

### Overview

In a series of 30-minute sessions delivered over a period of six weeks, HANYS will provide orientation to the *We Ask Because We Care* campaign, cover a series of key implementation steps and identify relevant tools and resources.

### Session 1: Building the foundation for equitable care: *We Ask Because We Care* basics

This session will lay the groundwork for subsequent education, tools and technical assistance to support more accurate and complete collection of race, ethnicity and language patient demographic data.

#### Objectives:

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

- articulate the basic components of the *We Ask Because We Care* campaign;
- explain how *We Ask Because We Care* aligns with the broader strategic goal of improving health equity;
- identify five pillars for successful implementation; and
- develop a plan to recruit key stakeholders for a steering committee to ensure strong leadership support and organizationwide commitment.

#### Faculty:

- Julia Iyasere, MD, MBA, Dalio Center, NewYork-Presbyterian

#### Action items:

- Do a walk-through of the health system from the patient's point of view. Identify any touch points between patients and staff who might be involved in REaL data collection.
- Identify the decision makers: if there are changes to existing workflows, resources or the EHR, who needs to approve these changes?
- Establish a steering committee for the project, including leadership/decision makers (recommend IT, registration and data analytics) and schedule a recurring meeting.
- *Note: this is not necessarily the same team that's working on the broader AHEI project.*

#### Relevant Resources

Shapiro, A., Meyer, D., Riley, L., Kurz, B., Barchi, D. (2021). [Building the Foundations for Equitable Care: an enterprise-wide effort to improve race and ethnicity data collection to better understand and address the root causes of health inequities](#). *NEJM Catalyst*. DOI: 10.1056/CAT.21.0256

Eastern US Quality Improvement Collaborative. (2021). [Health Equity Gap Analysis](#).

Centers for Medicare and Medicaid Services. [Health Disparities Resource Guide](#).

### Session 2: Data collection process and structure

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

#### Objectives:

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

- explain why patient-reported data is the gold standard;
- develop a plan for collecting data to establish a baseline;
- identify changes that can be made to existing workflows to increase the accuracy and completion of data collection; and
- identify changes that can be made in the EMR to increase the accuracy and completion of data collection.

#### Faculty:

- Julia Iyasere, MD, MBA, Dalio Center, NewYork-Presbyterian

#### Action items:

- Review terms and definitions for race, ethnicity and language data and standardize them across EHR platforms.
- Review who has privileges to input and change race, ethnicity and language data and adjust if needed. Review who has access to the data and how they will receive it.
- Keep a record of all patient-reported data and ensure that new data does not override it.

#### Relevant Resources

Shapiro, A., Meyer, D., Riley, L., Kurz, B., Barchi, D. (2021). [Building the Foundations for Equitable Care: an enterprise-wide effort to improve race and ethnicity data collection to better understand and address the root causes of health inequities](#). *NEJM Catalyst*. DOI: 10.1056/CAT.21.0256

Saunders CL, Abel GA, El Turabi A, et al (2013). [Accuracy of routinely recorded ethnic group information compared with self-reported ethnicity: evidence from the English Cancer Patient Experience survey](#). *BMJ Open* 2013;**3**:e002882. doi: 10.1136/bmjopen-2013-002882

New York State Department of Health. (2014). [New York State Toolkit to Reduce Health Care Disparities: Improving Race and Ethnicity Data](#).

Lee, W., Veeranki, S.P., Serag, H., Eschbach, K., and Smith, K. (2016). [Improving the Collection of Race, Ethnicity, and Language Data to Reduce Healthcare Disparities: A Case Study from an Academic Medical Center](#). *Perspectives in Health Information Management*. AHIMA Foundation. (Fall 2016): 1-1

### Session 3: 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 address successful approaches to educate and engage staff, and address barriers and concerns.

#### Objectives:

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

- articulate the critical role of patient registration and access staff;
- address common concerns regarding asking patients questions about race, ethnicity and language; and
- support a culture of open communication.

#### Faculty:

- Julia Iyasere, MD, MBA, Dalio Center, NewYork-Presbyterian

#### Action items:

- Decide which roles within the hospital should ask patients for their race, ethnicity and language (i.e., registration staff).
- Establish a process to track who is asking.
- Establish a process to get feedback from staff; understand why they are not asking for REaL data and how they can become more comfortable asking.
- Ask patients for feedback on the best way to ask for REaL data.
- Create and get approval on training resources. Ensure they are reviewed by the patient experience, communications and legal teams. Ensure information is accessible and easy to understand.

#### Relevant Resources:

*We Ask Because We Care* staff education materials:

- [FAQs](#)
- [Sample script](#)
- [Staff education presentation](#)

Hasnain-Wynia R, Pierce D, Haque A, Hedges Greising C, Prince V, Reiter J. [AHA Disparities Toolkit - Staff Training](#). American Hospital Association Institute for Diversity and Health Equity. 2007.

- Staff Training Presentation – the Nuts and Bolts (PPT)
- Staff Training Question and Answer Response Matrix Presentation (PPT)

[Race and Ethnicity Data Improvement Toolkit](#). Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality. July 2016. Accessed August 18, 2021.

Andrulis, D. [Conducting a Cultural Competence Self Assessment](#). SUNY Downstate Medical Center, Brooklyn, NY.

### Session 4: Direct patient communication

This session will address successful strategies for engaging patients and communities in the effort to improve the accuracy and completion of race, ethnicity and language data collection. A suite of patient-facing materials will be shared, including posters, a patient-facing website and standardized text that can be used in patient newsletters and emails.

#### Objectives:

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

- explain the importance of patient-facing education materials for building trust;
- identify multiple means of communicating with patients (print materials, web, social); and
- adapt existing resources to meet the needs of their hospital.

#### Faculty:

- Julia Iyasere, MD, MBA, Dalio Center, NewYork-Presbyterian

#### Action items:

- Identify the hospital's direct patient communications channels. These may include the patient and family advisory committee, direct email, social media, talks led by hospital leadership and interviews with media.
- Review all direct patient communications about *We Ask Because We Care* to ensure consistency. Work with the patient experience and communications teams.
- Publicize or “normalize” *We Ask Because We Care* so that patients have heard of it when they are asked to provide data.

#### Relevant Resources:

*We Ask Because We Care* resources:

- [FAQs](#)
- [brochure](#)
- [poster 1](#) | [poster 2](#)

Hasnain-Wynia R, Pierce D, Haque A, Hedges Greising C, Prince V, Reiter J. [AHA Disparities Toolkit – Informing and Engaging the Community](#). American Hospital Association Institute for Diversity and Health Equity. 2007.

### Session 5: Measurement and monitoring

With any quality improvement effort, it is important to be able to measure and monitor progress. This session will address strategies to standardize data across the health system, develop meaningful reports and visualize the data for internal and external stakeholders. The session will also provide direction for stratifying patient outcomes (mortality, readmissions and HCAHPS) with patient demographic data.

#### Objectives:

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

- Identify the need for the development of guides and best practices for data standardization; and
- Leverage data reports available through HANYS to support measurement and monitoring

#### Faculty:

- Julia Iyasere, MD, MBA, Dalio Center, NewYork-Presbyterian

#### Action items:

- Determine how the hospital is going to monitor the collection of REaL data.
- Identify data sources and consider establishing a dashboard or downloading and analyzing data from the EHR each month.
- Test the process; download data, validate, clean and present it.
- Set targets at the hospital, departmental and/or unit level.

#### Relevant Resources

- HANYS/DataGen reports

### Session 6: Office hours

#### Wrap-up session

The *We Ask Because We Care* webinar series covers a range of topics in a short amount of time. This session is an opportunity to ask questions on the topics discussed in the series.

#### Faculty:

- Julia Iyasere, MD, MBA, Dalio Center, NewYork-Presbyterian
- Morgan Black, MPA, Director, Advancing Healthcare Excellence and Inclusion, HANYS

#### Action items:

- Participants are encouraged to submit their questions ahead of time to [AHEI@hanys.org](mailto:AHEI@hanys.org).

### Session 7: How 3 hospitals used patient demographic data to address disparities

This panel discussion will feature Dr. Julia Iyasere from NewYork-Presbyterian, Dr. Theresa Green from University of Rochester Medical Center and Dr. Lynne Richardson from Mount Sinai Health System. The panelists will share their hospitals' journeys to improve the collection of race, ethnicity and language data, and discuss how they currently use the data to identify and address disparities within their patient population. This session will provide insight into the steps a health system can take to address disparities once they are confident in the quality of their data.

#### Objectives:

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

- articulate the practical application of patient demographic data in identifying disparities; and
- apply three hospitals' experiences to their own hospitals or health systems and envision the best path forward

#### Faculty:

- Julia Iyasere, MD, MBA, Dalio Center, NewYork-Presbyterian
- Theresa Green, PhD, MBA, University of Rochester Medical Center
- Lynne Richardson, MD, Mount Sinai Health System

#### Action items:

- Set a target for REaL data collection in the next year (e.g., < 5% of patient race, ethnicity and language data is listed as "unknown" or "other" by 2023).
- Identify three executive forums where patient outcomes could be stratified by race, ethnicity and language (e.g., readmissions reduction).

#### Relevant Resources

- [Mount Sinai Institute for Health Equity Research](#)
- [NewYork-Presbyterian Dalio Center for Health Justice](#)
- [URMC Center for Community Health and Prevention](#)