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HEALTH EQUITY GUIDE

September 2023



CMS Advances Health Equity in Proposed Rules and Releases a Postpartum Care Toolkit

The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would change Medicare payments under the [Physician Fee Schedule and Medicare Part B](#) taking effect in 2024. Health-equity related changes include:

- Coding and payment for social determinants of health (SDOH) risk assessments.
- Adding SDOH risk assessments to the annual wellness visits as optional.
- Paying for Community Health Integration, which entails addressing unmet SDOH needs.

Language barriers and lack of access to care persist in individuals with LEP and ultimately result in worse health outcomes including adverse events, reduced medication adherence, and higher risk of readmissions, among others.

CMS also issued the [FY 2024 Medicare hospital inpatient prospective payment system \(IPPS\) and long-term care hospital prospective payment system \(LTCH PPS\) final rule](#). The rule changes the severity of three diagnoses codes on homelessness and adds two measures related to hospital harm areas focused on pressure injury and acute kidney injury.

CMS also released a [Medicaid and Chip Postpartum Care Toolkit](#) for states to use to increase access, quality, and equity in postpartum care, including strategies for addressing disparities in care.

Resources for all of September’s Health Observances

Healthy Aging Month NIA has [several resources](#) for healthcare professionals on aging including a resource on considering the diverse needs of older adults.

National Suicide Prevention Week CDC provides an overview of [disparities in suicide](#).

National Recovery Month CDC provides resources on [health equity and overdose](#) and SAMSA has an [annual awareness campaign](#).

Hunger Action Month Feeding America highlights [food insecurity](#) in the US.

Rural/CAH Corner

[Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity Report](#)



The National Academies published a consensus report on how federal policies either create, maintain, or amplify tribal health inequities, and outlining recommendations to address them.

[Two National Organizations Supporting Rural Postpartum Health Across the United States](#)

This case study discusses two approaches to address postpartum health in rural communities. The Veterans Health Affairs Office uses an online intervention called MomMoodBooster along with periodic telephone calls to tackle postpartum depression. Another organization uses person-to-person coaching and digital content to support patients’ health goals.

In the News

[Racial-Ethnic Disparities in Mortality Rates for All Causes](#)

A *Lancet* report highlights disparities across five racial-ethnic groups for 19 causes of mortality from 2000-2009. For most causes of death, mortality rates were higher in the Black, Alaska Native, and American Indian populations compared to all other racial-ethnic groups. There were also substantial variations in mortality rates across geographical locations for all causes of death and across all racial-ethnic groups.

[Defining Organizational and Personal Health Literacy](#)

Healthy People has defined organizational health literacy as “the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” It’s linked to personal health literacy, which is “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”

[Our Epidemic of Loneliness and Isolation](#)

The U.S. Surgeon General’s office has developed tools and resources to highlight how loneliness and isolation can impact overall health. National trends indicate the time spent alone has increased but the time spent in person on social engagement has decreased. The national strategies include resources such as connecting with community-based organizations, building resilient and inclusive communities, and the Federal Plan for [Equitable Long-Term Recovery and Resilience](#).

[Hospitals Collect and Receive Social Needs Data, but Usage Varies](#)

The Office of the National Coordinator for Health Information Technology (ONC) analyzed data which indicates 83% of non-federal acute care hospitals collected data on patients’ health-related social needs. However, data collection was less common among lower-resourced hospitals, which were more likely to use data from health information exchanges.



For more health equity news: <https://qi.ipro.org/health-equity-resources>

Upcoming Events

[Health-Related Social Need Series](#)

IPRO
September 13 (first session)
12:00 – 12:45 PM ET

[Ready or Not, Here it Comes! Preparing to Submit the CMS Health Equity Structural Measures](#)

IPRO
September 21
12:00 – 12:30 PM ET

[Culture-Centered Dietary Interventions to Address Chronic Diseases](#)

NIH, National Heart, Lung, and Blood Institute
September 28–29
12:00 – 5:00 PM ET

For a PDF version of this newsletter, including hyperlinks to resources for additional information, scan this QR code.



Or follow this link:
bit.ly/43iLAyH