CENTER FOR HEALTH INFORMATION AND ANALYSIS

Equity in Quality of Care

Select Clinical Quality and Patient Experience Measures Stratified by Race and Ethnicity, 2024

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Technical Appendix

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Equity in Quality of Care: Select Clinical Quality and Patient Experience Measures in Massachusetts Stratified by Race and Ethnicity, 2024

Technical Appendix

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Healthcare Effectiveness Data and Information Set (HEDIS®)

Measure Steward

National Committee for Quality Assurance (NCQA)

The clinical performance measures included in this report are drawn from the Commonwealth of Massachusetts Aligned Measure Set. Massachusetts Health Quality Partners (MHQP) and Center for Health Information and Analysis (CHIA), in collaboration with participating health plans, selected 29 Healthcare Effectiveness Data and Information Set (HEDIS) measures to collect and aggregate. This count includes measures that are reported by age bucket. The HEDIS® Measure Set is developed by the National Committee for Quality Assurance (NCQA). All health plans that apply for NCQA accreditation for a given product line (Commercial, Medicare, and/or Medicaid) submit their HEDIS® measures to NCQA, based on the specified health plan enrollee population, using standard technical measure specifications defined by NCQA. NCQA recently changed their naming protocol to align with the measurement year rather than the year that the measure set was submitted. MHQP's Quality Measures 2024 therefore corresponds to HEDIS Measurement Year (MY) 2024.

NCQA requires that these measures be submitted annually by each health plan and that the measures be independently audited by an NCQA-accredited auditing agency according to standard auditing specifications. All the health plans that submitted HEDIS® MY 2024 measures included in this report have successfully completed the NCQA-mandated audits for the measurement year.

Population

This report includes measures for *Commercially Insured Enrollees* in *HMO* and *Point of Service* (excluding Marketplace) products from the following participating Massachusetts health plans: Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England.

The HEDIS® measures reported cover the health plan population that was enrolled as of December 31st of the measurement year (2024) and met the enrollment, demographic, and clinical specifications required for each measure.

Performance Measures

The chart below contains a list of the HEDIS measures reported by CHIA. Measures are reported at the statewide level, including statewide scores stratified by race or ethnicity.

TABLE 1. REPORTED HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) MEASURES, MY 2024

Measure Category	Measure Name	Measure Abbrev.	2024 Aligned Measure Status[1]
Behavioral Health	Initiation and Engagement of Substance Use Disorder Treatment – Engagement	IET-E	Menu
Behavioral Health	Initiation and Engagement of Substance Use Disorder Treatment – Initiation	IET-I	Menu
Chronic Condition Care	Asthma Medication Ratio	AMR	Menu
Chronic Condition Care	Controlling High Blood Pressure	CBP	Core
Chronic Condition Care	Glycemic Status Assessment for Patients With Diabetes: Poor HbA1c Control (>9%)[2]	GSD (formerly HBD-PC)	Core
Maternity Care	Prenatal and Postpartum Care – Postpartum Care	PPC-POST	Menu
Maternity Care	Prenatal and Postpartum Care – Timeliness of Prenatal Care	PPC-PRE	Menu
Pediatric/ Adolescent Care	Immunizations for Adolescents (Combo 2)	IMA-2	Menu
Pediatric/ Adolescent Care	Well-Child Visits in the First 30 Months of Life: 0 – 15 months	W15	Menu

[1] For information on the Aligned Measure Set, please see CHIA's **2026 Quality Measure Catalog Survey Results** dashboard.
[2] Beginning in MY 2024, this measure's name was updated from "Hemoglobin A1c control of Patients with Diabetes HbA1c Poor Control." The updated measure name is used throughout the dashboard for all reporting years for consistency. A lower score indicates better performance for this measure.

Measure Category	Measure Name	Measure Abbrev.	2024 Aligned Measure Status[1]
Pediatric/ Adolescent Care	Well-Child Visits in the First 30 Months of Life: 15 – 30 months	W30	Menu
Screening and Prevention	Breast Cancer Screening	BCS	Menu
Screening and Prevention	Colorectal Cancer Screening	COL	Menu

Measurement Periods

The measurement periods vary somewhat by measure, but in general, MY 2024 measures reflect performance during calendar year 2024. Certain measures also count care provided in earlier years: for example, the breast cancer screening measure looks at exams performed in the measurement year or in the prior year.

Measure Selection

In 2025, MHQP, CHIA, and participating health plans collaboratively selected HEDIS® measures to be reported for this data request. The measure selection process began with HEDIS® measures that MHQP had collected in previous years and HEDIS® measures that are on the **2024 Massachusetts Aligned Measure Set**. The 2024 Aligned Measure Set is the result of a multi-year Quality Measure Alignment Taskforce measure selection process to propose measures intended to focus provider quality improvement efforts, while reducing the administrative burden on provider organizations to measure and improve quality.[3] HEDIS® measures ultimately selected are those that are likely to be able to be reported at a level below the state level, reflect the State's measurement priorities, and reflect health plans' recommendations. Of the measures selected, results for those that an individual health plan perceived to be inaccurate were excluded from the data the health plan shared with MHQP.

Data Sources

Five Massachusetts health plans provided the HEDIS® data used to compile the measures in these reports (Blue Cross Blue Shield of Massachusetts, Health New England, Mass General Brigham Health Plan, and Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan). Four of these plans provided de-identified data at the individual member level, and one health plan

[3] The Commonwealth currently relies on voluntary adoption of this Aligned Measure Set by providers and commercial payers; however, legislation signed in 2025 requires CHIA to establish a measure set for mandatory adoption (**Chapter 343: An Act Enhancing the Market Review Process**), which will further advance alignment in quality measurement. As a result, the role of reviewing and recommending a standard quality measure set will transition to the **Statewide Quality Advisory Committee (SQAC)** beginning with the 2027-2028 Aligned Measure Set.

aggregated to the individual provider level prior to submission to MHQP. All measures were attributed to the enrollee's assigned primary care provider (PCP) as of December 31st of the measurement year (2024). A numerator event delivered by any eligible health care provider was credited to the assigned PCP, even if the event was delivered by a different eligible health care provider. The providers included in the reports were those listed as PCPs by at least one of the five participating health plans. These providers included internists, family practitioners, geriatricians, pediatricians, and nurse practitioners with patient panels as a PCP, and specialists who served as PCPs for some patients and had dual status according to at least one of the health plans.

In addition, all five health plans provided MHQP with a file containing provider directory information for all physicians and nurse practitioners in their plan eligible to serve as PCPs as of December 31st of the measurement year. These files were integrated into the Massachusetts Provider Database (MPD), which MHQP used to group the member- level data to the individual PCP level and the practice level. Individual PCP-level HEDIS® data supplied by the health plans was then mapped to each provider.

In an effort to continuously improve the assignment of providers to networks, medical groups, and practice sites, provider assignments begin with the information received from these organizations in previous years. Health plans submit updated provider directories to supplement this information. All networks, medical groups, and practice sites on MHQP's private MPD website (https://private.mhqp.org/) then have access to updated directories and yearly review and update contact information on this website, to remove the providers who no longer practice at their organization and to add the providers not listed. A majority of networks, medical groups, and practice sites have reviewed and modified their directories. The final clinician assignments for the current report are based on the modifications. If an organization did not review and validate its provider directory, the final provider assignments for that organization are based on the previous year's assignments.

Measurement Methods

For each of the measures, NCQA specified whether results should be calculated using administrative (claims/encounter) data only (referred to as the Administrative Data Method) or whether health plans could opt to draw a random sample of the HEDIS®-eligible population and use data obtained through medical record reviews to supplement the data derived from their claims and encounter records (referred to as the Hybrid Method). Medical record data could be used to identify patients who should be dropped from the denominator population, based on the exclusion criteria for a given measure, and to identify eligible numerator events that were not captured in the plans' administrative data. Appendix A identifies measures that may be calculated using the Hybrid Method. Please note that, for some health plans, access to on-site medical records and at practice sites was limited due to workforce constraints.

Adjustment Methodology

If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a "chart adjustment factor," which represents the increase in a plan's measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

Since the completeness of administrative data can be influenced by factors such as the length of members' tenure with the plan (affecting the completeness of their historical clinical information), the completeness of encounter submission by the plan's network providers, and plan-specific payment policies that can affect measure specific procedure coding, the chart adjustment factors varied both by measure and by health plan. MHQP's adjustment methodology applied health plan and measure specific adjustment factors to each PCP's HEDIS® measurements. An example of the adjustment methodology is shown in **Table 2** below.

Table 2. Example of Adjustment Methodology

Health Plan	Raw Numerator (A)	Raw Denominator (B)	Unadjusted Rate (C) Calculated As: (C=A/B)	Chart Adjustment Factor (D)	Adjusted Rate (E) Calculated As (E=C+D)	Adjusted Numerator (X) Calculated As (X=AxB)
Health Plan 1	12	20	60%	5%	65%	13
Health Plan 2	15	30	50%	10%	60%	18
Health Plan 3	15	30	50%	No Adjustment	50% (unchanged)	15 (unchanged)
Overall	42	80	52.5% (42/80)	-	57.5% (46/80)	46

The claims adjustment factors were applied to each applicable measure by recalculating the measure numerator after increasing each clinician's plan-specific rate for that measure by the plan-specific adjustment factor for the measure.

In the above example, three of the five participating health plans provided HEDIS data for the provider on a given measure. Health Plans 1 and 2 used the Hybrid Method and supplied claims adjustment factors for this measure, while Health Plan 3 used the Administrative Data Method and made no adjustments.

Adjusted rates for provider networks, medical groups, and practice sites were calculated based on the sums of the adjusted numerators and the raw denominators for each affiliated PCP for each measure.

Reporting Methods

Starting with MY 2023 data, CHIA is publishing statewide HEDIS measure performance results stratified by race and ethnicity for 11 NCQA measures that are found on the 2024 Aligned Measure Set: Asthma Medication Ratio, Breast Cancer Screening, Colorectal Cancer Screening, Controlling High Blood Pressure, Glycemic Status Assessment for Patients With Diabetes (Poor HbA1c Control component) (formerly Hemoglobin A1c Control for Patients with Diabetes), Immunization for Adolescents, Initiation and Engagement of Substance Use Disorder Treatment, Prenatal and Postpartum Care, and Well-Child Visits in the First 30 Months of Life.

Race and ethnicity classifications aligned with those defined by NCQA, as shown in **Table 3** and **Table 4** below. Only results with sufficient sample sizes (n ≥ 30) will be released publicly. Within this publication, reported race categories were limited to Asian, Black or African American, White and reported ethnicity categories were limited to Hispanic/Latino and Not Hispanic/Latino; however, results for all other NCQA-endorsed race and ethnicity classifications (with sufficient sample size) are provided in the accompanying **databook**. Patients' race and ethnicity classifications are a combination of directly (patient self-identified) and indirectly sourced race and ethnicity in accordance with NCQA reporting specifications.

TABLE 3. NCQA RACE CLASSIFICATIONS

Code	Race Classification
1	White
2	Black or African American
3	American Indian and Alaska Native
4	Asian
5	Native Hawaiian and Other Pacific Islander
6	Some Other Race
7	Two or More Races

Code	Race Classification
8	Asked But No Answer
9	Unknown

TABLE 4. NCQA ETHNICITY CLASSIFICATIONS

Code	Ethnicity Classification
1	Hispanic / Latino
2	Not Hispanic/Latino
3	Asked But No Answer
4	Unknown

Calculation of the State Rate

The Massachusetts Statewide Performance rate is calculated by dividing the number of eligible managed care members from the five health plans who received the required test or intervention by the total number of members eligible to have received the test or intervention. This is a population-based rate, not the average of all the rates achieved by all the physician groups involved.

Consumer Assessment of Health Care Providers and Systems Clinician and Group Patient Centered Medical Home Survey (CG CAHPS) – Primary Care (Adult and Pediatrics)

Measure Steward

Agency for Healthcare Research and Quality (AHRQ)

CHIA Data Source

Massachusetts Health Quality Partners (MHQP), Patient Experience Survey (PES)

Population

Sample of commercially insured members of three health plans in Massachusetts in an HMO, PPO, or POS health plan product. Adult patients' ages 18+ years, pediatric patients ages 0 to 17 years. Results include data from five participating plans (Blue Cross Blue Shield of Massachusetts, Point32Health/Harvard Pilgrim Health Care, Wellpoint, MGB Health Plan, and Health New England) and three provider organizations (Mass General Brigham, Reliant Medical Group, and Tufts Medicine Integrated Network).

Measurement Periods

This report includes results from the 2025 MHQP PES, generally reflecting patient-reported experiences with primary care visits in calendar year (CY) 2024. As a result, measurement year (MY) 2025 refers to performance during CY 2024.

Adult Primary Care Patient Experience Survey Measure

Measure Name	Description	Primary Data Source
Organizational Access	Survey respondents' scoring of satisfaction with their ability to get timely appointments, care, and information: 1. When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? 2. When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	3. When you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	
Office Staff	Survey respondents' scoring of their interactions with office staff. 1. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be? 2. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?	Patient Reported Data/Survey
Integration of Care	Survey respondents' scoring of their satisfaction with their providers' integration of their care. 1. During your most recent visit, did the provider seem informed and up-to-date about the care you got from specialists? 2. Did someone from this provider's office follow up to give you those results? 3. During your most recent visit, did you and someone from this provider's office talk about all the prescription medicines you were taking, whether they were prescribed by this office or another provider?	Patient Reported Data/Survey
Communication	Survey respondents' scoring of their satisfaction with their patient-providers' communication. 1. During your most recent visit, did this provider explain things in a way that was easy to understand? 2. During your most recent visit, did this provider listen carefully to you? 3. During your most recent visit, did this provider show respect for what you had to say? 4. During your most recent visit, did this provider spend enough time with you?	Patient Reported Data/Survey
Knowledge of Patient	Survey respondents' scoring of their satisfaction with how well doctors know them. 1. During your most recent visit, did this provider have the medical information they needed about you? 2. How would you rate this provider's knowledge of you as a person, including values and beliefs that are important to you?	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
Adult Behavioral Health	Survey respondents' scoring of whether doctors talked to them about their mental health. Adult patients only. This composite refers to how patients answered questions about provider engagement with patients to talk about their behavioral health needs 1. During your most recent visit, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed? 2. During your most recent visit, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	Patient Reported Data/Survey
Self-Management Support	Survey respondents' scoring of whether healthcare providers talked with them and their family about goals for good health and ways to meet these goals. For adult patients, this composite refers to how patients answered questions about provider engagement with patients to talk about their goals for their health and things that make it hard to take care of their health. 1. During your most recent visit, did you and anyone in this provider's office talk about specific goals for your health? 2. During your most recent visit, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?	Patient Reported Data/Survey
Willingness to Recommend	Survey respondents reported YES, they would definitely recommend their doctor to family and friends.	Patient Reported Data/Survey
Trust	Survey respondents' scoring of their trust in their providers. This composite refers to how patients answered questions about trust in their provider's decisions and consideration of their best interest. 1. Sometimes your provider cares more about what is convenient for them than about your medical needs. 2. Your provider is extremely thorough and careful. 3. You completely trust your provider's decisions about which medical treatments are best for you. 4. Your provider is totally honest in telling you about all of the different treatment options available for your condition. 5. All in all, you have complete trust in your provider.	Patient Reported Data/Survey

Pediatric Primary Care Patient Experience Survey Measures

Measure Name	Description	Primary Data Source
Organizational Access	Survey respondents' scoring of satisfaction with their ability to get timely appointments, care, and information: 1. When you contacted this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed? 2. When you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed? 3. When you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Patient Reported Data/Survey
Office Staff	Survey respondents' scoring of their interactions with office staff. 1. Thinking about your child's most recent visit, was the staff from this provider's office as helpful as you thought they should be? 3. Thinking about your child's most recent visit, did the staff from this provider's office treat you with courtesy and respect?	Patient Reported Data/Survey
Integration of Care	Survey respondents' scoring of their satisfaction with their providers' integration of their care. 1. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did your child see a specialist for a particular health problem? 2. During your most recent visit, did the provider seem informed and up-to-date about the care your child got from specialists? 3. Did someone from this provider's office follow up to give you those results?	Patient Reported Data/Survey
Communication	Survey respondents' scoring of their satisfaction with their patient-providers' communication. 1. During your child's most recent visit, did this provider explain things in a way that was easy for your child to understand?	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	2. During your most recent visit, did this provider listen carefully to your child? 3. Did this provider give you enough information about what you needed to do to follow up on your child's care? 4. During your child's most recent visit, did this provider explain things about your child's health in a way that was easy to understand? 5. During your child's most recent visit, did this provider listen carefully to you? 6. During your most recent visit, did this provider show respect for what you had to say? 7. During your most recent visit, did this provider spend enough time with your child?	
Knowledge of Patient	Survey respondents' scoring of their satisfaction with how well doctors know them. 1. During your child's most recent visit, did this provider seem to know the important information about your child's medical history? 2. How would you rate this provider's knowledge of your child as a person – special abilities, concerns, fears?	Patient Reported Data/Survey
Self-Management Support	Survey respondents' scoring of whether healthcare providers talked with them and their family about goals for good health and ways to meet these goals. For pediatric patients, this composite refers to how supported the caregiver feels in independently managing the pediatric patient's care. 1. During your child's most recent visit, did you and anyone in this provider's office talk about specific goals for your child's health? 2. During your child's most recent visit, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?	Patient Reported Data/Survey
Willingness to Recommend	Survey respondents reported YES, they would definitely recommend their doctor to family and friends.	Patient Reported Data/Survey
Child Development	Survey respondents' scoring of whether doctors talked to them about how well their child was growing, moving, speaking, learning, and getting along with others.	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	1. During your child's most recent visit, did you and anyone in this provider's office talk about your child's learning ability? 2. During your child's most recent visit, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age? 3. During your child's most recent visit, did you and anyone in this provider's office talk about how your child's body is growing? 4. During your child's most recent visit, did you and anyone in this provider's office talk about your child's moods and emotions?	
Pediatric Preventive Care	Survey respondents' scoring of whether doctors gave advice about keeping their child safe and healthy. Pediatric care only. This composite refers to how patients' caregivers answered questions about provider engagement with caregivers to talk about their child's home environment (addressing exercise, food, computer, safety, etc.). 1. During your child's most recent visit, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured? 2. During your child's most recent visit, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV? 3. During your child's most recent visit, did you and anyone in this provider's office talk about how much or what kind of food your child eats? 4. During your child's most recent visit, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets? 5. During your child's most recent visit, did you and anyone in this provider's office talk about how your child gets along with others? 6. During your child's most recent visit, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?	Patient Reported Data/Survey
Trust	Survey respondents' scoring of their trust in their child's providers. For pediatric patients, this composite refers to how caregivers answered questions about	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	trust in their child's provider's decisions and consideration of the child's best interest. 1. Sometimes your child's provider cares more about what is convenient for them than about your child's medical needs. 2. Your provider is extremely thorough and careful. 3. You completely trust your child's provider's decisions about which medical treatments are best for your child. 4. Your child's provider is totally honest in telling you about all of the different treatment options available for your child's condition. 5. All in all, you have complete trust in your child's provider.	

Methodology

All scores for measures of patient experience in medical groups were pre-calculated by and received from the Massachusetts Health Quality Partners (MHQP).

Patient Experience measures scores are rated on a scale from 0 to 100. Each survey response is converted to numeric format, with 100 as the most favorable response. Related questions are averaged to create a respondent- level score for each measure. The respondents' measure scores are then case mix adjusted before aggregating to the medical group level and a statewide score. MHQP does not report scores for practices or groups with insufficient sample size, but individuals from these small practices or groups are counted at more aggregated levels, once sufficient sample size is reached.

As part of **MHQP's Measured Equity Initiative**, statewide measure results are stratified by federal Office of Management and Budget (OMB) standard race and ethnicity categories including White, Native Hawaiian or Other Pacific Islander, Black or African American, Asian, and American Indian or Alaska Native, starting with MY 2022 data (2023 MHQP PES). Respondents to the Patient Experience Survey (PES) can select as many race and ethnicity categories as appropriate. Reporting is based on member self-reported responses and only those categories with sufficient volume to ensure valid and reliable results are included in this publication. Therefore, reported race categories were limited to Asian, Black or African American, and White. Direct questions from the survey are included below for reference:

Are you of Hispanic or Latino origin or descent?

- ◯ Yes, Hispanic or Latino
- ◯ No, not Hispanic or Latino

What is your race? *Check all that apply.*

- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ White
- ◯ My race is not listed

The Leapfrog Group

Steward:

Varied

CHIA Data Source

The Leapfrog Group Hospital Survey

Population

Voluntary self-reported survey responses from Massachusetts acute hospitals. Does not include data from all Massachusetts hospitals. All Payers, All Ages.

Measure Name	Description	Primary Data Source
HealthEquity_Results	**Overall Score: Health Care Equity** Achieved the Standard Considerable Achievement Some Achievement Limited Achievement Declined to Respond (Did not submit a Survey or had a Survey decertified) Pending Leapfrog Verification	Hospital Survey

Definition

Quality performance data were received from The Leapfrog Group as pre-calculated scores, including comparisons to standards defined by The Leapfrog Group. Participation in the Leapfrog Hospital survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the data for that entity is also not included in the report.

This report presents hospital-level results in meeting the Leapfrog Group's Health Care Equity Standard from the 2025 Leapfrog Hospital Survey, reflecting CY 2024 performance, and compares them with results from the prior year (CY 2023 performance from the 2024 Leapfrog Group's Hospital Survey). The Health Care Equity Standard was first introduced in the 2024 hospital survey to encourage hospitals to prioritize collection, reporting, and analysis of demographic data to monitor, and ultimately reduce, disparities.

The overall health equity score (HealthEquity_Results) is based on whether a hospital meets the Leapfrog Group's standard requirements by taking the following steps:

1. Collects, at a minimum, each patient's self-reported race, ethnicity, ability status 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. If disparities are identified, has updated a policy or procedure to address the disparity or developed a written action plan.
5. Shares information about efforts to identify and reduce health care disparities on its website.
6. Reports out and discusses efforts to reduce health care disparities with the board.

For more information on Leapfrog's scoring methods, see:

https://www.leapfroggroup.org/sites/default/files/Files/2025%20HospitalSurveyScoringAlgorithm_20250401_v10.0.pdf

For more information on measure specifications and calculations, see:

https://www.leapfroggroup.org/sites/default/files/Files/2025%20HospitalSurvey_20250502_v9.1%20%28version%202%29.pdf

For more information on The Leapfrog Group's health equity work, see:

https://ratings.leapfroggroup.org/sites/default/files/2026-04/2026%20Health%20Care%20Equity%20Fact%20Sheet.pdf