AMERICA'S ESSENTIAL HOSPITALS

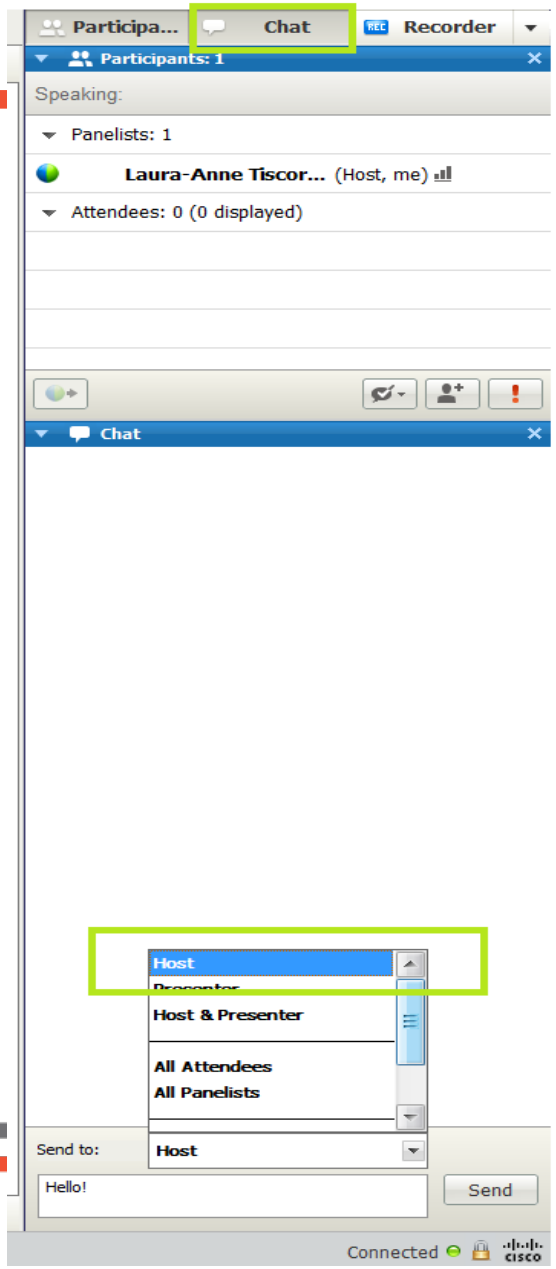
Preparing IT Systems for Race, Ethnicity, and Language Data Collection

Essential Hospitals Engagement Network

July 22, 2014

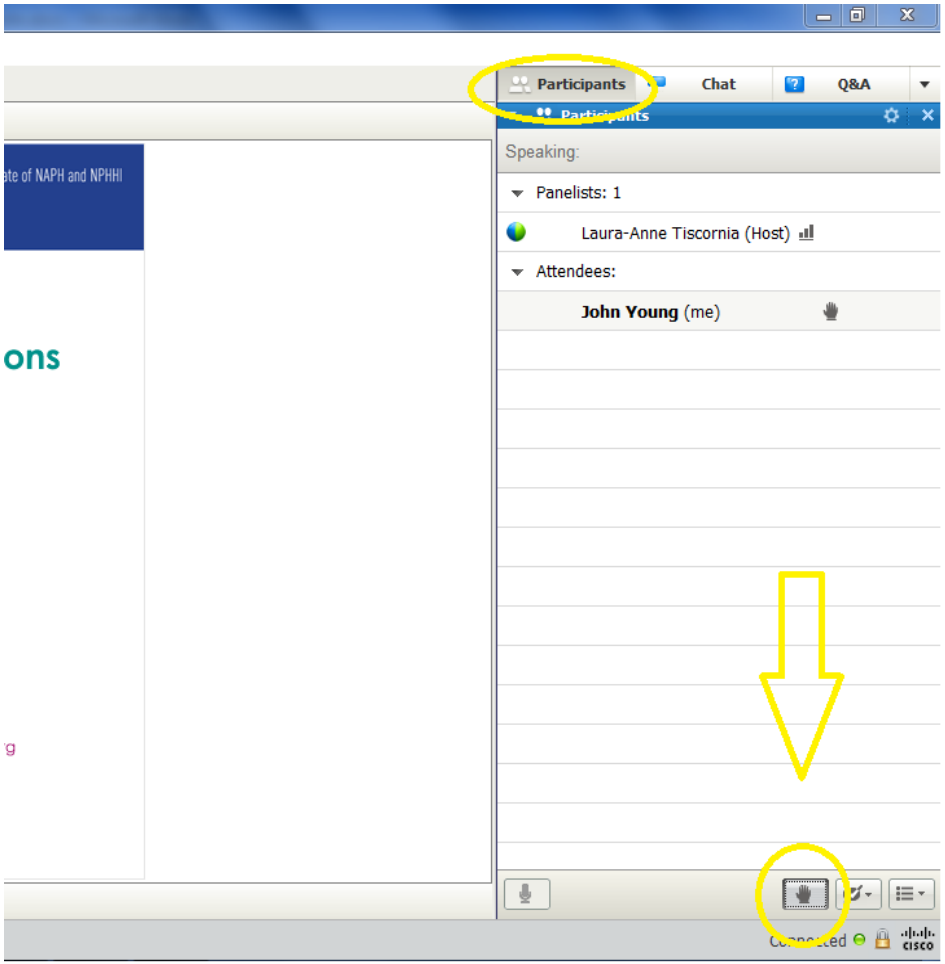
CHAT FEATURE

The chat tool is available to ask questions or comments at anytime during this event.

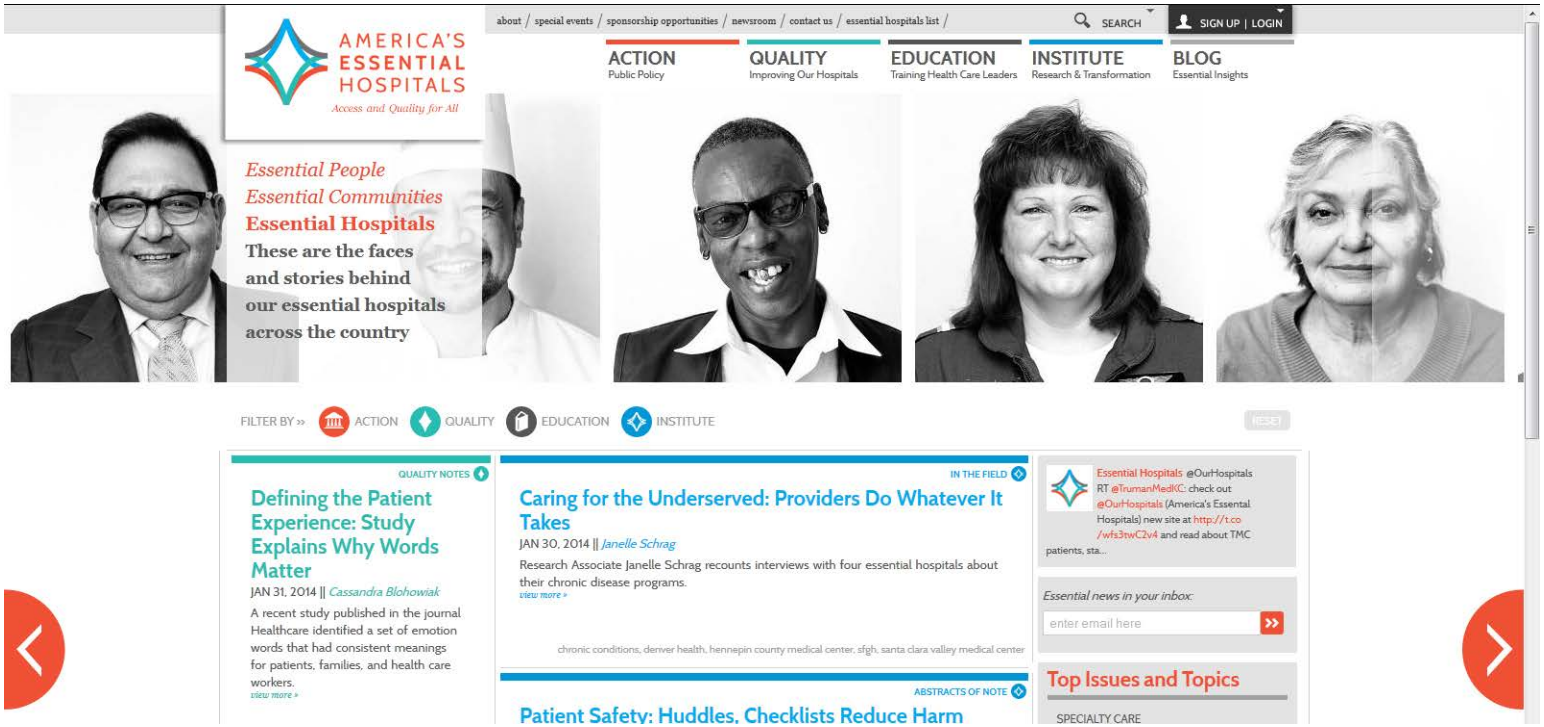


RAISE YOUR HAND

- If you wish to speak telephonically, please "raise your hand". We will call your name, when your phone line is unmuted



ENGAGE AT OUR NEW WEBSITE!



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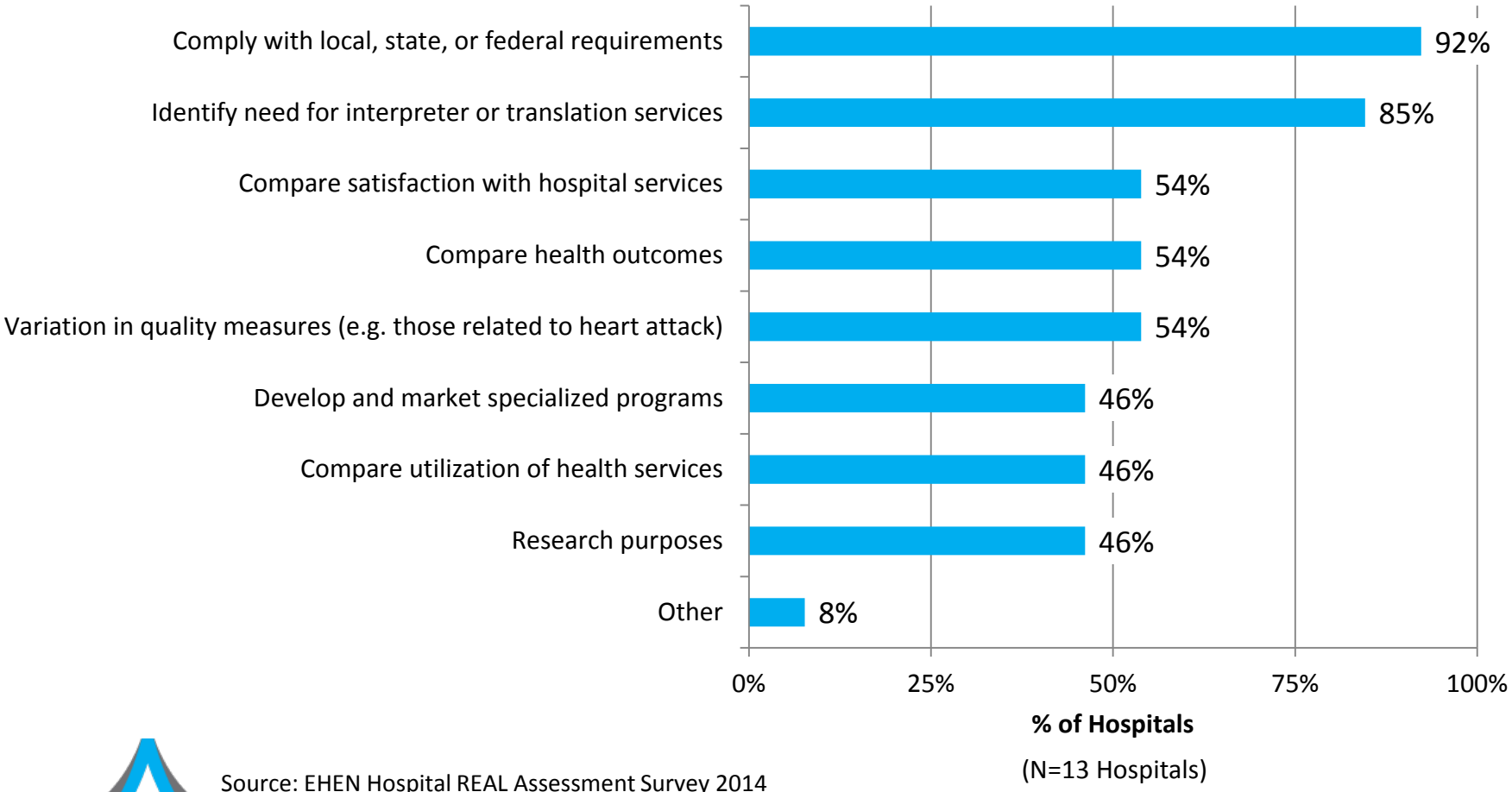
AGENDA

- Introduction
- Preparing IT systems for REAL data collection
  - » Lisa Sloane, V-Formation
- Q & A
- Next steps and upcoming events

EQUITY ACTION TEAM MEMBERS

Name	Organization	State
Brenda Lee	UT Health Northeast	Texas
Jean Morris/Mary Bachhuber	Maricopa Integrated Health System	Arizona
Mini Swift/Annette Johnson	Alameda Health System	California
Johnie Shipp	Regional One Health	Tennessee
Vanesa Garcia	Rancho Los Amigos, National Rehabilitation Center	California
Miriam Gonzalzles	John H. Stroger, Jr. Hospital of Cook County Provident Hospital of Cook County	Illinois
David Nemiroff	NuHealth	New York
Anh Pham	San Francisco General Hospital	California
Christopher Sharkey	Truman Medical Centers	Missouri
Gordon Jaye	Eskenazi Health Hospital	Indiana
Arlene Malabanan	Harbor-ULCA Medical Center	California
Jonathan Mesinger	San Mateo Medical Center	California
Connie James	Contra Costa Regional Medical Center	California

USE OF REAL DATA (SURVEY RESULTS)



Source: EHEN Hospital REAL Assessment Survey 2014

SPEAKER

Lisa Sloane, MHA
Chief Transformation Consultant
V-Formation

AMERICA'S ESSENTIAL HOSPITALS

Ask Every Patient: REAL

Preparing IT Systems for REAL Data Collection

Lisa R. Sloane, MHA – Founder, V-Formation

July 22, 2014

If ...

race, ethnicity, and language data were standardized across all U.S. hospitals and primary care practices.

If ...

clinical data could be stratified by these demographic variables.

Then …

we would have a fighting chance at making healthcare disparities a thing of the past.

Ask Every Patient: REAL

Race, Ethnicity and Language

Major Steps to Resolving Health Disparities

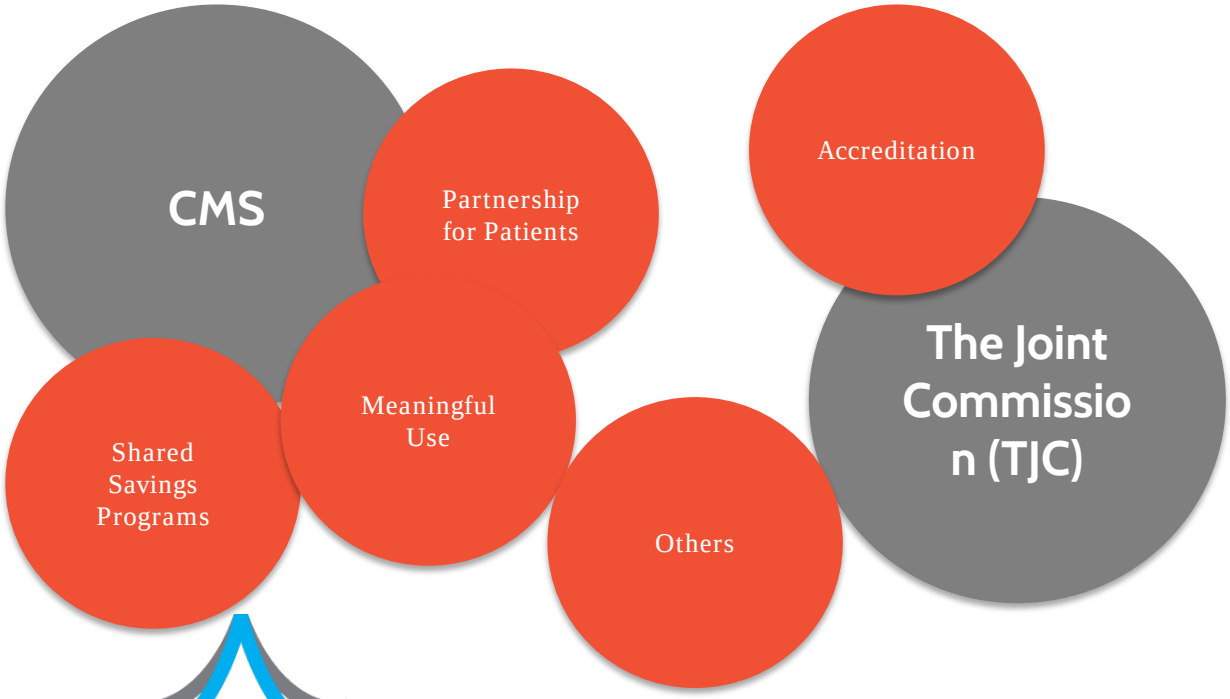
1. Set-up your HIT systems to collect REAL data according to prevailing requirements and guidelines.

2. Registration staff is trained and collects REAL data according to prevailing requirements and guidelines.

3. Specific data requests are made and reports that stratify clinical data by REAL are created to inform executives and improvement managers. Improvement managers and others act to make improvements based on findings.

Abundance of Influencers & Key Drivers of REAL Data Collection

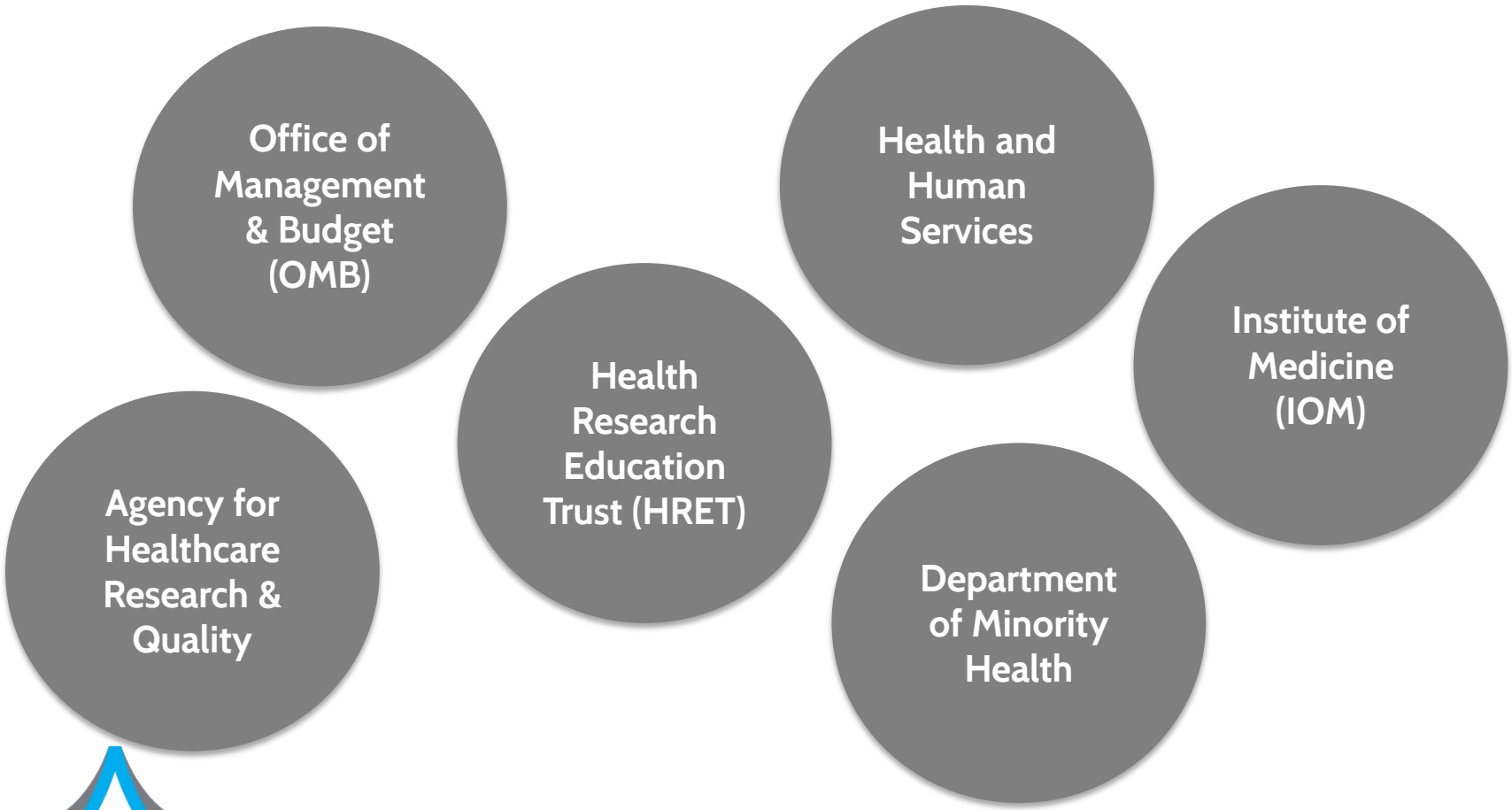
External Influencers & Key Drivers



Internal Key Drivers

- *Reducing Readmissions*
- *Increasing Safety*
- *Improving Care Coordination*
- *Triple Aim*
- *Population Health Management*
- *Volume to Value*

Array of Guidance on How to Collect REAL Data



Focusing in on a Few Key Sources

CMS Meaningful Use
Requirements

The Joint Commission
Recommendations

Institute of Medicine
Guidance on Standardizing REAL Data

Consistently across the board, the External Influencers, Key Drivers, and Guidelines recommend utilizing federal Office of Management and Budget Standards for collecting race and ethnicity data in healthcare environments.

Meaningful Use Requirement

Meaningful Use: Core Measures 6 of 11

Race and ethnicity codes must follow current federal standards published by the Office of Management and Budget *(http://www.whitehouse.gov/omb/inforeg_statpolicy/#dr)*.

If a patient declines to provide all or part of the demographic information, or if capturing a patient's ethnicity or race is prohibited by state law, such a notation entered as structured data would count as an entry for purposes of meeting the measure. In regards to patients who do not know their ethnicity, eligible hospitals or CAHs should treat these patients the same way as patients who decline to provide race or ethnicity — identify in the patient record that the patient declined to provide this information.

Meaningful Use: Core Measures 6 of 11

The Joint Commission Recommendation

The Joint Commission Cultural Competency Roadmap

Develop a system to collect patient-level race and ethnicity information

Modify paper or electronic medical records to allow for the collection of patient race and ethnicity information. This may involve adding new fill-in spaces, fields, or drop-down menus to the forms to capture race and ethnicity data elements.

Use standardized racial and ethnic categories to collect race and ethnicity information. The Institute of Medicine (IOM) recommends hospitals choose from among the standard categories developed by the Office of Management and Budget …

(The Joint Commission, Cultural Competency Roadmap, Page 36.)

But what about language data?

OMB Standard

Office of Management & Budget Standards

Recommendation No. 1

- Record patient race and ethnicity.

OMB Standard

Office of Management & Budget Standards

Recommendation No. 2

- Use a two-question format. One question containing the Hispanic or Latino origin categories and one question containing the race categories.

OMB Standard

Office of Management & Budget Standards

Recommendation No. 3a & 3b

- Use OMB Ethnicity categories at a minimum.
- If more granular categories are used, roll all patients assigned to more granular Hispanic or Latino ethnicities into the one broad category for reporting purposes.

For guidance on granular categories roll-up, refer to IOM text, Table E-1, Template of Granular Ethnicity Category Lists and Coding Schemes with Rollup to the OMB Race and Hispanic Ethnicity Categories.

OMB Minimum Ethnicity Categories

Office of Management & Budget Standards

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined

  (Fulfills Meaningful Use)
- Unavailable or Unknown

  (For patients that are incapacitated for example; roll-up to "Declined" category for Meaningful Use Purposes)

OMB Standard

Office of Management & Budget Standards

Recommendation No. 4a & 4b

OMB Standard:

- Use OMB Race categories at a minimum.
- If more granular categories are used, roll all patients assigned to more granular categories into the appropriate race categories for reporting purposes.

For guidance on granular categories roll-up, refer to IOM text, Table E-1, Template of Granular Ethnicity Category Lists and Coding Schemes with Rollup to the OMB Race and Hispanic Ethnicity Categories.

OMB Minimum Race Categories

Office of Management & Budget Standards

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other *(permitted by OMB, but is not required category; health systems should use their own discretion with respect of offering an other category. It will likely cause registrars and patients confusion and make some patients less likely to choose one of the broad categories.)*
- Declined *(fulfills Meaningful Use)*
- Unavailable or Unknown *(for patients that are incapacitated for example; roll-up to "Declined" category for Meaningful Use Purposes)*

*Note: OMB recommends allowing individuals to select multiple races.

OMB Standard

Office of Management & Budget Standards

Recommendation No. 5

- If possible, place the Hispanic/Latino origin question before the race question in your data system.

OMB Standard

Office of Management & Budget Standards

Recommendation No. 6a

OMB Standard:

- With respect to Ethnicity, when the broad category of Hispanic/Latino origin is used and more granular categories are not offered, do not allow multiple answers as this requires a yes or no response. If more granular categories are used within the Ethnicity field, then multiple responses may be allowed, unless the patient chooses “Not Hispanic or Latino.”

IOM Guidance

Institute of Medicine REAL Standardization

Recommendation No. 7

- Utilize Census Bureau and other data to develop a localized set of granular categories that may be appropriate for your hospital.
- Utilize IOM's template to roll up granular categories to OMB broad race categories.

*Refer to IOM text, Table E-1, Template of Granular Ethnicity Category Lists and Coding Schemes with Rollup to the OMB Race and Hispanic Ethnicity Categories.

Meaningful Use Requirement

Recommendation No. 8

- If your health system allows more than one race to be selected under the race category, ensure that you have an aggregation method that does not lead to double counting.

Assigning Multi-Race Patients

Institute of Medicine REAL Standardization

There are many methods, here is an IOM Example

- Use specific multi-race combinations for aggregating multiple race choices:
  - American Indian or Alaska Native *and* White
  - Asian *and* White
  - Black or African American *and* White
  - American Indian or Alaska Native *and* Black or African American

*IOM (Institute of Medicine). 2009. *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*. Washington, DC: The National Academies Press.

Aggregation Methods for Assigning Patients

Many Methods – OMB Guidance Offers Several Possibilities

- Deterministic Whole Assignment
- Deterministic Fractional Assignment
- Probabilistic Whole Assignment
- All Inclusive

*See 2000 OMB Bulletin No. 00-02 Guidance on Aggregation and Allocation of Data on Race available at http://www.whitehouse.gov/omb/bulletins_b00-02


In what language do you prefer to discuss your health care?
I'm fine with English, thank you.

The Joint Commission Recommendation

Recommendation No. 9a & 9b

The Joint Commission Recommendation:

- Hospitals identify the patient's preferred language for discussing health care and note the patients preferred language for health care discussions in the medical record.
- Develop a subset of spoken languages based on the local needs of the health system from the set of IOM recommended spoken language categories.

See list of recommended spoken language categories, IOM text, page 212, Appendix G, Kaiser Permanente: Evolution of Data Collection on Race, Ethnicity, and Language Preference Information.

Thank you and Questions?

REFERENCES

- EHR Incentive Program, Eligible Hospital and Critical Access Hospital, Meaningful Use Core Measures, Measure 6 of 11, Stage 1 (2014 Definition) Last updated: May 2014
- The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals. Oakbrook Terrace, IL: The Joint Commission, 2010
- IOM (Institute of Medicine). 2009. *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement.* Washington, DC: The National Academies Press.
- Office of Management and Budget.
  - 1997 OMB Standards and Appendix A Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity.
  - 2000 OMB Bulletin No. 00-02 Guidance on Aggregation and Allocation of Data on Race, et. Al.
  - 2003 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity

UPCOMING EVENTS

- **Webinars:**

  Training Staff to ask REAL Questions
  August 19 | 1-2pm EST

  Speakers: Christina Cordero, The Joint Commission

  Lisa Sloane, V-Formation

- **In Person Event:**
  Summit on Harm Reduction - Sustaining Progress, Building on Success
  Nov 10 | Chicago

THANK YOU FOR ATTENDING

- **Evaluation:** When you close out of WebEx following the webinar, an evaluation will open in your browser. Please take a moment to complete. We greatly appreciate your feedback!

- **Check out the new EHEN Leadership for Safety Program website:** http://essentialhospitals.org/institute/ehen-leadership-safety-program/

Visit http://essentialhospitals.org/groups/ehen/ to collaborate today.