

The path forward: Improving health equity through data collection, stratification and use

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EQIC

EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE

HQIC

Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

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Agenda



TOPIC	PRESENTER
Welcome and Introduction	Nicole Ford, MBA, CPHQ, project manager, EQIC
EQIC Health Equity Report Overview	Alyssa Dahl, MPH, CPH Senior Director, Advanced Analytics DataGen, HANYS
Atrium Health "Equity in Action" Success Story Spotlight	Dr. Kinneil Coltman, Senior Vice President, Chief Community & Social Impact Officer, Atrium Health
Q & A	Nicole Ford

Health Equity



EQIC's Health Equity initiative supports hospitals and health systems efforts toward achieving high-quality, equitable care for all.

We assist hospitals to identify and address potential healthcare disparities by:

- improving the collection of standardized race, ethnicity and language (REaL) data;
- using data to better inform patient-centered care and targeted interventions to reduce healthcare disparities; and
- implementing cross-cutting, equity-focused tactics and strategies at the unit level to promote safety across the board and reduce harm.

Equity data basics: What is REaL data?

Race, Ethnicity and Language (REaL) data allows hospital and health systems the ability to:

- ✓ capture information on a patient's race, ethnicity and language preferences;
- ✓ understand clinically relevant and unique aspects of their patients and communities; and
- ✓ apply culturally competent care that does not vary with a patient's race, ethnicity or language.

Why collect REaL data?



Every patient deserves quality care that meets their unique needs.

- ✓ Quality Implications: Hospitals that understand their patient populations and work to make quality improvements across individual patient groups will improve their overall performance.
- ✓ Financial Implications: Disparities may increase the cost of care provided to patients.
- ✓ Elimination of disparities: It is the just and equitable thing to do.

Data report interpretation



- Provides potential areas for improvement in data quality and information on the communities your hospital draws from.
- A lower percentage in the “other race” and “unknown” categories generally indicates more accurate reporting.
- Data can be used to view how your hospital reports across each category of race and ethnicity, and how the categories of “other race” and “unknown” compare to other, more specific categories.

Data report interpretation



- Ideally, your hospital will have a higher percentage of patients with more specific categories, such as “White,” “Black or African American,” “Puerto Rican,” etc., than in the non-specific “other race” and “unknown” categories.

Dimensions of valid REaL data



- Accuracy: Self-identified, correctly recorded, consistent categorization?
- Completeness: REaL data captured across all services? Percentage unknown, other, or declined tracked and evaluated?
- Uniqueness: Are individual patients represented only once?
- Timeliness: Are data updated regularly?
- Consistency: Are data internally consistent? Reflect the patient population served?

Five-step Framework for Stratifying REAL Data

1. Assemble a working group that is focused on health care disparities data
2. Validate the REAL data
3. Identify the highest priority metrics for stratification
4. Determine if stratification is possible on the selected metrics
5. Stratify the data

Validating your REaL data



Consider why your claims-based data may differ from the census-estimated data. While this difference may be partially explained by the fact that your hospital serves a specific segment of its community, it also may be an issue related to:

1. Data operations – how is the data sent and processed?
2. Data collection – when and how is race, ethnicity and language collected?
3. Data quality/validity
 - ✓ Is there training to ensure collection is consistent?
 - ✓ Is there training help staff explain to patients why this data is collected and how it is used to improve patient care?

Questions to run on

1. Does our organization have a unified framework for consistently collecting REaL data?
2. Has our organization assembled a working group to focus on REaL data and healthcare disparities?
3. What steps has our organization taken to standardize the data collection process?



**Health Equity
Resource Series**

**Data-Driven
Care Delivery**

Data Collection,
Stratification and Use



Questions?

30-Day "Equity in Action" Challenge!

- Champion a Disparities Impact Statement.
- Complete Action Plan to develop and implement your disparities action statement.
- Contact your EQIC Project Manager for support with action plan development.



This tool can be used by all health care stakeholders to achieve health equity for racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations.

This worksheet has 5 steps:

- 1 Identify health disparities and priority populations
- 2 Define your goals
- 3 Establish your organization's health equity strategy
- 4 Determine what your organization needs to implement its strategy
- 5 Monitor and evaluate your progress

ACTION PLAN Fill out one for each improvement goal. Health Equity Technical Assistance is available for stakeholders completing the Disparities Impact Statement. Contact HealthEquityTA@cms.hhs.gov.

Health Equity Champion: _____ Executive Sponsor: _____ Date: _____

Improvement Goal: _____
What health disparity are you addressing and who is (are) your priority population(s)?

Health Disparity: _____
 Priority Populations(s): _____

Goals	Action Steps	Resources & Key Stakeholders	Metrics	Measurable Outcomes/Impact
<small>List out your short-term and long-term goals from Step 2. Add rows as needed.</small> Short-Term Goal	<small>List the action steps needed to achieve your goals.</small>	<small>List the resources needed to accomplish action steps, including key staff or stakeholders from the Stakeholder Engagement Plan.</small>	<small>What will you monitor? What data will you use to track progress and how often?</small>	<small>Consider the longer term outcomes: how will you evaluate the impact and sustainability of your actions?</small>
Long-Term Goal				

Provide staff training and support in obtaining accurate REaL data

Interactive learning program/video platform, developed to help frontline staff improve the collection and accuracy of patient-reported race, ethnicity and language (REaL) data.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PARTNERSHIP FOR PATIENTS
HealthCare.gov

New York State
Partnership
for Patients

Race, Ethnicity and Language (REaL) Data Collection

How and Why We Ask

Why collect race, ethnicity and language information about our patients?

- Because we are required to by law
- Because it is the right thing to do
- To identify health disparities and improve the quality of care for patients
- Repeat the question

Pick the
BEST
answer

Race

A category of humankind that shares certain distinctive physical traits.

- skin color
- facial features
- hair texture

Ethnicity

Being a member of a specified ethnic group.

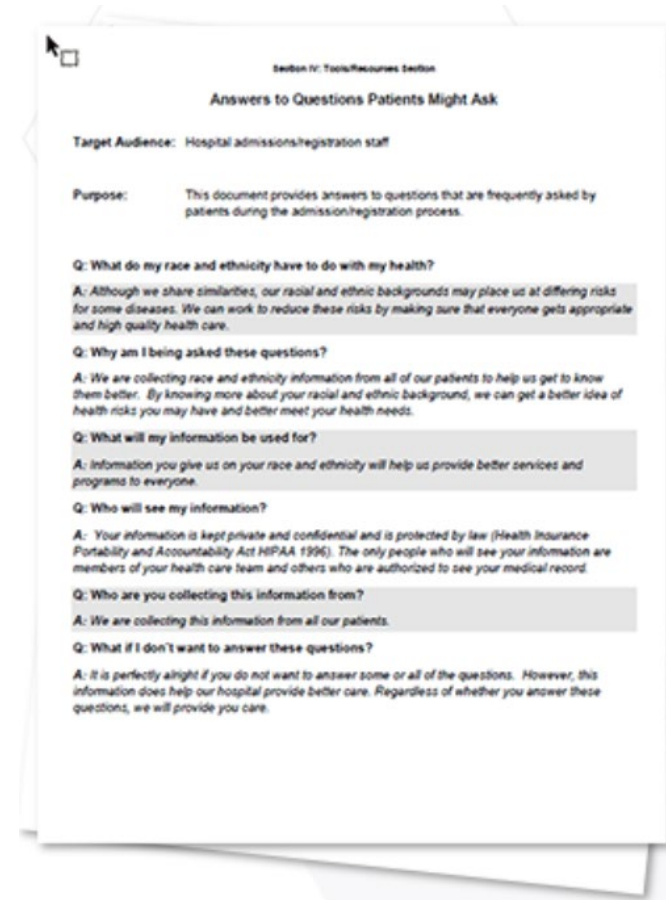
- culture
- customs
- nation
- language
- religion

Patient registration videos & quick guides and tools

- Walks through HOW to Ask race and ethnicity questions in 5 simple steps
- 3 “real-life” patient registration scenarios demonstrate how these 5-steps *look in action*
- Sample scripts for collecting data



Explain why we ask	Patients right to decline
Confidentiality/discrimination concerns	Asking ethnicity
Asking preferred language	Asking race
Watch full video	Continue



EQIC website tools and resources

- REaL Data Collection, Stratification and Utilization
 - ✓ [Training, Toolkits & Webinars](#)
- Data Tools
 - ✓ [American Community Survey \(ACS\) Resource Hub](#)
 - ✓ [CMS Data Tools](#) and [Data Sources Handout](#)
- Action Planning
 - ✓ Building an Organizational Response to Health [Disparities IMPACT Statement](#) and [Resource Guide](#)
 - ✓ [AHA Health Equity Snapshot: A Toolkit for Action](#)
- EQIC Health Equity Gap Analysis (*coming soon!*)

Thank you.

Next UBS Wednesday: Health Equity

January 12, 2022

1 - 2 p.m.