

Health Equity Frameworks Matrix							
Required or Recommended	Required as part of Health Equity Accreditation	Required as part of Health Equity Accreditation PLUS	Required as part of ACO REACH model	Recommended Framework for Health Equity	Recommended Roadmap for Promoting Health Equity and Eliminating Disparities	Recommended Achieving Health Equity: A Guide for Health Care Organizations	Recommended RWJF Raising the Bar: Healthcare's Transforming Role
Sponsoring Organization	NCQA	NCQA	CMS	CMS	NQF	IHI	RJWF
Date Launched or Published	September 2021 Requirements take effect July 1, 2022	March 2022 Requirements take effect July 1, 2022	Application period closed April 2022 New cohort starts January 2023	April 2022	September 2017	2016	June 2022
Intended Type of Healthcare Organization	Health plans, health systems, hospitals, managed behavioral healthcare organizations, population health organizations, wellness organizations and others.	Health plans, health systems, hospitals, managed behavioral healthcare organizations, population health organizations, wellness organizations and others.	Standard ACOs, New Entrant ACOs, and High Needs Populations ACOs	CMS Centers and Offices, healthcare organizations, professionals and partners, quality improvement partners, researchers, policymakers, U.S. public	Primarily public- and private-sector	Healthcare organizations, policymakers, researchers, community organizations	Payers, providers, clinicians, healthcare professionals, and others who provide/pay for healthcare services
Focus Areas	HE 1: Organizational Readiness HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data HE 3: Access and Availability of Language Services HE 4: Practitioner Network Cultural Responsiveness HE 5: Culturally and Linguistically Appropriate Services Programs HE 6: Reducing Health Care Disparities	These are in addition to the requirements for Health Equity Accreditation (at left). HE Plus 1: Program to Improve Social Risks and Address Social Needs HE Plus 2: Collection, Integration and Analysis of Community and Individual Data HE Plus 3: Cross-Sector Partnerships and Engagement HE Plus 4: Data Management and Interoperability HE Plus 5: Referrals, Outcomes and Impact	The ACO Realizing Equity, Access, and Community Health (REACH) Model is a transition from the Global and Professional Direct Contracting Model (GPDC) Model. Goals have changed to: • Promote health equity and address healthcare disparities for underserved communities • Continue the momentum of provider-led organizations participating in risk-based models • Protect beneficiaries and the model with more participant vetting and monitoring and greater transparency	1. Expand the Collection, Reporting, and Analysis of Standardized Data 2. Assess Causes of Disparities within CMS and Address Inequities in Policies 3. Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities 4. Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services 5. Increase All Forms of Accessibility to Health Care Services and Coverage	1. Identify and prioritize reducing health disparities 2. Implement evidence-based interventions to reduce disparities 3. Invest in the development and use of health equity performance measures 4. Incentivize the reduction of health disparities and achievement of health equity	1. Make Health Equity a Strategic Priority 2. Develop Structures and Processes to Support Health Equity Work 3. Deploy Specific Strategies to Address the Multiple Determinants of Health 4. Decrease Institutional Racism within the Organization 5. Develop Partnerships with Community Organizations to Improve Health Equity	1. Commit Above All to a Mission of Improving Health and Well-being 2. Pursue Health Equity, Racial Justice, and the Elimination of All Forms of Discrimination 3. Serve the Community as an Engaged, Responsive, and Proactive Partner 4. Share and Effectively Use Resources, Influence, and Power 5. Earn and Sustain Trusting Relationships