

2023 Medicaid Quality Incentive Measure

Measure 5	
Contact Person	Abigail Berube, (206) 216- 2519
Measure Name:	Health Disparities Action Plan (new)
Measure eligibility:	All hospitals who wish to participate in MQI are eligible to complete this metric. Critical Access Hospitals (CAH) are not eligible to receive the incentive payment.
Why?	<p>This new measure aligns with The Joint Commission Requirements to Reduce Health Care Disparities Elements of Performance #3 and #4. (TJC R3) as well as CMS IQR Hospital Commitment to Health Equity measure (Domain 1).</p> <p>As hospitals progress in consistently collecting patient demographics (race, ethnicity, language, sexual orientation, gender identity and disabilities) and screening for health-related social needs (housing, food, transportation, utilities, violence), there is a need to transform data into action. This measure incentivizes all MQI eligible hospitals to take a closer look at one health disparity and develop a meaningful action plan. This measure provides additional guidance not currently part of the Joint Commission or CMS measures, to ensure that health disparities action plans are developed with the community and communicated transparently. It is our hope that this measure brings together collaborative sharing between hospitals to accelerate this important work.</p>
Clinical Rationale:	<p>Healthcare disparities are experienced by racial/ethnic minorities, people who prefer to speak a language other than English, gender minorities, older patients, people with disabilities, and other historically marginalized groups.¹ Therefore, it is essential for organizations to conduct analyses to understand the specific disparities that may exist at their institution. This process begins with stratifying existing measures hospital clinical measures.²⁻⁴</p> <p>Addressing health care disparities often involves the coordination of efforts across multiple departments and programs (including quality and safety) and should include the co-design and partnership of patients directly impacted by the disparity. Action planning to close the disparity gap may include staff training, new workflows, and improvements to the organization’s ability to screen and address patients’ health-related social needs.</p> <p>This is a new MQI Equity Measure and aligns with The Joint Commission Requirements to Reduce Health Care Disparities Elements of Performance #3 and #4. (TJC R3)</p> <p>Selected References:</p> <ol style="list-style-type: none"> 1. Smedley, B., Stith, A., & Nelson, A. (2003). Unequal treatment: Confronting racial and ethnic disparities in health care. Institute of Medicine Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Washington, D.C.: National Academy Press. 2. Centers for Medicare & Medicaid Services. (2021). Building an organizational response to health disparities. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf 3. O’Kane, M., Agrawal S., Binder, L., Dzau, V., Gandhi, T., Harrington, R., Mate, K., McGann, P., Meyers, D., Rosen, P., Schreiber, M., &

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	<p>Schummers, D. (2021). An equity agenda for the field of health care quality improvement. NAM Perspectives. National Academy of Medicine. Washington, DC. doi: 10.31478/202109b</p> <p>4. Health Research & Educational Trust. (2014). A framework for stratifying race, ethnicity and language data. www.hpoe.org</p>
<p>Definition:</p>	<p>The Health Disparities Action Plan measure has one part:</p> <p>1.) Complete a Health Disparities Action Plan including the following (must include all 5 components to receive credit):</p> <ul style="list-style-type: none"> • A specific hospital clinical quality or process measure that has been stratified by patient socio-demographics to identify a health disparity (For example, measures may be stratified by identity such as race, ethnicity, language, disability, sexual orientation, gender or an indicator of socioeconomic status such as payer or zip code, health related social needs such as housing instability, food insecurity or transportation access) • Root cause analysis of the underlying contributors to the identified disparity • Patient/community engagement by those most impacted by the health disparity • An implementation plan specifically addressing the disparity, not broadly applicable to development of community health and wellbeing • A plan to report to a governing body or committee with oversight (ie. quality committee or board) <p>Note: The Health Disparities Action Plan needs to only detail <u>one</u> disparity with an accompanying in-depth action plan and does not need to reflect the breadth of health equity activities undertaken at the participating hospital. The identified health disparity does NOT need to be a social driver of health (SDOH). Hospitals are encouraged to review available patient demographic data, including payer and geography, to identify disparities within their patient populations.</p>
<p>Included Populations:</p>	<p>The Health Disparities Action Plan must center on a historically marginalized population served by the hospital.</p>
<p>Exclusions:</p>	<p>No exclusions.</p>
<p>Fields to be reported:</p>	<p>1.) If the hospital currently has a Health Disparities Action Plan that includes all of the following 5 components:</p> <ul style="list-style-type: none"> • A specific hospital clinical quality or process measure that has been stratified by patient socio-demographics to identify a health disparity • Root cause analysis of the underlying contributors to the identified disparity • Patient/community engagement by those most impacted by the health disparity

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	<ul style="list-style-type: none"> An implementation plan specifically addressing the disparity, not broadly applicable to development of community health and wellbeing A plan to report to governing body or committee with oversight (ie. quality committee or board) <p>then answer Yes to “Health Disparities Action Plan”.</p> <p>Can enter Yes anytime during the data collection period.</p> <p>In QBS, upload your Health Disparities Action Plan that meets all 5 components. Template available upon request.</p> <p>Note: A hospital’s Community Health Needs Assessment (CHNA) and Implementation Plan may <u>not</u> meet this criteria. The Health Disparities Action Plan must provide data on a specific disparity using hospital data and is not synonymous with community benefit or community health improvement services.</p> <p>Only an answer of Yes and upload of all required documents will allow eligible hospitals to receive full credit toward the incentive.</p> <p>Recommend submitting early, WSHA will be able to provide review and feedback prior to Nov.</p>	
Data Collection period:	July 1, 2023 - December 31, 2023	
Reporting deadline:	30 days after the close of the performance period or by January 31, 2024	
Audits and validation: Do not change	Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.	
Submission Frequency:	Once during the performance period from July 1, 2023 to December 31, 2023.	
Data collection system:	Washington State Hospital Association Quality Benchmarking System, QBS.	
Data Scoring:	To receive 10 points (all or nothing):	
	<ul style="list-style-type: none"> Attest to action plan with all 5 components (y/n) Upload Disparities Action Plan 	
	Thresholds	Attest to action plan with all 5 components (y/n) Upload Disparities Action Plan
	Point Awards 2023	10 points