Rosa Abraha, MPH, Alliant Health Solutions
Topic: CMS Health Equity Data Collection
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Rosa leads Alliant Health Solution’s first health equity strategic portfolio and embeds health equity in the core of Alliant’s work.

Rosa has 10 years of experience in public health advisory for premier agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Food and Drug Administration (FDA). She holds a Master of Public Health in Health Policy and Management from Emory University.
Six Steps for Hospital Health Equity Action Planning

Step 1: Identify your health equity champion and team, including leadership

Step 2: Solidify a process for collection of REaL & SDOH data and embed it into EHR

Step 3: Stratify and analyze your REaL & SDOH data by quality measures

Step 4: Utilize your data to identify and address 1-2 priority populations experiencing health disparities

Step 5: Develop concrete health equity goals with short and long-term action steps to address your identified disparities

Step 6: Develop community partnerships that focus on reducing your identified disparities

Today’s Focus
CMS Attestation on HCHE Measure (MANDATORY CY23)

This falls under the CMS Hospital Commitment to Health Equity (HCHE) measure.
Reporting on HCHE is MANDATORY for CY23 and the submission period is April 1, 2024, to May 15, 2024.
Each domain (including this one) is worth one point, for a total of five possible points.
Hospitals must attest to ALL elements of a domain to receive the one point, so attest “YES” if you’re doing any of this work.
To report on these, go to https://hqr.cms.gov. On the dashboard on the left-hand side of the screen, click “data submissions,” then “structural measures.”
CMS will publicly report the scores.

### CMS Attestation on NEW SDOH Screening (VOLUNTARY FOR CY23)

#### Screening for Social Drivers of Health Measure

- Food insecurity
- Housing instability
- Transportation needs
- Utilities difficulties
- Interpersonal safety

#### Screen Positive Rate for Social Drivers of Health Measure

- Food insecurity
- Housing instability
- Transportation needs
- Utilities difficulties
- Interpersonal safety

#### Reporting Period for this Data:

- **CY2023 Voluntary Reporting** (submission period is April 1, 2024, to May 15, 2024)
- **CY2024 Mandatory Reporting** (submission period is April 1, 2025, to May 15, 2025)
- FY2025 Payment Determination

#### Numerator

- Number of patients who were screened for one or all social drivers
- Number of patients who screened positive for each driver
- Number of patients 18 or older admitted as an inpatient

#### Denominator

- Number of patients 18 or older admitted as an inpatient

- The screen results in one rate but the screen positive rate (in green) will result in five unique rates for each of the five categories of social drivers of health.

- **Exclusion Criteria:**
  - Patients who opt out of screening
  - Patients unable to complete the screening and have no legal guardian or caregiver to do the screening on their behalf or patients who died during admission.

- **Referral Period for this Data:**
  - CY2023 Voluntary Reporting
  - CY2024 Mandatory Reporting
  - FY2025 Payment Determination
CMS AHC HRSN – Recommended SDOH Screening Tool

The Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool

AHC HRSN Screening Tool Core Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

Living Situation
1. What is your living situation today? 
   - I have a steady place to live.
   - I worry about losing it in the future.
   - I do not have a steady place to live if I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park.

2. Think about the place you live. Do you have problems with any of the following? 
   - Choose all that apply.
   - Pests such as bugs, ants, or mice.
   - Mold.
   - Leaky paint or pipes.
   - Lack of heat.
   - Oven or stove not working.
   - Smoke detectors missing or not working.
   - Water leaks.
   - None of the above.

Food
Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
   - Often true.
   - Sometimes true.
   - Never true.

4. Within the past 12 months, the food you bought just didn’t last and you didn’t have money to get more.
   - Often true.
   - Sometimes true.
   - Never true.

Transportation
5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
   - Yes.
   - No.

Utilities
6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
   - Yes.
   - No.
   - Already shut off.

Safety
Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.

7. How often does anyone, including family and friends, physically hurt you?
   - Never (1).
   - Rarely (2).
   - Sometimes (3).
   - Fairly often (4).
   - Frequently (5).

CMS and CMMI developed the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool.

- Hospitals can choose any tool they desire. However, it is recommended that they use this tool and integrate ALL 26 questions into their EHR.

- Note that only these seven out of the 26 questions will directly support reporting on the SDOH-1 and SDOH-2 new structural measures.

PRAPARE - Optional SDOH Screening Tool

https://prapare.org/
• Does your hospital collect information on the patient’s social determinants of health (SDOH)?

• If yes, how is the SDOH data collected?
  • Collected through a paper form
  • Collected in the electronic record
  • Data is self-reported at registration
  • Data is collected by nursing staff at admission
  • Data is collected by the case management team

• Are SDOH questions currently integrated into your EHR? If yes, which tool are you using?
  • CMS HRSN tool
  • PRAPARE tool
  • Other tool

• Did you work with your IT Department or EHR vendor to get those questions integrated into your EHR? If yes, can you please provide tips to other hospitals also trying to do the same things?

• Was there a fee associated with your hospital adding the SDOH questionnaire to your EHR?

• How do you pull reports on SDOH data to show trends in disparities? Do you have a template you can share with the group?

• Are there any other major hurdles or obstacles that you are experiencing in collecting SDOH data? Are there other best practices that you want to share with your group?
For CY 2023 Reporting Period/FY 2025 Payment Determination

For the CY 2023 reporting period/FY 2025 payment determination under the Hospital IQR Program, hospitals will need to confirm that they engaged in the activities described in this Attestation Guidance Document during the period of January 1, 2023, to December 31, 2023. If hospitals participate or complete qualifying activities at any time within the reporting year, they may answer yes to their attestation. Hospitals must complete their attestation for the CY 2023 reporting period/FY 2025 payment determination between April 1, 2024, and May 15, 2024.

File Name | File Type | File Size | Download
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Attestation Guidance for the Hospital Commitment to Health Equity Measure (06/2023) | PDF | 485 KB | Download
Hospital Commitment to Health Equity Structural Measure Specifications (06/2023) | PDF | 305 KB | Download
Screening for Social Drivers of Health Measure and the Screen Positive Rate for Social Drivers of Health Measure (December 2022) | PDF | 122 KB | Download
Frequently Asked Questions: Social Drivers of Health (SDOH) Measures | PDF | 281 KB | Download

Full CMS Attestation Guidance on Health Equity
Important Notes on CMS Health Equity Reporting

Question 10: Is the Hospital Commitment to Health Equity (HCHE) a pass/fail measure, and must we meet all five domains? If we answer No and do not meet all the domains, will our hospital be penalized?

The HCHE measure is required to be reported under the Hospital IQR Program. This is a pay-for-reporting measure; hospitals will receive credit for the reporting of their measure results regardless of their responses to the attestation questions. For public display purposes, a hospital’s responses to the attestation questions will be scored as described below.

The HCHE measure includes five attestation-based questions, each representing a separate domain of commitment. For a hospital to affirmatively attest to a domain, and receive credit for that domain, the hospital will evaluate and determine whether it engages in each of the elements that comprise the domain. Hospitals receive one point for each domain to which they attest Yes, stating they are meeting the required competencies; a hospital’s score can be a total of 0 to 5 points (1 per domain). For each domain, there are between one and four associated Yes/No sub-questions for related structures or activities within the hospital. Hospitals will only receive a point for each domain if they attest Yes to all related sub-questions. There is no “partial scoring” for sub-questions. For example, in Domain 1, hospitals must attest Yes to sub-questions A–D to earn the point for that domain. If hospitals participate or complete qualifying activities at any time within the reporting year, they may attest Yes for that domain.

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<thead>
<tr>
<th>Measure 1</th>
<th>Measure 2</th>
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<tr>
<td>Hospital Commitment to Health Equity</td>
<td>Screening for Social Drivers of Health</td>
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<tr>
<td>Mandatory</td>
<td>Screen Positive Rate for Social Drivers of Health</td>
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- Report on the HCHE measure, even if your hospital can not attest to any element under any domain.
- Currently, there is no financial penalty for scoring a zero.
- Failing to report data under the Hospital Inpatient Quality Reporting (IQR) Program can automatically reduce Medicare reimbursement by 25%.

Alliant Health Solutions Health Equity Coaching Package

**HEALTH EQUITY**

**Coaching Package**

Purpose: Use the evidence-based best practices and resources to create quality improvement action plans.

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<tr>
<td>Become familiar with federal and private sector definitions, standards and requirements for hospital health equity</td>
<td>CMS New SDOH Standards - Remington Report</td>
<td>NPSG.16.01.01 Improving health care equity for the hospital’s patients is a quality and safety priority</td>
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<td>Conduct an equity of care gap analysis</td>
<td>CMS Health Equity Fact Sheet&lt;br&gt;CMS Health Equity Programs</td>
<td>CMS Framework for Health Equity 2022 - 2032&lt;br&gt;The Joint Commission Health Equity R3 Report</td>
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<td>Review resources on best practices for effective hospital health equity implementation</td>
<td>Health Equity Organizational Assessment (MHA)</td>
<td>A Practical Guide for Implementing Hospital Health Equity - AHS&lt;br&gt;HQIC LAN</td>
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<td>AHS Health Equity Presentation to Alabama Hospital Association&lt;br&gt;Change Path of Health Equity Resources (Feb 28, 2023)</td>
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<td>Building an Organizational Response to Health Disparities (CMS, 2010)*</td>
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<td>*Contains links to other resources</td>
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Questions?

Email us at HospitalQuality@allianthealth.org
or call us 678-527-3681.
Upcoming Events

Alliant HQIC Health Equity Planning Office Hours

Thursday, December 21, 2023
3 – 3:45 p.m. EST

REGISTER HERE
Thank you for joining us! How did we do today?