

HEALTH EQUITY STANDARDS AND REGULATIONS FOR HOSPITALS

The Centers for Medicare & Medicaid Services (CMS) and independent accrediting bodies recently have implemented health equity standards or regulations for hospitals, which could lose accreditation or Medicare or Medicaid payments by failing to adhere to these requirements.

CMS

Hospital Inpatient Payments

Beginning October 2022, CMS mandated new hospital measures under the Inpatient Quality Reporting Program. Hospitals that do not meet these requirements see a 25 percent reduction in Medicare payments. Data from the program are publicly reported on the Care Compare website, and poor results can impact a hospital's reputation and influence patients' hospital choices.

Requirements related to health equity include:

Screening for social drivers of health (SDOH):

Percent of beneficiaries 18 years and older screened for food insecurity, housing instability, transportation problems, utility help needs, and interpersonal safety.

Screen positive rate for SDOH: Percent of beneficiaries 18 years and older who screen positive for food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety.

Hospital commitment to health equity: Attestation measure that assesses promoting an organizational culture of equity through equity-focused leadership, commitment to robust demographic data collection, and active review of disparities in key quality outcomes.

Medicare Physician Payments

Beginning January 1, 2023, CMS implemented new quality requirements for physicians. Physicians can see Medicare

and Medicaid reimbursement reductions for failing to meet these requirements, which include:

- A quality measure for screening for social drivers of health.
- Two new equity improvement activities: actions to improve care for LGBTQ+ patients and creating and implementing a language access plan.

Center for Medicare and Medicaid Innovation

ACO Health Equity Adjustment: CMS finalized a health equity adjustment of up to 10 bonus points for the quality performance category score of an Accountable Care Organization (ACO) when reporting all-payer electronic clinical quality measures. This adjustment is based on high-quality measure performance and the provision of care for a higher proportion of underserved or dually eligible beneficiaries.

Community Health Access and Rural

Transformation (CHART) Model: Launched in August 2020, the CHART Model is a voluntary payment model designed for hospitals in rural communities. The model requires hospitals to submit transformation plans focusing on population health disparities, including behavioral health treatment, substance use disorder treatment, chronic disease management, prevention, and maternal and infant health. It also requires plans to address social determinants of health.

INDEPENDENT ACCREDITING BODIES

CMS requires hospitals to receive certification that they comply with national health and safety requirements, known as Conditions of Participation (CoPs). Accreditation by independent accrediting bodies, such as The Joint Commission, the National Committee for Quality

Assurance (NCQA), and DNV, is the primary way hospitals show they have met these requirements.

The Joint Commission

Effective January 1, 2023, The Joint Commission implemented new accrediting standards for hospitals, including one (LD.04.03.08) that requires organizations to designate individuals to lead efforts to reduce health care disparities, screen patients for social determinants of health, and stratify quality and safety data demographically. On July 1, 2023, the commission elevated this standard to a National Patient Safety Goal to improve health care equity.

Also on July 1, the commission launched a voluntary Health Care Equity certification program with more rigorous guidelines than the base health equity standards required for accreditation. Eligibility is based on meeting standards across five domains: leadership, collaboration, data collection, provision of care, and performance improvement.

NCQA

In 2021, NCQA began adding health equity requirements to its entire portfolio, which includes both health plan accreditation and the development of quality measures. NCQA began with a voluntary health equity accreditation program that requires participating hospitals to collect information from patients to support culturally and linguistically appropriate services. Hospitals must show they have policies and procedures to protect collected data and outline the notification process for those privacy protections. In 2022, NCQA launched Health Equity Accreditation Plus, which seeks to build on the initial accreditation offering.

DNV

DNV, an international assurance and risk management provider, has accreditation language that mirrors anti-discrimination patient requirements outlined in section 1557 of the Affordable Care Act (Revision 20-1). DNV's standards included further interpretative guidance that requires signage in multiple languages. The accrediting body's interpretive guidance also specifies how the terms "spouse," "marriage," and "family" should be interpreted, to include individuals in a same-sex marriage, regardless of whether the jurisdiction where the organization is located recognizes such marriages.

MEDICAL EDUCATION ACCREDITATION

The Liaison Committee on Medical Education (LCME) and Accreditation Council for Graduate Medical Education (ACGME) play crucial roles in ensuring the quality of medical education programs in the United States.

LCME

The LCME is an accrediting body for educational programs at schools of medicine in the United States. For these programs, LCME accreditation establishes eligibility for select federal grants and programs, including Title VII funding administered by the U.S. Public Health Service.

Since 1997, LCME has had accreditation standards related to cultural competence, disparities, and diversity in medical schools. Those include requiring that medical schools promote diversity, create professional and respectful learning environments, and help students attain competencies required of future physicians. LCME also requires medical schools to have effective policies and practices to achieve diversity outcomes among students, faculty, and other members of the academic community through recruitment and retention activities, such as pipeline programs and partnerships, and to evaluate the outcomes of these programs.

ACGME

The ACGME is responsible for the accreditation of graduate medical education programs, such as internships and residencies. To promote diversity, equity, and inclusion (DEI) within graduate medical education, ACGME released Common Program Requirements for residency programs in 2020. The ACGME requires individual programs to evaluate diversity within their training programs. The ACGME has stressed the significance of addressing DEI in graduate medical education and has encouraged programs to create their own approaches to promoting diversity and inclusion, despite the lack of specific guidelines. The aim is to foster faculty and trainees who reflect the community in which they practice.