DMHC Health Equity and Quality Committee

June 8, 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 May 18, 2022 Meeting Summary
3. Data Exchange Framework Presentation
4. Complete Discussion on Measures and Disparities by Focus Area
5. Break
6. Narrow Measures to Final Set
7. Benchmarking
8. Public Comment
9. 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. Utilization Focus Area Measures Workbook
3. Specialty Focus Area Measures Workbook
4. Coordination of Care Focus Area Measures Workbook
5. Patient Experience Focus Area Measures Workbook
6. Population Health Focus Area Measures Workbook
7. Health Equity Focus Area Measures Workbook
8. Candidate Measures Workbook

Committee Meeting Timeline

- 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 May 18, 2022 Meeting Summary

Sarah Brooks, Project Director

Questions

Data Exchange Framework Presentation

John Ohanian, California Health & Human Services Agency,
Center for Data Insights and Innovation Office

SHARED HEALTH
INFORMATION IS POWER
TO CHANGE LIVES FOR THE BETTER

John Ohanian
Director, Center for Data Insights and Innovation
Chief Data Officer, California Health & Human Services Agency

May 2022

CalHHS
California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

AGENDA

California's Opportunity Our Path to a Person-Centered Data Exchange Framework

- Legislation
- Stakeholders
- Principles
- Components

Key Considerations

- Governance
- HIT Infrastructure
- Digital Identity Strategy
- Measures of Success

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California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

VISION FOR DATA EXCHANGE IN CALIFORNIA

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

THE PROBLEM WE ARE TRYING TO SOLVE: AN EXAMPLE - SERVING SOMEONE WITH COMPLEX NEEDS

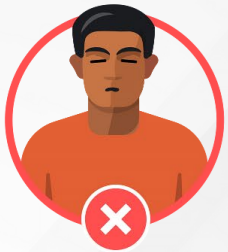
WHO

A 40-year-old Latino male with a diagnosis of schizophrenia and diabetes who is also experiencing housing instability. He is admitted to a mental health facility following an acute episode of schizophrenia.

RIGHT NOW … CALIFORNIA DOESN'T HAVE ALL THE DATA EXCHANGE PATIENTS NEED

CONNECTION MISSED

A primary care physician who is unaware of his admission and unable to coordinate care.



THE RESULT

A poor health outcome.

FIRST STOP

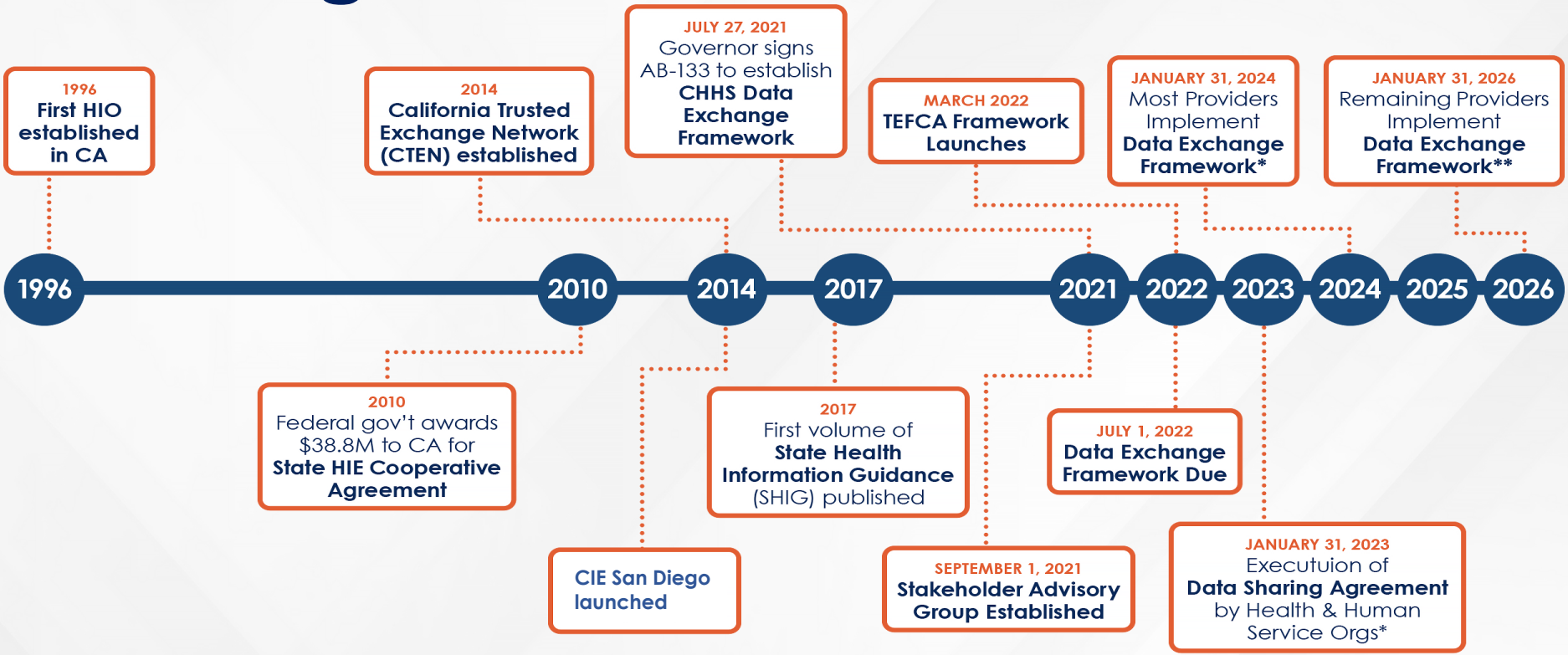
A mental health facility with partial data exchange

SILOED SAFETY NET

Housing support providers also lack information.

WITH DATA EXCHANGE … THE RIGHT CONNECTIONS CAN BE MADE, FOR EVERY CALIFORNIAN

Countdown to California's Data Exchange Framework



DATA EXCHANGE FRAMEWORK COMPONENTS

1. **Data Exchange Framework** that requires and enables health information to be exchanged among health care organizations through any health information exchange network, health information organization, or technology that adheres to specific standards and policies.

2. **Data Sharing Agreement and Common Set of Policies and Procedures** that spell out the standards for and governance of information exchange.

3. **Digital Identity Strategy** that enables providers and public organizations to match shared clients while keeping identities secure.

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CALIFORNIA'S DATA EXCHANGE FRAMEWORK

NOT TECHNOLOGY

RULES OF THE ROAD

STAKEHOLDER-DRIVEN PROCESS

Consumer Organizations
- Health Access CA
- CA Pan Ethnic Health Network

Health IT
- CA Association of Health Information Exchanges
- Manifest Medix
- Savage & Savage LLC
- UC Center for IT Research in the Interest of Society

Health Plans
- Blue Shield of California
- CA Association of Health Plans
- Kaiser Permanente
- Local Health Plans of CA
- Partnership HealthPlan of CA

Labor
- CA Labor Federation
- SEIU California

Local Government
- County Behavioral Health Directors Assoc
- County Health Executives Assoc of California
- Conference of Local Health Officers
- Assoc of Public Hospitals and Health Systems
- County Welfare Directors Association

Local Networks
- 211 San Diego/Community Information Exchange
- Bay Area Community Services
- Los Angeles Network for Advanced Services

Philanthropy
- CA Health Care Foundation

Provider Organizations
- America's Physician Group
- CA Medical Association
- Primary Care Association
- CA Hospital Association
- CA Association of Health Facilities

State Departments
- CA Health Benefit Exchange
- Aging
- Health Care Access and Information
- Public Employees Retirement System
- Insurance
- State Hospitals
- Corrections and Rehabilitation
- Business, Consumer Services and Housing Agency
- Public Health
- Managed Health Care
- Health Care Services
- Developmental Services
- Social Services
- Emergency Medical Services Authority

More than 600 members of the public have participated in public meetings to date

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PRINCIPLES GUIDING FRAMEWORK DEVELOPMENT

DxF Guiding Principles*

1. Advance Health Equity
2. Make Data Available to Drive Decisions and Outcomes
3. Support Whole Person Care
4. Promote Individual Data Access
5. Reinforce Individual Data Privacy & Security
6. Establish Clear & Transparent Terms and Conditions for Data Collection, Exchange, and Use
7. Adhere to Data Exchange Standards
8. Accountability

KEY QUESTION: INFRASTRUCTURE, CAPACITY AND ONBOARDING

KEY QUESTION: DIGITAL IDENTITY STRATEGY

How do providers find other providers that have the same patient's information?

- Define standards for attributes of a digital identity;
- Create a master person index that matches certain pieces of information to confirm a unique identity, even if names don't exactly match.

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KEY QUESTION: DIGITAL IDENTITY STRATEGY

How are patients assured their identity is secure?

- Don’t collect sensitive information;
- Treat identities with the same care afforded to health information

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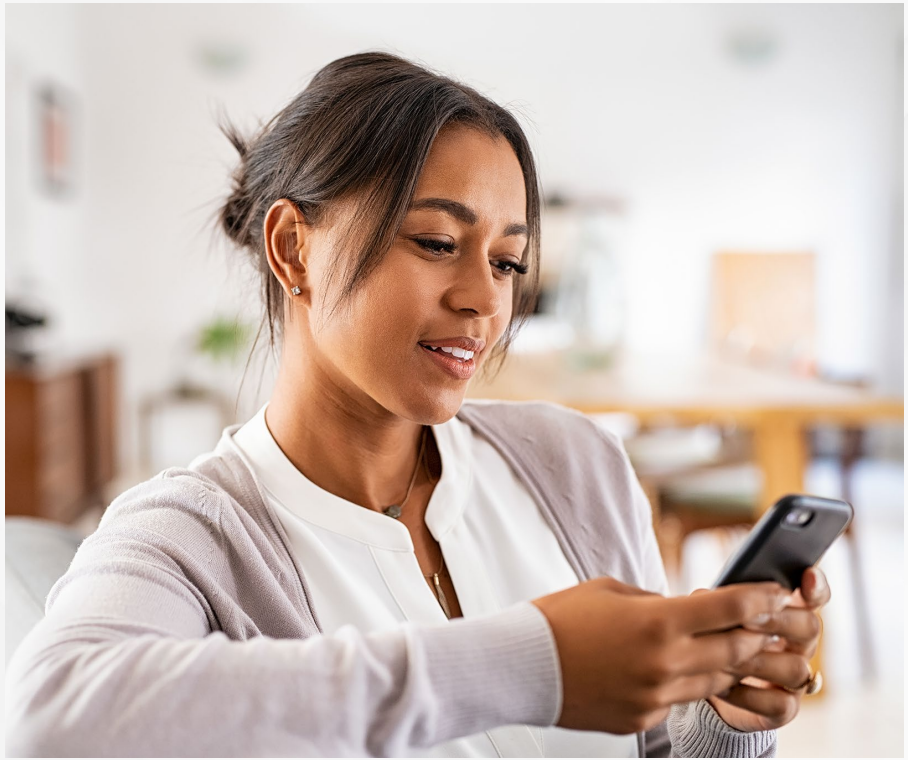
CONNECTING CALIFORNIA MATTERS

- Whole person care (our CalAIM initiative) – linking physical and behavioral health and social services and supports like housing
- Address social determinants of health to deliver on the promise of health equity
- Power important equity initiatives:
- Cradle to Career
- Master Plan on Aging
- Housing & Homelessness

KEY QUESTION: MEASURES OF SUCCESS



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Thank You!


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CALIFORNIA HEALTH & HUMAN
SERVICES AGENCY

Questions

Complete Discussion on Measures and Disparities by Focus Area

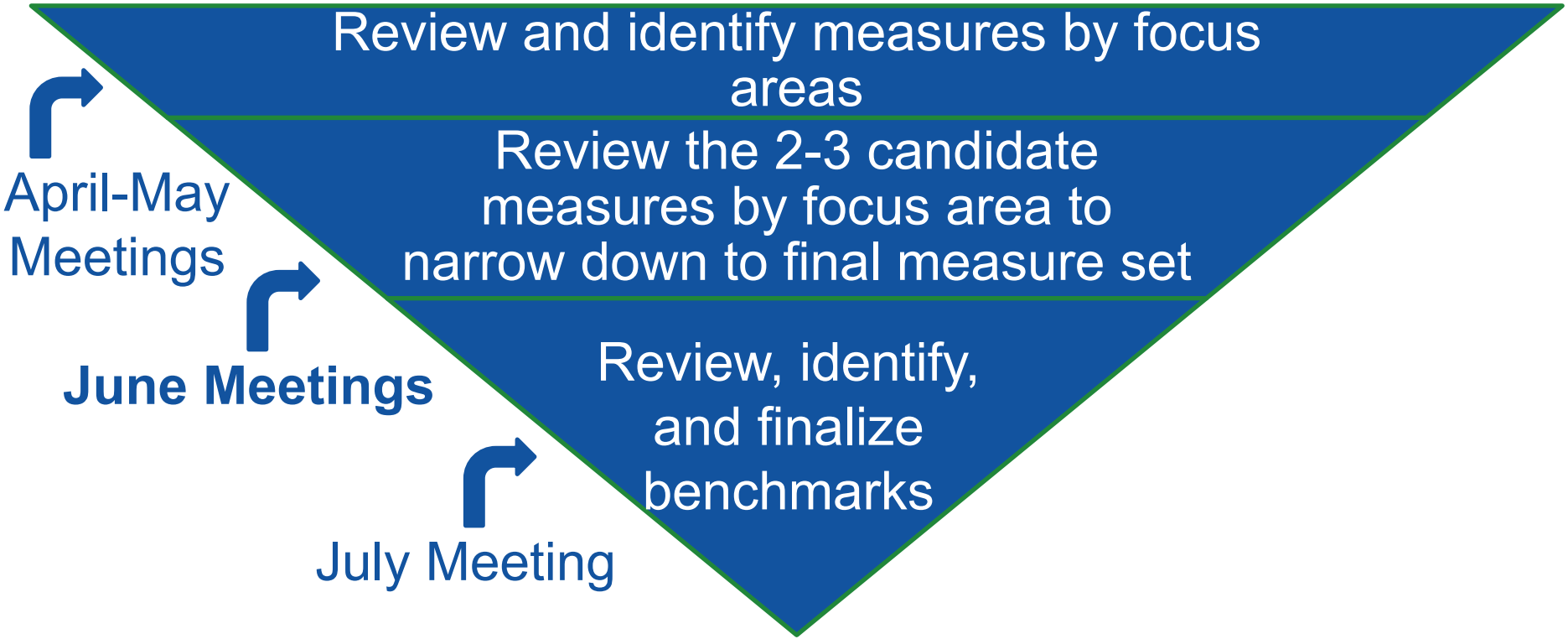
Sarah Brooks, Project Director

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



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. Adult 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*

* Indicates focus areas 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)

Adult 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*

+Included in NCQA Health Equity Accreditation

Chronic Conditions Measures

During the May 18 meeting, there was Committee consensus for the following measures:

1. Hemoglobin A1c Control for Patients with Diabetes [NQF Disparities-Sensitive]*+
2. Controlling High Blood Pressure [NQF Disparities-Sensitive]*+
3. Asthma Medication Ratio**

**NCQA Stratification by Race/Ethnicity*

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

+Included in NCQA Health Equity Accreditation

Mental Health Measures

During the May 18 meeting, there was Committee consensus for the following measures:

1. Depression Screening and Follow-Up for Adolescents and Adults [NQF Disparities-Sensitive]**
2. Follow-Up After Hospitalization for Mental Illness
3. Follow-Up After Emergency Department Visit for Mental Illness

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

Substance Use Measures

During the May 18 meeting, there was Committee consensus for the following measures:

1. Pharmacotherapy for Opioid Use Disorder**
2. Unhealthy Alcohol Use Screening and Follow-Up

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

Birthing Persons & Children Measures

During the May 18 meeting, there was Committee consensus for the following measures:

1. Cesarean Rate for Nulliparous Singleton Vertex
2. Prenatal and Postpartum Care [NQF Disparities-Sensitive]*+
3. Contraceptive Care – All Women
4. Childhood Immunization Status (Combo 10)

**NCQA Stratification by Race/Ethnicity*

+Included in NCQA Health Equity Accreditation

Birthing Persons & Children Measures

During the May 18 meeting, there was Committee consensus for the following measures:

5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
6. Topical Fluoride Varnish for Children
7. Well-Child Visits in the First 30 Months of Life
8. Child and Adolescent Well-Care Visits*+

**NCQA Stratification by Race/Ethnicity*

+Included in NCQA Health Equity Accreditation

Access Measures

During the May 18 meeting, it was determined that while access is a critical component of receiving high quality and equitable health care, there are no ‘green’ measures for access that should be included. Rather access measures show up in other focus areas. The final report will include language outlining the importance of access.

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)***

*** Proposed for retirement but currently in use by IHA

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
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. Transitions of Care: 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
    a. Q22. Customer service gave necessary information/help
    b. Q23. Customer service was courteous and respectful
2. CAHPS Survey – Enrollees' Ratings Composite
    a) Q8. Rating of All Health Care (8+9+10)
    b) Q16. Rating of Personal Doctor
    c) Q20. Rating of Specialist
    d) Q26. Rating of Health Plan

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*
****Retired but currently in use by Covered California*

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

Break

Narrow Measures to Final Set

Sarah Brooks, Project Director

Process to Narrow Measures to Final Set

Once the list of candidate measures is established, the following steps will take place:

1. For each candidate measure, voting members of the Committee will vote “yes” or “no” for each measure.
   a) If a measure receives a “yes” vote from 60% or more of the Committee, it will be considered for the final measure set.
   b) If a measure receives a 40-59% “yes” vote, it will be included on a list for further Committee discussion.
   c) If a measure receives <39% “yes” vote, it will be removed from the list of measures being considered.

Process to Narrow Measures to Final Set

For measures that received a 40-59% “yes” vote further Committee discussion is required. Once Committee discussion for these measures ends another vote will occur.

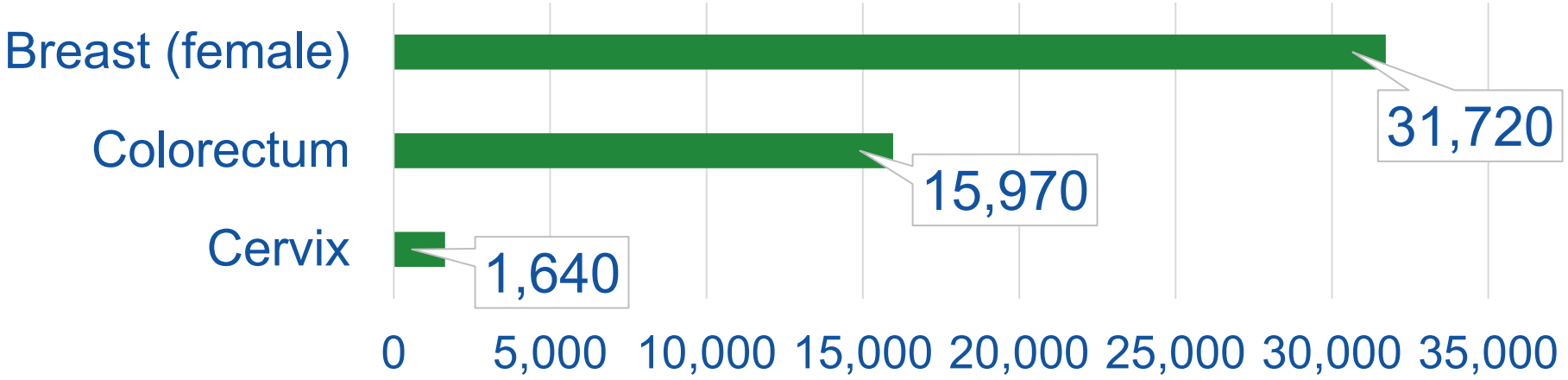
1. If a measure receives a “yes” vote from 60% or more of the Committee, it will be considered for the final measure set.
2. If a measure receives less than 60% of the “yes” vote in this round, it will be removed for consideration from the final measure set.

Adult Prevention Data

- According to State Health Access Data Assistance Center (SHADAC), in California 58.8% of adults received recommended cancer screenings (e.g., including pap smears, colorectal cancer screening, and mammograms) which is lower than the national average 64.1%.
- According to CHCF, in 2018 Black Californians had higher mortality rates for breast and colorectal cancer when compared to Asian, Latinx, and White Californians in 2017.

Adult Prevention Estimated Incidence

California Estimated New Cases, 2022



American Cancer Society 2022 estimate of new cases of breast, colorectal, and cervical cancer in California.

Adult Prevention Performance

Breast Cancer Screening [NQF Disparities-Sensitive]**

	Commercial		Medicaid	
	50th	75th	50th	75th
National	70.56	74.07	53.93	58.7
State	69.63	74.55	56.29	59.36

California commercial and Medi-Cal plans performed above national 75th percentiles, respectively.

Adult Prevention Performance

Colorectal Cancer Screening [NQF Disparities-Sensitive]*+

	Commercial		Medicaid	
	50th	75th	50th	75th
National	62.24	67.88	NA	NA
State	63.63	68.47	NA	NA

California commercial plans performed above national 50th and 75th percentiles.

Adult Prevention Performance

Cervical Cancer Screening [NQF Disparities-Sensitive]

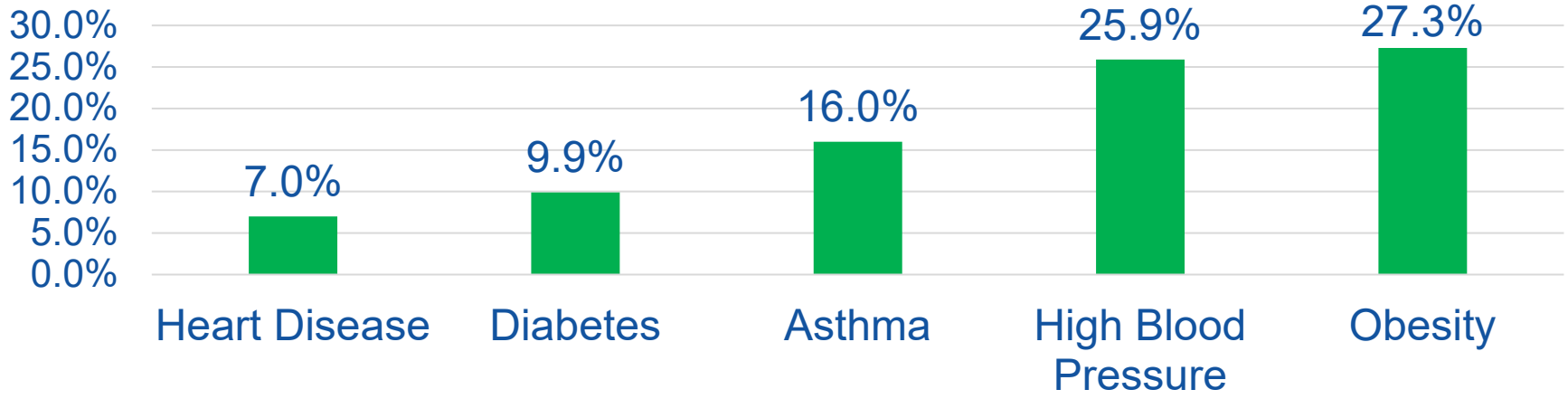
	Commercial		Medicaid	
	50th	75th	50th	75th
National	73.17	77.42	59.12	63.93
State	73.93	77.95	60.40	65.41

California commercial and Medi-Cal plans performed above the national 75th percentiles, respectively.

Chronic Conditions Prevalence

Californians with Chronic Conditions, by Condition, 2019

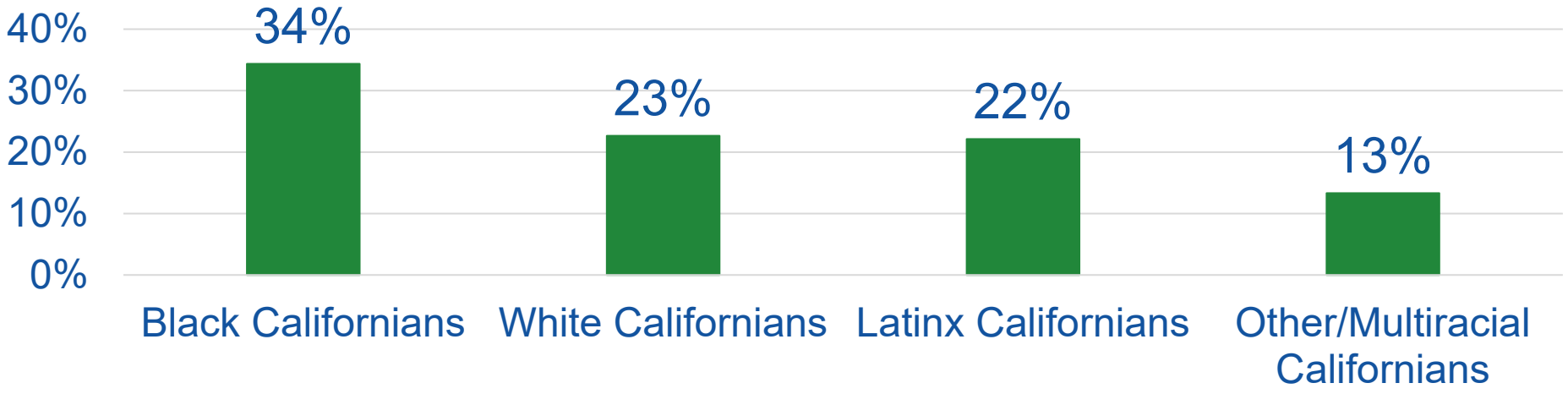
Percentage of Adults with Condition



CHCF utilized California Health Interview Survey (CHIS) data to determine the prevalence of chronic conditions in California.

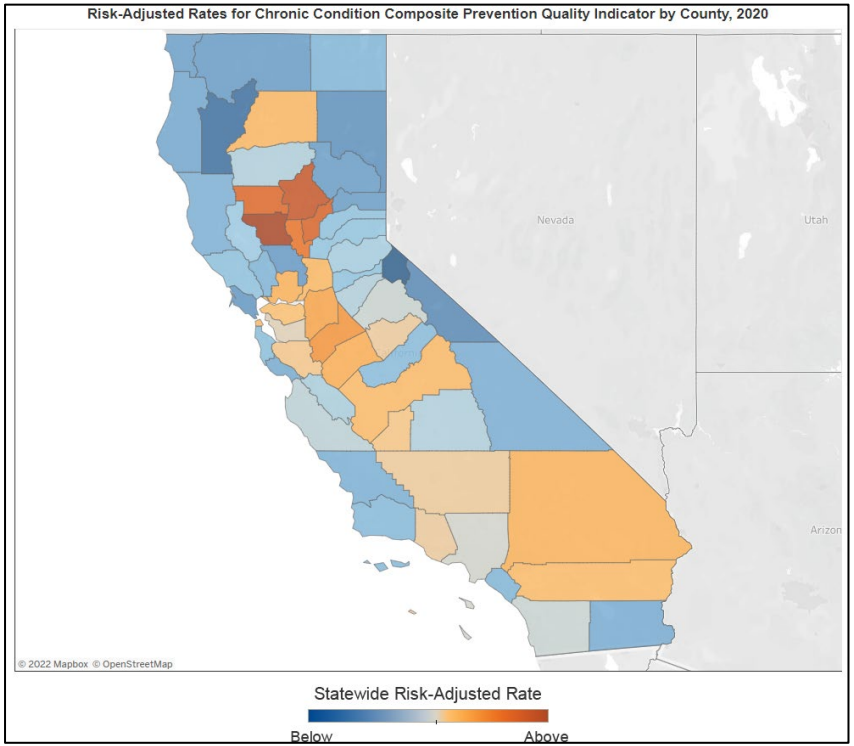
Chronic Conditions Prevalence

Chronic Conditions in California by Race/Ethnicity, 2020



Percent of adults who report one or more of the following chronic conditions: diabetes, CVD, heart attack, stroke, and asthma (18+).

Chronic Conditions Prevalence



The graphic on left reflects the Prevention Quality Chronic Composite indicator that includes hospitalizations for any of the following conditions: asthma/Chronic Obstructive Pulmonary Disease (COPD), hypertension, heart failure, or diabetes.

Chronic Conditions Data

- In 2021, the American Diabetes Association reported 3,209,418 Californians (10.5%) have been diagnosed with diabetes and around 33.4% have prediabetes with blood glucose levels that are higher than normal.

Chronic Conditions Performance

Hemoglobin A1c Control for Patients with Diabetes

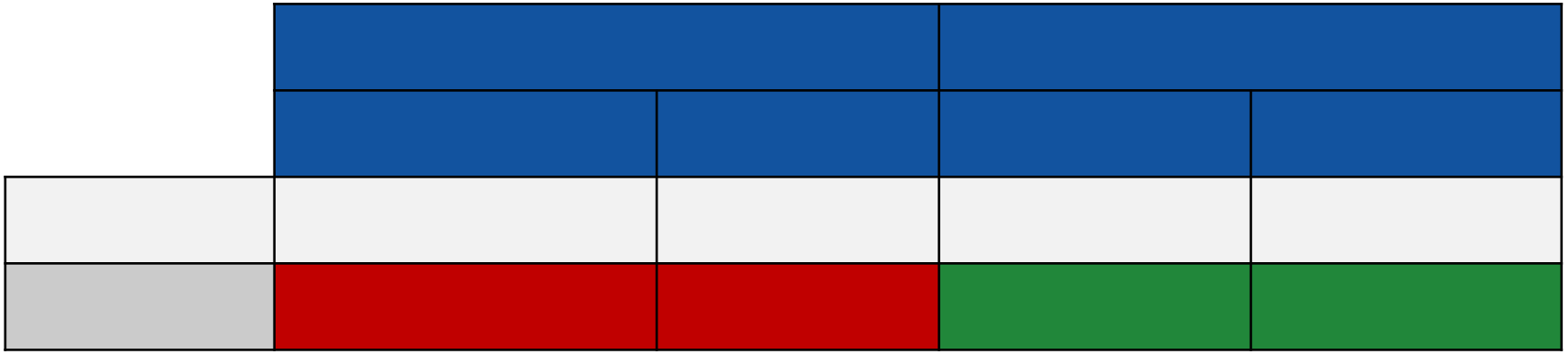
[NQF Disparities-Sensitive]*+

		Commercial		Medicaid	
		50th	75th	50th	75th
<8%	National	54.75	60.1	46.83	51.34
	State	59.22	61.02	49.57	50.79
>9%	National	35.13	29.39	43.3	38.44
	State	30.47	28.29	39.42	35.26

Lower is better

Chronic Conditions Performance

Controlling High Blood Pressure [NQF Disparities-Sensitive]*+



California commercial plans performed below the national 75th percentile. Medi-Cal plans performed above the national 75th percentile.

Chronic Conditions Performance

Asthma Medication Ratio**

	Commercial		Medicaid	
	50th	75th	50th	75th
National	81.66	84.29	64.84	70.9
State	79.52	83.84	66.77	70.81

California commercial and Medi-Cal plans performed below national 75th percentiles, respectively.

Mental Health Prevalence

- According to Americas Health Rankings, in 2020 the prevalence of depression nationally for adults was 19.5% compared to California's rate of 14.1%.
- According to Mental Health America, California ranked 15th in the nation (19.86%) for prevalence of mental illness with a rate of 19.49% (or 5.86 million Californians).

Mental Health Performance

Depression Screening and Follow-Up for Adolescents and Adults [NQF Disparities -Sensitive]**^

- Currently no reported benchmark data for this measure.

^ Indicates NCQA HEDIS Measure

Mental Health Performance

Follow-Up After Hospitalization for Mental Illness

		Commercial		Medicaid	
		50th	75th	50th	75th
30-day	National	70.61	76.29	60.38	67.72
	State	68.76	70.89	N/A	N/A
7-day	National	49.43	56.43	38.99	47.75
	State	46.84	51.08	N/A	N/A

California commercial plans performed below the 75th percentile. Medi-Cal plans do not report on this measure.

Mental Health Performance

Follow-Up After Emergency Department Visit for Mental Illness

		Commercial		Medicaid	
		50th	75th	50th	75th
30-day	National	61.53	68.52	53.54	64.65
	State	55.95	59.84	30.68	44.79
7-day	National	45.87	53.49	38.6	49.49
	State	41.46	45.24	24.61	33.51

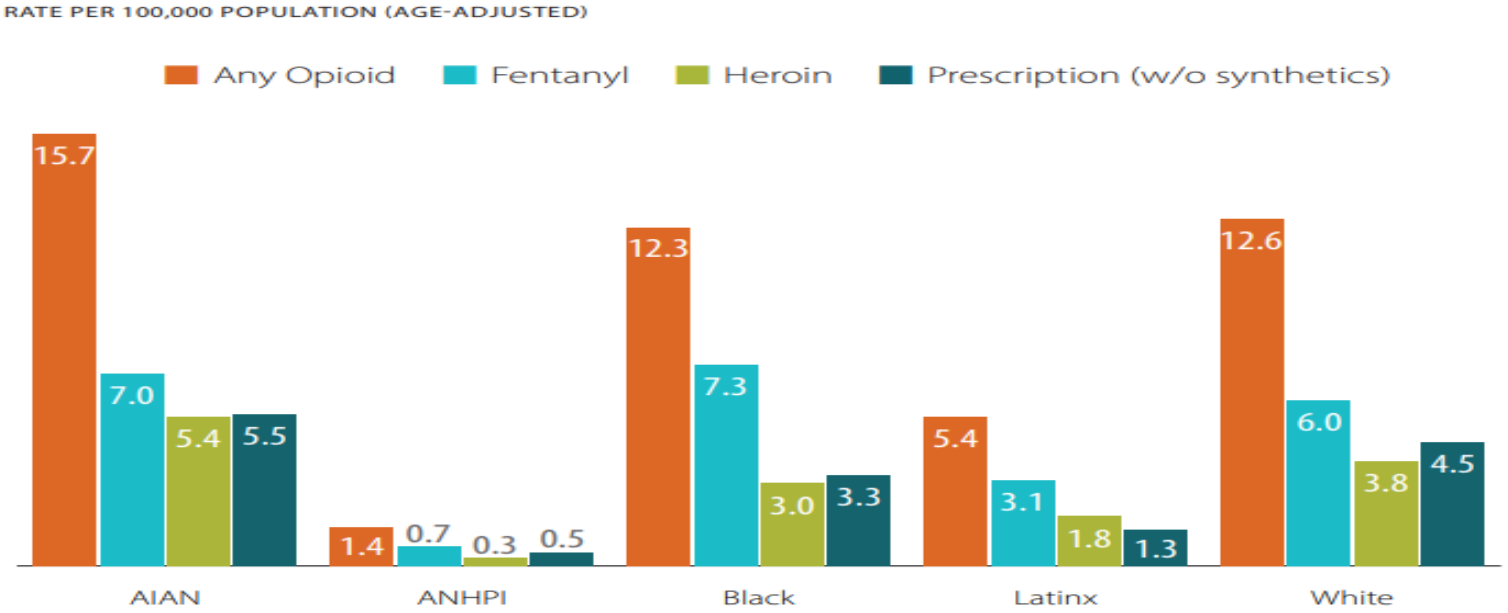
California commercial and Medi-Cal plans performed below national 75th percentiles, respectively.

Substance Use Prevalence

- According to “Substance Use in California” by CHCF (2022):
  - Nearly 9% (2.9 million) of Californians ages 12 and older reported a substance use disorder in the past year.
  - American Indian and Alaska Native Californians had the highest rate of opioid overdose deaths, followed by White and Black Californians.

Substance Use Mortality

Opioid Overdose Deaths
by Race/Ethnicity, California, 2019

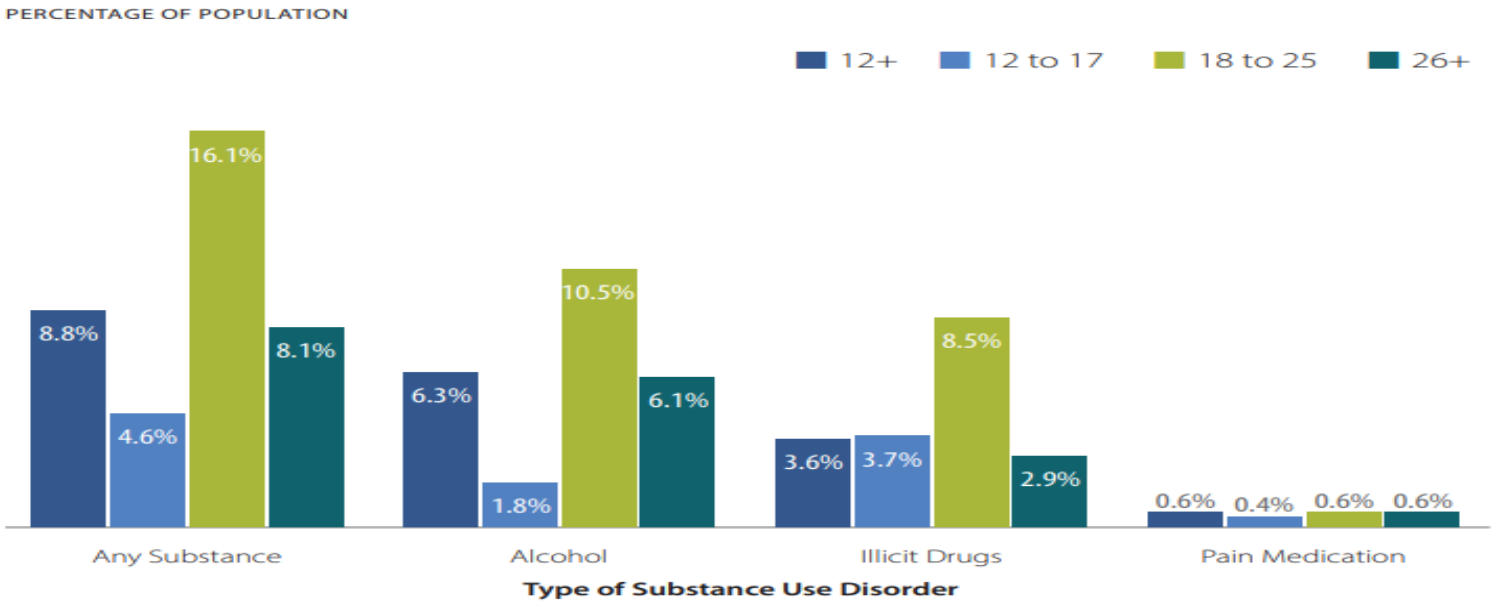


Substance Use Prevalence

- According to “Substance Use in California” by CHCF (2022):
  - The rate of substance use disorder among young adults (age 18 to 25) was about two times that of adults ages 26 and older.
  - Adults 26 and older were as likely to have an alcohol use disorder as illicit drug use disorder.

Substance Use Prevalence

Substance Use Disorder in the Past Year, by Drug Type and Age Group, California, Annual Average, 2018 to 2019



Substance Use Performance

1. Unhealthy Alcohol Use Screening and Follow-Up – data not available^
2. Pharmacotherapy for Opioid Use Disorder**

	Commercial		Medicaid	
	50th	75th	50th	75th
National	29.81	37.11	30.52	38.93
State	19.57	24.37	11.64	17.68

California commercial and Medi-Cal plans performed below national 75th percentiles, respectively.

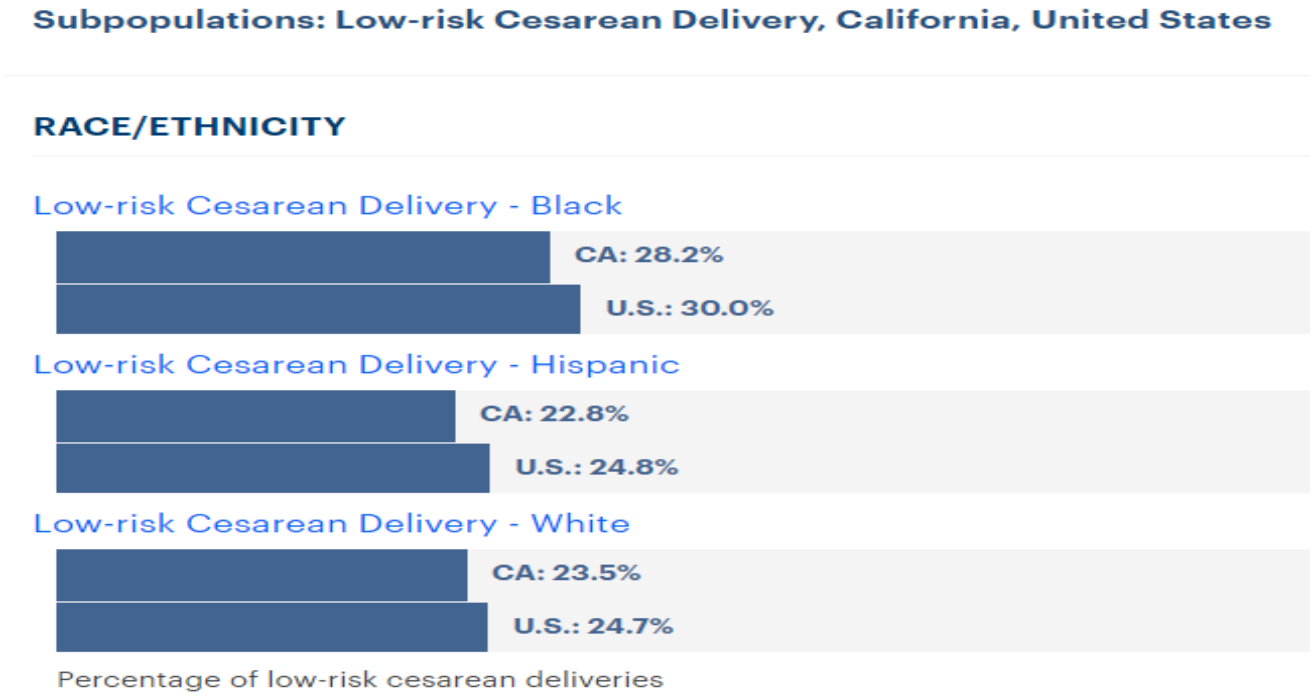
Birthing Persons & Children Data

- In 2020, the national mortality rate among birthing persons was 23.8 deaths per 100,000 live births.
    - For non-Hispanic Black birthing persons, the rate was 55.3 deaths per 100,000 live births, 2.9 times the rate for non-Hispanic White birthing persons.
- Between 2006 and 2013, California saw mortality among birthing persons decline by 55% and it continued to decline thereafter. In 2022, California's mortality rate among birthing persons is 4 deaths per 100,000 live births, the lowest in the nation.

Birthing Persons & Children Prevalence

- 60% of birthing persons aged 18 to 49 years say it is very important to avoid becoming pregnant in the next month.
- 44% of women rate their provider's contraceptive counseling as excellent.
    - Those rating counseling as excellent is lower among Black (36%) and Hispanic (38%) women, as well as low-income (35%) and uninsured (28%) women.

Birthing Persons & Children Prevalence



The graphic on the left shows the percentage of low-risk cesarean deliveries in California by race/ethnicity.

Birthing Persons & Children Prevalence

- Childhood immunization rates ranged from 22.1% to 57.2% across race/ethnic groups, with disparities found in White and Black Californians.
- In 2019-2020, 76.8% of California children received one or more preventive visit, compared to 80.7% nationally

Birthing Persons & Children Performance

State and national performance data for the following measures is not presently available:

- Cesarean Rate for Nulliparous Singleton Vertex (Medi-Cal reporting begins in 2023)
- Topical Fluoride Varnish for Children
- Contraceptive Care – All Women

Birthing Persons & Children Performance

Prenatal and Postpartum Care [NQF Disparities-Sensitive]*+

		Commercial		Medicaid	
		50th	75th	50th	75th
Time-liness	National	82.52	89.09	85.89	89.29
	State	83.85	90.02	89.89	92.21
Post-partum	National	78.83	85.92	76.4	79.56
	State	81.42	88.56	81.42	86.86

California commercial and Medi-Cal plans performed above the national 75th percentiles, respectively.

Birthing Persons &Children Performance

Childhood Immunization Status (Combo 10)

	Commercial		Medicaid	
	50th	75th	50th	75th
National	58.33	66.58	38.2	45.5
State	57.68	64.23	40.45	51.58

California commercial plans performed below the national 75th percentile. Medi-Cal performed above the national 75th percentile.

Birthing Persons & Children Performance

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Documentation

	Commercial		Medicaid	
	50th	75th	50th	75th
National	68.56	78.83	76.79	82.73
State	67.08	70.07	80.90	87.09

California commercial plans performed below the 75th percentile. Medi-Cal performed above the 75th percentile.

Birthing Persons & Children Performance

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition

	Commercial		Medicaid	
	50th	75th	50th	75th
National	60.3	70.13	70.11	76.64
State	65.82	68.30	72.38	77.58

California commercial plans performed below the 75th percentile. Medi-Cal performed above the 75th percentile.

Birthing Persons & Children Performance

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity

	Commercial		Medicaid	
	50th	75th	50th	75th
National	60.07	69.15	66.18	72.99
State	60.1	65.21	71.86	76.4

California commercial plans performed below the 75th percentile. Medi-Cal performed above the 75th percentile.

Birthing Persons & Children

Well-Child Visits in the First 30 Months of Life

		Commercial		Medicaid	
		50th	75th	50th	75th
1-15 Months	National	81	85	54.96	61.5
	State	71.82	78.75	35.32	47.74
15-30 Months	National	88.63	92.92	70.72	76.15
	State	84.44	86.78	65.68	70.74

California commercial and Medi-Cal plans performed below the national 75th percentiles, respectively.

Birthing Persons &Children Performance

Child and Adolescent Well-Care Visits*+

	Commercial		Medicaid	
	50th	75th	50th	75th
National	53.25	60.83	45.56	54.02
State	44.94	47.05	37.88	42.67

California commercial and Medi-Cal plans performed below the national 75th percentiles, respectively.

Utilization Prevalence

- California has a positivity rate for Respiratory Syncytial Virus (RSV) infection of 9%.
- In 2020, the percent of Californians who were diagnosed with COPD, emphysema, or chronic bronchitis was 5.4%, slightly lower than the national rate of 6.2%.
- A study published in 2021 by JAMA Network found that among commercially insured women with average risk, cervical cancer screening tests were frequently overused.

Utilization Data

- According to “California Emergency Departments” by CHCF (2021):
  - Between 2009 and 2019, the number of ED visits in California increased by 27%.
  - In 2019, Medi-Cal was the expected payer for 42% of ED visits.

Utilization Data

Emergency Department Visits

California, 2009 to 2019

Utilization Performance

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-AD)

	Commercial		Medicaid	
	50th	75th	50th	75th
National	42.37	48.91	54.03	61.69
State	42.59	51.6	52.45	62.41

California commercial and Medi-Cal plans performed above national 75th percentiles, respectively.

Utilization Performance

Appropriate Treatment for Upper Respiratory Infection (URI)

Inverse rate - A higher rate indicates appropriate treatment

	Commercial		Medicaid	
	50th	75th	50th	75th
National	81.98	86.76	88.86	92.11
State	85.59	90.54	91.27	93.56

California commercial and Medi-Cal plans performed above national 75th percentiles, respectively.

Utilization Performance

Comparative state and national performance data for the following measures is not presently available:

- Cervical Cancer Overscreening
- Emergency Department Utilization (EDU)^

For the Frequency of Selected Procedures (FSP)*** measure, refer to the Utilization Focus Area Workbook.

Specialty Prevalence

According to the Centers for Disease Control and Prevention (2017-2018):

- Osteoporosis prevalence among women increased from 14.0% in 2007-08 to 19.6% in 2017-18. However, osteoporosis prevalence did not significantly change from 2007-08 to 2017-18 for men.
- Highest prevalence of osteoporosis among women aged 65 and over.

Specialty Mortality

- In 2020, the mortality rate by sepsis in Californians was 3.8%.
- More than 1 million people get severe sepsis each year in the U.S., of those individuals up to 50% die from it.
- As many as 28,000 patients die from Central Line Associated Blood Stream Infection (CLASBI) annually in U.S. intensive care units.

Specialty Performance

Comparative national and state performance data is not available for the following measures:

- Osteoporosis Management in Women Who Had a Fracture^
- Sepsis Management
- International Normalized Ratio (INR) Monitoring for Individuals on Warfarin
- Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category
- Central Line Associated Blood Stream Infection (CLABSI)

Coordination of Care Prevalence

- To ensure patient safety, all patients should receive a Medication Reconciliation Post-Discharge within 72 hours of discharge. However, research shows that only about 50% of all patients do.
- In 2019, Let's Get Healthy California reported a rate of 14.9% for hospital discharges that resulted in unplanned admissions.

Coordination of Care Performance

1. Transitions to Care: Medication Reconciliation Post-Discharge – data not available^
2. Plan All-Cause Readmissions (PCR) – lower is better

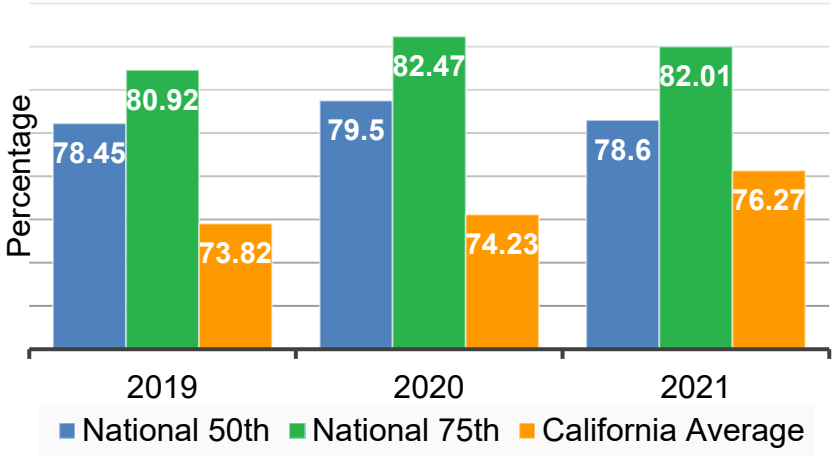
	Commercial		Medicaid	
	50th	75th	50th	75th
National	0.5734	0.522	0.998	0.9163
State	0.5499	0.523	0.9311	0.8871

Medi-Cal plans performed above the national 75th percentile. California commercial plans performed slightly below the national 75th percentile.

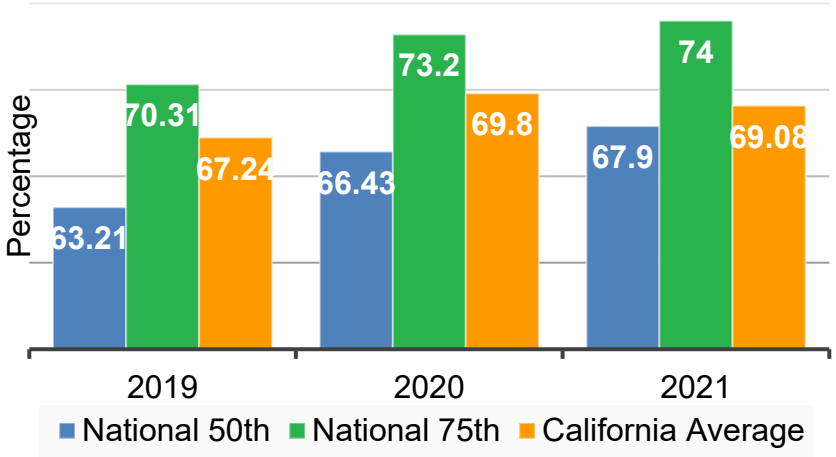
Patient Experience Outcomes

CAHPS Adult Survey - Rating of Health Plan

The result displayed is the percentage of members who answered this question with 8, 9, or 10.



Medicaid



Commercial

Patient Experience Performance

CAHPS Survey – Health Plan Customer Service Composite

Q22. Customer service gave necessary information/help

Q23. Customer service was courteous and respectful

	Commercial		Medicaid	
	50th	75th	50th	75th
National	90.37	92.61	89.19	91.08
State	87.3	90.37	87.24	89.96

California commercial and Medi-Cal plans performed below national 75th percentiles, respectively.

Patient Experience Performance

CAHPS Survey – Enrollees' Ratings Composite
Q8. Rating of All Health Care

	Commercial		Medicaid	
	50th	75th	50th	75th
National	80.17	83.46	77.73	80.65
State	77.44	80.97	74.06	79.39

California commercial and Medi-Cal plans performed below national 75th percentiles, respectively.

Patient Experience Performance

CAHPS Survey – Enrollees' Ratings Composite
Q16. Rating of Personal Doctor

	Commercial		Medicaid	
	50th	75th	50th	75th
National	86.56	88.93	83.11	85.59
State	82.83	84.82	81.04	83.33

California commercial and Medi-Cal plans performed below national 75th percentiles, respectively.

Patient Experience Performance

CAHPS Survey – Enrollees' Ratings Composite
Q20. Rating of Specialist

	Commercial		Medicaid	
	50th	75th	50th	75th
National	86.59	88.97	84.03	85.98
State	84.58	87.03	81.08	85.03

California commercial and Medi-Cal plans performed below national 75th percentiles, respectively.

Patient Experience Performance

CAHPS Survey – Enrollees' Ratings Composite
Q26. Rating of Health Plan

	Commercial		Medicaid	
	50th	75th	50th	75th
National	67.9	74	78.6	82.01
State	70	73.77	74.87	80.44

California commercial and Medi-Cal plans performed below national 75th percentiles, respectively.

Population Health Prevalence

- In 2018, 27.1% of Californians were obese. The state could save an estimated $81.7 billion in obesity-related health care costs if adult BMI were reduced by 5% by 2030.

Population Health Prevalence

- According to SHADAC, for adults who received a flu vaccine in the past 12 months:
  - Fewer Californians (37.7%) received a flu vaccine when compared to the national average (38.7%).
  - Among Californians and the national average, the percent of individuals with one or more chronic disease that received a vaccine was similar, 49.0% and 49.1%, respectively.

Population Health Performance

Comparative national and state performance data is not available for the following measures:

- Adult Body Mass Index (BMI) Assessment^***
- Adult Immunization Status**

Population Health Performance

Flu Vaccinations for Adults

	Commercial		Medicaid	
	50th	75th	50th	75th
National	57.42	63.03	39.67	44.31
State	57.72	60.56	42.51	50.79

California commercial plans performed below the national 75th percentile and Medi-Cal plans performed above the national 75th percentile.

Health Equity Performance

Comparative national and state performance data is not available for the following measures:

- Social Need Screening and Intervention – NCQA proposed measure for MY2023
- Health Equity Summary Score (HESS)
- Race/Ethnicity Diversity of Membership (RDM)
- Language Diversity of Membership (LDM)

Vote

Questions

Benchmarking

Sarah Brooks, Project Director

Andy Baskin, Quality SME, MD

Ignatius Bau, Health Equity SME

Setting Benchmarks

- Benchmarks are value(s) to assess performance standards
- External benchmark sources
  - Quality Compass (e.g., National 75th percentiles)
  - National surveys and surveillance systems
  - Other (e.g., NQF, Healthy People 2030)
- Internal benchmark sources
  - Electronic health records, claims data
  - Annual reports
  - Other data-generating activities

Benchmark Approaches

- **Absolute:** sets the benchmark as a specific value of performance for all entities
- **Improvement based:** sets the benchmark as a specific change (percentage or absolute value) in performance to achieve
- **Relative:** sets the benchmark based on performance of similar entities or performance within industry
- **Disparity reduction:** sets the benchmark to reduce gap between the performance of a priority population and the performance of the general population or the highest performing subpopulation

Benchmark Considerations

- Which approach(es) will fit the goals of this initiative best?
- How do we set benchmarks that are attainable yet motivating for all health plans?
- Will benchmarks change each year or remain fixed?
- How will we benchmark measures without data?
- Set statewide benchmark for all MCOs (no separate benchmarks by lines of business)?

Questions

Public Comment

Public comments may be submitted until 5 p.m. on June 15, 2022, to publiccomments@dmhc.ca.gov

Closing Remarks

Public comments may be submitted until 5 p.m. on June 15, 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 22.