LEAPFROG ASC SURVEY

Factsheet: Health Care Equity

Measure Background

All patients have the right to achieve their highest level of health, without barriers. Yet, there are clear inequities in health care due to structural racism, discrimination against various groups (based on gender, ethnicity, the social construct of race, age, or sexual orientation), and implicit bias. [1,2]

A first step to understanding and ultimately improving or eliminating a problem is to collect data. The Institute of Medicine (IOM), the Centers for Medicare and Medicaid Services (CMS), and others have called for the collection, reporting, and analysis of race, ethnicity, and language data (at a minimum) to monitor and analyze disparities. [2,3,4] Yet, evidence shows that basic demographic data is not collected, and if collected, is often not used to address disparities. [5]

Why is Health Care Equity Important?

Differences in treatment in the healthcare setting have long been documented, with minorities more likely to report being treated with disrespect or being looked down upon in the patient-provider relationships, which can influence the use of health care services and may contribute to existing health disparities.[6] Additionally, disparities in health care are considered indicators for poor quality care. [5]

Addressing health care disparities is essential to promoting and ensuring the overall health of the public. Through the collection of demographic data, facilities can use the information for quality improvement and identify specific individuals and groups to whom quality improvement or other interventions can be directed. [3,4] Furthermore, in the ambulatory setting, collected demographic data can be used to better market services, and expand into new markets. [5]

Finally, health care facilities have a unique opportunity to address disparities directly at the point of care[2]. If unresolved, it is predicted that by 2050 racial and ethnic disparities will cost the US health care system $353 billion. [2]

Health Care Equity Standard

ASCs meeting the Leapfrog Health Care Equity Standard meet all of the following:

1. Collects, at a minimum, each patient's self-reported race, ethnicity, and preferred written or spoken language data.
2. Trains staff responsible for registering patients on best practices for collecting self-identified demographic data.
3. Uses the patient self-reported demographic data to stratify at least one quality measure.
4. And either:
    - Has updated a policy or procedure to address the disparity or developed a written action plan (if disparities were identified) OR
    - Shares information about efforts to identify and reduce health care disparities on its website OR
    - Reports out and discusses efforts to reduce health care disparities with the facility's leadership and governance.

Download the complete Leapfrog ASC Survey scoring algorithms document on the ASC Scoring and Results webpage.

Why Purchasers Need to Get Involved

Purchasers should care about health care equity from both a moral and business perspective. The clear differences in health outcomes for historically marginalized populations lead to increased costs for employers and lower worker productivity rates.[2] If there are differences in care between populations at health care facilities, purchasers should have that information to make informed decisions about where to send patients, and to hold facilities accountable. They can also reward facilities who are taking steps to implement Leapfrog's standard and encourage those who are just starting their journey to identify, address and reduce health care disparities.

References

1. Gandhi, Tejal. Achieving Zero Inequity: Lessons Learned from Patient Safety, New England Journal of Medicine Catalyst, 27 May 2021, catalyst.nejm.org/doi/full/10.1056/CAT.21.0078.

2. Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2016. (Available at ihi.org)
3. Institute of Medicine. 2009. Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Washington, DC: The National Academies Press. https://doi.org/10.17226/12696.
4. Centers for Medicare & Medicaid Services. "CMS Framework for Health Equity 2022-2032." April 2022. https://www.cms.gov/files/document/cms-framework-health-equity.pdf
5. Wynia M, Hasnain-Wynia R, Hotze T, Ivey SL. Collecting and using race, ethnicity and language data in ambulatory settings: a white paper with recommendations from the Commission to End Health Care Disparities. Chicago: American Medical Association; 2011. http://www.ama-assn.org/resources/doc/public-health/cehcd-redata.pdf.
6. Blanchard J, Lurie N. R-E-S-P-E-C-T: patient reports of disrespect in the health care setting and its impact on care. J Fam Pract. 2004;53(9):721–30. Medline, Google Scholar.

For a comprehensive list of references please review the Health Care Equity Bibliography, available at https://ratings.leapfroggroup.org/measure/asc/2025/health-care-equity