

# Using data to identify disparities (2/2)

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## **Julia E. Iyasere, MD, MBA**

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Assistant Professor, Medicine, Columbia University Irving Medical Center

# Agenda

- **Introductions**
  - HANYS AHEI team
  - AHEI faculty
- **Our partners**
- **Session 7**
  - Using data to identify disparities (2/2)
- **Upcoming 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



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**Kira Cramer, MBA**

Project Manager,  
Downstate

# HANY faculty



**Julia E. Iyasere, MD, MBA**

Executive Director, *Dalio Center for Health Justice, NewYork-Presbyterian*  
Senior Vice President, *Health Justice and Equity, NewYork-Presbyterian*  
Assistant Professor, *Medicine, Columbia University Irving Medical Center*



**Theresa Green, PhD, MBA**

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

# 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

[DataGen](#) develops custom analytics for participants to help them understand how and where communities are affected by health disparities so they can develop tailored interventions.

# Presenter



## **Julia E. Iyasere, MD, MBA**

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STAY  
AMAZING

NewYork-  
Presbyterian

WITH WORLD-CLASS DOCTORS FROM  
COLUMBIA Weill Cornell  
Medicine

# Dalio Center for Health Justice at NewYork-Presbyterian

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May 2024

Julia Iyasere, MD  
SVP, Health Equity and Justice & Executive Director, Dalio Center

**“A number of consensus-building organizations and researchers, including the IOM, AHRQ, and previous NQF reports, have advocated for racial/ethnic stratification of quality measures.**

**Stratification makes the quality of care of the most vulnerable groups plain, highlighting disparities in care between groups where adjustment obscures them. This helps raise awareness of disparities in care...[and] produces opportunities for providers to develop targeted interventions.”**

**-The Disparities Solutions Center  
at Massachusetts General Hospital**



# Patient-Level Data



## Internal White Papers

## Race and Ethnicity Grouping, Visualization, and Reporting

## Measuring Health Equity

### Measuring Health Equity at NYP

A key pillar of our work to address health inequities includes equity measurement and monitoring. Our equity measurement strategy starts with identifying quality measures that reflect our organizational priorities and disaggregating them by key demographic, descriptive variables (i.e. race, ethnicity, language, sexual orientation, gender identity, payor, and social determinant of health survey data). Our goal is to review and monitor these measures to make sure that everyone gets the highest quality of care.

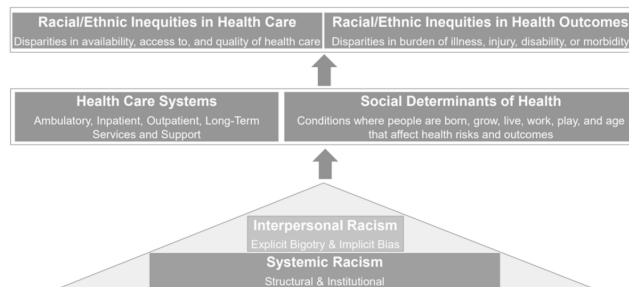
We acknowledge that race is a social construct and not a valid way to understand human difference. But, because race continues to differentially shape the lives, opportunities, and health of many, NYP and

our school partners Columbia and Weill Cornell are collecting and analyzing race and ethnicity data.

To facilitate health equity measurement across the NYP enterprise, we have developed this primer, which includes:

- **Principles** for health equity measurement
- Recommendations for **selecting measures**
- Standardized ways to **disaggregate measures**
- Key considerations for **analyzing results**
- **Terminology** best practices
- **Resources** to learn more about health equity measurement
- **Examples** of disaggregation dashboards and in-depth disparities analyses

NCQA Example of relationship between systemic & interpersonal racism and racial/ethnic health inequities:



Source: NCQA Future of HEDIS series. <https://www.ncqa.org/hedis/the-future-of-hedis/>

- Principles of Equity Measurement
- Selecting Measures for Disaggregation
- Measure Disaggregation

Internal White Papers

Race and Ethnicity  
Grouping,  
Visualization, and  
Reporting

Measuring Health  
Equity

- **Principles** of Equity Measurement
  - Commitment
  - Level of measurement (e.g., system, service, department, etc.)
  - Transparency
- **Measure Selection**
  - Equity-sensitive
  - Aligned with organizational priorities
  - Impactable & actionable
  - Available
- **Measure** Disaggregation
  - Unadjusted disaggregation
  - Risk-adjustment/associative modeling

## Measure Selection

What can we learn about potential disparities from this measure?

## Data Overview

What does the quality metric data look like for the entire cohort?

## Disparities Identification

Is there a difference in the quality metric based on patient demographics?

## Evaluation of Contributing Factors

If so, are there additional factors that may be impacting the quality metric?

## Risk-Adjustment

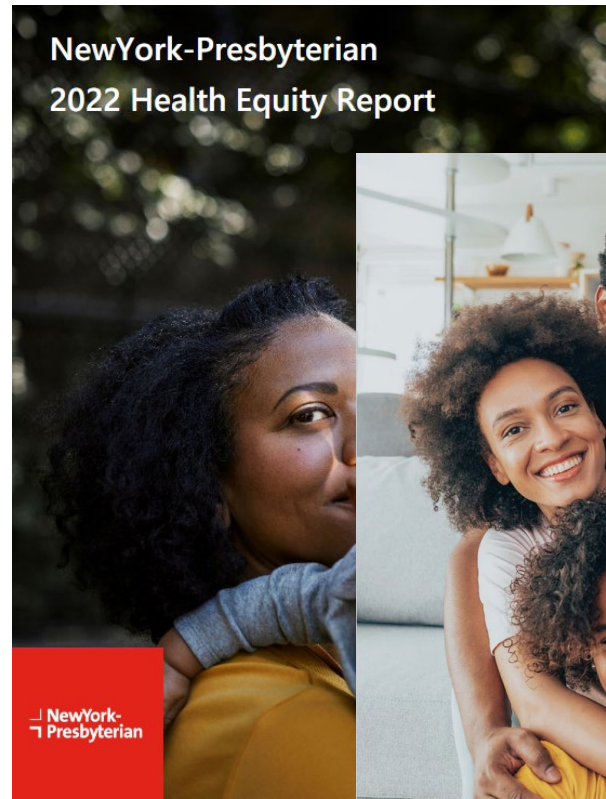
If so, when the risk factors are controlled for, do disparities remain in risk-adjusted quality outcomes?

Access Assessment

HCAHPS

Enterprise Quality  
Measures

Other Equity  
Measurement Projects



## Access Assessment

### HCAHPS

### Enterprise Quality Measures

### Other Equity Measurement Projects

#### Demographic Review: Race and Ethnicity

We evaluated the racial and ethnic distribution of our service area (using 2020 census data) compared to the racial and ethnic distribution of NewYork-Presbyterian patients with an inpatient discharge or emergency department visit (using patient self-reported race and ethnicity). For example, from July 1, 2022 to June 30, 2023, 27% of patients with an inpatient discharge self-identify as Latino compared to 29% of people living in our service area who identify as Latino, according to the 2020 census (Figure 2).

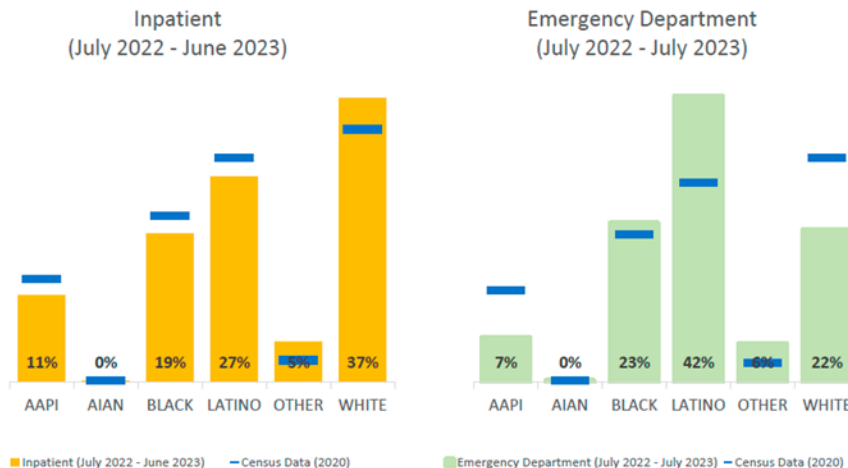


Figure 2: 2020 Census-based racial and ethnic distribution of population in the five-county service area versus racial and ethnic distribution of all patients with NewYork-Presbyterian inpatient discharges

In all demographic charts (Figures 2-5), the blue lines indicate the race and ethnicity distribution determined by 2020 US Census data, while the bars indicate the self-identified race and ethnicity distribution of NewYork-Presbyterian patients.

AAPI: Non-Latino Asian American Pacific Islander; AIAN: Non-Latino Native American and Alaska Natives; BLACK: Non-Latino Black or African American; LATINO: Latino/a/x or Hispanic; WHITE: Non-Latino White; OTHER: Other not described.

Figure 3: 2020 Census-based racial and ethnic distribution of population in the five-county service area versus racial and ethnic distribution of all patients with NewYork-Presbyterian emergency department visits

## Access Assessment

HCAHPS

Enterprise Quality Measures

Other Equity Measurement Projects

All Outpatient  
(July 2022 - June 2023)

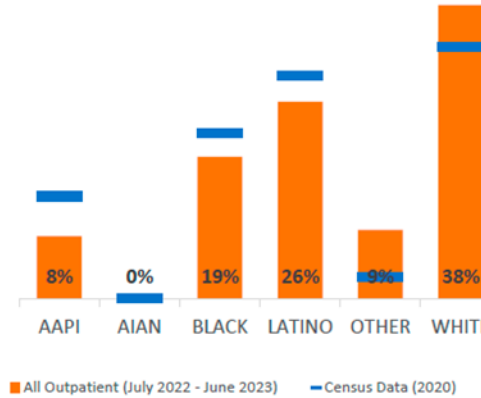


Figure 4: 2020 Census-based racial and ethnic distribution of population in our service area versus racial and ethnic distribution of patients that come to NewYork-Presbyterian outpatient locations

ACN Service Area  
(July 2022 - June 2023)

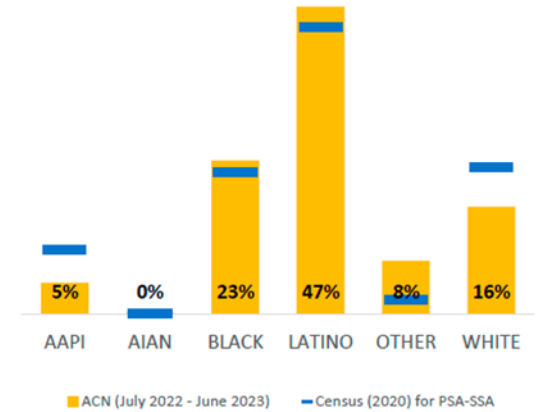


Figure 5: 2020 Census-based racial and ethnic distribution of population in the ACN PSA and SSA versus racial and ethnic distribution of patients that come to ACN locations

Access Assessment

HCAHPS

Enterprise Quality Measures

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Newborns  
(July 2022 - June 2023)

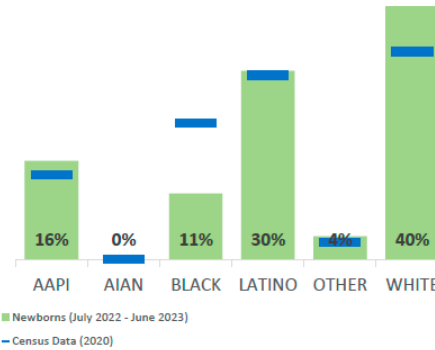


Figure 7: 2020 Census-based racial and ethnic distribution of population in our service area versus racial and ethnic distribution of newborns born at NewYork-Presbyterian locations with NewYork-Presbyterian inpatient discharges

Pediatric Patients Under 21  
Excluding Newborns  
(July 2022 - June 2023)

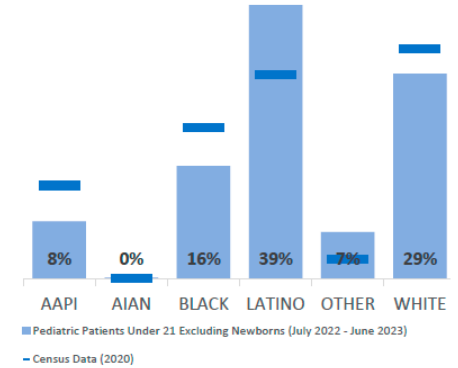


Figure 8: 2020 Census-based racial and ethnic distribution of population in our service area versus racial and ethnic distribution of pediatric patients under 21 (excluding newborns) with NewYork-Presbyterian inpatient discharges



Access Assessment

HCAHPS

Enterprise Quality Measures

Other Equity Measurement Projects

Discharges and Visits (July 2022-June 2023)

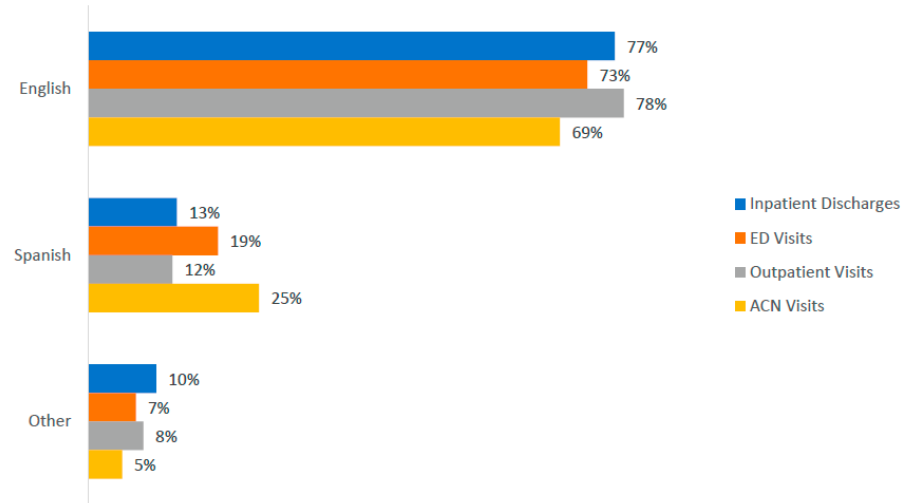


Figure 6: Language distribution of all patients with inpatient discharges, emergency department visits, outpatient visits, and ACN visits at NewYork-Presbyterian. “Other” includes any language besides English or Spanish. Fewer than 1% of patients have a “declined” value for language and are excluded from this analysis.

## Access Assessment

## HCAHPS

## Enterprise Quality Measures

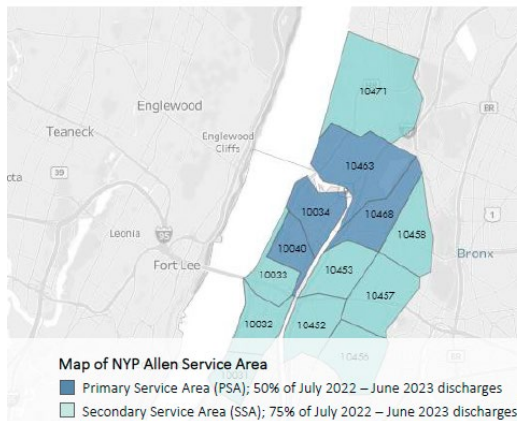
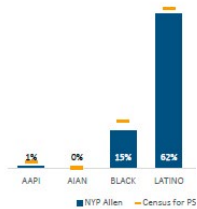
## Other Equity Measurement Projects

### 01 Campus-specific Data

NewYork-Presbyterian Allen Hospital: Racial and ethnic distribution of population in the NYP Allen service area versus racial and ethnic distribution of all inpatients from July 2022 – June 2023

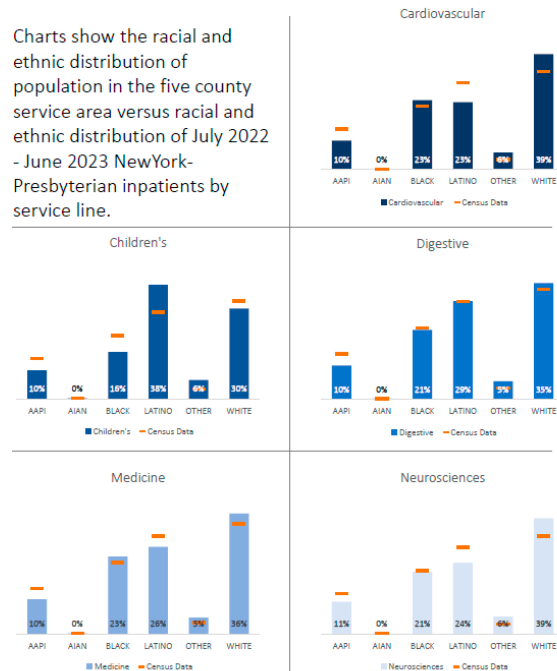
Blue bars represent the self-reported race/ethnicity distribution of all inpatients at NYP Allen

Orange lines represent the weighted-average race/ethnicity distribution from the 2020 US Census for people living in NYP Allen's primary and secondary service area, illustrated in the map.



### 02 Service Line-specific Data

Charts show the racial and ethnic distribution of population in the five county service area versus racial and ethnic distribution of July 2022 - June 2023 NewYork-Presbyterian inpatients by service line.

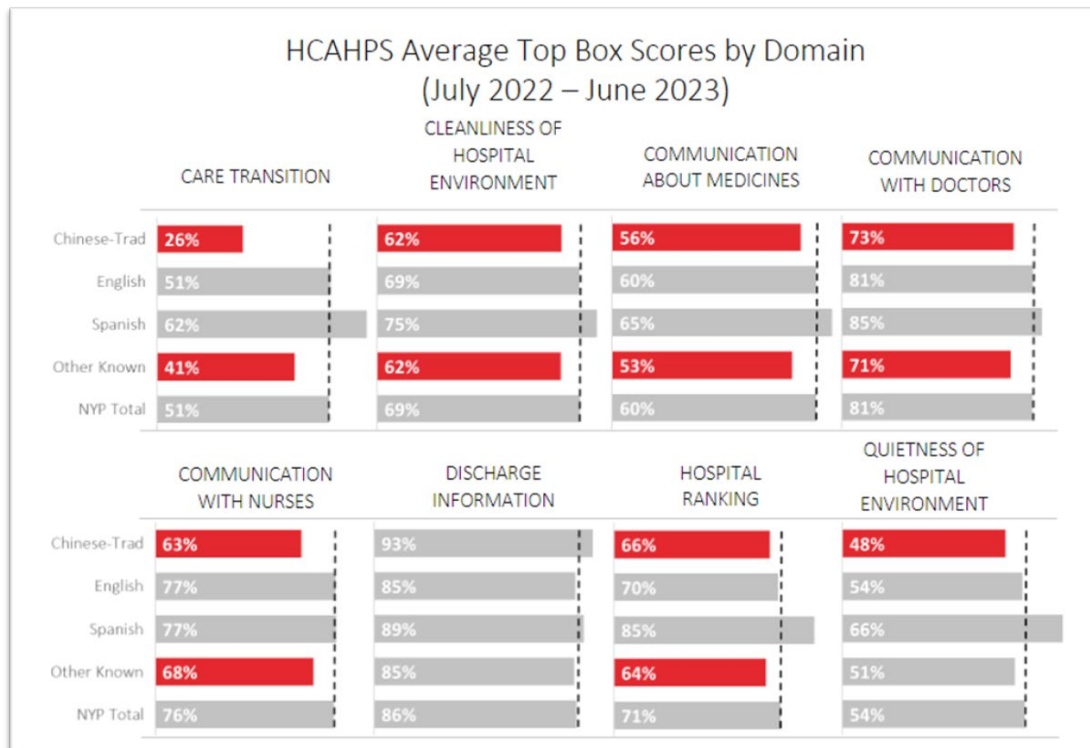


## Access Assessment

### HCAHPS

### Enterprise Quality Measures

### Other Equity Measurement Projects



## Access Assessment

## HCAHPS

## Enterprise Quality Measures

## Other Equity Measurement Projects

- Mortality
- Readmissions
- DVT/PE
- Sepsis Bundle Use
- Bar Code Medication Administration
- Discharge to Home

## Access Assessment

HCAHPS

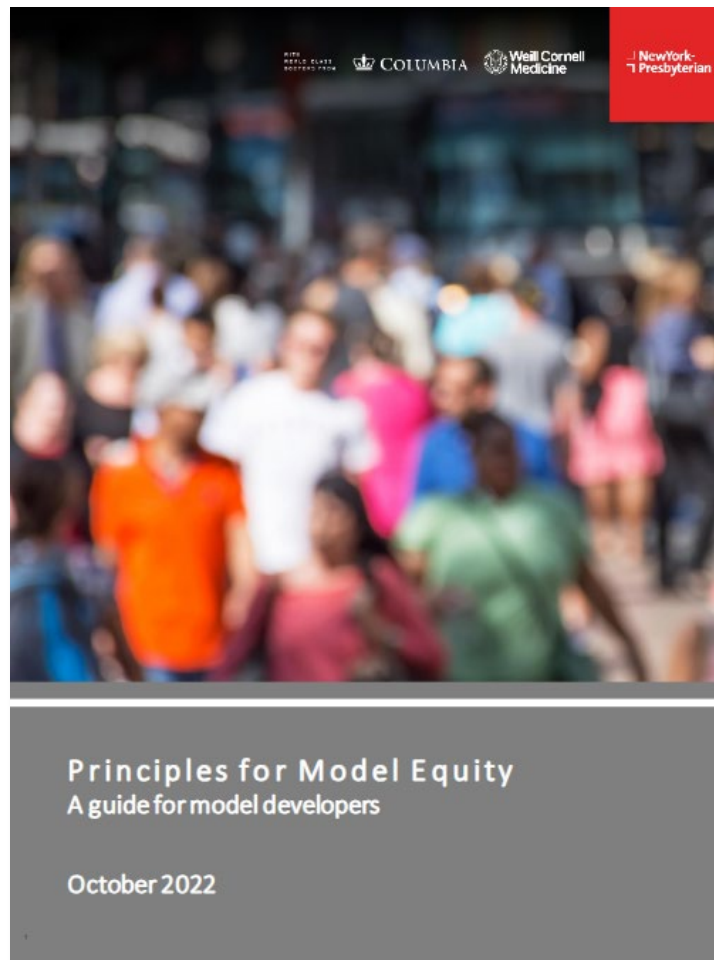
Enterprise Quality  
Measures

Other Equity  
Measurement Projects

- Transplant
- ED Length of Stay
- Colorectal Cancer Screening
- Service Line Volume
- Ambulatory Redesign

Bias and Fairness  
Assessment Process

NYC CERCA



Bias and Fairness  
Assessment Process

NYC CERCA

## NYC Coalition to End Racism in Clinical Algorithms (CERCA)

Estimated  
Glomerular  
Filtration Rate  
Equations  
(Kidney  
Function)



Vaginal Birth  
After Cesarean  
Section



Pulmonary  
Function  
Testing





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Thank you!

Questions?



# Upcoming sessions

**Tuesday, May 21 | 11 a.m. to noon.**

*Community partnerships*

Learn about key factors in building hospital-community partnerships.

The final session of the series will be next Tuesday from 11 a.m. to noon:

- May 28 | Patient and family engagement

Register [here](#).





**ADVANCING HEALTHCARE**  
**EXCELLENCE AND INCLUSION**

# Questions?

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