January 27, 2022

Department of Health Care Services
Via email: DHCSComprehensiveQualityStrategy@dhcs.ca.gov

RE: Comments on the DHCS Comprehensive Quality Strategy report

Dear Department of Health Care Services leadership and staff,

The undersigned asthma, health and equity organizations appreciate the opportunity to comment on the Comprehensive Quality Strategy (CQS) report. It represents an important plan to help improve the quality of health care provided by the Department of Health Care Services (DHCS), with a fundamental emphasis on equity and closing health care-related disparities.

We were encouraged to see the inclusion of asthma as an important area of focus for DHCS. Recently, DHCS has made strong strides forward in supporting Medi-Cal beneficiaries with poorly controlled asthma. For example, the inclusion of Asthma Remediation under CalAIM's Community Supports represents a groundbreaking commitment to method for addressing the home-based environmental factors that have a direct effect on beneficiaries' health outcomes. We're also grateful DHCS also continues to move forward with the development of an Asthma Preventive Services State Plan Amendment to increase access to much needed in-home patient education and trigger assessments provided by qualified non-licensed professionals.

The CQS report provides several opportunities to build on DHCS's progress to date. We offer the following recommendations to strengthen the report and advance DHCS's commitment to improving the quality and equity of the Medi-Cal program.

Strengthen the Asthma Medication Ratio in the Managed Care Accountability Set

The CQS report proposes to maintain the inclusion of the Asthma Medication Ratio (AMR) in the Managed Care Accountability Set for Measurement Year (MY) 2022 (page 68). Unfortunately, however, managed care plans (MCPs) would only have to report AMR results rather than meeting the Minimum Performance Level (MPL), based on NCQA's 2021 Quality Compass 50th percentile. The CQS report repeatedly notes the importance of addressing chronic conditions within the Medi-Cal population. For example, "it is critical that Medi-Cal programs effectively manage chronic conditions and identify changes in health status as early as possible" (page 57). Asthma is specifically named as one condition that new DHCS initiatives will focus on: "Continuing efforts [will] support the treatment of hypertension, diabetes and asthma, and address disparities within these populations" (page 58). Both diabetes and high blood pressure are included with target MPLs within the Managed Care Accountability Set; the AMR metric should be included with an MPL too. This is important for ensuring that MCPs will be held accountable for meeting the MPL for the AMR quality metric; reporting alone is often

insufficient to get necessary attention from health plans and systems to target for improvement. While the CQS reports notes the new "reporting only" designation is related to the timeline of the MediCal Rx transition, the MPL requirement should be reestablished as soon as possible.

The AMR should also be included in the launch of the Health Equity Measure Set in 2022 (page 76), which would require MCPs to report the AMR by race and ethnicity. As a chronic condition, asthma's disparate health impacts are clear and consistent,[1] and we need better data related to asthma management to better track and respond to these disparities.

Include asthma-related factors in the implementation of the Population Health Management Program Framework

The CQS report notes the "cornerstone" of both CalAIM and the CQS report "is the implementation of PHM [Population Health Management], a plan of action for addressing member needs across the continuum of care based on data-driven risk stratification, predictive analytics, identifying gaps in care, and standardized assessment processes" (page 51). As part of this effort, MCPs "will be required to create systems of care that proactively address member need at each level" (page 51). When DHCS eventually designs programs around the PHM Framework (Figure 20, page 52), we recommend the inclusion of information related to environmental triggers to help address asthma-related needs. For example, patient screening surveys should ask about in-home exposures (e.g., tobacco smoke, presence of mold/moisture, etc.). Data and algorithms should include broad, community-based measure of indicators such as housing quality and elevated levels of air pollution.

We welcome the chance to work with DHCS in the future to expand upon these ideas within the implementation of the PHM Framework.

Include asthma and asthma stakeholders in the Health Equity Roadmap

Within the report's core quality strategy, Goal 3 – Providing Early Interventions for Rising Risk – affirms the importance of "Medi-Cal programs [to] effectively manage chronic conditions and identify changes in health status as early as possible" (page 57). The report notes several new efforts targeting rising risk for specific populations, including "new initiatives to address disparities in chronic disease management through the Health Equity Roadmap" (page 58). While the report includes no further details, we're intrigued and excited about this effort; we encourage DHCS to include asthma in the Roadmap, and we look forward to working with staff on its design and implementation.

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[1] For a variety of examples see these data sets from California Breathing, CA Department of Public Health: https://www.cdph.ca.gov/programs/ccdphp/deodc/ehib/cpe/cdph%20document%20library/ca_asthma_racial_inequities_2021-infographic.pdf; https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/CDPH%20Document%20Library/CA_Asthma_Inequities_Children_2021-Infographic.pdf

Additionally, the report demonstrates DHCS' commitment to co-design the Health Equity Roadmap "with individuals and communities to refine and build upon existing work, and to help DHCS complete a project plan for addressing key health disparities" (page 6)." As part of this process, we encourage DHCS to include Medi-Cal beneficiaries with asthma as core participants; ideally, a sub-set of participants can be recruited from Asthma Remediation under Community Supports.

We appreciate your consideration of these recommendations. Should you have any questions, please contact Joel Ervice, Associate Director, Regional Asthma Management and Prevention, at joel@rampasthma.org.

Thank you for your efforts to improve the quality and equity of the health care system.

Regional Asthma Management and Prevention
California Pan Ethnic Health Network
Children Now
Breathe California of the Bay Area, Golden Gate, and Central Coast
Esperanza Community Housing Corporation
Sigma Beta Xi
St. John's Community Health
Asthma and Allergy Foundation of America
Long Beach Alliance for Children with Asthma
El Sol Neighborhood Educational Center
Aria Community Health Center
Zuckerberg San Francisco General Pediatric Asthma/Allergy Clinic
Comite Civico del Valle