HCAi
Department of Health Care Access and Information

Continued Context Setting: *Federal and National Hospital Equity Measures and Standards*

Ignatius Bau, Health Equity Expert & HCAI Consultant

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

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

Health Equity Topic	Centers for Medicare & Medicaid Services Hospital Commitment to Health Equity Measure (Proposed)	Centers for Medicare & Medicaid Services Hospital Screening for Social Drivers of Health Measures (Proposed)	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.			Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

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

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 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.	(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.	(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.	(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.

MUC2021-136	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.

MUC2021-134	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, or interpersonal safety.

The Joint Commission

R³ 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

R³ 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, *R³ 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 *R³ Report* goes into more depth. The references provide the evidence that supports the requirement. *R³ Report* may be reproduced only in its entirety and credited to The Joint Commission. To receive by e-mail, visit www.jointcommission.org.

Patient-centered communication standards for hospitals

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Health Equity Accreditation for Health Systems

Health Equity Accreditation Plus

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

Department of Health Care Access and Information

Hospital-specific Social Needs Profiles: *Another Lens to Determine Priorities and Actions to Reduce Health Disparities*

Bruce Spurlock, MD | Hospital Quality Measures Expert & HCAI Consultant

Capturing patient level data is ideal, except…

Challenges collecting SDOH, REAL & SOGI

Inaccuracies

- Assumptions
- Unwillingness
- Power dynamics

Incompleteness

- Cost
- Time
- New systems

Inaction

State of the Science on Social Screening in Healthcare Settings

Summer 2022

Emilia H. De Marchis, MD, MAS
Erika Brown, PhD, MPH
Benjamín Aceves, PhD, MPH, MA
Vishalli Loomba, MPH, MSc, MDc
Melanie Molina, MD, MASc
Yuri Cartier, MPH
Holly Wing, MA
Laura M. Gottlieb, MD, MPH

siren Social Interventions Research & Evaluation Network
University of California, San Francisco

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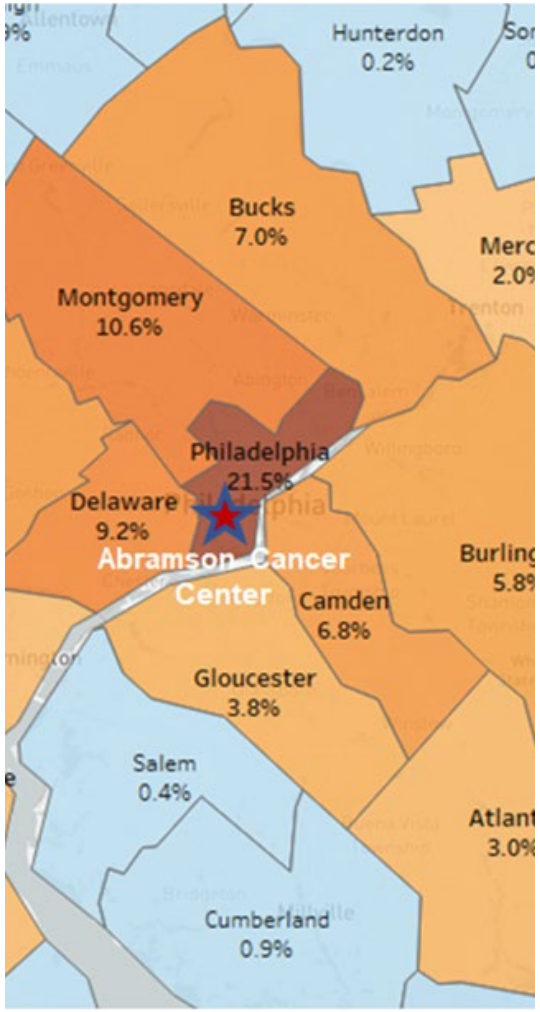
Question:

Can we create an objective, quantitative way to identify a hospital community's social vulnerability?



Step 1 – Choose an Indicator of Disadvantage

Healthy Places Index (HPI)

CDC Social Vulnerability Index (SVI)

Area Deprivation Index (ADI)

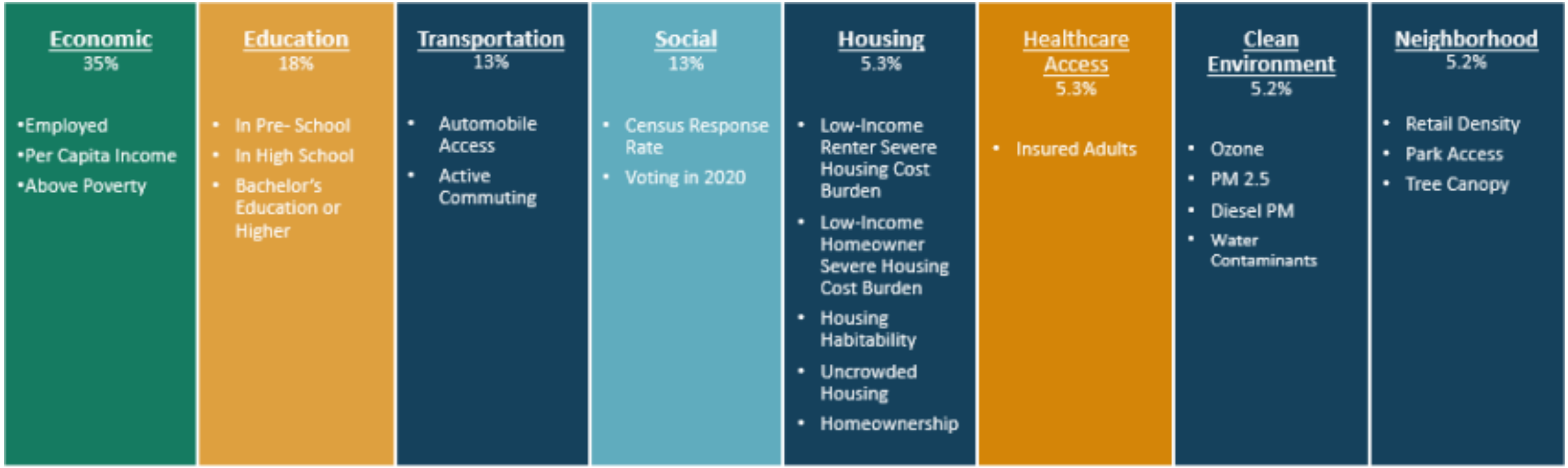
Social Deprivation Index

Poverty level

Household Income

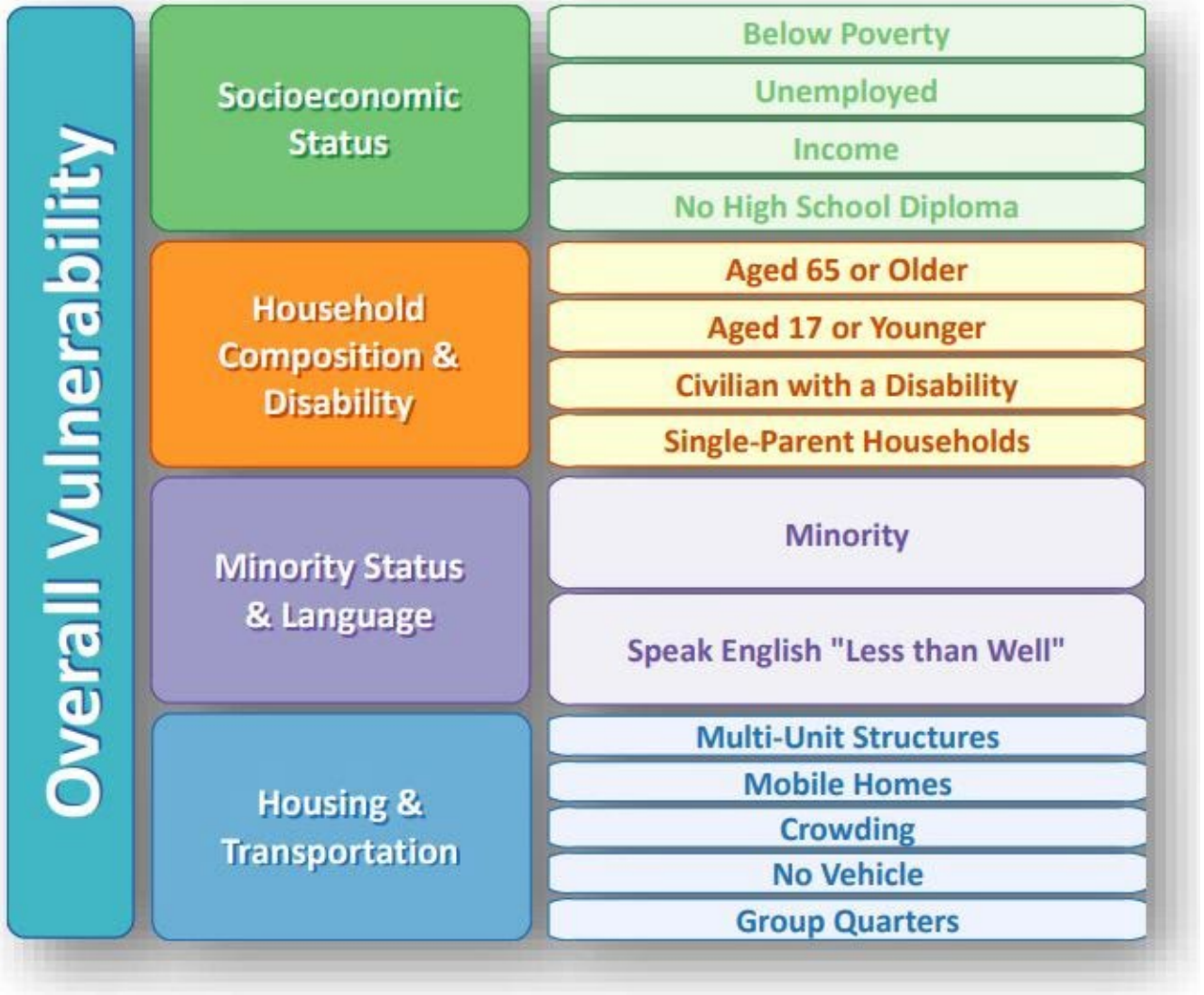
CALIFORNIA HEALTHY PLACES INDEX

Twenty-three variables across eight domains constructed for life expectancy at birth (LEB) in California census tracts.



Health Places Index Policy Action Areas (Domains), Weights, and Individual Indicators

CDC Social Vulnerability Index (SVI) Components



Step – 2
Identify
Patient
Origin

Hospital Service Areas (HSAs) are local health care markets for hospital care. HSAs were defined by determining the ZIP codes of the patient origin for hospitalized based on calendar year.

- Primary Service Area
- Secondary Service Area

HCAI discharge data used to determine patient origin

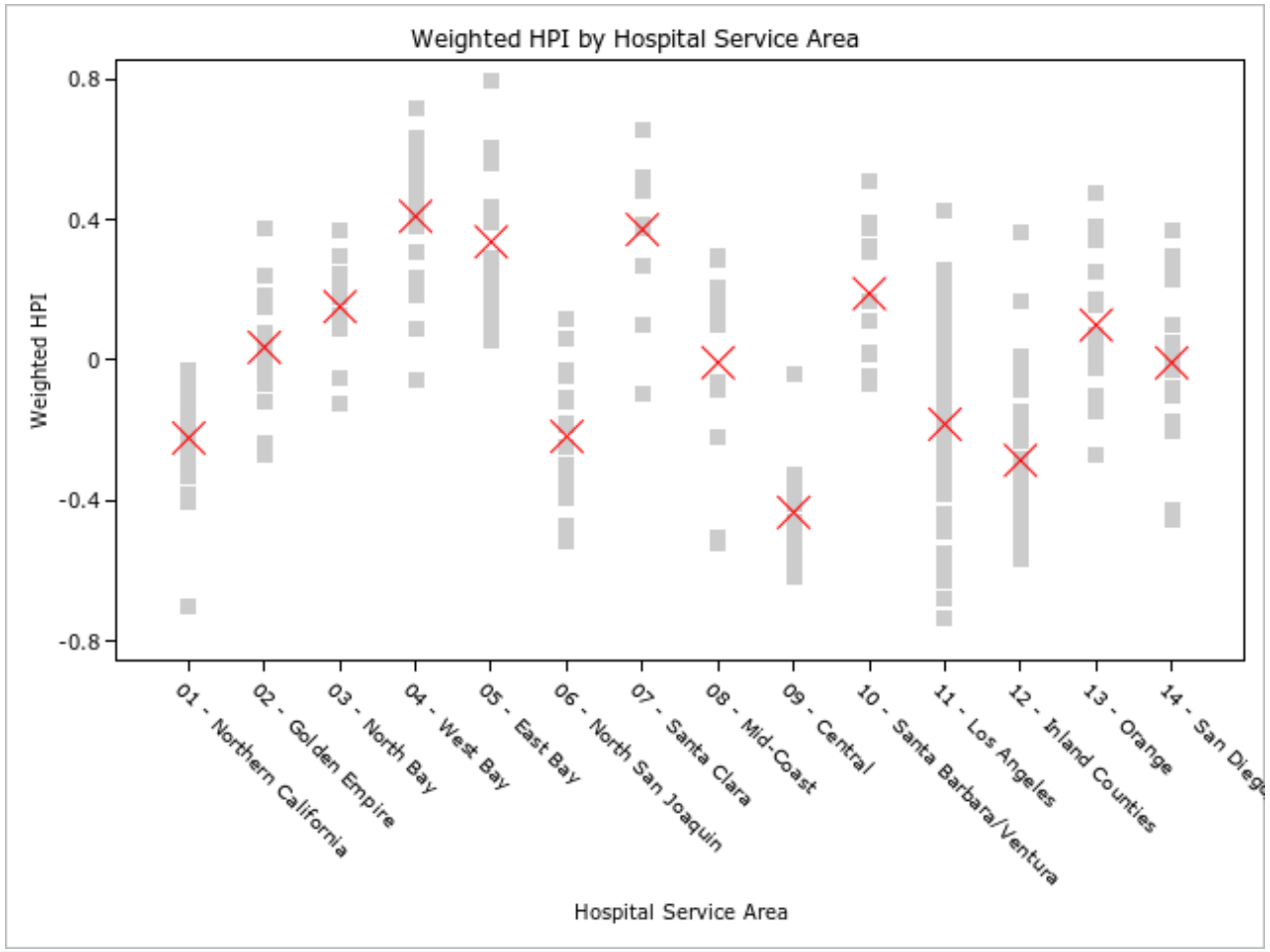
Step 3 - Map Indicator to Weighted Patient Origin (High Social Needs)

hosp_name	HPI All Payer	SVI All Payer
Martin Luther King, Jr. Community Hospital	-0.74	0.85
Adventist Health Clear Lake	-0.71	0.78
Community Regional Medical Center	-0.71	0.78
Community and Mission Hospital of Huntington Park -	-0.69	0.84
California Hospital Medical Center	-0.67	0.80
Delano Regional Medical Center	-0.65	0.86
Community Hospital of San Bernardino	-0.64	0.78
Kern Medical	-0.62	0.76
St. Bernardine Medical Center	-0.61	0.76
East Los Angeles Doctors Hospital	-0.60	0.81
Hemet Valley Medical Center	-0.59	0.73
St. Francis Medical Center	-0.59	0.81
Adventist Health White Memorial	-0.57	0.80
Adventist Health Reedley	-0.57	0.83
Bakersfield Memorial Hospital	-0.57	0.72
Victor Valley Global Medical Center	-0.55	0.68
Hi-Desert Medical Center	-0.55	0.60
Sierra View Medical Center	-0.54	0.87

Step 3 - Map Indicator to Weighted Patient Origin (Low Social Needs)

hosp_name	HPI All Payer	SVI All Payer
Seton Medical Center	0.44	0.42
Stanford Health Care	0.44	0.38
Kaiser Permanente South San Francisco Medical Cen	0.45	0.41
Kaiser Permanente San Francisco Medical Center	0.45	0.39
San Mateo Medical Center	0.46	0.40
Good Samaritan Hospital - San Jose	0.46	0.33
California Pacific Medical Center - Davies Campus	0.46	0.36
St. Mary's Medical Center - San Francisco	0.47	0.36
Los Robles Hospital & Medical Center	0.49	0.25
Mission Hospital - Mission Viejo	0.50	0.19
John Muir Medical Center - Walnut Creek Campus	0.54	0.31
Kaiser Permanente Redwood City Medical Center	0.54	0.35
Novato Community Hospital	0.55	0.31
Kaiser Permanente Walnut Creek Medical Center	0.55	0.29
Stanford Health Care - ValleyCare - Pleasanton	0.57	0.24
Mills-Peninsula Medical Center	0.59	0.33
El Camino Hospital	0.60	0.29
Sequoia Hospital	0.61	0.30
Kaiser Permanente San Rafael Medical Center	0.62	0.29
Marin General Hospital	0.68	0.28
San Ramon Regional Medical Center	0.80	0.17

Variation in HPI Across and Within Major Market Geographic Regions



- Grey squares show general number of hospitals in Major Market
- "X" is the average hospital-level HPI in the HSA
- Substantial variation in average HPI across Major Market regions
- Also, substantial variation in hospital-level HPI within Major Market

Which measures have the highest correlation with Hospital HPI score?

Breastfeeding Rate (CDPH)	0.57
Patients who reported that their doctors always communicated well	0.45
Would recommend hospital	0.45
Primary and Revision Hip Surgery Volume	0.34
Esophageal Resection - Number of Cases	0.32
Surgical Site Infections - Cardiac	0.28
Patients who reported that their nurses always communicated well	0.27
Primary and Revision Knee Surgery Volume	0.27
Pancreas Cancer Volume	0.27
Information and education	0.27
Patients who reported they understood their care when they left the hospital	-0.28
Rate of readmission after discharge from hospital (hospital-wide)	-0.31
Heart Failure Potentially Preventable Readmissions	-0.34
Abdominal Aortic Aneurysm Repair - Mortality Rate	-0.38
Surgical Site Infections - Kidney Transplant	-0.74

HCAHPS Measures

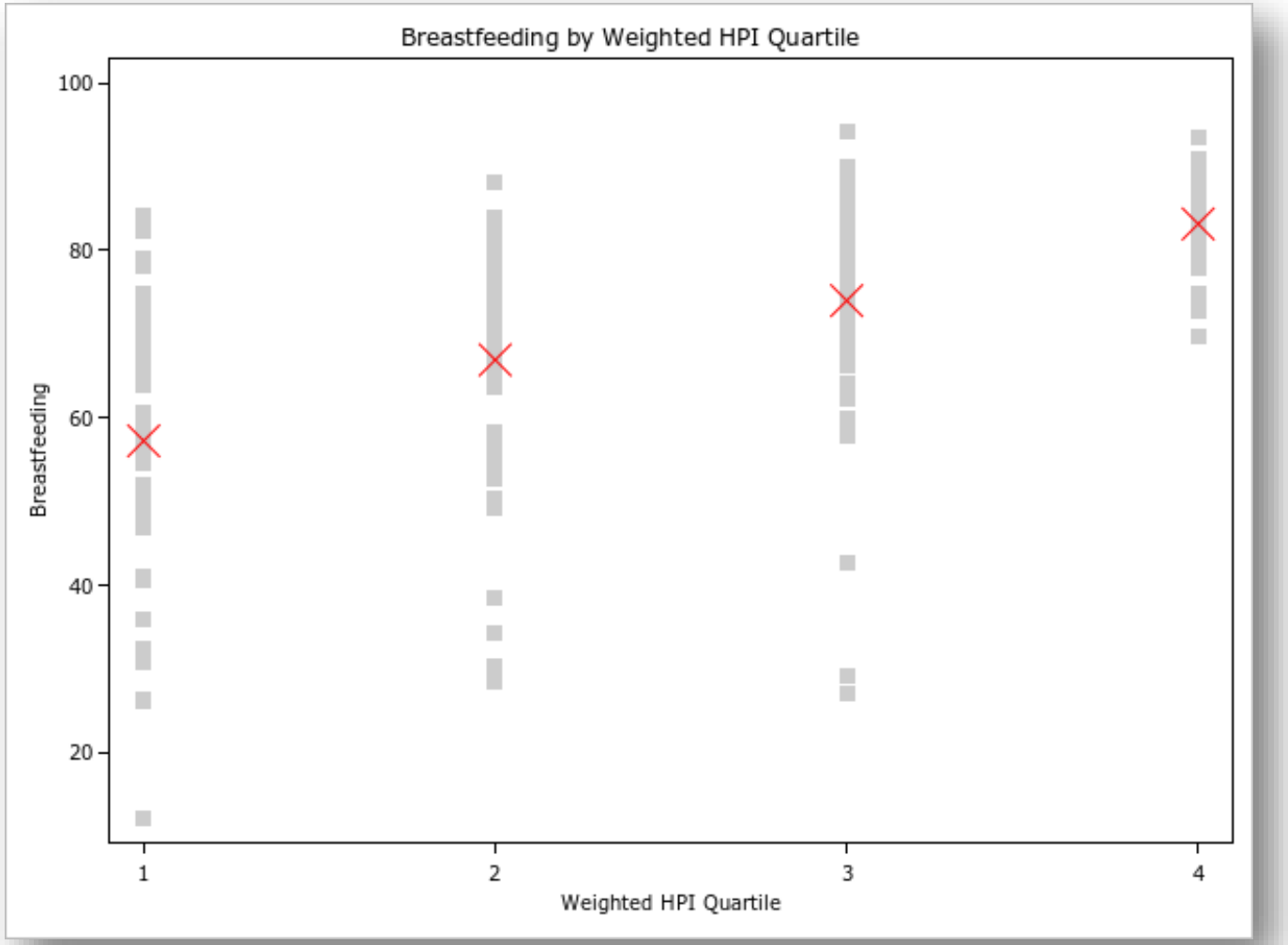
Which measures aren’t well correlated?

Summary Star Rating	0.00
Craniotomy Mortality Rate	0.00
Average minutes before outpatients with chest pain or possible heart attack got an ECG	0.00
Surgical Site Infections - Abdominal Aortic Aneurism Repair	0.00
Surgical Site Infections - CABG w/ Chest Incision Only	0.00
Surgical Site Infections - Spinal Refusion	0.00
Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards	0.00
Surgical Site Infections - Bile Duct/Liver/Pancreatic	-0.02
Surgical Site Infections - Abdominal	-0.02
Percutaneous Coronary Intervention -Mortality Rate	-0.02
Healthcare workers given influenza vaccination	-0.03
Unplanned Surgical Wound Reopening	-0.05
Pancreatic Resection - Mortality Rate	-0.05
COPD Potentially Preventable Readmissions	-0.06
Pneumonia Death Rate	-0.06
NTSV C-Section Rate	-0.07

…Breastfeeding, Variation in HPI, California-wide

Less variation in fourth quartile compared to other measures

X = average hospital HPI



…Breastfeeding, Variation in HPI, California-wide

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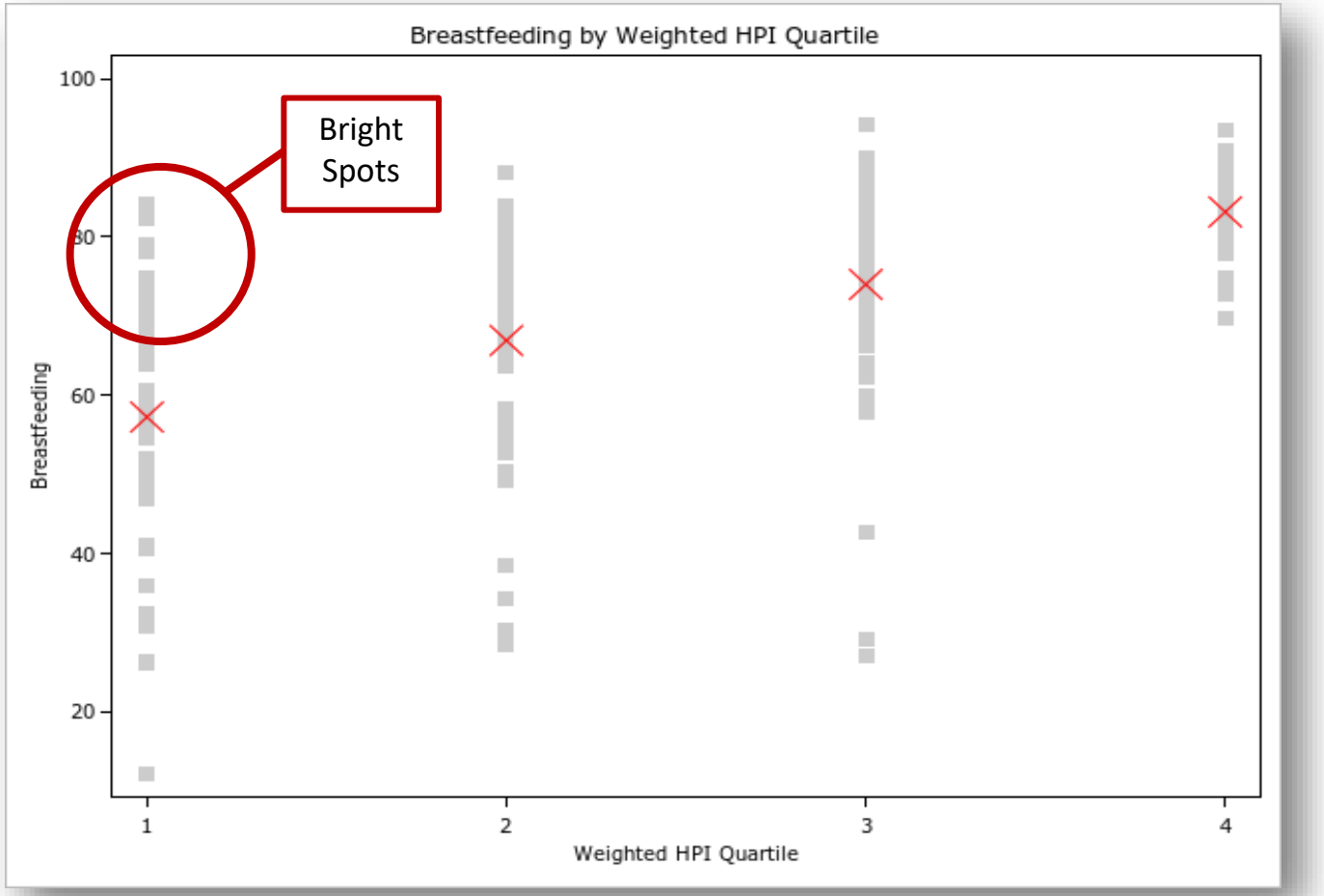


Create Hospital Service Areas

Valley Presbyterian Hospital

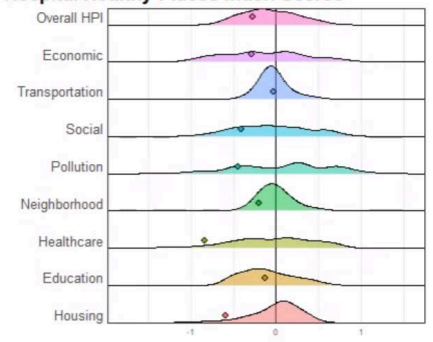
Hospital HPI Score: **-0.28**

Total Admissions: **57,853**

Metric Shown

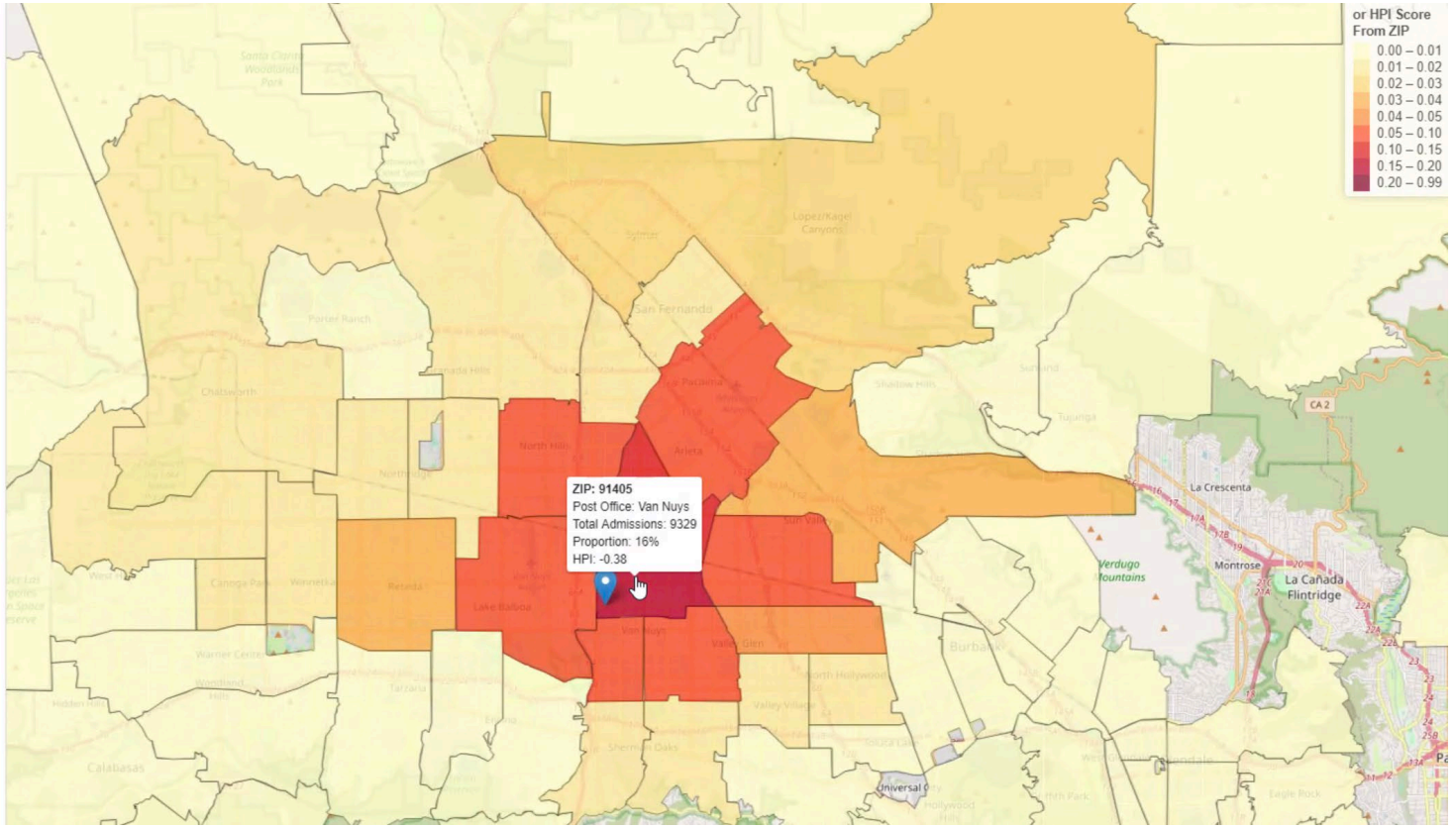
Proportion of Cases from ZIP

Hospital Healthy Places Index Scores



PO Name	ZIP	Prop. Total Admits	Admits	HPI Score
Van Nuys	91405	16%	9329	-0.38
Panorama City	91402	10%	5740	-0.5
Van Nuys	91406	9%	5388	-0.27
North Hollywood	91605	8%	4565	-0.48
North Hills	91343	7%	3909	-0.3

1–5 of 144 rows



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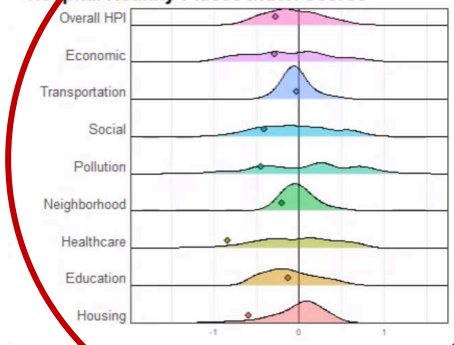

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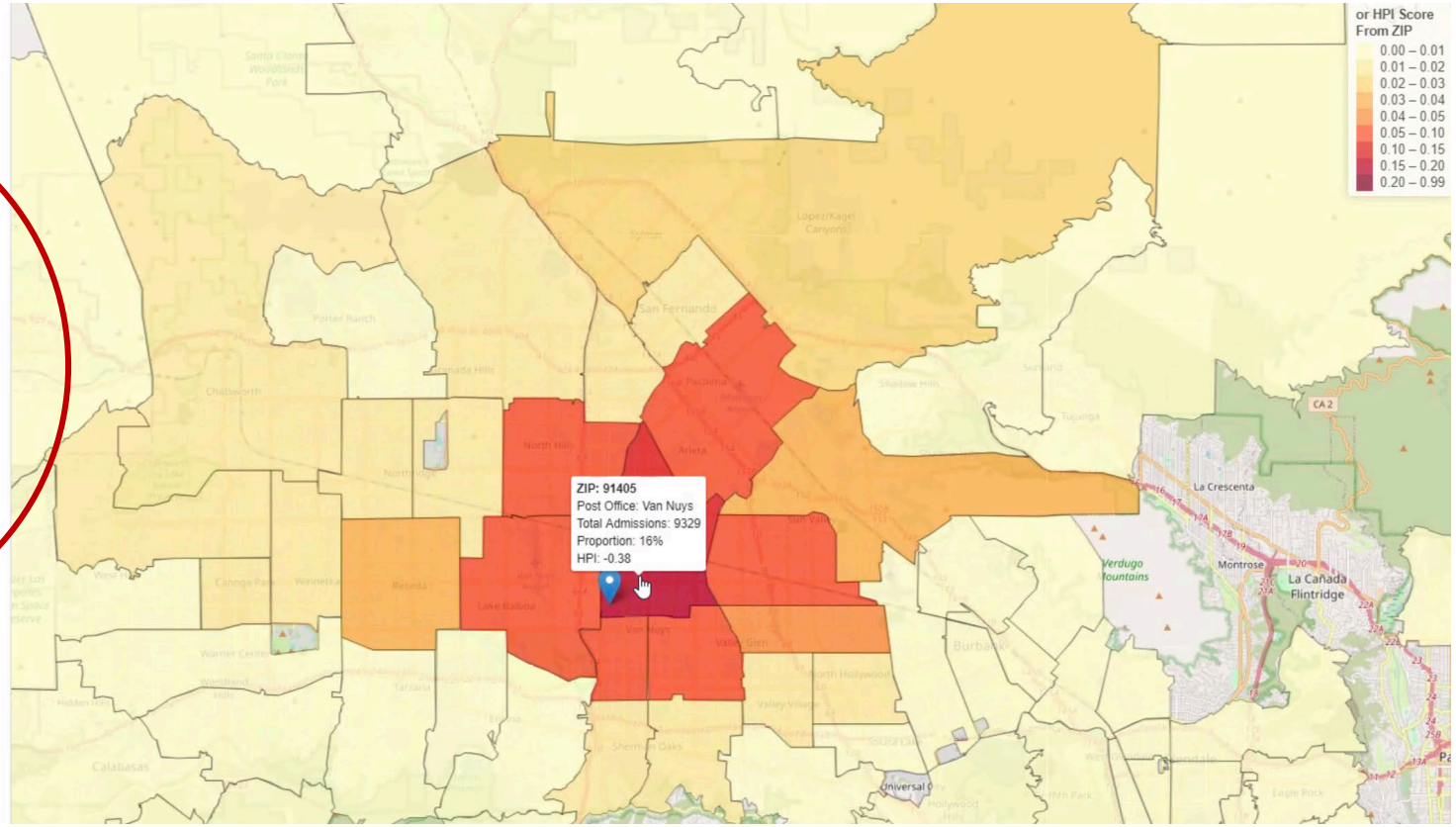

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Focus Here

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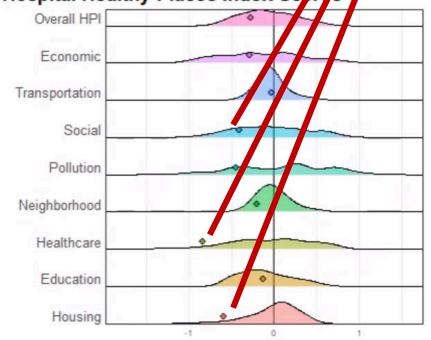

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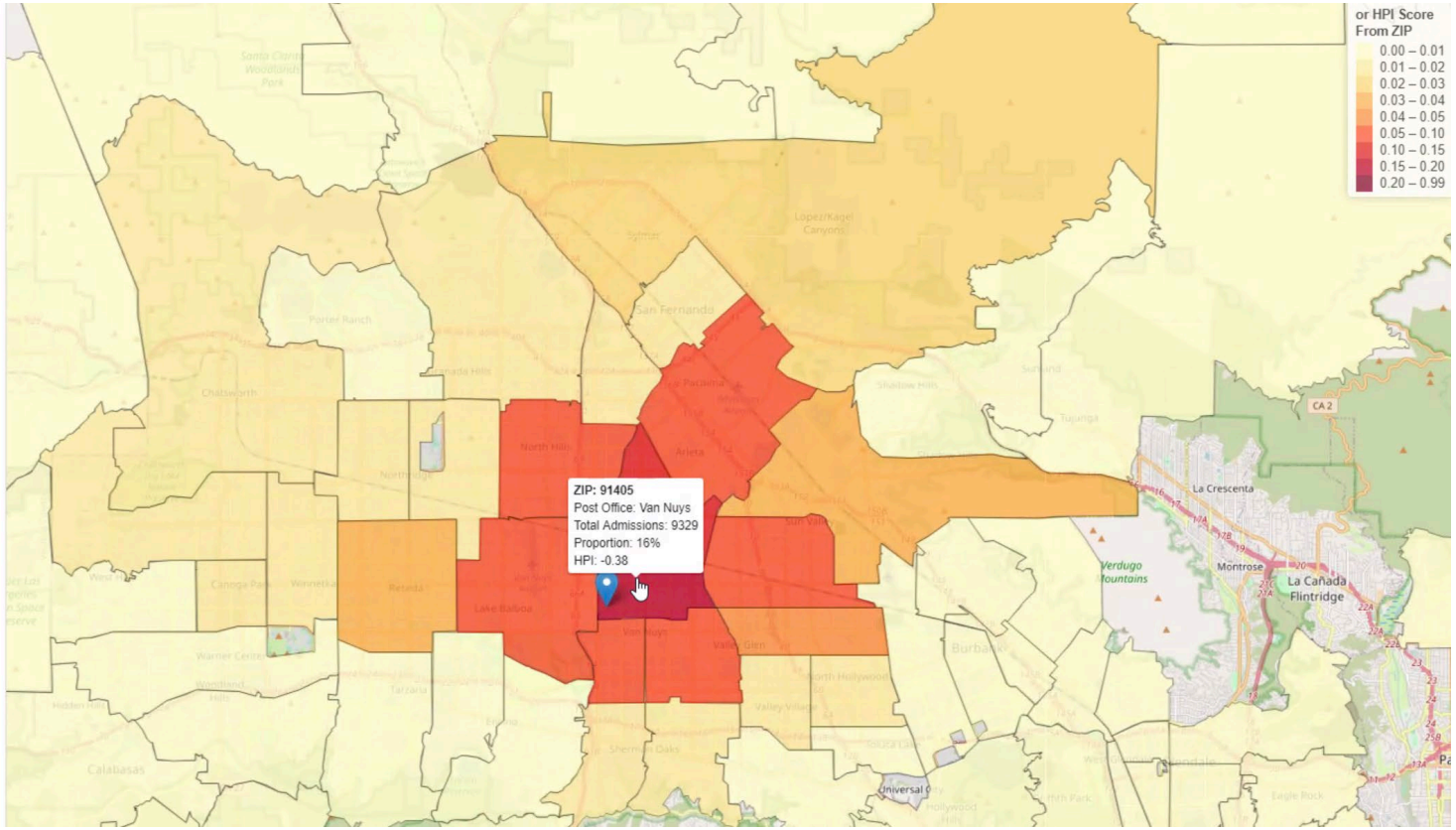

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Adventist Health Clear Lake

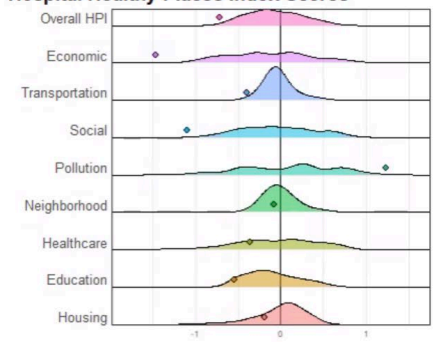
Hospital HPI Score: **-0.71**

Total Admissions: **19,425**

Metric Shown

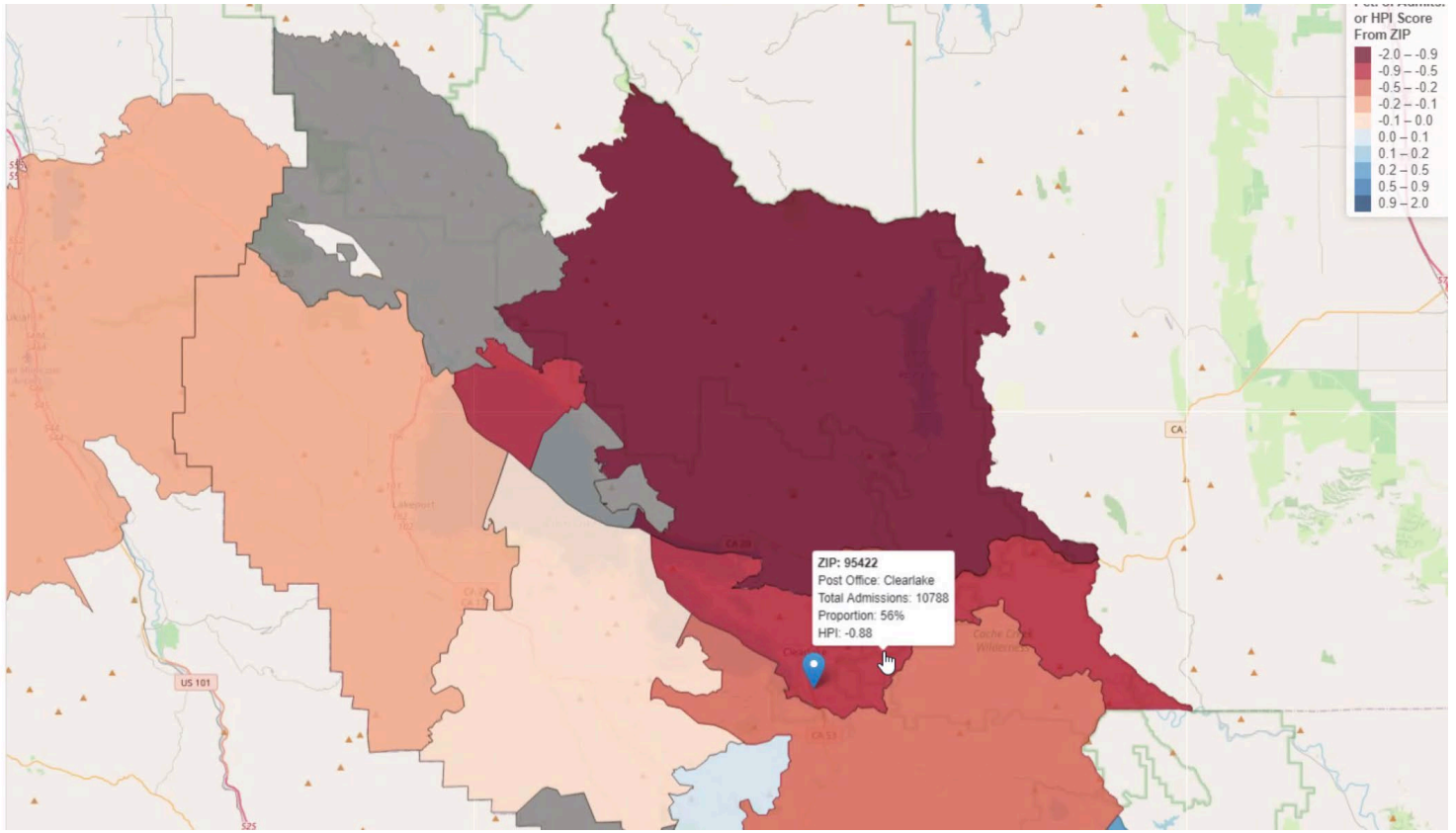
Overall HPI Score

Hospital Healthy Places Index Scores



PO Name	ZIP	Prop. Total Admits	Admits	HPI Score
Clearlake	95422	56%	10788	-0.88
Clearlake Oaks	95423	10%	2013	-1.01
Lower Lake	95457	8%	1535	-0.46
Kelseyville	95451	5%	1057	-0.07
Middletown	95461	3%	652	0.01

1–5 of 24 rows Previous **1** 2 3 4 5 Next



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Focus Here

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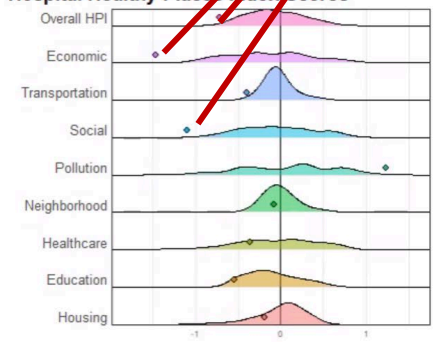
Hospital Healthy Places Index Scores



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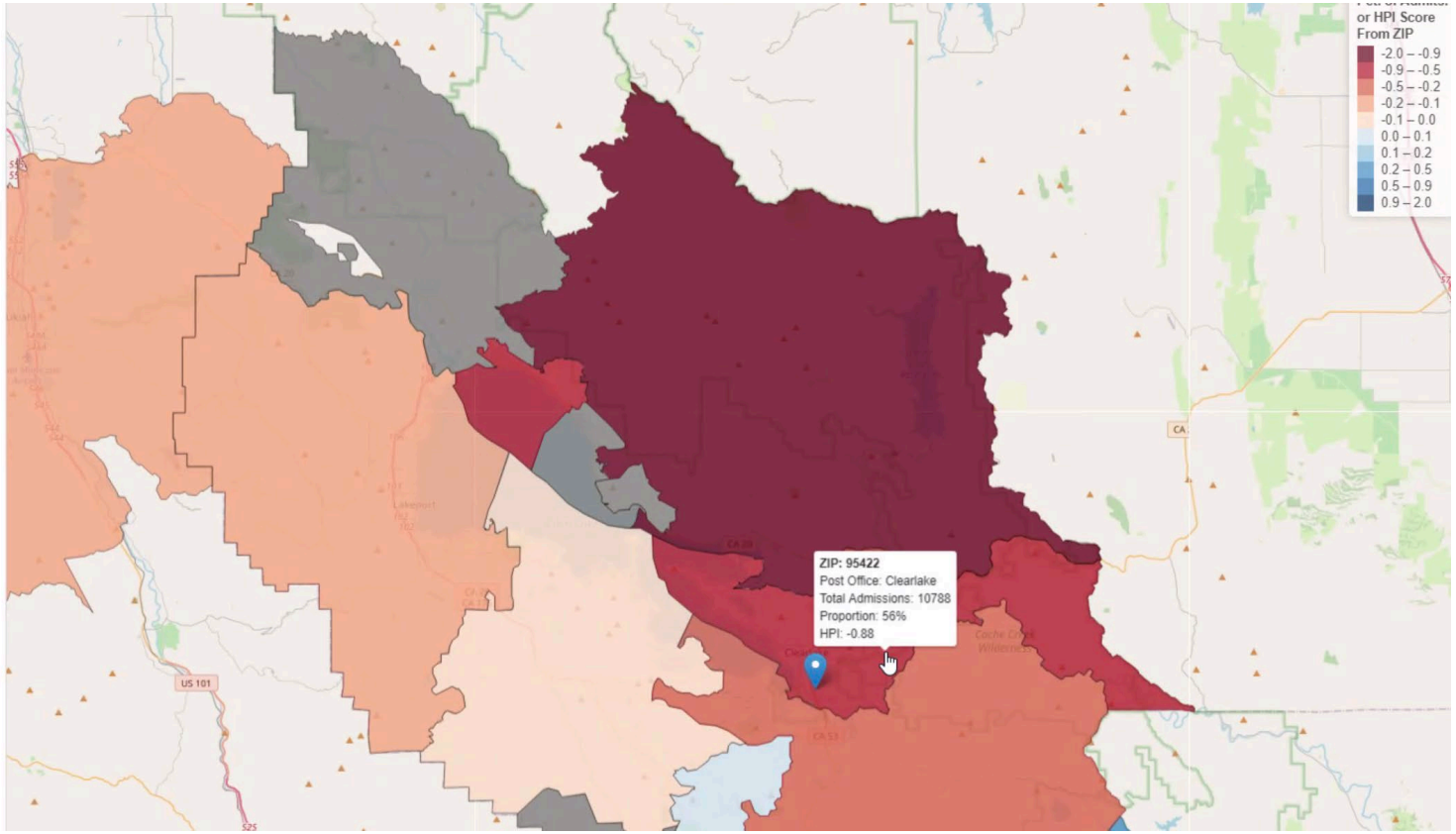

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Martin Luther King, Jr. Community Hospital

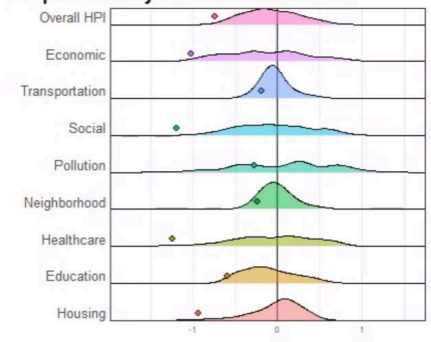
Hospital HPI Score: **-0.74**

Total Admissions: **74,685**

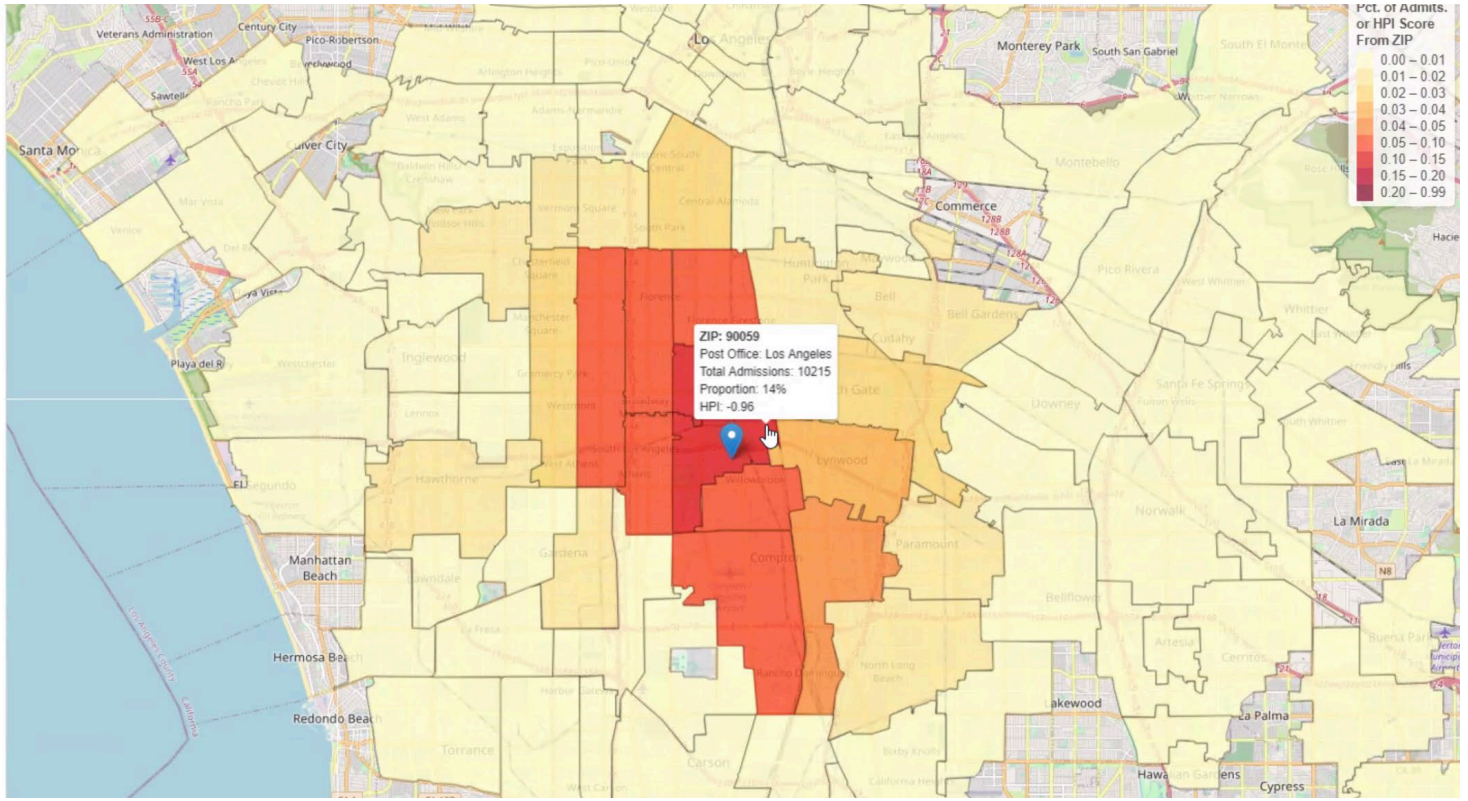
Metric Shown

Proportion of Cases from ZIP

Hospital Healthy Places Index Scores



PO Name	ZIP	Prop. Total Admits	Admits	HPI Score
Los Angeles	90059	14%	10215	-0.96
Los Angeles	90002	10%	7619	-0.91
Los Angeles	90003	9%	6487	-0.98
Compton	90222	8%	6153	-0.76



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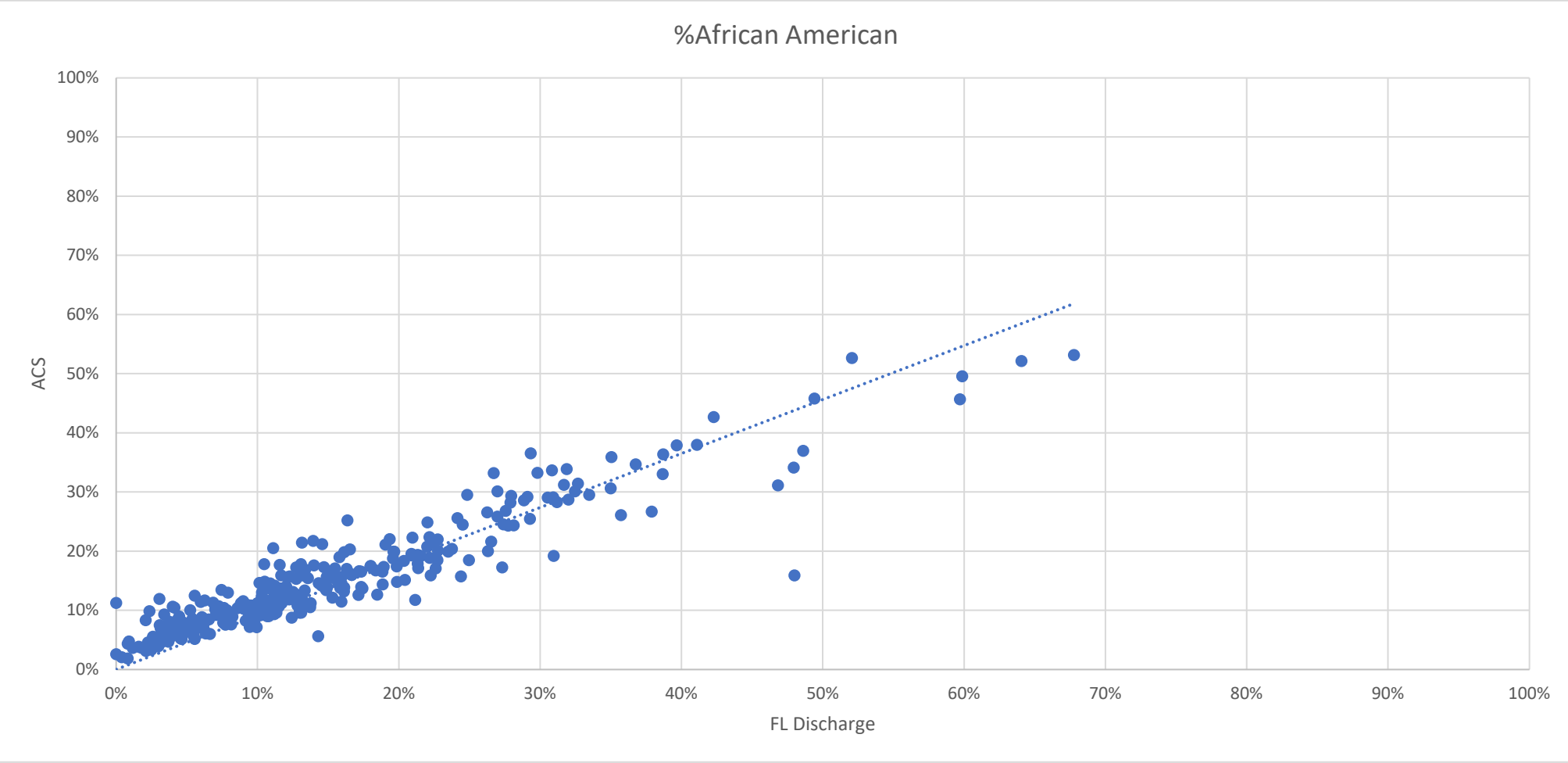
	B	F	G	H	I	J	U	V	W
le	PO Name	Hospital Name	Hospital HPI (All Zips)	Number of Admissions from Zip Code	Percent of Hospital's Admissions from Zip Code	Percent of Total Number of Admissions from Zip Code	Admissions - Percent Black (All Zips)	Admissions - Percent Asian (All Zips)	Admissions - Percent Hispanic (All Zips)
044	Los Angeles	Martin Luther King, Jr. Community Hospital	-0.74	5,680	7%	12%	45%	0%	47%
044	Los Angeles	Centinela Hospital Medical Center	-0.48	5,631	13%	11%	64%	2%	23%
044	Los Angeles	Memorial Hospital of Gardena	-0.50	4,125	13%	8%	45%	4%	35%
044	Los Angeles	Harbor - UCLA Medical Center	-0.37	3,866	5%	8%	19%	7%	56%
044	Los Angeles	California Hospital Medical Center	-0.66	3,594	5%	7%	29%	2%	59%
044	Los Angeles	Kaiser Permanente West Los Angeles Medical	-0.27	2,803	3%	6%	40%	6%	29%
044	Los Angeles	Kaiser Permanente South Bay Medical Center	-0.16	2,392	3%	5%	27%	12%	34%
044	Los Angeles	LAC+USC Medical Center	-0.52	2,037	2%	4%	11%	5%	67%
044	Los Angeles	Providence Little Company of Mary Medical Cer	-0.01	1,423	2%	3%	14%	12%	29%
044	Los Angeles	St. Francis Medical Center	-0.59	1,388	2%	3%	20%	1%	69%
044	Los Angeles	Torrance Memorial Medical Center	0.12	1,017	1%	2%	10%	14%	23%
044	Los Angeles	Kaiser Permanente Los Angeles Medical Cente	-0.21	980	1%	2%	12%	13%	39%
044	Los Angeles	Community and Mission Hospital of Huntington I	-0.69	869	3%	2%	12%	1%	82%
044	Los Angeles	Cedars-Sinai Medical Center	0.05	823	1%	2%	14%	8%	14%
044	Los Angeles	Kaiser Permanente Downey Medical Center	-0.29	791	1%	2%	14%	8%	61%
044	Los Angeles	Adventist Health White Memorial	-0.57	772	1%	2%	5%	4%	81%
044	Los Angeles	PIH Good Samaritan Hospital-Los Angeles	-0.50	753	2%	2%	13%	19%	48%
044	Los Angeles	Hollywood Presbyterian Medical Center	-0.37	701	2%	1%	10%	19%	43%
044	Los Angeles	Marina Del Rey Hospital	0.09	494	2%	1%	22%	5%	15%

Five Hospitals account for 57% of patients

Comparing Reported Race/Ethnicity with Expected: Discharge Data vs. ACS Data – Black



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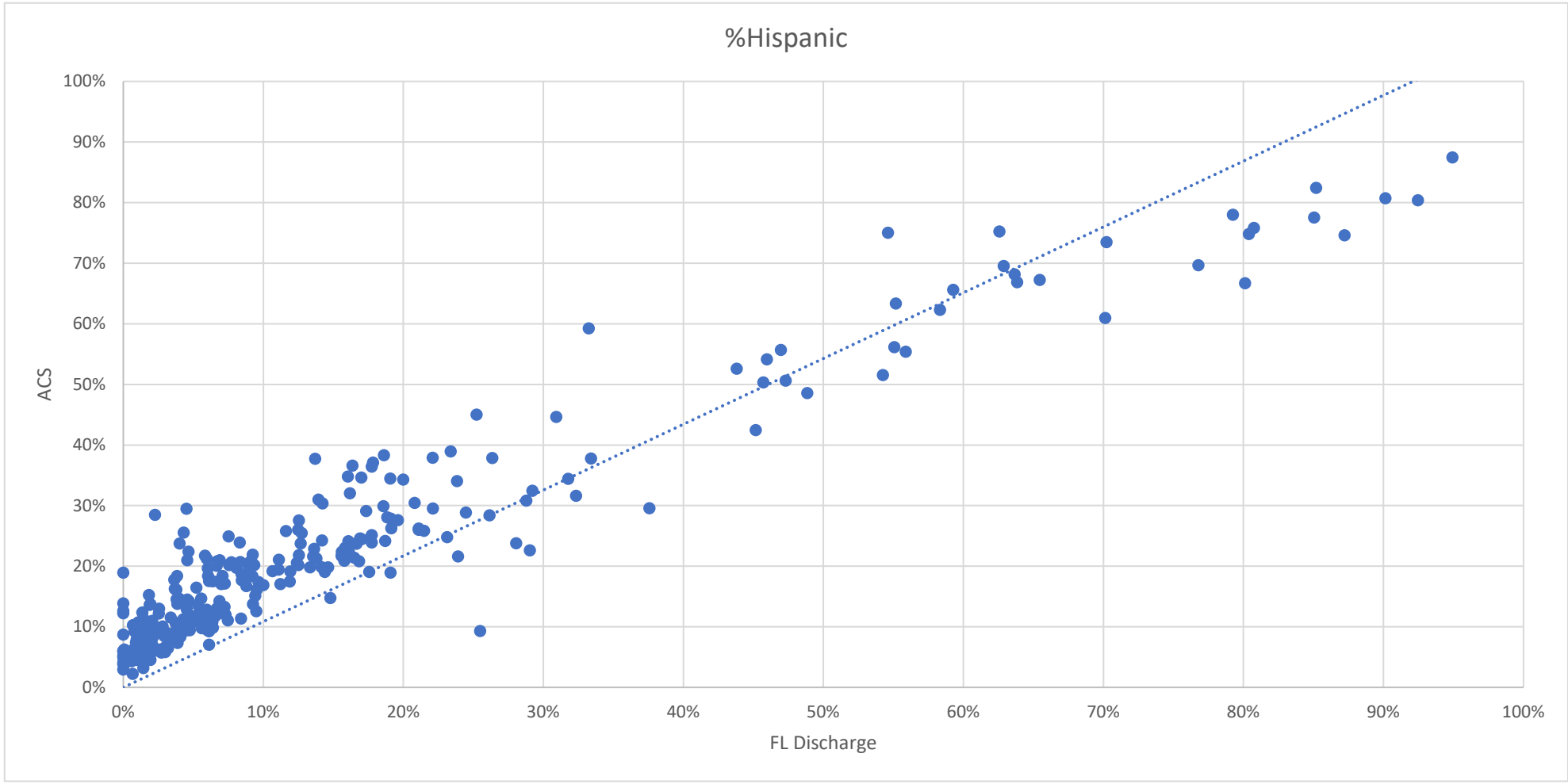
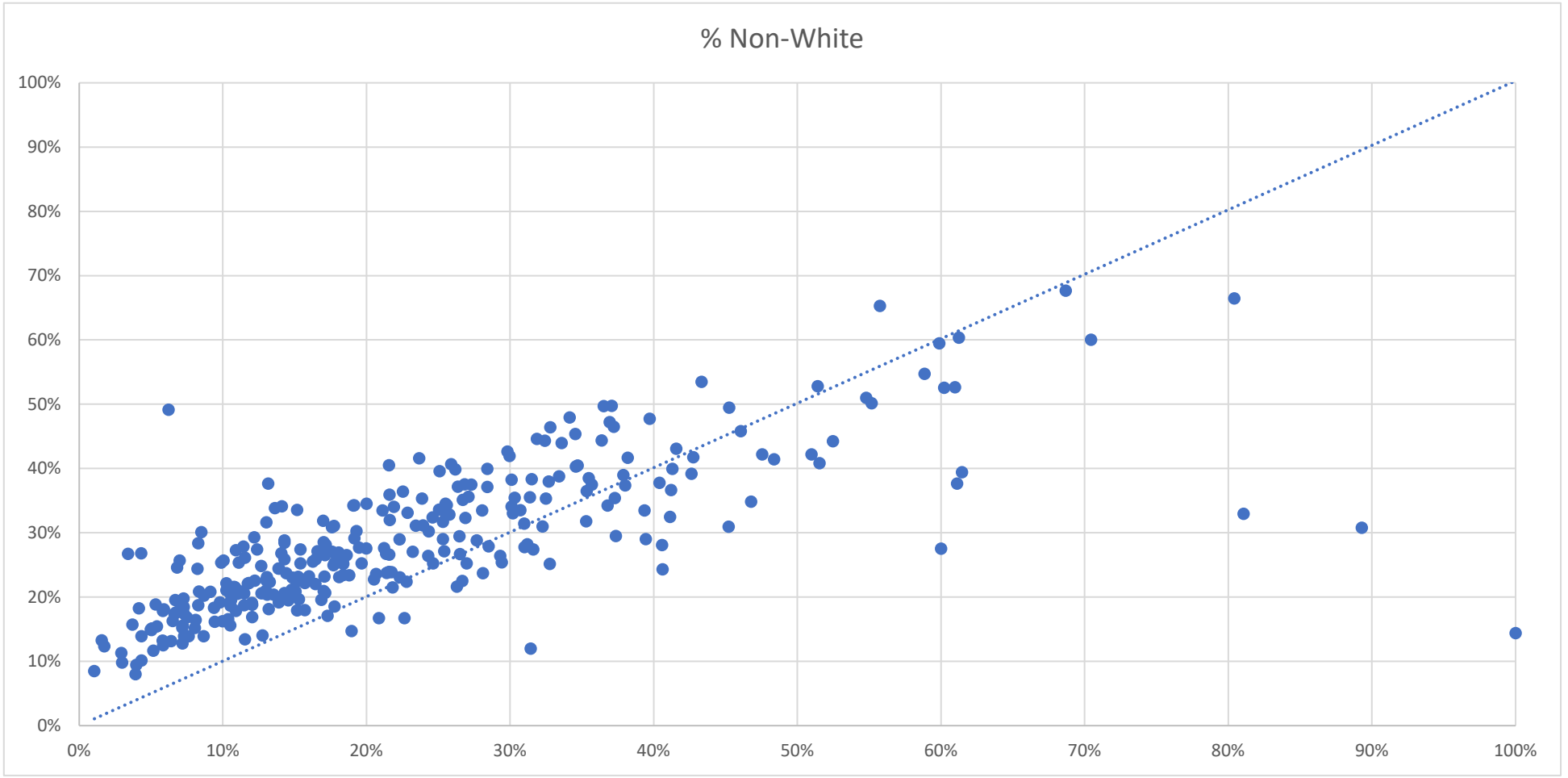
Comparing Reported Race/Ethnicity with Expected: Discharge Data vs. ACS Data – Hispanic



Comparing Reported Race/Ethnicity with Expected: Discharge Data vs. ACS Data – Non-white



HCAI
Department of Health Care Access and Information

Lessons Learned (so far)

Profiling a hospital's community for social needs with publicly available data is possible

Social needs are complex and represent diverse challenges to reduce disparities

Some measures correlate with social needs, many measures don't

Targeting interventions to reduce disparities will require addressing local context

Using Social Needs Index (SNI) Scores

Method to benchmark, validate and more precisely understand differing community needs

Objectively target communities for intervention

Better evaluate interventions for impact

Evaluate overlapping HSAs for collaborative efforts