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Health Equity Measures and Resources Guide, updated May 2023

IPRO HQIC/QIN-QIO Health Equity Organizational Assessment (HEOA) Categories	Measures/Standards CMS, Joint Commission	Corresponding resources/tools/other guidance	Timeline/Due Dates
Data collection (HEOA Category 1)			
Use a self-reporting methodology to collect patient race, ethnicity, and language (REaL) data.	**(CMS) Hospital Commitment to Health Equity Measure** Measure ID: HCHE Structural measure that assesses a hospital's commitment to health equity using five domains of equity-focused organizational competencies: •Equity is a Strategic Priority •**Data Collection** •Data Analysis •Quality Improvement •Leadership Engagement **Joint Commission Element 7** The medical record contains the patient's race and ethnicity.	A Guide to the CMS Hospital Inpatient Quality Reporting (IQR) Health Equity Measures (slides and recording) https://qi.ipro.org/2023/02/14/learn-about-the-new-cms-health-equity-measures/ Health Equity Roadmap: https://hqic-library.ipro.org/2022/03/22/health-equity-roadmap/ This resource outlines strategies and corresponding tasks and resources for each of the seven HEOA categories to assist organizations to address opportunities for improvement. https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/ These resources can help organizations with collecting, validating, stratifying and analyzing accurate patient demographic data identify and address health disparities. https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ CMS Inventory of Resources for Standardized Demographic and Language Data Collection https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Collection-Resources.pdf	CY 2023 Reporting Period CY 2025 Payment Determination Standard effective Jan. 1, 2023

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Collect REaL data for at least 95% of patients.			
Roll up REaL data to align with the Office of Management and Budget (OMB) categories.		AHA Disparities Toolkit - Staff Training (includes OMB definitions) https://ifdhe.aha.org/hretdisparities/staff-training	
Examine opportunities for REaL data verification at multiple points of care that extend beyond patient registration, to ensure accuracy and completeness.		https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/	
Use self-reporting methodology to collect **additional patient data beyond REaL** such as **social determinants of health (SDOH).**	**(CMS) Screening for Social Drivers of Health - Measure ID: SDOH-1** •Assesses if a hospital screens patients 18 years or older for health-related social needs (HRSNs) at time of admission. •Patients must be screened for five HRSNs: **food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety**. •Hospitals can choose the screening tool they will use. **(CMS) Screen Positive Rate for Social Drivers of Health** **Measure ID: SDOH-2** Structural measure that tracks the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, screened for an HRSN and screen positive for one or more of the five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety).	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/ **Screening for Health-Related Social Needs** A Guide to Using the Accountable Health Communities HRSN Screening Tool https://qi-library.ipro.org/2023/01/12/a-guide-to-using-the-accountable-health-communities-health-related-social-needs-screening-tool/ Social Needs Screening Toolkit https://qi-library.ipro.org/2023/01/12/social-needs-screening-toolkit/ PRAPARE Screening Tool https://qi-library.ipro.org/2023/01/12/prapare-tool/ Screening for Food Insecurity, Transportation needs https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-patients-for-food-insecurity/	CY 2023 Voluntary Reporting CY 2024 Mandatory Reporting CY 2026 Payment Determination

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| | **Joint Commission Element 2**
The hospital assesses the patient's health-related social needs and provides information about community resources and support services.
Note 1: Hospitals determine which health-related social needs to include in the patient assessment. Examples of a patient's health-related social needs may include access to transportation, difficulty paying for prescriptions or medical bills, education and literacy, food insecurity and housing insecurity.
Note 2: Health-related social needs may be identified for a representative sample of patients or for all patients. | https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-for-transportation-barriers/

https://qi-library.ipro.org/2023/01/12/icd-10-cm-coding-for-social-determinants-of-health/

https://qi.ipro.org/2021/11/15/ipro-qin-qio-presents-optimal-z-code-utilization-reimbursement-opportunities-webinar-december-7-2021-11-am/

https://qi-library.ipro.org/2023/01/12/social-needs-screening-tool-from-the-everyone-project/

Robert Wood Johnson Foundation guide to talking about Social Determinants of Health:
https://www.rwjf.org/en/insights/our-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html

Resource for finding local resources/services for patients:
https://qi-library.ipro.org/2023/01/31/social-determinants-of-health-sdoh-a-guide-for-getting-started-for-getting-started/

SOGI Data Collection Resources
1-hour online course is designed to provide education for health care providers and staff who are responsible for collecting Medicare patient data from LGBTQ persons. (Requires free registration)
https://qi-library.ipro.org/2023/01/12/improving-health-care-quality-for-lgbtq-people/
SO/GI Data Collection Demonstration Videos | Standard is effective Jan. 1, 2023 |

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		https://www.lgbtqiahealtheducation.org/courses/so-gi-data-collection-training/ Learning Resources — Collecting Sexual Orientation and Gender Identity Data https://www.lgbtqiahealtheducation.org/resources/in/collecting-sexual-orientation-and-gender-identity-data/ https://fenwayhealth.org/wp-content/uploads/TFI-54_SOGI-Data-Collection-Series-of-3-Tip-Sheets-for-pride-month_NutsAndBolts.pdf Slides and Recording for IPRO QIN-QIO webinar: *Strategies for Providing Affirming Care for LGBTQ+ Individuals* (includes data collection) https://qi.ipro.org/2022/01/11/ipro-qin-qio-presents-strategies-for-providing-affirming-care-for-lgbtq-individuals/	
Training on Data Collection (HEOA Category 2)			
Provide training on collection of patient/ caregiver self-reported REaL data.		https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/ https://hqic-library.ipro.org/2022/03/22/collecting-real-data-examples-of-how-to-ask-for-real-data/ https://hqic-library.ipro.org/2022/03/22/real-data-collection-toolbox/ https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ AHA Disparities Toolkit - Staff Training https://ifdhe.aha.org/hretdisparities/staff-training Training and the Culture of Learning: Health Equity Resource Series	

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		https://hqic-library.ipro.org/2021/05/12/training-and-the-culture-of-learning-health-equity-resource-series/	
Provide training on collection of additional patient/caregiver self-reported demographic data (**beyond REaL**).		**Screening for Social Needs: Guiding Care Teams to Engage Patients** https://www.aha.org/system/files/media/file/2019/09/screening-for-social-needs-tool-value-initiative-rev-9-26-2019.pdf PRAPARE Implementation and Action Toolkit https://prapare.org/prapare-toolkit/ **SOGI Data Collection Resources** 1-hour online course is designed to provide education for health care providers and staff who are responsible for collecting Medicare patient data from LGBTQ persons. (Requires free registration) https://qi-library.ipro.org/2023/01/12/improving-health-care-quality-for-lgbtq-people/ SO/GI Data Collection Demonstration Videos https://www.lgbtqiahealtheducation.org/courses/so-gi-data-collection-training/ Slides and Recording for IPRO QIN-QIO webinar: *Strategies for Providing Affirming Care for LGBTQ+ Individuals* (includes data collection) https://qi.ipro.org/2022/01/11/ipro-qin-qio-presents-strategies-for-providing-affirming-care-for-lgbtq-individuals/ Learning Resources — Collecting Sexual Orientation and Gender Identity Data	

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		https://www.lgbtqiahealtheducation.org/resources/in/collecting-sexual-orientation-and-gender-identity-data/ https://fenwayhealth.org/wp-content/uploads/TFI-54_SOGI-Data-Collection-Series-of-3-Tip-Sheets-for-pride-month_NutsAndBolts.pdf	
Evaluate effectiveness of training on at least an annual basis to ensure staff member competency in collecting patient demographic data.		https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/	
Data Validation (HEOA Category 3)			
Evaluate accuracy and completeness (percent of fields completed) of REaL data in the EMR.	**CMS Hospital Commitment to Health Equity Measure** Measure ID: HCHE Structural measure that assesses a hospital's commitment to health equity using five domains of equity-focused organizational competencies: •Equity is a Strategic Priority •Data Collection •**Data Analysis** •Quality Improvement •Leadership Engagement **Joint Commission Element 7** The medical record contains the patient's race and ethnicity.	https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/ https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	CY 2023 Reporting Period CY 2025 Payment Determination Effective Jan. 1, 2023
Evaluate and compare facility-collected REaL data to local community demographic data.		https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	

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		https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/	
Address system-level issues to improve the collection of patient/caregiver self-reported REaL data.	**(CMS) Hospital Commitment to Health Equity Measure** Measure ID: HCHE Structural measure that assesses a hospital's commitment to health equity using five domains of equity-focused organizational competencies: •Equity is a Strategic Priority •Data Collection •Data Analysis •**Quality Improvement** •Leadership Engagement	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/	CY 2023 Reporting Period CY 2025 Payment Determination
Evaluate accuracy and completeness of additional demographic data (beyond REaL).		A Guide to Using the Accountable Health Communities Health Related Social Needs Screening Tool https://qi-library.ipro.org/2023/01/12/a-guide-to-using-the-accountable-health-communities-health-related-social-needs-screening-tool/ Social Needs Screening Toolkit https://qi-library.ipro.org/2023/01/12/social-needs-screening-toolkit/ PRAPARE Screening Tool https://qi-library.ipro.org/2023/01/12/prapare-tool/ Screening for Food Insecurity, Transportation needs https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-patients-for-food-insecurity/ https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-for-transportation-barriers/	

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Compare additional facility-collected demographic data (beyond REaL) to local community demographic data.		https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/ https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	

IPRO HQIC/QIN-QIO Health Equity Organizational Assessment (HEOA)	Measures CMS, Joint Commission	Corresponding resources/tools/other guidance	Timeline/Due Dates
Data Stratification (HEOA Category 4)			
Stratify at least one patient safety, quality, and or outcome measure by REaL.	**Joint Commission Element 3** The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients. *Note 1: Hospitals may focus on areas with known disparities identified in scientific literature (for example, organ transplantation, maternal care, diabetes management) or select measures that affect all patients (for example, experience of care and communication). Note 2: Hospitals determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include age, gender, preferred language and race and ethnicity.*	Data Stratification and Use https://ifdhe.aha.org/health-equity-resources https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/ This resource provides information and resources for advancing health equity in the seven patient safety priority focus areas for hospitals. https://qi-library.ipro.org/2023/03/11/health-equity-considerations-hqic-all-cause-harm-prevention-model-resource-tool/ https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	Effective Jan. 1, 2023
Stratify more than one patient safety, quality, and/or	**Joint Commission Element 3** The hospital identifies health care disparities in its patient population by	https://qi-library.ipro.org/2023/03/11/health-equity-considerations-hqic-all-cause-harm-prevention-model-resource-tool/	Effective Jan. 1, 2023

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outcome measure by REaL.	stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/	
Stratify more than one patient safety, quality, and/or outcome measure by additional demographic data (beyond REaL).	**Joint Commission Element 3** The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ https://qi-library.ipro.org/2022/05/12/best-practices-strategies-for-health-equity-data-collection/ https://qi-library.ipro.org/2023/03/11/health-equity-considerations-hqic-all-cause-harm-prevention-model-resource-tool/	Effective Jan. 1, 2023
Communicating Patient Demographic Findings (HEOA Category 5)			
Use a health equity dashboard to routinely communicate patient population outcomes to executive leadership, including medical staff and the board of directors.	**Joint Commission Element 6** At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ https://www.aha.org/toolkitsmethodology/2020-12-14-health-equity-snapshot-toolkit-action	Effective Jan. 1, 2023
Use a health equity dashboard to routinely communicate patient population outcomes within the organization.	**(CMS) Screen Positive Rate for Social Drivers of Health** **Measure ID: SDOH-2** Structural measure that tracks the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, screened for an HRSN and screen positive for one or more of the five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety).	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ A Guide to Using the Accountable Health Communities Health Related Social Needs Screening Tool https://qi-library.ipro.org/2023/01/12/a-guide-to-using-the-accountable-health-communities-health-related-social-needs-screening-tool/ Social Needs Screening Toolkit https://qi-library.ipro.org/2023/01/12/social-needs-screening-toolkit/	CY 2023 Voluntary Reporting CY 2024 Mandatory Reporting CY 2026 Payment Determination

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		PRAPARE Screening Tool https://qi-library.ipro.org/2023/01/12/prapare-tool/ Screening for Food Insecurity, Transportation needs https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-patients-for-food-insecurity/ https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-for-transportation-barriers/	
Use a health equity dashboard to routinely communicate patient population outcomes to patients and families.		https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ Robert Wood Johnson Foundation guide to talking about Social Determinants of Health: https://www.rwjf.org/en/insights/our-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html Health equity action plan to help engage your stakeholders https://nam.edu/programs/culture-of-health/community-driven-health-equity-action-plans/ CDC videos for public education: https://www.cdc.gov/healthequity/whatis/videos/index.html Robert Wood Johnson Foundation Health Equity infographic: https://www.rwjf.org/en/insights/our-research/infographics/visualizing-health-equity.html More Health Equity Infographics: https://dev-sfsu-healthequity.pantheonsite.io/health-equity-infographics American Public Health Association resources: https://www.apha.org/Topics-and-Issues/Health-Equity	
Addressing and Resolving Gaps in Care (HEOA Category 6)			
Develop and pilot test	**Joint Commission Element 4** The hospital develops a written action plan that describes how it will address	https://qi-library.ipro.org/2022/02/08/getting-the-care-you-need-a-guide-for-people-with-disabilities/	Effective Jan. 1, 2023

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interventions to address identified healthcare disparities.	at least one of the health care disparities identified in its patient population.	https://qi-library.ipro.org/2022/02/08/modernizing-health-care-to-improve-physical-accessibility/ https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/ https://qi-library.ipro.org/2022/02/08/communicating-with-and-about-people-with-disabilities/	
Implement interventions to resolve identified healthcare disparities, continuously inform and involve staff members/ workforce in support of the process.	**Joint Commission Element 5** The hospital acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	Effective Jan. 1, 2023
Develop a process for ongoing review, monitoring, and recalibrating interventions to ensure changes are sustainable.	**Joint Commission Element 5** The hospital acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	
Organizational Infrastructure and Culture (HEOA Category 7)			
Train workforce in cultural and linguistic competency according to Culturally and Linguistically Appropriate Services (CLAS) Standards.		**CLAS Resources:** https://qi-library.ipro.org/2023/02/15/culturally-and-linguistically-appropriate-standards-clas-resources/ https://qi-library.ipro.org/2023/01/17/cultural-linguistic-competency-toolbox-2/ https://qi-library.ipro.org/2022/02/08/developing-a-language-access-plan/	

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		Training and the Culture of Learning: Health Equity Resource Series https://hqic-library.ipro.org/2021/05/12/training-and-the-culture-of-learning-health-equity-resource-series/	
Name individual(s) with leadership responsibility and accountability for health equity efforts.	**Joint Commission Element 1** The hospital designates an individual(s) to lead activities to reduce health care disparities for the hospital's patients. Note: may be an individual's primary role or part of a broader set of responsibilities.	https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	Effective Jan. 1, 2023
Identify a leader to engage clinical champions, patients, caregivers and families, and/or community partners in strategic and action planning activities to reduce healthcare disparities.	**(CMS) Hospital Commitment to Health Equity Measure** Measure ID: HCHE Structural measure that assesses a hospital's commitment to health equity using five domains of equity-focused organizational competencies: •Equity is a Strategic Priority •Data Collection •Data Analysis •Quality Improvement •Leadership Engagement	https://hqic-library.ipro.org/2022/03/22/health-equity-roadmap/ https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	CY 2023 Reporting Period CY 2025 Payment Determination
Ensure leadership and board commitment to equitable healthcare through written policies, protocols, pledges, or strategic planning.	**(CMS) Hospital Commitment to Health Equity Measure** Measure ID: HCHE Structural measure that assesses a hospital's commitment to health equity using five domains of equity-focused organizational competencies: •Equity is a Strategic Priority •Data Collection •Data Analysis •Quality Improvement	https://hqic-library.ipro.org/2022/03/22/health-equity-roadmap/ Training and the Culture of Learning: Health Equity Resource Series https://hqic-library.ipro.org/2021/05/12/training-and-the-culture-of-learning-health-equity-resource-series/ https://qi-library.ipro.org/2023/01/12/health-equity-organizational-assessment-heoa-resources/	CY 2023 Reporting Period CY 2025 Payment Determination

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	•Leadership Engagement	Diversity & Inclusion in Leadership and Governance https://ifdhe.aha.org/health-equity-resources	

Areas of overlap between CMS/TJC:	Standards/measures that differ (no overlap):

Race and Ethnicity Data Collection
   • TJC – race and ethnicity in the medical record
Health-Related Social Needs
   • CMS - food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (5 required domains)
   • TJC – hospitals have more flexibility on the domains, but need to show that they are also trying to connect patients with resources
Leadership commitment
   • TJC – designate an individual to lead the health equity work
   • CMS – commitment to health equity with leadership engagement, and as a strategic priority, etc.
	• TJC – data stratification elements
	• TJC – action plan elements
	• TJC – need to communicate progress to stakeholders, etc. on an annual basis

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