DMHC Health Equity and Quality Committee

April 20, 2022

Housekeeping

For those attending in-person:

- A sanitation station is located in the back of the room where you will find masks and hand sanitizer. Masks are strongly encouraged.
- Bathroom badges are on the table at the back of the room. Please return them to the table upon return.

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.
- Public comment will be taken from individuals attending in-person first.

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.
- For the attendees on the phone, if you would like to ask a question or make a comment, please dial *9 (star 9) and state your name and the organization you are representing for the record.

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.

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.
- 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.

Agenda

1. Welcome and Introductions
2. Review of the March 24, 2022 Meeting Summary
3. Continued Discussion: Data Quality Expert Panel - Current and Future Initiatives
4. Guiding Principles for Measure Selection
5. Focus Areas and Disparities
6. Discussion on Measures
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. Nancy Kohler, Quality SME
8. Janel Myers, Quality SME

Meeting Materials

1. Focus Area Reference Document
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. Mothers and Children Focus Area Measures Workbook

Committee Meeting Timeline

- Committee Meeting #3 – April 20
  - Overview of March Meeting Discussion
  - Focus Areas
- Committee Meeting #4 – May 18
  - Focus Areas
- Committee Meeting #5 – June 8
  - Measure Selection Process

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 of March 24, 2022 Meeting Summary

Sarah Brooks, Project Director

March 24, 2022
Meeting Summary

- If there is no feedback to the March 24, 2022 meeting summary the DMHC will post the summary to the website.

Questions

Continued Discussion: Data Quality Expert Panel – Current and Future

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

Dr. Rachel Harrington, National Committee for Quality Assurance (NCQA)

Dr. Cheryl Damberg, RAND

Continued Discussion: *Data Quality Expert Panel*

- During the March 24 Health Equity and Quality Committee meeting, a Data Quality Expert Panel was held to review what Committee partners from NCQA, IHA, and RAND are doing for health equity and quality in California.
- Due to time constraints in the previous meeting we wanted to open the conversation up 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

Guiding Principles for Measure Selection

Sarah Brooks, Project Director

Guiding Principles for Measure Selection: *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 mental health plans across California.

Guiding Principles for Measure Selection: *Key Terms*

- **Measure: Activity or outcome that is to be monitored and evaluated to determine whether it conforms to standards**
  - For example:
    - *Breast Cancer Screening*
    - *Well-Child Visits in the First 30 Months of Life*
    - *Anti-Depressant Medication Management*
    - *Diabetes Care: Eye Exam*

Guiding Principles for Measure Selection: *Types of Measures*

1. **Structural:** Assess provider's capacity, systems, and processes to provide high-quality care
2. **Process:** Indicate whether an action took place
3. **Outcome:** Evaluate impact of service or intervention. *Multifactorial and can take time to improve*
4. **Patient Experience:** Reflect patients' perspectives on their care

Guiding Principles for Measure Selection: *Key Terms*

- **Targets: Specific, measurable objective against which performance can be judged. Value of an indicator expected to be achieved at a specific point in time**
  - *Example: Reach Breast Cancer Screening rate of 30% by Year 1*

Guiding Principles for Measure Selection: *Key Terms*

- **Benchmarks: Provides standard or goal against which to evaluate performance**
  - *Example: Average (mean) performance of the top 10% of entities on Breast Cancer Screening (90th Percentile)*
- **Baseline: The starting point of measure and from which improvement is measured against or compared to**
  - *Example: Breast Cancer Screening rate of 25% at Year 0*

Process for Measure Selection

April-May Meetings	June Meetings	July Meeting
1. Review and identify measures by focus areas	2. Select the top 2-3 candidate measures by focus area and finalize measure set	3. Review, identify, and finalize benchmarks

The August meeting will focus on reviewing the Committee recommendations draft report.

Process for Measure Selection

- This process is iterative, and continuous conversation is required to land on a comprehensive and parsimonious measure set.

- Throughout the selection process, we will note any recommendations that may not be currently feasible but may be included in the future.

Committee Discussion

Guiding Principles for Measure Selection

- The Guiding Principles for Measure Selection are not meant to be limiting and Committee members may consider additional principles while selecting recommended measures.
- The proposed principles for this process are based on common themes seen at the State (e.g., MCAS), national (e.g., NQF), federal (e.g., CMS/AHIP), and other organizational (e.g., National Academy of Medicine) levels.

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

Committee Discussion

1. Are these the correct Guiding Principles for Measure Selection for this Committee?
2. Does the Committee have any additional feedback on these principles?

Questions

Focus Areas and Disparities

Sarah Brooks, Project Director

Focus Areas

- Can be considered as the overarching theme of specific measures identified through this process and a way to organize measures
- Focus areas are often called “Domains”
- Measures may overlap multiple focus areas so some candidate measures could be moved to another focus area when deciding the final set as a whole
  - *Example: The measure Child and Adolescent Well-Care Visits may be classified under the Prevention, Mothers and Children, and Utilization focus areas*

Disparities

- Throughout this process, as the Committee reviews focus areas and associated measures, an overview of California specific disparities will be presented by focus area.
- Time permitting, during today's meeting the Committee will review and discuss disparities in the prevention, chronic conditions, mental health, substance use, and mothers and children focus areas.

Most Common Focus Areas

1. Health Equity
2. Access
3. Prevention*
4. Coordination of Care
5. Mothers and 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 will be discussed during today's meeting.

Committee Discussion

1. Do you have questions about the focus areas or need further clarification?
2. Would you like to add to the list of focus areas provided?
3. If there are additional focus areas you would like to see, can you please provide an example of an existing or suggestion for a new measure for that focus area.

Questions

Discussion on Measures

Sarah Brooks, Project Director

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)

California Specific: *Prevention Disparities*

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

- American Indian, Alaska Native, Native Hawaiian and Pacific Islander Californians were less likely to report having a checkup within the past year than all other racial/ethnic groups

California Specific: *Prevention Disparities*

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

- Highest death rate from breast cancer among Black and White persons
- Lowest cervical cancer screening among Asian persons
- Lower colorectal cancer screening among Latinx and Multiracial persons

California Specific: *Prevention Disparities*

According to Commonwealth Fund Health Equity Scorecard (2021):

- Lowest rate of breast cancer screening among American Indian/Alaska Native persons
- Highest death rate from colorectal cancer among Black persons
- Higher rate of smoking among Black and American Indian/Alaska Native persons

Discussion on Measures: *Prevention*

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

- Cervical Cancer Screening [NQF Disparities-Sensitive]
- Chlamydia Screening [NQF Disparities-Sensitive]
- Breast Cancer Screening [NQF Disparities-Sensitive]**
- Colorectal Cancer Screening [NQF Disparities-Sensitive]*
- Medical Assistance With Smoking and Tobacco Use Cessation

**NCQA Stratification by Race/Ethnicity*

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

Committee Discussion

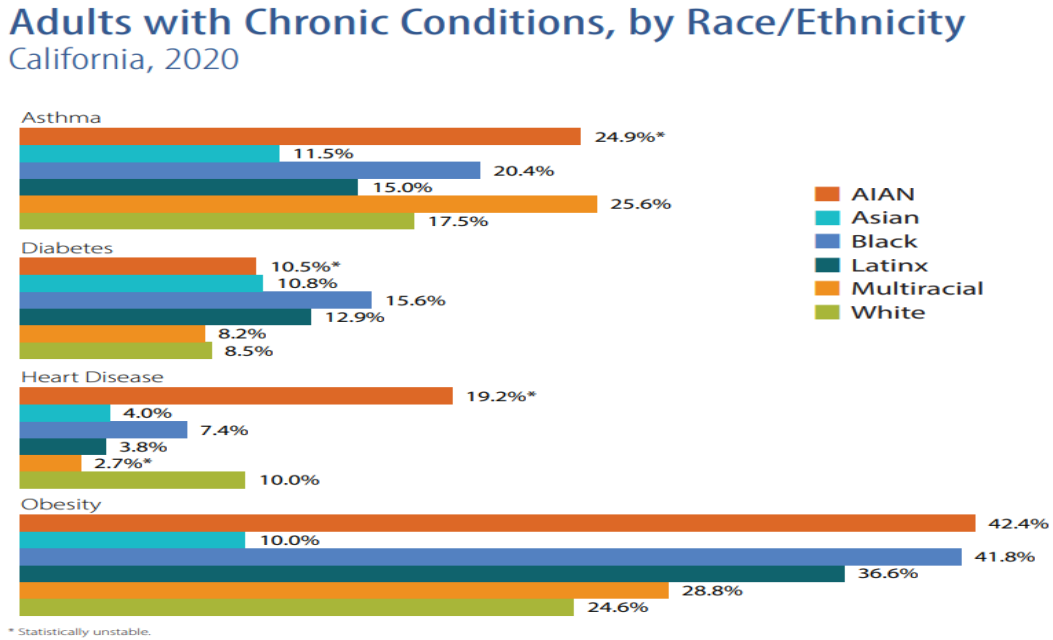
1. Are there any other measures you feel strongly should be added or created to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

California Specific: *Chronic Conditions Disparities*

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

- In 2020, the prevalence of chronic conditions among California's adult population varied significantly by race/ethnicity

California Specific:
Chronic Conditions Disparities



California Specific:
Chronic Conditions Disparities

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

- Higher rate of diabetes among Black and Latinx persons
- Higher preventable hospitalizations for long-term complications for diabetes among Black and Latinx persons
- Higher rate of asthma among Multiracial, American Indian/Alaska Native, and Black persons
- Higher emergency department visits for asthma by children and adolescents among Black and Latinx persons

Discussion on Measures: *Chronic Conditions*

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

- Diabetes Care: Eye Exam
- Diabetes Care: Hemoglobin A1c Testing [NQF Disparities-Sensitive]
- Diabetes Care: HbA1c Control (<8.0%) [NQF Disparities-Sensitive]*
- Diabetes Care: HbA1c Poor Control [NQF Disparities-Sensitive]*

**NCQA Stratification by Race/Ethnicity*

Discussion on Measures: *Chronic Conditions*

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

- Diabetes Care: Blood Pressure Control
- Diabetes Care: Medical Attention for Nephropathy
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications
- Statin Use in Persons with Diabetes
- Statin Therapy for Patients with Diabetes

Discussion on Measures:
Chronic Conditions

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

- Controlling High Blood Pressure [NQF Disparities-Sensitive]*
- Asthma Medication Ratio**
- Medication Management for People With Asthma
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

**NCQA Stratification by Race/Ethnicity*

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

Committee Discussion

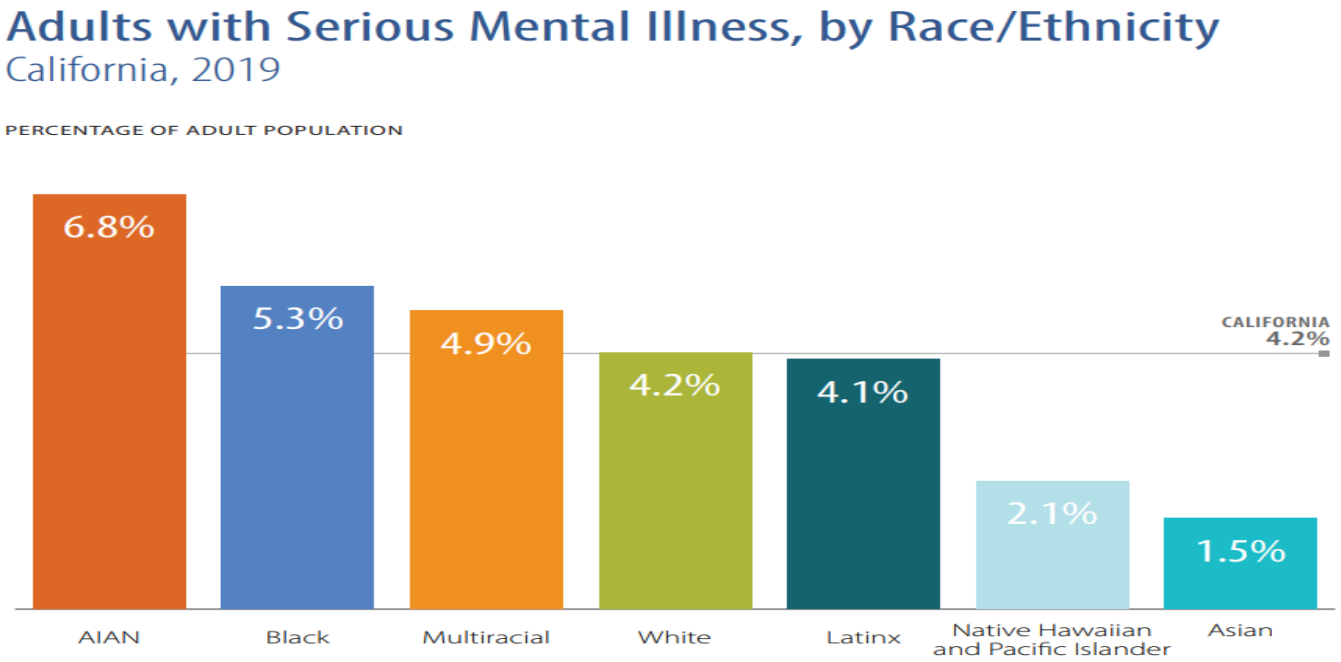
1. Are there any other measures you feel strongly should be added or created to the list of candidate measures?
2. At this time, which 2-3 candidate measures from this focus area should be considered for the final set?

California Specific: *Mental Health Disparities*

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

- Rates of serious mental illness in California adults varied considerably by racial/ethnic group
- Higher rate of mental illness among American Indian/Alaska Native, Black, and Multiracial persons

California Specific:
Mental Health Disparities



Discussion on Measures:
Mental Health

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

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

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

Discussion on Measures: *Mental Health*

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

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

Committee Discussion

1. Are there any other measures you feel strongly should be added or created 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?

California Specific: *Substance Use Disparities*

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

- Highest rates of drug-induced deaths among American Indian/Alaska Native, Black, and White persons
- Highest rates of alcohol-induced deaths among American Indian/Alaska Native persons

California Specific: *Substance Use Disparities*

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

- Highest opioid overdose deaths among American Indian/Alaska Native, White, and Black persons
- Highest opioid overdose emergency department visits among Black and White persons

Discussion on Measures: *Substance Use*

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

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

Discussion on Measures: *Substance Use*

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

- Concurrent Use of Opioids and Benzodiazepines
- Use of Pharmacotherapy for Opioid Use Disorder
- Pharmacotherapy for Opioid Use Disorder**
- 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 or created 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?

California Specific: *Mothers and 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/Alaska Native, Native Hawaiian/Pacific Islander, and Black persons
- Highest rate of maternal mortality among Black persons
- Highest rate of infant mortality among Black, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander persons

Discussion on Measures: *Mothers and Children*

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

- Cesarean Rate for Nulliparous Singleton Vertex
- Prenatal Immunization Status**
- Prenatal Depression Screening and Follow Up**

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

Discussion on Measures: *Mothers and Children*

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

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

**NCQA Stratification by Race/Ethnicity*

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

Discussion on Measures: *Mothers and Children*

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

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

**NCQA Stratification by Race/Ethnicity*

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

Discussion on Measures: *Mothers and Children*

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

- Childhood Immunization Status
- Immunizations for Adolescents**
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

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

Discussion on Measures: *Mothers and Children*

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

- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

Discussion on Measures: *Mothers and Children*

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

- Topical Fluoride Varnish for Children
- Annual Dental Visit

Committee Discussion

1. Are there any other measures you feel strongly should be added or created 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 April 27, 2022, to publiccomments@dmhc.ca.gov

Closing Remarks

Public comments may be submitted until 5 p.m. on April 27, 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 May 18.