

What You Need To Know About Reporting to CMS About the Hospital Health Equity Requirements



Monthly HQIC Health Equity Office Hours

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Rosa leads Alliant Health Solution's 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's of public health in health policy and management from Emory University.

CMS Health Equity Requirements for Hospitals – Cheat Sheet

Part 1: Hospital Commitment to Health Equity (HCHE) Measure

Hospitals will attest to the Hospital Commitment to Health Equity measure via the Hospital Quality Reporting (HQR) system.

Figure 1: Hospital Commitment to Health Equity Measure Attestation Domains



- Reporting on HCHE is mandatory for CY23 and the submission period is April 1, 2024, to May 15, 2024.
- Each domain is worth one point and hospitals must attest to ALL subcomponent elements of each domain to receive the full point.

Part 2: Screening for Social Drivers of Health (SDOH-1 in blue and SDOH-2 in green)

Screening for Social Drivers of Health Measure		Screen Positive Rate for Social Drivers of Health Measure	
<ul style="list-style-type: none"> • Food insecurity • Housing instability • Transportation needs • Utilities difficulties • Interpersonal safety 		<ul style="list-style-type: none"> • Food insecurity • Housing instability • Transportation needs • Utility difficulties • Interpersonal safety 	
Numerator	Number of patients who were screened for one or all social drivers	Numerator	Number of patients who screened positive for each driver
Denominator	Number of patients 18 or older admitted as an inpatient	Denominator	Number of patients 18 or older admitted as an inpatient and screened for social drivers

- Reporting on the screening for SDOH is voluntary for CY23 and the submission period is April 1, 2024, to May 15, 2024
- Screening will become mandatory in CY24 with reporting in CY25.
- Payment will be determined for this measure in FY25

CMS Attestation on HCHE Measure Domain 1 (MANDATORY CY23)

Domain 1: Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority.

Under Domain 1, a strategic plan is defined as a *written* plan to address health equity that is shared across the hospital. Domain 1's sub-domains of 1a, 1b, 1c and 1d are defined further in [Text Box 1](#).



1A. Our hospital strategic plan identifies priority populations who currently experience health disparities.

Examples of “priority populations” include but are not limited to:

- Persons belonging to minority racial or ethnic groups
- Persons living with a disability
- Being a member of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community
- Being a member of a religious minority
- Living in a rural area
- Being near or below the poverty level
- Populations impacted by drivers of health, such as social determinants (e.g., language proficiency, housing or food insecurity, low literacy, difficulty with access to transportation, or other factors unique to a hospital’s patient community)
- Any other populations that have been underserved and/or historically marginalized by the healthcare system

1B. Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.

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

1C. Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.


Examples of specific resources include but are not limited to dedicated staffing, structural resources, funding, and trainings.

1D. Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Examples of key stakeholders include but are not limited to community-based organizations and collaboratives, patient and family advisory groups, elected officials, and existing institutional partnerships or coalitions.

Alliant Tool for Hospital Health Equity Strategic Planning

- The purpose of this tool is to provide a framework for hospital leadership and staff in developing a health equity strategic plan that meets the CMS Hospital Inpatient Quality Reporting (IQR) Program Attestation Guidance for the Hospital Commitment to Health Equity Measure. Per Domain 5 Leadership Engagement in the guidance, this plan must be reviewed and updated at least annually.
- December 2023 training session and materials, including an example completed strategic plan, can be found here: <https://quality.allianthealth.org/conference/hqic-health-equity-planning-office-hours-december-21-2023/>



HOSPITAL HEALTH EQUITY STRATEGIC PLANNING TOOL

This tool provides a framework for hospital leadership and staff to develop a health equity strategic plan that meets the [CMS Hospital Inpatient Quality Reporting \(IQR\) Program Attestation Guidance for the Hospital Commitment to Health Equity Measure](#). Per Domain 5 Leadership Engagement in the guidance, the health equity plan should be reviewed and updated *at least annually*. To view an example of a completed hospital health equity strategic plan, visit our Alliant HQIC website [here](#).

Hospital Name: _____
Chief Health Equity Officer/Health Equity Champion: _____
Strategic Plan Approved by Senior Leadership and the Hospital Board on: _____

Executive Summary:

Hospital(s) Background:

Health Equity Statement:

CMS Attestation on HCHE Measure Domain 2 (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](#).

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 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%;"><input type="checkbox"/> I have housing</td> </tr> <tr> <td style="width: 100%;"><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%;"><input type="checkbox"/> Less than high school degree</td> <td style="width: 50%;"><input type="checkbox"/> High school diploma or GED</td> </tr> <tr> <td><input type="checkbox"/> More than high school</td> <td><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%;"><input type="checkbox"/> Unemployed</td> <td style="width: 33%;"><input type="checkbox"/> Part-time or temporary work</td> <td style="width: 33%;"><input type="checkbox"/> Full-time work</td> </tr> <tr> <td colspan="3"><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%;"><input type="checkbox"/> None/uninsured</td> <td style="width: 50%;"><input type="checkbox"/> Medicaid</td> </tr> <tr> <td><input type="checkbox"/> CHIP Medicaid</td> <td><input type="checkbox"/> Medicare</td> </tr> <tr> <td><input type="checkbox"/> Other public insurance (not CHIP)</td> <td><input type="checkbox"/> Other Public Insurance (CHIP)</td> </tr> <tr> <td><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%;"><input type="checkbox"/> Yes, it has kept me from medical appointments or</td> </tr> <tr> <td><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><input type="checkbox"/> No</td> </tr> <tr> <td style="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%;"><input type="checkbox"/> Less than once a week</td> <td style="width: 33%;"><input type="checkbox"/> 1 or 2 times a week</td> </tr> <tr> <td><input type="checkbox"/> 3 to 5 times a week</td> <td><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%;"><input type="checkbox"/> Not at all</td> <td style="width: 50%;"><input type="checkbox"/> A little bit</td> </tr> <tr> <td><input type="checkbox"/> Somewhat</td> <td><input type="checkbox"/> Quite a bit</td> </tr> <tr> <td><input type="checkbox"/> Very much</td> <td><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"><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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<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																																																																																																																						

Alliant Tool for Social Determinants of Health Referral at Discharge



SOCIAL DETERMINANTS OF HEALTH (SDOH) DISCHARGE REFERRAL LIST

This tool helps your healthcare team address any social challenges that might affect your health and connect you and your caregiver with essential community resources that promote your total well-being.

HEALTH LITERACY – The degree to which individuals have the capacity to obtain, process and understand basic health information and services necessary to make appropriate health decisions.

Primary Language: _____
 Needs interpreter
Language Line: _____
Interpreter 1: _____
 Phone: _____
Interpreter 2: _____
 Phone: _____

SOCIAL ISOLATION – The lack of relationships with others and little to no social support or contact.

Senior Center 1: _____
 Contact person: _____
 Phone: _____
Senior Center 2: _____
 Contact person: _____
 Phone: _____
Adult Day Center: _____
 Contact person: _____
 Phone: _____

HOUSING INSTABILITY – Encompasses multiple conditions ranging from the inability to pay rent or mortgage, frequent changes in residence, including temporary stays with friends and relatives, living in crowded conditions, and lack of sheltered housing in which an individual does not have a personal residence.

Inability to pay rent/mortgage
 Frequent changes in residence
 Crowded conditions
 Lack of sheltered housing

Shelter 1: Male Female Family

 Contact person: _____
 Phone: _____

Shelter 2: Male Female Family

 Contact person: _____
 Phone: _____

Shelter 3: Male Female Family

 Contact person: _____
 Phone: _____

UTILITY DIFFICULTIES – Inconsistent availability of electricity, water, oil and gas services. This is directly associated with housing instability and food insecurity.

Electricity Water
 Oil and/or gas

Electric Company: _____

Contact person: _____
 Phone: _____

Water Company: _____

Contact person: _____
 Phone: _____

Gas/Oil Company: _____

Contact person: _____
 Phone: _____

Faith-Based Organization: _____

Contact person: _____
 Phone: _____

Other Organization: _____

Contact person: _____
 Phone: _____

FOOD INSECURITIES – Limited or uncertain access to adequate quality and quantity of food at the household level.

Meals on Wheels Program: _____

 Contact person: _____
 Phone: _____

Local Area Agency on Aging: _____

 Contact person: _____
 Phone: _____

Food Bank/Food Pantry: _____

Contact person: _____
 Phone: _____

Food Bank/Food Pantry: _____

Contact person: _____
 Phone: _____

Food Bank/Food Pantry: _____

Contact person: _____
 Phone: _____

Other Organization: _____

Contact person: _____
 Phone: _____

TRANSPORTATION DIFFICULTIES – Limitations that impede transportation to destinations required for all aspects of daily living.

Medical Non-emergent

Medical Transport Company 1: _____

Contact person: _____
 Phone: _____

Medical Transport Company 2: _____

Contact person: _____
 Phone: _____

Medical Transport Company 3: _____

Contact person: _____
 Phone: _____

Non-Emergency Transport Company 1: _____

Contact person: _____
 Phone: _____

Non-Emergency Transport Company 2: _____

Contact person: _____
 Phone: _____

Non-Emergency Transport Company 3: _____

 Contact person: _____
 Phone: _____

United Way (Local Chapter): _____

Contact person: _____
 Phone: _____

Faith-Based Organization with Van: _____

Contact person: _____
 Phone: _____

Faith-Based Organization with Van: _____

Contact person: _____
 Phone: _____

Faith-Based Organization with Van: _____

Contact person: _____
 Phone: _____

Other: _____

Contact person: _____
 Phone: _____



This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) and a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication Number: 1250W-AHS-QIN-QIO-T01-PCH-T03-HQIC-4934-12/07/23

https://quality.allianthealth.org/wp-content/uploads/2023/12/SDOH-Discharge-Referral-List-Fillable_508.pdf



CMS Attestation on HCHE Measure Domain 3 (MANDATORY CY23)



Domain 3: Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your hospital engages in the following activities.

Domain 3 has only one sub-domain (3a) which is defined further in [Text Box 3](#) below.

Text Box 3: Guidance for Attesting to Domain 3 Data Analysis

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.

The purpose of measure stratification is to understand if certain patient groups are receiving better care. Stratification in this case refers to examining quality measure results by subgroups of patients to identify important gaps in quality between patient groups.

Hospitals may develop stratification metrics for priority populations (as defined by your organization e.g., by race and ethnicity, economic burden, etc.) and monitor results on these metrics using existing internal quality dashboards.

CMS expects hospitals to identify equity gaps by displaying stratified measure information based on either outcome quality measures or process of care measures; this means providing measure scores for priority populations or the gap in score between two groups.

CMS Attestation on HCHE Measure Domain 4 (MANDATORY CY23)



Domain 4: Health disparities are evidence that high quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients.

Domain 4 has only one sub-domain (4a) which is defined further in [Text Box 4](#).

Text Box 4: Guidance for Attesting to Domain 4 Quality Improvement

4A. Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.

Quality improvement (QI) activities may include participation in collaboratives, partnerships and coalitions focused on decreasing health disparities, including among specific patient populations or for specific medical conditions – e.g., working with Medicare Quality Improvement Networks, or joining collaboratives such as The Health Equity Collaborative; Eastern U.S. Quality Improvement Collaborative; The Alliance for Innovation on Maternal Health (AIM) or Perinatal Quality Collaboratives (PQCs); American Hospital Association Center for Health Innovations' Hospital Community Collaborative; Million Hearts; or other local, regional, and national initiatives as long as the effort has a specific focus on improving quality and reducing disparities.

CMS Attestation on HCHE Measure Domain 5 (MANDATORY CY23)



Domain 5: Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity.

Domain 5 sub-domains of 5a and 5b are defined further in [Text Box 5](#).

5A. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.

CMS defines “hospital senior leadership” as the C-suite and board of trustees, and not just quality committees or sub-committees of the board, as well as the Chief Medical Officer and senior leaders among hospital medical staff.

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.

See above CMS definition of “hospital senior leadership.”

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 Hospital Quality Reporting System

The screenshot shows the CMS Hospital Quality Reporting System interface. At the top, there are three tabs: 'Web-based Measures', 'HCAHPS', and 'Structural Measures'. Below the tabs, there are two buttons: 'File Upload' and 'Data Form'. A message states: 'You have selected Data Form submission. You can choose a different method at any time.' Below this, there is a section titled 'Select the Data Form' with a dropdown menu showing 'IQR' and a 'Launch Data Form' button with a green arrow icon.

- This HCHE measure applies to all hospitals participating in the Hospital Inpatient Quality Reporting System.
- There are five domains in this measure. Each domain 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.
- **Reporting on HCHE is MANDATORY for CY23, and the submission period is April 1, 2024, to May 15, 2024.**
- To report on these, click on the link below. On the dashboard on the left-hand side of the screen, click “data submissions” and then “structural measures.”
- CMS will publicly report the scores.
- Payment determination will be decided in FY25.

HCHE

Domain	Domain Name	Points
1	Equity is a Strategic Priority	1
	Our hospital strategic plan identifies priority populations who currently experience health disparities.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
	Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
	Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
	Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>

Remember to Report

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 Model: Six Steps for Hospital Health Equity Action Planning



Discussion Question: Let's Brainstorm!

What additional support or training do you need in 2024 concerning health equity implementation?

Training Ideas:

- **How to Collect Health Equity Data**
 - Collecting Process for SDOH Data
- **How to Analyze Health Equity Data**
 - Examples of Analyzing SDOH/REaL Data by CMS Conditions (i.e., Readmissions)
- **How to Report Health Equity Data**
 - Reporting Systems Created by Hospitals to Track Health Equity Data
- **How to Intervene once an SDOH/Social Need is Identified**
- **Sharing from Other Hospitals on their Health Equity Implementation Process**
 - Any volunteers?

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

Join Us for Monthly Hospital Health Equity Office Hours



February - August 2024 Registration:
<https://allianthealth-org.zoom.us/meeting/register/tZEvdqsrT8qHdLmWzdwsrkV3w0tF4r2nXMq#/registration>



JOIN OUR UPCOMING WEBINAR EVENT

ALLIANT HQIC
Health Equity Office Hours
 Tues, Jan. 16 from 3-4:00 p.m. ET & Every 3rd Thursday from 3-4:00 p.m. ET from February through August 2024 via ZOOM

- [01.16.24_TO3_HQIC Health Equity Office Hours](#)
- [02.15.24_TO3_HQIC Health Equity Office Hours](#)
- [03.21.24_TO3_HQIC Health Equity Office Hours](#)
- [04.18.24_TO3_HQIC Health Equity Office Hours](#)
- [05.16.24_TO3_HQIC Health Equity Office Hours](#)
- [06.20.24_TO3_HQIC Health Equity Office Hours](#)
- [07.18.24_TO3_HQIC Health Equity Office Hours](#)
- [08.15.24_TO3_HQIC Health Equity Office Hours](#)



OVERVIEW:
 Interested in networking with peers and learning about the health equity regulatory requirements and best ways to implement at your hospital? Join our subject matter experts from Alliant Health Solutions and Tift Regional Medical Center (GA) for monthly interactive office hours.

Office hours are participant driven and with minimum slide presentations. Discussions will focus on the six health equity planning and action steps as well as other questions from the hospitals, e.g., CEO engagement.



Office Hours will be held the 3rd Thursday of the month from 3-4:00 p.m. ET. Please register to attend.

Jan. 16, 2024 • Feb. 15, 2024 • Mar. 21, 2024 • Apr. 18, 2024
 May 16, 2024 • Jun. 20, 2024 • Jul. 18, 2024 • Aug. 15, 2024

FEATURED SPEAKERS:



ROSA ABRAHA, MPH
 Health Equity Lead
 Alliant Health Solutions



LEANN PRITCHETT, MSN, RN, CPHQ
 System Director of Quality and Safety
 Tift Regional Medical Center

AUDIENCE:
 Health equity team leaders, quality and patient safety professionals, clinical social workers, community and population health professionals, clinical team members, leadership

Alliant Health Solutions HQIC Health Equity Office Hour Materials

What can we help you find?

Upcoming Events

Presentation
Materials
Found Here

HQIC Office Hours

Health Equity Office Hours | 1.16.24



Office Hours - Infection Prevention Chats |
1.24.24



Health Equity Office Hours | 2.15.24



Health Equity Office Hours | 3.21.24



Health Equity Office Hours | 4.18.24



[SHOW MORE](#)

HQIC LAN Events

HQIC LAN - Workplace Violence Prevention:
Best Practices for Safer Care | 1.23.24



[SHOW MORE](#)

HQIC Community of Practice Calls (COP) Events

[SHOW MORE](#)

Questions?



Email us at HospitalQuality@allianthealth.org

or call us at 678-527-3681.

Making Health Care Better *Together*

COLLABORATORS:

Alabama Hospital Association
Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement



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

Alliant Health Solutions



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