What measurement gaps related to health disparities and critical access hospitals are present in the program?

National Committee for Quality Assurance, [Health Equity and Social Determinants of Health in HEDIS: Data for Measurement](#), 2021

National Committee for Quality Assurance, [Accounting for Socioeconomic Status in HEDIS Measures](#), 2021

National Committee for Quality Assurance, [Evaluating Medicaid's Use of Quality Measurement to Achieve Equity Goals](#), 2021

Manatt Health, [Unlocking Race and Ethnicity Data to Promote Health Equity in California](#), 2021

Bailit Health, [How States Can Use Measurement as a Foundation for Tackling Disparities in Medicaid Managed Care](#), 2019

Bailit Health, [Promoting Health Equity in Medicaid Managed Care: A Guide for States](#), 2021

Center for Health Care Strategies and Institute for Medicaid Innovation, [Leveraging Value-Based Payment Approaches to Promote Health Equity: Key Strategies for Health Care Payers](#), 2021

National Health Law Program, [Addressing Health Equity in Medicaid Managed Care](#), 2021

Agniel D, Martino SC, Burkhart Q, Hambarsoomian K, Orr N, Beckett MK, James C, Scholle SH, Wilson-Frederick S, Ng J, Elliott MN. [Incentivizing Excellent Care to At-Risk Groups with a Health Equity Summary Score](#). J Gen Intern Med, 2021

University of Chicago School of Medicine Advancing Health Equity, [Using Data to Reduce Disparities and Improve Quality](#), 2021

California Health Disparities Data

Aurrera Health Group, [Health Disparities by Race and Ethnicity in California: Pattern of Inequity](#), 2021

California Health Care Foundation, [Health Disparities by Race and Ethnicity: The California Landscape](#), 2019

California Department of Health Care Services, [2020 Health Disparities Report](#), 2021