

# Agenda II: Follow-Up from September Advisory Committee Meeting

Bruce Spurlock, Hospital Quality Measures Expert

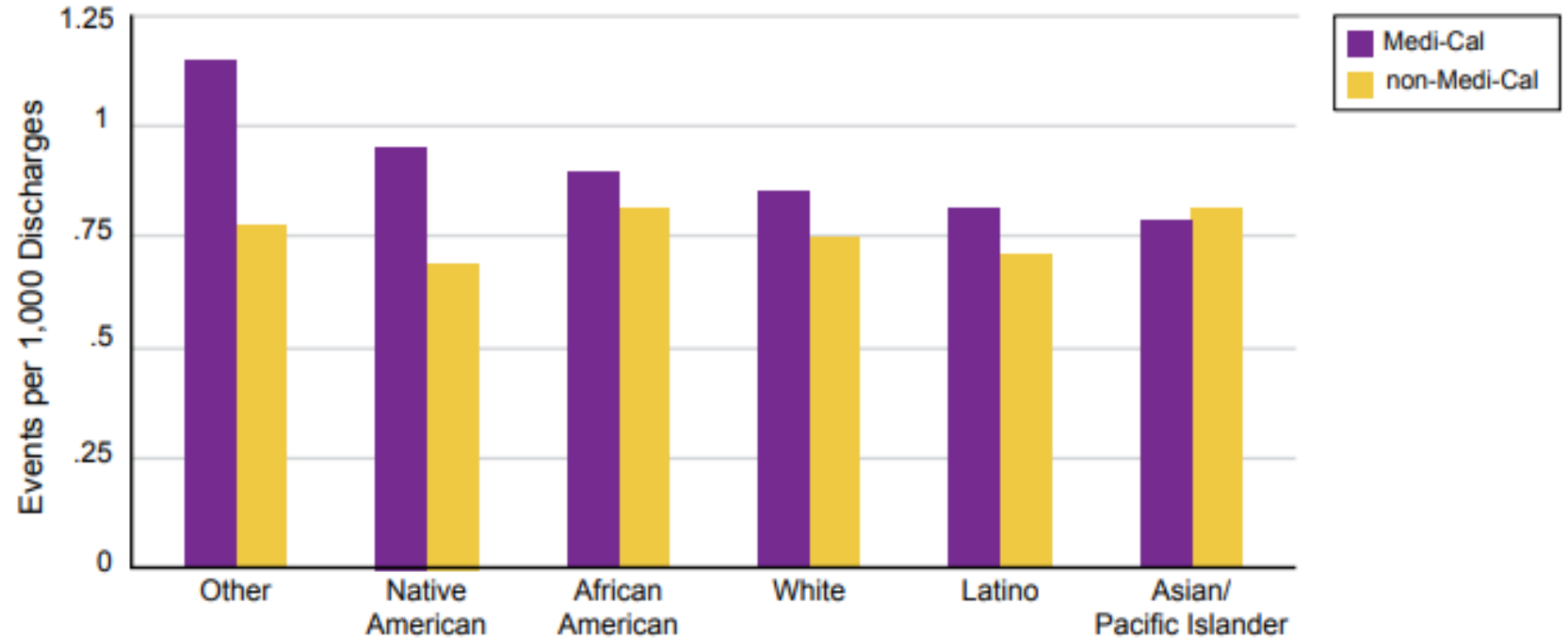
Ignatius Bau, Health Equity Subject Matter Expert



# Update on CA Disparity Data

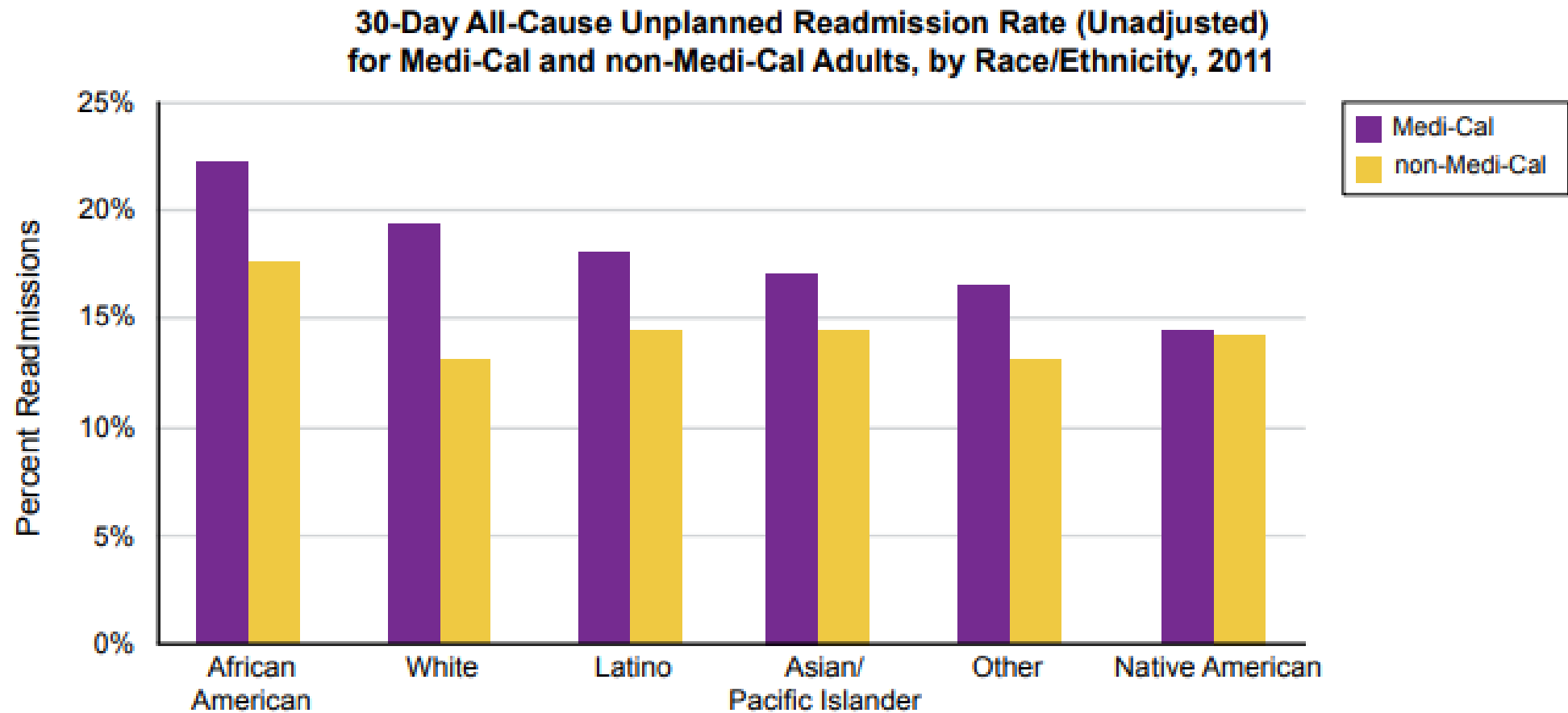
**Disparities in hospital-acquired conditions exist across race, ethnicity, and payor type**

**Incidence of Measurable Hospital-Acquired Conditions for Medi-Cal and non-Medi-Cal Adults, by Race/ Ethnicity, 2011**



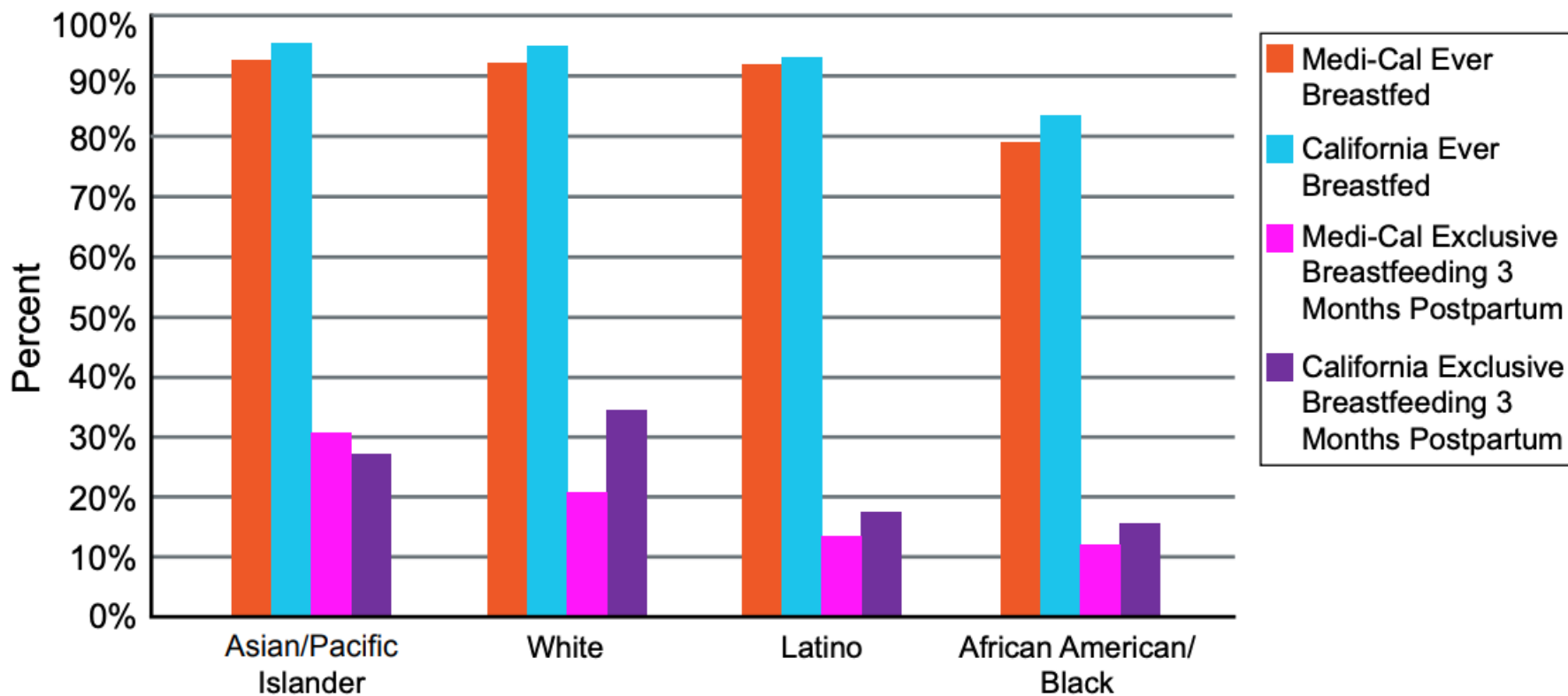
Source: [https://www.dhcs.ca.gov/dataandstats/Documents/HealthDisparities\\_HospitalAcqConditions.pdf](https://www.dhcs.ca.gov/dataandstats/Documents/HealthDisparities_HospitalAcqConditions.pdf)

**Disparities in readmissions exist across race, ethnicity, and payor type**



Source: [https://www.dhcs.ca.gov/dataandstats/Documents/HealthDisparities\\_HospitalReadmissions.pdf](https://www.dhcs.ca.gov/dataandstats/Documents/HealthDisparities_HospitalReadmissions.pdf)

**Rate of Ever Breastfeeding and Exclusive Breastfeeding at 3 Months Postpartum Among California and Medi-Cal Women, by Race/Ethnicity, 2011**

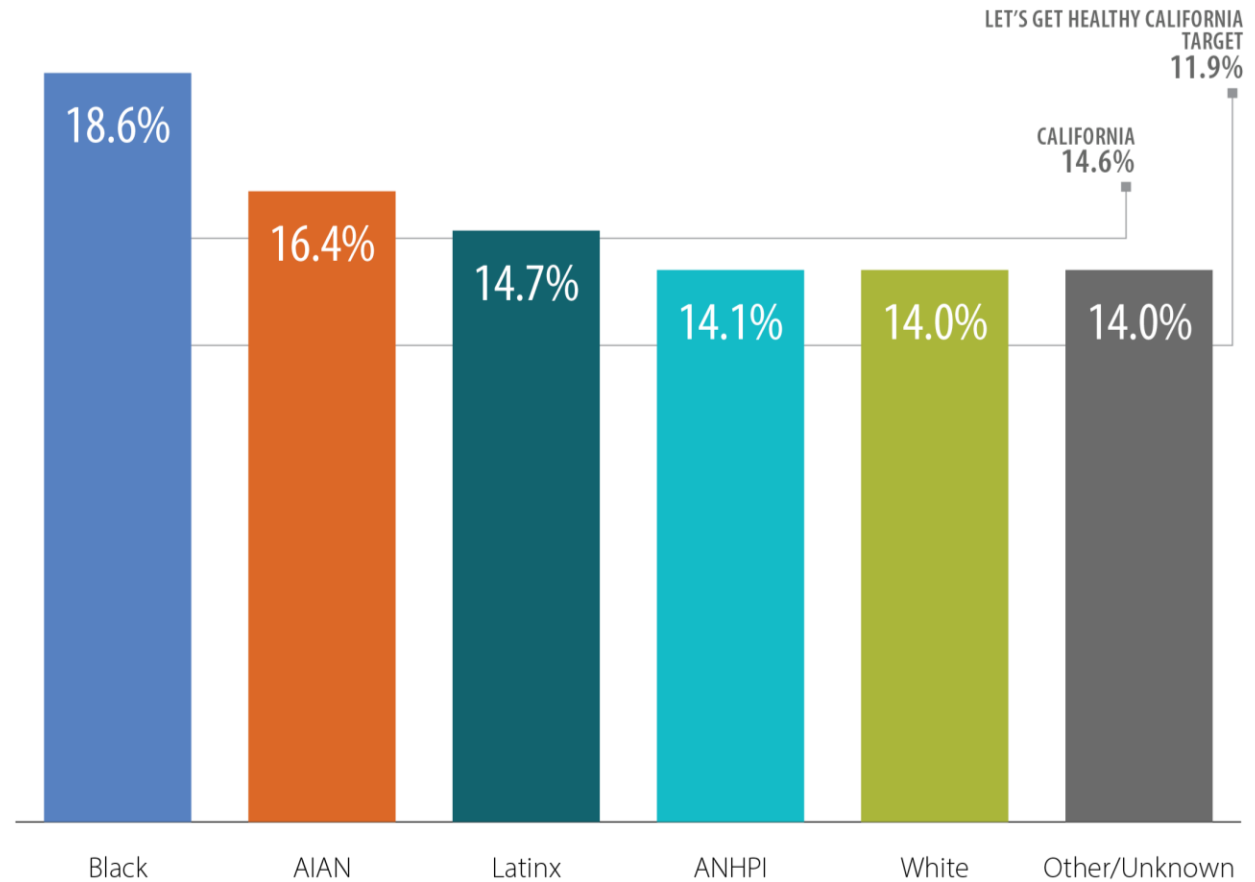


**Black women in California have the lowest rates of exclusive breastfeeding**

Source: [https://www.dhcs.ca.gov/dataandstats/Documents/HealthDisparities\\_Breastfeeding.pdf](https://www.dhcs.ca.gov/dataandstats/Documents/HealthDisparities_Breastfeeding.pdf)

## Hospital Readmissions, by Race/Ethnicity California, 2017

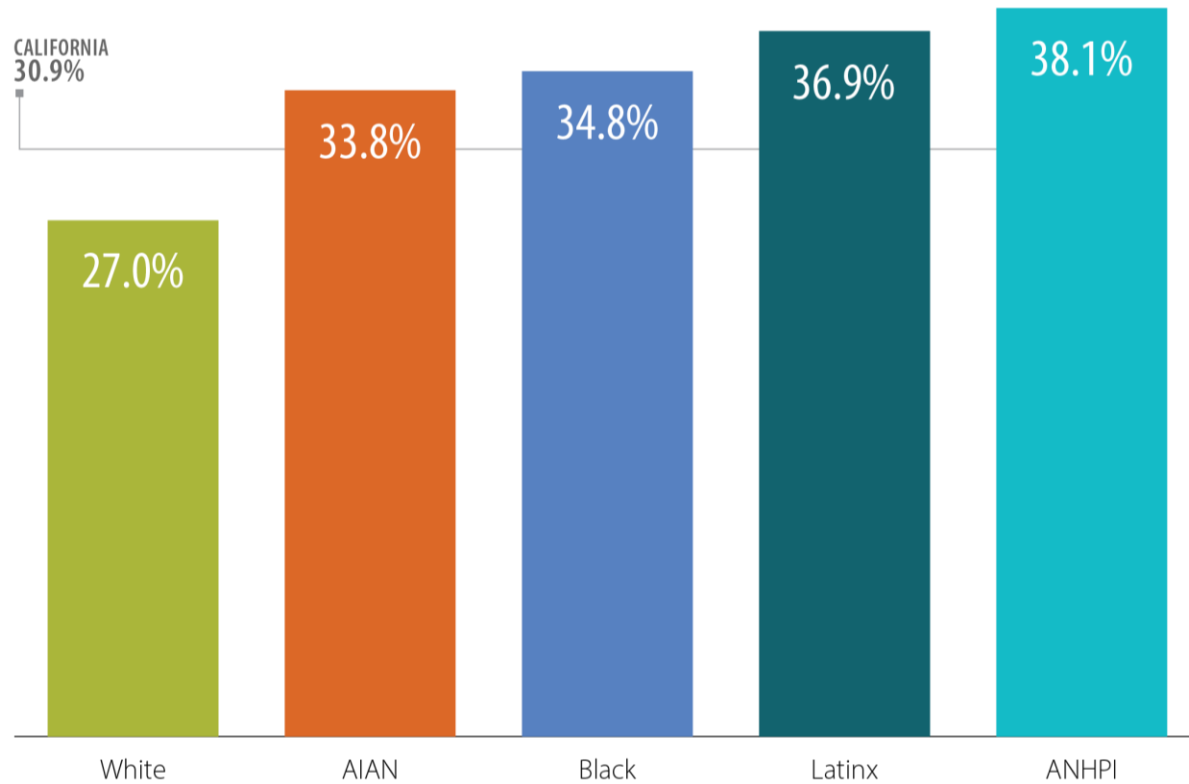
**Black, AIAN, and Latinx patients have the highest readmission rates.**



Source: <https://www.chcf.org/publication/2021-edition-health-disparities-race-ethnicity-california/>

# Hospital Deaths, by Race/Ethnicity

California, 2019



**Non-white patients have higher rates of hospital deaths.**

Source: <https://www.chcf.org/publication/2021-edition-health-disparities-race-ethnicity-california/>

# Hospital Deaths, Selected Conditions, by Race/Ethnicity

## California, 2015

DEATHS PER 1,000 HOSPITAL ADMISSIONS

**Death rates vary by race, ethnicity, and condition.**

	CORONARY ARTERY BYPASS GRAFT*	CONGESTIVE HEART FAILURE	ACUTE MYOCARDIAL INFARCTION	PNEUMONIA
Asian	17.7	14.4	41.0	18.8
Black	19.6	12.1	31.5	16.2
Latinx	15.0	13.2	43.9	16.6
White	16.8	17.8	45.4	19.8
<b>California</b>	16.6	15.8	43.5	18.7

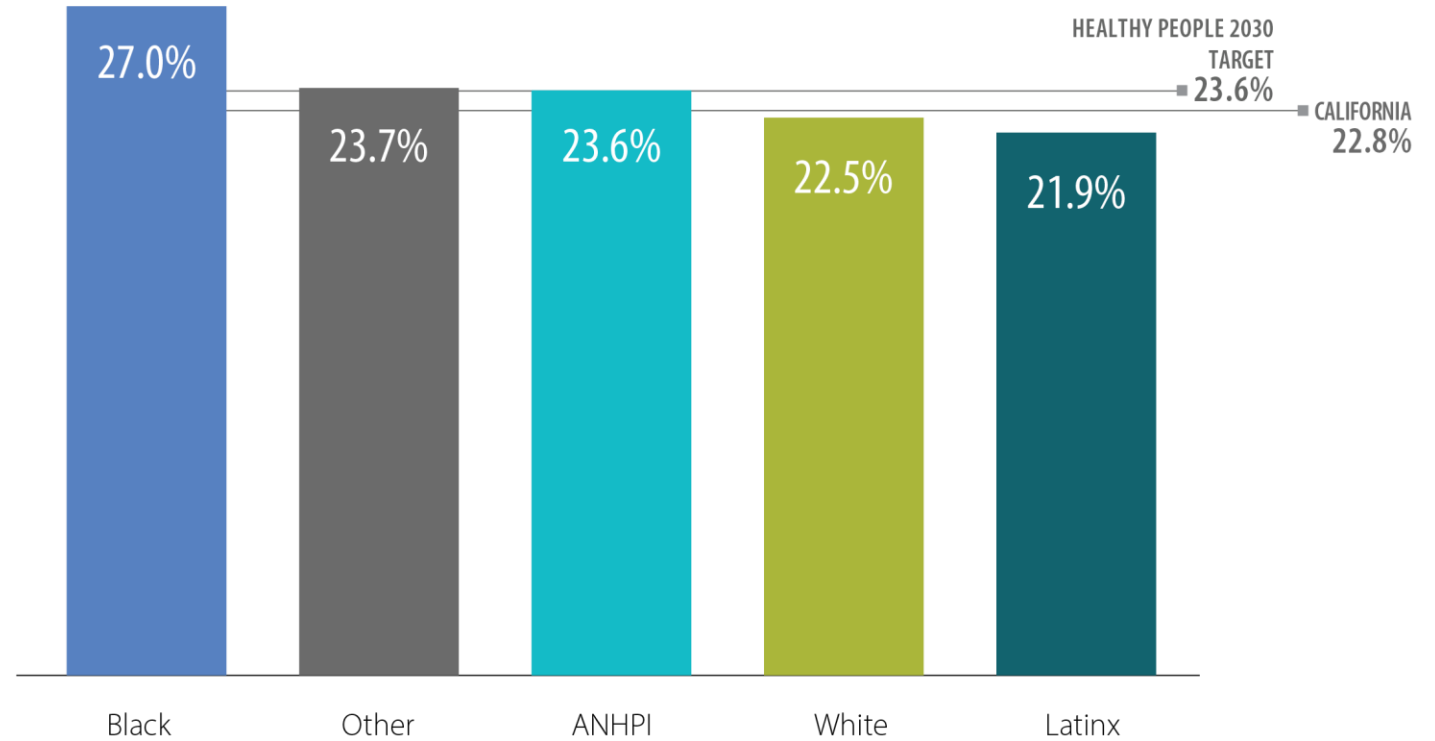
Source: <https://www.chcf.org/publication/2021-edition-health-disparities-race-ethnicity-california/>



# Low-Risk, First-Birth Cesarean Rate, by Race/Ethnicity California, 2019

PERCENTAGE OF BIRTHS

**Black women have the highest rate of low-risk, first-birth Cesarean deliveries**



Source: <https://www.chcf.org/publication/2021-edition-health-disparities-race-ethnicity-california/>

# Potential Additional Topics for Hospital Equity Reports

Ignatius Bau, Health Equity Subject Matter Expert

# Cross-Walk of Federal Government and National Hospital Equity Measures and Standards

Prepared for California Department of Health Care Access and Information (HCAI) Hospital Equity Measures Advisory Committee

Health Equity Topic	Centers for Medicare & Medicaid Services Hospital Commitment to Health Equity Measure	Centers for Medicare & Medicaid Services Hospital Screening for Social Drivers of Health Measures	Joint Commission Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards	National Committee for Quality Assurance Health Equity Accreditation Standards	National Committee for Quality Assurance Health Equity Plus Accreditation Standards	U.S. Department of Health and Human Services Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
Engagement of Hospital Leadership	MUC 2021-106 Domain 5A: Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.		Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority.	HE Standard 1, Element A, Factor 2: Identifies at least one opportunity to improve diversity, equity, inclusion, or cultural humility for staff, leadership, committees, and governance bodies.  HE 5, Element A, Factor 6: Annual approval by governing body [of organization's written program description for improving culturally and linguistically appropriate services (CLAS)].	HE Plus Standard 4, Element A, Factor 4: Approval by a governing body [of organization's written program description for mitigating social risks and meeting social needs in a way that supports diversity, equity, inclusion, and cultural humility].	Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Topic being addressed by Hospital Equity Measures Advisory Committee or HCAI

Additional topics for Committee consideration

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UPDATED v.8-23-2022



**TABLE IX.E-01. THE HOSPITAL COMMITMENT TO HEALTH EQUITY  
MEASURES FIVE ATTESTATIONS**

Attestation	<b>Elements: Select all that apply</b> (Note: Affirmative attestation of all elements within a domain would be required for the hospital to receive a point for the domain in the numerator)
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 the following elements.	<ul style="list-style-type: none"> <li>(A) Our hospital strategic plan identifies priority populations who currently experience health disparities.</li> <li>(B) Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.</li> <li>(C) Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.</li> <li>(D) Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.</li> </ul>
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.	<ul style="list-style-type: none"> <li>(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.</li> <li>(B) Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.</li> <li>(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.</li> </ul>

Potential Additional  
Topics for California  
HCAI Hospital  
Equity Report:  
**Equity**

**Equity is a strategic priority**

- Identify priority populations
- Identify goals and action steps
- Dedicate resources to achieve equity goals
- Engage community partners

# Potential Additional Topics for California HCAI Hospital Equity Report: **Data Collection**

## **Data collection**

- Collect self-reported race, ethnicity, and social needs data from majority of patients
- Train staff in data collection
- Input data into EHRs



**TABLE IX.E-01. THE HOSPITAL COMMITMENT TO HEALTH EQUITY MEASURES FIVE ATTESTATIONS  
(continued)**

Attestation	Elements: Select all that apply (Note: Affirmative attestation of all elements within a domain would be required for the hospital to receive a point for the domain in the numerator)
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.	(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.	(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.	(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.

Potential Additional  
Topics for California  
HCAI Hospital Equity  
Report: **Data  
Analysis**

## **Data Analysis**

- Stratify quality performance indicators
- Report stratified quality performance indicators



# Potential Additional Topics for California HCAI Hospital Equity Report: **Quality improvement**

## **Quality improvement**

- Participate in local or state quality improvement activities focused on reducing disparities
- Participate in federal quality improvement activities focused on reducing disparities

# Potential Additional Topics for California HCAI Hospital Equity Report: **Leadership Development**

## **Leadership development**

- Chief executives review health equity plan
- Board reviews health equity plan
- Chief executives review stratified performance indicators
- Board reviews stratified performance indicators



MUC2 021- 136	Screening for Social Drivers of Health	Percent of beneficiaries 18 years and older screened for food insecurity, housing instability, transportation problems, utility help needs, and interpersonal safety.
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MUC2 021- 134	Screen Positive Rate for Social Drivers of Health	Percent of beneficiaries 18 years and older who screen positive for food insecurity, housing instability, transportation problems, utility help needs, and interpersonal safety.
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Potential Additional  
Topics for California  
HCAI Hospital Equity  
Report: **Screening for  
Health-Related Social  
Needs**

## **Screening for Health-Related Social Needs**

- More than screening? Provide information/referrals/interventions?
- Community partnerships?
- Electronic data exchange?



The Joint Commission

# R<sup>3</sup> Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 36, Date June 20, 2022

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

## New Requirements to Reduce Health Care Disparities

# R<sup>3</sup> Report Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 1, February 9, 2011

**Published for Joint Commission accredited organizations and interested health care professionals, *R<sup>3</sup> Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also provide a rationale, the rationale provided in *R<sup>3</sup> Report* goes into more depth. The references provide the evidence that supports the requirement. *R<sup>3</sup> Report* may be reproduced only in its entirety and credited to The Joint Commission. To receive by [e-mail](#), visit [www.jointcommission.org](http://www.jointcommission.org).**

## Patient-centered communication standards for hospitals

## Potential Additional Topics for California HCAI Hospital Equity Report

- Designated leader for health equity activities
- Identify patient's preferred language
- Provide effective oral and written communications