CMS Health Equity Measures and Joint Commission Requirements to Reduce Health Disparities

March 2, 2023

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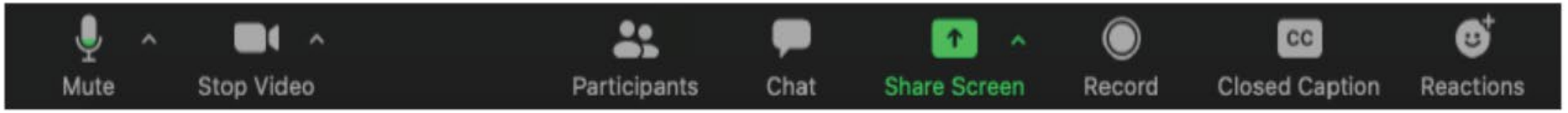

Chat **Everyone** for general comments or questions

The IPRO HQIC

The IPRO HQIC

- A federally funded Medicare Hospital Quality Improvement Contractor (HQIC) in 12 states.
- IPRO collaborates with several organizations to reach hospitals.

- IPRO
- Healthcentric Advisors
- Kentucky Hospital Association
- Qlarant
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

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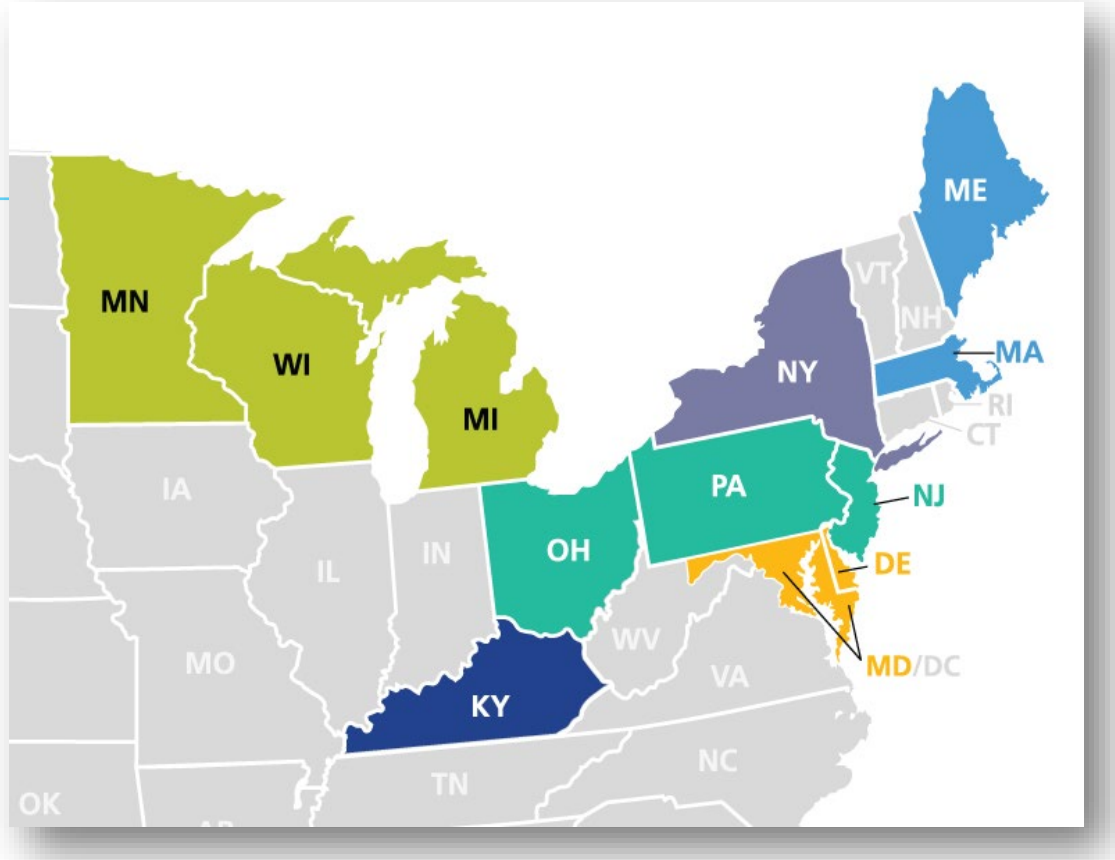

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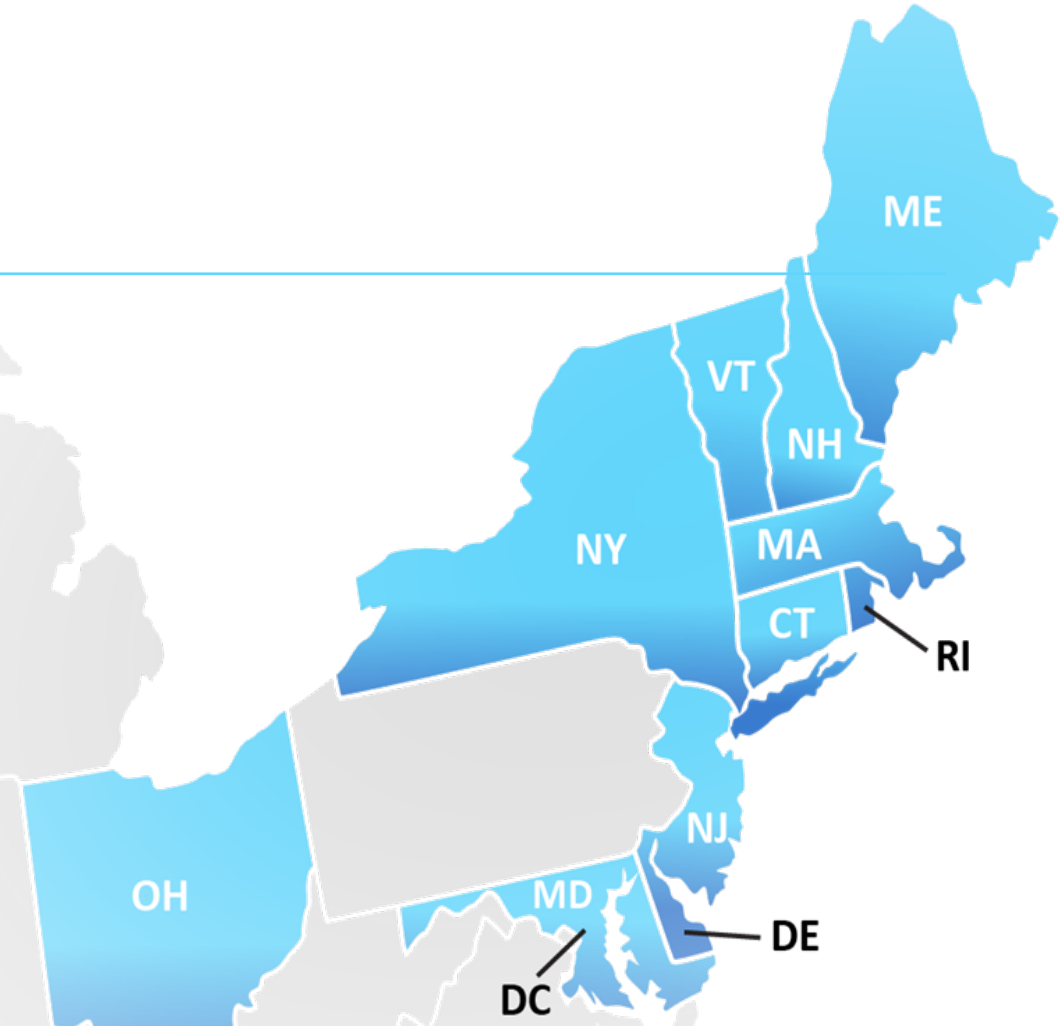
The IPRO QIN-QIO

The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally



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Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries

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Guest Presenters

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Hospital IQR Program

Hospital IQR Program Overview

- Pay-for-reporting program for subsection (d) hospitals
  - Excludes psychiatric, rehabilitation, long-term care, children's, critical access, and 11 Prospective Payment System (PPS)-exempt cancer hospitals. Hospitals located in Puerto Rico and other United States territories are also excluded.
- Requires these hospitals to report on quality measures each year
- Hospitals that did not satisfactorily meet the criteria for the Hospital IQR Program will receive their annual market basket update with a reduction by one-fourth of the applicable market basket update

Ten New Hospital IQR Program Measures

Measure Name	Finalized Start of Data Collection
Hospital Commitment to Health Equity	Calendar Year (CY) 23 Reporting Period
Screening for Social Drivers of Health	Voluntary CY 23 Reporting; Mandatory CY 24 Reporting
Screen Positive Rate for Social Drivers of Health	Voluntary CY 23 Reporting; Mandatory CY 24 Reporting
Cesarean Birth eCQM	Added to the eCQM list from which hospitals can self-select to report in CY 23; mandatory reporting for all hospitals beginning with CY 24
Severe Obstetric Complications eCQM	Added to the eCQM list from which hospitals can self-select to report in CY 23; mandatory reporting for all hospitals beginning with CY 24
Hospital Harm- Opioid-Related Adverse Events eCQM	Added to the eCQM list from which hospitals can self-select to report in CY 24
Global Malnutrition Composite Score eCQM	Added to the eCQM list from which hospitals can self-select to report in CY 24
Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) PRO-PM	Two voluntary reporting periods followed by a mandatory period which runs from July 1, 2025 – June 30, 2026
Medicare Spending Per Beneficiary (MSPB)	Claims beginning with FY 2024 payment determinations
Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total THA/TKA	Claims with admissions dates from April 1, 2019 – March 31, 2022 (excluding claims covered by the COVID-19 related Extraordinary Circumstance Exception [ECE])

Finalized New Measure #1: Hospital Commitment to Health Equity Measure

- Structural measure that assesses hospital commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ community, individuals with limited English proficiency, rural populations, religious minorities and people facing socioeconomic challenges.
- Includes five attestation domains and the elements within each of those domains that a hospital must attest to for the hospital to receive credit for that domain.
- Each of the domains would be represented in the denominator as a point, for a total of 5 points (one per domain)
  - The numerator would capture the total number of domain attestations that the hospital is able to affirm.
- Will follow established annual submission and reporting requirements as previously finalized for structural measures.
- Finalized this measure for the CY 2023 reporting period/FY 2025 payment determination and for subsequent years.

Finalized New Measure #2 : Screening for Social Drivers of Health Measure

- Assesses whether a hospital implements screening of all patients that are 18 years or older at time of admission for health-related social needs (HRSNs) including food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
  - This measure requires that patients be screened for all five HRSNs.
- To report on this measure, hospitals will provide:
  - The number of inpatients admitted to hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; and
  - The total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.
- Calculated as the number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission screened for each of the five HRSNs divided by the total number of patients 18 years or older on the date of admission admitted to the hospital.

Finalized New Measure #2: Screening for Social Drivers of Health Measure (continued)

- Finalized voluntary reporting of the measure beginning with the CY 2023 reporting period, followed by mandatory reporting on an annual basis beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years.
- Will follow established annual structural measure submission and reporting requirements.
- Due to variability across hospital settings and the populations they serve, we finalized the proposal to allow hospitals flexibility with selection of tools to screen patients.

Finalized New Measure #3: Screen Positive Rate for Social Drivers of Health Measure

Structural measure that provides information on the percent of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, were screened for all five HRSNs, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety.

- The numerator consists of the number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSNs, and who *screen positive* for having a need in one or more of the following five HRSNs (calculated separately): Food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety.
- The denominator consists of the number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are *screened* for all five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.

Finalized New Measure #3: Screen Positive Rate for Social Drivers of Health Measure

(continued)

- Hospitals will report this measure as five separate rates.
  - We note that this measure is intended to provide information to hospitals on the level of unmet social needs among patients served, and not necessarily for comparison between hospitals.
- Finalized voluntary reporting beginning with the CY 2023 reporting period and then mandatory reporting beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years.
- Will follow established annual structural measure submission and reporting requirements.

FY 2023 IPPS/LTCH PPS Final Rule Page Directory

- Download the FY 2023 IPPS/LTCH PPS final rule from the *Federal Register:* *https://www.federalregister.gov/documents/2022/08/10/2022-16472/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the*
- Details regarding various quality programs can be found on the pages listed below:
  - HRRP pp. 49081 - 49094
  - Hospital VBP Program pp. 49094 - 49120
  - HAC Reduction Program pp. 49120 - 49138
  - Hospital IQR Program pp. 49190 - 49310
  - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 49311 - 49314
  - Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp. 49314 - 49319
  - Promoting Interoperability pp. 49319 - 49370

Claims-Based Coordination of Care Measures (Excess Days in Acute Care)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	✓	✓	✓	✓	✓
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure	✓	✓	✓	✓	✓
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia	✓	✓	✓	✓	✓

Claims-Based Coordination of Care Measures (Readmission)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					HRRP Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
READM-30-AMI	Hospital 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction Hospitalization						✓	✓	✓	✓	✓
READM-30-PN	Hospital 30-Day, All-Cause RSRR Following Pneumonia Hospitalization						✓	✓	✓	✓	✓
READM-30-THA/TKA	Hospital 30-Day, All-Cause RSRR Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty						✓	✓	✓	✓	✓
READM-30-HWR	Hospital-wide All-Cause Unplanned Readmission Measure	✓	✓	✓							
READM-30-COPD	Hospital 30-Day, All-Cause RSRR Following Chronic Obstructive Pulmonary Disease Hospitalization						✓	✓	✓	✓	✓
READM-30-CABG	Hospital 30-Day, All-Cause RSRR Following Coronary Artery Bypass Graft Surgery						✓	✓	✓	✓	✓
READM-30-HF	Hospital 30-Day, All-Cause RSRR Following Heart Failure Hospitalization						✓	✓	✓	✓	✓

Claims-Based Mortality Outcome Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
MORT-30-AMI	Hospital 30-Day, All-Cause Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction Hospitalization						✓	✓	✓	✓	✓
MORT-30-HF	Hospital 30-Day, All-Cause RSMR Following Heart Failure Hospitalization						✓	✓	✓	✓	✓
MORT-30-PN	Hospital 30-Day, All-Cause RSMR Following Pneumonia Hospitalization						✓	✓	✓	✓	✓
MORT-30-COPD	Hospital 30-Day, All-Cause RSMR Following Chronic Obstructive Pulmonary Disease Hospitalization						✓	✓	✓	✓	✓
MORT-30-STK	Hospital 30-Day, All-Cause RSRR Following Acute Ischemic Stroke	✓	✓	✓	✓	✓					
MORT-30-CABG	Hospital 30-Day, All-Cause RSMR Following Coronary Artery Bypass Graft Surgery						✓	✓	✓	✓	✓

Claims-Based Patient Safety Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year					HAC Reduction Program Fiscal Year				
		23	24	25	26	27	23	24	25	26	27	23	24	25	26	27
COMP-HIP-KNEE*	Hospital-Level Risk-Standardized Complication Rate Following Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty		✓	✓	✓	✓	✓	✓	✓	✓	✓					
CMS PSI 04	CMS Death Rate among Surgical Inpatients with Serious Treatable Complications	✓	✓	✓	✓	✓										
CMS PSI 90	CMS Patient Safety and Adverse Events Composite											✓	✓	✓	✓	✓

* Finalized beginning FY 2024 for Hospital IQR Program

Claims-Based Efficiency and Payment Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
MSPB*	Medicare Spending Per Beneficiary - Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓
AMI Payment	Hospital-Level, Risk-Standardized Payment (RSP) Associated with a 30-Day Episode of Care for Acute Myocardial Infarction	✓	✓	✓	✓	✓					
HF Payment	Hospital-Level, RSP Associated with a 30-Day Episode of Care for Heart Failure	✓	✓	✓	✓	✓					
PN Payment	Hospital-Level, RSP Associated with a 30-Day Episode of Care for Pneumonia	✓	✓	✓	✓	✓					
THA/TKA Payment	Hospital-Level, RSP Associated with a 30-Day Episode of Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty		✓	✓	✓	✓					

* Finalized beginning FY 2024 for Hospital IQR Program

Clinical Process of Care Measures (via Chart Abstraction)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
PC-01	Elective Delivery	✓	✓	✓	✓	✓
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	✓	✓	✓	✓	✓

EHR-Based Clinical Process of Care Measures (eCQMs)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Promoting Interoperability Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
ED-2	Admit Decision Time to ED Departure Time for Admitted ED Patients	✓	✓	✓			✓	✓	✓		
PC-05	Exclusive Breast Milk Feeding and the subset PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	✓	✓	✓			✓	✓	✓		
Safe Use of Opioids	Safe Use of Opioids – Current Prescribing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-02	Discharged on Antithrombotic Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-06	Discharged on Statin Medication	✓	✓	✓			✓	✓	✓		
VTE-1	Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

EHR-Based Clinical Process of Care Measures (eCQMs) (continued)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Promoting Interoperability Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HH-01	Hospital Harm—Severe Hypoglycemia Measure			✓	✓	✓			✓	✓	✓
HH-02	Hospital Harm—Severe Hyperglycemia Measure			✓	✓	✓			✓	✓	✓
ePC-02*	Cesarean Birth			✓	✓	✓			✓	✓	✓
ePC-07*	Severe Obstetric Complications			✓	✓	✓			✓	✓	✓
HH-ORAE**	Hospital-Harm—Opioid Related Adverse Events				✓	✓				✓	✓
GMCS**	Global Malnutrition Composite Score				✓	✓				✓	✓

* Finalized beginning FY 2025. Finalized mandatory beginning FY 2026.
** Finalized beginning FY 2026.

Claims and Electronic Data Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
Hybrid HWR	Hybrid Hospital-Wide Readmission		✓	✓	✓	✓
Hybrid HWM	Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure			✓	✓	✓

HWR=Hospital-Wide Readmission
HWM=Hospital-Wide Mortality

National Healthcare Safety Network Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
HCP Influenza Vaccination	Influenza Vaccination Coverage Among Healthcare Personnel	✓	✓	✓	✓	✓
HCP COVID-19 Vaccination	COVID-19 Vaccination Coverage Among Health Care Personnel		✓	✓	✓	✓

HCP=healthcare personnel

Structural Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
Maternal Morbidity	Maternal Morbidity Structural Measure		✓	✓	✓	✓
HCHE*	Hospital Commitment to Health Equity			✓	✓	✓

* Finalized this measure with FY 2025.
HCHE=Hospital Commitment to Health Equity

Patient-Reported Outcome Performance Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		24	25	26	27	28
THA/TKA PRO-PM*	Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient Reported Outcome-Based Performance Measure (PRO-PM)			✓	✓	✓

* Finalized this measure as voluntary beginning with FY 2026 and mandatory with FY 2028.

Process Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
SDOH-1*	Screening for Social Drivers of Health			✓	✓	✓
SDOH-2*	Screen Positive Rate for Social Drivers of Health			✓	✓	✓

* Finalized these measures as voluntary beginning FY 2025 and mandatory with FY 2026.
SDOH=social drivers of health

HAI Measures

Measure ID	Measure Name	Hospital VBP Fiscal Year					HAC Reduction Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
CLABSI	NHSN Central Line-Associated Bloodstream Infection Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CAUTI	NHSN Catheter-Associated Urinary Tract Infection Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colon and Abdominal Hysterectomy SSI	ACS-CDC Harmonized Procedure Specific Surgical Site Infection Outcome (Colon Procedures and Abdominal Hysterectomy Procedures)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MRSA	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-Resistant *Staphylococcus aureus* Bacteremia Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDI	NHSN Facility-Wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

ACS-CDC=American College of Surgeons - Centers for Disease Control and Prevention

Patient Experience of Care Survey Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Chat In 

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Improving Health Care Equity:
Accreditation Standards and Resources

Christina L. Cordero, PhD, MPH
Project Director, Healthcare Standards Development
Division of Healthcare Quality Evaluation

March 2, 2023

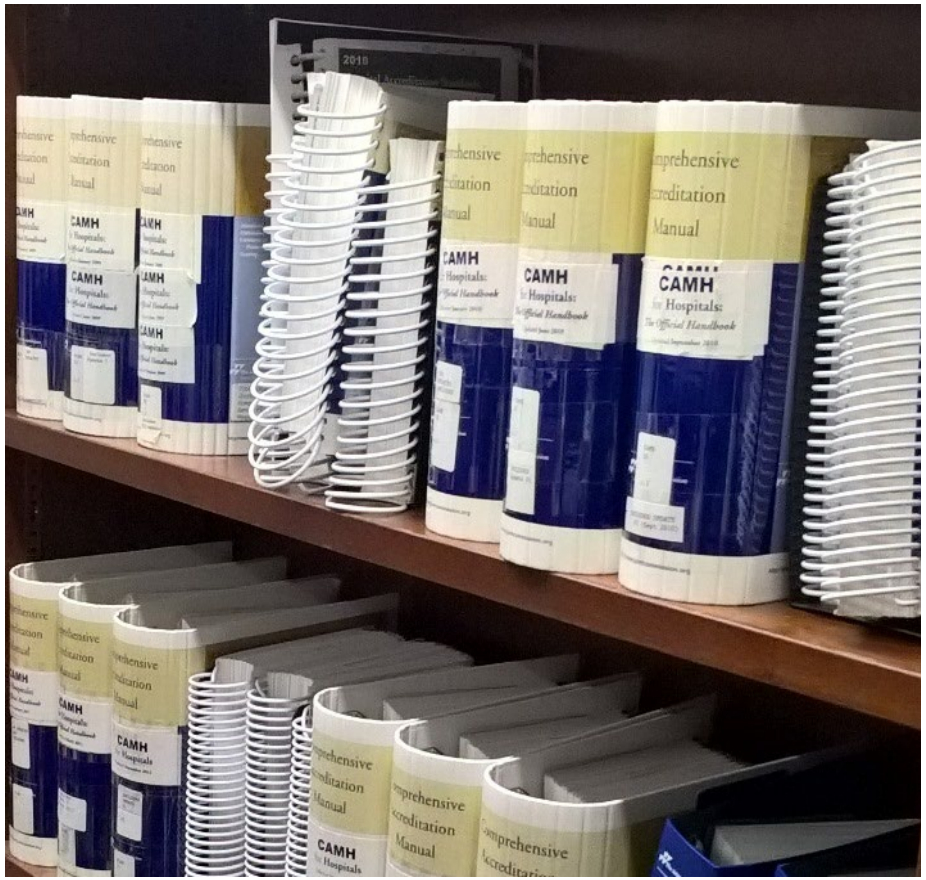
The Joint Commission

Health Care Equity is a Quality and Safety Priority

- Health care equity is a quality of care problem.
- Needs a similar approach to other patient safety priorities:
  - Understand the root causes
  - Address with targeted interventions

Requirements Related to Health Care Equity

- **Ensure care that is free from discrimination**
- **Collect race and ethnicity data**
- Collect preferred language data
- Right to effective communication
- Provision of language services
- Qualifications for language interpreters
- Informed consent
- Patient participation in care
- Patient education meets patient needs
- Access to a support individual



Current Health Care Equity Initiatives

Internal efforts to address diversity, equity, and inclusion

- DEI Council

Publications focused on health care equity issues

- Speak Up
- Quick Safety
- Sentinel Event Alert
- The Source

Inspire organizations through the Tyson Award

- Measurable improvement in health care equity

Develop accreditation and certification requirements

- Webinars
- Website
- Resources

Assess and Address Health Care Disparities

- Expanded scope beyond addressing individual patient needs to identifying health care disparities
- Focus on health-related social needs (HRSN) vs. social determinants of health (SDOH)

New Accreditation Requirements

- New Leadership (LD) Standard LD.04.03.08 and 6 new EPs
- Release Timeline:
  - Pre-publication requirements released in July 2022
  - Implementation in January 2023
- Standards address foundational elements organizations need to establish to advance their health care equity programs

Applicable Programs

Hospital and Critical Access Hospital	Ambulatory Health Care	Behavioral Health Care and Human Services
• All accredited hospitals	• Group practices providing primary care • Not applicable to episodic care, dental services, or surgical services	• Addictions Services • Eating Disorders Treatment • Intellectual Disabilities/Developmental Delays • Mental Health Services • Primary Physical Health Care

- Strongest evidence and available resources for HAP, CAH, AHC, BHC
- Will continue to monitor the literature to expand applicability

New Leadership Standard (LD.04.03.08)

Standard LD.04.03.08: Reducing health care disparities for the hospital's patients is a quality and safety priority.

- Commitment, vision, creativity, and sustained effort at all levels (including the C-suite and the Board)
- Established leaders and standardized structures and processes in place to detect and address health care disparities
- Efforts should be fully integrated with existing quality improvement activities within the organization

Designate a Leader (EP 1)

The hospital designates an individual(s) to lead activities to reduce health care disparities for the organization's patients.

Intent and Implementation Strategies:

- Establishes clear lines of accountability
- Identify an individual that will have responsibilities for activities to reduce health care disparities.
- Consider how health care equity initiatives are coordinated across the hospital.

Assess Health-Related Social Needs (EP 2)

The hospital assesses the patient's health-related social needs and provides information about community resources and support services.

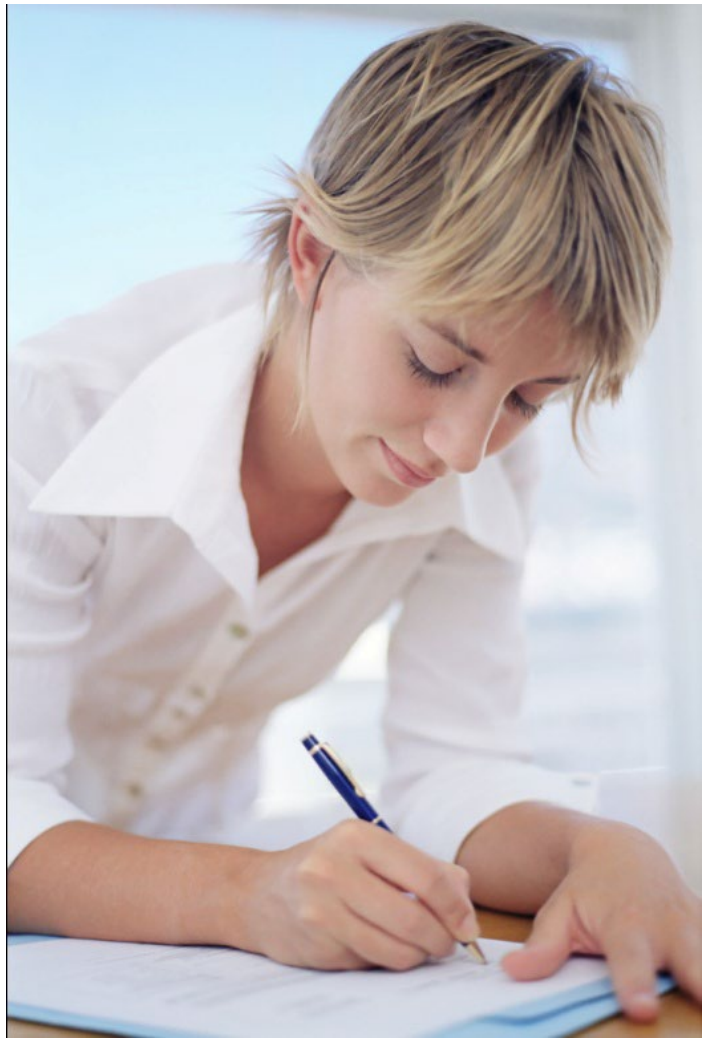
Intent and Implementation Strategies:

- Addressing health-related social needs (HRSNs) can help reduce health care disparities and improve health outcomes.
- Flexibility to determine which patients to assess for HRSNs, which HRSNs to assess, and which resources to provide to address HRSNs
- Focus on a representative sample of patients or collect data from all patients
- Connect patients with resources and support services in the community.

Resources for EP 2

The PRAPARE Implementation and Action Toolkit
This toolkit provides sample scripts (Chapter 2) that have been developed to educate patients on the importance of collecting data on social determinants of health and how that information will inform care and services. (Source: NACHC)

A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights
This guide describes the HRSN Screening Tool from the Accountable Health Communities (AHC) Model and share promising practices for universal screening. (Source: CMS)



Identify Health Care Disparities (EP 3)

The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.

Intent and Implementation Strategies:

- Understand which processes and outcomes vary by sociodemographic characteristics
- Organizations choose which measures to stratify and which sociodemographic characteristics to use for stratification:
  - Focus on high-risk topics or select measures that affect all patients
  - Examples of sociodemographic characteristics in Notes

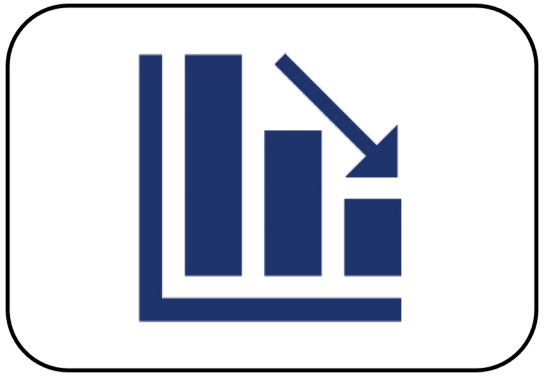
Develop an Action Plan (EP 4)

The hospital develops a written action plan that describes how it will address at least one of the health care disparities identified in its patient population.

Intent and Implementation Strategies:

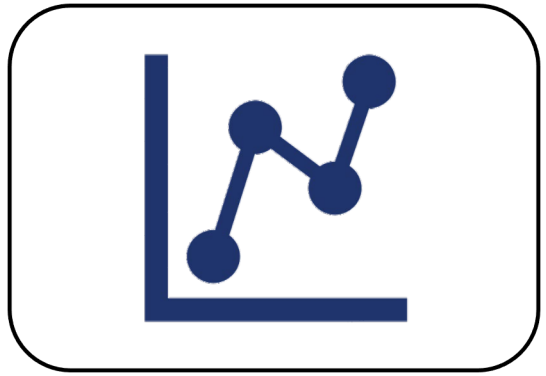
- Focus on reducing one health care disparity

Specific population(s) of focus



Organization's improvement goal

Strategies and resources to achieve the goal



Process to monitor and report progress

The Joint Commission

Resources for EP 4

Disparities Impact Statement

This fillable worksheet guides the development of a 5-step action plan to identify health disparities and priority populations, define goals, establish a health equity strategy, determine what your organization needs to implement its strategy. (Source: CMS)

PRAPARE Readiness Assessment Tool

The tool asks a series of questions to help organizations determine their level of readiness for moving forward with health equity-related efforts. (Source: NACHC)

Make Improvements (EP 5)

The hospital acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.

Intent and Implementation Strategies:

- Assess progress and evaluate whether efforts to reduce health care disparities are successful
- Identify opportunities to revise the action plan or provide additional resources to achieve goal(s)
  - Review stratified quality and safety metrics to track progress
  - Collect feedback from patients about new services or interventions
  - Evaluate staff training and education needs

Keep Stakeholders Informed (EP 6)

At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

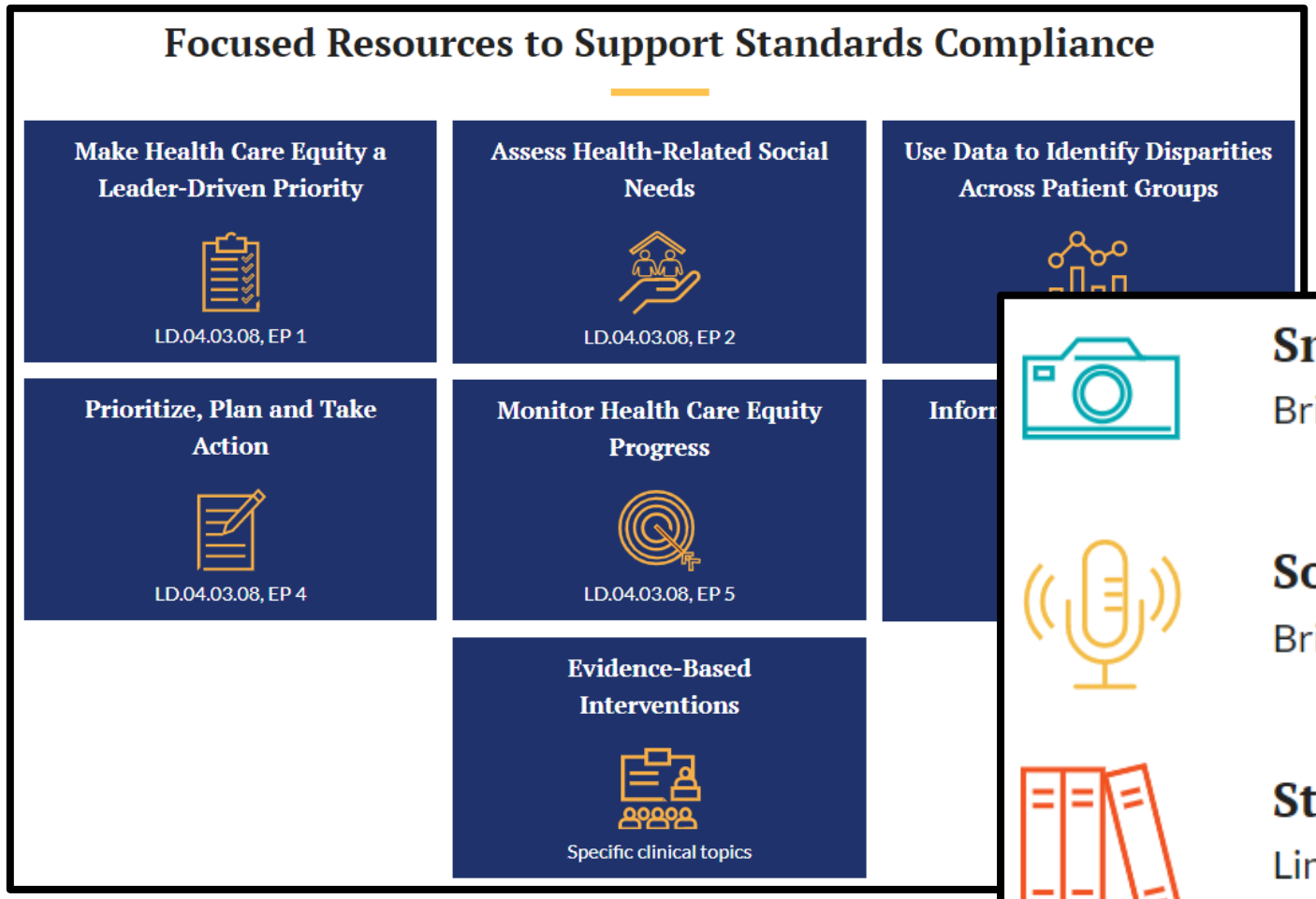
Intent and Implementation Strategies:

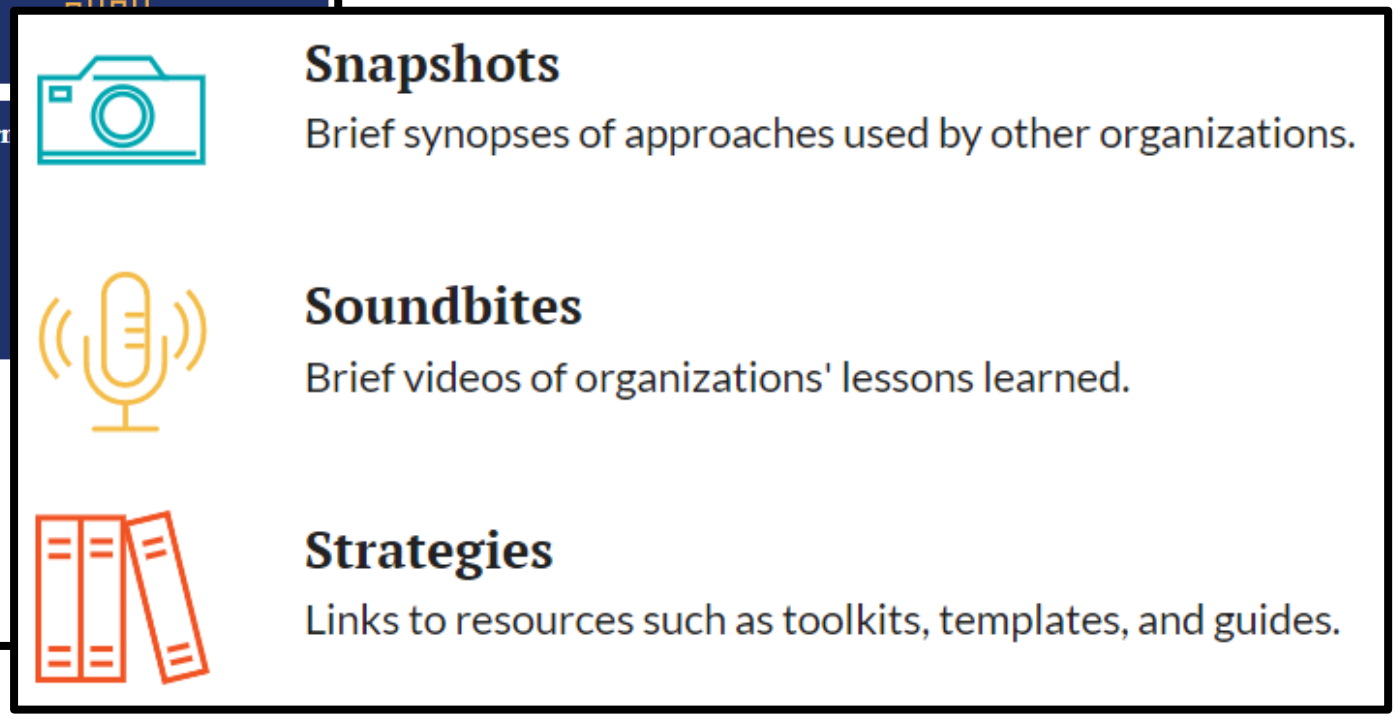
- Leadership, practitioners, and staff need to be aware of the organization's initiatives to address health care disparities and understand their role

- Important to receive updates about the challenges and successes of the organization's efforts to improve care for all patients
  - Examples: Presentations (quarterly meetings, town hall, staff meetings), newsletters, progress boards, intranet page

Resource Center

https://www.jointcommission.org/our-priorities/health-care-equity/standards-and-resource-center/





Coming Soon: July 2023

New National Patient Safety Goal

- Move LD.04.03.08 to NPSG.16.01.01
- Same expectations, 6 EPs

New Health Care Equity Certification Program

- Voluntary for hospitals, separate from accreditation
- Builds upon accreditation requirements for health care equity

The Joint Commission

Questions?

For more information, please contact the
Department of Standards and Survey Methods (DSSM)
using the form located at https://dssminquiries.jointcommission.org

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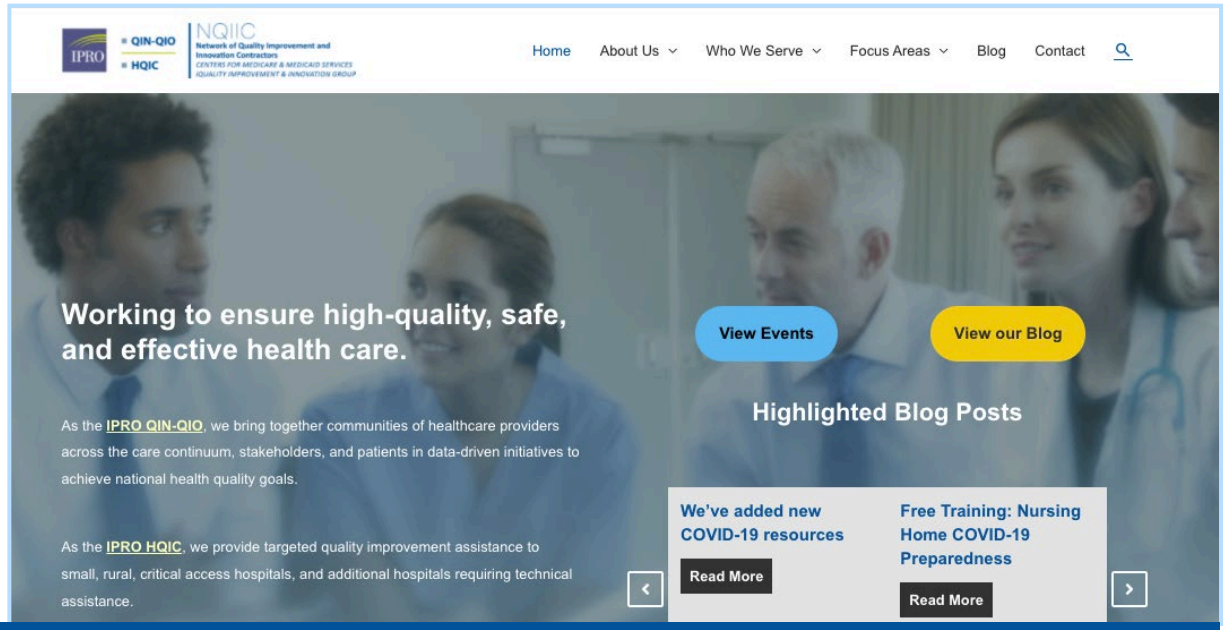

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Thank You!