RQITA
RESOURCE CENTER

Hospital Commitment to Health Equity Data Submission Guide

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Introduction

This measure is a quality measure the Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration (HRSA) is adopting for use in the Medicare Beneficiary Quality Improvement Project (MBQIP) within the Medicare Rural Hospital Flexibility Program.

This resource is intended to be used by critical access hospital personnel involved in MBQIP and State Flex personnel. This guide is based on currently available information. The information provided and submissions dates are subject to change. For guidance on the Flex Program or MBQIP measures connect with your State Flex Program or the Rural Quality Improvement Technical Assistance (RQITA) Resource Center at RQITA@telligen.com.

Measure Overview

Measure Name: Hospital Commitment to Health Equity

Measure Short Name: HCHE

MBQIP Domain: Global Measures

Quality Programs: MBQIP, CMS Inpatient Quality Reporting (IQR) Program

Measure Description

Measure Description: The Hospital Commitment to Health Equity measure is a structural measure that assesses the hospital's commitment to health equity and involvement in health equity practices within the facility.

Hospitals will receive points for responding to questions in five (5) different domains of commitment to advancing health equity.

- Domain 1 – Equity is a Strategic Priority
- Domain 2 – Data Collection
- Domain 3 – Data Analysis
- Domain 4 – Quality Improvement
- Domain 5 – Leadership Engagement

Hospital score can be a total of zero to five points (one point for each domain, must attest "yes" to all sub-questions in each domain, no partial credit).

Measure Rationale for being in MBQIP

The recognition of health disparities and inequities has been heightened in recent years, and it is particularly relevant in rural areas. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to healthcare specialists and subspecialists, and limited job opportunities. Rural residents are also less likely to have employer-provided health insurance coverage, and if they are poor, often are not covered by Medicaid. The intent of this measure is to help ensure hospitals are considering and addressing equity in the care they provide to their community.
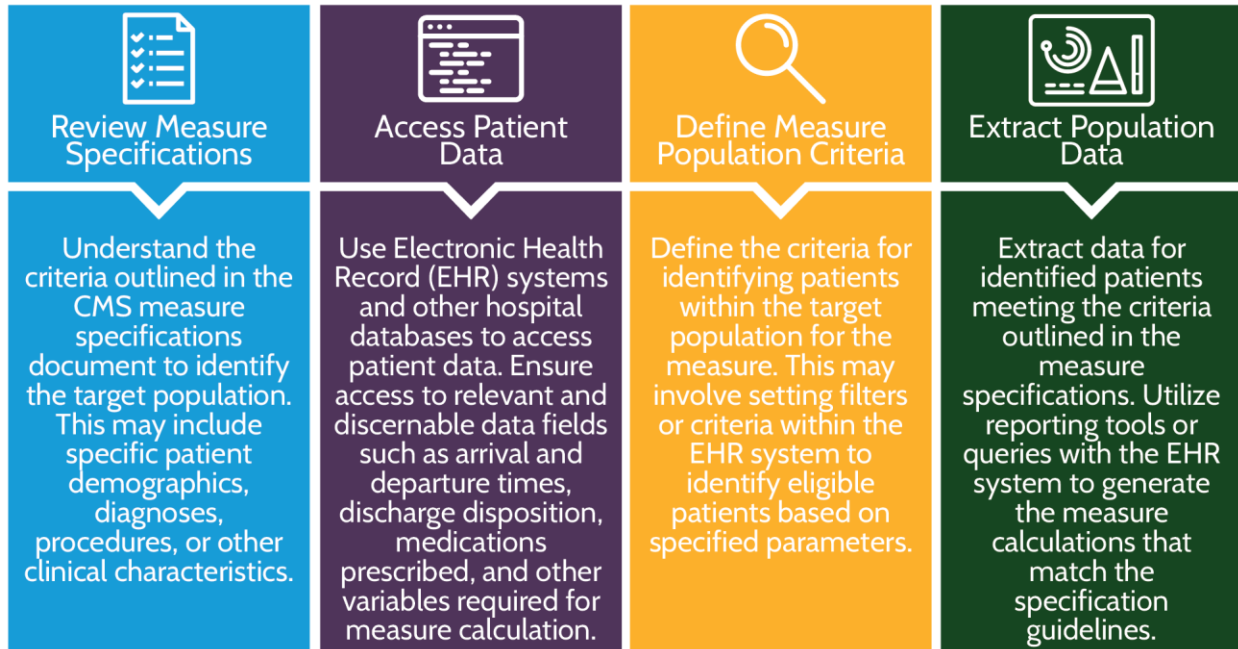
Relevance for Rural Hospitals

Promoting health equity is a priority in CMS' Meaningful Measures framework, which is CMS' initiative to ensure "high quality and timely care with equal access for all patients and consumers, including those

with social risk and demographic variables for all health episodes in all settings of care" (see the [Meaningful Measures Hub](#) for more information). Thus, CMS is reporting this structural measure to assess hospital commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity.
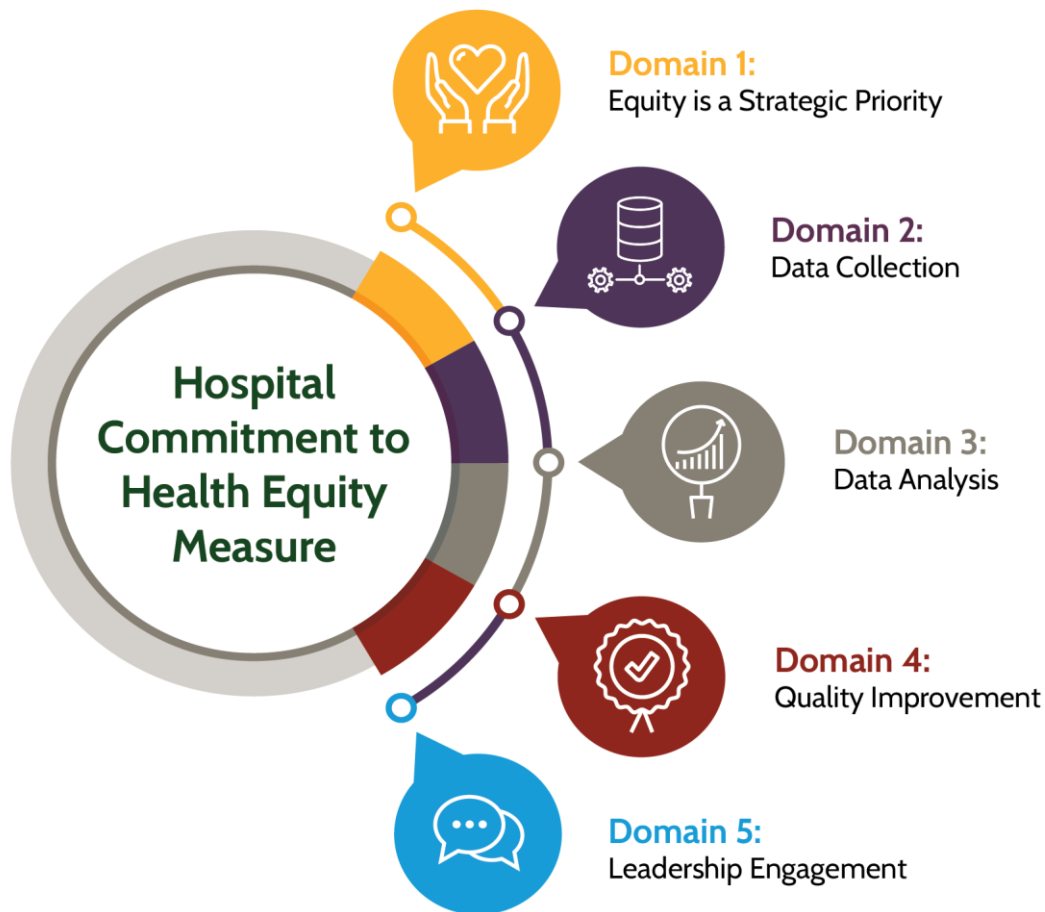
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Getting Started

Reporting data for a quality measure for the first time can be a daunting task for hospital staff. Below are actionable first steps hospital quality teams can take for reporting new measures for hospitals.

Review Measure Specifications	Access Patient Data	Define Measure Population Criteria	Extract Population Data
Understand the criteria outlined in the CMS measure specifications document to identify the target population. This may include specific patient demographics, diagnoses, procedures, or other clinical characteristics.	Use Electronic Health Record (EHR) systems and other hospital databases to access patient data. Ensure access to relevant and discernable data fields such as arrival and departure times, discharge disposition, medications prescribed, and other variables required for measure calculation.	Define the criteria for identifying patients within the target population for the measure. This may involve setting filters or criteria within the EHR system to identify eligible patients based on specified parameters.	Extract data for identified patients meeting the criteria outlined in the measure specifications. Utilize reporting tools or queries with the EHR system to generate the measure calculations that match the specification guidelines.

Data Collection Details

In order to receive credit for a domain a hospital must be able to attest to each statement in the domain. Below each of the domains are reviewed with examples of qualifying activities a hospital can perform in meet the requirements for the equity domain. This information was derived from the Hospital Inpatient Quality Reporting (IQR) Program Attestation Guidance for the Hospital Commitment to Health Equity Measure and measure specifications.

Hospital Commitment to Health Equity Measure

Domain 1: Equity is a Strategic Priority

Domain 2: Data Collection

Domain 3: Data Analysis

Domain 4: Quality Improvement

Domain 5: Leadership Engagement

Domain 1 – Equity is a Strategic Priority
Domain 1: Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Under Domain 1, a strategic plan is defined as a written plan to address healthcare equity that is shared across the individual hospital. A hospital may, however, affirmatively attest to Domain 1 if it adapts a health system-level strategic plan for use in its hospital. The plan should reflect each individual hospital's participation within the strategic plan.

Domain 1 attestation elements and sub-domains 1A-1D are below. For examples of how to meet each of the elements below refer to the Hospital Inpatient Quality Reporting (IQR) Program Attestation Guidance for the Hospital Commitment to Health Equity Measure.

Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements (note: attestation of all elements is required to qualify for the numerator):

1A. Our hospital strategic plan identifies priority populations who currently experience health disparities.

1B. Our hospital strategic plan identifies healthcare quality goals and discrete action steps to achieve these goals.

1C. Our hospital strategic plan outlines specific resources which have been dedicated to achieve our equity goals.

1D. Our hospital strategic plan describes our approach for engaging key stakeholders such as community-based organizations.

Tools to Help Meet Domain 1 Elements	Building an Organizational Response to Health Disparities Source: CMS Office of Minority Health
	Guide to Reducing Disparities in Readmissions Source: CMS Office of Minority Health
	Improving Health Equity through Data Collection and Use: A Guide for Hospital Leaders Source: American Hospital Association / Health Research & Educational Trust
	Achieving Health Equity: A Guide for Health Care Organizations (White Paper) Source: Institute for Healthcare Improvement This content is available on ihi.org via a free account login
	Improving Health Equity: Guidance for Health Care Organizations Source: Institute for Healthcare Improvement This content is available on ihi.org via a free account login
	Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals Source: The Joint Commission

Domain 2 – Data Collection

Domain 2: Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Hospitals are encouraged to collect social drivers of health data electronically and use tools that have undergone validity and reliability testing.

Domain 2 attestation elements and sub-domains 2A- 2C are below. For examples of how to meet each of the elements below refer to the Hospital Inpatient Quality Reporting (IQR) Program Attestation Guidance for the Hospital Commitment to Health Equity Measure.

Please attest that your hospital engages in the following activities (note: attestation of all elements is required in order to qualify for the numerator):

2A. Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.

2B. Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.

2C. Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using certified EHR technology.

Tools to Help Meet Domain 2 Elements	Building an Organizational Response to Health Disparities Source: CMS Office of Minority Health
	Guide to Reducing Disparities in Readmissions Source: CMS Office of Minority Health
	Inventory of Resources for Standardized Demographic and Language Data Collection Source: CMS Office of Minority Health
	The Center for Medicare and Medicaid Innovation (CMMI) Accountable Health Communities Model Social Needs Screening Tool Source: CMS Center for Medicare and Medicaid Innovation
	2015 Edition Cures Update and the Certification Companion Guide (CCG) Source: The Office of the National Coordinator for Health Information Technology
	Improving Health Equity through Data Collection and Use: A Guide for Hospital Leaders Source: American Hospital Association / Health Research & Educational Trust
	Improving Health Equity: Guidance for Health Care Organizations Source: Institute for Healthcare Improvement This content is available on ihi.org via a free account login
	Social Interventions Research and Evaluation Network (SIREN) Evidence & Resource Library Source: SIREN

Domain 3 – Data Analysis

Domain 3: 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.

Domain 3 attestation element and sub-domain 3A is below. For examples of how to meet the element below refer to the Hospital Inpatient Quality Reporting (IQR) Program Attestation Guidance for the Hospital Commitment to Health Equity Measure.

Please attest that your hospital engages in the following activities (note: attestation in all elements is required to qualify for the numerator):

3A. Our hospital strategizes key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.

	Building an Organizational Response to Health Disparities Source: CMS Office of Minority Health
Tools to Help Meet Domain 3 Elements	Improving Health Equity through Data Collection and Use: A Guide for Hospital Leaders Source: American Hospital Association / Health Research & Educational Trust
	Improving Health Equity: Guidance for Health Care Organizations Source: Institute for Healthcare Improvement This content is available on ihi.org via a free account login

Domain 4 – Quality Improvement

Domain 4: Health disparities are evidence that high quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients.

Domain 4 attestation element and sub-domain 4A is below. For examples of how to meet the element below refer to the Hospital Inpatient Quality Reporting (IQR) Program Attestation Guidance for the Hospital Commitment to Health Equity Measure.

Please attest that your hospital engages in the following activities (note: attestation in all elements is required to qualify for the numerator):

4A. Our hospital participates in local, regional, or national quality improvement activities focused on

reducing health disparities.

	Building an Organizational Response to Health Disparities Source: CMS Office of Minority Health
	Guide to Reducing Disparities in Readmissions Source: CMS Office of Minority Health
Tools to Help Meet Domain 4 Elements	Improving Health Equity: Guidance for Health Care Organizations Source: Institute for Healthcare Improvement This content is available on ihi.org via a free account login
	Building a Culture of Health Source: Robert Wood Johnson Foundation

Domain 5 – Leadership Engagement

Domain 5: 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.

Domain 5 attestation elements and sub-domains 5A and 5B are below. For examples of how to meet each of the elements below refer to the Hospital Inpatient Quality Reporting (IQR) Program Attestation Guidance for the Hospital Commitment to Health Equity Measure.

Please attest that your hospital engages in the following activities. Select all that apply (note: attestation in all elements is required in order to qualify for the numerator.

5A. Our hospital senior leadership, including chief executives and the entire hospital board of trustees,

annually reviews our strategic plan for health equity.

5B. 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.

Tools to Help Meet Domain 5 Elements	Building an Organizational Response to Health Disparities Source: CMS Office of Minority Health
	Improving Health Equity through Data Collection and Use: A Guide for Hospital Leaders Source: American Hospital Association / Health Research & Educational Trust
	Achieving Health Equity: A Guide for Health Care Organizations (White Paper) Source: Institute for Healthcare Improvement This content is available on ihi.org via a free account login
	Improving Health Equity: Guidance for Health Care Organizations Source: Institute for Healthcare Improvement This content is available on ihi.org via a free account login

Measure Reporting Details

The following are data elements for the measure necessary for reporting the measure and collecting data. For more detailed data refer to the measure specifications.

Measure Encounter Period: This measure is reported annually reflecting calendar year (January 1, 20XX – December 31, 20XX) encounter period.

Measure Submission Deadline: This measure is submitted annually. Data is due on May 15 of each year for data from the previous year. Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.

Measure Reporting Platform: This measure is an annual attestation submitted through the Hospital Quality Reporting (HQR) secure portal.

Measure Population: N/A – This measure assesses hospital and leadership commitment.

Calculation: Hospital score can be a total of zero (0) to five (5) points (one point for each domain, must attest "yes" to all sub-questions in each domain, no partial credit).

Data Collection: Attestation

Data Source: Hospital tracking

Reporting the Data

The steps for reporting this measure into the Hospital Quality Reporting (HQR) platform are detailed below. A video tutorial is also available through the Centers for Medicare & Medicaid Services (CMS) YouTube webpage HQR Playlist.

Step 1: First, log into the Hospital Quality Reporting (HQR) platform via your HARP ID.

From the dashboard go to 'navigation menu' on the left side of the screen and select 'Data Submissions'.
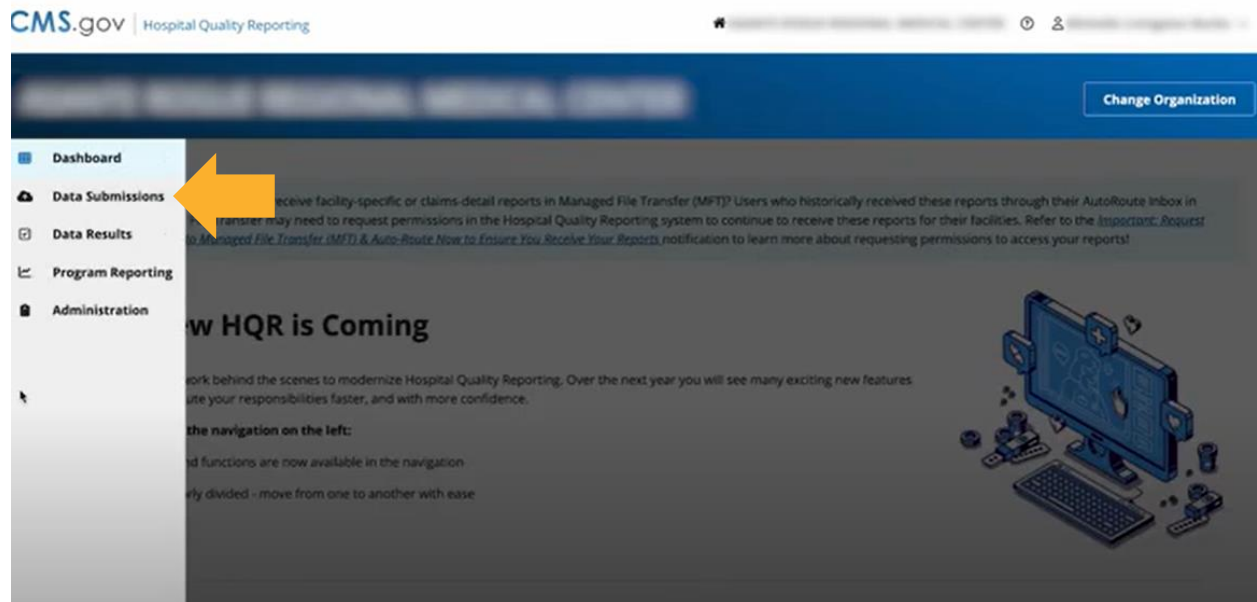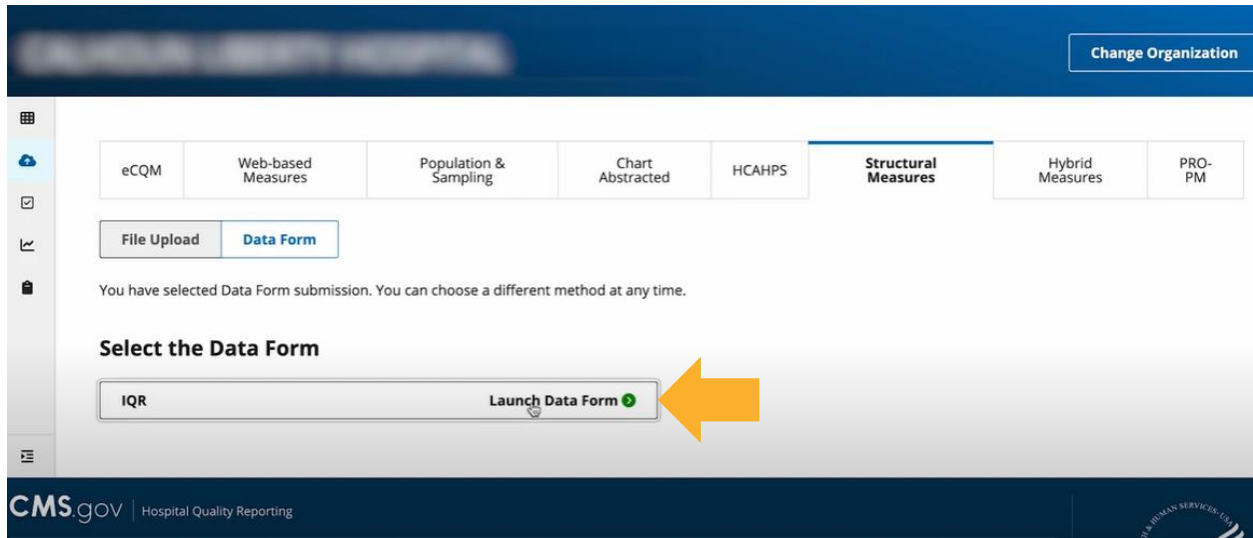
Step 2: Select the 'Structural Measures' tab at the top.
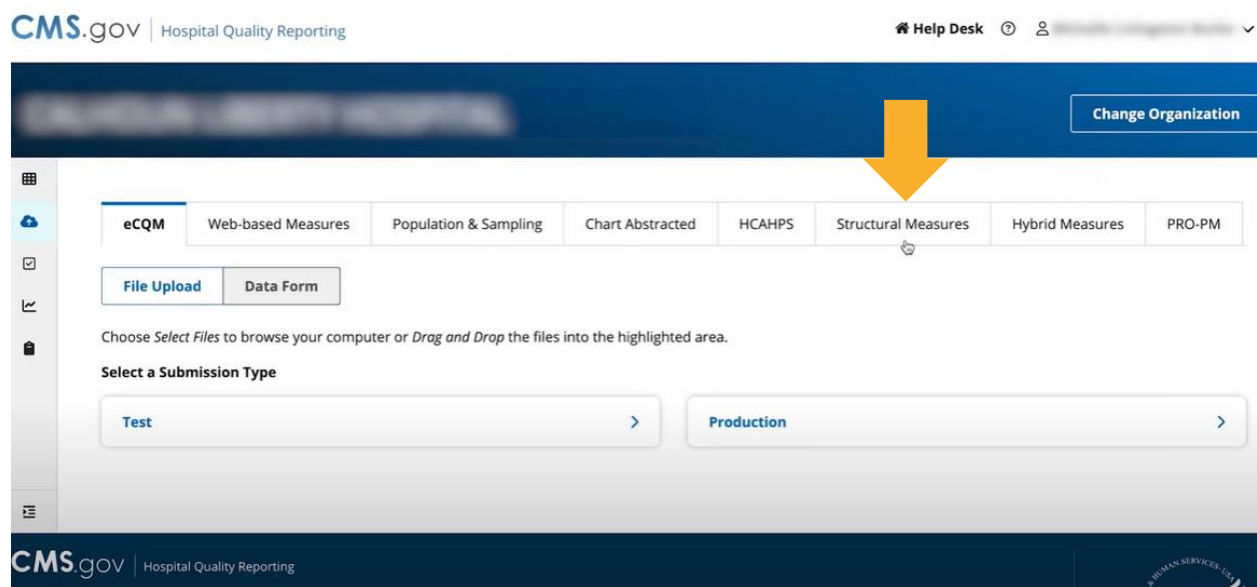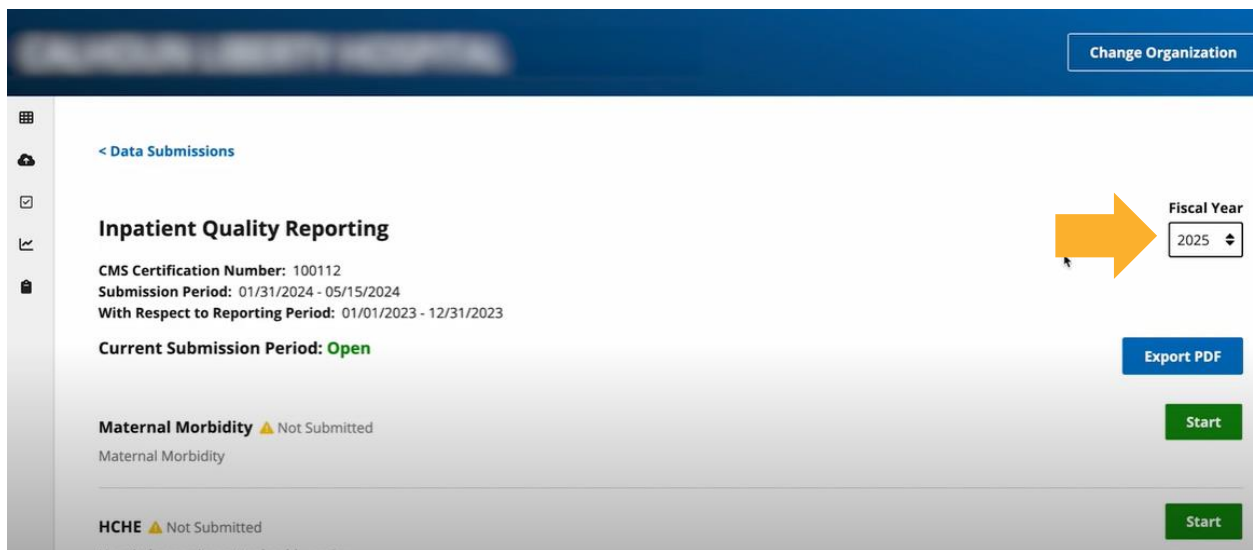
Step 3: Next select 'Launch Data Form'.

Step 4: Now you are on the Structural Measures page.
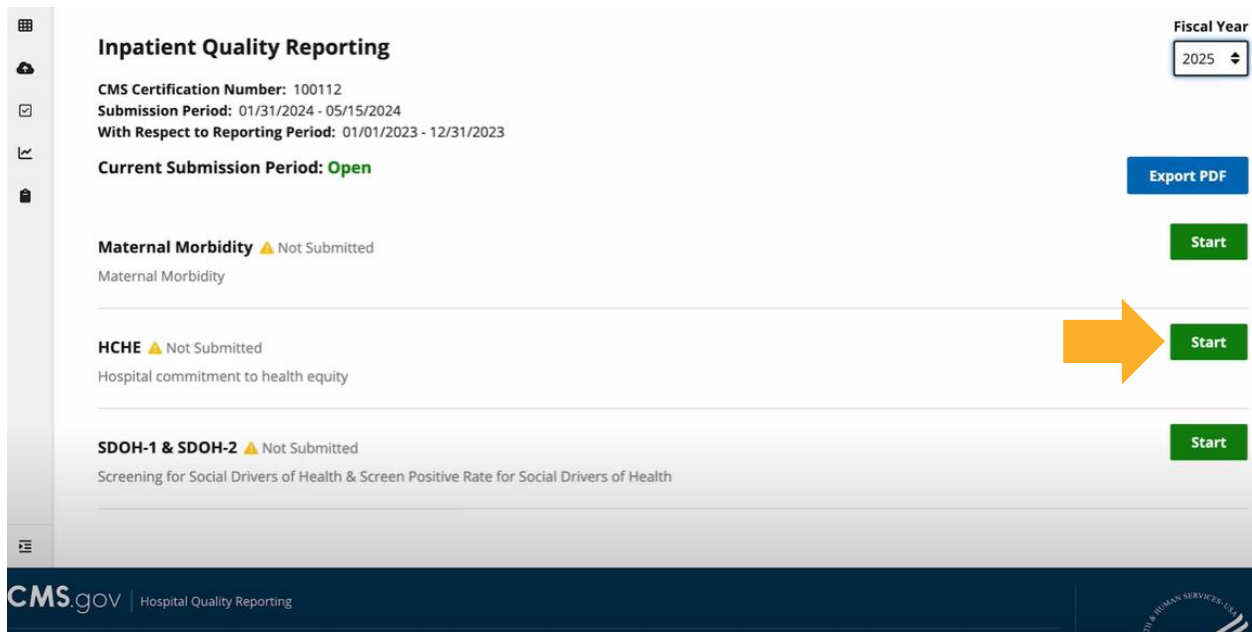
Start by selecting the Fiscal Year you want to enter data for. The Fiscal Year is two years after the Calendar Year for encounter dates you are submitting. The data is collected during the Calendar Year, then typically submitted the following year, and the payment is given in the Fiscal Year.

For example, the data collected during CY (Calendar Year) January 1, 2023–December 31, 2023, will be submitted during the April 1, 2024–May 15, 2024 Submission Period. If there would be an APU (Annual Payment Update) for the data, it would be paid in the FY (Fiscal Year) 2025.

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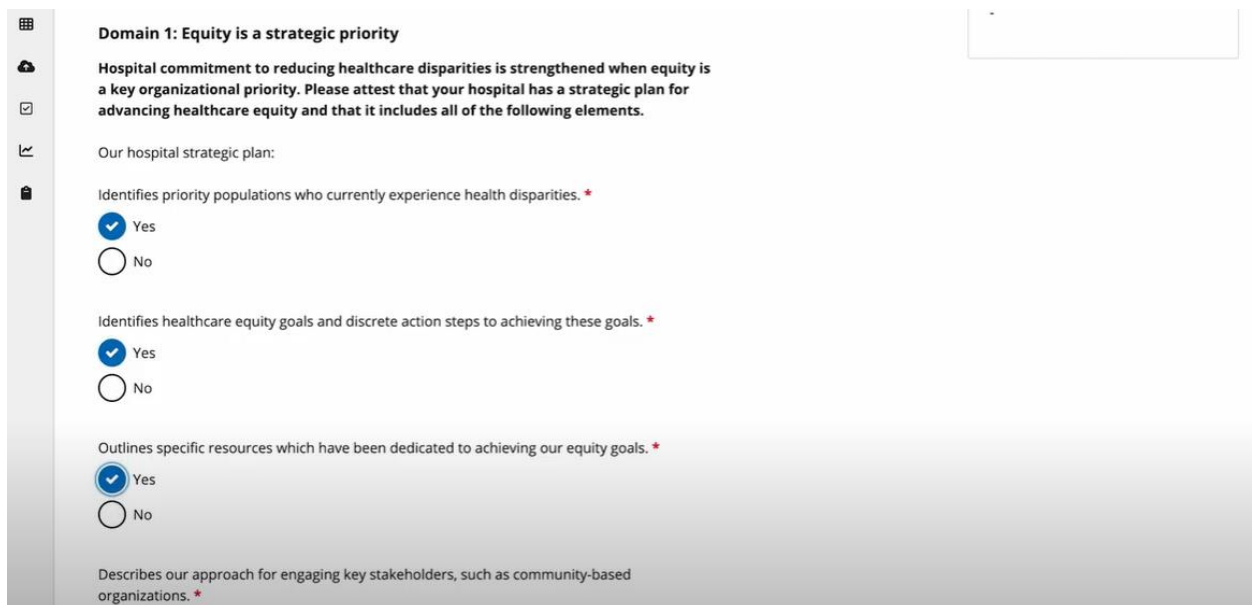
Step 5: To begin answering questions for the HCHE measure, scroll down and select the 'Start' button.

Step 6: Begin with answering the questions in Domain 1 and proceed to answer the questions for all 5 domains. If you select 'Yes' to each question in the domain, you will receive a point for the whole domain. If you select 'No' to any questions in a domain or skip a question you will not receive any points for the domain. No partial points are given for a specific domain. When you are finished, select the 'Submit' button which follows Domain 5.

Step 7: The system will show your score. The final score is out of 5 points tallied across the 5 domains. You may edit at any time by selecting the 'Edit' button. You may also export your selections into a PDF by selecting the 'Export PDF' button outlined below in red. This is recommended in order to have confirmation of submission for your own records.