

## Section V

### ***SPARCS Coordinators and Information Technology Staff***

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### **About this Section:**

SPARCS Coordinators and IT Staff are key in implementing the collection and reporting of expanded race and ethnicity data in NYS. Standardized data collection is critical to understanding and eliminating racial and ethnic disparities in health care. The goal of this section is to provide a brief overview of expanded race and ethnicity data collection for SPARCS.

### **Tools in this Section:**

- Frequently Asked Questions for SPARCS Coordinators

## A. Information Technology IT Staff

The IT department and staff are key in implementing the framework for collecting patient race and ethnicity data within a hospital or health system. IT staff can identify infrastructure capacity and needs and are best able to integrate the necessary elements of the framework (codes, fields, etc.) into existing systems or in modifying the systems that exist, if necessary. Points of clarification for IT staff to consider include:

- Incorporate the actual script (for asking the questions) on the registration screen so front-line staff can explain or provide the rationale for why they are asking patients to provide information about their race and ethnicity. It is easier for staff if the script is on the patient registration screen, but some facilities have indicated that there is not enough room on their screens to accommodate this option. When the script cannot be placed directly on the screen, it is best to have laminated cards, with the script typed in large bold-faced font, at each registration station.
- There is no “declined” response; the only options are “unknown” ethnicity” and “other” race.
- Ethnicity should be listed and asked before race question.
- Separate fields for race and ethnicity are needed and there should be 10 total fields.

Computer- supported solutions can make the approach of collecting the race and ethnicity data useable on a large scale while helping registrars quickly enter the data. The set of categories that NYS is using is the Center for Disease Control and Prevention Code set, version 1.0 to support this approach.

## **B. What Data to Collect**

The passage of the Patient Protection and Affordable Care Act (PPACA) includes requirements on the enhanced collection and reporting of data on race and ethnicity. The PPACA revised standards includes separate race and ethnicity questions. The OMB Standards for Data on Race and Ethnicity are the base minimum standard.

NYS is using the CDC Race and Ethnicity Code set, version 1.0 and definitions of race and ethnicity. This code set is based on current federal standards for classifying data on race and ethnicity. Hospitals are encouraged to track more detailed data (granular sub-categories), however, these subcategories must roll up into the following categories for reporting

<http://www.health.ny.gov/statistics/sparcs/sysdoc/apprr.htm>

## **C. New York State required race and ethnicity categories for reporting SPARCS data.**

### ***Data Collection: Enhanced Reporting Requirements (Race and Ethnicity)***

**On May 31, 2013, a letter of notification** was sent to Article 28 facilities that submit data to SPARCS that the inpatient and outpatient data elements for reporting race and ethnicity are being expanded to align with Affordable Care Act (ACA) Section 4302 data collection standards. Providers will need to ensure that their electronic medical health records collect, in structured fields, race and ethnicity according to the expanded data standards.

The standards for collection and reporting of data on race and ethnicity have been revised to include additional categories among Hispanic, Asian and Native Hawaiian or Pacific Islander populations. In addition, the NYSDOH will now allow the reporting of up to ten selections of race and/or ethnicity. Expanded data reporting standards are being implemented to improve hospitals' and researchers ability to monitor and understand health disparities, and to develop more effective strategies for reducing or eliminating disparities

If hospitals' have any questions on the expanded race and ethnicity data standards, or the time frame for data collection, they should contact SPARCS Operations at:

[SPARCS@health.state.ny.us](mailto:SPARCS@health.state.ny.us).

## **D. Complying with Civil Rights Laws**

Routine monitoring of access, use of services, and outcomes of care by race and ethnicity helps ensure compliance with civil rights laws. Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and related statutes and their implementing regulations require that patients from different racial and ethnic groups and patients with disabilities have equal opportunity to access quality care.

# **Section V**

## **SPARCS Tools**

## Frequently Asked Questions for SPARCS Coordinators

- 1. Q: What guidelines should be used for assigning the codes? For example, if a patient is White and Korean, how should the race be reported?**

*A: The expanded race and ethnicity reporting standards will allow for both the collection of greater granularity of the race or ethnicity, as well as up to ten different race and ethnicity selections. In the above example, both would be reported. Please follow the guidelines included in [Appendix RR-Race and Ethnicity Codes](#) and the [Input Data Specifications](#).*

- 2. Q: Will the new values replace the older, high-level ones? For example, will the current data standard X12 value of R2, Asian race, be replaced with a new value, or will the general "Asian" value remain, in addition to the new values?**

*A: One of the goals of the Affordable Care Act (ACA) is to be able to recognize and eliminate disparities by establishing data collection standards (refer to Section 4302, Understanding Health Disparities: Data Collection and Analysis). To accomplish this, the categories R2, R4, and E1 have been enhanced to include more granular levels of race and ethnicity. Although we will continue to allow the general "Asian", "Native Hawaiian or Pacific Islander" values, we encourage the reporting of more detailed information. SPARCS will be performing quality checks to ensure that more detailed data are reported over time.*

- 3. Q: If a patient has previously answered this question using the current data standard, should he/she be re-questioned regarding his/her race/ethnicity using the new expanded data standard?**

*A: Yes, the patient should be prompted to answer these questions using the new expanded standard. However, it is not necessary to collect this information at every visit, unless your database does not retain the data (e.g., this information is purged every three months) or if your system does not allow for flagging.*

- 4. Q: Are these race and ethnicity categories nationally recognized?**

*A: The Affordable Care Act (ACA), a United States Federal Statute, Section 4302, requires a new minimum data collection standard for race and ethnicity. The codes used to report these standards are the CDC's Race and Ethnicity Code Set, version 1.0. This code set has long been a part of the X12/837 list of codes in the DMG segment. The difference is that now, with the implementation of the ACA, instead of collecting the first portion of the code, we will be collecting the full three sections of the code.*

## Frequently Asked Questions for SPARCS Coordinators

**5. Q: The 837 SPARCS specification uses the "\*" character as an element separator. Can we use a different character other than the "\*"?**

*A: The "\*" was meant to indicate that additional values not displayed on the list, but included in Appendix RR-Race and Ethnicity Codes*

*(<http://www.health.ny.gov/statistics/sparcs/sysdoc/apprr.htm>), should be entered. We understand the confusion this has caused and have replaced the "\*" with a "?" in subsequent communications. Regarding the use of the codes, you may find it helpful to use Appendix RR-Race and Ethnicity Codes for these additional values when a patient states that his/her race or ethnicity is not included on the form.*

**6. Q: Can you provide an example of what the DMG segment should look like if there are multiple races and/or ethnicity values submitted for a patient?**

*A: Examples of how to report multiple race and/or ethnicity codes can be found in the Input Data Specifications at*

*[http://www.health.ny.gov/statistics/sparcs/sysdoc/elements\\_837/index.htm](http://www.health.ny.gov/statistics/sparcs/sysdoc/elements_837/index.htm)*

**7. Q: The current DMG fields are defined as alpha fields of 2 characters. How would you like us to report races and ethnicities greater than two characters (e.g., R4.01.001)?**

*A: The fields for the required expanded race and ethnicity have been increased to hold nine characters (including the "."). Additional information can be found in the*

*[http://www.health.ny.gov/statistics/sparcs/sysdoc/elements\\_837/index.htm](http://www.health.ny.gov/statistics/sparcs/sysdoc/elements_837/index.htm)*

**8. Q: Does it matter what order race and ethnicity questions are asked?**

*A: Yes. To improve data quality, separate questions should be used to assess race and ethnicity; individuals should be asked to self-report, and questions about ethnicity should be asked first, and then race.*



## Frequently Asked Questions for SPARCS Coordinators

**9. Q: Can we collect even more granular data (i.e., more categories of race and/or ethnicity) than required, or capture a race and/or ethnicity not included on the list?**

*A: Yes. The data standards required by New York State SPARCS represent minimum standards and are not intended to limit the collection of needed data. Facilities desiring more granularity are permitted and encouraged to collect additional data as needed, provided they are valid codes as listed in the CDC Race and Ethnicity Code Set, version 1.0, and pass the SPARCS edits.*

**10. Q: If the patient's specific race or ethnicity is not present in the new expanded data standards, how should this be captured?**

*A: Facilities should make every attempt to include a patient's reported race and/or ethnicity. [Appendix RR-Race and Ethnicity Codes](#) lists other codes not included on the form.*

**11. Q: Are other states expanding the race and ethnicity categories in their hospital datasets?**

*A: Yes. A number of states have expanded their race and ethnicity categories to collect more detailed and specific race and/or ethnicity categories. In addition, a number of states (including Massachusetts, New Jersey, California, Idaho, Oregon, and Washington) have been working to improve the accuracy and quality of the race/ethnicity data they collect and report as part of their statewide hospital discharge dataset.*

**12. Q: Why do the new race and ethnicity standards matter?**

*A: According to the Institute of Medicine, standardized data collection is critical to understanding and eliminating racial and ethnic disparities in health care. A critical barrier to eliminating disparities and improving the quality of patient care is the frequent lack of even the most basic data on race and ethnicity of patients within health care organizations. The methods for collecting these data are disparate and, for the most part, incompatible across organizations and institutions in the health care sector.*

## Frequently Asked Questions for SPARCS Coordinators

**13. Q: Should the script for asking race/ethnicity/language questions be in paper or electronic format?**

*A: This decision is up to each facility. It is easier for staff if the script is on the patient registration screen, but some facilities have indicated that there is not enough room on their screens to accommodate this option. When the script cannot be placed directly on the screen, it is best to have laminated cards, with the script typed in large bold-faced font, at each registration station.*

**14. Q: Is it okay to record race and ethnicity by observation when it is obvious to the staff and especially if the person has been coming to the facility for years?**

*A: No. All information on race and ethnicity needs to be captured through self-report of the patient or his/her caregiver.*

**15. Q: Do the expanded data standards apply only to electronic medical health records?**

*A: The expanded data standards apply not only to electronic medical health records, but also to paper and claim based medical records. Providers will need to ensure that their medical health records collect, in structured fields, race and ethnicity according to the expanded data standards.*