



Joint Commission Requirements to Reduce Health Care Disparities

- Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to organizations in the Joint Commission's ambulatory health care, behavioral health care and human services, critical access hospital, and hospital accreditation programs.
- A new standard in the Leadership (LD) chapter with 6 new elements of performance (EPs) has been developed to address health care disparities as a quality and safety priority.
- The Joint Commission's standards focus on fundamental processes that will help organizations address health care disparities by identifying a leader, understanding patients' HRSNs, stratifying key measures, and developing a plan to address one or more target. The standards provide flexibility in their scope and focus to accommodate organizations at different stages on the path forward.

Requirement EP 1: The [organization] designates an individual(s) to lead activities to reduce health care disparities for the [organization's] [patients].

Note: Leading the [organization's] activities to reduce health care disparities may be an individual's primary role or part of a broader set of responsibilities.

Rationale

Identifying an individual to lead the organization's activities to reduce health care disparities establishes clear lines of accountability and ensures that staff have the support necessary to implement successful initiatives.

Requirement EP 2: The [organization] assesses the [patient's] health-related social needs and provides information about community resources and support services.

Note 1: [Organizations] determine which health-related social needs to include in the [patient] assessment. Examples of a [patient's] health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

Note 2: Health-related social needs may be identified for a representative sample of the [organization's] [patients] or for all the [organization's] [patients].

Rationale

Organizations may determine which data to collect and whether data is collected for a sample of patients or routinely for all patients. It would be ideal for all patients to have their HRSNs assessed so

these can be addressed directly by referral to community resources or indirectly through a modified treatment plan. However, organizations vary in their capacity to do this, so the standards do not require screening of all patients.

Requirement EP 3: The [organization] identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization's] [patients]

Note 1: [Organizations] may focus on areas with known disparities identified in the scientific literature or select measures that affect all [patients].

Note 2: [Organizations] determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:

- Age
- Gender
- Preferred language
- Race and ethnicity

Rationale

Organizations may wish to measure differences in care processes, procedure use, and outcomes for high-risk topics where research has shown disparities are common and substantial. Organizations may differ in the patient information they collect, the quality and safety measures they use, and their ability to perform data analyses. Organizations may focus their analyses on measures that affect all patients or concentrate on a well-known area of persistent disparity.

Requirement EP 4: The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population.

Rationale

The organization should develop an action plan that defines the health care disparity and the specific population(s) of focus, the organization's improvement goal, the strategies and resources needed to achieve the goal, and the process that will be used to monitor and report progress.

Requirement EP 5: The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.

Rationale

Reviewing quality and safety metrics, collecting feedback from patients about new services or interventions, or evaluating staff training and education needs demonstrate support for the organization's strategy to address health care disparities.

Requirement EP 6: At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

Rationale

Leadership, practitioners, and staff need to be aware of the organization's initiatives to address health care disparities and be informed of their potential role in those initiatives. It is also important to receive updates about the challenges and successes of the organization's efforts to improve care for all patients.