

AHS HQIC Monthly Health Equity Office Hours



Rosa Abraha, MPH, Alliant Health Solutions

Topic: CMS Health Equity Data Collection

November 16, 2023

Rosa Abraha, Alliant Health Solutions



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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



CMS Attestation on HCHE Measure (MANDATORY CY23)



Domain 2: 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.

Hospitals are encouraged to collect social determinant and other drivers of health data electronically and use tools that have undergone validity and reliability testing. Domain 2's sub-domains of 2a, 2b, and 2c are defined further in [Text Box 2](#).

- 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

2A. Our hospital collects demographic information (such as self-reported race, national origin, primary language, and ethnicity data) and/or social determinant of health information on the majority of our patients.

A wide range of demographic and social drivers of health information qualifies for data collection, including but not limited to:

- Self-reported race and ethnicity
- Socioeconomic status
- Being a member of the LGBTQ+ community
- Being a member of a religious minority
- Living with a disability
- Living in a rural area
- Language proficiency
- Health literacy
- Access to primary care/usual source of care
- Housing status or food security
- Access to transportation

2B. Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

The purpose of this question is to ensure hospitals provide guidance or training to staff on how to collect this information in a patient-centered manner.

2C. Our hospital inputs demographic and/or social determinant of health information collected from patients in structured, interoperable data elements using a certified EHR technology.

No additional clarification is provided for this attestation sub-domain.

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

Numerator
Number of patients who were screened for **one or all** social drivers

Denominator
Number of patients 18 or older admitted as an inpatient

Screen Positive Rate for Social Drivers of Health Measure

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

Numerator
Number of patients who screened positive for each driver

Denominator
Number of patients 18 or older admitted as an inpatient and screened for social drivers

- 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.
- **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

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?³

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (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?⁴

CHOOSE ALL THAT APPLY

- Pests such as bugs, ants, or mice
- Mold
- Lead 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.⁵

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?⁶

- 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?⁷

- 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.⁸

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.

<https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>

PRAPARE - Optional SDOH Screening Tool

<p>Personal Characteristics</p> <p>1. Are you Hispanic or Latino?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>2. Which race(s) are you? Check all that apply</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Asian</td> <td style="width: 50%;"><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Pacific Islander</td> <td><input type="checkbox"/> Black/African American</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> American Indian/Alaskan Native</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (please write): _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>4. Have you been discharged from the armed forces of the United States?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>5. What language are you most comfortable speaking?</p> <p>Family & Home</p> <p>6. How many family members, including yourself, do you currently live with? _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>7. What is your housing situation today?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> I have housing</td> </tr> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)</td> </tr> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other (please write): _____		<input type="checkbox"/> I choose not to answer this question		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> I have housing	<input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)	<input type="checkbox"/> I choose not to answer this question	<p>8. Are you worried about losing your housing?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>9. What address do you live at? Street: _____ City, State, Zip code: _____</p> <p>Money & Resources</p> <p>10. What is the highest level of school that you have finished?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Less than high school degree</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> High school diploma or GED</td> </tr> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> More than high school</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>11. What is your current work situation?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Unemployed</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Part-time or temporary work</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Full-time work</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>12. What is your main insurance?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> None/uninsured</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Medicaid</td> </tr> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> CHIP Medicaid</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Medicare</td> </tr> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Other public insurance (not CHIP)</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Other Public Insurance (CHIP)</td> </tr> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Private Insurance</td> <td></td> </tr> </table> <p>13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.</p> <p style="text-align: center;">_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Less than high school degree	<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> More than high school	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time or temporary work	<input type="checkbox"/> Full-time work	<input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____			<input type="checkbox"/> I choose not to answer this question			<input type="checkbox"/> None/uninsured	<input type="checkbox"/> Medicaid	<input type="checkbox"/> CHIP Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other public insurance (not CHIP)	<input type="checkbox"/> Other Public Insurance (CHIP)	<input type="checkbox"/> Private Insurance		<input type="checkbox"/> I choose not to answer this question	<p>14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">Yes</td> <td style="width: 5%; text-align: center;">No</td> <td style="width: 20%;">Food</td> <td style="width: 5%; text-align: center;">Yes</td> <td style="width: 5%; text-align: center;">No</td> <td style="width: 20%;">Clothing</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>Utilities</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>Child Care</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td colspan="4">Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>Phone</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>Other (please write): _____</td> </tr> <tr> <td colspan="6" style="text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> Yes, it has kept me from medical appointments or</td> </tr> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</td> </tr> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="width: 100%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>Social and Emotional Health</p> <p>16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Less than once a week</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 1 or 2 times a week</td> </tr> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 3 to 5 times a week</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 5 or more times a week</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	Yes	No	Food	Yes	No	Clothing	Yes	No	Utilities	Yes	No	Child Care	Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)				Yes	No	Phone	Yes	No	Other (please write): _____	<input type="checkbox"/> I choose not to answer this question						<input type="checkbox"/> Yes, it has kept me from medical appointments or	<input type="checkbox"/> Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> 1 or 2 times a week	<input type="checkbox"/> 3 to 5 times a week	<input type="checkbox"/> 5 or more times a week	<input type="checkbox"/> I choose not to answer this question		<p>17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Not at all</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> A little bit</td> </tr> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Somewhat</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Quite a bit</td> </tr> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Very much</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>Optional Additional Questions</p> <p>18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> I choose not to answer this</td> </tr> </table> <p>19. Are you a refugee?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> I choose not to answer this</td> </tr> </table> <p>20. Do you feel physically and emotionally safe where you currently live?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Unsure</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>21. In the past year, have you been afraid of your partner or ex-partner?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Unsure</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> I have not had a partner in the past year</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Not at all	<input type="checkbox"/> A little bit	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Very much	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> I choose not to answer this question			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> I have not had a partner in the past year			<input type="checkbox"/> I choose not to answer this question		
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20-Minute Breakout Groups By EHR Vendor: Peer Learning

- **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?**

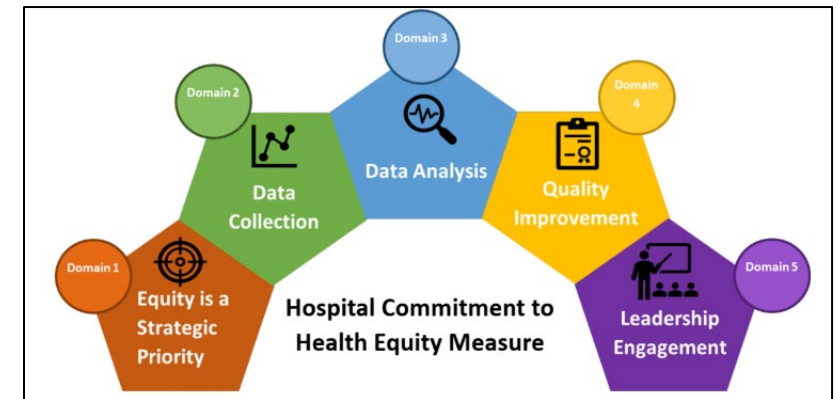
Take a screenshot of this slide to guide your discussion!

Full CMS Attestation Guidance on Health Equity

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	
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



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.

Measure 1	Measure 2
Hospital Commitment to Health Equity	Screening for Social Drivers of Health
	Screen Positive Rate for Social Drivers of Health
Mandatory	Optional

- 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%.

For more information, click the link: https://www.qualityreportingcenter.com/globalassets/iqr-2023-events/iqr12423/iqr_qa-summary-document_1.24.23_06132023508.pdf

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.		
Category	Best Practices/Interventions	Links to Resources, Toolkits, Webinars, Etc.
Beginning Health Equity Journey	Begin health equity journey with planning and preparation	Roadmap for Success: Implementing Equitable Care (HSAG HQIC, 2021)
		Health Equity Snapshot: A Toolkit for Outcomes
		The Health Equity Roadmap (AHA/IFDHE)
	Become familiar with federal and private sector definitions, standards and requirements for hospital health equity	CMS New SDOH Standards - Remington Report
		NPSG.16.01.01 Improving health care equity for the hospital's patients is a quality and safety priority
		CMS Health Equity Fact Sheet
		CMS Health Equity Programs
		CMS Framework for Health Equity 2022 - 2032
	The Joint Commission Health Equity R3 Report	
	Conduct an equity of care gap analysis	Health Equity Organizational Assessment (MHA)
Review resources on best practices for effective hospital health equity implementation	A Practical Guide for Implementing Hospital Health Equity - AHS HQIC LAN	
	AHS Health Equity Presentation to Alabama Hospital Association	
	Change Path of Health Equity Resources (Feb 28, 2023)	
	Building an Organizational Response to Health Disparities (CMS, 2020)*	
		*Contains links to other resources

https://quality.allianthealth.org/wp-content/uploads/2023/04/2023-Coaching-Package-Health-Equity_508.pdf

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](#)



Alliant Health Solutions HQIC Health Equity Office Hour Materials

What can we help you find?

Upcoming Events

Presentation
Materials
Found Here

HQIC Office Hours

HQIC Health Equity Planning Office Hours -
November 16, 2023



HQIC Health Equity Planning Office Hours -
December 21, 2023



[SHOW MORE](#)

HQIC LAN Events

[SHOW MORE](#)

HQIC Community of Practice Calls (COP) Events

The Core Elements for Antibiotic Stewardship
in Action - National Antibiotic Stewardship
Updates | Nov. 9, 2023



[SHOW MORE](#)

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Hospital Quality Improvement



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

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