Data Collection Process and Structure

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Executive Director

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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 2: Data collection process and structure**

- **Upcoming virtual sessions**

- **New July 27 session added**

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

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Maria Baum

Project Manager, Mohawk Valley

Rachael Brust

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AHEI faculty

Julia E. Iyasere, MD, MBA

Executive Director, Dalio Center for Health Justice at NewYork-Presbyterian

[Bio](#)

Theresa Green, PhD, MBA

Director of Community Health Policy and Education, Center for Community Health, University of Rochester Medical Center

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Our funder and partner

Mother Cabrini HEALTH FOUNDATION

Data Gen®
Insights for Healthcare

OUR FUNDER

Funding from the Mother Cabrini Health Foundation allows HANYS 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.

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:

1. explain why patient-reported data is the gold standard;

2. develop a plan for collecting baseline data;

3. identify improvement opportunities in existing workflows to increase the accuracy and completion of data collection; and

4. identify improvement opportunities in the EMR to increase the accuracy and completion of data collection.

We Ask Because We Care:
Race and Ethnicity Data Collection

A Case Study at NewYork-Presbyterian

Julia Iyasere, MD

Session 2: Data Collection Process and Structure

"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

NewYork-Presbyterian

We Ask Because We Care: Core Elements of the Program

Monitoring & Targeted Intervention

REaL Data Improvement – Leveraging Information Technology

Technical Support

+ Reordering questions

+ Interface simplification

+ Welcome workflow

Race:

1

Search:

▲ Title
AMERICAN INDIAN OR ALASKA NATION
ASIAN
BLACK OR AFRICAN AMERICAN
DECLINED
NAT.HAWAIIAN/OTH.PACIFIC ISLAND
OTHER COMBINATIONS NOT DESCRIBED
WHITE

Ethnicity:

Search:

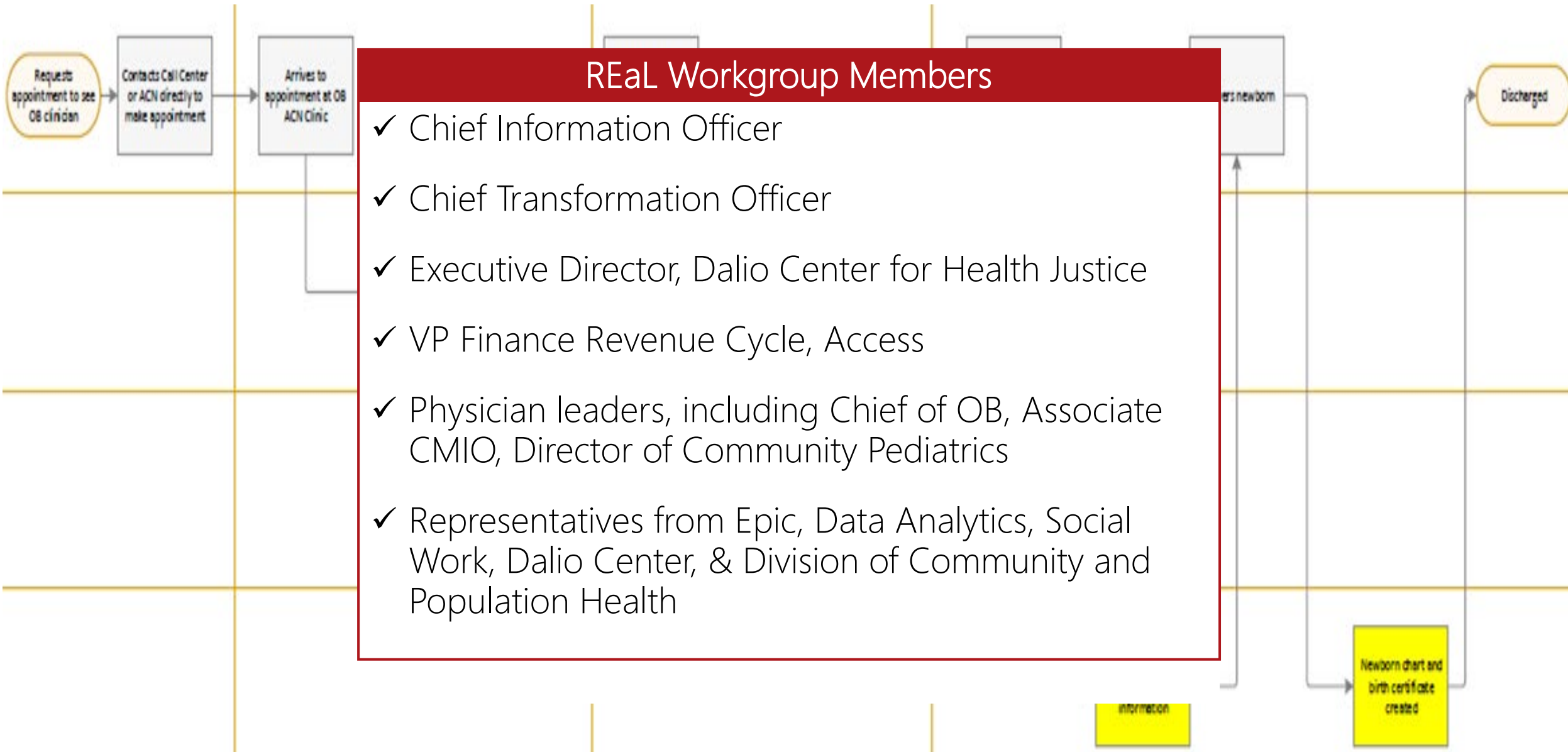| ▲ Title |
| --- |
| DECLINED |
| HISPANIC OR LATINO OR SPANISH ORIGIN |
| NOT HISPANIC OR LATINO OR SPANISH ORIGIN |

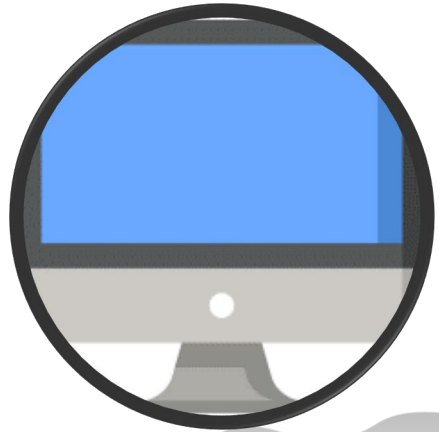*Why is self-reported/self-identified data important?*

Who do you need in the room to advance this work?

Map out your patient's journey from the point of first contact and identify the key process owners

REaL Data Improvement – Workgroup Members at NYP

REaL Workgroup Members

- ✓ Chief Information Officer

- ✓ Chief Transformation Officer

- ✓ Executive Director, Dalio Center for Health Justice

- ✓ VP Finance Revenue Cycle, Access

- ✓ Physician leaders, including Chief of OB, Associate CMIO, Director of Community Pediatrics

- ✓ Representatives from Epic, Data Analytics, Social Work, Dalio Center, & Division of Community and Population Health

REaL Data Improvement – Patient Journey Mapping

Challenges → Solutions

Challenge:

Ensure that self-reporting by patients is easy and incorporated into a standard work flow

Solution:

Add race/ethnicity questions to patient-facing screens during check-in, in our kiosks, and on the patient online portal

Challenge:
Substantial volume of "NULL" values for Race and Ethnicity

Solution:

Make both questions *required* fields in the electronic medical record

Challenge:

Inconsistent displays and ordering of race and ethnicity questions across our multiple hospital sites

Solution:
Align with published **best practice**, move questions on ethnicity before race

Challenge:

Listing of options for "granular ethnicity" and "granular race" was very long; patients and staff had difficulty finding the correct values

Solution:

Develop a list of top 10 "granular ethnicity" and "granular race" options to display to end users *(while still providing access to the full list of 44 granular ethnicities and 55 granular races)*

ASIAN

Asian Indian	Thai
Bangladeshi	Madagascar
Bhutanese	Singaporean
Burmese	Nepalese
Cambodian	Maldivian
Chinese	Iwo Jiman
Taiwanese	Vietnamese
Filipino	Okinawan
Hmong	Laotian
Indonesian	Malaysian
Japanese	Pakistani
Korean	
Sri lankan	

ASIAN

Asian Indian

Bangladeshi

Chinese

Taiwanese

Filipino

Japanese

Korean

Laotian

Vietnamese

Pakistani

Challenge:
Substantial volume of "Declined" values for Race and Ethnicity

Solution:

Developing a process for how and when to prompt users **to re-ask** the question if "Declined" was selected

Questions?

Thank you!

Next virtual session

Wednesday, June 29 | Noon — 12:30 p.m.

Standardized staff education

Engaging frontline patient registration and access staff is critical to successful rollout of the *We Ask Because We Care* campaign. This session will share successful approaches to educate and engage staff, and address barriers and concerns.

Remaining sessions in the *We Ask Because We Care* series will be held on the following Wednesdays from noon — 12:30 p.m.

- July 6 - Direct patient communication

- July 13 - Measurement and monitoring

- July 20 - Office hours

New session added July 27

Join us July 27 from noon – 1 p.m. for:

How three hospitals used patient demographic data to address disparities

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

Register

Questions?

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