Collection of Race, Ethnicity, and Language Preference Data in a Complex Healthcare Organization

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Goals:
1. Focus on the “nuts and bolts” of improving the collection of race, ethnicity, and preferred language data
2. Identify and address potential obstacles in implementing initiatives to capture better data gleaned from the Montefiore experience
3. Begin to outline the institutional “cultural” change that resulted from access to accurate and actionable race, ethnicity, and preferred language data

The Montefiore Delivery System

- Acute Care: 100,000 discharges / 360,000 ED visits
- Ambulatory and Home Care: 2.5 million visits / 500,000 home care visits

The Bronx, New York

<table>
<thead>
<tr>
<th></th>
<th>Bronx</th>
<th>U.S.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>1.4 million</td>
<td>300 million</td>
</tr>
<tr>
<td>Population below age 18</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Individuals below poverty level</td>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>Foreign born</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>Speak other than English at home (≥ 5 y.o.)</td>
<td>57%</td>
<td>19%</td>
</tr>
<tr>
<td>African-American/Black race</td>
<td>33%</td>
<td>12%</td>
</tr>
<tr>
<td>Hispanic/Latino ethnicity</td>
<td>51%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Robert Wood Johnson Foundation
Expecting Success: Excellence in Cardiac Care

National Program Objectives
- Improve cardiovascular (acute myocardial infarction and congestive heart failure) care for African Americans and Latinos
- Develop improvement strategies and models for inpatient and outpatient settings
- Share lessons with health care providers and policymakers nationwide
- A QI Collaborative

The Montefiore Project

<table>
<thead>
<tr>
<th>Objective</th>
<th>Interventions</th>
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<tbody>
<tr>
<td>Standardize collection of demographic data</td>
<td>Train registration staff and modify information systems</td>
</tr>
<tr>
<td>Improve AMI and CHF care for all MMC patients</td>
<td>Patient and provider centered materials, improvement methods</td>
</tr>
<tr>
<td>Evaluate quality of care by demographic group</td>
<td>Monthly reporting of AMI and CHF measures by demographic group</td>
</tr>
<tr>
<td>Improve communication with post discharge providers</td>
<td>CHF-specific discharge planning</td>
</tr>
</tbody>
</table>
**Fields and Categories**

- **Process**
  - Required fields
  - Ethnicity first
  - Patients self identify status

- **Ethnicity**
  - Hispanic or Latino
  - Not Hispanic or Latino
  - Declined
  - Patient unavailable

- **Preferred language**
  - [Numerous]
  - Declined
  - Other
  - Patient unavailable

**Implementation Factors**

- **Management**
  - Registration Quality Unit
  - Expertise
    - Content: HRET, NPO
    - Process
      - Health information management
      - Customer services
      - HIM
      - Performance improvement

- **Data use**
  - Optimal categories
  - Recoding old data to new
  - Interfaces
  - Monitoring

- **Workflow**
  - Field order
  - Number of categories
  - Specific issues
    - “Other”
    - Patient not present
    - Patient refusal
    - Hard vs. soft stops
    - Different care settings

- **Education**
  - Staff training
  - Questions from patients and families

**Registration Results**

- **Discharges with Unknown Demographics at Montefiore 2005 vs. 2007**

**All Recommended AMI and CHF Care**

- **AMI and CHF Patients Receiving All Recommended Care**
  - Montefiore: Q1 ’06 to Q1 ’08

**AMI Care by Demographic Group**
Analyzing Outcomes
Cardiovascular Disease

Today

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>30 Day Same Cause Readmission Rate</th>
<th>Montefiore 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cardiovascular (N=3189)</td>
<td>8.0%</td>
<td>7.1%</td>
</tr>
<tr>
<td>AMI (N=398)</td>
<td>3.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>CHF (N=1614)</td>
<td>13.4%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Diabetes (N=606)</td>
<td>2.5%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Stroke (N=571)</td>
<td>1.9%</td>
<td>7.9%</td>
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This information is provided under Section 2805-m of the New York State Public Health Law

Healthcare Management Implications

<table>
<thead>
<tr>
<th>Today's Functions</th>
<th>Tomorrow's Products or Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health information management</td>
<td>Language specific forms</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>Care evaluation by demographic group</td>
</tr>
<tr>
<td>Patient education</td>
<td>Patient-centered materials</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Specific dietary advice</td>
</tr>
<tr>
<td>Customer services</td>
<td>Accurate interpretive service needs</td>
</tr>
<tr>
<td>Care management</td>
<td>Care management by demographic group</td>
</tr>
<tr>
<td>Information technology</td>
<td>Point of care decision support</td>
</tr>
<tr>
<td>Research</td>
<td>Demographic-specific “translation”</td>
</tr>
</tbody>
</table>

Some Resources

- *Expecting Success: Excellence in Cardiac Care*  
  - [http://www.expectingsuccess.org](http://www.expectingsuccess.org)
- Health Research and Educational Trust  
  - [http://www.hretdisparities.org](http://www.hretdisparities.org)
- Massachusetts General Hospital Disparities Solutions Center  
  - [http://www2.massgeneral.org/disparitiessolutions](http://www2.massgeneral.org/disparitiessolutions)

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