

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

**Potential Advisory Committee Recommendations
for Additional Measures for Hospital Equity Reports**

1.-5.CMS Hospital Commitment to Health Equity Attestation MUC2021-106	CMS Hospital Commitment to Health Equity Domain Elements MUC2021-106	1.-5.Potential Advisory Committee Recommendations Hospital Commitment to Health Equity	Potential Suggestions for Documentation
1. Hospital attests that hospital has a strategic plan for advancing health equity and that it includes the following elements:		1. Hospital attests that hospital has a strategic plan for advancing health equity.	
	Domain 1A: Our hospital strategic plan identifies priority populations who currently experience health disparities.		Identify priority populations served who currently experience health disparities, such as racial and ethnic groups experiencing disparate health outcomes; individuals with limited English proficiency; people identifying as lesbian, gay, bisexual, transgender, and queer; people with disabilities; the unhoused; and communities with inadequate access to clean air and safe drinking water.
	Domain 1B: Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.		Provide documentation of hospital strategic plan that identifies healthcare equity goals and discrete action steps to achieving those goals.
	Domain 1C: Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.		Report FTE and job titles of hospital staff dedicated to achieving equity goals in hospital strategic plan.
	Domain 1D: Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.		Describe approach for engaging key stakeholders, including community-based organizations, primary care providers, local health departments, and health plans in advancing health equity.

1.-5.CMS Hospital Commitment to Health Equity Attestation MUC2021-106	CMS Hospital Commitment to Health Equity Domain Elements MUC2021-106	1.-5.Potential Advisory Committee Recommendations Hospital Commitment to Health Equity	Potential Suggestions for Documentation
2. Hospital attests that hospital engages in the following data collection activities:		2. Hospital attests that hospital engages in demographic and social determinants/drivers of health data collection activities.	
	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.		Report percentage of patients who self-report race, ethnicity, preferred language spoken, sexual orientation, gender identity, and disability status. Report distribution of patients by zip code of residence, and provide analysis of that distribution using the Healthy Places Index.
	Domain 2B: Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.		Provide documentation of training schedule and curricula for staff in culturally sensitive collection of demographic and/or social determinant/driver of health information.
	Domain 2C: Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology.		Provide sample screenshots of EHR fields that document demographic and/or social determinant/driver of health information, including race, ethnicity, preferred language, sexual orientation, gender identity, disability, and health-related social needs.
3. Hospital attests that hospital engages in the following data analysis activities:		3. Hospital attests that hospital engages in the data analysis activities to identify equity gaps.	
	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.		[Reporting stratified performance will be required for hospital quality performance measures being recommended by the advisory committee.]

1.-5.CMS Hospital Commitment to Health Equity Attestation MUC2021-106	CMS Hospital Commitment to Health Equity Domain Elements MUC2021-106	1.-5.Potential Advisory Committee Recommendations Hospital Commitment to Health Equity	Potential Suggestions for Documentation
4. Hospital attests that hospital engages in local, regional, or national quality improvement activities focused on reducing health disparities.		4. Hospital attests that hospital engages in local, regional, or national quality improvement activities focused on reducing health disparities.	
	Domain 4A: Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.		
5. Hospital attests that hospital engaged in the following leadership engagement activities:		5. Hospital attests that hospital engaged in leadership activities, annually reviewing strategic plan for achieving health equity and annually reviewing key performance indicators stratified by demographic and/or social factors.	
	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.		Provide documentation of agendas, minutes, etc. of hospital board's annual review of strategic plan for achieving health equity.
	Domain 5B: 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.		Provide documentation of agendas, minutes, etc. of hospital board's annual review of key performance indicators stratified by race, ethnicity, preferred language, sexual orientation, gender identity, disability, and Healthy Places Index.

<p>6. and 7.CMS Hospital Screening for Social Drivers of Health MUC2021-136 MUC2021-134</p>		<p>6. Potential Advisory Committee Recommendations HEDIS Measure Social Need Screening and Intervention (SNS-E)</p>	<p>Potential Suggestions for Documentation</p>
<p>Screening for Social Drivers of Health 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).</p> <p>Screen Positive Rate for Social Drivers of Health 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 18 and older screened for food insecurity, housing instability, transportation needs, utility assistance or interpersonal violence.</p>		<p>6. Social Need Screening and Intervention Report the percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.</p> <ul style="list-style-type: none"> • Food Screening. The percentage of members who were screened for food insecurity. • Food Intervention. The percentage of members who received a corresponding intervention within 1 month of screening positive for food insecurity. • Housing Screening. The percentage of members who were screened for housing instability, homelessness or housing inadequacy. • Housing Intervention. The percentage of members who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness or housing inadequacy. • Transportation Screening. The percentage of members who were screened for transportation insecurity • Transportation Intervention. The percentage of members who received a corresponding intervention within 1 month of screening positive for transportation insecurity. 	

Joint Commission Accreditation Standards		7.-9. Potential Advisory Committee Recommendations Joint Commission Accreditation Equity Standards	Potential Suggestions for Documentation
<p>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].</p>		<p>7. Designate an individual to lead hospital activities to reduce health care disparities.</p>	<p>Identify job title and name of individual designated to lead hospital activities to reduce health care disparities.</p>
<p>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.</p>		<p>8. Provide document of policy prohibiting discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.</p>	<p>Provide documentation of hospital policy prohibiting discrimination, and how this policy is communicated to patients.</p>
<p>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.</p>		<p>9. Report percentage of patients with preferred language spoken.</p>	<p>Report percentage of patients with preferred language spoken documented in medical record, and in which languages.</p> <p>Report percentage of patients with preferred language other than English who received a written translation of discharge instructions in their preferred language, and in which languages.</p> <p>Report percentage of patients with preferred language other than English who received a patient experience of care survey in their preferred language, and in which languages.</p>