Building the Foundation for Equitable Care: *We Ask Because We Care* Basics

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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 1: Program basics and key stakeholder engagement

• 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

Morgan Black, MPA
Director, Advancing Healthcare Excellence and Inclusion

Rachael Brust
Project Manager, North Country

Christina Miller-Foster, MPA
Senior Director, Quality Advocacy, Research and Innovation

Maria Baum
Project Manager, Mohawk Valley

Kira Cramer
Project Manager, Downstate
AHEI faculty

Julia E. Iyasere, MD, MBA
Executive Director, Dalio Center for Health Justice at New York-Presbyterian

Theresa Green, PhD, MBA
Director of Community Health Policy and Education, URMC Center for Community Health
Our funder and partner

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) articulate the basic components of the *We Ask Because We Care* campaign;

2) explain how *We Ask Because We Care* aligns with the broader strategic goal of improving health equity;

3) identify the five pillars for successful implementation; and

4) develop a plan to recruit key stakeholders for a steering committee to ensure leadership support and organization-wide commitment.
We Ask Because We Care: Race and Ethnicity Data Collection
A Case Study at NewYork-Presbyterian

Julia Iyasere, MD
Session 1: Program basics and key stakeholder engagement
The Dalio Center for Health Justice at NewYork-Presbyterian

Our mission is to be a leader in understanding and improving health equity with a focus on the structural factors that lead to the conditions of poor health.
EQUALITY

EQUITY

JUSTICE
“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

Figure 1

Health and Health Care among People of Color Compared to White People

NUMBER OF MEASURES FOR WHICH GROUP FARED BETTER, THE SAME, OR WORSE COMPARED TO WHITE PEOPLE:

- Worse
- No difference
- Better
- No data

<table>
<thead>
<tr>
<th></th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>AIAN</th>
<th>NHOPI</th>
</tr>
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<tbody>
<tr>
<td>Worse</td>
<td>45</td>
<td>39</td>
<td>13</td>
<td>34</td>
<td>20</td>
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<tr>
<td>No difference</td>
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<td>7</td>
<td>9</td>
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<tr>
<td>Better</td>
<td>9</td>
<td>15</td>
<td>37</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>No data</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

NOTE: Measures are for the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from White people at the p<0.05 level. No difference indicates no statistically significant difference. "Data limitation" indicates no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.
Why should we invest resources in this activity?

1. To advance the hospital’s equity goals
2. To meet regulatory requirements
3. To respond to external measurement organizations
Core Elements of the Program

1. Enterprise Commitment
2. Technical Support
3. Staff Education
4. Patient Communication
5. Monitoring and Targeted Intervention
REaL Data Improvement – Key Stakeholder Engagement

Enterprise Commitment

Enterprise Goals

Leadership Support & Participation

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 – Leveraging Information Technology

- Technical Support
- Reordering questions
- Interface simplification
- Welcome workflow
REaL Data Improvement – Supporting Your Staff

Staff Education

- Training Sessions
- FAQs
- Epic Tip Sheets
- E-blast

Understanding Our Patients

At NewYork-Presbyterian, we are committed to celebrating the diversity of our patients, and we are dedicated to ensuring that every patient receives the best care possible regardless of race, ethnicity, gender identity, sexual orientation, cultural background, or language proficiency.

In order to support this mission, we asked patients and the clinical staff to learn more about themselves, their background, and language.

Information for NYP Staff about Race, Ethnicity, Language:
- Letter to Staff about Race, Ethnicity, Language
- Tip Sheet for Staff
- Training Video for Staff

Information for Patients about Race, Ethnicity, Language:
- Letter to Patients about Race, Ethnicity, Language
- Letter to Patients (Arabic)
- Letter to Patients (Chinese)
- Letter to Patients (French)
- Letter to Patients (Korean)
- Letter to Patients (Russian)
- Letter to Patients (Spanish)
- "We Ask Because We Care" flyers
- FAQs for Patients

Information for NYP Staff about Sexual Orientation & Gender Identity (SOG) data collection:
- Updates and Best Practices for Enhancing Patient Experience: Names and Pronouns

NewYork-Presbyterian
REaL Data Improvement – Patient Engagement

- REaL Materials
- Website
- Poster, signage
- Emails & Newsletters
REaL Data Improvement – Continuous Monitoring

- Enterprise dashboards
- Focused ‘push’ reports
- Newborn focus area
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

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- Executive Director, Dalio Center for Health Justice
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- Physician leaders, including Chief of OB, Associate CMIO, Director of Community Pediatrics
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Thank you!
Next virtual session

Wednesday, June 22, 2022 | Noon — 12:30 p.m.

Data collection process and structure

This session will address common challenges related to data collection and structure, including how to establish baseline data, how to incorporate self-reporting by patients into the existing workflow and how to standardize the documentation of patient responses in the EMR.

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

- Wednesday, June 29
- Wednesday, July 6
- Wednesday, July 13
- Wednesday, July 20
Questions?

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