

New Federal Health Equity Quality Measures

As part of the federal fiscal year (FFY 2023) inpatient prospective payment system [final rule](#), the Centers for Medicare & Medicaid Services (CMS) finalized the addition of three new quality measures under the Inpatient Quality Reporting (IQR) Program related to health equity. Additional detail on each of the measures — Hospital Commitment to Health Equity, Screening for Social Drivers of Health, and Screen Positive Rate for Social Drivers of Health — is provided below.

Hospital Commitment to Health Equity

CMS adds a structural measure — Hospital Commitment to Health Equity — beginning with the calendar year (CY) 2023 reporting period/FFY 2025 payment determination and for subsequent years. The measure is intended to assess a hospital's commitment to health equity across five domains (e.g., Data Collection), each of which includes multiple elements (e.g., training staff in the culturally sensitive collection of demographic and/or social determinants of health information). Hospitals must attest affirmatively to each of the elements within a domain to receive a point for the domain, and the maximum score is five points. A complete list of the measure's domains and elements is provided in the table below:

Attestation Statement	Elements (Affirmative attestation of all elements within a domain would be required for the hospital to receive a point for the domain in the numerator)
Domain 1: Equity is a Strategic Priority	
Hospital commitment to reducing health care disparities is strengthened when equity is a key organizational priority. Please attest that your hospital has a strategic plan for advancing health care equity and that it includes all the following elements.	(A) Our hospital strategic plan identifies priority populations who currently experience health disparities. (B) Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals. (C) Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals. (D) Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
Domain 2: Data Collection	
Collecting valid and reliable demographic and social determinants of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities.	(A) Our hospital collects demographic information, including self-reported race and ethnicity and/or social determinants of health information on the majority of our patients. (B) Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinants of health information. (C) Our hospital inputs demographic and/or social determinants of health information collected from patients into structured, interoperable data elements using a certified EHR technology.
Domain 3: Data Analysis	

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.	(A) 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	
Health disparities are evidence that high-quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve the quality of care for all patients. Please attest that your hospital engages in the following activities.	(A) Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.
Domain 5: Leadership Engagement	
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. Please attest that your hospital engages in the following activities.	<p>(A) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.</p> <p>(B) 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.</p>

Numerator: Number of domains for which a hospital attests to completing all of the required elements

Denominator: Five points (one for each domain available for attestation)

Calculation: A point is awarded for each domain to which a hospital attests affirmatively. No partial credit is awarded; all elements within a domain must be completed to attest affirmatively and receive a point for that domain.

Data Submission and Reporting: Web-based data collection using the Hospital Quality Reporting (HQR) System and annual reporting per policy for hospital IQR Program structural measures. CMS proposes mandatory reporting beginning with CY 2023.

Measure specifications are available for download at [QualityNet](#).

In the final rule, CMS clarifies that the measure will not be included in the IQR Program's validation process at this time and that data submission is at the hospital CMS Certification Number level. CMS notes that related resources for staff education and training will be available through the [CMS Office of Minority Health](#) and [QualityNet](#).

Screening for Social Drivers of Health

CMS adopts a structural process measure — Screening for Social Drivers of Health — beginning with voluntary reporting for the CY 2023 reporting period and mandatory reporting beginning with the CY 2024 reporting period/FFY 2026 payment determination and for subsequent years. The measure is intended to promote the adoption of screening for health-related social needs (HRSNs) by hospitals across five domains: food security, housing instability, transportation needs, utility difficulties, and interpersonal safety. CMS does not require a specific, standardized screening tool, and refers readers to the Social Interventions Research and Evaluation Network

(SIREN) [website](#) for comprehensive information about the most widely used HRSN screening tools. Measure specifications are available for download at [QualityNet](#).

In the final rule, CMS revises the numerator statement to clarify that hospitals must screen patients for all five of the measure's included HRSN domains, and states that prior references to screening for "one or all" of the domains in the proposed rule were inadvertent technical errors. CMS further clarifies that screening should occur during inpatient admission but allows for recent medical record documentation of screening done in the outpatient clinic setting to be counted. CMS also confirms that data submission will occur online through the CMS HQR System. Lastly, CMS emphasizes repeatedly that the measure is intended to provide hospitals with individualized, actionable data and not to support comparisons across hospitals. Any other use of the data, such as risk adjustment of existing measures, would not be implemented without first being proposed through notice-and-comment rulemaking.

Numerator: Number of patients admitted to an inpatient hospital stay who are screened for all of the five included HRSN domains

Denominator: Number of patients admitted to an inpatient hospital stay

Exclusion: Patients younger than 18 years of age at the time of admission are excluded from the numerator and denominator. Also excluded from the denominator are patients who opt out of screening and patients who are unable to complete the screening themselves and lack a guardian or caregiver available to do so on the patient's behalf.

Calculation: The number of patients admitted and screened divided by the number of admissions

Data Submission and Reporting: Web-based data collection using the Hospital Quality Reporting (HQR) System and annual reporting per policy for hospital IQR Program structural measures

Screen Positive Rate for Social Drivers of Health

CMS adopts this structural measure as a companion measure to the Screening for Social Drivers of Health measure beginning with voluntary reporting for the CY 2023 reporting period and mandatory reporting beginning with the CY 2024 reporting period/FFY 2026 payment determination and for subsequent years. CMS says the measure is intended to enhance standardized data collection for identifying high-risk individuals who could benefit from connection via the hospital to community-based services relevant to their HRSNs. CMS also believes the measure also could allow impact estimates for the effects of the included HRSN domains on hospitalizations and be valuable during discharge planning. CMS notes that the measure is not intended for comparisons among hospitals. Measure specifications are available for download at [QualityNet](#).

Numerator: For each HRSN, the number of patients who screen positive on the date of admission

Denominator: For each HRSN, the number of patients screened

Exclusion: Patients younger than 18 years at the time of admission are excluded from the numerator and denominator. Also excluded from the denominator are patients who opt out of screening and patients who are unable to complete the screening themselves and lack a guardian or caregiver available to do so on the patient's behalf.

Calculation: A separate rate is calculated for each screening domain so that five rates are calculated by each hospital for screen-positive patients divided by screened patients.

Data Submission and Reporting: Web-based data collection using the Hospital Quality Reporting (HQR) System and annual reporting per policy for Hospital IQR Program structural measures