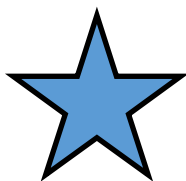


Health Equity Resource

Health equity refers to the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender, socioeconomic status, geography, preferred language, other factors that affect access to care and health outcomes.



In 2023, The Centers for Medicare & Medicaid Services (CMS) distributed Health Equity Confidential Feedback Reports for post-acute care (PAC) providers. These reports compared PAC discharge to community and Medicare spending per beneficiary based on dual-eligibility status, and race/ethnicity. For more information you can view [CMS' Frequently Asked Questions on the Health Equity Reports](#).

Why did CMS choose these measures? According to the FAQ document, research suggests that certain social risk factors (SRF) such as low income or being of a particular race/ethnicity may be associated with an increased risk of poor health outcomes. Beneficiaries who are dually-enrolled tend to have more complex care needs compared to those who are not dually-enrolled, due to age, disability, or low income status. Additionally, CMS used race/ethnicity to better identify differences and variations of care received by individuals of different racial/ethnic backgrounds.

What is dual-enrollment? An individual is dually-enrolled if they received covered Medicare and Medicaid services at any point during their stay.

What race/ethnicities are included in the report? CMS uses categories including Asian American/Native Hawaiian/Pacific Islander, Black, Hispanic, White, and Non-White which includes American Indian/Alaskan Native, Black, Asian American/Native Hawaiian/Pacific Islander, and Hispanic populations.

Are we required to evaluate health equity? Nursing homes that are Medicare and Medicaid certified must incorporate health equity in their QAPI processes.

How can I incorporate health equity into my QAPI program?

- Revise your incident report investigation process to include potential indicators of inequitable health care such as identifying if the patient is dually-enrolled or identifying what their race/ethnic status is.
- Include audits of incidents and adverse events to determine if a disproportionate number of patients that are dually-enrolled or of a non-white race/ethnicity have higher incidents or adverse events.
- Use the CMS reports to identify potential indicators of inequitable health care delivery.
- Consider additional health equity identifiers such as sexual orientation or primary language.