


ONE YEAR IN:

Massachusetts Hospitals' Historic Health Equity Commitment



**MASSACHUSETTS
Health & Hospital
ASSOCIATION**

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Massachusetts hospitals are in the midst of a nation-leading commitment to make healthcare more equitable. Through a historic 1115 Medicaid Waiver, they have come together with the state to embed health equity efforts at the point of care, make services more accessible for patients, and reduce persistent disparities.

This report outlines the commitment's extensive health equity goals, accountability measures, and funding structure. It also highlights hospitals' year-one progress and previews what will be accomplished over the course of the five-year journey.

As the one-year mark passes, MHA wishes to acknowledge the exhaustive work of the Massachusetts Executive Office of Health and Human Services in developing the waiver, shepherding its federal approval, and collaborating closely with the commonwealth's hospitals in designing and implementing the ambitious program.

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This commitment includes a groundbreaking Hospital Quality and Equity Initiative Program — a first for Medicaid waivers and one that sets a precedent for Medicaid programs across the U.S.

The program officially began on January 1, 2023, and over the past year Massachusetts acute care hospitals made significant strides to reach the goals detailed in the waiver. All Massachusetts acute care hospitals are participating in the program.

Through this commitment, hospitals are working on numerous fronts to better understand the needs of their diverse patient communities, make care more accessible, and reduce health outcome disparities. The waiver's ambitious and expansive goals have required intense engagement from all levels of hospital staff — from leadership, clinical departments, IT, human resources, finance, community relations, and the thousands of team members who interact with patients on a daily basis.

Hospitals and health systems are investing significant funds to bring this commitment to life. Through a new assessment that helps finance these health equity incentives, Massachusetts providers are contributing \$875 million over the five-year waiver period to fund the program. This is in addition to significant investments they will make to achieve the program's many goals. The funding is essentially matched by the federal government and will be made available to hospitals only when they meet certain health equity goals and quality standards, with expectations increasing overtime.

This commitment to data collection, improvement of the patient experience, coordination among providers, and more over the five-year waiver period will fundamentally change the way providers address and invest in equitable care, through every part of the patient journey. The work will eliminate disparities in care provided to patient populations and improve health outcomes in specific, targeted areas.

A HISTORIC APPROACH

Massachusetts hospitals and health systems work each day to advance accessible, equitable care for everyone who calls the Bay State home. The provision of high-quality care for *all* is at the heart of their mission, and the commonwealth's healthcare providers are continually evaluating how their practices and policies meet these core goals.

Recent events, including the COVID-19 pandemic, have shined a bright light on the persistent and pervasive health inequities that exist both here in the commonwealth and across the country. It is clear much more needs to be done to improve access and health outcomes for people of color, for people who live with disabilities or who struggle with behavioral health issues, for patients whose first language is not English, and other populations that experience barriers to care.

In September 2022, the Commonwealth of Massachusetts and the Centers for Medicare and Medicaid Services (CMS) finalized the state's most recent five-year 1115 Medicaid waiver agreement that was created through exhaustive planning between the Massachusetts hospital community and state government.

The result is a first-in-the-nation approach that empowers hospitals to make health equity a foundational part of the patient experience.

Massachusetts hospitals have committed to an expansive array of initiatives and measures to improve healthcare equity and reduce disparities over five years.

■ HOW IT WORKS

The ambitious waiver program positions hospitals to make bold strides in improving health equity and reducing care disparities. Massachusetts hospitals have committed to making progress on numerous fronts, including:

- › **Enhancing patient data collection** to better identify disparities across race, ethnicity, language, and disability (RELD), and sexual orientation and gender identity (SOGI);
- › **Screening patients** for their health-related social needs, which includes gathering information about their housing, food security, and more; and
- › **Improving access** for patients with disabilities and for whom English is not their primary language.

This aggregated data will be used to improve patient care and inform the care of entire populations. Over time, hospitals will be held accountable for reducing clinical disparities and improving the patient experience.

Under the waiver commitment, hospitals will also **coordinate across provider networks**, with each other, and with accountable care organizations (ACOs), focusing specifically on efforts to improve health equity.

Evaluation of these efforts is robust, including by the Executive Office of Health and Human Services (EOHHS), The Joint Commission (TJC), and patients themselves through surveys.

■ MEASURING IMPROVEMENTS IN HEALTH EQUITY

The 1115 waiver established three focus areas (known as “domains”) in which acute care hospitals will be evaluated over a five-year period. Within each area, there are multiple subdomains of performance measurement.

FOCUS 1: Demographic and Health-Related Social Needs (HRSN) Data

Hospitals, along with MassHealth, will have collected at least 80% of MassHealth patients’ race and ethnicity data by year three of the commitment.

By year five, data collection will also include collecting at least 80% of MassHealth patients’ responses to demographic questions about language, disability status, sexual orientation, and gender identity. Hospitals must also demonstrate meaningful improvement on rates of screenings for patients’ health-related social needs (also known as “social determinants of health”) throughout the five-year journey.

FOCUS 2: Equitable Access and Quality

Hospitals and MassHealth will be assessed on their performance and demonstrated improvements on access and quality metrics, including reductions in health outcome disparities. Hospitals will be establishing clinical partnerships with ACOs focused on health equity, collecting data on patients with a preferred language other than English and those with disabilities, and training staff to better care for patients living with disabilities.

FOCUS 3: Quality, Equity Capacity, Collaboration

Hospitals and MassHealth will also be improving their collaborations with partners across the healthcare system, specifically with the goal of improving care quality and reducing disparities.

All Massachusetts acute care hospitals achieved The Joint Commission’s health equity accreditation standards in 2023 and are now planning to reach TJC’s advanced certification for a healthcare equity program by 2025. Hospitals will also be measured on patient experience through survey data.

MEASURING EQUITY IMPROVEMENTS: KEY FOCUS AREAS

Demographic and Health-Related Social Needs Data	<ul style="list-style-type: none"> › RELD / SOGI Data Completeness › Screening for Social Drivers of Health
Equitable Access and Quality	<ul style="list-style-type: none"> › Quality Performance Disparities Reduction Measure › Equity Improvement Interventions with ACOs › Meaningful Access to Care Services for Persons with a Preferred Language other than English › Disability Competencies › Accommodation Needs Met
Health Quality and Equity Capacity and Collaboration	<ul style="list-style-type: none"> › Achievement of External Standards for Health Equity › Patient Experience: Communication, Courtesy, and Respect › Collaboration

THE BASICS: 1115 Medicaid Waiver

The 1115 demonstration waiver allows states to waive some provisions of the federal Medicaid law as an opportunity to design and improve their programs in alignment with the goals of the program. Massachusetts has used demonstration waivers in the past to expand coverage, enhance access, and introduce initiatives to improve the quality of care. The current Massachusetts 1115 demonstration waiver includes a new incentive program that will incentivize hospitals to meet certain health equity goals.

In 2021, MHA and the hospital community started planning an extensive effort to dramatically improve hospital Medicaid financing and enhance patient care through a revamped hospital assessment (a tax on hospitals). EOHHS ultimately adopted this financing plan, which includes substantial funding for MassHealth to support hospitals (including safety net providers), and for hospitals to improve clinical quality outcomes and health equity. For the new health equity incentive program, up to \$440 million in funding will be available for acute care hospitals to earn each year. Half of this funding is financed by hospitals themselves, including the \$175 million they are devoting through the new annual hospital assessment. The incentive funding is weighted to safety-net hospitals to better support their efforts.

FUNDING BASED ON PERFORMANCE

Massachusetts hospitals are contributing a total of \$875 million over the five-year commitment to help finance the new Quality and Equity Initiative Program (HQEIP). With the federal match, a total of \$2.2 billion in health equity incentive funding will be available for acute care hospitals to earn over the course of the waiver.

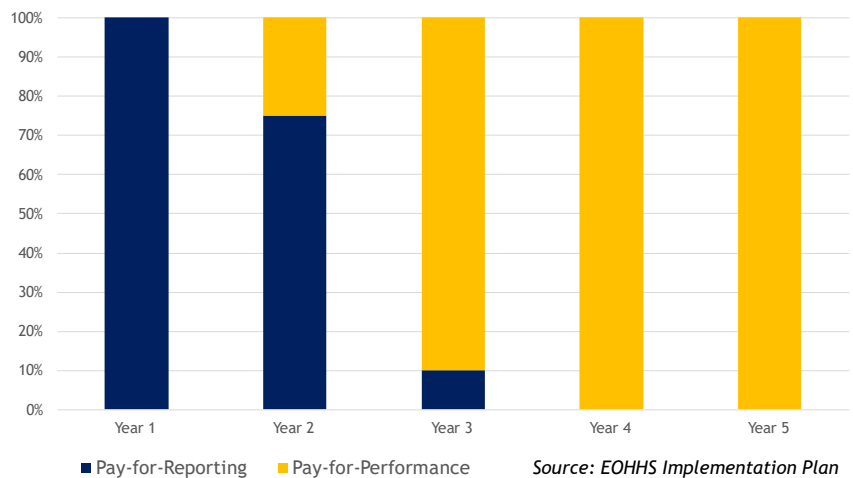
This commitment is unique in that **100% of the funding must be earned based on performance of identified metrics with no direct funding available simply for implementation.** Numerous measures require changes that entail considerable time for hospitals to undertake and then yield results, including for operational implementation, staff training, patient education, and IT modifications.

In recognition of the extreme pressures the healthcare system and its caregivers are still experiencing following the pandemic, this plan was designed to balance ambitious goals with hospitals' current workforce and operational capabilities.

As the process moves along, an increasing percentage of dollars from the new incentive program will be dependent on whether various statewide equity measures relating to MassHealth patients are met. This includes hospitals collectively meeting goals for reducing clinical disparities, collecting patient RELD/SOGI demographic information, screening for health-related social needs, training staff to care for patients with disabilities, and improving access to interpreter services, among other actions.

In addition to the funding that is available at the statewide level, each hospital's share of the available funding will be dictated by their individual performance on HQEIP measures. Hospitals will be evaluated both on meeting certain performance benchmarks as well as their improvement from the previous year. Over the course of the five-year period, accountability and expectations increase.

EOHHS Proposed HQEIP Pay-For-Performance Trajectory



Source: EOHHS Implementation Plan proposal submitted to CMS; Dec. 2023

Statewide HQEIP Funding Dependent on Statewide Performance Scores

Year	Funding at Risk
2023	5%
2024	15%
2025	20%
2026	25%
2027	25%

■ YEAR I: ACHIEVING EARLY SUCCESS

2023 marked the first year of the waiver, beginning the foundational work to implement and evaluate hospitals' new health equity efforts.

Throughout the past year, hospitals completed more than 21 elements of this commitment.

Early work by hospitals included:

- ✓ Completing detailed assessments of how they currently collect patient demographic information and establishing a process to share data with the Center for Health Information and Analysis (CHIA). 100% of participating hospitals demonstrated their capacity to submit the detailed information;
 - ✓ Assessing their current efforts to screen patients for social determinants of health;
 - ✓ Undertaking comprehensive, cross-department self-assessments to identify areas of improvement in care delivery for patients with disabilities. Areas of focus will include understanding disabilities, access, flexible long-term services and supports, primary and hospital care, care coordination, and behavioral health; and
 - ✓ Evaluating how they can make care more accessible, including through interpreter services and disability accommodations.
- Beyond the multitude of self-assessments that provide the foundation for measuring improvement, hospitals undertook numerous projects that will continue into subsequent years, including:
- ✓ Preparing a plan for screening MassHealth patients for health-related social needs in inpatient acute settings using a standardized tool;
 - ✓ Forming a total of 57 “joint accountability partnerships” with ACOs with the goal of improving equity across the care continuum. 77 distinct Performance Improvement Project (PIP) interventions were created, focusing on reducing disparities and improving access. Project goals include closing gaps in maternal morbidity and improving follow-up care for patients who seek behavioral healthcare in emergency departments;
 - ✓ Initiating planning to improve screening and documentation for patients with disabilities. Examples include screening all inpatients, flagging accommodation needs in regular workloads and patient status boards, and incorporating screening into pre-visit surveys and patient portals;
 - ✓ Developing staff training programs to improve disability competent care; and
 - ✓ Submitting a health equity strategic plan to EOHHS that details hospitals' health equity strategic goals, their process for assessing the needs of their community, and their approach to engaging community members and MassHealth patients.

FIRST YEAR SUCCESS BRINGS NATIONAL RECOGNITION

In 2023, The Joint Commission incorporated six new health equity elements as part of its triennial accreditation reviews. Over the next three years, TJC is reviewing hospitals across the U.S. as a part of its accreditation process to determine where they stand in meeting the new health equity standards.

In 2023, all Massachusetts acute care hospitals were evaluated for TJC's six healthcare equity accreditation requirements, and all were determined to be in compliance. This makes Massachusetts the first state in the nation to have all its acute care hospitals meet the new TJC health equity guidelines.

Beginning this year, hospitals are preparing to meet TJC's *health equity certification* standards, a more advanced level of expectations.

The Joint Commission's Healthcare Equity Accreditation Requirements

-  Identify an individual to lead activities to improve healthcare equity
-  Assess the patient's health-related social needs
-  Analyze quality and safety data to identify disparities
-  Develop an action plan to improve healthcare equity
-  Take action when the organization does not meet the goals in its action plan
-  Inform key stakeholders about progress to improve healthcare equity

■ MassHealth Hospital HQEIP Performance: Year One Deliverables

FOCUS 1: Demographic and Health-Related Social Needs Data

- Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness** › Timely and complete submission to MassHealth of an initial assessment of 1) beneficiary-reported demographic data adequacy and completeness, and 2) a plan for collecting demographic data, including data sources and collection questions.
- › Timely submission of RELD/SOGI data to the Center for Health Information and Analysis from MassHealth members during inpatient stays and/or emergency department visits.

- Screening for Social Drivers of Health** › Timely and complete submission to MassHealth of an initial assessment of 1) beneficiary-reported health-related social needs data adequacy and completeness, and 2) strategies employed to provide information about community resources and support services.
- › Timely and complete submission of a plan to begin screening for health-related social needs in inpatient settings in 2024.

FOCUS 2: Equitable Access and Quality

- Quality Performance Disparities Reduction Measure** › Complete and timely submission to EOHHS of performance data, including member-level race and ethnicity for clinical measures selected by EOHHS for stratification from the MassHealth Clinical Quality Incentive measure slate.

- Equity Improvement Interventions with ACOs** › Complete and timely submission of quarterly deliverables for at least one ACO-partnered Performance Improvement Plan, including a detailed planning report for the first joint project to be implemented in 2024.

- Meaningful Access to Services for Persons with a Preferred Language Other than English** › Complete and timely reporting of performance data to EOHHS for Year 1.

- Disability Competencies** › Complete and timely report to EOHHS on: 1) The results of a self-assessment using the standardized Disability-Competent Care Self-Assessment Tool (DCCAT), including an attestation that at least 5 clinical and non-clinical patient-facing staff in each department of the hospital participated, and 2) Identification of at least three (or seven) disability competencies that the hospital plans to target for improvement in Year 2, based on interpretation of the results from the self-assessment DCCAT and/or other relevant inputs.
- › Complete and timely submission to EOHHS of a plan for improving competency in targeted competency areas during Year 2, including: 1) selected training tools and/or educational resources, 2) staff that will be assessed for competency, and 3) approaches that will be used to assess organizational and staff competency.

- Accommodation Needs Met** › Complete and timely submission to EOHHS of a report of current practice related to screening and/or assessing patients for accommodation needs at the point of care, how those needs are documented, and what analyses are performed at the organizational level to understand whether needs are met.

FOCUS 3: Capacity and Collaboration

- Achievement of External Standards for Health Equity** › Attest that the hospital completed The Joint Commission survey for health equity accreditation standards.

- Patient Experience: Communication, Courtesy, and Respect** › Submit to EOHHS Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results for any MassHealth members participating in the hospital's HCAHPS survey sample during Year 1.

- Collaboration** › A hospital's performance in this subdomain for Year 1 will equal its partnered MassHealth ACO's Health Equity score.

■ WHAT'S NEXT: INCREASED ACCOUNTABILITY & EXPECTATIONS

In 2024, hospitals have committed to make further progress on the work they began in 2023. For example, hospital reporting of patient RELD/SOGI demographic data to CHIA begins quarterly.

Behind this data submission is a **new framework for collecting key demographic data from patients, both during hospital registration as well as in clinical settings**. Hospitals have undertaken changes to their operations, staff training, patient education, and IT upgrades to fulfill this massive data collection effort. By 2027, the MassHealth waiver calls for hospitals to achieve at least an 80% completion rate of all patient RELD/SOGI demographic data.

Important new screening requirements for hospitals also begin in 2024. While physician practices and ACOs often screen for social determinants of health, **hospitals will now begin screening patients directly in their inpatient settings**. At a minimum, acute care hospitals will screen for patients' needs related to housing instability, food insecurity, transportation challenges, and utility expenses. In 2024, hospitals will report summary information to EOHHS, and over time screening rates will be expected to improve. Hospitals will also begin screening patients more broadly to document the **accommodation needs of individuals with disabilities**.

Throughout 2024, hospitals will also:

- ✓ Report to MassHealth the percentage of inpatient or observation discharges in which **interpreter services** were provided relative to those identified with interpreter needs;
- ✓ Complete a **robust language access self-assessment survey** that will become a basis for evaluating their performance in future years;
- ✓ **Roll out a performance improvement project** in partnership with their MassHealth ACO partners and develop a second performance improvement project;
- ✓ Initiate **new staff training programs for improving disability competencies**, with 25% of patient-facing staff trained during 2024 (additional staff will be trained in subsequent years);
- ✓ **Stratify clinical quality measures based on race and ethnicity** – measures that will likely be used to measure performance in reducing disparities in subsequent years.

- ✓ Submit patient survey data to MassHealth from questions regarding **patient experience as it relates to communication, courtesy, and respect** – data that will provide a basis for measuring hospital performance moving forward; and
- ✓ Begin preparations to meet TJC's **rigorous health equity certification standards** in 2025, including conducting self-evaluations of how hospitals and systems currently meet the various requirements.

■ COLLABORATION: A SHARED GOAL TO ACHIEVE HEALTH EQUITY

Given that all acute care hospitals share the 1115 waiver's health equity commitments, they have come together to both help shape the program and to learn from each other as they bring the plan to life within their individual organizations. Through MHA, providers are engaged through every step of the process, including through the MHA Board of Trustees, its standing committees on clinical affairs; diversity, health equity, and inclusion; finance; and public affairs.

MHA's Hospital Incentive Workgroup was formed in January 2022 and met 31 times over the past two years. Through this forum, organizations have come together to better understand the complex nuances of the incentive program's policies, inform the waiver's technical specifications based on their IT and workforce capabilities, and share best practices for implementation. Informed by extensive hospital feedback, MHA has been able to support EOHHS in developing ambitious yet achievable goals for the waiver's health equity program. The workgroup's efforts are continuing into 2024.

In June 2023, **MHA also launched a new Health Equity Support Program that includes a dedicated online resource repository and learning collaborative calls**. These sessions focus on each of the HQEIP deliverables and provide a forum for shared learning on topics related to the waiver.

Through the development of the waiver and the formation of its technical specifications, to the fulfillment and review of the numerous program deliverables, EOHHS and hospitals have worked hand-in-hand on all fronts. EOHHS provided updates on the program's development and expectations through numerous state forums and bi-weekly meetings, soliciting feedback directly from hospitals. MHA and its members commend the strong partnership that EOHHS has established with hospitals across the state, which has made this historic commitment to health equity possible.

THROUGH THE EYES OF A PATIENT

Here's how this commitment will be visible to millions of patients across the commonwealth:



When I go to the doctor or my local hospital, I may be asked new or different questions about my race, ethnicity, the languages I prefer to speak, my abilities related to daily living activities, and my sexual identity. This information will be used to help members of my care team provide me with the best care.



I will be asked questions about certain supports I need around nutrition, transportation, housing, and more. My answers to these questions will help my care team provide me with the resources I need to stay healthy.



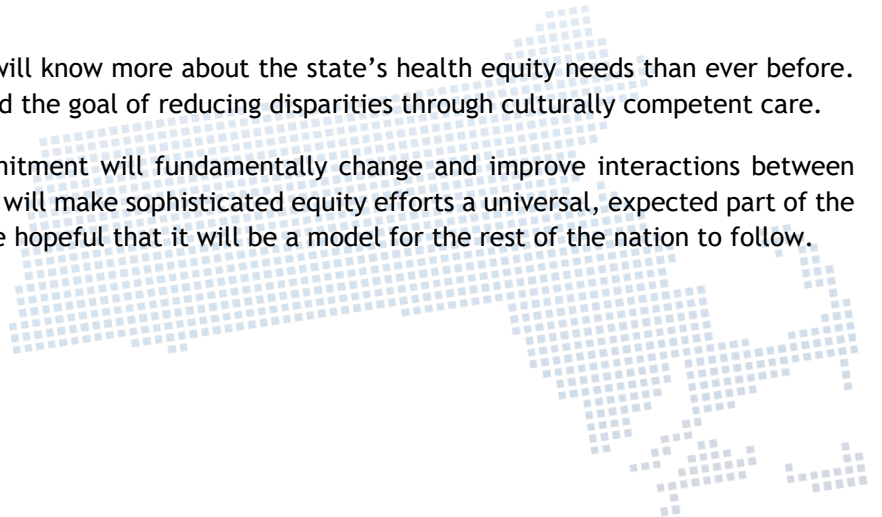
I will have access to additional supports if my primary language is not English or if I have a disability. This means my care team will ensure I have access to an interpreter and make accommodations so my specific needs are met.

CONCLUSION

Now one year in, the 1115 waiver program represents the greatest unified commitment to health equity the Massachusetts healthcare system has ever undertaken.

Following this five-year process, Massachusetts will know more about the state's health equity needs than ever before. Most importantly, its providers will have achieved the goal of reducing disparities through culturally competent care.

Taken together, the measures within this commitment will fundamentally change and improve interactions between providers and patients at the point of care. They will make sophisticated equity efforts a universal, expected part of the healthcare experience. MHA and its members are hopeful that it will be a model for the rest of the nation to follow.





MASSACHUSETTS
Health & Hospital
ASSOCIATION

500 DISTRICT AVE.
BURLINGTON, MA 01803
(781) 262 - 6000

MEDIA CONTACT:
communications@mhalink.org
(781) 262 - 6091