

# HEALTH INFORMATION TECHNOLOGY BEST PRACTICES FOR COLLECTING REAL DATA

# OVERVIEW

A key step in resolving health disparities is ensuring health information technology (HIT) systems are set up to collect race, ethnicity, and language (REAL) data according to prevailing requirements and guidelines. Following the best practices below will help ensure your organization is aligned with federal requirements for meaningful use of HIT, The Joint Commission's recommendations, and federal Office of Management and Budget (OMB) standards.<sup>1</sup>

#### HIT BEST PRACTICES

- Work with other stakeholders in your organization to develop a systematic method for collecting patient-level race, ethnicity, and language information. Stakeholders may include revenue cycle, quality, diversity, and registration managers and directors.
- 2. Coordinate with a regional health information exchange organization in your area to determine the best coding practices for data exchange among regional health care organizations.
- **3.** Modify electronic health records to allow for the collection of patient race, ethnicity, and language data at the point of patient registration.
- 4. At a minimum, use the OMB's standard ethnicity and race categories (see below).
  - Allow for a two-question format for ethnicity and race: one question containing the Hispanic or Latino origin categories and one question containing the race categories.
  - For best results, place the ethnicity question before the race question.
- 5. Include more granular categories of race, ethnicity, and language based upon the needs of your organization and local community.
  - Use the Centers for Disease Control and Prevention Race and Ethnicity Code Set Version 1.0 for current choices and groupings of granular categories.<sup>2</sup> Roll up granular categories to OMB broad race categories for meaningful use and other reporting purposes.
  - Use U.S. Census Bureau and other data analysis to determine the set of granular categories that is appropriate.
- 6. Configure your system so it allows patients to select more than one race category. A single biracial or multiracial category is not a standard OMB category and is not acceptable for meaningful use purposes.<sup>3</sup>





- 7. If you choose to use granular ethnicity categories, allow patients to select more than one ethnicity category. Caution: If you use the minimum ethnicity categories, allow only one selection.
  - · Roll up multiple Hispanic or Latino ethnicities selected by a single patient into the broad ethnicity category for reporting purposes.
  - If your health system allows more than one selection in the race category, ensure you have an aggregation method that does not lead to double counting.
- 8. Add "Declined" or "Unavailable or Unknown" categories to the ethnicity and race fields.
  - The category "Declined" meets meaningful use reporting requirements.
  - Roll up "Unavailable or Unknown" selections into the "Declined" category for meaningful use reporting purposes.

# **OMB Standard Categories and Other Acceptable Categories**

# ETHNICITY

- · Hispanic or Latino
- Non-Hispanic or Latino

### RACE

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

## OTHER ACCEPTABLE CATEGORIES TO ADD TO THE ETHNICITY FIELD AND THE RACE FIELD

- Declined (fulfills meaningful use)
- Unavailable or Unknown (e.g., for use with an incapacitated patient)
- 1. Office of Management and Budget. Executive Office of the President. Provisional Guidance on the Implementation of the 1997 Standards for Federal Data on  $Race\ and\ Ethnicity.\ December\ 15,\ 2000.\ http://www.whitehouse.gov/sites/default/files/omb/assets/information\_and\_regulatory\_a\_airs/re\_guidance 2000 update.pdf.$ Accessed September 2014.
- 2. Centers for Disease Control and Prevention. Race and Ethnicity Code Set Version 1.0. http://www.cdc.gov/nchs/data/dvs/Race\_Ethnicity\_CodeSet.pdf. Accessed September
- 3. Electronic Health Record Incentive Program. Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures. Measure 6 of 11. Stage 1 (2014 Definition) Last updated May 2014.

