

Public Webinar Resources

Supporting Material for “From Data to Action:
How CMS and Stakeholders Are Addressing Inequalities in Health care”

HEALTH EQUITY SUMMARY SCORE (HESS)

1. How does the HESS relate to the Health Equity Index described in recent Medicare Advantage (MA) rules?

The HESS was developed by the Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH), as a quality improvement tool. It focuses on Medicare Part C and includes both cross-sectional and longitudinal disparity components to assess disparities across and within race and ethnicity groups and populations that are dually eligible for Medicare and Medicaid and/or who are eligible for the low-income subsidy (LIS). The HESS includes patient experience (MA & Prescription Drug Plan [PDP] Consumer Assessment of Healthcare Providers and Systems®) and clinical quality (Healthcare Effectiveness Data and Information Set [HEDIS]) measures. The health equity index (HEI) that is currently under development may be used in the future to ensure the MA Star Ratings for Part C and Part D plans are cross-sectional, focuses on disability and dual/LIS, and includes MA & PDP CAHPS® and Categorical Adjustment Index (CAI) measures.

2. Where can we find the measures involved in the HESS?

HESS uses seven patient experience (MA & PDP CAHPS®) and seven clinical quality (HEDIS) measures:

- MA & PDP CAHPS® measures: Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Doctors Who Communicate Well, Care Coordination, Getting Needed Prescription Drugs, and Annual Flu Vaccine
- HEDIS measures: Adult BMI Assessment, Breast Cancer Screening, Colorectal Cancer Screening, Diabetes: Blood Sugar Controlled, Diabetes: Kidney Disease Monitoring, Diabetes: Retinal Eye Exam, and Controlling High Blood Pressure

Measures were selected from the collection of measures for which data was widely available for MA plans due to inclusion in the MA Star Rating reporting process. The measure set was then narrowed to reflect a variety of criteria (e.g., whether the measures had floor or ceiling effects, whether they could be reliably measured for all population groups for most contracts, and whether they were redundant with other measures).

This information is available in the Agniel et al. (2021) article published in the *Journal of General Internal Medicine*, found here: <https://pubmed.ncbi.nlm.nih.gov/31713030/>.

3. For the HESS, is it possible to disaggregate further to assess inequities affecting subpopulations within the larger groups?

Yes. The HESS provides summary/high-level “snapshot” performance information (i.e., the overall, multifactorial HESS score), in addition to more granular/specific scores, including scores specific to each grouping variable (i.e., race and ethnicity; dual eligibility/Low-Income Subsidy status), including cross-sectional and improvement/trend scores. See Agniel et al. (2021) for more details [here](#).

4. Where can I find more information on the HESS?

CMS OMH has presented on the HESS at the CMS Quality Conference ([here](#)), published articles about the HESS ([here](#), [here](#), [here](#), and [here](#)). The Assistant Secretary for Planning and Evaluation (ASPE) named the HESS the most promising summary measure of health equity in its May 2021 report on health equity measures ([here](#)).

5. Have you received concerns about the HESS in terms of another rolled up composite score and how helpful it may or may not be?

No. The HESS provides summary/high-level “snapshot” performance information (i.e., the overall, multifactorial HESS score), in addition to more granular/specific scores, including scores specific to each grouping variable (i.e., race and ethnicity; dual eligibility/Low-Income Subsidy status), including cross-sectional and improvement/trend scores. A technical expert panel (TEP) convened by ASPE (report [here](#)) rated the HESS most highly of all health equity methodologies and measures reviewed, noting that the combination of summary and more granular information provided by the HESS was one of its strengths.

6. Can examples of HESS reports be shared?

Plan-level HESS performance information is confidentially reported to plans only.

7. Once developed for MA contracts, will the confidential HESS data be shared with contracted providers?

Yes. We recently conducted a pilot test of the HESS Dashboard in the Health Plan Management System (HPMS) that will allow Medicare Advantage Organizations (MAOs) to view their confidential HESS performance information on-demand. We are currently responding to/integrating feedback we received from MAOs and others during the pilot test period.

MEASURE DATA

1. When evaluating clinical disparities, how might we think about magnitude and meaningfulness of differences in clinical processes and outcomes? Is it likely to be a standard that tests of statistical significance will be the vital differentiator? We sometimes see disparities of some magnitude that don't reach significance but still seem to merit investigation, and vice versa. The AHRQ report on quality and disparities generally uses statistical significance plus a 10% difference.

Differences that seem large but are not statistically significant should be monitored but might not necessarily be the basis for interventions until confirmed because they might reflect chance. We agree

that among statistically significant differences, magnitude matters. We recommend prioritizing large differences (>5 points on a 0-100 scale) and treating all differences of at least three points as important (as is done in the CMS reports compiled [here](#)).

Z-CODES

1. What is a z-code?

A “z-code” describes a section of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) that has many of the social risk codes within it. The Gravity Project is seeking to expand z-code capacity within the ICD-10.

2. We have been told that z-codes can only be applied if a physician documents the social determinant of health (SDOH) or condition. Is that true?

The American Hospital Association (AHA) Coding Clinic provided guidance in 2018 that “codes from categories Z55-Z65 can be assigned based on information documented by all clinicians involved in the care of the patient.” This was approved by the ICD-10-CM Cooperating Parties effective Feb. 18, 2018. Learn more [here](#).

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS)

1. How does improving the patient experience advance health equity?

Patient experience is a key aspect of quality of care and one in which there are inequities. A series of reports on such inequities in the Medicare population can be accessed [here](#). Ensuring that different groups of patients are having equally good experiences, as reported on CAHPS® measures, is an important end in and of itself. It is also important because patient experience is connected to other aspects of care, such as treatment adherence and continuity of care. As measures of patient-centered care, CAHPS® measures may provide particular insight into things that affect health equity. Learn more [here](#).

2. How does one use CAHPS® measures to assess equitable care?

CAHPS® scores for different groups can either be compared to each other or to an overall average to see which groups are experiencing better or worse care. [Click here](#) for examples of such an approach.

THE GRAVITY PROJECT

1. Does The Gravity Project define racism as a social determinant of health/social risk?

Yes, The Gravity Project follows the World Health Organization’s conceptual framework for action on SDOH that defines discrimination as a structural determinant of health inequity.

2. How does The Gravity Project include the voice of underrepresented communities in its work?

The Gravity Project convenes interested parties across the country through an open and transparent collaborative process where they develop and test consensus-based standards to facilitate SDOH data

capture and exchange across a variety of systems and settings of care and social services. Anyone can join this effort. Join the project [here](#).

3. Should mental illness/depression be an important determinant of health?

The Gravity Project follows the [National Academies of Science, Engineering, and Medicine framework](#) for capturing social and behavioral data in electronic health records. The Gravity Project focuses on the framework's socioeconomic elements, but they consider psychological and behavioral data to be critical.