

## 2023 Medicaid Quality Incentive Measure

<b>Measure 4</b>	
<b>Contact Person</b>	<b>Abigail Berube, (206) 216 -2544</b>
<b>Measure Name:</b>	Bias Reporting System
<b>Measure eligibility:</b>	All hospitals who wish to participate in MQI are eligible to complete this metric. Critical Access Hospitals (CAH) are not eligible to receive the incentive payment.
<b>Why?</b>	<p>For the first time, in 2022, Bias Reporting was introduced as an MQI measure. This inaugural measure sought to incentivize the uptake of systems to allow for low-barrier reporting of bias in the healthcare setting. Upon review of the submitted data, we found basic criteria met by most hospitals in 2022 in the form of attesting to existing policies:</p> <p style="padding-left: 40px;">Patient/Visitor reporting was primarily captured through Grievance Procedure and Non-Discrimination Policy; the purpose of data collection was on resolution with patient/family; and reports were primarily reviewed and investigated by Risk Management, Compliance, and Civil Rights Coordinator, Patient Experience Professional.</p> <p style="padding-left: 40px;">Workforce reporting was primarily captured in Harassment and Code of Conduct Policies; clear protections regarding illegal sexual harassment or discrimination were noted, but not microaggressions; workforce reports were reviewed and investigated by HR.</p> <p>In reviewing 2022 data, it became clear that while these policies are foundational, a true Bias Reporting System would complement these systems and provide better insight into cultural “blind spots” needed to direct change. The measure was reviewed and modified by the WSHA Health Equity MQI Review Committee to stipulate components that ensure an effective system. The new measure, Bias Reporting Systems, for 2023 replaces the old measure and now requires documented attestation for each of the criteria, in addition to the use of training and specific policy language.</p>
<b>Clinical Rationale:</b>	<p>Unfortunately, despite codes of conduct, individuals may consciously or unconsciously engage in microaggressions, demonstrate negative biases, and express racist, sexist, xenophobic, homophobic, transphobic or other discriminating beliefs and behaviors. These incidents of bias may be generated by or directed towards patients, visitors or healthcare workforce and adversely impact the experiences and wellbeing of others.</p> <p>The first step to reducing bias and encouraging safe and inclusive interactions in the healthcare setting, is to establish a reporting system. Once incidents are easily and safely reported, timely review and appropriate response can begin to shift cultural norms and create accountability.</p> <p>Bias Reporting Systems go beyond anti-harassment policies and regulatory non-discrimination requirements and provide a safe way for all employees, patients and visitors to share problematic behavior and discriminatory practices. They are complementary to established HR and risk-management practices but to not focus solely on reducing hospital liability and conducting individual investigations. Instead, bias reporting should collect data in a way that allows for organizational learning and to guide culture change as a system.</p> <p>This measure builds on the previous Bias Reporting and Response MQI measure to include specific aspects of bias reporting systems. Hospitals are encouraged</p>

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	<p>to build on existing infrastructure to meet the components listed in the measure. To protect the anonymity of reporters, hospitals are encouraged to make the bias reporting system available to <u>all</u> departments instead of piloting with small teams or individual units.</p> <p>Selected References:</p> <ol style="list-style-type: none"> <li>1. Paul-Emile, K et al. <a href="#">Addressing Patient Bias Toward Health Care Workers: Recommendations for Medical Centers</a>. Annals of Internal Medicine, 2020 <a href="https://doi.org/10.7326/M20-0176">https://doi.org/10.7326/M20-0176</a>; also see <a href="#">summary editorial</a></li> <li>2. Warsame RM and Hayes SN. <a href="#">Mayo Clinic’s 5-Step Policy for Responding to Bias Incidents</a>. AMA Journal of Ethics, 2019.</li> <li>3. <a href="#">UW Bias Reporting Tool, Initial Community Report Feb-May 2021</a></li> </ol>
<p><b>Definition:</b></p>	<p>The Bias Reporting System measure is comprised of three parts:</p> <ol style="list-style-type: none"> <li>1.) <u>Bias Defined</u>: Is “bias” defined and explained in your workforce anti-harassment policy, patient non-discrimination policy and codes of conduct?</li> <li>2.) Is <u>education provided</u> to all staff on what is “bias” and how it manifests in healthcare? For example, what is a microaggression, what is unconscious bias and how to report experiences using bias reporting systems.</li> <li>3.) <u>Bias System</u>: Does your Bias Reporting System include the following (must attest to <u>all</u> 7 components to receive credit): <ul style="list-style-type: none"> <li>• Allows for anonymous reporting</li> <li>• Assures anti-retaliation, closes the loop with the reporter and shares action or next steps</li> <li>• Available to patients, visitors and workforce</li> <li>• Reviewed by personnel trained in diversity, equity and inclusion principles or unconscious bias</li> <li>• Quantifies the categories of report types which is able to be summarize in a report to inform culture change</li> <li>• At least annually, informs key stakeholders including leaders, licensed practitioners, and staff</li> <li>• Includes described approach for addressing bias through culture change.</li> </ul> </li> </ol>
<p><b>Included Populations:</b></p>	<p>The Bias Reporting System must be accessible to patients, visitors <u>and</u> workforce.</p>
<p><b>Exclusions:</b></p>	<p>No exclusions.</p>
<p><b>Fields to be reported:</b></p>	<ol style="list-style-type: none"> <li>1.) <u>Bias Defined</u>: If the hospital currently has “bias” defined and explained in its workforce anti-harassment policy, and patient non-discrimination policy and codes of conduct, then answer Yes to “Bias Defined”. Can enter Yes anytime during the data collection period. In QBS, upload copy of policies with “bias” defined (suggest merging multiple policies into one doc)</li> </ol>

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	<p>2.) If education provided to all staff on what is “bias” and how it can show up (For example, what is a microaggression and how to report using bias reporting systems), then answer Yes to “Bias Education” Can enter Yes anytime during the data collection period.</p> <p>3.) <u>Bias System</u>: If the hospital currently has a Bias Reporting System that meets the following 7 criteria:</p> <ul style="list-style-type: none"> <li>• Allows for anonymous reporting</li> <li>• Assures anti-retaliation, closes the loop with the reporter and shares action or next steps</li> <li>• Available to patients, visitors and workforce</li> <li>• Reviewed by personnel trained in diversity, equity and inclusion principles or unconscious bias</li> <li>• Quantifies the categories of report types and able to summarize in a report to inform culture change</li> <li>• At least annually, informs key stakeholders including leaders, licensed practitioners, and staff</li> <li>• Includes described approach for addressing bias through culture change</li> </ul> <p>then answer Yes to “Bias System”. This reporting system must be accessible to patients, visitors <u>and</u> workforce. Can enter Yes anytime during the data collection period.</p> <p>In QBS, upload documentation describing how the Bias Reporting System meets all 7 criteria. Template available upon request.</p> <p>Note: Patient Grievance policies and Severe Event Incident Reporting are not appropriate for this measure, these policies and procedures should exist IN ADDITION to Bias Reporting Systems.</p> <p>Only an answer of Yes to all parts and upload of all required documents will allow eligible hospitals to receive full credit toward the incentive.</p> <p>Recommend submitting early, WSHA will be able to provide review and feedback prior to Nov.</p>
<b>Data Collection period:</b>	July 1, 2023 - December 31, 2023
<b>Reporting deadline:</b>	30 days after the close of the performance period or by January 31, 2024
<b>Audits and validation: Do not change</b>	Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.
<b>Submission Frequency:</b>	Once during the performance period from July 1, 2023 to December 31, 2023.
<b>Data collection system:</b>	Washington State Hospital Association Quality Benchmarking System, QBS.

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<b>Data Scoring:</b>	To receive all 10 points:			
	<ul style="list-style-type: none"> <li>• Define “bias” in policies (y/n) <u>and</u> upload policy: 2 points</li> <li>• Attest to providing bias edu (y/n): 2 points</li> <li>• Attest to bias system with 7 components (y/n) <u>and</u> upload documentation describing how all components are met: 6 points</li> </ul>			
	<b>Thresholds</b>	Define “bias” in policies (y/n) AND upload policy	Attest to providing bias education (y/n)	Attest to bias system with 7 components (y/n) AND upload documentation describing how all components are met
<b>Point Awards 2023</b>	2 points	2 points	6 points	