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.

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Health Equity Plan	MUC 2021-106 Domain 1A: Our hospital strategic plan identifies priority populations who currently experience health disparities. Domain 1B: Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals. Domain 1C: Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.		Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority. EP 4: The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population. EP 5: The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.			Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

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Designated Individual Leads Health Equity Activities			Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority. EP 1: The [organization] designates an individual(s) to lead activities to reduce health care disparities for the [organization's] [patients].			

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Collection of Patient Demographic Data	MUC 2021-106 Domain 2A: Our hospital collects demographic information, including self-reported race and ethnicity and/or social determinant of health information on the majority of our patients. Domain 2B: Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information. Domain 2C: Our hospital inputs demographic and/or social determinant o f health information collected from patients into structured, interoperable data elements using a certified EHR technology.		Standard RC.02.01.01: The [medical] record contains information that reflects the [patient's] care, treatment, and services. EP 28: The medical record contains the patient's race and ethnicity.	HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data: The organization gathers individuals' race/ethnicity, language, gender identity and sexual orientation data using standardized methods. [additional detail on categories, goal of 80% direct collection, definition of threshold languages, privacy protections, and impermissible use of the data]		Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

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Stratification of Quality Measures by Patient Demographic Data	MUC 2021-106 Domain 3A: 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 1B: 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.		Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority. EP 3: The [organization] identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization's] [patients].	HE 6: Reducing Health Care Disparities Element A: Reporting Stratified Measures: Annually, the organization reports HEDIS measures and determines if health care disparities exist for each HEDIS measure, stratified by race/ethnicity: 1. Colorectal Cancer Screening (COL) 2. Controlling High Blood Pressure (CBP) 3. Hemoglobin A1c Control for Patients With Diabetes (HBD) 4. Prenatal and Postpartum Care (PPC) 5. Child and Adolescent Well Care Visits (WCV) [additional details about stratification of other quality measures by race, ethnicity, language, sexual orientation, and gender identity]		

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Health Care Disparities Reduction	MUC 2021-106 Domain 4A: Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.		Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority. EP 4: The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population.	HE 6: Reducing Health Care Disparities Inequities: The organization uses race/ethnicity, language, gender identity and/or sexual orientation data to assess the existence of disparities and to focus quality improvement efforts toward improving the provision of culturally and linguistically appropriate services and decreasing health care disparities.		Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

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Culturally and Linguistically Appropriate Care and Services			RI.01.01.01:The hospital respects, protects, and promotes patient rights. EP 29 The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.	HE 5: Culturally and Linguistically Appropriate Services Programs: The organization has services to meet the needs of multicultural populations. HE 4: Practitioner Network Cultural Responsiveness Element B: Enhancing Network Responsiveness: 1. Analyzes the capacity of its network to meet the language needs of members. 2. Analyzes the capacity of its network to meet the needs of members for culturally appropriate care.		Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

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Language Assistance Services			PC.02.01.21: The hospital effectively communicates with patients when providing care, treatment, and services. EP 1: The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. EP 2: The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs.	HE 3: Access and Availability of Language Services The organization provides materials and services in the languages of individuals. [additional details about competent translators, competent interpreter or bilingual services, and thresholds for notice about language services]		Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

						Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

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Training of Providers and Staff				HE 1: Organizational Readiness: The organization is committed to health equity by building a diverse and inclusive staff. Element B: Promoting Diversity, Equity and Inclusion, Among Staff At least annually, the organization: 1. Provides at least one training to all employees on culturally and linguistically appropriate practices, reducing bias or promoting inclusion. 2. Reports on the number or percentage of employees who have completed training.		Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

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Workforce Diversity				HE 1: Organizational Readiness: The organization is committed to health equity by building a diverse and inclusive staff. HE1, Element A: Building a Diverse Staff HE 4: Practitioner Network Cultural Responsiveness The organization maintains a practitioner network that is capable of serving its diverse membership and is responsive to member needs and preferences. [additional details about collecting and sharing data about language services, race and ethnicity of providers]		Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

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Community Needs Assessments					HE PLUS 1: Collection, Acquisition and Analysis of Community and Individual Data: The organization acquires community data and collects individual data to segment or stratify its population and understand the similarities and differences between the social risks of the community and the social needs of the individuals it serves. Element B: Acquiring Communities' Social Risk Data: Every 3 years, the organization acquires social risk data on communities…from: Factor 1: A community health assessment performed by a local public health agency or its equivalent.	Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

					Element F: Population Segmentation or Risk Stratification [both by subpopulations of communities and individuals served] Element G: Prioritizing Social Risks and Social Needs	

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Screening Patients for Health-Related Social Needs		Screening for Social Drivers of Health MUC2021–136 Numerator: Number of beneficiaries 18 and older screened for food insecurity, housing instability, transportation needs, utility assistance, and interpersonal violence. Denominator: Number of beneficiaries 18 and older in practice (or population). Screen Positive Rate for Social Drivers of Health MUC2021–134 Numerator: Number of beneficiaries 18 and older that screen positive for food insecurity, housing instability, transportation needs, utility assistance or interpersonal violence. Denominator: Total number of beneficiaries	Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority. EP 2: The [organization] assesses the [patient's] health-related social needs and provides information about community resources and support services.		HE PLUS 1: Collection, Acquisition and Analysis of Community and Individual Data: The organization acquires community data and collects individual data to segment or stratify its population and understand the similarities and differences between the social risks of the community and the social needs of the individuals it serves. Element C: Collecting Individuals' Social Needs Data [including financial insecurity, food insecurity, housing stability, access to transportation, and interpersonal safety] HE PLUS 3: Data Management and Interoperability The organization has data privacy and	

		18 and older screened for food insecurity, housing instability, transportation needs, utility assistance or interpersonal violence.			security processes in place for managing access to, using and sharing individuals' social needs data.	

Note: NCQA has proposed a new HEDIS measure, Social Need Screening and Intervention, to be available beginning Measurement Year 2023. The screening would be for unmet food, housing, and transportation needs and corresponding interventions to meet those unmet needs. https://www.ncqa.org/wp-content/uploads/2022/02/04.-SNS-E.pdf

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Interventions for Patients for Health-Related Social Needs			Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority. EP 2: The [organization] assesses the [patient's] health-related social needs and provides information about community resources and support services.		HE PLUS 4: Program to Mitigate Social Risks and Address Social Needs: The organization has structures, processes and goals for improving its program to mitigate social risks and addressing social needs. [details include annual work plan, process for meaningful stakeholder engagement that is culturally and linguistically representative of communities and populations served, and annual written evaluation] HE PLUS 5: Referrals, Outcomes and Impact: The organization refers individuals to social needs resources, accepts referrals from community-based organizations to track progress and evaluates	

					the effectiveness of the referral process. [details include annual analysis to identify disparities by race/ethnicity, preferred language, sexual orientation, and gender identity]	

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Community Partnerships	MUC 2021-106 Domain 1D: Our hospital strategic plan describes our approach for engaging key stakeholders, such as community- based organizations.				HE PLUS 2: Cross-Sector Partnerships and Engagement The organization collaborates with community-based partners and initiatives to mitigate and address prioritized social risks and social needs. [details include annual assessments of community resources to address social risks and to address social needs, and identifying and engaging with appropriate partners to deliver social needs resources or interventions]	Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

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Culturally and Linguistically Appropriate Conflict and Grievance Resolution						Standard 14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
Public Reporting about Health Equity			Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority. EP 6: At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.			Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

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