



Patient and Family Engagement (PFE) Quickinar Series, Session 6

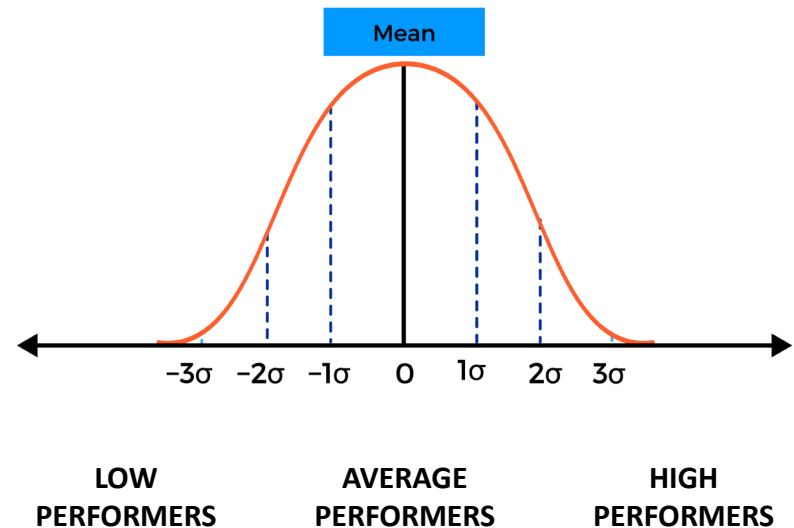
Role of PFE in Reducing Readmissions

OBJECTIVES

- Show the relationship of PFE to Value-Based Purchasing (VBP).
- Discuss how social drivers impact patients' likelihood of being readmitted.
- Define Teach-Back.
- Give examples of ways to prepare patients for self-care outside the hospital.

What Is VBP?

- CMS program
- Budget neutral, where hospitals not meeting targets generate bonuses for hospitals that do meet targets
- Rewards for achievement or improvement



FY 2025 Hospital Value-Based Purchasing Program Quick Reference Guide

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025

Mortality Measures					25%
Clinical Outcomes	Baseline Period		Performance Period		
	July 1, 2015–June 30, 2018		July 1, 2020–June 30, 2023*		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.872624	0.889994	
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970100	0.979775	
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.915127	0.932236	
MORT-30-HF	Heart Failure 30-Day Mortality	0.883990	0.910344		
MORT-30-PN	Pneumonia 30-Day Mortality	0.841475	0.874425		
Complication Measure					
Clinical Outcomes	Baseline Period		Performance Period		
	April 1, 2015–March 31, 2018		April 1, 2020–March 31, 2023*		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025332	0.017946	
Person and Community Engagement					25%
Person and Community Engagement	Baseline Period		Performance Period		
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023		
	HCAHPS Survey Dimensions	Floor (%)	Achievement Threshold (%)	Benchmark (%)	
	Communication with Nurses	53.50	79.42	87.71	
	Communication with Doctors	62.41	79.83	87.97	
	Responsiveness of Hospital Staff	40.40	65.52	81.22	
	Communication about Medicines	39.82	63.11	74.05	
	Hospital Cleanliness and Quietness	45.94	65.63	79.64	
	Discharge Information	66.92	87.23	92.21	
	Care Transition	25.64	51.84	63.57	
Overall Rating of Hospital	36.31	71.66	85.39		
Healthcare-Associated Infections					25%
Safety	Baseline Period		Performance Period		
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
	CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000	
	↓ CDI	Clostridium difficile Infection	0.520	0.014	
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000	
	MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000	
SSI	Colon Surgery Abdominal Hysterectomy	0.717	0.000		
0.738	0.000				
Efficiency and Cost Reduction					25%
Efficiency and Cost Reduction	Baseline Period		Performance Period		
	Jan. 1, 2021–Dec. 31, 2021		Jan. 1, 2023–Dec. 31, 2023		
	Measure ID	Measure Name	Achievement Threshold	Benchmark	
↓ MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period		

(*) These performance periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on [March 22, 2020](#), further specified by CMS on [March 27, 2020](#), and amended in the August 25, 2020, [COVID-19 Interim Final Rule](#). Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

Last Updated: December 2022

PFE and VBP, Pt.1

Clinical outcomes

- Teach patients and families what symptoms to report and what precautions to adhere to.
- Align with your internal protocols.

FY 2025 Hospital Value-Based Purchasing Program Quick Reference Guide

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025

Mortality Measures						
Clinical Outcomes	Baseline Period		Performance Period		25%	
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
Clinical Outcomes	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.872624	0.899994	25%	
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970100	0.979775		
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.915127	0.932236		
	MORT-30-HF	Heart Failure 30-Day Mortality	0.883990	0.910344		
	MORT-30-PN	Pneumonia 30-Day Mortality	0.841475	0.874425		
	Complication Measure					
Clinical Outcomes	Baseline Period		Performance Period		25%	
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
Clinical Outcomes	COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025332	0.017946	25%	
	Person and Community Engagement					
Person and Community Engagement	Baseline Period		Performance Period		25%	
	HCAHPS Survey Dimensions		Floor (%)	Achievement Threshold (%)		Benchmark (%)
	Communication with Nurses	53.50	79.42	79.42		87.71
	Communication with Doctors	62.41	79.83	79.83		87.97
	Responsiveness of Hospital Staff	40.40	65.52	65.52		81.22
	Communication about Medicines	39.82	63.11	63.11		74.05
	Hospital Cleanliness and Quietness	45.94	65.63	65.63		79.64
	Discharge Information	66.92	87.23	87.23		92.21
	Care Transition	25.64	51.84	51.84		63.57
	Overall Rating of Hospital	36.31	71.66	71.66		85.39
Healthcare-Associated Infections						
Safety	Baseline Period		Performance Period		25%	
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
	CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000		
	CDI	Clostridium difficile Infection	0.520	0.014		
	CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000		
	MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000		
SSI	Colon Surgery Abdominal Hysterectomy	0.717 0.738	0.000 0.000			
Efficiency and Cost Reduction						
Efficiency and Cost Reduction	Baseline Period		Performance Period		25%	
	Measure ID	Measure Name	Achievement Threshold	Benchmark		
Efficiency and Cost Reduction	MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period	25%	

(*) These performance periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 22, 2020, further specified by CMS on March 27, 2020, and amended in the August 25, 2020, COVID-19 Interim Final Rule. Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

Last Updated: December 2022

PFE and VBP, Pt.2

Person and Community Engagement Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Intro to PFE Quickinar.

FY 2025 Hospital Value-Based Purchasing Program Quick Reference Guide

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025

Clinical Outcomes	Mortality Measures				25%																																														
	Measure ID	Measure Name	Achievement Threshold	Benchmark																																															
Clinical Outcomes	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.872624	0.889994	25%																																														
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970100	0.979775																																															
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.915127	0.932236																																															
	MORT-30-HF	Heart Failure 30-Day Mortality	0.883990	0.910344																																															
	MORT-30-PN	Pneumonia 30-Day Mortality	0.841475	0.874425																																															
Clinical Outcomes	Complication Measure				25%																																														
	Measure ID	Measure Name	Achievement Threshold	Benchmark																																															
Clinical Outcomes	COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025332	0.017946	25%																																														
	<table border="1"> <thead> <tr> <th colspan="2">Baseline Period</th> <th colspan="2">Performance Period</th> </tr> <tr> <th colspan="2">Jan. 1, 2019–Dec. 31, 2019</th> <th colspan="2">Jan. 1, 2023–Dec. 31, 2023</th> </tr> <tr> <th>Measure ID</th> <th>Measure Name</th> <th>Floor (%)</th> <th>Benchmark (%)</th> </tr> </thead> <tbody> <tr> <td>HCAHPS Survey Dimensions</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Communication with Nurses</td> <td>53.50</td> <td>79.42</td> <td>87.71</td> </tr> <tr> <td>Communication with Doctors</td> <td>62.41</td> <td>79.83</td> <td>87.97</td> </tr> <tr> <td>Responsiveness of Hospital Staff</td> <td>40.40</td> <td>65.52</td> <td>81.22</td> </tr> <tr> <td>Communication about Medicines</td> <td>39.82</td> <td>63.11</td> <td>74.05</td> </tr> <tr> <td>Hospital Cleanliness and Quietness</td> <td>45.94</td> <td>65.63</td> <td>79.64</td> </tr> <tr> <td>Discharge Information</td> <td>66.92</td> <td>87.23</td> <td>92.21</td> </tr> <tr> <td>Care Transition</td> <td>25.64</td> <td>51.84</td> <td>63.57</td> </tr> <tr> <td>Overall Rating of Hospital</td> <td>36.31</td> <td>71.66</td> <td>85.39</td> </tr> </tbody> </table>					Baseline Period		Performance Period		Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023		Measure ID	Measure Name	Floor (%)	Benchmark (%)	HCAHPS Survey Dimensions				Communication with Nurses	53.50	79.42	87.71	Communication with Doctors	62.41	79.83	87.97	Responsiveness of Hospital Staff	40.40	65.52	81.22	Communication about Medicines	39.82	63.11	74.05	Hospital Cleanliness and Quietness	45.94	65.63	79.64	Discharge Information	66.92	87.23	92.21	Care Transition	25.64	51.84	63.57	Overall Rating of Hospital	36.31
Baseline Period		Performance Period																																																	
Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023																																																	
Measure ID	Measure Name	Floor (%)	Benchmark (%)																																																
HCAHPS Survey Dimensions																																																			
Communication with Nurses	53.50	79.42	87.71																																																
Communication with Doctors	62.41	79.83	87.97																																																
Responsiveness of Hospital Staff	40.40	65.52	81.22																																																
Communication about Medicines	39.82	63.11	74.05																																																
Hospital Cleanliness and Quietness	45.94	65.63	79.64																																																
Discharge Information	66.92	87.23	92.21																																																
Care Transition	25.64	51.84	63.57																																																
Overall Rating of Hospital	36.31	71.66	85.39																																																
Person and Community Engagement	Healthcare-Associated Infections				25%																																														
	Measure ID	Measure Name	Achievement Threshold	Benchmark																																															
Person and Community Engagement	CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000	25%																																														
	CDI	Clostridium difficile Infection	0.520	0.014																																															
	CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000																																															
	MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000																																															
	SSI	Colon Surgery Abdominal Hysterectomy	0.717	0.000																																															
Person and Community Engagement	Efficiency and Cost Reduction				25%																																														
	Measure ID	Measure Name	Achievement Threshold	Benchmark																																															
Person and Community Engagement	MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period	25%																																														

(*) These performance periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 23, 2020, further specified by CMS on March 27, 2020, and amended in the August 25, 2020, COVID-19 Interim Final Rule. Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

Last Updated: December 2022

PFE and VBP, Pt.3

Safety/Hospital-Associated Infections (HAI)

- Hand hygiene for staff, patients, and visitors
- Hand sanitizer conveniently located
- No foleys for convenience
- Patients knowing not to scratch incisions or pick at dressings

FY 2025 Hospital Value-Based Purchasing Program Quick Reference Guide

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025

Mortality Measures				
Clinical Outcomes	Baseline Period		Performance Period	
	July 1, 2015–June 30, 2018		July 1, 2020–June 30, 2023*	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.872624	0.889994
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970100	0.979775
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.915127	0.932236
	MORT-30-HF	Heart Failure 30-Day Mortality	0.883990	0.910344
	MORT-30-PN	Pneumonia 30-Day Mortality	0.841475	0.874425
Complication Measure				
	Baseline Period		Performance Period	
	April 1, 2015–March 31, 2018		April 1, 2020–March 31, 2023*	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025332	0.017946
Person and Community Engagement	Baseline Period		Performance Period	
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023	
	HCAHPS Survey Dimensions	Floor (%)	Achievement Threshold (%)	Benchmark (%)
	Communication with Nurses	53.50	79.42	87.71
	Communication with Doctors	62.41	79.83	87.97
	Responsiveness of Hospital Staff	40.40	65.52	81.22
	Communication about Medicines	39.82	63.11	74.05
	Hospital Cleanliness and Quietness	45.94	65.63	79.64
	Discharge Information	66.92	87.23	92.21
Care Transition	25.64	51.84	63.57	
Overall Rating of Hospital	36.31	71.66	85.39	
Safety	Healthcare-Associated Infections			
	Baseline Period		Performance Period	
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000
	CDI	Clostridium difficile Infection	0.520	0.014
CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000	
MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000	
SSI	Colon Surgery Abdominal Hysterectomy	0.717 0.738	0.000 0.000	
Efficiency and Cost Reduction	Baseline Period		Performance Period	
	Jan. 1, 2021–Dec. 31, 2021		Jan. 1, 2023–Dec. 31, 2023	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period	

(* These performance periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 22, 2020, further specified by CMS on March 27, 2020, and amended in the August 25, 2020, COVID-19 Interim Final Rule. Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

Last Updated: December 2022

PFE and VBP, Pt.4

Efficiency and Cost Reduction

- Screening for social drivers
- Teach-Back
- Discharge teaching and planning begins on admission

FY 2025 Hospital Value-Based Purchasing Program Quick Reference Guide

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025

Mortality Measures				
Clinical Outcomes	Baseline Period		Performance Period	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.872624	0.889994
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970100	0.979775
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.915127	0.932236
	MORT-30-HF	Heart Failure 30-Day Mortality	0.883990	0.910344
	MORT-30-PN	Pneumonia 30-Day Mortality	0.841475	0.874425
25%				
Complication Measure				
Clinical Outcomes	Baseline Period		Performance Period	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	COMP-HIP-	Total Hip Arthroplasty/Total Knee	0.025332	0.017946
	KNEE	Knee Arthroplasty Complication		
25%				
Person and Community Engagement				
Person and Community Engagement	Baseline Period		Performance Period	
	Measure ID	Measure Name	Achievement Threshold (%)	Benchmark (%)
	HCAHPS	Survey Dimensions	53.50	79.42
		Communication with Nurses	62.41	79.83
		Communication with Doctors	40.40	65.52
		Responsiveness of Hospital Staff	39.82	63.11
		Communication about Medicines	45.34	65.53
		Hospital Cleanliness and Quietness	68.92	87.23
		Discharge Information	25.64	51.84
		Care Transition	36.31	71.66
25%				
Healthcare-Associated Infections				
Safety	Baseline Period		Performance Period	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000
	CDI	Clostridium difficile Infection	0.520	0.014
	CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000
	MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000
	SSI	Colon Surgery Abdominal Hysterectomy	0.717	0.000
25%				
Efficiency and Cost Reduction				
Efficiency and Cost Reduction	Baseline Period		Performance Period	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period
25%				

(*) These performance periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 22, 2020, further specified by CMS on March 27, 2020, and amended in the August 25, 2020, COVID-19 Interim Final Rule. Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

↓ Indicates lower values are better for the measure.

Last Updated: December 2022

Preparing Patients for Discharge

- Screen for social drivers of health (SDOH).
- Use Teach-Back.
- Encourage patient return demonstration.
- Discharge patients to the appropriate level of care.

Screen for SDOH

Screening for SDOH Measure

- Food insecurity
- Housing instability
- Transportation needs
- Utilities difficulties
- Interpersonal safety

Screen positive rate for SDOH Measure

- Food insecurity
- Housing instability
- Transportation needs
- Utility difficulties
- Interpersonal safety

Numerator

Number of patients who were screened for one or all social drivers

Numerator

Number of patients who screened positive for each driver

Denominator

Number of patients 18 or older admitted as an inpatient

Denominator

Number of patients 18 or older admitted as an inpatient

What Is Teach-Back?

- A way to make sure you explained information clearly
- Not a quiz for patients
- A way to check for patient, family, and care partner understanding
- Evidence-based health literacy intervention that improves patient-provider communication and patient health outcomes



Why Teach-Back?

First, you need to blah, blah-blah...and then blah blah blah, blah-blah.

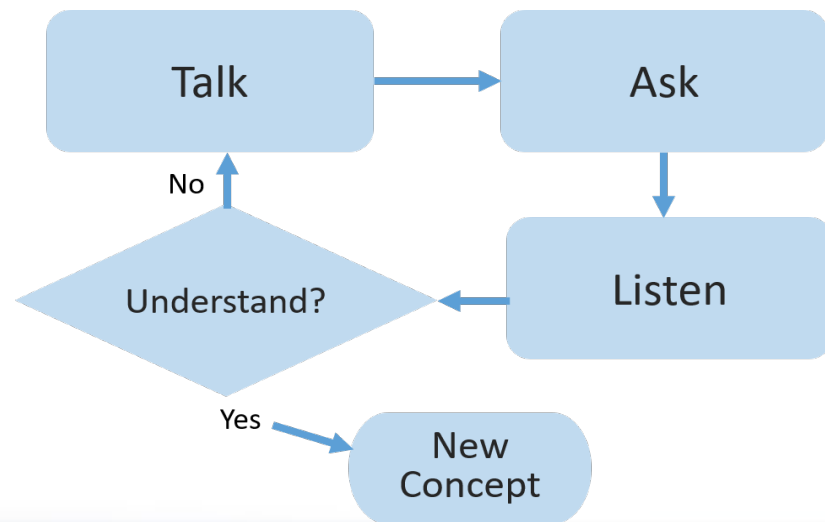
I have no idea what she means. I'm embarrassed to ask. I hope my spouse is getting this.

I wonder what she's saying? I'll never remember everything. I hope my spouse is getting this.



Always Use Teach-Back! 10 Elements of Competence for Using Teach-Back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to Teach-Back correctly, explain again and re-check.
9. Use reader-friendly print materials to support learning.
10. Document the use of and patient response to Teach-Back.



Preparing Patients for Discharge: Patient A

Patient A

- New diagnosis of heart failure
- New medications
- New diet
- Home health, but does not let strangers in the home
- Social driver screen: positive for food insecurity.

Strategies

- Use Teach-Back
- Provide a scale and paper calendar to record daily weights
- Schedule a dietary consult
- Schedule Meals on Wheels
- Involve Pharmacy in discharge medication reconciliation
- Encourage patient return demonstration
 - Weighing
 - Recording weight
 - Determining fluid intake
 - Reading nutrition label
- Watch Let Home Health In video

Preparing Patients for Discharge: Patient B

Patient B

- Post-op total hip
- Lives in a 2-story home, but can put a bed downstairs
- Full bath downstairs with walk-in shower
- Refuses skilled nursing facility (SNF); son is a nurse and can stay
- Social driver screen: negative

Strategies

- Use Teach-Back
- Ensure son is off work while staying with and caring for his loved one
- Consider home health
- Consider outpatient therapies

Preparing Patients for Discharge: Patient C

Patient C

- Post acute myocardial infarction (AMI) with stent
- New medications
- New diet
- Cardiac rehab
- Social driver screen: positive for transportation needs for 2 weeks

Strategies

- Use Teach-Back
- Involve pharmacy in discharge medication reconciliation
- Schedule a dietary consult
- Arrange for transportation to cardiac rehab until cleared to drive

Key Concepts

- Patients knowing what symptoms to report and what precautions to adhere to may decrease mortality and complications.
- Patients appropriately prepared for discharge are less likely to be readmitted.
- Screen for SDOH.
- Use Teach-Back.
- Demonstrate a patient return.
- Discharge to the appropriate level of care.



Join Us for the Entire PFE Quickinar Series: 1st and 3rd Thursdays

Recordings, slides, and resource links will be posted for on-demand access after every session.


7. Bedside Hand Off to Improve Patient Outcomes


How Bedside Hand Off Can Improve Patient Outcomes


Thursday, May 4, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT


Objectives:

- Describe how to engage staff in bedside hand off.
- Identify the types of nursing units successful with bedside shift report.
- Discuss multiple rounding processes in the bedside report.
- Identify opportunities to engage the patient and care partner in a shift report.

1. Intro to PFE 

3. Preparing for PFE Programs 


5. PFE to Prepare for Hospital Discharge 

7. Bedside Hand Off to Improve Patient Outcomes 


9. Role of the PFE Advisor 


11. PFE in Critical Access & Small Rural Hospitals 

2. Achieving Patient/Family Centered Care 

4. PFE to Prepare for Hospital Admission 

6. Role of PFE in Readmission Prevention 

8. Adverse Event Transparency 

10. Selecting/Training/Engaging Advisors 

12. PFE in Acute Care Hospitals 

Check Out the Health Equity Quickinar Series: 2nd and 4th Thursdays

Recordings, slides, and resource links will be posted for on-demand access after every session.

- 1. Health Equity, Hospitals, and CMS Reporting
- 3. Health Equity as a Strategic Priority
- 5. Social Determinants and Social Drivers of Health
- 7. Culturally Competent Data Training
- 9. Health Equity Interventions
- 11. Community Paramedicine
- 13. Community Engagement—Health Equity

8. Analysis and Stratification of Health Equity Data

8. Analysis and Stratification of Health Equity Data

Thursday, April 27, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Discuss the role of the HSAG HQIC data dashboard in stratifying disparities in health outcomes.
- Identify how hospitals can use internal data to stratify disparities in health outcomes.
- Review the importance of transparency of identified disparities throughout the organization.

- 4. Collecting and Validating REaL Data
- 6. Screening for Social Drivers
- 8. Analysis and Stratification of Health Equity Data
- 10. Best Practices in Health Equity Interventions
- 12. Identifying Community Health Disparities

QUESTIONS?



Thank you!

This material was prepared by Health Services Advisory Group (HSAG), a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

Publication No. XS-HQIC-PFE-04032023-01