

Hospital Commitment to Health Equity Structural Measure Specifications

In the FY 2023 IPPS/LTCH PPS proposed rule, CMS proposed that hospitals participating in the Hospital Inpatient Quality Reporting Program be required annually to complete the Hospital Commitment to Health Equity questions. Data entry would be through the QualityNet Secure Portal available to authorized users.

Performance Measure Name: Hospital Commitment to Health Equity

Description: This structural measure assesses hospital commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural populations, religious minorities, and people living near or below poverty level. If finalized as proposed, hospitals would receive one point each for attesting to five different domains of commitment to advancing health equity for a total of five points.

If finalized, hospitals participating in the Hospital Inpatient Quality Reporting Program must answer the questions during the CMS specified time period. The five domains for hospital attestation and key questions for each domain are the following:

- **Domain 1: Equity is a Strategic Priority**

Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all of the following elements. Select all that apply (note: attestation of all elements is required in order to qualify for the measure numerator):

 - A. Our hospital strategic plan identifies priority populations who currently experience health disparities.
 - B. Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.
 - C. Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.
 - D. Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

- **Domain 2: Data Collection**

Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities. Select all that apply (note: attestation of all elements is required in order to qualify for the measure numerator):

 - A. Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
 - B. Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.
 - C. Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified

EHR technology.

- **Domain 3: Data Analysis**

Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your hospital engages in the following activities. Select all that apply (note: attestation of all elements is required in order to qualify for the measure numerator):

- A. Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.

- **Domain 4: Quality Improvement**

Health disparities are evidence that high quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve quality of care for all patients. Select all that apply (note: attestation of all elements is required in order to qualify for the measure numerator):

- A. Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.

- **Domain 5: Leadership Engagement**

Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your hospital engages in the following activities. Select all that apply (note: attestation of all elements is required in order to qualify for the measure numerator):

- A. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- B. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

Clarifying Information: This measure includes five attestation-based questions, each representing a separate domain of commitment. Hospitals receive one point for each domain to which they attest “yes,” stating they are meeting the required competencies. For each domain there are between one and four associated yes/no sub-questions for related structures or activities within the hospital. Hospitals will only receive a point for each domain if they attest “yes” to all related sub-questions. A hospital’s score can be a total of zero to five points. There is no “partial credit” for sub-questions. For example, in Domain 1, hospitals must attest “yes” to sub-questions A-D in order to earn the point.

Additional Resources: This measure is supported by evidence and guidance from the following:

- The [CMS Meaningful Measures Framework](#) identifies equity as a priority.¹
- The [Office of Minority Health \(OMH\)](#) framework provides information on building an organizational response to health disparities.²

¹ [Meaningful Measures 2.0: Moving from Measure Reduction to Modernization | CMS](#)

² [Health Disparities Guide \(cms.gov\)](#)

- The National Academy of Medicine (NAM) convened health care quality leaders on strategies to address equity.³
- The Institute for Healthcare Improvement (IHI) studied 23 health systems to better understand organizational efforts to improve equity and concluded equity must be a strategic priority.⁴ IHI also issued a framework for health care organizations on achieving health equity.⁵
- The Joint Commission (TJC) published a roadmap for hospitals to improve communication, cultural competence, and patient- and family-centered care.⁶

³ National Academy of Medicine, An Equity Agenda for the Field of Health Care Quality Improvement, 2021(nam.edu)

⁴ Health Equity Must Be a Strategic Priority (nejm.org)

⁵ Achieving Health Equity: A Guide for Health Care Organizations | IHI - Institute for Healthcare Improvement

⁶ aroadmapforhospitalsfinalversion727pdf.pdf (jointcommission.org)

Screening for Social Drivers of Health Measure and the Screen Positive to Social Drivers of Health Measure

In the FY 2023 IPPS/LTCH PPS proposed rule, CMS proposed that hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program be required to report on two new measures, the Screening for Social Drivers of Health Measure and the Screen Positive Rate for Social Drivers of Health.

Performance Measure Name: Screening for Social Drivers of Health

Description: If finalized, this measure would assess whether a hospital implements screening for all patients that are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. To report on this measure, hospitals would provide: (1) The number of inpatients admitted to hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; and (2) the total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.

Measure Numerator: The numerator consists of the number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for one or all of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety during their hospital inpatient stay.

Measure Denominator: The denominator consists of the number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission.

Exclusions: The following patients would be excluded from the denominator: (1) Patients who opt-out of screening; and (2) patients who are themselves unable to complete the screening during their inpatient stay and have no legal guardian or caregiver able to do so on the patient's behalf during their inpatient stay.

Clarifying Information: The Screening for Social Drivers of Health measure would be calculated as the number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission screened for one or all five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) divided by the total number of patients 18 years or older on the date of admission admitted to the hospital. Hospitals would report using their CCN through the Hospital Quality Reporting (HQR) System.

Performance Measure Name: Screen Positive Rate for Social Drivers of Health

Description: If finalized, the Screen Positive Rate for Social Drivers of Health would provide information on the percent of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

Measure Numerator: The numerator consists of the number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for an HSRN, and who screen positive for having a need in one or more of the following five HRSNs (calculated separately): Food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety.

Measure Denominator: The denominator consists of the number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for an HSRN (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.

Exclusions: The following patients would be excluded from the denominator: 1) Patients who opt-out of screening; and 2) patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay.

Clarifying Information: The result of this measure would be calculated as five separate rates. Each rate is derived from the number of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, screened for an HRSN, and who screen positive for each of the five HRSNs—food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety—divided by the total number of patients 18 years or older on the date of admission screened for all five HRSNs.

Additional Resources:

For more information about the CMMI Accountable Health Communities Model screening tool and case studies about implementing SDOH screening: <https://innovation.cms.gov/innovation-models/ahcm>

For a listing of various screening tools, including those that include the five SDOH domains specified in the measure:

<https://sirenetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison>