Joint Commission Improving Health Care Equity Standards and Resources Webinar

Date: October 2022

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The learning objectives for this session are: Described the new and revised requirements to reduce health care disparities and the rationale for them and locate and use available resources.

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These staff and speakers have disclosed that they do not have any conflicts of interest, for example: Financial arrangements, affiliations with or ownership of organizations that provide grants, consultancies, honoraria, travel or other benefits that would impact the presentation of today's webinar content.

Susan Funk, Kathryn Petrovic, Christina Cordero, and Beth Ann Longo.

I'll now hand things over to Kathryn to provide some context and background regarding these important health care equity requirements. Kathryn, please take it away.

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Thank you, Susan. We appreciate those joining this On-Demand webinar. I would like to introduce our speakers today.

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Tina Cordero is a Project Director in our Department of Standards and Survey Methods, and Beth Ann Longo is an Associate Director in our Department of Research.

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In 2020, we highlighted The Joint Commission's ongoing commitment to health care equity as a vital foundation to safe, high-quality health care for all.

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As part of that commitment, we developed 6 new requirements in our Leadership chapter, focusing on improving health care equity. We will begin surveying to these new element s of performance in January 2023.

They apply to all organizations accredited in the hospital and Critical Access Hospital Programs; as well as Ambulatory Health Care Organizations providing primary care services. This does not include organizations providing episodic care, dental services or surgical services.

And finally, this applies to all accredited Behavioral Health Care Organizations providing mental health and addictions services, as well as those providing Human Services for individuals with intellectual developmental disabilities.

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I would like to now turn it over to Tina Cordero, who is going to provide information on our new requirements.

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Thanks, Kathryn.

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So I want to go through an overview of the new requirements that we have for January of 2023. Just wanted to start with some background that oftentimes health care equity is viewed through the lens of social injustice, but health care equity is first and foremost a quality of care problem. Health care equity should be viewed in the same way as medication errors, health care acquired infections and falls, and it really needs a similar approach to some of the other patient safety priorities. It's important to understand the root causes of health care inequities. As well as to address them with targeted interventions.

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The connection between equity and quality is not new. In the 2001 Institute of Medicine Report, Crossing the Quality Chasm equity was identified as one of the six domains of quality, and it was defined as: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

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The Joint Commission has had several projects and resources focused on health care equity over the years. We conducted a research study in 60 hospitals across the country, which focused on challenges to providing care to an increasingly diverse patient population. We also released a public policy white paper which focused on health literacy and the importance of giving information to patients in a manner that they understand and that they can act upon when they make health care decisions. Our road map for hospitals monograph provides implementation guidance on the patient-centered care standards which we released back in 2010 and also includes resources and tools for some of our longstanding requirements.

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We also developed our LGBT Field Guide, which is a guidance document focused on the needs and concerns of the lesbian, gay, bisexual and transgender population.

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Health Care Equity continues to be a priority for The Joint Commission and this is an overview of some of our current health care equity initiatives. Similar to many of your organizations, we have internal efforts going forward to address diversity, equity and inclusion. Including an enterprise wide Diversity, Equity and Inclusion Council. We have a number of publications that we've released focus on health care equity issues including our Speak Up as well as, Quick Safety newsletters, our Sentinel Event Alerts and several articles in The Source. The Joint Commission has a partnership with Kaiser Permanente and has established the Bernard J. Tyson Award for Excellence in Pursuit of Health Care Equity, which recognizes organizations that have made a measurable improvement in health care equity.

And of course, we have our standards that we've been developing, as well as a number of webinars, websites and resources to help organizations as they work towards implementation.

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We have several requirements related to health care equity that have been in our standards manuals for years. We have requirements around ensuring that patients receive carefree from discrimination. We have two requirements focused on patient level data collection specific to race and ethnicity information as well as the patient's preferred language for discussing health care.

We have standards in our Rights and Responsibilities of the Individuals chapter that are focused on the patient's right to receive effective communication. That's where our standards are that require the provision of language interpreters and translation services. We provided some additional clarification several years ago about the qualifications for individuals that provide interpreting services. We also have requirements around informed consent, patient participation in care and patient education, which can also include aspects of health literacy.

We also have a standard around the access to support individuals which addresses some of the work that we've been doing on patient centered care.

The first two bullets are highlighted on this slide, just to point out that these two requirements have also moved into our Ambulatory Care Program as well as our Behavioral Health Care Program. The collection of race and ethnicity data will also apply to all hospitals and our critical access hospital program.

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The goal of the most recent project is to assess and address health care disparities. We wanted to expand beyond the scope of our prior requirements that were more focused on addressing individual patient needs, and we wanted to expand that scope into identifying health care disparities for your patient population as a whole.

We use the term Health Related Social Needs instead of Social Determinants of Health to emphasize that Health Related Social Needs are at the individual level as opposed to Social Determinants of Health, which is a term better suited for describing populations. So, for example, a care plan for tight control of diabetes may be unsafe for someone with food insecurity, and outpatient radiation therapy may be impractical for someone who lacks reliable transportation to treatment. This diagram on the 2020 and it just shows that Social Determinants of Health include many issues that are upstream of the health care system and our focus is on the red box, specifically health care quality.

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I wanted to provide an overview of the new accreditation requirements and as Kathryn mentioned, we have a new standard in our Leadership chapter LD.04.03.08 that has six new elements of performance. You may have seen the pre-publication requirements which were released in July of 2022 and the implementation for these new requirements is in January of 2023. We know that organizations vary greatly in their preparedness to address health care equity. And we view these standards as addressing foundational elements that organizations need to establish to advance their health care equity programs. We plan to add more advanced standards in the future as organizations capabilities mature.

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These standards are applicable to all Accredited Hospitals and our Hospital and Critical Access Hospital Programs as well as group practices providing primary care within our Ambulatory Health Care Program. The new standard in the Leadership chapter does not apply to organizations within the Ambulatory Health Care Program that are providing episodic care, dental services or surgical services. The new standard in the LD chapter will also apply to organizations that are providing services under our Behavioral Health Care program, excluding prevention and wellness promotion services, and it will only apply to intellectual disabilities and developmental delay services under the Human Services aspect of that program.

We focused the applicability for this new standard on the areas that have the strongest evidence and the most resources available, which is in the Hospital, Critical Access Hospital, Ambulatory Care and Behavioral Health Care Programs. We will continue to monitor the literature to expand applicability in the future.

As we review each of these new requirements, it's important to note that the language on these slides is from our hospital program. While the expectations are similar across programs, there are slight differences in the terms based on the setting. For example, in our Behavioral Health Care program, we use the phrase individual served instead of patients.

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The new standard in our Leadership chapter focuses on reducing health care disparities for the hospital patients and making that a quality and safety priority. We've placed the new standard in the Leadership chapter, because success demands leadership. We know that for many organizations, their past efforts to address health care equity were part of special projects, often with limited external funding and maybe were not sustained or spread across the organization. Moving this requirement into the Leadership chapter will require commitment, vision, creativity and a sustained effort at all levels of the organization, including the C-Suite and the board. Organizations will need an established leader and standardized structures and processes in place to detect and address health care disparities. These efforts should be fully integrated with existing quality improvement activities within the organization.

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The first element of performance in this standard focuses on designating an individual to lead the activities to reduce health care disparities for the organization's patients. The goal of this requirement is to establish clear lines of accountability and to ensure that staff have the support necessary to implement successful initiatives. This may be an individual's primary role or be part of a broader set of responsibilities.

As I mentioned earlier, we know that organizations are at varying levels of their journey to address health care equity, so we wanted to make sure that this requirement was reflecting where those organizations are in that process.

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Some strategies for implementing Element of Performance 1; it's important to identify an individual that will have responsibilities and oversight for the organization's activities to reduce health care disparities. You need to consider how health care equity initiatives are coordinated across the hospital because it may involve different departments, including data collection, providing community resources, or information around stratifying data.

There's also a possibility that you can assign this responsibility at the corporate level, as long as the leader for health care equity understands and can address the unique issues at each individual hospital.

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Element of Performance 2 focuses on assessing the patient's health related social needs and providing information about community resources and support services. The goal here, is to address health related social needs because it can help organizations reduce health care disparities and improve health outcomes. It's also important to identify potential services and resources that are needed to address the social risk factors that can impact the health of its patients. The other key here is to connect Patients with resources and support services in the community.

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It's important to point out that there is a lot of flexibility built into the implementation of Element of Performance 2. Organizations can determine which patients to assess for Health Related Social Needs, which Health Related Social Needs to assess, and which resources to provide to address those needs. We included a note to Element of Performance 2 that includes a number of examples for which Health Related Social Needs Organizations can address. It can be access to transportation, difficulty paying for prescriptions or medical bills. Education and literacy, food insecurity or housing insecurity organizations can focus on collecting information on Health Related Social Needs from a representative sample of patients, say in the Emergency Department or in OB, for example. Or they can collect data from all of their patients.

It's also important for organizations to provide patients with information about community resources and support services, but again, organizations can choose which services to provide information about.

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For EP3, this is focused on the hospital identifying health care disparities in their patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospitals patients. It's important to conduct analysis to understand the specific health care disparities that may exist at your institution, and this process begins with stratifying existing measures. It's important to understand which processes and outcomes vary by sociodemographic characteristics, and this information allows an organization to explore the possible root causes of a health care disparity and to tailor their interventions to improve care. It also allows an organization to track progress toward reducing health care disparities as the interventions are implemented.

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Organizations can choose which measures to stratify and which sociodemographic characteristics to use for stratification. In the notes to Element of Performance 3, we mentioned that organizations can focus on high-risk topics where the research has shown disparities are common, such as kidney transplantation, maternal care, or diabetes management, for example. Or they can select measures that affect all patients and look at things like experience of care measures.

We included a number of examples of sociodemographic characteristics. To include in this analysis such as age, gender, preferred language or race and ethnicity, and this is a very similar process that we use for our other requirements that are related to data collection, trending and action planning.

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Element of Performance 4 focuses on developing a written action plan that describes how an organization will address at least one of the health care disparities identified in its patient population. Again, the goal here is to focus on reducing one health care disparity. Even if you've identified multiple disparities in your stratification analysis. We know that organizations can be overwhelmed by doing this for the first time. And again, many organizations are at varying levels of their journey to address health care equity, and so at this point we only require organizations to focus on reducing one disparity. Addressing health care disparities, often involves the coordination of efforts across multiple departments and programs, including quality and safety, and can result in the development of a number of different technology solutions, staff training or education activities, or even new or modified processes.

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A few strategies for implementing an action plan. Again, it's important to point out that organizations decide which health care disparity to address, and so their action plan should include which populations you're going to focus on, what the organization's improvement goal is. It should include a number of different strategies and resources that you'll implement to achieve that goal, and then a process to monitor and report progress over time.

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Element of Performance 5 focuses on hospitals acting when they do not achieve or sustain the goals that are identified in the action plan. The intent of this requirement is to assess progress and evaluate whether the organization's efforts to reduce health care disparities are successful. It also allows organizations to identify opportunities to revise their action plan or to provide additional resources to achieve their goals.

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A few examples of how organizations can identify opportunities to revise their plan. You can look at stratified quality and safety metrics and track your progress towards reducing a health care disparity. You can think about collecting feedback from patients about some of the new services or interventions that you've implemented, or evaluate staff training and education needs.

For organizations that are surveyed during the initial implementation in 2023, if your action plan is not revised at the time of survey, it is acceptable for organizations to discuss how they would address future revisions to the plan by the end of the year.

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For EP6, this is focused on at least annually, the hospital informs key stakeholders, including leaders, licensed practitioners and staff, about the progress to reduce identified health care disparities. It's important for individuals within the organization to be aware of the organization's initiatives to address health care disparities and to understand their role. It's also important to receive updates about any challenges and successes of the organization's efforts to improve care for all patients.

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A few examples of activities to disseminate information about the organization's efforts to reduce health care disparities. It can be through presentations such as quarterly quality meetings, townhalls or staff meetings, as well as through other activities such as Newsletters, progress boards, or an intranet page. Again, for organizations that are surveyed during the initial implementation in 2023, information about the organization's progress to reduce disparities has not been disseminated to key stakeholders at the time of survey. It is acceptable for the organization to discuss how information would be provided by the end of the year.

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We have a number of publications that have supported the release and the implementation of these new requirements. On the left side of the slide, this is our R3 report which includes the requirements, the rationale and some of the references used to develop these new standards. On the right side of the slide is the perspectives article announcing the release of these new requirements in July and then the pre-publication requirements will be posted on our website until January of 2023. And now, I'll turn it over to Beth Ann.

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Thank you, Tina. Today, I'd like to share information about the Joint Commission's, Health Care Equity Accreditation Standards and Resource Center.

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The development of this Resource Center was guided by our desire to support organizations as they address health care disparities among their patient populations.

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We understand that in reality, some organizations are further along than others on their health care equity journey. We recognize that organizations will have their own unique experiences while carrying out this work. A team of Joint Commission researchers conducted a series of case studies with organizations to learn about some of the challenges, successes, and lessons learned while implementing strategies to address disparities. We summarized our key findings for inclusion in the Resource Center. These case studies also helped us to identify types of resources that may be most helpful to organizations.

Joint Commission researchers also conducted literature searches to find successful evidence based interventions to address known disparities such as diabetes and cardiovascular disease. Once we identified resources, we vetted them with case study organizations and nationally recognized health care equity experts to validate our selections, making sure that the resources could be adapted for use in various health care settings.

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We developed a collection of resources for each of the new health care equity elements of performance. So, let's look at those components of each resource collection.

The Standard:
The standard and element of performance will be listed with a brief introduction to help organizations meet the requirement.

Snapshots:
These are brief topic specific synopsis of how Joint Commission case study participants approached health care equity activities. These include some of the challenges they encountered, successes, and lessons learned.

Soundbites:
These are brief video clips of Joint Commission case study participants sharing topic specific experiences along their health care equity journey.

And Strategies:
These are vetted resources with practical strategies and tools relevant to the new health care equity requirements.

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There were four criteria used for resource selection. Each resource needed to be developed by a reputable source using sound methodology. The strategies needed to be practical with sufficient detail for implementation, the resources needed to be targeted to specific standards and elements of performance, and the resources needed to relate to various health care settings.

There are several features of the Resource Center. You'll find that, as mentioned, resources are grouped into collections organized by each standard element of performance. We've tagged the resources in various ways to promote the searchability of specific resources you may need. There will be a pop-up widget inviting you to share your feedback on the resources, and you'll also find an E-alert button to sign up to be notified when new resources are added.

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Now let's look at a few screenshots so you can familiarize yourself with the Resource Center. First, to access the Resource Center, and that's once officially launched in October, go to The Joint Commission's website at www.jointcommission.org. Once on the website, you can simply search for Health Care Equity in the search bar, or you can click on Health Equity on the left sidebar as shown here.

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What you'll see next will be menu buttons such as this one for Element of Performance or EP1. Make Health Equity a Leader-Driven Priority. When you click on the menu button you'll be brought to a landing page for that specific EP. The first thing you'll notice is a brief introduction to the EP. Under that you'll see the actual standard and EP. Looking at the image on the right you'll see three tabs: Snapshot, Soundbite and Strategies

On this screenshot you can see by the yellow tab we've clicked on Strategies. Here you'll find links to resources and brief description for each one. So remember that each EP will have its own collection of resources, which includes the Standard and EP Snapshots and Soundbites, which are the real life experiences of other organizations and strategies, which are the resources we've selected to help you meet the new health care equity requirements.

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Now let's take a closer look at the Snapshots and Soundbites. As I mentioned, these are real life experiences from organizations that are on their health care equity journey. Remember that resource collections are organized by topic area or EP.

For example, here you see a screenshot of a Snapshot focused on EP1, Make Health Care Equity a Leader-Driven Priority. Each Snapshot will provide a brief introduction to the organization, how they set the stage for change, some of the challenges they encountered. And how they overcame them, strategies they implemented and lessons learned.

Each Soundbite is a brief video of one of our researchers having a conversation with a case study participant. Like the Snapshot, each video focuses on a specific topic area or EP, which again in this example is making health care equity a leader driven priority.

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The resources also include successful evidence based interventions for high risk clinical conditions or topic areas with known disparities. Such as diabetes, cardiovascular disease, or interpreter services. These are one page summaries of interventions that organizations may want to consider replicating to address specific disparities that exist among their patient groups. Each summary includes the title of the peer reviewed article, the author, the aim of the study, the study design, the study population, sample size, a description of the intervention, the results of the study, and the conclusion. We've provided a link to the article and a link to resources or materials that can help organizations translate research into practice.

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So here's an example of an evidence based resource that we've summarized. This evidence based intervention relates to diabetes and the Federally Qualified Health Center setting. The intervention is diabetes self-management education program led by community health workers. The results of this study were that the intervention demonstrated a scalable, low resource model for achieving and sustaining improvement in key diabetes outcomes among Latinx adults. On this resource Web page you'll be able to search for evidence based interventions by condition or by intervention approach. So for this example you'll be able to search for diabetes or community health worker.

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As for next steps, The Joint Commission plans to make final refinements to the Resource Center in preparation for the official launch planned for October. As mentioned before, we'll continue to look for practical resources that are suitable for various health care settings. We plan to continue conducting case studies and share what we've learned by way of the Snapshots and Soundbites previously described. And we also plan to add more evidence based interventions that organizations may want to replicate to address specific disparities. Please visit the Resource Center from time to time or sign up for E-alerts to be notified when new resources are added. We hope you'll find the Resource Center easy to navigate. Most importantly, we hope these resources will help you meet the new health care equity requirements and advance you on your journey to reduce health care disparities. Thank you.

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Thanks, Beth Ann. Now let's bring it all together and talk about a few of the resources that are available in the Resource Center that can help you implement the new requirements.

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As Beth Ann mentioned earlier, each EP will have its own collection of resources to help you meet the new health care equity requirements, and all of the resources have been vetted with nationally recognized health care equity experts. It's important to point out that the Resource Center website is not intended to be a comprehensive source of all relevant information related to health care equity, nor is it designed to provide guidance on compliance with Joint Commission standards or other accreditation and certification activities. The inclusion of a vendor, product name or service should not be construed as an endorsement, and failure to include the name of a vendor or product or service should not be construed as disapproval. That having been said, all of the resources we included on the website have been developed by a reputable source and the strategies provided are practical and include a sufficient level of detail for implementation.

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Just to provide a few examples of the types of resources that we're highlighting on the Resource Center website, here are a few of the resources for EP1 to help organizations lead activities to reduce health care disparities for their patients. The first resource here, the Health Equity Snapshot, a Toolkit for Action, was developed by the American Hospital Association's Institute for Diversity and Health Equity. It was originally released in 2020, and it includes a discussion guide that can help leaders facilitate health care equity discussions. While this resources focused on hospitals and health systems, many of the concepts can be adapted to other health care settings. The second resource is specific to Behavioral Health Care Organizations. Since these new requirements apply to several health care settings, it was important for us to identify tools and strategies that would either work across settings or have content that is tailored for a specific setting. So this blueprint for using data to reduce disparities and disproportionality in Human Services and Behavioral Health Care Organizations was developed by the Substance Abuse and Mental Health Services Administration, or SAMHSA, and provides a readiness assessment and other tools to help BHC type organizations develop and implement strategies to address health care equity.

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As far as EP2, here are a few resources we have on the Resource Center website that provide guidance on assessing the patient's health related social needs. The PRAPARE Implementation and Action Toolkit from the National Association of Community Health Centers was designed to provide resources, best practices and lessons learned to guide implementation, data collection and responses to social determinant needs.

PRAPARE is short for the Protocol for Responding to and Assessing Patients, Assets, Risks, and Experiences. And the PRAPARE screening tool is designed to engage patients in assessing and addressing social determinants of health. This toolkit, highlighted here, provides sample scripts in chapter 2 to help educate patients on the importance of collecting social determinants of health data and using that information to inform their care and services.

For those of you looking for resources in the Ambulatory Health Care setting, we also included the social needs screening tool from The American Academy of Family Physicians. And this tool includes scoring instructions to help identify positive responses for social needs in a variety of categories. We also have several other resources and screening tools on the site that I encourage you to review as you look for a tool or resource that will help you implement Element of Performance 2.

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To help organizations with EP3, which requires them to identify health care disparities by stratifying their quality and safety data, we included a guidance document from the American Hospital Association that's focused on a framework for stratifying race, ethnicity and language data. The guide provides information about how to use the data to identify and address health care disparities, and it also includes some sample dashboards. We also included a dashboard for Health Equity, Diversity and Inclusion measures that specific for hospital and health systems from the American Hospital Association's Institute for Diversity and Health Equity. This resource was released in 2020. This dashboard can help health care leaders identify the necessary information, tools and resources they need to advance Health Care Equity Diversity and Inclusion. There's also a downloadable PDF version of the dashboard as well as an interactive dashboard and then several additional supporting tools available in this resource.

EP4 requires organizations to develop a written action plan that describes how they will address at least one of the health care disparities they've identified in their patient population. We've identified several resources that can help organizations complete their action plan, and those are available in the Resource Center. This first resource here is from the Centers for Medicare and Medicaid Services and the CMS Disparities Impact Statement can be used in multiple health care settings. It includes a worksheet to help organizations develop a five step action plan that defines their priority population, the organization's goals to address health care disparities, and the strategies the organization will implement to improve health care equity.

This first resource is from the Centers for Medicare and Medicaid Services. CMS Disparities Impact Statement can be used in multiple health care settings and includes a worksheet to help organizations develop a five step action plan that defines their priority population, the organization's goals to address health care disparities, and the strategies the organization will implement to improve health care equity. We talked a little bit about the PRAPARE tool already for assessing health related social needs for Element of Performance 2. But there's also a PRAPARE readiness assessment tool that helps organizations determine their level of readiness to support their staff as they implement their PRAPARE screening tool and use the data that comes out of that tool. Information from the readiness assessment can help organizations identify issues to include in their action plan.

We also have several Behavioral Health Care specific resources on the website that may be helpful for organizations that are working in that setting. For Element of Performance 5, the hospital acts when it does not achieve or sustain the goal in the action plan. I wanted to highlight two resources that you may find helpful. The Health Leads Social Health Data toolkit is designed for a range of Health Care Teams, and the toolkit includes information about screening process metrics, building run charts using your screening data, setting targets, and identifying opportunities for improvement. I also mentioned the dashboard tool earlier for EP3, but it's also helpful for EP5. There is guidance about operationalizing measures under data collection, stratification, and use. There's information on cultural competency training, diversity and inclusion, and leadership and governance and strengthening community partnerships that may be useful when identifying areas of your action plan that may need additional strategies or may need modification.

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A couple of resources that may help organizations think about how to inform their key stakeholders about the progress that they've made to reduce the health care disparities they've identified and their efforts to improve health care equity overall include things like the Community Driven Health Equity Action Plans, which are from the National Academy of Medicine, which provide guidance on creating a condensed 2 page summary of your organization's action plan to help promote the plan as well as to engage stakeholders in a targeted way.

There's information in this document about including the vision for your plan, your goals and strategies, and including the resources needed to sustain the work that you're doing, and other things like communication strategies, next steps, or informal reflections.

Chapter two of their PRAPARE Implementation and Action Toolkit, which we did discuss earlier, also includes some examples from their Health Center pilot sites that organizations can use to engage stakeholders, internal stakeholders such as staff and leadership for example, or even external stakeholders and patients.

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I wanted to close out the presentation with a few of the frequently asked questions that we've received so far. We've been monitoring the questions coming in from the field since we launched these new requirements back in July. And while we try to incorporate some of that information earlier in the slides today, there are a few of the questions that I wanted to go through.

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One of the questions that has come in so far is about the implementation date for the new requirements.

“When will the new requirements for health care equity be implemented and how can I access the requirements?”

Standard LD.04.03.08 EP's one through six will be implemented on January 1st of 2023. As many of you know, The Joint Commission releases its standards on our website in the pre-publication section for six months prior to implementation so that our customers can implement strategies to meet the new standard when it becomes effective. This particular standard and its elements of performance will be in the January 2023 version of edition, as well as in the hard copy manuals.

00:37:13,920 --> 00:37:17,250
We've also received several questions about whether or not organizations can assign a leader for health care equity at the corporate or system level, or does there need to be a leader at each individual hospital campus?

The requirement at Element of Performance 1 does not specify that the individual responsible to lead the health care equity activities is located at a particular hospital campus. However, organizations that do want to assign this responsibility at that corporate or system level just want to make sure that that individual is able to lead the coordination of efforts to reduce health care disparities at each location.

00:37:48,430 --> 00:37:51,120
We've also received a couple of questions about assessing health related social needs and whether or not organizations are required to assess all patients for their health related social needs at every visit.

And I mentioned this earlier in the slides, but the intent of EP2 is to identify the patient's health related social needs and to provide the patient with information about community resources and support services that address those needs. Organizations have a lot of flexibility here to determine which patients to assess for health related social needs, which needs to assess how frequently. To assess those needs and also which resources to provide to address the health related social needs.

So organizations are not required to assess all patients at every visit. It really depends on how your organization wants to implement EP2.

These are probably the most frequently asked questions we've received so far. But as I mentioned earlier, we will continue to monitor the questions that are being submitted through our website, through different presentations that we're doing and from our surveyors after the new standards have been implemented in January.

If there are specific questions that we're hearing a lot about, we may develop a frequently asked questions or an FAQ document that will post on our website or we may work with our research team to identify additional resources to include in the Resource Center.

00:38:59,980 --> 00:39:02,750
Thank you for your attention today and I will turn things over to Susan to close out the program.

00:39:06,070 --> 00:39:09,250
Thanks, Kathryn, Tina and Beth Ann for your presentations. We've included a resource slide here to direct you to the Health Care Equity portal on The Joint Commission website, R3 report, FAQ's, and a short video about the health care equity standards.

00:39:23,250 --> 00:39:26,540
We wanted to just take a couple quick minutes to inform the audience how to ask questions regarding today's webinar content. To ask questions about the standards or resources, organizations must use an inquiry form located at this address DSSMinquiries.jointcommission.org

For questions regarding webinar operations or CE, please submit them via e-mail to Pioneersinquality@jointcommission.org

00:39:54,300 --> 00:39:58,910
All pioneers in quality webinar recording links, slides, transcripts and Q&A documents can be accessed on The Joint Commission's website via this link.

00:40:05,490 --> 00:40:09,140
Before this webinar concludes a few words about the CE survey. We use your feedback to inform future content and assess the quality of our educational programs. A pop up will display within this webinar platform that includes the link to the survey. An automated e-mail sent to the participants e-mail address used to register will also include the survey link. At the end of the survey. When you click submit, you are redirected to a page from which you can print or download a PDF CE Certificate.

An automated e-mail will also be sent to you that includes the link to a printable and downloadable PDF CE Certificate.

00:40:45,540 --> 00:40:50,150
Thank you to Kathryn, Christina and Beth Ann for presenting for this on On-Demand webinar and thanks to everyone that participated. Have a great day.