

Measurement and Monitoring

Dr. Julia E. Iyasere, MD, MBA

Executive Director, *Dalio Center for Health Justice at New York-Presbyterian*

We Ask Because We Care is a component of HANYS' *Advancing Healthcare Excellence and Inclusion* learning collaborative, launched with generous support from the [Mother Cabrini Health Foundation](#). The goal is to improve the accuracy and completion of patient demographic data while cultivating community understanding of how hospitals use this data to inform patient care and improve health outcomes.

Agenda

- **Introductions**
 - HANYS AHEI team
 - AHEI faculty
- **Our partners**
- **Session 5: Measurement and Monitoring**
- **Upcoming virtual sessions**

HANYS' AHEI team



**Kathleen Rauch, RN, MSHQS,
BSN, CPHQ**

Vice President, Quality Advocacy,
Research and Innovation and Post-
acute and Continuing Care



Christina Miller-Foster, MPA

Senior Director, Quality Advocacy,
Research and Innovation



Morgan Black, MPA

Director, Advancing Healthcare
Excellence and Inclusion



Maria Baum

Project Manager,
Mohawk Valley



Rachael Brust

Project Manager,
North Country



Kira Cramer

Project Manager,
Downstate

AHEI faculty



Julia E. Iyasere, MD, MBA

Executive Director, Dalio Center
for Health Justice at New York-
Presbyterian

[Bio](#)



Theresa Green, PhD, MBA

Director of Community Health
Policy and Education, URMC
Center for Community Health

[Bio](#)

Our funder and partner



Mother Cabrini
HEALTH FOUNDATION

OUR FUNDER

Funding from the [Mother Cabrini Health Foundation](#) allows HANY to expand its capacity to provide education, direct support, tools and data to our members in a strategic way. With this learning collaborative, we strive to effect lasting change in health equity at the local level by engaging providers and community stakeholders to address health disparities.



Insights for Healthcare

OUR PARTNER

Through a partnership with Socially Determined, provider of Social Risk Intelligence™ solutions, [DataGen](#) will develop custom analytics for participants to help them understand how and where communities are affected by social risk so they can develop tailored intervention strategies.

Session overview

By the end of this session, participants will be able to:

- develop guides and best practices for data standardization; and
- leverage data reports to support measurement and monitoring.

We Ask Because We Care: Race and Ethnicity Data Collection

A Case Study at NewYork-Presbyterian

Julia Iyasere, MD

STAY
AMAZING

NewYork-
Presbyterian

Session 5: Measuring and Monitoring

“Although the collection of race, ethnicity and language data does not necessarily result in actions that will reduce disparities and improve care, the absence of the data guarantees that none of that will occur.”

We Ask Because We Care

We Ask Because We Care: Core Elements of the Program





**Monitoring &
Targeted
Intervention**

What does success look like?

How do you identify areas for improvement?

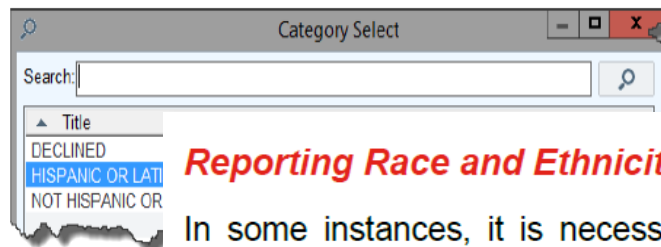
Reporting Best Practices

About Race & Ethnicity Reporting

At NYP, Columbia, and Weill Cornell, we collect racial/ethnic background information so that we can review the treatment that all patients receive at that race is artificial; and differently acknowledge that race continues to be merely a social construct, collecting our school partners Columbia and Weill Cornell. As such, we have jointly developed recommendations for “grouped” categories.

Overview of Race and Ethnicity Capture in Epic

Race and Ethnicity values are typically captured during registration and are found in four fields in Epic: Ethnicity, Granular Ethnicity, Race, and Granular Race. Epic allows users to enter multiple values for the Race fields. The values in these fields are standardized and match the NYS Department of Health reporting standards, which are based on the Office of Management and Budget (OMB) standards. Race and Ethnicity value options in Epic are:

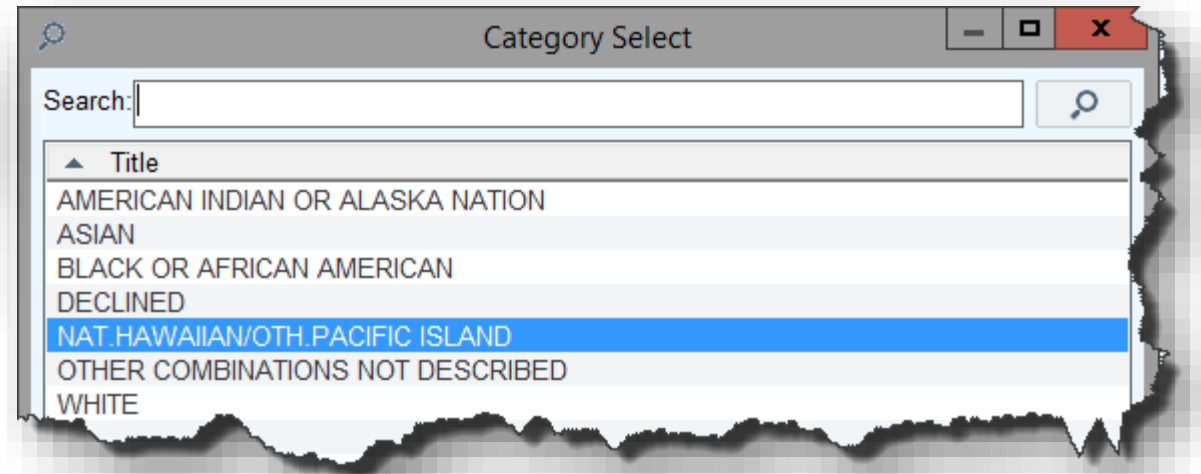
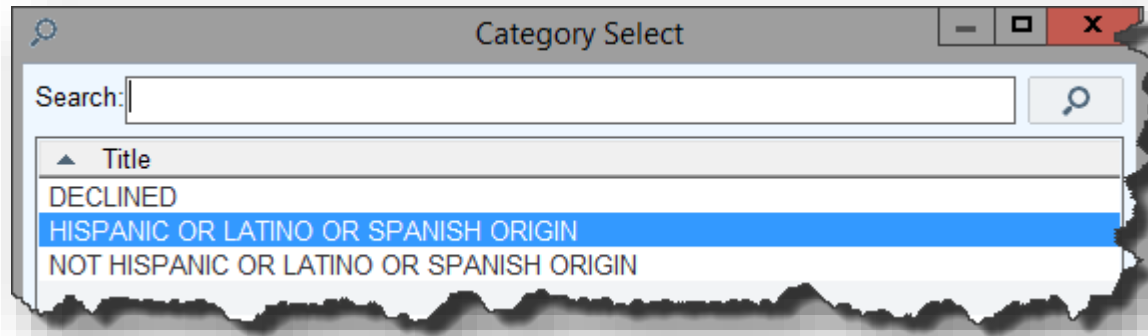


Reporting Race and Ethnicity together

In some instances, it is necessary to report Race and Ethnicity values together, in a combined category. Examples of this combined approach can be found in numerous government and public health reports, including reports produced by the [CDC](#), [NYSDOH](#), and [NYCDOHMH](#).

Identifying Race/Ethnicity values that don't match reportable values

Epic has a limited number of options for “Ethnicity” (3) and “Race” (7)



These options match the NYS DOH SPARCS reporting standards, which are based on the OMB definitions.

Note: Epic also has “Granular Ethnicity” and “Granular Race” fields with additional detail. These also match the NYS DOH standards.

Identifying Race/Ethnicity values that don't match reportable values

When Epic was launched, historical data was ported over and – for a small # of patients – the race or ethnicity values do not match the standard Epic options

ETHNICITY
CAUCASIAN (0.09%)
AFRICAN AMERICAN (0.14%)
HISPANIC OR LATINO OR SPANISH ORIGIN
AMERICAN INDIAN / ESKIMO (0.002%)
ASIAN / PACIFIC ISLANDER (0.01%)
MULTI-RACIAL (0.23%)
UNKNOWN
NOT HISPANIC OR LATINO OR SPANISH ORIGIN
DECLINED

RACE
ASIAN
ASIAN INDIAN (0.00%)
BLACK OR AFRICAN AMERICAN
WHITE
OTHER COMBINATIONS NOT DESCRIBED
AMERICAN INDIAN OR ALASKA NATION
NAT.HAWAIIAN/OTH.PACIFIC ISLAND
DECLINED
SEPHARDIC JEWISH (0.00%)
ASHKENAZI JEWISH (0.05%)

Addressing Race/Ethnicity values that don't match reportable values

Recommendations for Race

PROPOSAL: For reporting purposes, race values that do not match the reportable values will be grouped according to the table below. BUT, *the original values will still be accessible in the underlying data.*

RACE	GROUPED RACE
ASIAN	AAPI
ASIAN INDIAN	AAPI
BLACK OR AFRICAN AMERICAN	BLACK OR AFRICAN AMERICAN
WHITE	WHITE
OTHER COMBINATIONS NOT DESCRIBED	OTHER NOT DESCRIBED
AMERICAN INDIAN OR ALASKA NATION	AIAN
NAT.HAWAIIAN/OTH.PACIFIC ISLAND	AAPI
DECLINED	DECLINED
SEPHARDIC JEWISH	OTHER NOT DESCRIBED
ASHKENAZI JEWISH	OTHER NOT DESCRIBED

AAPI is Asian American Pacific Islander. AIAN is American Indian or Alaska Nation.

Addressing Race/Ethnicity values that don't match reportable values

Recommendations for Ethnicity

PROPOSAL: For reporting purposes, ethnicity values that do not match the reportable values will be grouped to “Unknown”. BUT, *the original values will still be accessible in the underlying data.*

ETHNICITY	GROUPED ETHNICITY
CAUCASIAN	UNKNOWN
AFRICAN AMERICAN	UNKNOWN
HISPANIC OR LATINO OR SPANISH ORIGIN	LATINO
AMERICAN INDIAN / ESKIMO	UNKNOWN
ASIAN / PACIFIC ISLANDER	UNKNOWN
MULTI-RACIAL	UNKNOWN
UNKNOWN	UNKNOWN
NOT HISPANIC OR LATINO OR SPANISH ORIGIN	NOT LATINO
DECLINED	DECLINED

Grouping Race & Ethnicity for Reporting Purposes

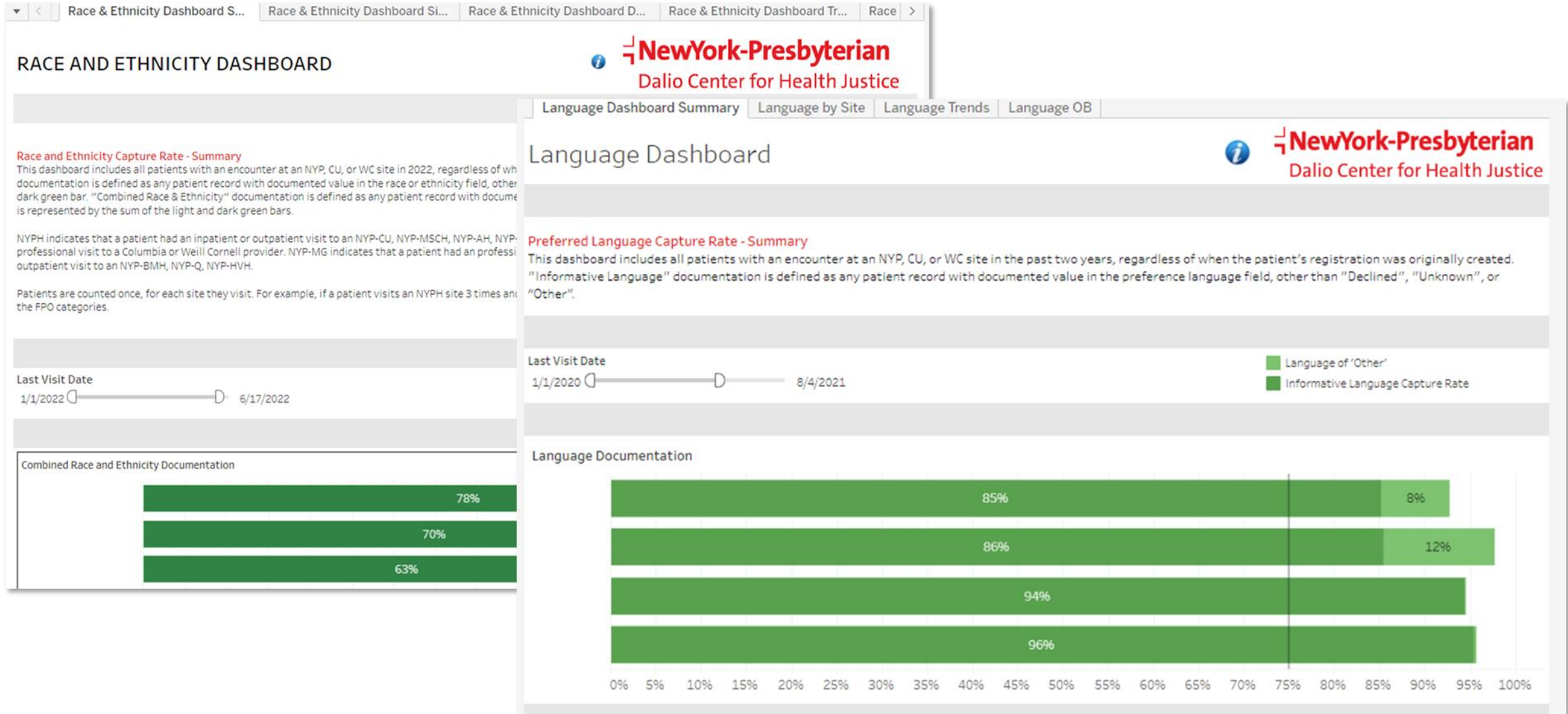
PROPOSAL: Methodology for grouping Race & Ethnicity:

1. If Ethnicity is “Hispanic”, then the ***Grouped Race/Ethnicity*** = “Hispanic”
2. Otherwise, the ***Grouped Race/Ethnicity*** = “Non-Hispanic”+ Race

This method is consistent with CDC, NYS DOH, NYC DOHMH, and ASPE reporting standards.

All underlying data is preserved, so clinicians and researchers can still identify the detailed intersections of this data

Data Dashboards for Real-time Visualization



Weekly Push Reports – Newborns and Delivering Persons

By Date ▾ T	
NYPAnalytics@nyp.org [Data Bot] FB 15240 - NYP-Q Newborn REaL Weekly Report Good Morning, Please see the attached file for the NYP-Q	4/22/2022
NYPAnalytics@nyp.org [Data Bot] FB 15240 - NYP-MSCH Newborn REaL Weekly Report Good Morning, Please see the attached file for the NYP-MSCH	4/22/2022
NYPAnalytics@nyp.org [Data Bot] FB 15240 - NYP-LMH Newborn REaL Weekly Report Good Morning, Please see the attached file for the NYP-LMH	4/22/2022
NYPAnalytics@nyp.org [Data Bot] FB 15240 - NYP-AH Newborn REaL Weekly Report Good Morning, Please see the attached file for the NYP-AH	4/22/2022

NYPAnalytics@nyp.org
[Data Bot] FB 15240 - NYP-Q Newborn REaL Weekly Report

To Iyasere, Julia; Shapiro, Amelia;

Good Morning,

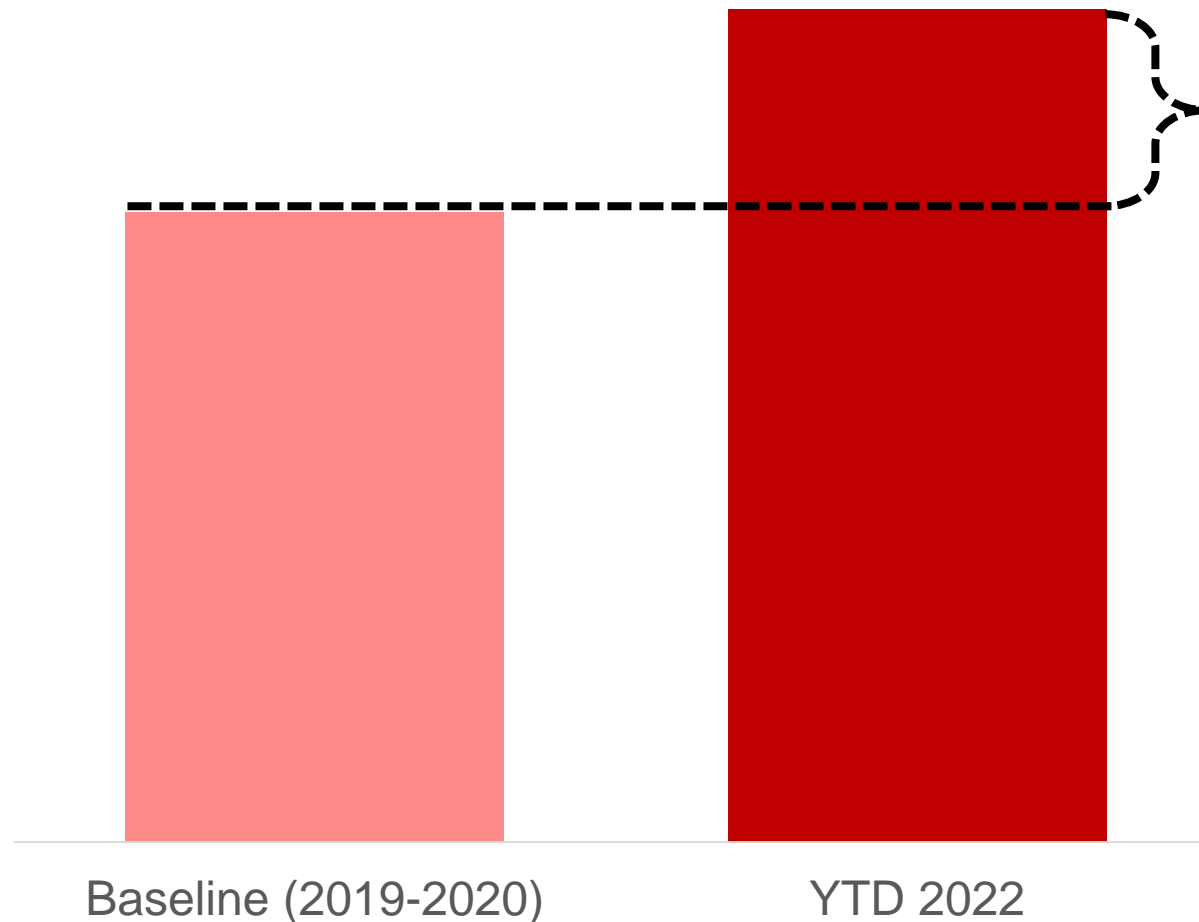
Please see the attached file for the NYP-Q Newborn weekly report.

This is an automated email; please reach out to NYPAnalytics@nyp.org with any questions.

NYP-Q Newborn Discharges; Race and Ethnicity Documented at Time of Discharge
03-21 to 03-27 03-28 to 04-03 04-04 to 04-10 04-11 to 04-17

Documented

Race and Ethnicity Capture Before and After Program Launch



NYPH improved Race & Ethnicity Capture by **20 percentage pts**

A woman with long, dark braids is wearing a dark blue suit jacket over a light blue collared shirt. She is standing in front of a chain-link fence with green foliage in the background. The text "Questions?" is overlaid in white on the image.

Questions?

Thank you!

Next virtual session

Wednesday, July 20, 2022 | Noon — 12:30 p.m.

Office hours

This is an informal office hours session for anyone involved in the collection and use of patient demographic data. Dr. Iyasere will lead a Q&A session to help attendees troubleshoot and plan ahead.

Wednesday, July 27, 2022 | Noon — 1:00 p.m.

How 3 hospitals used patient demographic data to address disparities

This panel discussion will explore how 3 organizations, Mount Sinai Health System, New York-Presbyterian, and University of Rochester Medical Center used patient race, ethnicity and language data to identify and address disparities.

Register for this session on our [website](#).



ADVANCING HEALTHCARE
EXCELLENCE AND INCLUSION

Questions?

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