Objectives

• Describe why improved race and ethnicity data will help in identifying disparities in health care quality.
• Identify national legislative/regulatory attention to race and ethnicity data.
• Describe steps to improve quality of data collection and expand race and ethnicity categories.
• Describe how to code the expanded race and ethnicity data categories.

Definitions

• **Health Disparities**: Differences in the incidence, prevalence, mortality, burden of disease and other adverse health conditions that exist among specific population groups.
  Source: National Institute of Health

• **Health Care Disparities**: Includes differences in treatment provided to members of different racial or ethnic groups that is not justified by the underlying health conditions or treatment preferences of patients.
  Source: Institute of Medicine

What are Disparities in Health Care Quality?

• **Racial and ethnic minorities tend to receive a lower quality of health care than non-minorities**
• Less likely to receive:
  • Cancer screening
  • Cardiovascular therapy
  • Kidney dialysis
  • Transplants
  • Curative surgery for lung cancer
  • Hip and knee replacement
  • Pain medicines in the ER

Unequal Health Care

• The health care system contributes to disparities in care:
  • Increased medical errors
  • Prolonged length of stays
  • Avoidable admissions and readmissions
  • Over and under-utilization of procedures

Growing U.S. Minority Population

Minority Groups Will Be Majority


Increasing Legislative and Regulatory Attention to Race and Ethnicity Data

Three Steps to Address Health Disparities

  - To be eligible for "meaningful use" incentive payments
- Patient Protection and Affordable Care Act of 2010
  - If receiving federal money
- Revised Joint Commission Standards - 2012
  - New requirement
- NYS SPARCS – All discharges effective January 1, 2014
  - Expanded race and ethnicity categories (CDC Race and Ethnicity Code Set - Version 1.0)
  - Increased attention to data quality

"Although the collection of race, ethnicity and language* data does not necessarily result in actions that will reduce disparities and improve care, the absence of the data guarantees that none of that will occur."


*Note: The language reference is part of a direct quotation. SPARCS collects race and ethnicity data, but not language data.

Three Steps to Address Health Disparities

1. Standardize collection of self-reported race and ethnicity data
2. Stratify and analyze performance measures by race and ethnicity
3. Identify and develop quality improvement interventions targeted to specific patient populations

Source: Eliminating Disparities: Why It’s Essential and How to Get It Done, American Hospital Association.
U.S. Hospital Survey
82% of hospitals collect race and ethnicity data, but...
• Categories vary within and across hospitals
• Staff collect data mostly by observation
• Staff at some hospitals trained to “not ask”
• Most hospitals do not use data for quality improvement
• Only 17% use data to assess and compare health outcomes among different patients

Some Anticipate Obstacles to Modifying Registration IT System
• Information technology
• Training/educating staff
• Time
• Costs
45% do not anticipate any obstacles

Registration Staff Face Challenges/Barriers to Race and Ethnicity Data Collection
• Patient reluctance to provide the data
• Staff reluctance to ask the questions
• Inability of staff to communicate in patient’s preferred language
• Lack of staff training on data collection

Barriers/Challenges to Using Race and Ethnicity Data
• Accuracy of the data
• Lack of consistent data collection process
• Lack of standardized data categories
• Data systems and integration with QI practices
41% reported no barriers or challenges

NYS Assessment of Hospitals and Ambulatory Surgery Facilities
• Policy or Procedure for collecting patient race and ethnicity information (74%)
• Provide staff training on R/E data collection (78%)
• Registration/Admissions Supervisors (13%)
• Outpatient Registration Staff (27%)
• Ambulatory Surgery Admissions Staff (24%)
• ER Registration Staff (21%)
• Admissions Clerks (32%)
• Registration Clerks (35%)
• Training offered only once to new employees (65%)

NYS Assessment of Hospitals and Ambulatory Surgery Facilities
• Frequency of collecting patient race and ethnicity information:
  • Initial Visit (34-40%)
  • Every Visit (42-53%)
  • Don’t Know (5-25%)
• Method of collecting patient race and ethnicity information:
  • Verbally asking the patient questions (87%)
  • Getting patient information from existing records (53%)
  • Having the patient fill out a form (40%)
  • Observing the patient’s physical characteristics (34%)

Source: Hospitals, Language, and Culture: a Snapshot of the Nation, 2010 N = 60 U.S. Hospitals
NYS Assessment of Hospitals and Ambulatory Surgery Facilities

- Reported barriers to collecting patient race and ethnicity information:
  - Patient declines to respond (64%)
  - Staff have not been trained (15%)
  - Question too sensitive (53%)
  - Language or communication barriers (39%)
  - There is not a good opportunity to collect (16%)
  - Not enough time to collect (17%)
  - No method to collect this information (2%)

Components of Standardized Race and Ethnicity Data Collection

- Use standardized categories across the organization
- Ask patient to self-report ethnicity, then race
- No more “eyeballing” the patient
- Data are collected from all patients
- Tell the patient why we are collecting his/her race and ethnicity and how the information will be used

Key Decision Points

- Who needs to be engaged?
- What system modifications need to be made?
- How will the registration process change?
- How will staff be trained on the new collection procedures?
- How will you monitor the data to ensure completeness and accuracy?

Quality Improvement

- Requires high-quality data.
- First Step: Helping hospitals gather data on patient race and ethnicity to obtain a more accurate and complete picture of their patients.
- Second Step: Use data to critically examine care delivered to learn whether they are providing equitable care.
- Third Step: Design Quality Improvement efforts to improve quality of care and reduce disparities.

Source: Robert Wood Foundation, Expecting Success: Excellence in Cardiac Care Program

SPARCS Ethnicity Standards

<table>
<thead>
<tr>
<th>Current Data Standard</th>
<th>Expanded Data Standard</th>
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<tbody>
<tr>
<td>X12 Value: Ethnicity</td>
<td>X12 Value: Ethnicity</td>
</tr>
<tr>
<td>E1</td>
<td>Spanish, Hispanic Origin</td>
</tr>
<tr>
<td>E1.02</td>
<td>Mexican, Mexican American, Chicano/a</td>
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<tr>
<td>E1.06</td>
<td>Puerto Rican</td>
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<td>Cuban</td>
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<tr>
<td>E9.02</td>
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Source: SPARCS Appendix RR for list of codes (X12 Guide 82)
SPARCS Race Standards

Race Standards

Current Data Standard

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<thead>
<tr>
<th>X12 Value</th>
<th>Race Standard</th>
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<tbody>
<tr>
<td>R1</td>
<td>American Indian or Alaska Native</td>
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<tr>
<td>R2</td>
<td>Asian</td>
</tr>
<tr>
<td>R3</td>
<td>Black or African American</td>
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<td>Native Hawaiian or Pacific Islander</td>
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<tr>
<td>R5</td>
<td>White</td>
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<td>R9</td>
<td>Other Race</td>
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</table>

Expanded Data Standard

<table>
<thead>
<tr>
<th>X12 Value</th>
<th>Race Standard</th>
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<tbody>
<tr>
<td>R1</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>R2.01</td>
<td>Asian Indian</td>
</tr>
<tr>
<td>R2.06</td>
<td>Chinese</td>
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<td>Guamanian or Chamorro</td>
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<td>R4.01.002</td>
<td>Samoan</td>
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<td>R4.02.001</td>
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<td>R9.01</td>
<td>Other Race</td>
</tr>
</tbody>
</table>

See: SPARCS Appendix RR for list of codes (CDC Code Set)

How Will SPARCS Collect Data?

- X12-837, Version 5010 format
- Repetition separator in ISA
- DMG segment format
- Edit reports
- Data dictionary
- SPARCS Appendix RR (CDC Race and Ethnicity Code Set - Version 1.0)
  

SPARCS Data Collection

The X12-837 File:
- Using Version 5010R: this is the only format supported.
- The race and ethnicity data elements are collected in the DMG segment and make use of the repetition separator.
- ISA 11 segment must contain the same character as DMG 05 separating multiple race values.
- ISA*00**00*... **< - ISA 11

SPARCS Data Collection

- The DMG segment contains the race and ethnicity information.
- The race and ethnicity can repeat; up to 10 total in the segment.
- The repetition separator is used to identify each unique value.
- DMG*08*20130115**RET:R2.02:RET:E5*< - DMG 05

SPARCS Data Collection

- SPARCS edit reports have an error code for race and ethnicity:
  - 2010DMG5000 RACE and ETHNICITY CODE
  - Most errors to date have been missing the repetition separator or missing the values completely
Staff at the Facility

- Get everyone at the facility on board from the top down.
- Standardize the collection process:
  - Patient should self-identify/report
  - Report ethnicity(s) first, then race(s)
  - Data are collected on all patients
- Review in-house security to protect data.
- Train all staff to collect data and answer the patient with the same response.

Patients at the Facility

- Tell patients you are collecting the information before you collect it and explain why.
- Create forms, so they can self-identify.
- Assure them the data will be protected.
- Engage the community.

Resources

- NYS Toolkit to Reduce Health Disparities: Improve Race and Ethnicity Data
- Health Research and Educational Trust (HRET) Toolkit:
  - On-line resource to help hospitals and facilities systemically collect race and ethnicity data from patients: http://www.hretdisparities.org
Next Steps

- Collecting the Data: First Steps in Achieving Health Equity
  - October 17, 2013, 9:10 a.m.
  - http://www.phlive.org

- Several Webinars for:
  - Physicians, Hospital Executives, Quality Improvement Advisors, and Medical Staff
  - Registration and Admission Supervisors and Staff
  - Community-Based Organizations and Community Leaders

- NYS Toolkit to Reduce Disparities: Improving Race and Ethnicity Data Collection

Our Goal...

- Improve the quality of race and ethnicity data collected.
- Expand the granularity (number of categories) of race and ethnicity data.

Questions?

SPARCS Operations

John Skerritt, Trainer

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.health.ny.gov/statistics/sparcs/">http://www.health.ny.gov/statistics/sparcs/</a></th>
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</thead>
<tbody>
<tr>
<td>E-mail</td>
<td><a href="mailto:sparcs@health.state.ny.us">sparcs@health.state.ny.us</a></td>
</tr>
<tr>
<td>Phone</td>
<td>(518) 473-8144</td>
</tr>
<tr>
<td>Fax</td>
<td>(518) 486-3518</td>
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