Health Equity and Quality Committee Meeting
February 24, 2022
Meeting Summary

Health Equity and Quality Committee Members in Attendance:
Dr. Anna Lee Amarnath, Integrated Healthcare Association
Bill Barcellona, America's Physician Groups
Dannie Ceseña, California LGBTQ Health and Human Services Network
Dr. Alex Chen, Health Net
Dr. Cheryl Damberg, RAND Corporation
Diana Douglas, Health Access California
Lishaun Francis, Children Now
Tiffany Huyenh-Cho, Justice in Aging
Dr. Edward Juhn, Inland Empire Health Plan
Dr. Jeffrey Reynoso, Latino Coalition for a Healthy California
Dr. Richard Riggs, Cedars-Sinai Health System
Dr. Bihu Sandhir, AltaMed
Kiran Savage-Sangwan, California Pan-Ethnic Health Network
Rhonda Smith, California Black Health Network
Kristine Toppe, National Committee for Quality Assurance
Doreena Wong, Asian Resources, Inc.
Silvia Yee, Disability Rights Education and Defense Fund
Stesha Hodges, California Department of Insurance
Dr. Julia Logan, California Public Employees Retirement System
Robyn Strong, California Department of Healthcare Access and Information

Department of Managed Health Care (DMHC) Staff in Attendance:
Mary Watanabe, Director
Nathan Nau, Deputy Director, Office of Plan Monitoring
Dr. Chris Jaeger, Chief Medical Officer
Anna Wright, Equity Officer
Sara Durston, Senior Attorney

Sellers Dorsey Staff in Attendance:
Sarah Brooks, Project Director
Alex Kanemaru, Project Manager
Dr. Andy Baskin, Quality Subject Matter Expert (SME), MD
Ignatius Bau, Health Equity SME
Mari Cantwell, California Health Care SME
Meredith Wurden, Health Plan SME
Nancy Kohler, Quality SME
Janel Myers, Quality SME

Agenda Item 1 – Opening Remarks
Sarah Brooks called the meeting to order, conducted a roll call, and walked through the Committee meeting agenda. Janel Myers reviewed housekeeping notes for attendees and Committee members. Director Mary Watanabe addressed the Committee members and attendees and provided an overview of the purpose, charge, and goals of the Committee.

Agenda Item 2 – Overview of the Department of Managed Health Care
Ms. Watanabe provided the Committee and members of the public with an overview of the DMHC's mission, accomplishments, enrollment, and timely access requirements. In addition, Ms. Watanabe provided contact information for the DMHC's Help Center.

Dr. Richard Riggs asked for Ms. Watanabe to expand on the DMHC's enforcement authority. Ms. Watanabe responded that for the first two years, DMHC will take administrative enforcement action, which pertains to plans filing the correct information in a timely manner. Failure to do so may result in penalties and corrective action plans. Beginning in 2025, the DMHC will have the authority to take enforcement action, including fines and penalties, for failure to reach the health equity and quality benchmarks. The DMHC plans to codify the requirements in regulations in 2025.

Silvia Yee asked if the DMHC will publicly report how the plans are doing in meeting the requirements. Ms. Watanabe responded the DMHC will be as transparent as possible and there will be an annual report posted on the DMHC website beginning in 2025.

Dr. Jeffrey Reynoso asked if the DMHC Help Center tracks consumer demographics for those who utilize this service. Ms. Watanabe responded that most people who utilize the Help Center are English speaking and Medi-Cal consumers contact the Help Center at low rates. However, the DMHC sees this as an opportunity to increase awareness among non-English speakers and Medi-Cal consumers.

Dr. Edward Juhn asked if the output of the Health Equity and Quality Committee will impact California Advancing and Innovating Medi-Cal (CalAIM) and equity and quality initiatives. Ms. Watanabe replied this initiative will not directly impact CalAIM, but there is an existing effort to coordinate the health equity and quality initiatives among state departments.

Agenda Item 3 – Overview of Bagley-Keene Open Meeting Act Requirements Act
Scott Ostermiller, DMHC Attorney, provided an overview of the Bagley-Keene Open Meeting Act and told Committee members they should not discuss issues related to the Committee outside of the public meetings.

Silvia Yee asked what a quorum for this Committee is. The quorum for this Committee is a majority of voting members.

Agenda Item 4 – Committee Introductions, Goals, and Timeline

Ms. Brooks provided an overview of the Committee goals, structure, attendee roles, voting guidelines, and proposed timeline for Committee meetings.

Kristine Toppe asked if Committee members can provide feedback in writing in the event a Committee member is not able to attend a meeting. Ms. Brooks responded that feedback may be provided in writing on an ongoing basis. Members of the public may submit public comment up to one week after the scheduled Committee meeting.

Kiran Savage-Sangwan requested confirmation that Committee recommendations are advisory and inquired if there is a timeline for when the DMHC will respond to the recommendations. Ms. Watanabe confirmed the Committee has an advisory role. The DMHC will make final decisions on the measures and benchmarks shortly after receiving the Committee's recommendations in the final Report. The Department will issue guidance to the health plans by the end of the year so they can begin collecting data in 2023.

Dr. Riggs asked if in-person meetings will be held in Sacramento. Ms. Brooks responded that they would be.

Agenda Item 5 – California and National Trends
Ms. Brooks gave an overview of Assembly Bill 133, Article 11.9. Dr. Andy Baskin shared California and national trends for Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures across payers. Ignatius Bau provided an overview of the state and national health equity landscapes.

Ms. Savage-Sangwan asked if there was any correlation between HEDIS and CAHPS scores. In addition, Ms. Savage-Sangwan asked if consumers give high experience scores to the same plans that perform well when it comes to quality. Dr. Baskin responded that it is dependent on what is being measured and compared. The particular score for health plan ratings is not highly correlated but there is a large body of research on what drives CAHPS survey results.

Dr. Cheryl Damberg commented that when the Committee reviews CAHPS measures and results it should have illustrative purposes. At some point, the Committee must consider more technical aspects like how CAHPS is being measured and what the case mix adjustment is to ensure the "true signal" is measured.

Dr. Juhn commented that when the Committee discusses measures, stratification must be considered. The Committee must collectively understand the risk adjustment models available to stratify by race and ethnicity.

Rhonda Smith commented that the CAHPS results were surprising, specifically that the ratings are higher for Medi-Cal and lower for commercial plans. Ms. Smith also commented the Committee must be cognizant of the types of questions and how they are phrased. Dr. Baskin added the CAHPS surveys for health plans are the same question for commercial and Medicaid (Medi-Cal) plans.

Dr. Riggs commented that self-reported data versus health plan data often times have discrepancies. Dr. Riggs asked what this means for the data plans are collecting and if sensitivity analysis has been conducted. Ms. Brooks responded that the Committee would hear from the state purchasers on current data collection methods.

Diana Douglas asked if there are plans for National Committee for Quality Assurance (NCQA) stratification beyond race and ethnicity. Kristine Toppe responded the current approach is to begin with race and ethnicity stratification. Currently, the additional measures are out for public comment, specific to race and ethnicity stratification. In addition, there are sexual orientation and gender identity (SOGI) data collection requirements as part of Health Equity Accreditation.

Dr. Anna Lee Amarnath asked if there are other types of measures or limitations to consider as the Committee progresses. Dr. Amarnath suggested that it would be helpful to understand the sources of information being shared for HEDIS and CAHPS. The Committee may make assumptions without completely understanding the measures. For example, the CAHPS and HEDIS data may only capture plans that are currently NCQA accredited. Dr. Baskin stated there would be an opportunity to have those specific conversations in future Committee meetings. The goal of the first Committee meeting is to show a high-level overview of what information is available.

Dr. Reynoso asked to what extent these measures and stratification categories follow the United States Census. Ms. Toppe responded NCQA's stratification aligns with the United States Office of Management and Budget (OMB) categories.

Doreena Wong commented that there is a need for disaggregated data and the OMB categories are too broad to uncover problems by race and ethnicity. Ms. Wong asked if there are examples nationally of states using disaggregated data. Mr. Bau mentioned that most states are starting to use race and ethnicity stratification using OMB categories, but the way data collection operates it is not generating oversamples to allow estimates for subgroups. Dr. Damberg stated if the goal is to report out by subgroups, the Committee must consider how data collection needs to change to assure sample sizes are adequate to make estimates.

Ms. Yee commented there is no stratification for persons with disabilities. However, for breast cancer screening there are disparities among women with disabilities due to the lack of accessibility to mammography machines. Ms. Yee asked if there is any attempt to expand studies to a larger population base. Dr. Damberg replied that the Centers for Medicare and Medicaid Services (CMS) is looking to stratify by disability but that does not cover the commercial plans.

Kristen Golden Testa, from the Children’s Partnership, asked if there is a standard for the type of data that would be counted and if there are enrollment restrictions or requirements. Dr. Baskin and Mr. Bau responded this varies based on the entity collecting data. In addition, there are particular nuances to consider when comparing data. There are also specific criteria for each measure that can vary based on populations and look back periods.

Katherine Haynes, from California Health Care Foundation, commented that it may be of particular interest to connect with Kaiser Hawaii to understand their method for collecting disaggregated data for Asian populations.

Agenda Item 6 – Consumer Representatives Panel
The Health Equity and Quality Committee members who represent consumer populations presented on each of their organizations including Dannie Ceseña for California LGBTQ Health and Human Services Network, Diana Douglas for Health Access California, Lishaun Francis for Children Now, Tiffany Huyenh-Cho for Justice in Aging, Jeffrey Reynoso for Latino Coalition for a Healthy California, Kiran Savage-Sangwan for California Pan-Ethnic Health Network, Rhonda Smith for California Black Health Network, Doreena Wong for Asian Resources, Inc., and Silvia Yee for Disability Rights Education and Defense Fund.

Ms. Toppe commented that the consumer representatives panel was very valuable and requested the resources mentioned be shared among the group.

Dr. Amarnath asked how state regulators and measure stewards are thinking about gender inclusivity. Ms. Toppe responded that NCQA is currently in the development process and considering what can be done to remove gender assignment in particular measures as part of the vision for evolving measures. While this is on NCQA's radar, the timing is to be determined as measures evolve. NCQA is committed to being a responsive measure developer. Dannie Ceseña responded that they have been working with cancer networks, California Department of Public Health, Office of Aging, Office of AIDS, and has spoken at various training and conferences on how to collect SOGI data and be responsive to these types of questions. Mx. Ceseña has also worked to implement the non-binary gender option in surveys in California.

Dr. Damberg thanked the consumer representatives for their presentations and said creating a framework for standard expectations on data would be useful as the Committee continues. Ms. Watanabe responded this is outside of the scope of this Committee, but it will need to be addressed. There are also efforts being made by other departments and the Data Exchange Framework.

Ms. Toppe asked if there is a recommendation on when to collect SOGI data. Mx. Ceseña will share a one pager and slides on recommendations. Mx. Ceseña also shared the personal experience of changing their gender marker and the challenges of getting preventative gynecological care.

Lishaun Francis added the Committee must consider how frequently SOGI data is collected and if there is a possibility to collect it more often in order to capture changes in gender identity.

Agenda Item 7 – Purchaser Overview of Current Activities
Margareta Brandt representing Covered California, Dr. Julia Logan representing California Public Employees' Retirement System (CalPERS), and Dana Durham representing Department of Health Care Services (DHCS) presented on their respective

state departments and provided an overview of current priorities, activities, and alignment with other state departments.

Bill Barcellona asked Ms. Brandt if the seven health disparity measures Covered California identified are being stratified by race and ethnicity. Ms. Brandt responded that Covered California currently has a set of measures being stratified. This data comes from multiple sources.

Dr. Riggs asked if there was alignment happening at the state level around race and ethnicity data. Dr. Logan answered CalPERS is working towards alignment but is not at the same level of collection that Covered California and DHCS are at. Ms. Durham responded that DHCS uses the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) data which has been standardized through the enrollment process for Medi-Cal enrollees using the OMB categories.

Ms. Yee asked what measures are being stratified by disability. Dana Durham answered DHCS is in the process of defining this.

Ms. Wong commented that CalHEERS collects disaggregated race information so there is an ability to use disaggregated data. In DHCS' application it also collects race and ethnicity data, so there is an ability to disaggregate. Ms. Wong asked how disaggregated data has been used when measuring disparities. Ms. Durham responded that DHCS is interested in continuing to review populations by disaggregated data.

Tiffany Huyenh-Cho asked if DHCS is measuring racial and ethnic disparities by age. The disaggregated data by age shows that outcomes for older adults may be masked by younger populations. Ms. Durham responded DHCS is looking at variations by age groups as well.

Dr. Juhn asked if Covered California (Quality Transformation Initiative (QTI)) and DHCS (Equity Metrics) have been reviewed for feasibility to be stratified by race and ethnicity. Ms. Durham responded that DHCS meets across different departments and there are some measures that are under reported in various ways. For example, developmental screening for children. This conversation continues to evolve. Ms. Brandt added that for Covered California, a core set of measures are being utilized based on NCQA and Covered California experience and lessons learned on what is feasible to stratify by race and ethnicity. There are some behavioral health measures Covered California needs to collect and determine feasibility for.

Dr. Bihu Sandhir commented that selected measures must be ones that plans are able to capture and that are actionable. The Committee will need to consider Health Information Exchange (HIE) challenges and take this into account when selecting measures. Health plans may need more time and resources from the state before being ready to report on measures.

Ms. Yee asked how often the measures will be updated. Ms. Watanabe answered the DMHC has the ability to reconvene the Committee once there is a few years' worth of

data. The DMHC's goal for the initial measures is to select 10 to 12 measures that align with what is happening across the state.

Ms. Francis commented there is a need to clarify what the Committee is trying to achieve. Ms. Francis expressed concern that the Committee will get more of the same if the only focus is on areas where there is data that can be retrieved.

Dr. Damberg commented that a lot of work needs to be done from a data and data capturing perspective. Currently, the sample size is small (e.g., n=400 statewide) and there is a need to determine how to move to an environment on reporting on the entire population of patients served by health care entities.

Dr. Reynoso commented that the US Census says by 2040 minorities will make up the majority in the United States. However, in California, the state is already there. At this time, Covered California has financial penalties, however there is a need for value-based payments tied to quality.

Agenda Item 8 – Public Comment
Ms. Brooks let the group know that members of the public may submit comments until 5 p.m. on March 3, 2022 to publiccomments@dmhc.ca.gov.

Agenda Item 9 – Closing Remarks
Ms. Brooks shared the next Committee meeting will be held on March 24, 2022 and brought the meeting to a close.