



Leading Your Hospital on the Health Equity Journey:

Meeting Local Needs to Align with
New CMS Requirements



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Health Inequity Case Example 1

- 24-year-old Gravida 1 Para 0 at 38 weeks gestation who was planning a midwife home delivery, but the midwife noted mildly elevated blood pressure and mild proteinuria and refers her to a hospital-based OB practice to take over care.
- Patient is Native American, lives in a Tribal community located far from the nearest hospital providing delivery services. Patient is admitted for induction and monitoring and hospital.



Learning Objectives

- Review the new CMS requirements for hospital reporting related to health equity
- Considering the major options for addressing identifying and addressing inequitable outcomes, what is the best strategy for your hospital?

Equity . . .

1. Lack of discrimination

“We don’t discriminate against anyone, no matter what their race or what type of insurance they have. We provide excellent care to everyone!”



1955

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Newburgh, NY 12550
845-568-2300
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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Patricia Benninger, Director-Patient Relations, is available to help you.

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Equity . . .

2. Personal Choice?

“Outcomes may be different in different in different groups, but that is because of the choices they make, not due to how we treat them once they are in our care.”

Examples:

- Vaccinations
- Declining prenatal testing for Down Syndrome
- Living in remote rural area, far from hospitals



Equity . . .

3. Inequities are societal.

“We can work to fix them at the ballot box, through civic engagement, or individual activities, but in the hospital, we provide excellent care for everyone, no matter what their background.”

- Homelessness
- Poverty
- Chronic stress
- Racism



Tent encampment, Humboldt Bay

Reminder of Classifications of Inequity

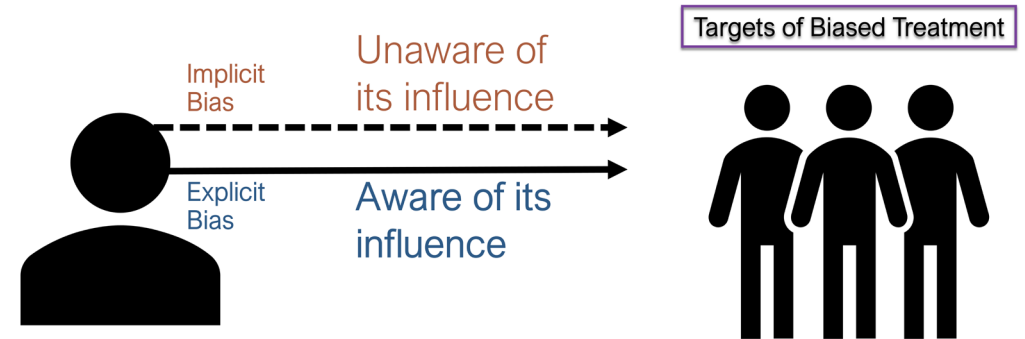
- Disability (including mental health and substance use-related disability)
- Housing Status
- Age
- Income
- Gender Identity/Sex
- National Origin/Immigration status
- Health insurance coverage
- Geography (rural vs. suburban vs. urban)
- Race/Ethnicity
- Non-English speaking
- Sexual Orientation

Inequities within control of hospitals . . .

Unequal treatment due to

1. Conscious discrimination
2. Subconscious discrimination (implicit bias)
3. Systematic/policy-driven differential resources/treatment within the health care system or the hospital (e.g. race-based clinical score tools in protocols)

Implicit Bias vs. Explicit Bias



Identifying Inequity in Hospitals

1. Perception of Patients on how they are treated.

Sources:

- HCAHPS, other member experience surveys (Narrative section)
- Grievances or complaints from patients or families
- Observations of your staff on behavior/practices of co-workers or systems
- Gemba walk by leaders, looking for potential issues with fresh eyes

2. Objective differences in processes or outcomes.

Analysis of data:

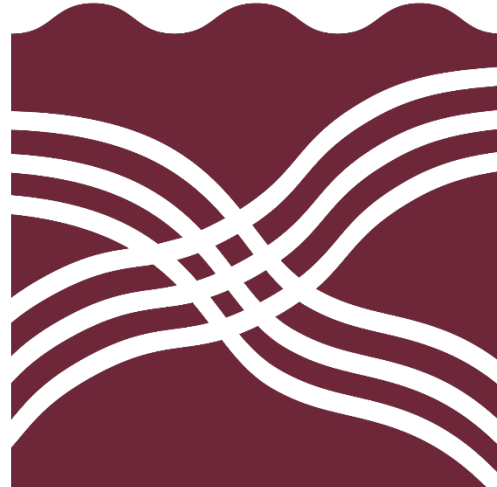
- CMS reported quality outcomes for hospitals: stratify by different groups
- Outpatient HEDIS data: stratify by different groups
- Data analysis of HCAHPS or other member experience data
- Race/ethnicity stratification of CMQCC data
- Custom analysis of hospital data for stratification

Table discussion

10 minutes: joint together in groups of 3-5 individuals

- Each hospital will describe what inequities they chose to focus on in their Equity or Quality Strategic Plan
- What data source is being used? (Objective Data or Patient Stories)
- What inequity did the data demonstrate?
- What interventions are contemplated?

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New CMS Health Equity Incentives



Brief Review: CMS Incentives for Quality Reporting and Outcomes

- Inpatient Prospective Payment System (IPPS): Medicare pays hospitals a global rate for hospital inpatients, based on Medicare Severity Diagnosis-Related Groups (MS-DRGs)
 - Annual adjustment to IPPS: 2.6% increase for FY 2025
 - Hospital Inpatient Quality Reporting Program (IQR) (pay for reporting) – Decrease of $\frac{1}{4}$ of annual increase (0.65% of total) if missing reporting/attestation
 - DRG may be adjusted for Social Determinants of Health affecting costs
 - Value-Based Purchasing (VBP) (pay for performance)-- Withhold 2% of total payments, earned back based on quality performance on performance
 - Many adjustments for geographic inequities (supporting rural hospitals) are built in

FY 2023 IPPS Final Rule: New Health Equity Provisions

CMS has adopted 3 new IQR measures with a Health Equity Focus

- Hospital Commitment to Health Equity
 - Beginning CY2023 Reporting Period
 - FY 2025 Payment Determination
- Screening for Social Drivers of Health
 - Voluntary reporting for CY 2023 reporting period
 - Mandatory reporting CY 2024 reporting period
- Screen Positive Rate for Social Drivers of Health
 - Voluntary reporting for CY 2023 reporting period
 - Mandatory reporting CY 2024 reporting period



Equity-Related Updates in FY 2024 IPPS

2024

- VBP adjustment for proportion of MediCare patients that also have Medicaid (income equity)
- Added 15 new health equity hospital categorizations for FY 2024
- Adjust DRG payment based on three homeless-related ICD10 codes
 - Unspecified, sheltered, unsheltered
- Two new quality measures to address racial inequities
 - Hospital Harm Acute Kidney Injury (Black hospitalized patients)
 - Hospital Harm Pressure Injury (Darker skin pigment associated)

Equity-Related Updates in FY 2025 IPPS

2025

- Added seven new homeless-related ICD10 codes for DRG payment adjustment (now 10 codes, Z55-Z65)
 - Inadequate housing and housing instability

FY 2023 IPPS Final Rule: New Health Equity Provisions

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- **Hospital Commitment to Health Equity**
- Screening for Social Drivers of Health
- Screen Positive Rate for Social Drivers of Health

Hospital Commitment to Health Equity: Five Domains

#1. Equity is a Strategic Priority

#2. Data Collection

#3. Data Analysis

#4. Quality Improvement

#5. Leadership Engagement

Select all that Apply

“Affirmative Attestation of ALL elements within a domain will be required for the hospital to receive a point for the domain in the numerator”

Domain 1: Equity is a Strategic Priority

- Elements: Select All that Apply
 - Our hospital strategic plan identifies **priority populations** who are currently experiencing health disparities
 - Our hospital strategic plan **identifies healthcare equity goals and discrete action steps** to achieve these goals
 - Our hospital strategic plan outlines **specific resources** which **have been dedicated** to achieving our equity goals
 - Our hospital strategic plan describes our approach for engaging with key stakeholders, such as **community-based organizations**

Domain 2: Data Collection

- Elements: Select All that Apply
 - Our hospital **collects demographic information** including self-reported race/ethnicity **and/or** social drivers of health information on the majority of our patients
 - Our hospital has **training for staff** in culturally sensitive collection of demographic and/or social determinant of health information
 - HSAG Toolkit
 - Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using certified EHR tech

Aligned Regulatory Mandates:

Screening for one social driver of health meets domain 2:

- SB 1152 (2019) requires screening for housing status prior to hospital discharge.



Domain 3: Data Analysis

- Element:
- 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

Domain 4: Quality Improvement

- Element:
- Our hospital participates in **local, regional, or national quality** improvement activities focused on reducing health disparities

Aligned Regulatory Mandates: Maternity Care

Fulfills domain 4 of hospital commitment:

- Participation in CMQCC: Equity Bundle
- Mandatory training on implicit bias for staff caring for OB patients

Non-mandate options: Partnership Hospital-Related Equity Activities

- Collaborative approach toward making hospital birth experience welcoming to the Native American population
 - Successful pilot: St. Joseph Hospital Eureka: Better Birthing Collaborative
- Enhanced training programs for low volume hospitals
 - Delivering Hospitals: Advanced Life Support in Obstetrics
 - Non-delivering Hospitals: Basic Life Support in Obstetrics
 - All hospitals: Advances in airway management for infants



Domain 5: Leadership Engagement

- Elements: Select All that Apply
 - Our **hospital senior leadership**, including chief executives and the entire hospital board of trustees **annually reviews our strategic plan for achieving health equity**
 - 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**

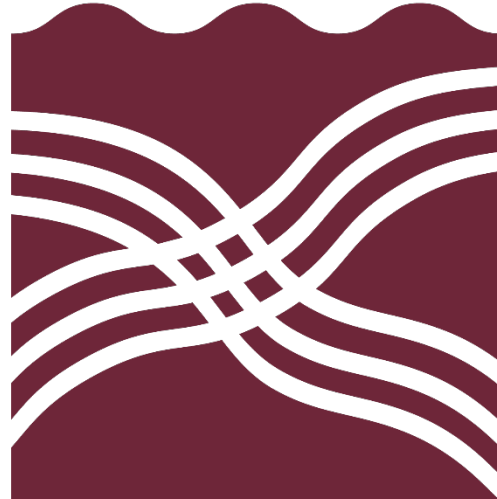
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Screening for Social Drivers of Health



Screening for Social Drivers

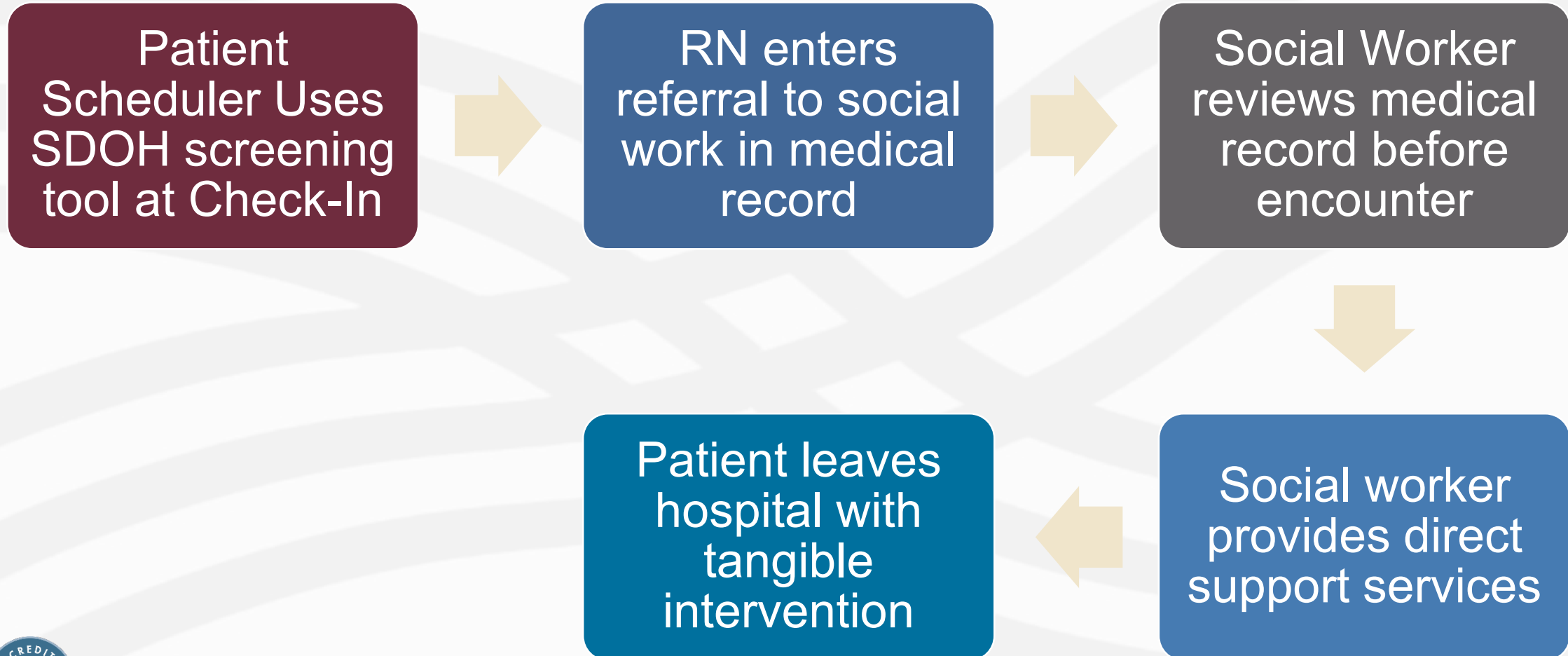
Hospitals participating in the Hospital Inpatient Quality Reporting Program will be required to report on social drivers measures:

- Screening for Social Drivers measures whether a hospital implements screening for all inpatients 18 years or older for one or more of five health-related social needs (HRSN):
 - Food insecurity, **housing instability**, transportation needs, utility difficulties, and interpersonal safety.

Screen Positive Rate on Social Drivers

- The Screen Positive Rate for Social Drivers of Health which measures the percent of inpatients who were screened for an HRSN and screened positive for at least one of the five HRSNs

Intervening based on Social Driver Screening: What Works?



Equity Case Example 2: Homeless

In the middle of one cold January night, a 60-year-old confused man arrives at the local homeless shelter and knocks on the door. He was dropped off by an ambulance after being discharged from a hospital located about 20 miles away, carrying a hospital discharge instruction sheet, and wearing a shirt and sweat pants but no jacket.



Housing and Homelessness

- One of the options for SDOH screening (minimum one required)
- SB 1152 (2019) requires screening for housing status prior to hospital discharge. If the patient is homeless, specific requirements apply:
 - Inform the patient of all available placement options
 - Communicate discharge plan in a way the patient can understand
 - Prioritize placement in sheltered location with supportive services

Housing and Homelessness

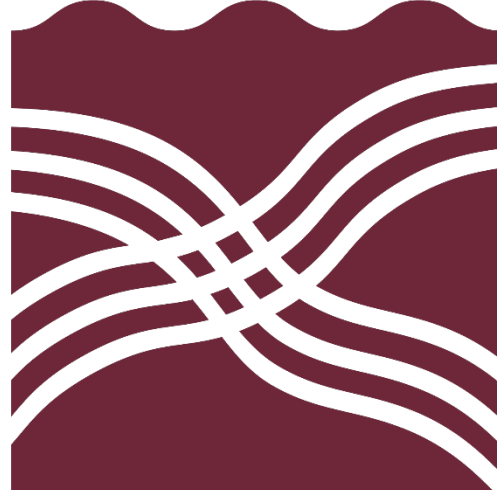
- Hospital must identify a post-discharge destination
 - If discharge destination is an agency or provider, they must agree in advance to placement, and must be provided written or electronic communication about health and behavioral health needs
 - Dwelling place patient considers home
 - Alternative location indicated by the patient
- In addition, they must be offered a meal, given weather appropriate clothing, and be provided transportation to the discharge location

Housing and Homelessness

- A focused effort to improve processes around discharge for homeless patients is a worthwhile area for Health Equity Focus



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Key Takeaways

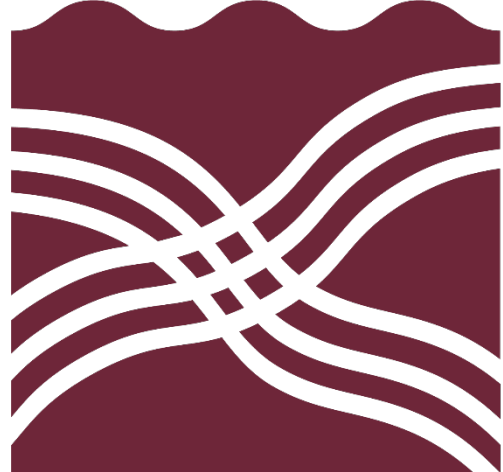


Considerations for Moving Forward on Equity

Due to complementary mandates, good candidates for hospital equity work are:

- Equitable, culturally sensitive care
 - Substance Use Disorder
 - Major mental health diagnoses
- Maternity care initiatives
- Patient transitions for homeless patients.

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Questions?

