

Facility Commitment to Health Equity Structural Measure Specifications

January 2025

In the Fiscal Year (FY) 2024 Inpatient Psychiatric Facilities (IPF) Prospective Payment System (PPS) final rule, the Centers for Medicare & Medicaid Services (CMS) proposed that IPFs participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program be required annually to respond to the Facility Commitment to Health Equity measure. This measure was adopted into the IPFQR Program beginning with the Calendar Year (CY) 2024 reporting period / FY 2026 payment determination and for subsequent years. Data entry will be through the Hospital Quality Reporting (HQR) platform available to authorized users.

Performance Measure Name: Facility Commitment to Health Equity

Description: This attestation-based structural measure assesses IPF commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural populations, religious minorities, and people facing socioeconomic challenges. The Facility Commitment to Health Equity measure consists of five domains, and an IPF will need to evaluate and determine whether it can affirmatively attest to each domain. Some of these domains have multiple elements to which an IPF must attest.

IPFs participating in the IPFQR Program must complete attestation during the CMS specified time period. The five domains for IPF attestation and key elements for each domain include:

- **Domain 1: Equity is a Strategic Priority**
Facility commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your facility has a strategic plan for advancing health equity and that it includes all of the following elements. Select all that apply (note: affirmative attestation of all elements within a domain will be required for the IPF to receive a point for the domain in the numerator):
 - A. Our facility strategic plan identifies priority populations who currently experience health disparities.
 - B. Our facility strategic plan identifies health equity goals and discrete action steps to achieving these goals.
 - C. Our facility strategic plan outlines specific resources which have been dedicated to achieving our equity goals.
 - D. Our facility strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
- **Domain 2: Data Collection**
Collecting valid and reliable demographic and social determinant of health data on patients served in a facility is an important step in identifying and eliminating health disparities. Please attest that your facility engages in the following activities. Select all that apply (note: affirmative attestation of all elements within a domain will be required for the IPF to receive a point for the domain in the numerator):
 - A. Our facility collects demographic information (such as self-reported race, national origin, primary language, and ethnicity data) and/or social determinant of health information on the majority of our patients.

- B. Our facility has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.
 - C. Our facility inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified Electronic Health Record (EHR) technology.
- **Domain 3: Data Analysis**
Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your facility engages in the following activities. Select all that apply (note: affirmative attestation of all elements within a domain will be required for the IPF to receive a point for the domain in the numerator):
 - A. Our facility stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on facility performance dashboards.
 - **Domain 4: Quality Improvement**
Health disparities are evidence that high quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients. Select all that apply (note: affirmative attestation of all elements within a domain will be required for the IPF to receive a point for the domain in the numerator):
 - A. Our facility participates in local, regional, or national quality improvement activities focused on reducing health disparities.
 - **Domain 5: Leadership Engagement**
Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your facility engages in the following activities. Select all that apply (note: affirmative attestation of all elements within a domain will be required for the IPF to receive a point for the domain in the numerator):
 - A. Our facility senior leadership, including chief executives and the entire IPF board of trustees, annually reviews our strategic plan for achieving health equity.
 - B. Our facility senior leadership, including chief executives and the entire facility board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

Clarifying Information: The Facility Commitment to Health Equity measure includes five attestation-based questions, each representing a separate domain of commitment. For an IPF to affirmatively attest to a domain, and receive credit for that domain, the IPF will evaluate and determine whether it engages in each of the elements that comprise the domain. IPFs receive one point for each domain to which they attest “yes,” stating they are meeting the required competencies; an IPF’s score can be a total of zero to five points (one per domain). For each domain there are between one and four associated yes/no sub-questions for related structures or activities within the IPF. IPFs will only receive a point for each domain if they attest “yes” to all related sub-questions. There is no “partial credit” for sub-questions. For example, in Domain 1, IPFs must attest “yes” to sub-questions A-D in order to earn the point for that domain. If IPFs participate or complete qualifying activities at any time within the reporting year, they may attest “yes” for that domain.

The Facility Commitment to Health Equity measure requires reporting as part of an IPF’s normal IPFQR Program reporting. The IPFQR Program is a pay for reporting program, and IPFs will receive credit for the reporting of their measure results regardless of their responses to the attestation questions. This

measure will be publicly reported on the Compare tool available on [Medicare.gov](https://www.medicare.gov).

Additional Resources: This measure is supported by evidence and guidance from the following:

- The CMS Meaningful Measures Framework¹ identifies equity as a priority, and the CMS National Quality Strategy² promotes the advancement of health equity as a key goal.
- CMS provides a health equity definition and corresponding fact sheet³ outlining its vision to advance health equity as a strategic pillar and core agency function. CMS also released an updated framework⁴ to further advance health equity, expand coverage and improve health outcomes for the more than 170 million individuals supported by CMS programs.
- The CMS Office of Minority Health (OMH) provides information on building an organizational response to health disparities.⁵
- The National Academy of Medicine (NAM) convened health care quality leaders on strategies to address equity.⁶
- The Institute for Healthcare Improvement (IHI) studied 23 health systems to better understand organizational efforts to improve equity and concluded equity must be a strategic priority.⁷ IHI also issued a framework for health care organizations on achieving health equity.⁸
- The Joint Commission (TJC) published a roadmap for hospitals to improve communication, cultural competence, and patient- and family-centered care.⁹
- A study published by Health Care Management Review¹⁰ utilized interviews with 19 health equity experts and hospital executives to identify approaches for health systems to implement lasting organizational change to advance health equity.
- CMS provides a technical resource consisting of definitions, specifications, and stratification practices for health-equity related data elements for organizations to use in harmonizing data collection and analysis efforts of health-equity data with CMS.¹¹

Please review the final rule on the [FY 2024 IPF PPS Final Rule home page](#) for additional information on the measure background and rationale. Resources can be found on the [CMS IPFQR Program Resources page](#), including *Attestation Guidance for the Facility Commitment to Health Equity Measure*, which provides information and examples of qualifying activities for this measure, and the *Facility Commitment to Health Equity Frequently Asked Questions (FAQ)*, which provides answers to questions on this measure.

¹ [Meaningful Measures 2.0: Moving from Measure Reduction to Modernization | CMS](#)

² [CMS National Quality Strategy](#)

³ [Health equity definition and Pillar: Health Equity fact sheet | CMS](#)

⁴ [CMS Framework for Health Equity 2022-2032](#)

⁵ [Building an Organizational Response to Health Disparities | CMS OMH](#)

⁶ [An Equity Agenda for the Field of Health Care Quality Improvement | NAM](#)

⁷ [Health Equity Must Be a Strategic Priority | IHI \(nejm.org\)](#)

⁸ [Achieving Health Equity: A Guide for Health Care Organizations | IHI](#) (this content can be accessed on [ihi.org](https://www.ihio.org) via a free account login)

⁹ [Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals | TJC](#)

¹⁰ [Advancing health equity through organizational change: Perspectives from health care leaders | Health Care Management Review](#)

¹¹ [Resource of Health-Equity Related Data Definitions, Specifications, & Stratification Practices](#)