

Emerging Programs, Data Resources, and Measures for Hospitals

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HCAI

Conflict of Interest Disclosure

Chris Krawczyk, Ph.D., reported no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.

About the Presenter



Christopher Krawczyk, Ph.D. Chief Analytics Officer, HCAI

Dr. Christopher Krawczyk is the Chief Analytics Officer with the California Department of Health Care Access and Information (HCAI), Information Services Division. In this role, Dr. Krawczyk provides overall strategic direction for analyses of health care quality, outcomes, and utilization; for data services that facilitate stakeholder access to using data in their own analyses and work; and engagement of stakeholders to increase the usefulness and impact of HCAI data and analytic products.

Session Overview

INTRODUCTION & BACKGROUND

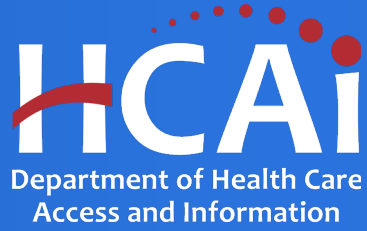
- Outreach & Engagement
- Generational Model of Analysis (GMod)
- Stakeholder Informed Requests

OVERVIEW OF HCAI

- Mission & Vision
- Current HCAI Data, Analytics Capacities, and Data Products
- Mandated Reports
- New Programs & Initiatives at HCAI

DATA PRODUCTS SHOWCASE

- Live demonstration of selected data products

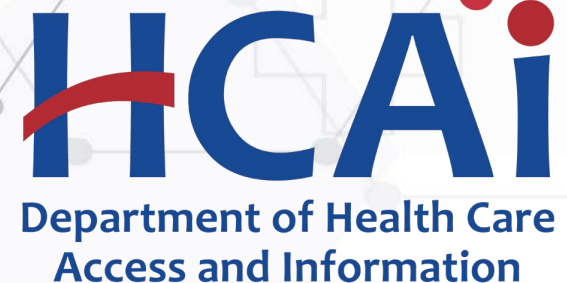


Introduction & Background

HCAI's vision is “a healthier California where all receive equitable, affordable, and quality health care.”

Our mission is to expand equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

We have over 40 years of experience supporting informed decisions in health care with data transparency, analysis, and reporting.



Outreach & Engagement

SUPPORT OUR STAKEHOLDERS

Better understand their needs and challenges

CREATE QUALITY DATA PRODUCTS

Develop and promote quality data products our stakeholders value

FACILITATE ACCESS TO INFORMATION

Champion innovation, transparency, and facilitate access to information

Generational Model of Data Analysis

HCAI'S GOAL TO GROW ANALYTIC CAPABILITIES

To generationally enhance the usefulness of information being made available in response to our stakeholders' and customers' requests

ENGAGING STAKEHOLDERS AND CUSTOMERS

To generate business intelligence on the release of products
To identify topics for future analytics

INITIAL ANALYTICS AND PRODUCT RELEASE

Generationally improve the presentations of the information and continue to explore the topic by adding in more data, measures, and visualizations

Stakeholder Engagements from 2018-2023

	Cohort 1 Stakeholders	Cohort 2 Stakeholders	Cohort 3 Stakeholders	Cohort 4 Stakeholders	Cohort 5 Stakeholders
2018 - 2019	Worked with external Consultants Interviewed 43 stakeholders Developed engagement interview processes	19 interviews Developed Generational Model of Analysis	15 interviews Implemented Generational Model of Analysis from Cohort 1 & 2 stakeholders' feedback	24 interviews Implemented Generational Model of Analysis from Cohort 3 stakeholders' feedback	19 interviews Implemented Generational Model of Analysis from Cohort 4 stakeholders' feedback
2019 - 2020					
2020 - 2021					
2021 - 2022					
2022 - 2023					

Stakeholder Demographics



Hospitals

2018 - 2023

Conducted 68 interviews
Interviewed 239 persons



Health Plans

2018 - 2021

Conducted 19 interviews
Interviewed 70 persons



Other Public or Private Entities

2018 - 2023

Conducted 37 interviews
Interviewed 114 persons

New Programs & Initiatives at HCAI

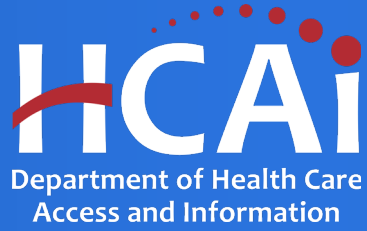
Hospital Fair Billing

Hospital Supplier Diversity Reporting Program

Hospital Equity Measures Reporting Program

Health Care Payments Data (HPD) Program

California Health Workforce Research Data Center
(Research Data Center)



Hospital Fair Billing Program

AB 1020 Legislative Intent

- Help uninsured or underinsured receive financial assistance when receiving services from a qualified hospital
- Expand the number of patients eligible for financial assistance
- Increase protections for eligible patients
- Strengthen state enforcement and oversight of the Hospital Fair Pricing Act
- Expands the Department's existing hospital financial assistance policy collection and review efforts
- Tasks the Department with creating a patient complaint process for violations of the Act, and assess penalties for violations, including an appeals process

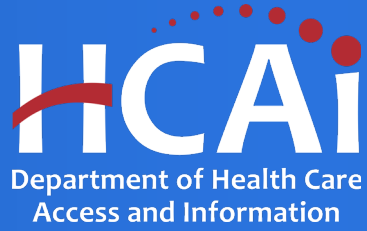
Hospital Statutory Requirements: Policy Submission- Content

- Changes eligibility threshold to 400% FPL
- Redefines high medical costs
- Adds new notice requirements
- Limits selling to debt buyers
- Prohibits credit reporting or civil action for 180 days
- In addition to charity care and discount payment policies, requires hospitals to submit debt collection policies
- Requires hospitals to properly establish, provide notice of, and follow their discount care, charity care, and discount policies

Hospital Statutory Requirements: Policy Submission and Patient Complaint Process

Administrative Aspects

- All hospitals that meet the definition of “Hospital” under 127400 (d) are subject to the Hospital Fair Pricing Act
- Hospitals are required to submit debt collection, discount payment, and charity care policies biennially
- Next biennial submission deadline is January 1, 2024
- The Department will begin accepting patient complaints on January 1, 2024
- The Department will have authority to assess penalties for violations of the Act and associated regulations as of January 1, 2024



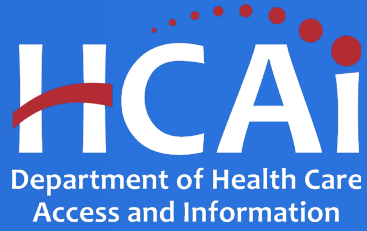
Hospital Supplier Diversity Reporting Program

Hospital Supplier Diversity Reporting Program: Program Overview

- [Health and Safety Code Section 1339.85-1339.87](#) requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Supplier Diversity Reporting Program to collect and post hospital supplier diversity reports explaining the hospital's supplier diversity statement and procurement efforts regarding certified minority, women, lesbian, gay, bisexual, transgender (LGBT), and disabled veteran business enterprises.
- Hospitals, with operating expenses over a specified amount, are required to annually submit a report to HCAI on their minority, women, LGBT, and disabled veteran business enterprise procurement efforts. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital supplier diversity reports to the public.
- Hospital systems and regional networks have the option to submit a Supplier Diversity Report, which enables them to disclose their supplier diversity initiatives and expenditures on a system or regional scale.

Hospital Supplier Diversity Reporting Program: Program Overview (Continued)

- Reports are due July 1 annually for prior calendar year information.
- Hospitals submit their Supplier Diversity Reports via an electronic reporting system called Hospital Disclosures and Compliance System (HDC).
- Hospitals may request a 30-day extension to file their report via the HDC System.
- [Health and Safety Code, Section 1339.87](#) authorizes HCAI to impose a civil penalty of one hundred dollars **(\$100) per day** for failure report required information. Penalties imposed may be appealed pursuant to current appeals processes described in [CCR, Title 22, Sections 95009 – 95014](#).
- The public has access to view submitted individual reports and statewide datasets containing all the submitted Supplier Diversity Reports.



Hospital Equity Measures Reporting Program

AB 1204 Legislative Intent

- Recognizes disparate impact of the COVID-19 pandemic and need for further data on access, quality, and outcomes of care
- Data could be used to analyze these disparities by age, sex, race, ethnicity, language, disability status, sexual orientation, gender identity, payor, and socioeconomic status
- Data would contribute to well-informed health policy and public health response and would improve the overall health of individuals and communities in the state

Hospital Statutory Requirements: Annual Equity Reports - Administrative Aspects

- All hospitals that meet the definition of “Hospital” under 127371(d) are subject to the Medical Equity Disclosure Act
- Posted on the hospital website including the words “Equity Report”
- First reports due September 30, 2025*
- Hospital systems, with more than one hospital, must submit an equity report that is disaggregated at the individual hospital level and aggregated across all hospitals in the system

*Note: Due dates are set per statute as the CMS Health Equity Measures were finalized in August 2022.

2022-2025 Hospital Equity Reporting Program Roadmap



July – December 2022

Convene and conduct Health Care Equity Measures Advisory Committee meetings
Develop and publish 1st set of Committee recommendations due December 31, 2022*



January – December 2023

Begin rulemaking process
Continue meeting with Health Care Equity Measures Advisory Committee



January – December 2024

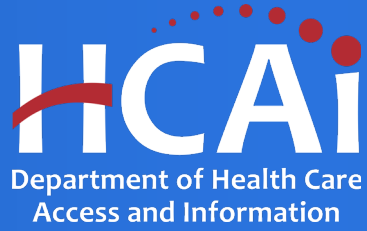
Establish regulations to specify reporting requirements
Outreach to hospitals to prepare for first annual submission
Continue meeting with Health Care Equity Measures Advisory Committee



July – December 2025

Provide technical assistance to hospitals in the development of first annual hospital equity reports
Submission of first equity reports by hospitals due September 30, 2025*

*Note: Due dates are set per statute as the CMS Health Equity Measures were finalized in August 2022.



Health Care Payments Data (HPD) Program

Advancing Existing and Planning for New Data and Analytics

COST



UTILIZATION



QUALITY



What does the Health Care Payments Data Program Do?

Health Plans submitting:

- ✓ Fully-insured commercial plans
- ✓ Medicare advantage plans
- **Note: DHCS will submit the Medi-Cal data they already receive from health plans**

Data that is collected:

- ✓ Claims data
- ✓ Encounter data
- ✓ Member enrollment
- ✓ Provider registry data

How data is used:

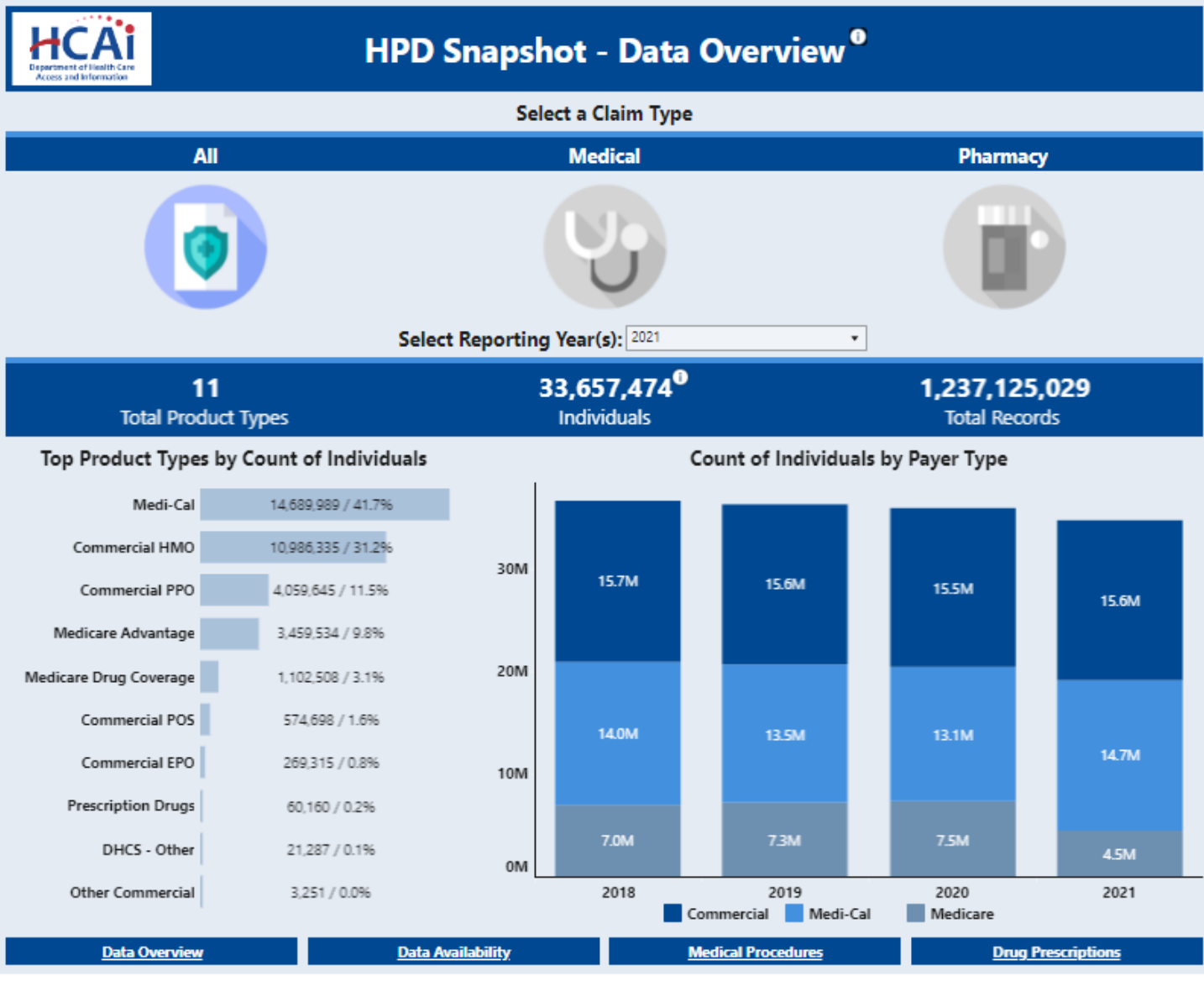
- ✓ Inform healthcare policy decisions
- ✓ Support improved health care cost and quality
- ✓ Develop innovative approaches to the delivery of health care

Health Care Payments Data Program (HPD) Overview



*Charles Bacchi, President & CEO, California Association of Health Plans
*Steffanie Watkins – Vice President of Health Policy, Association of California Life and Health Insurance Companies

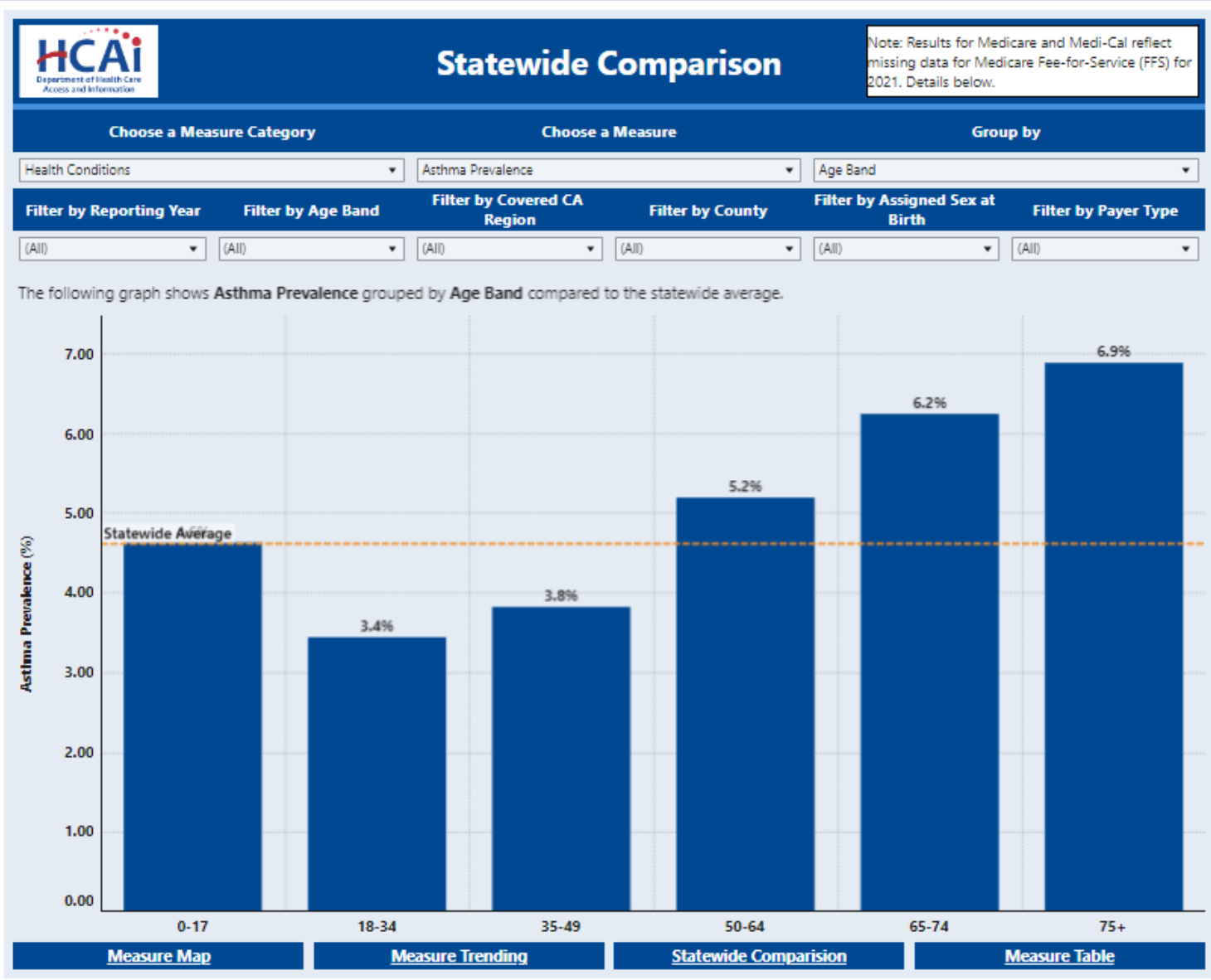
Health Care Payments Data Program - Snapshot



Health Care Payments Data (HPD) Snapshot

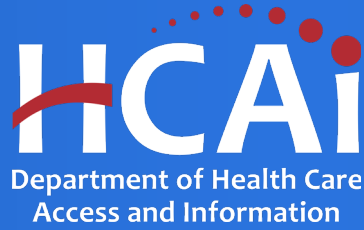
- [HPD Program Overview](#)
- [HPD Program Advisory Committee](#)
- [HPD Data Release Committee](#)

Health Care Payments Data Program - Measures



Health Care Payments Data (HPD) Measures

- [HPD Program Public Reporting](#)
- [HPD Program Overview](#)



California Health Workforce Research Data Center (Research Data Center)

Research Data Center (RDC)

ASSEMBLY BILL 133

Created the Health Workforce Research and Data Center

CENTRAL SOURCE

For health workforce and education data

ANNUAL REPORT TO THE LEGISLATURE

HCAI will produce an annual report to the Legislature on:

- Supply, demand, and gaps in the pipeline
- Educational capacity and employment trends
- Diversity of the workforce
- Inform state policy to address workforce issues

Research Data Center Priorities

Build a robust health workforce data system that integrates a variety of data sources:

- Workforce data
- Education data
- Economic data
- Census data
- Grant program data
- Geospatial data

Work with stakeholders to identify high-value data products to develop and publish to a public facing portal.

Workforce Data

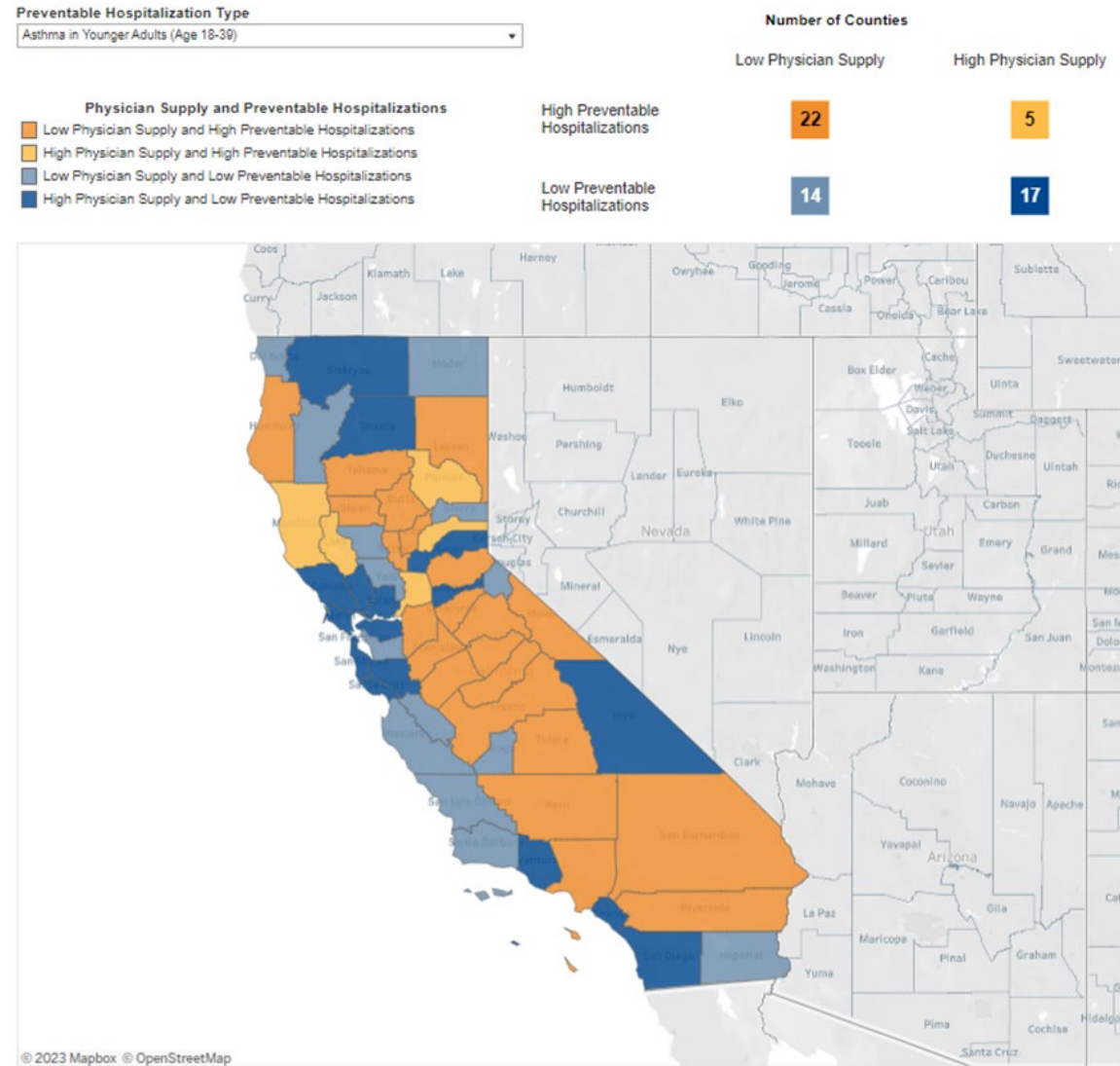
Data collection integrated into the license renewal process.

Collects a standard set of information from every licensee every two years:

- Practice location
- Hours spent in direct patient care
- Specialty
- Race/Ethnicity
- Languages spoken
- Retirement plans
- Education background

Physician Supply and Preventable Hospitalizations by County

Physician Supply and Preventable Hospitalizations by County, 2020

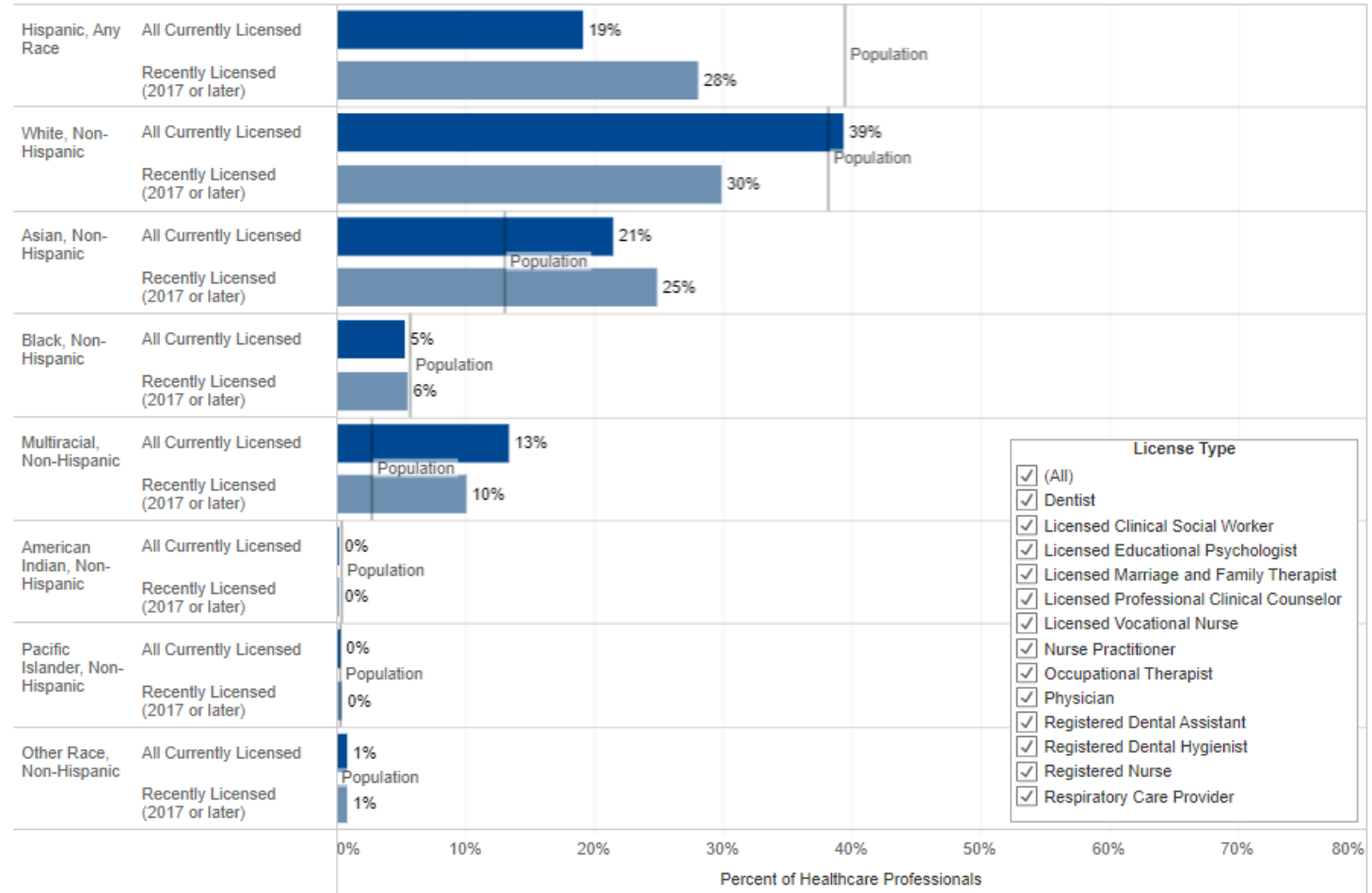


Note: This visualization features additional information in the tooltip, which is shown when you hover over a county.

**Physician
Supply and
Preventable
Hospitalizations
Map by County,
Asthma
in Younger
Adults
(Age 18-39)
2020**

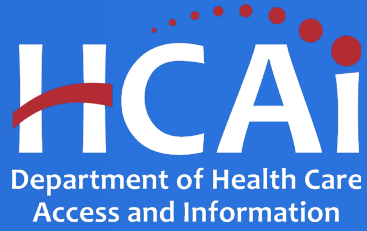
Race/Ethnicity Trends in Health Workforce in California

Healthcare Professionals by Race/Ethnicity and Recency of License



- License Type**
- (All)
 - Dentist
 - Licensed Clinical Social Worker
 - Licensed Educational Psychologist
 - Licensed Marriage and Family Therapist
 - Licensed Professional Clinical Counselor
 - Licensed Vocational Nurse
 - Nurse Practitioner
 - Occupational Therapist
 - Physician
 - Registered Dental Assistant
 - Registered Dental Hygienist
 - Registered Nurse
 - Respiratory Care Provider

Note: Data represents a custom tabulation of healing arts survey responses from licenses in active status on April 1, 2022. Population data is sourced from the California Department of Finance's State Population Projections (2020).



Data Products Showcase

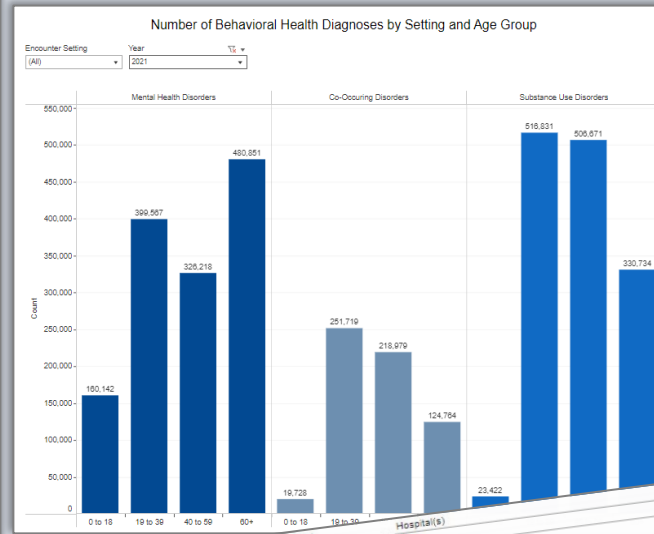
Featured Releases

Featured Releases

HEALTHCARE PAYMENTS DATA (HPD) MEASURES: HEALTH CONDITIONS, UTILIZATION, AND DEMOGRAPHICS
The Healthcare Measures Report presents a series of visualizations that allow users to explore the care and characteristics of Californians...

CALIFORNIA POSTOPERATIVE SEPSIS OUTCOMES FOR INPATIENT ELECTIVE SURGERIES
Evidence suggests that postoperative sepsis, as one of the most common in-hospital complications and adverse events, may be associated with...

HEALTHCARE PAYMENTS DATA (HPD) SNAPSHOT
The Healthcare Payments Data Snapshot is an overview of data currently available as submitted in the HPD System with visualizations...



Hospital Performance Ratings Summary

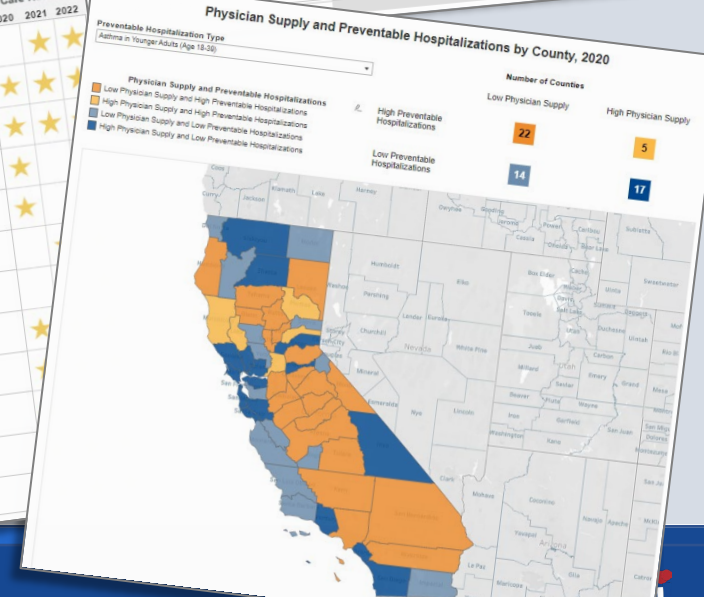
Year: 2020 | System: (All) | Hospital: (All) | Performance Measure: (All)

Legend: Better (Green), As Expected (Grey), Worse (Red)

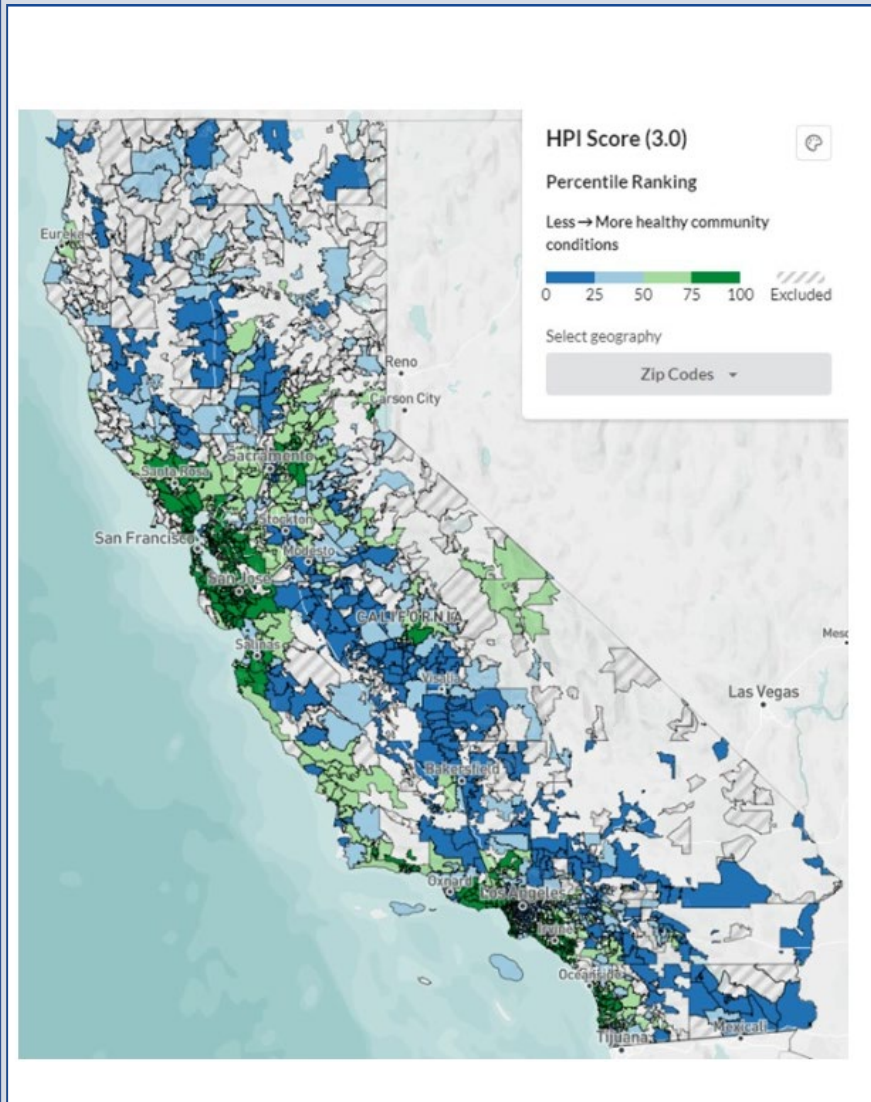
Hospital	Included CABG	Openable Metrics	Elective PCI	Emergency CABG	Elective PCI Monthly	Elective PCI Stroke	AHA-RCA: Core to Core	AHA-RCA: Core to Core (Urgent)	AHA-RCA: Core to Core (Urgent)	AHA-RCA: Core to Core (Urgent)	AHR	CAHFS	CAHFS	CAHFS
Adventist Health Tehachapi Valley														
Adventist Health Tulare														
Adventist Health Ukiah Valley														
Adventist Health White Memorial														
AHMC Anaheim Regional Medical Center														
Alameda Hospital														
Alhambra Hospital Medical Center														
Alta Bates Summit Medical Center														
Alta Bates Summit Medical Center - Alta Bates Campus														
Alvarado Hospital														
Anaheim Global Medical Center														
Antelope Valley Hospital														
Arrowhead Regional Medical Center														
Bakersfield Heart Hospital														
Bakersfield Regional Medical Center														
Bakersfield Regional Medical Center - Bakersfield Heart Hospital														

Maternity Care Honor Roll

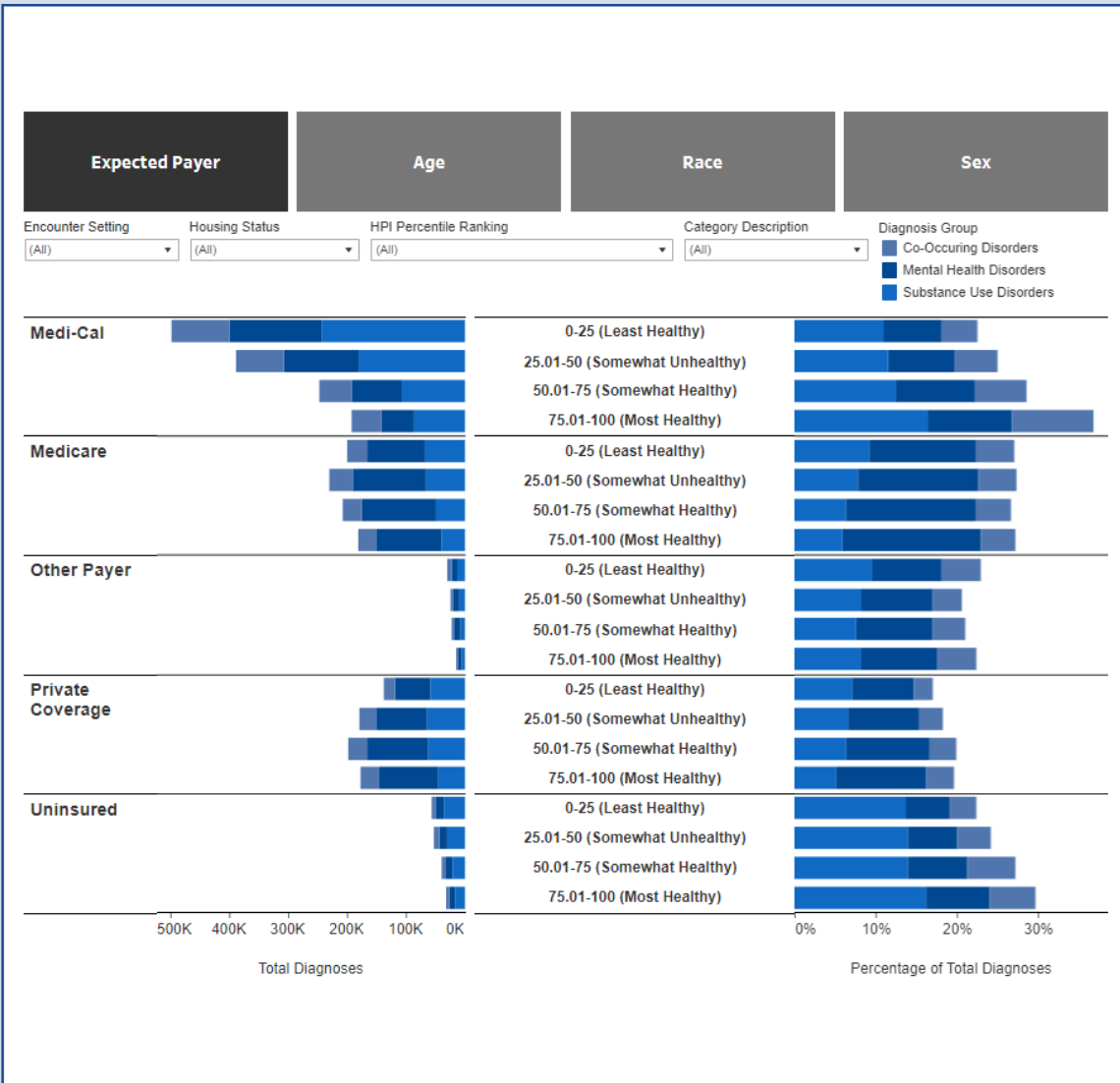
Hospital Name	2020	2021	2022
AHMC Anaheim Regional Medical Center	★ ★ ★	★ ★ ★	★ ★ ★
Adventist Health Bakersfield	★ ★ ★	★ ★ ★	★ ★ ★
Adventist Health Clear Lake*	★ ★ ★	★ ★ ★	★ ★ ★
Adventist Health Lodi Memorial	★ ★ ★	★ ★ ★	★ ★ ★
Adventist Health Rideout Memorial Hospital	★ ★ ★	★ ★ ★	★ ★ ★
Adventist Health Simi Valley	★ ★ ★	★ ★ ★	★ ★ ★
Adventist Health Tulare	★ ★ ★	★ ★ ★	★ ★ ★
Adventist Health Ukiah Valley	★ ★ ★	★ ★ ★	★ ★ ★
Alta Bates Summit Medical Center - Alta Bates Campus*	★ ★ ★	★ ★ ★	★ ★ ★
Anaheim Global Medical Center	★ ★ ★	★ ★ ★	★ ★ ★
Arrowhead Regional Medical Center	★ ★ ★	★ ★ ★	★ ★ ★
Bakersfield Memorial Hospital*	★ ★ ★	★ ★ ★	★ ★ ★



Mental and Behavioral Health Diagnoses in Emergency Department and Inpatient Discharges by Healthy Places Index Ranking



HPI Map



Mental Health Substance Use Disorder Diagnoses by Expected Payer, 2020

Hospital Performance Ratings Summary Report

Year: 2020 | Type of Report: (All) | Performance Measure: (All)

County: (All) | System: (All) | Hospital: (All) | Hospital Ratings Set: (All)

■ Better
■ As Expected
■ Worse

Go to Hospital Comparison

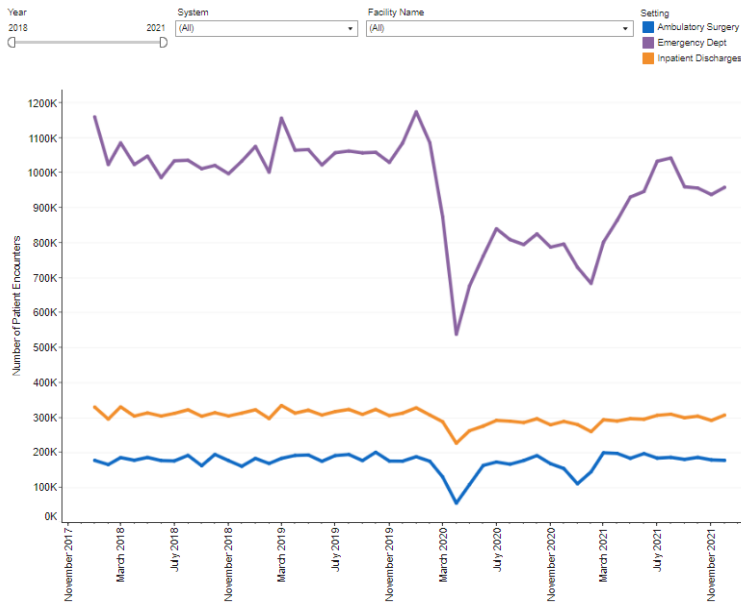
Hospital	CABG	Elective PCI				IMI						
	Isolated CABG Operative Mortality	Elective PCI Emergency CABG	Elective PCI Mortality	Elective PCI Stroke	AAA Repair-Endo Unrupture	AAA Repair-Open Unrupture	Acute Stroke	Acute Stroke Hemorrhagic	Acute Stroke Ischemic	Acute Stroke Subarachnoid	AMI	Carotid Endarterectomy
Adventist Health White Memorial	■						■	■	■		■	■
AHMC Anaheim Regional Medical Center	■				■		■	■	■		■	■
Alameda Hospital							■	■	■		■	
Alhambra Hospital Medical Center							■	■	■		■	
Alta Bates Summit Medical Center	■						■	■	■		■	■
Alta Bates Summit Medical Center – Alta Bates Campus							■	■	■	■	■	
Alvarado Hospital							■	■	■		■	■
Anaheim Global Medical Center	■						■	■	■		■	
Antelope Valley Hospital		■			■		■	■	■	■	■	
Arrowhead Regional Medical Center							■	■	■	■	■	■
Bakersfield Heart Hospital	■						■	■	■		■	■
Bakersfield Memorial Hospital	■				■		■	■	■	■	■	■
Banner Lassen Medical Center							■	■	■		■	
Barstow Community Hospital							■	■	■		■	
Barton Memorial Hospital							■	■	■		■	
Bear Valley Community Hospital												

Hospital Performance Ratings Summary Report, 2016-2020 Data Available

COVID-19 Hospital Utilization Trends

Hospital Utilization Trends

The visualization below focuses on utilization trends in inpatient discharges, emergency department treat and release utilization, and ambulatory surgeries beginning in 2018. The sharp downward trend in all three settings begins after January 2020 with the onset of COVID-19 and hits a low point in April 2020 before beginning to rise again. Utilization of the emergency department remained low in late 2020 and throughout 2021 relative to previous years. Inpatient discharges and ambulatory surgeries rebounded nearly to levels typically seen pre-pandemic beginning in March 2021. Utilization from 201-2021 within specific healthcare systems and facilities can be viewed using the dropdown filters.

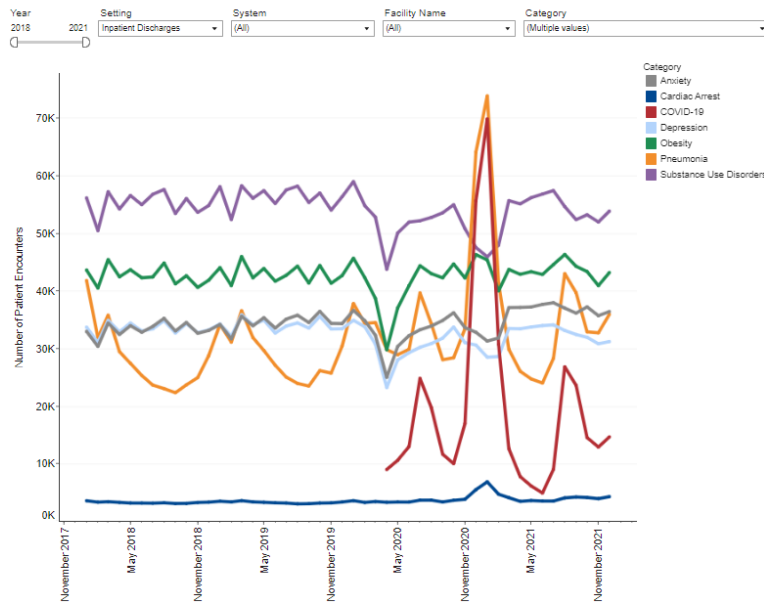


Hospital Utilization Trends

Utilization Trends by Health Category

This visualization displays utilization trends in the same settings as above but focuses on trends in key health-related topics. A sharp decline in utilization is seen starting after January 2020 among nearly all patients. Trends in hospital utilization in patients experiencing homelessness, cardiac arrest, respiratory arrest/failure, sepsis, and stroke were much less affected.

By default, this visualization displays a handful of selected health-related topics and hospital utilization trends among inpatient discharges in 2018-2021. The dropdown filters can be used to change the setting, healthcare system, healthcare facility name, health-related topics, and the time span of focus. All trends reflect encounters and not unique patients.

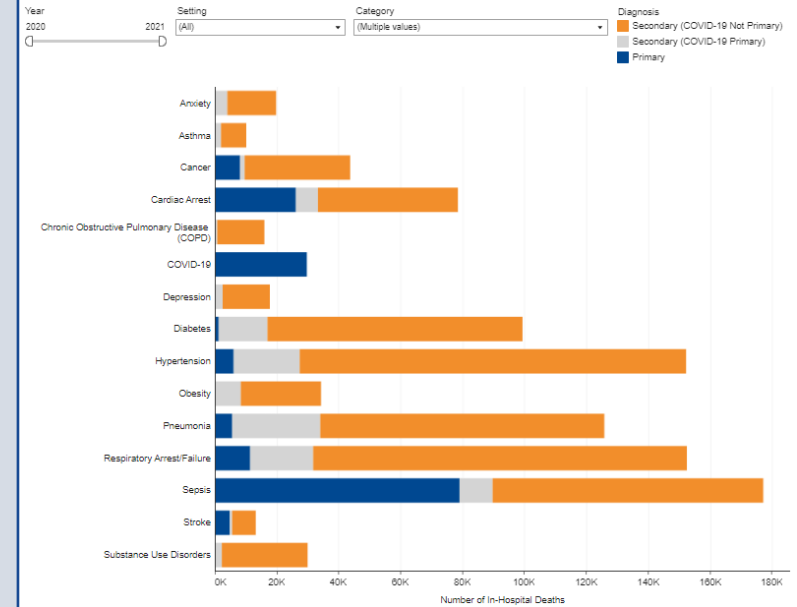


Utilization Trends by Health Category

In-Hospital Mortality Trends by Diagnosis Type

This visualization focuses on mortality trends and diagnosis breakdown in inpatient discharges, emergency department treat and release utilization, and ambulatory surgeries in 2020 and 2021. Patients experiencing sepsis and cardiac arrest demonstrated a greater likelihood of COVID-19 as a primary diagnosis. COVID-19 was more often present as a primary diagnosis in deaths among inpatient discharges than in emergency department deaths.

The diagnosis legend is meant to demonstrate a breakdown of how each diagnosis was assigned. For example, among in-hospital deaths including a cancer diagnosis, the breakdown includes a count of cancer as primary diagnosis, cancer as a secondary diagnosis with COVID-19 as the primary diagnosis, and cancer as a secondary diagnosis with any primary diagnosis except COVID-19.



In-Hospital Mortality Trends by Diagnosis Type

Emergency Department Volume and Capacity by Facility, Health Category, and Health Professional Shortage

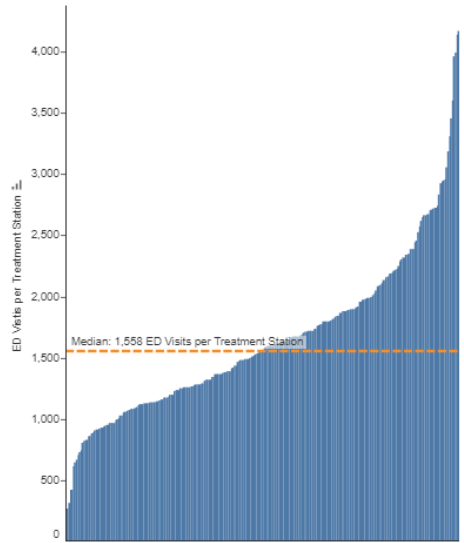
Emergency Department Volume and Capacity, 2019

Health-Related Topics: Total | Facility: (All) | System: (All)

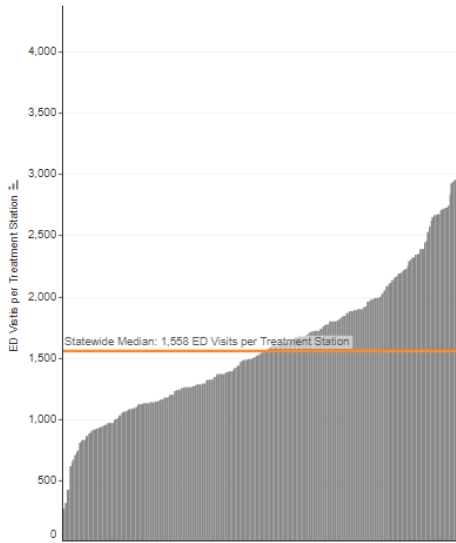
County: (All) | Hospital Ownership: (All) | Licensed Bed Size: (All)

Urban/Rural Designation: (All) | Teaching Designation: (All) | Health Professional Shortage Area (HPSA) - Primary Care: (All) | Health Professional Shortage Area (HPSA) - Mental Health: (All)

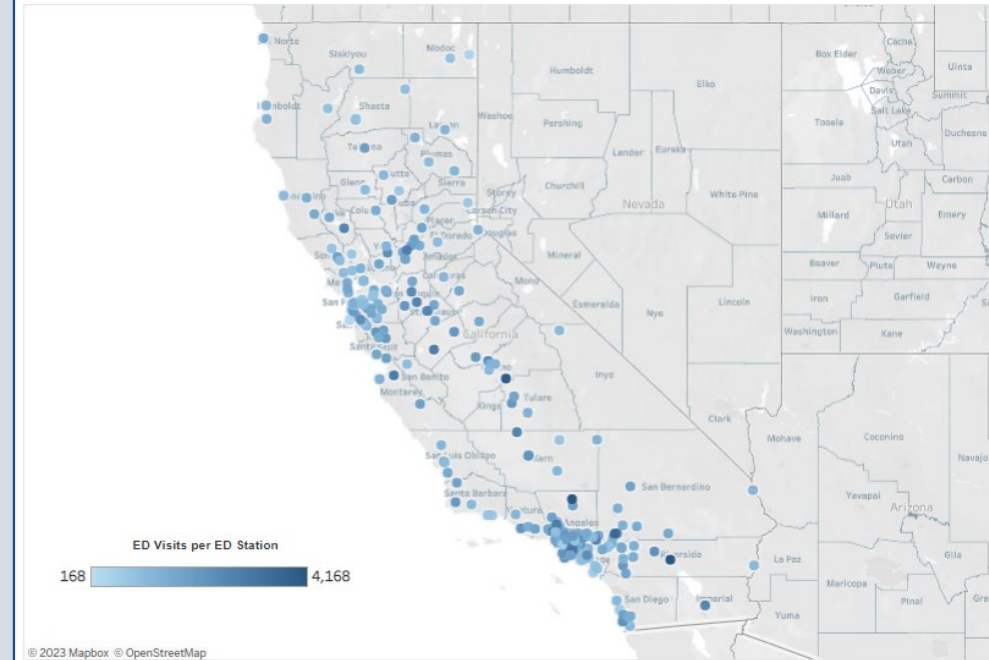
Selected Total Results



Statewide Total Results



Emergency Department Volume and Capacity by Facility, 2019



The visits to treatment station ratio ranges between 168 visits per station and 4,168 visits per station. Smaller ratios indicate fewer visits per available treatment station and less burden as opposed to larger ratios of visits per available treatment station, which indicate greater burden.

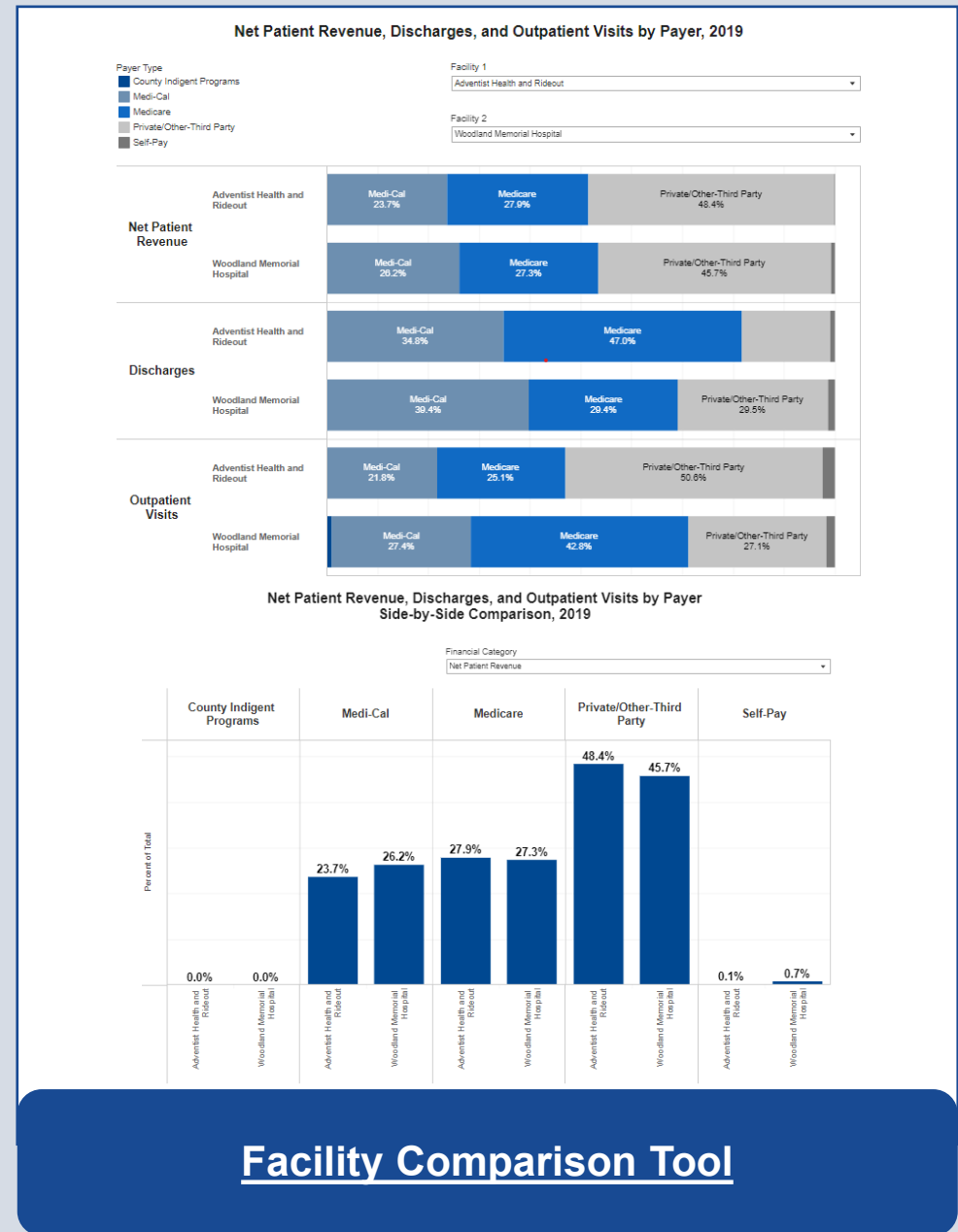
An emergency department treatment station is defined as a specific space within the emergency department adequate to treat one patient at a time. Holding or observation beds are not included.

Emergency Department Volume and Capacity by Facility, 2019 (Map)

Net Patient Revenue, Discharges, and Outpatient Visits by Payer and Facility



Net Patient Revenue, Discharges, and Outpatient Visits by Facility and Payer, 2019



Facility Comparison Tool

Follow-up contacts

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Thank you!



Department of Health Care
Access and information
Office of Information Services
Health Care Analytics Branch