Beginning with the End in Mind: What Might a Hospital Report Look Like?

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Option A: Measure Stratification

- From AB 1204: "The hospitals' equity reports will include measures on patient access, quality, and outcomes; measures will be stratified by race, ethnicity, language, disability status, sexual orientation, gender identify, and payor"

- How might this look in practice? What challenges might hospitals encounter?

Example – Readmissions by race/ethnicity

All-cause readmissions, by race

	Black	White	Asian	Hispanic	AI/AN	Other	TOTAL
Total discharges	217	684	122	248	89	77	1437
Total readmissions	36	87	12	42	8	14	199
Readmission rate	17%	13%	10%	17%	9%	18%	14%

- Overall rate of 14% is below the national average. No work needed??
- Are these differences statistically significant between groups? How do we know?
- What might be the causes of theses disparities and what actions could the hospital take to address them?
- How would the numbers look if we stratified by another category, such as SOGI? Disability status?

*Data are fictional to illustrate discussion points.
AI = American Indian   AN = Alaska Native
NH = Native Hawaiian.   PI = Pacific Islander

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Example – HCAHPS by sexual orientation

HCAHPS: Would recommend this hospital, by sexual orientation*						
	Straight/ heterosexual	Lesbian, gay, homosexual	Bisexual	Something else	Don't know	TOTAL
Total discharges	208	18	4	7	3	240
Total responses	160	14	1	3	0	178
Response = "Yes"	113	9	0	3	0	125
Rate of "Yes"	71%	64%	0%	100%	#DIV/0!	70%

- Are these differences statistically significant? What is the impact of small numbers?
- What might be the causes of theses disparities?
- What actions could the hospital take to address them?
- Given the small numbers, how would a hospital better understand what's going on and when or how to act?

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- Are these differences statistically significant?
- Does this hospital provide outstanding care to patients who identify as "something else"? Terrible care to bisexual patients? What is the impact of small numbers?
- What might be the causes of theses disparities?
- What actions could the hospital take to address them?

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Next step: Assess existing measures for stratification

Measure	Source	Patient-centered care	Patient safety	SDoH	Effective treatment	Care coordination	Access to care
Help recived when wanted	CMS Hospital Compare HCAHPS)	x	x	x			
Patient uderstood care	CMS Hospital Compare HCAHPS)	x					
Patient r and bathroom was clean	CMS Hospital Compare HCAHPS)	x					
Hospitalide readmission rate	CMS Hospital Compare	x	x	x	x	x	
Cesarearth rate (NTSV)	CMQCC				x		x
Breastfeding rate	CDPH	x		x			
Sepsis mnagement	CMS Hospital Compare		x				
Time in ED fore being sent home	CMS Hospital Compare	x		x			
Left the E before being seen	CMS Hospital Compare	x		x			
Heart attck death rate	CMS Hospital Compare				x		

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For future discussion: Looking beyond stratification

Measure Type	Examples
Structural – Engagement of Hospital Leadership	• CMS Hospital Commitment to Health Equity Measure (proposed) • TJC Accreditation Standards – LD.04.03.08: Reducing health care disparities is a quality and safety priority
Process – Screening for health-related social needs	• CMS Hospital Screening for Social Drivers of Health Measures (proposed) • TJC Accreditation Standards – EP 2: The organization assesses the patient's health-related social needs and provides information about community resources and support services
Other	• Hospital—level HPI scores • Share data required via CMS measures with HCAI

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