



Health Equity Quickinar Series

Session 13

Community Engagement

OBJECTIVES

- Discuss the role of community engagement in addressing health equity.
- Identify state and national programs to address health equity.
- Identify programs designed to incentivize health equity.

Hospital Commitment to Health Equity

5 Health Equity Commitment Domains¹

Domain 1: Equity Is a Strategic Priority

Domain 2: Data Collection

Domain 3: Data Analysis

Domain 4: Quality Improvement

Domain 5: Leadership Engagement



- Competencies aimed at achieving health equity
- Must meet all elements under each domain
- Structural measure
- Attest via QualityNet
- Begins CY 2023/FY 2025
- Initial submission deadline May 2024²
- Annual submission

CY = calendar year, FY = fiscal year

Social Drivers of Health—2 Measures

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 **1 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

CMS Structural Measure Domain 4



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

Involves participation in local community engagement as well as broader quality improvement activities.

Community Engagement for Health Equity

- An essential part of health equity work at the hospital
 - Hospitals must engage and understand the population they serve in order to effectively implement health equity interventions
- Can increase effectiveness of health equity interventions
 - Improves community trust
 - Increases effectiveness of assessments
 - Enhances buy-in with interventions
 - Improves sustainability of health equity work

Community Engagement Strategies

- Community engagement can be done in multiple ways.
 - Include community members on hospital committees or implement a Patient/Family Advisory Council.
 - Seek Community Health Needs Assessment input.
 - Host community forums.
 - Attend community events.



Community Engagement Strategies (cont.)

- Ensure engagement efforts are accessible to the community.
 - Conduct engagement activities at convenient times for the population you serve.
 - Ensure engagement activities are culturally and linguistically appropriate.
 - Consider providing transportation or childcare services to remove these as barriers to participation.



Programs to Address Health Disparities

Multiple organizations and programs are working to improve health disparities

- Quality Improvement Organizations (QIOs), like HSAG
- Office of Minority Health
 - State and national level
- Federal Office of Rural Health Policy (FORHP)
- The National Alliance to Impact Social Determinants of Health (NASDOH) nasdoh.org
- The Health Equity Collaborative healthequitycollaborative.org

QIOs

Goal: “To serve people with Medicare, healthcare providers, and communities. All initiatives are designed to improve healthcare quality, access, value, and equity for people with Medicare.”

Quality Innovation
Network-QIOs
(QIN-QIOs)

Hospital Quality
Improvement Contract
(HQIC) Program

Beneficiary and Family
Centered Care-QIOs
(BFCC-QIOs)

The American Indian Alaska Native
Healthcare Quality Initiative
(AIANHQI)

The Opioid Prescriber Safety and
Support (OPSS) Initiative

FORHP

- Coordinates rural healthcare activities and policies and assists in building healthcare capacity at state and local levels.
 - Offers grants that improve rural healthcare delivery and supports rural hospitals.
 - Grants fund 50 state offices of rural health.



NASDOH

- An organization “working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement.”
 - Brings together a variety of stakeholders to address SDOH in a sustainable way.
 - Provides opportunities for collaboration, and offers promising practices, tools, and resources to address SDOH.



Joint Commission Health Equity Certification

- The Joint Commission has released a new Health Care Equity (HCE) certification for hospitals as of July 1, 2023.
 - Recognizes hospitals that are working toward improving healthcare equity.
 - Provides resources and guidance for hospitals to imbed HCE into all levels of their organization.



For more information, visit [The Joint Commission: Health Equity Certification](https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/hospital-certifications/health-care-equity-certification/#664d04fbd18240a2a5a5864c1209caac)

CMS Commitment to Health Equity Measures

- In the FY 2023 Hospital Inpatient Prospective Payment System (IPPS) Final Rule, CMS included the Hospital Commitment to Health Equity structural measure.
 - Includes 5 domains.
 - Is an attestation-based measure assessing a hospital's commitment to health equity and engagement in health equity activities.
 - Will affect payment determination.



HSAG HQIC Hospitals—HEOA

- HSAG developed an HEOA to assist hospitals in identifying their current status in health equity work.
- Many HQIC hospitals have completed a baseline HEOA.
- HSAG will be reaching out in coming weeks to complete the HEOA with hospitals.
 - To determine progress made in addressing health equity.

The image shows a screenshot of the HSAG HQIC Health Equity Organizational Assessment (HEOA) form. At the top, the HSAG HQIC logo is displayed. Below the logo, the title "Health Equity Organizational Assessment" is centered. Underneath the title, there are three input fields: "Hospital Name:", "Date:", and "Completed by:". Below these fields, the word "Introduction" is written in blue. The text explains that health equity is a vital component of quality and patient safety and that the HEOA is used to assess a hospital's ability to identify and address health disparities. It also states that the information from the assessment will be used to develop baseline insights about the state of healthcare equity in U.S. hospitals. A list of seven areas of infrastructure and culture of equity is provided, including Patient Demographic Data Collection, Training for Patient Demographic Data Collection Reliability, Patient Demographic Data Validation, Patient Demographic Data Stratification, Communication of Patient Population Findings, Addressing and Resolving Gaps in Care, and Organizational Infrastructure and Culture. The text then states that each hospital should complete one HEOA form per hospital, which should take approximately 10 minutes. Below this, the section "HEOA 1: Patient Demographic Data Collection" is introduced. It explains that each hospital collects demographic data from the patient and/or caregiver through a self-reporting methodology. A list of five checkboxes follows, each with a description of a requirement or best practice for data collection and verification.

HSAG HQIC

Health Equity Organizational Assessment

Hospital Name: _____ Date: _____ Completed by: _____

Introduction

Health equity is a vital component of quality and patient safety. To assess your hospital's ability to identify and address health disparities, please take a few moments to complete the following Health Equity Organizational Assessment (HEOA).

The information from this assessment will be used to develop baseline insights about the state of healthcare equity in U.S. hospitals. This information can also be used by hospitals to identify and address healthcare equity gaps.

The HEOA comprises seven areas of infrastructure and culture of equity:

1. Patient Demographic Data Collection
2. Training for Patient Demographic Data Collection Reliability
3. Patient Demographic Data Validation
4. Patient Demographic Data Stratification
5. Communication of Patient Population Findings
6. Addressing and Resolving Gaps in Care
7. Organizational Infrastructure and Culture

Each hospital should complete the HEOA. If you represent a hospital system, please complete one HEOA form per hospital, which should take approximately 10 minutes. Thank you for providing a response on behalf of your hospital. If you have any questions, please contact your Quality Advisor or HospitalQuality@hsag.com.

HEOA 1: Patient Demographic Data Collection

Each hospital collects demographic data from the patient and/or caregiver through a self-reporting methodology. Please select all that apply:

- The hospital uses self-reporting methodology to collect patient Race, Ethnicity, and Language (REaL) data.
- The hospital collects REaL data for at least 95 percent of their patients.
- REaL data roll up to the [Office of Management and Budget \(OMB\) categories](#).¹
- Opportunities for REaL data verification exist at multiple points of care (beyond patient registration) to ensure accuracy and [completeness](#).²
- The hospital uses self-reporting methodology to collect additional patient demographic data (beyond REaL) such as disability status, sexual orientation/gender identity, veteran status, geography, and/or other social determinants of health/risk factors such as housing, income, education, employment, food security, and [others](#).³
- The hospital utilizes ICD-10 Z Codes to document identified social determinants of health (SDOH) in the patient medical record.

Key Concepts

- To meet CMS Domain 4, hospitals must participate in health equity quality improvement activities.
- Community engagement is essential to health equity and can increase effectiveness of health equity activities.
- Various local, state, and national organizations are available for hospitals to work with on health equity.



Find the Entire Health Equity Quickinar Series

Recordings and slides are available for every session.

1. Health Equity, Hospitals, and CMS Reporting



2. Engaging Leadership in Health Equity



3. Health Equity as a Strategic Priority



4. Collecting and Validating REaL Data



5. Social Determinants and Social Drivers of Health



6. Screening for Social Drivers



7. Culturally Competent Data Training



8. Analysis and Stratification of Health Equity Data



9. Health Equity Interventions



10. Health Equity FAQs Answered



11. Community Paramedicine



12. Identifying Community Health Disparities



13. Community Engagement—Health Equity



Join Us for the Final Patient and Family Engagement (PFE) Quickinar: July 27

Recordings and slides are posted for on-demand access after every session.

1. Intro to PFE

3. Preparing for PFE Programs

5. PFE to Prepare for Hospital Discharge

7. Bedside Hand Off to Improve Patient Outcomes

9. Role of the PFE Advisor

11. PFE in Critical Access & Small Rural Hospitals

12. PFE in Acute Care Hospitals

Patient and Family Engagement Best Practices: Acute Care Hospitals

DATE CHANGED TO: Thursday, July 27, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Describe successes in building a robust PFE Program/PFAC.
- Identify strategies to "grow" a PFE Program/PFAC.

2. Achieving Patient/Family Centered Care

4. PFE to Prepare for Hospital Admission

6. Role of PFE in Readmission Prevention

8. Adverse Event Transparency

10. Selecting/Training/Engaging Advisors

12. PFE in Acute Care Hospitals

g a PFE Program/PFAC.

QUESTIONS?



Thank you!

hospitalquality@hsag.com

This material was prepared by Health Services Advisory Group (HSAG), 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 No. XS-HQIC-DIS-07102023-01