2022-2023 Data Support COL

Educational Offering #6

Using Data to Understand Inequities: Strategies for Collecting Race, Ethnicity, and Language Data in Clinical Settings

Tuesday
May 02, 2023
3:00 PM– 4:30 PM ET

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

The Alliance for Innovation on Maternal Health is a national, cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes, and save lives.

You can find more information at saferbirth.org.

This program is supported by a cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UC4MC28042, Alliance for Innovation on Maternal Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Before We Get Started

- You are **muted** upon entry to the call.
- **You will have the ability to unmute** yourself during Q&A times.
- We encourage participants to **remain muted** to reduce background noise.
- If you are experiencing technical difficulties, please chat an AIM staff member or **email aimdatasupport@acog.org**

This presentation will be recorded.

Both the slides and recording will be available on the AIM Data Resources Webpage and shared in the follow-up newsletter.

Agenda

1. Welcome
2. Upcoming Data COL Events and Additional Supporting Resources
3. Speaker Presentation: Amelia Shapiro, MBA; Brianne Genow, MS, RN
4. Questions
5. Closing

Meet the National AIM Data Team

Isabel Taylor
Senior Data Program Manager

Inderveer Saini
Program Data Analyst

Rekha Karki
Program Data Analyst

David Laflamme
Epidemiology Contractor

Upcoming Data COL Events and Additional Resources

Office Hours Opportunity

Questions?

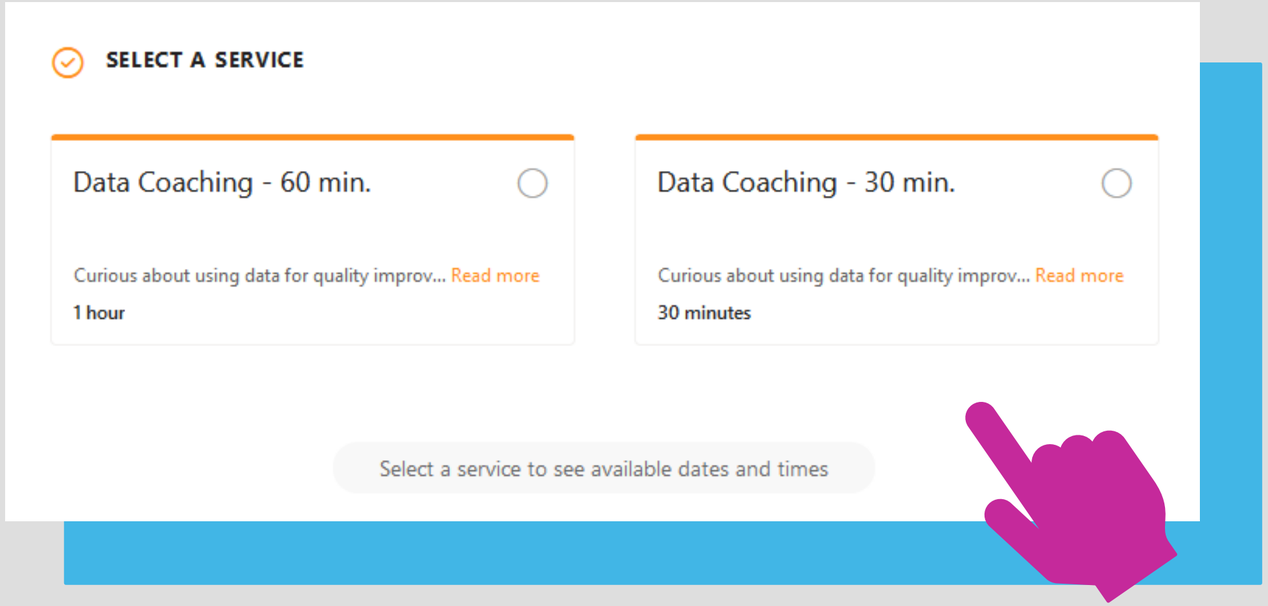
Sign up for Office Hour with Amelia Shapiro & Brianne Genow

May 05, 2023
3:00 PM-4:30 PM (ET)

Register at saferbirth.org/aim-data/resources/
Click Resource Type and Select 2023 Data Support COL

Data Coaching

- Have broader questions about using data for quality improvement and AIM data processes? **Sign up for data coaching!**
- Available to state, jurisdiction, and hospital teams
- Available December 2022 through August 2023



Register at saferbirth.org/aim-data/resources/
Click Resource Type and Select 2023 Data Support COL

Supplemental Funding Opportunity

- AIM has dedicated supplemental funding available to support data and reporting projects.
- Supplemental funding for data and reporting projects can be submitted via a project narrative through AIM's *Supplemental Funding Form*.

Only states and entities with an executed subaward agreement with ACOG are eligible for COL supplemental funding.

Last Educational Offerings

Register at saferbirth.org under Resources > Events

Educational Offering #7

We Collected Data, Now What?: Visualization Best Practices for Disaggregated Data

June 08, 2023
2:00 PM-3:30 PM (ET)

Where did you find this session's registration information?

If you selected Other in the poll, please type how you found registration information session in the chat!

Faculty

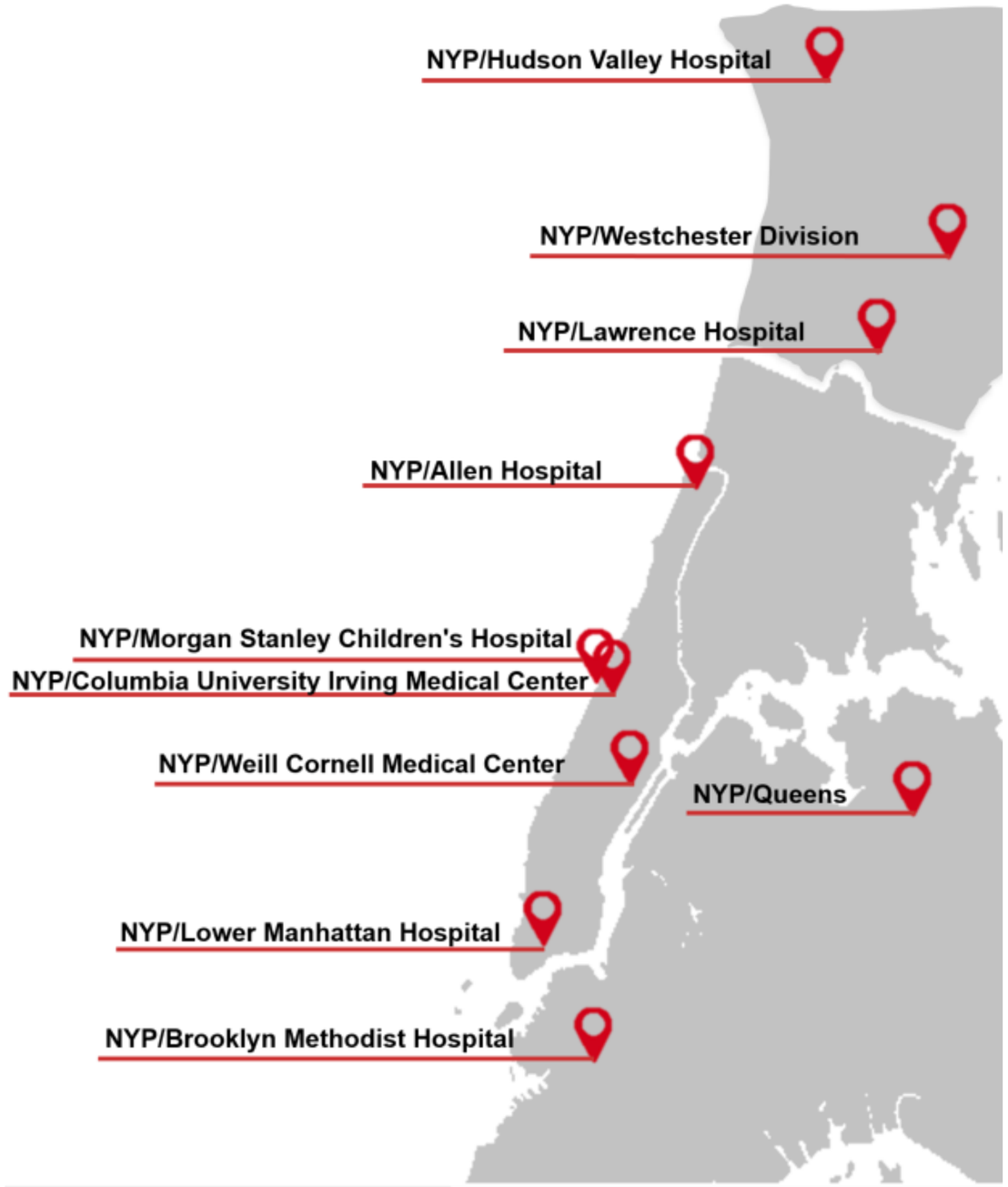
Amelia Shapiro, MBA
Vice President, NewYork-Presbyterian Dalio Center for Health Justice

Brianne Genow, MS, RN
Director of Quality & Patient Safety for Pediatrics & Obstetrics at NewYork-Presbyterian Hospital

We Ask Because We Care:
Race and Ethnicity Data Collection

A Case Study at NewYork-Presbyterian

Amelia Shapiro, MBA
Brianne Genow, MS, RN



2.6M PATIENT VISITS

10 HOSPITAL CAMPUSES

150 AMBULATORY FACILTIES

37,000 STAFF

10,000+ AFFILIATED PHYSICIANS

4,000+ CERTIFIED BEDS

219,000 DISCHARGES

556,000 ED VISITS

155,000 AMB SURG CASES

26,000 DELIVERIES

$1B COMMUNITY BENEFIT^

Includes NewYork-Presbyterian Hospital (NYPH) and indirect subsidiaries (also known as the Regional Hospitals) NYP/Hudson Valley Hospital, NYP/Lawrence Hospital, NYP/Queens and NYP/Brooklyn Methodist Hospital projected 2018. ^ Community Benefit as of December 31, 2016.

Commitment to Our Community

858K
Annual Visits

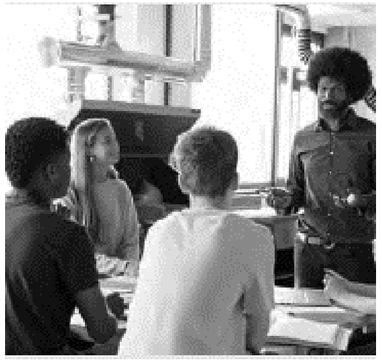
420K
Outreach Contacts

7
School-Based Health Centers

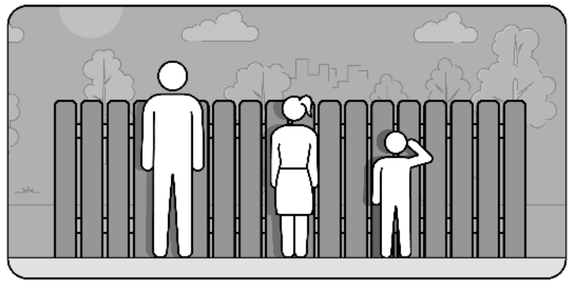
28
Community Programs

14
Primary Care Sites

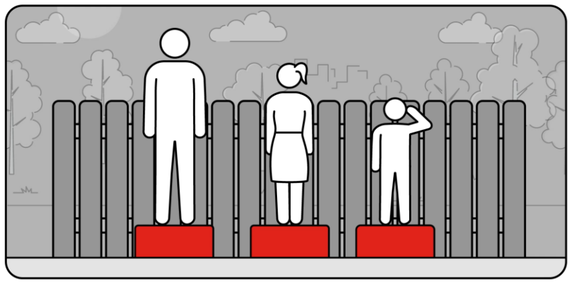
10
School-Based Mental Health Programs



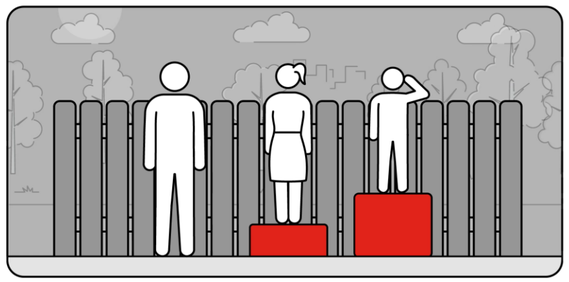
INEQUALITY



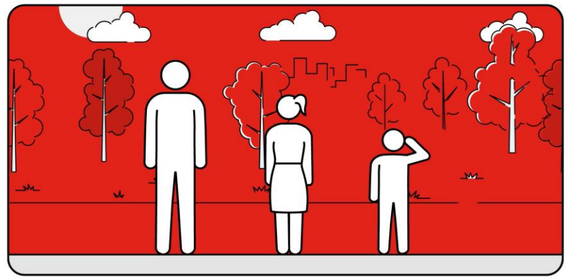
EQUALITY



EQUITY



JUSTICE



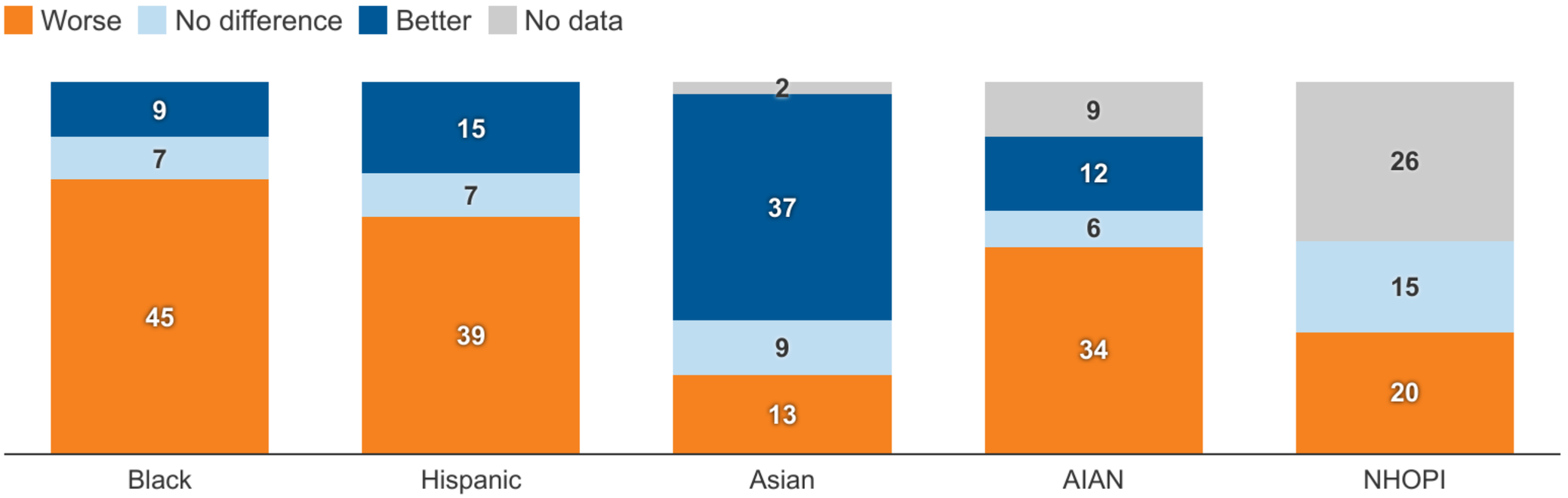
Our mission is to be a leader in understanding and improving health equity and proactively address the **systemic inequities** and **structural factors** that create conditions for poor health.

NewYork-Presbyterian
Dalio Center for Health Justice

Figure 1

Health and Health Care among People of Color Compared to White People

NUMBER OF MEASURES FOR WHICH GROUP FARED BETTER, THE SAME, OR WORSE COMPARED TO WHITE PEOPLE:



NOTE: Measures are for the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from White people at the p<0.05 level. No difference indicates no statistically significant difference. "Data limitation" indicates no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

KFF

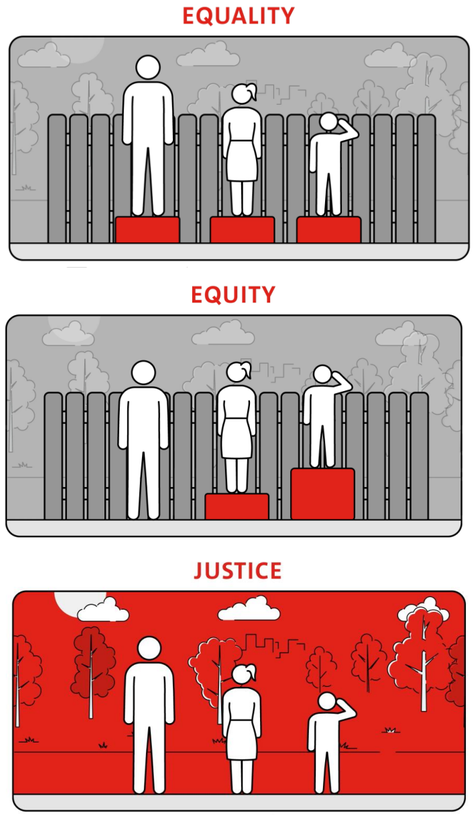
“Although the collection of race, ethnicity and language data does not necessarily result in actions that will reduce disparities and improve care, the absence of the data guarantees that none of that will occur.”

We Ask Because We Care

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

Why should we invest resources in this activity?

1. To advance the hospital's **equity goals**



2. To meet **regulatory requirements**

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

NEW YORK STATE | Department of Health

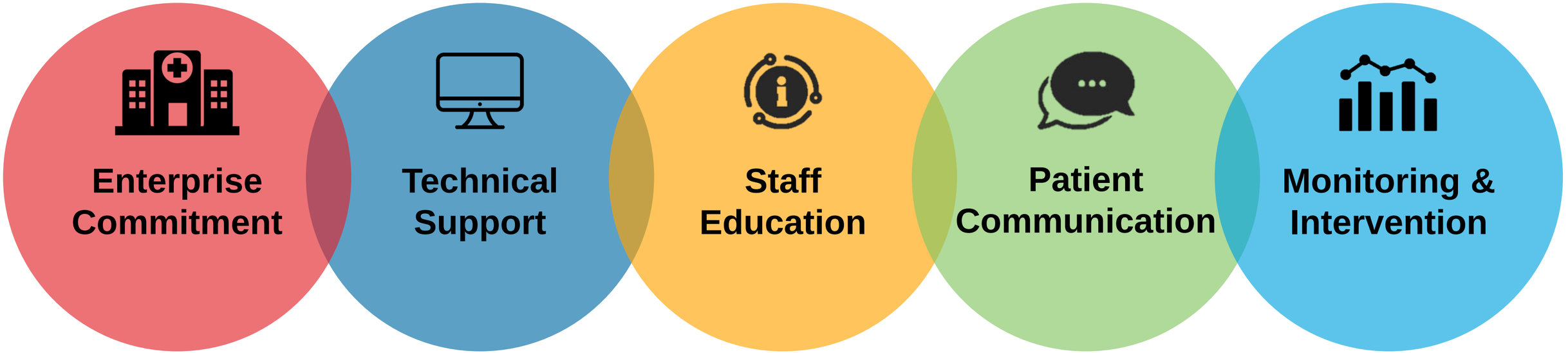
3. To respond to external **measurement organizations**

BEST HOSPITALS
U.S.News & WORLD REPORT
RANKINGS

NCQA
Measuring quality. Improving health care.

Core Elements of the Program

Core Elements of the Program



Enterprise Commitment

Who do you need in the room to advance this work?

Map out your patient's journey from the point of first contact and identify the key process owners

Technical Support

Staff Education

Patient Communication

Monitoring & Intervention

Enterprise Commitment

Technical Support

Staff Education

Patient Communication

Monitoring & Intervention

Enterprise Commitment

REaL Workgroup Members

- ✓ Chief Information Officer
- ✓ Chief Transformation Officer
- ✓ Executive Director, Dalio Center for Health Justice
- ✓ VP Finance Revenue Cycle, Access
- ✓ Physician leaders, including Chief of OB, Associate CMIO, Director of Community Pediatrics
- ✓ Representatives from Epic, Data Analytics, Social Work, Dalio Center, & Division of Community and Population Health

Technical Support | **Staff Education** | **Patient Communication** | **Monitoring & Intervention**

Should a health care organization be collecting race and ethnicity data at all, given that race is a *social construct* and not a clinically valuable identifier?

Should we call the electronic medical record field “race” or *“background”* or something else?

Should we *purchase* data to augment our existing race and ethnicity data?

Should we use algorithms to *infer* patient race and ethnicity?

Should we leverage *natural language processing* to pull race and ethnicity from clinical notes?

Enterprise Commitment

“We acknowledge that race is artificial and that differentiating by race is not a valid way to understand human difference.

“We also acknowledge that racism continues to shape the lives, opportunities, and health of many. So, even though race is merely a social construct, race and ethnicity data are critical to inform retrospective research and analysis on health equity.

“We believe that self-identified race and ethnicity are the gold standard; thus, we do not purchase data or use inferred race and ethnicity to augment self-identified race and ethnicity in the electronic medical record.”

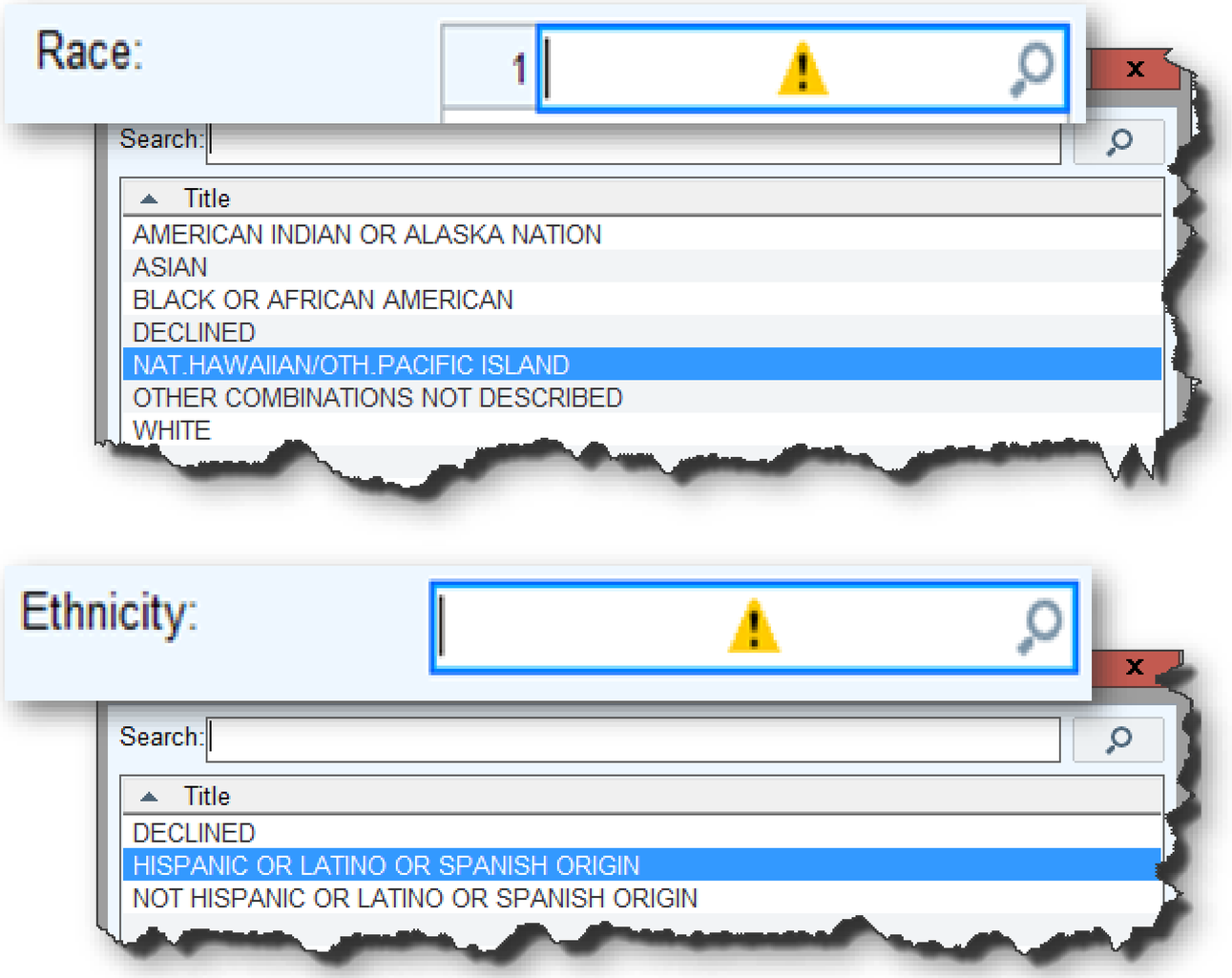
Technical Support

Staff Education

Patient Communication

Monitoring & Intervention

Technical Support



Challenges → Solutions

Challenge:

Ensure that self-reporting by patients is easy and incorporated into a standard work flow

Solution:

Add race/ethnicity questions to patient-facing screens during check-in, in our kiosks, and on the patient online portal

Challenge:
Substantial volume of “NULL” values for Race and Ethnicity

Solution:

Make both questions *required* fields in the electronic medical record

Challenge:
Inconsistent displays and ordering of race and ethnicity questions across our multiple hospital sites

Solution:

Align with published best practice, move questions on ethnicity before race

Challenge:

Listing of options for “granular ethnicity” and “granular race” was very long; patients and staff had difficulty finding the correct values

Solution:

Develop a list of top 10 “granular ethnicity” and “granular race” options to display to end users *(while still providing access to the full list of 44 granular ethnicities and 55 granular races)*

ASIAN

Asian Indian

Bangladeshi

Bhutanese

Burmese

Cambodian

Chinese

Taiwanese

Filipino

Hmong

Indonesian

Japanese

Korean

Sri lankan

Thai

Madagascar

Singaporean

Nepalese

Maldivian

Iwo Jiman

Vietnamese

Okinawan

Laotian

Malaysian

Pakistani

ASIAN

Asian Indian

Bangladeshi

Chinese

Taiwanese

Filipino

Japanese

Korean

Laotian

Vietnamese

Pakistani

Challenge:
Substantial volume of “Declined” values for Race and Ethnicity

Solution:

Developing a process for how and when to prompt users to re-ask the question if “Declined” was selected

Staff Education

Understanding Our Patients

At NewYork-Presbyterian, we are committed to celebrating the diversity of our patients, and we are dedicated to ensuring that every patient receives the best care possible regardless of race, ethnicity, gender identity, sexual orientation, cultural background, or language proficiency.

In order to support this mission, we ask patients to provide additional information about themselves, their background, and their preferred language.

Information for **NYP Staff** about **Race, Ethnicity, and Language** data collection:

- Letter to Staff about Race, Ethnicity & Language
- Tip Sheet for Staff
- Training Video for Staff

Information for **Patients** about **Race, Ethnicity, and Language** data collection:

- Letter to Patients about Race & Ethnicity
- Letter to Patients (Arabic)
- Letter to Patients (Chinese)
- Letter to Patients (French)
- Letter to Patients (Korean)
- Letter to Patients (Russian)
- Letter to Patients (Spanish)
- 'We Ask Because We Care' flyers
- FAQs for Patients

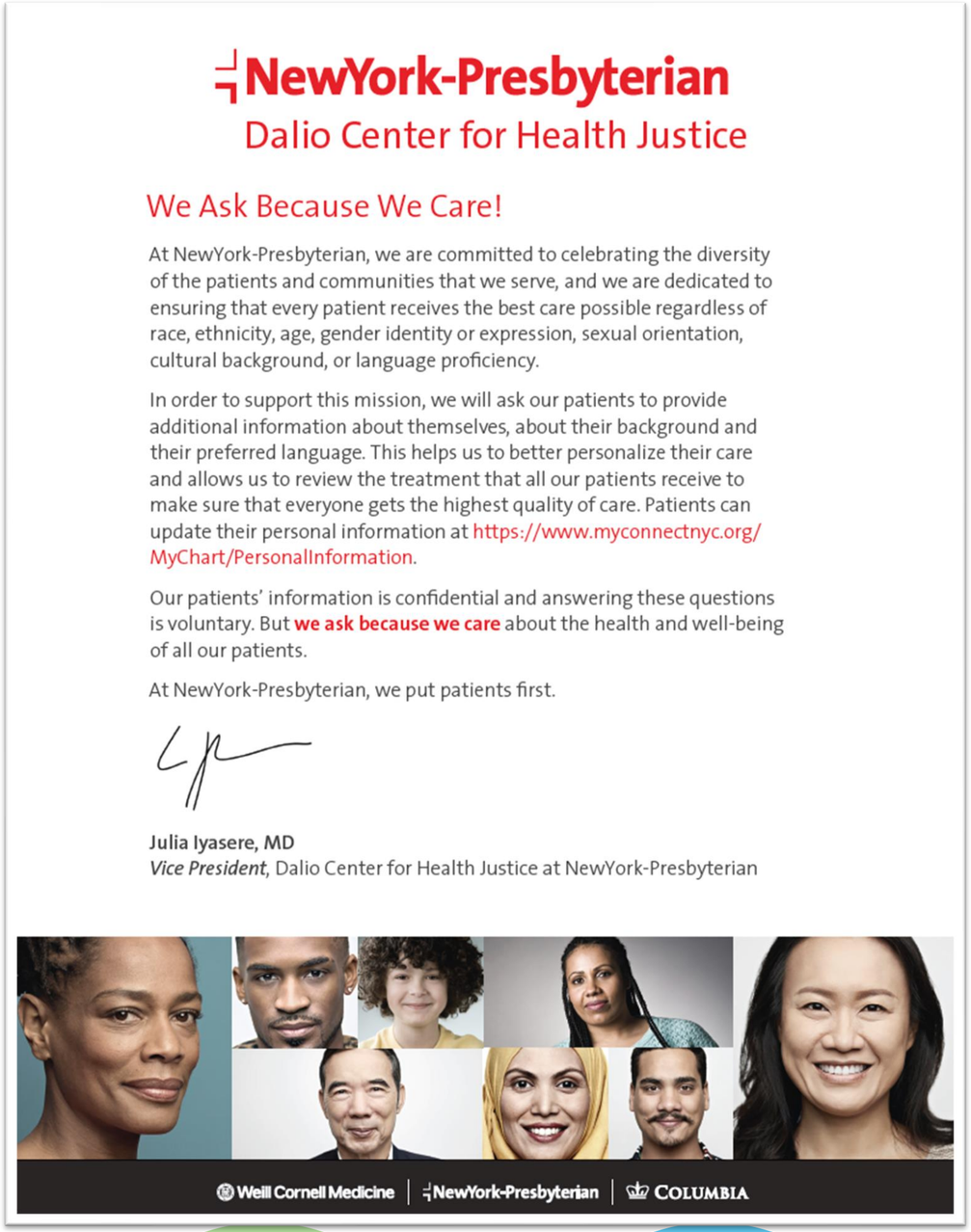
Information for **NYP Staff** about **Sexual Orientation & Gender Identity** (SOGI) data collection:

- Updates and Best Practices for Enhancing Patient Experience: Names and

Staff Education

Introductory Letters & Videos

Emailed to all staff before formal training launched



NewYork-Presbyterian

Dalio Center for Health Justice

We Ask Because We Care!

At NewYork-Presbyterian, we are committed to celebrating the diversity of the patients and communities that we serve, and we are dedicated to ensuring that every patient receives the best care possible regardless of race, ethnicity, age, gender identity or expression, sexual orientation, cultural background, or language proficiency.

In order to support this mission, we will ask our patients to provide additional information about themselves, about their background and their preferred language. This helps us to better personalize their care and allows us to review the treatment that all our patients receive to make sure that everyone gets the highest quality of care. Patients can update their personal information at https://www.myconnectnyc.org/MyChart/PersonalInformation.

Our patients' information is confidential and answering these questions is voluntary. But **we ask because we care** about the health and well-being of all our patients.

At NewYork-Presbyterian, we put patients first.

Julia Iyasere, MD
Vice President, Dalio Center for Health Justice at NewYork-Presbyterian

Staff Education

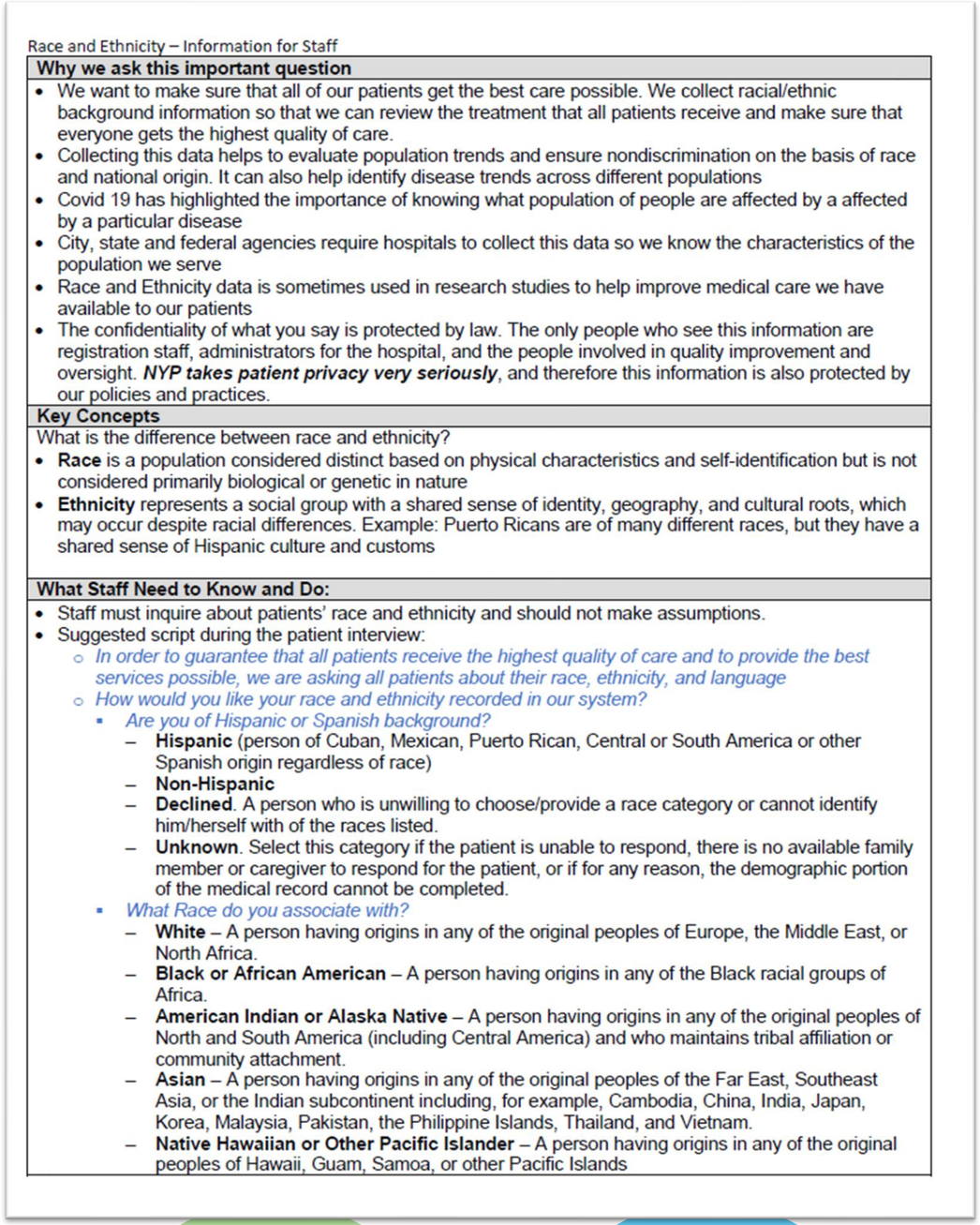
Training Video

Assigned to every staff member with an access role and to SW/CC staff

Staff Education

1-page Job Aid

Scripted language available for all registration/access staff as a guide



Race and Ethnicity – Information for Staff

Why we ask this important question

- We want to make sure that all of our patients get the best care possible. We collect racial/ethnic background information so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care.
- Collecting this data helps to evaluate population trends and ensure nondiscrimination on the basis of race and national origin. It can also help identify disease trends across different populations
- Covid 19 has highlighted the importance of knowing what population of people are affected by a affected by a particular disease
- City, state and federal agencies require hospitals to collect this data so we know the characteristics of the population we serve
- Race and Ethnicity data is sometimes used in research studies to help improve medical care we have available to our patients
- The confidentiality of what you say is protected by law. The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement and oversight. ***NYP takes patient privacy very seriously***, and therefore this information is also protected by our policies and practices.

Key Concepts

What is the difference between race and ethnicity?

- **Race** is a population considered distinct based on physical characteristics and self-identification but is not considered primarily biological or genetic in nature
- **Ethnicity** represents a social group with a shared sense of identity, geography, and cultural roots, which may occur despite racial differences. Example: Puerto Ricans are of many different races, but they have a shared sense of Hispanic culture and customs

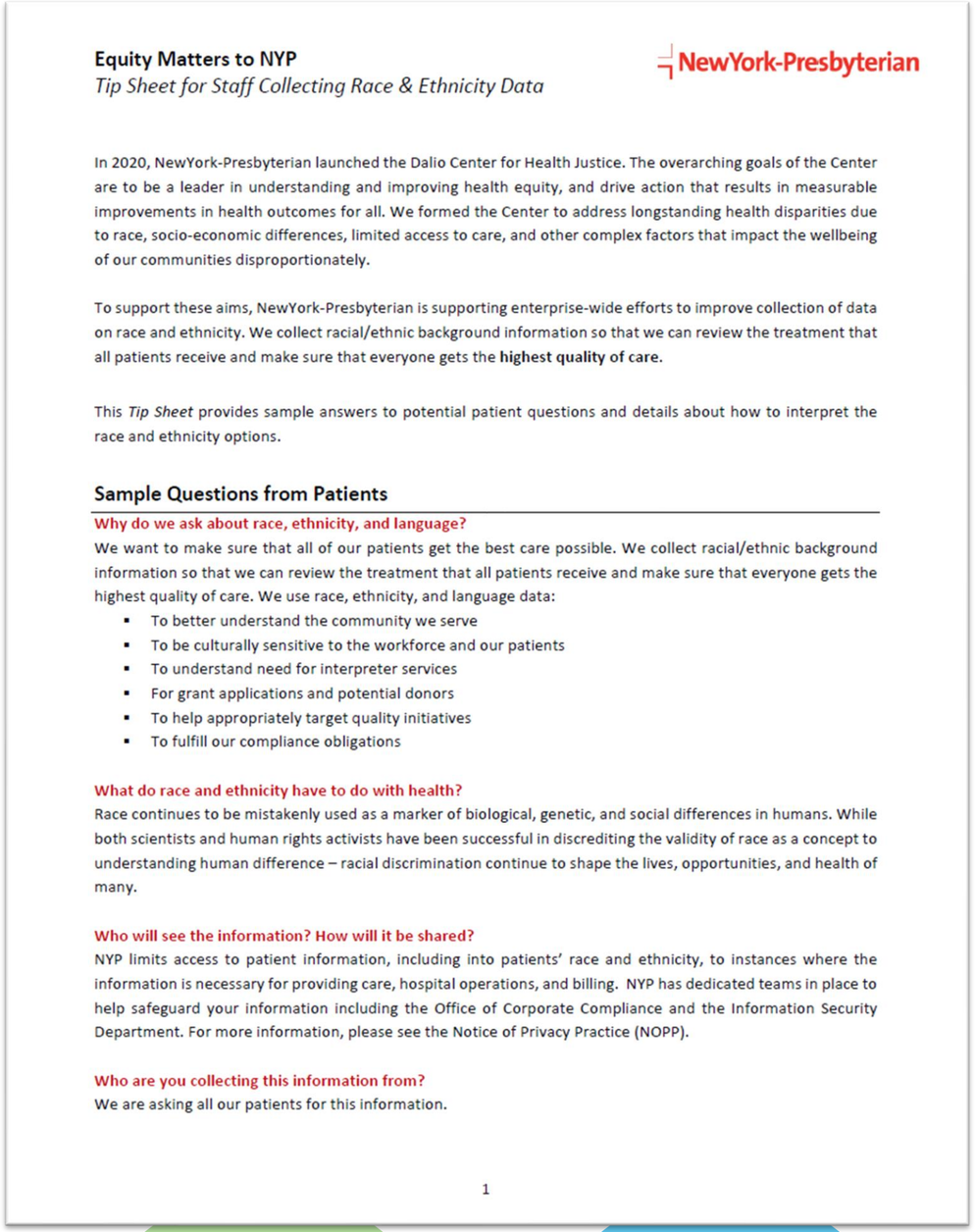
What Staff Need to Know and Do:

- Staff must inquire about patients' race and ethnicity and should not make assumptions.
- Suggested script during the patient interview:
  - *In order to guarantee that all patients receive the highest quality of care and to provide the best services possible, we are asking all patients about their race, ethnicity, and language*
  - *How would you like your race and ethnicity recorded in our system?*
    - *Are you of Hispanic or Spanish background?*
      - **Hispanic** (person of Cuban, Mexican, Puerto Rican, Central or South America or other Spanish origin regardless of race)
      - **Non-Hispanic**
      - **Declined**. A person who is unwilling to choose/provide a race category or cannot identify him/herself with of the races listed.
      - **Unknown**. Select this category if the patient is unable to respond, there is no available family member or caregiver to respond for the patient, or if for any reason, the demographic portion of the medical record cannot be completed.
    - *What Race do you associate with?*
      - **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
      - **Black or African American** – A person having origins in any of the Black racial groups of Africa.
      - **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
      - **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
      - **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Staff Education

4-page FAQ and Tip Sheet

Best practices, references, and sample answers to potential questions



Equity Matters to NYP
Tip Sheet for Staff Collecting Race & Ethnicity Data

NewYork-Presbyterian

In 2020, NewYork-Presbyterian launched the Dalio Center for Health Justice. The overarching goals of the Center are to be a leader in understanding and improving health equity, and drive action that results in measurable improvements in health outcomes for all. We formed the Center to address longstanding health disparities due to race, socio-economic differences, limited access to care, and other complex factors that impact the wellbeing of our communities disproportionately.

To support these aims, NewYork-Presbyterian is supporting enterprise-wide efforts to improve collection of data on race and ethnicity. We collect racial/ethnic background information so that we can review the treatment that all patients receive and make sure that everyone gets the **highest quality of care.**

This *Tip Sheet* provides sample answers to potential patient questions and details about how to interpret the race and ethnicity options.

Sample Questions from Patients

Why do we ask about race, ethnicity, and language?
We want to make sure that all of our patients get the best care possible. We collect racial/ethnic background information so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care. We use race, ethnicity, and language data:

- To better understand the community we serve
- To be culturally sensitive to the workforce and our patients
- To understand need for interpreter services
- For grant applications and potential donors
- To help appropriately target quality initiatives
- To fulfill our compliance obligations

What do race and ethnicity have to do with health?
Race continues to be mistakenly used as a marker of biological, genetic, and social differences in humans. While both scientists and human rights activists have been successful in discrediting the validity of race as a concept to understanding human difference – racial discrimination continue to shape the lives, opportunities, and health of many.

Who will see the information? How will it be shared?
NYP limits access to patient information, including into patients' race and ethnicity, to instances where the information is necessary for providing care, hospital operations, and billing. NYP has dedicated teams in place to help safeguard your information including the Office of Corporate Compliance and the Information Security Department. For more information, please see the Notice of Privacy Practice (NOPP).

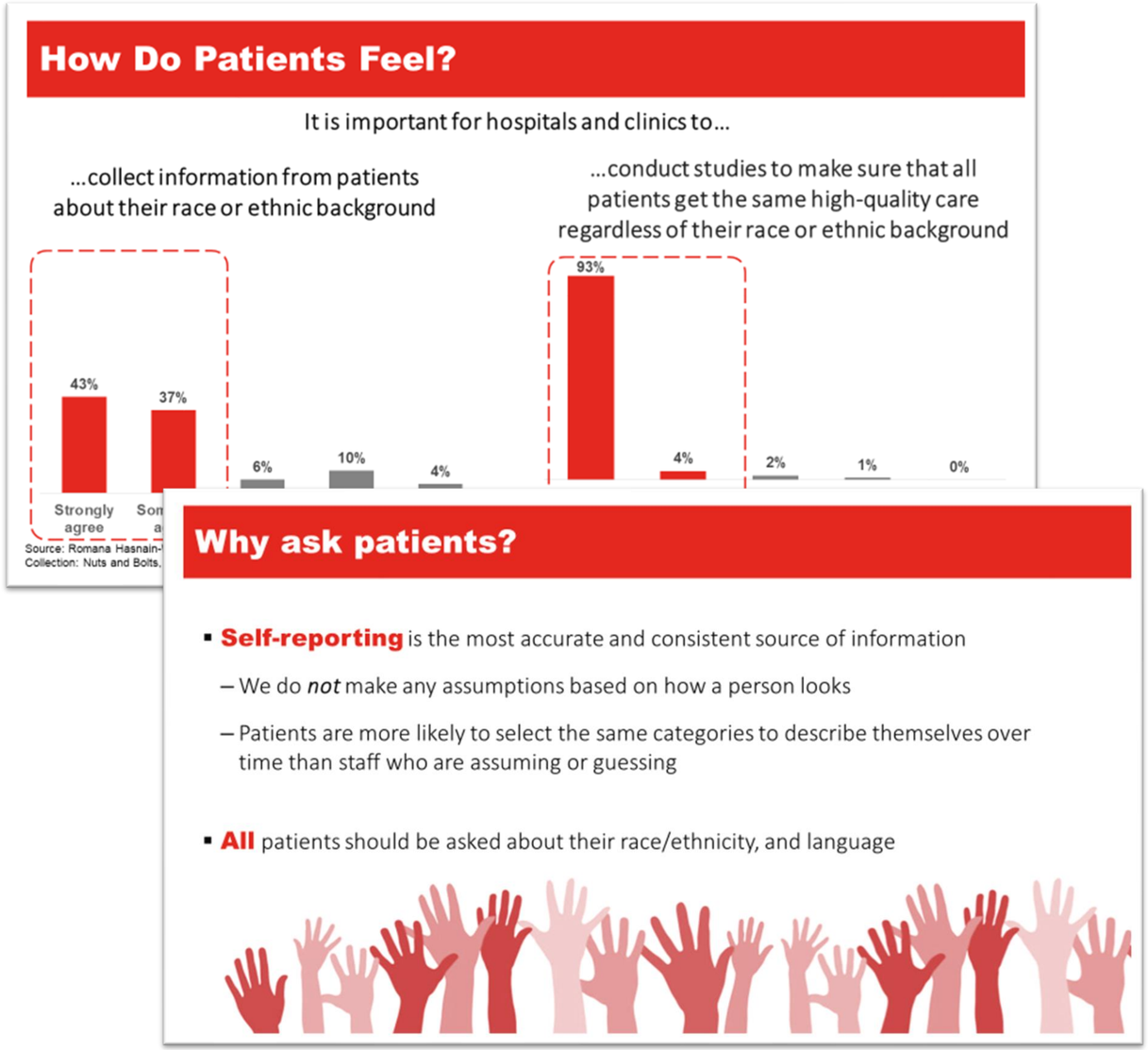
Who are you collecting this information from?
We are asking all our patients for this information.

1

Staff Education

Small Group Presentations

In person sessions with open Q&A

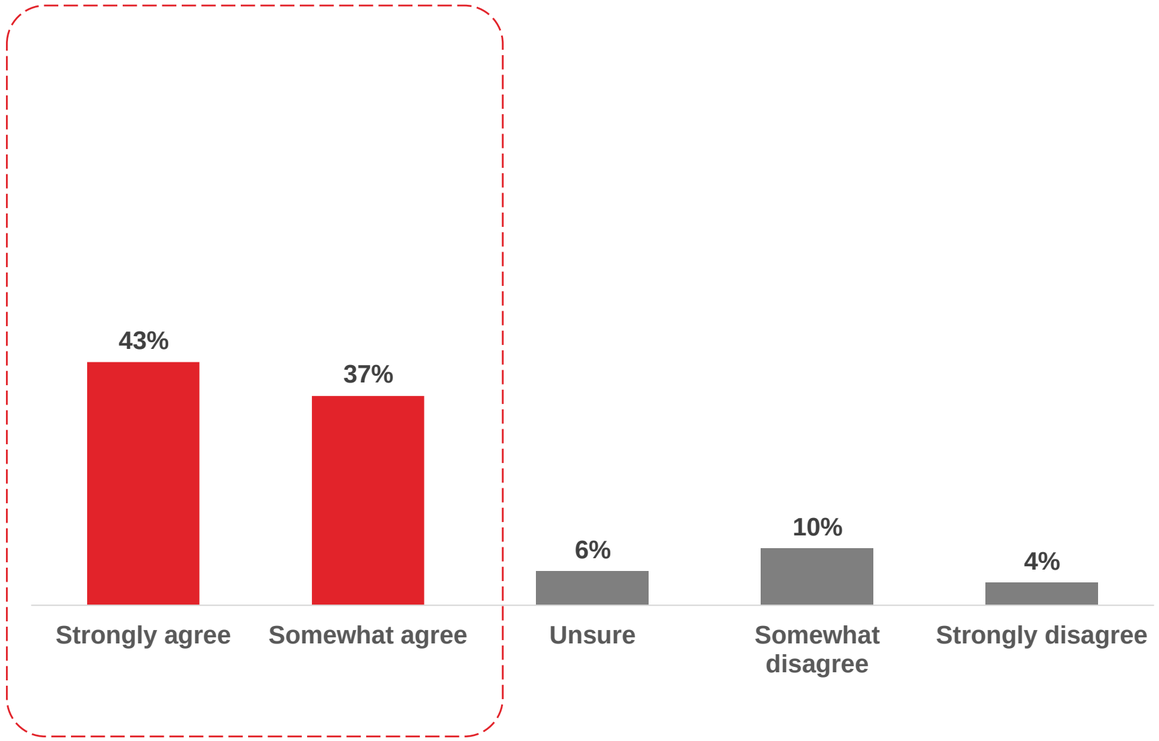


Patient Communication

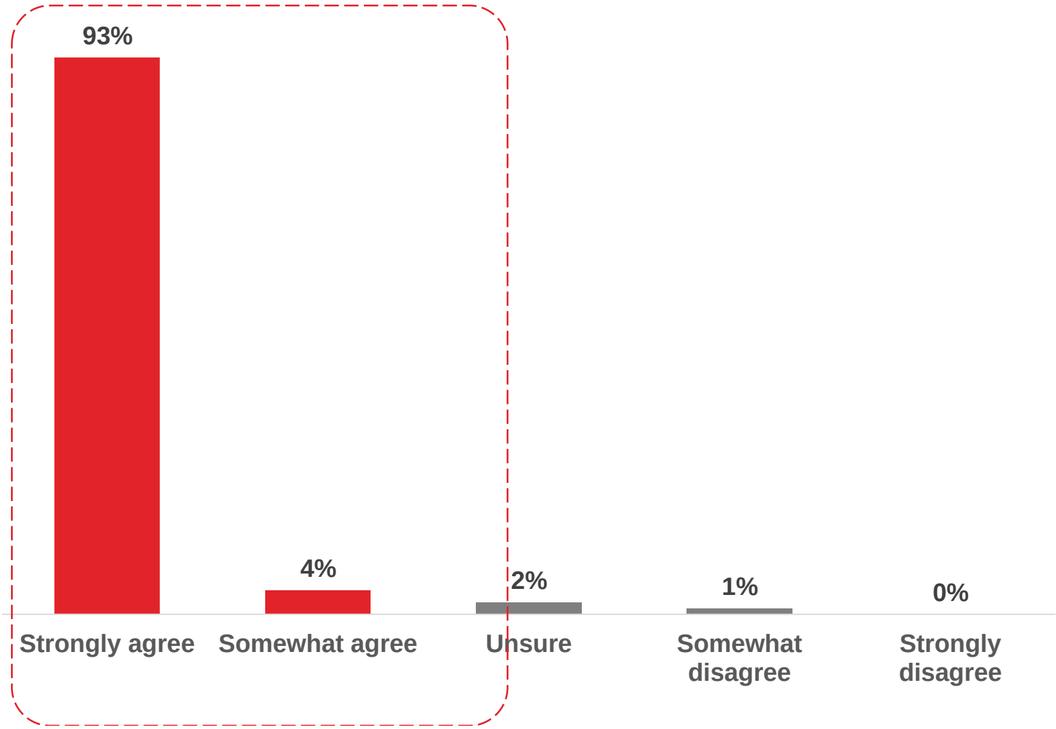
How Do Patients Feel?

It is important for hospitals and clinics to…

…collect information from patients about their race or ethnic background



…conduct studies to make sure that all patients get the same high-quality care regardless of their race or ethnic background



Source: Romana Hasnain-Wynia, PhD, Northwestern University, Feinberg School of Medicine, Race, Ethnicity, and Language Data Collection: Nuts and Bolts, https://www.hcup-us.ahrq.gov/datainnovations/raceethnicitytoolkit/ca11.jsp

Patient Communication

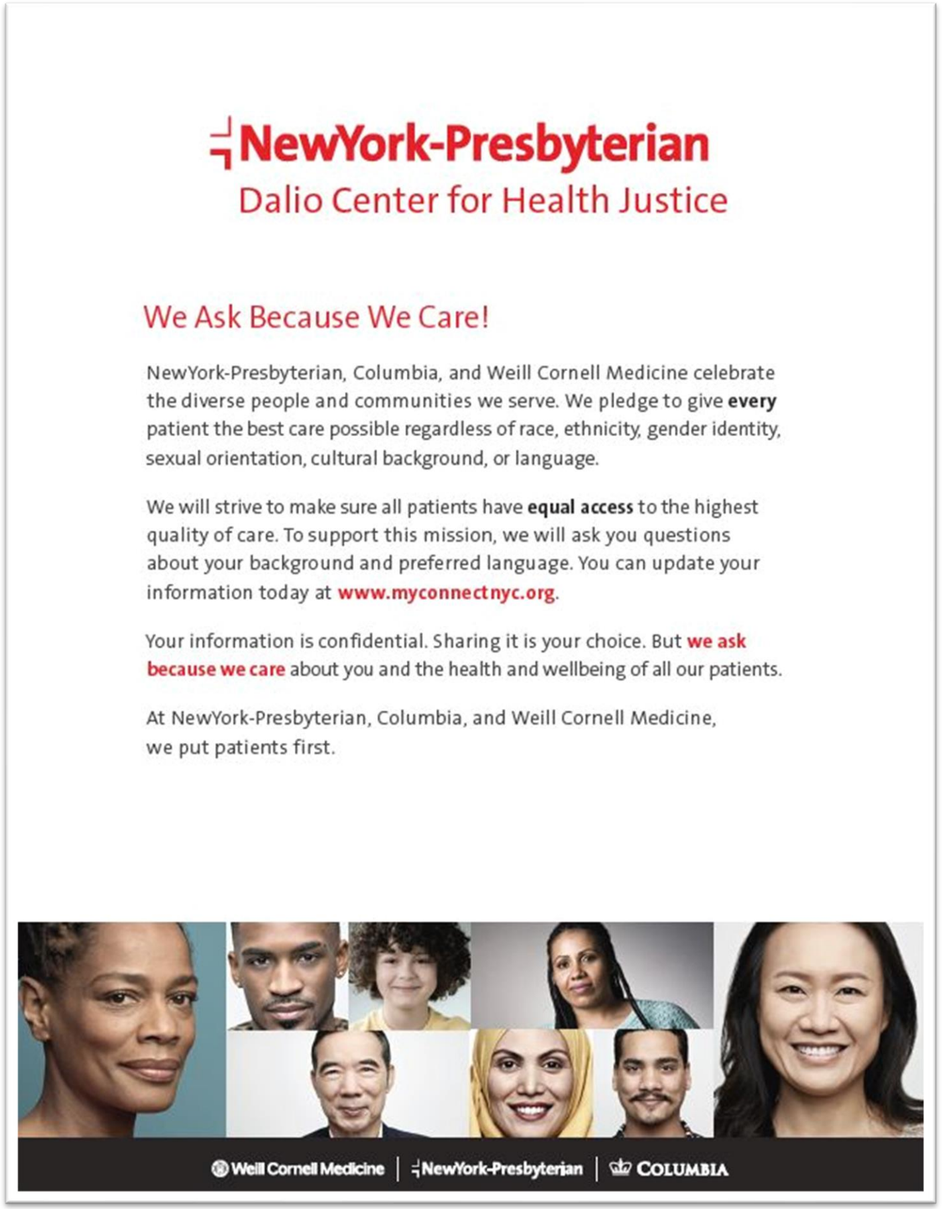
Reassure patients that:

- ✓ The data will serve a positive and **valuable purpose**
- ✓ Their **care will not be affected** by their answer
- ✓ They are **not required** to provide the information
- ✓ Their **privacy and patient rights** are being respected
- ✓ Data collection **does not take too much time** and won't cause them to be late for an appointment

Patient Communication

Patient Letter

Emailed to patients with a direct link to update demographics



NewYork-Presbyterian
Dalio Center for Health Justice

We Ask Because We Care!

NewYork-Presbyterian, Columbia, and Weill Cornell Medicine celebrate the diverse people and communities we serve. We pledge to give **every** patient the best care possible regardless of race, ethnicity, gender identity, sexual orientation, cultural background, or language.

We will strive to make sure all patients have **equal access** to the highest quality of care. To support this mission, we will ask you questions about your background and preferred language. You can update your information today at **www.myconnectnyc.org**.

Your information is confidential. Sharing it is your choice. But **we ask because we care** about you and the health and wellbeing of all our patients.

At NewYork-Presbyterian, Columbia, and Weill Cornell Medicine, we put patients first.

Patient Communication

NewYork-Presbyterian Services Locations Patients & Visitors Search Find a Doctor

- Overview
- A Letter from Ray and Barbara Dalio
- Focus Areas & Key Initiatives
- We Ask Because We Care Campaign
- Social Determinants of Health
- Education & Leadership
- External Advisory Board
- Meet the Team

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Enterprise Commitment | Technical Support | Staff Education | Monitoring & Intervention

Patient Communication

Responses to Frequently Asked Questions

- Why do we ask about race, ethnicity, and language?
- Who will see the information? How will it be shared?
- Who are you collecting this information from?
- Is it mandatory for patients to provide race and ethnicity?

Patient Communication

Poster/Tent Cards

In entryways, waiting rooms, lobbies

“By educating staff about disparities,
we were able to reframe race and ethnicity collection,
moving away from concerns about stereotyping
and toward understanding the equity goals.”

“By educating staff and patients about disparities, we were able to reframe race and ethnicity collection, moving away from concerns about stereotyping and toward understanding the equity goals.”

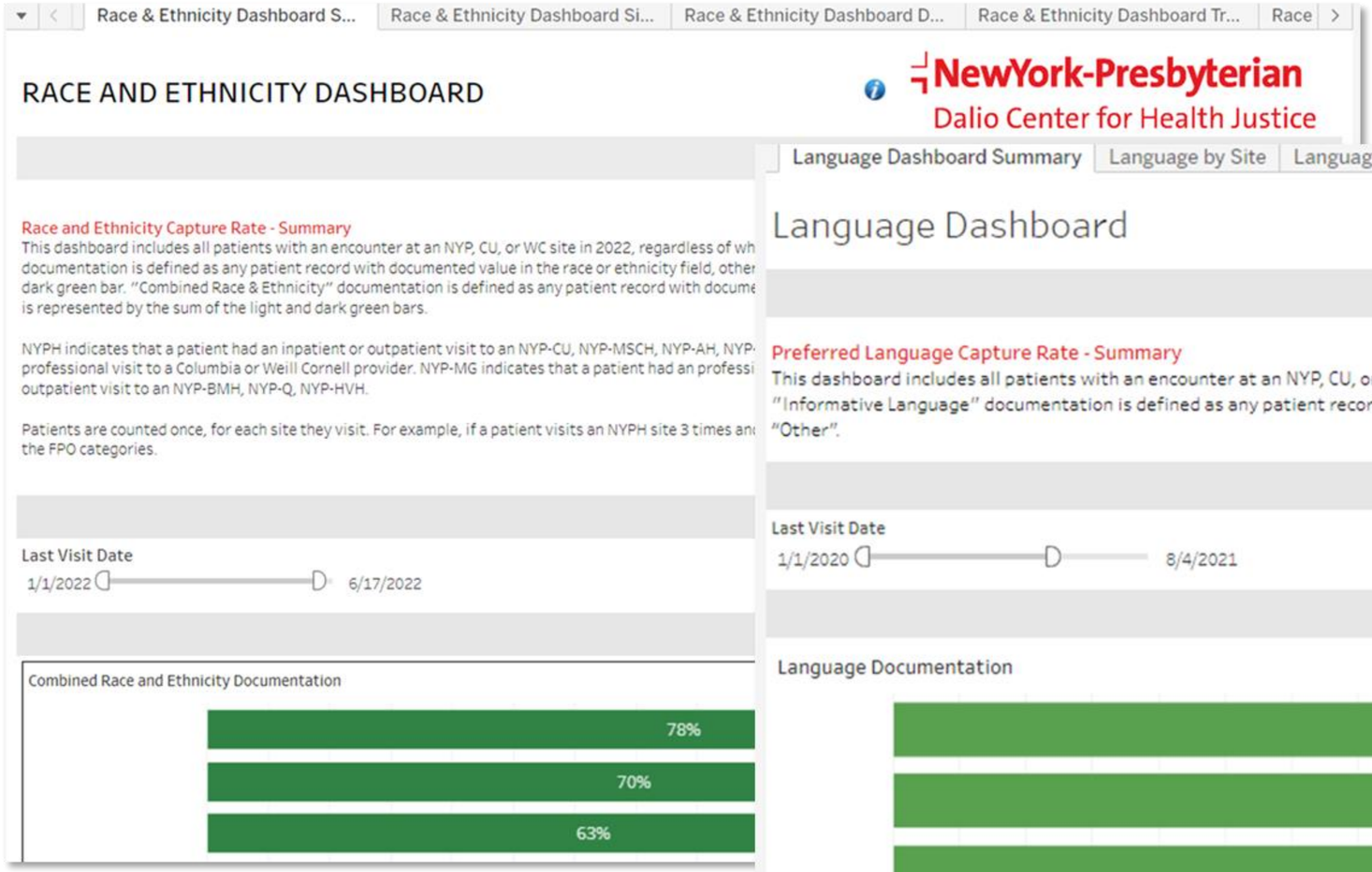
Monitoring & Intervention

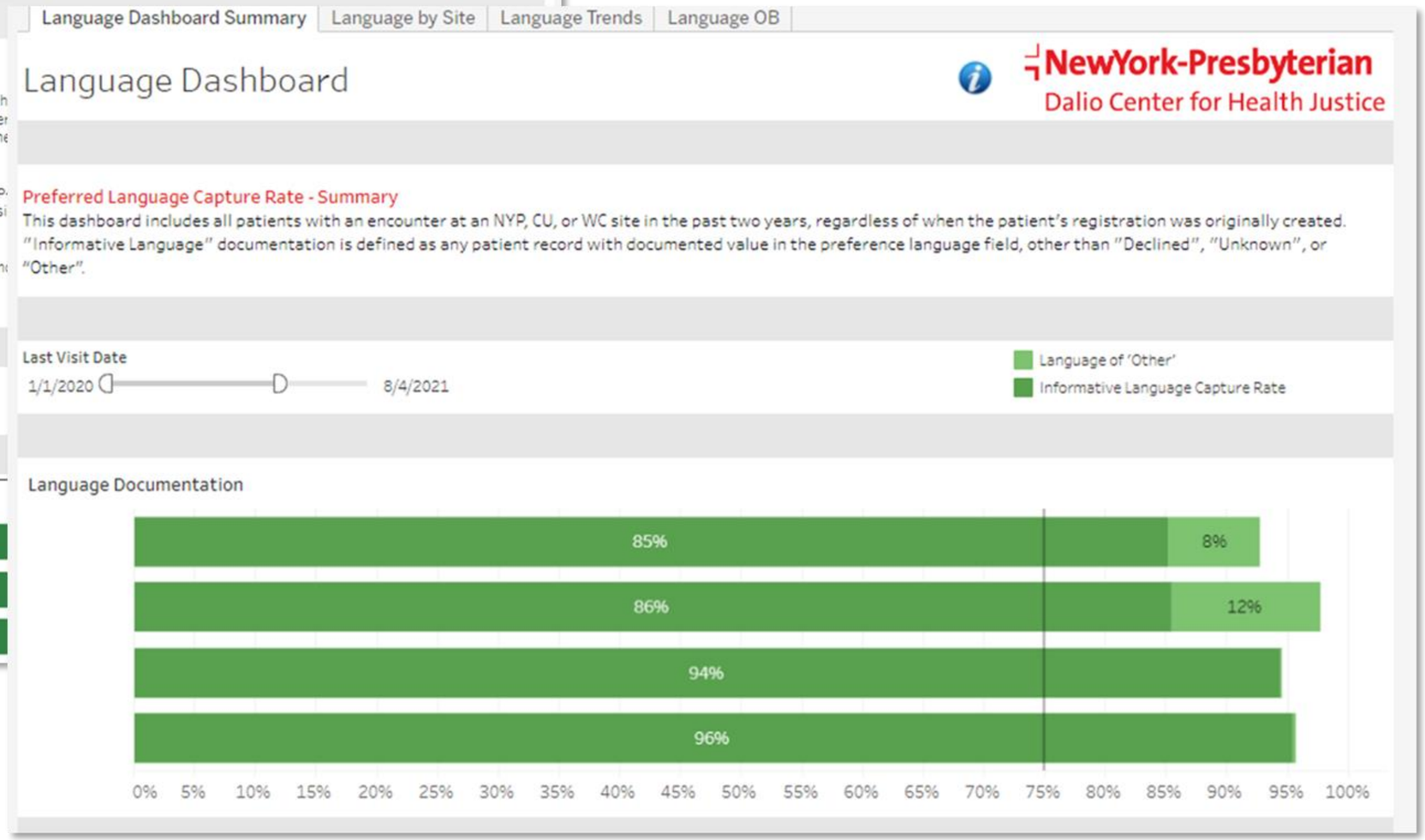
What does success look like?

How do you identify areas for improvement?

Enterprise Commitment | **Technical Support** | **Staff Education** | **Patient Communication**

Data Dashboards for Real-time Visualization



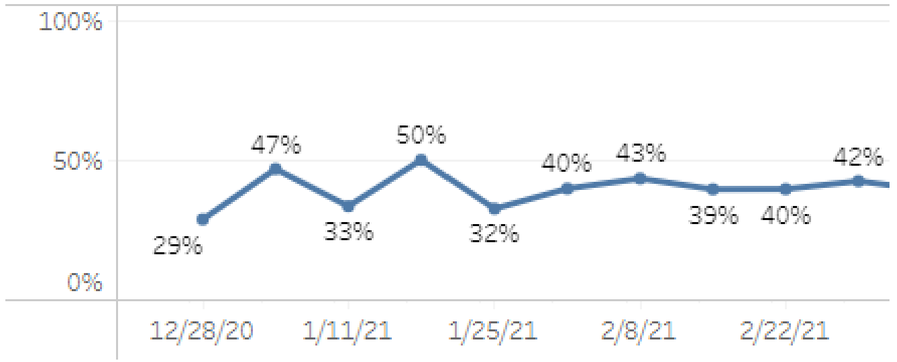


Newborn REaL Data Collection

- Deep dive into existing REaL data capture uncovered newborn outlier
- Rates of data capture for newborns decreased after transition to new EMR
- Workgroup convened with participation from Dalio Center, Pediatrics inpatient and outpatient, Quality & Patient Safety, Obstetrics, Patient Access
- Clinical Systems Engineer created process maps of current state to identify pain points and gaps

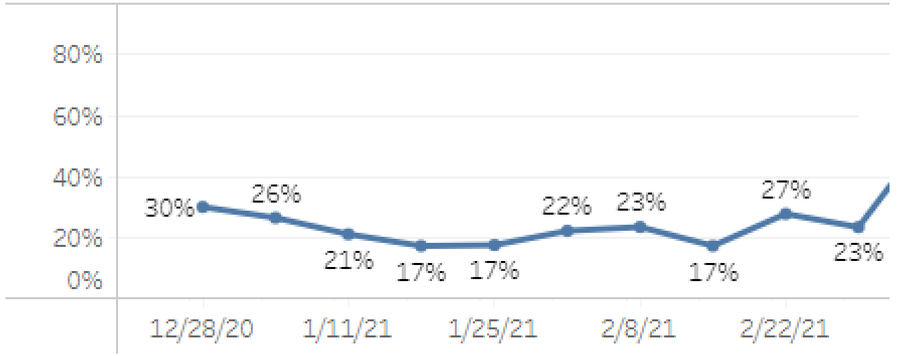
Campus 1:

This chart shows race & ethnicity capture over time, by NYP facility for Newborns.



Campus 2:

This chart shows race & ethnicity capture over time, by NYP facility for Newborns.

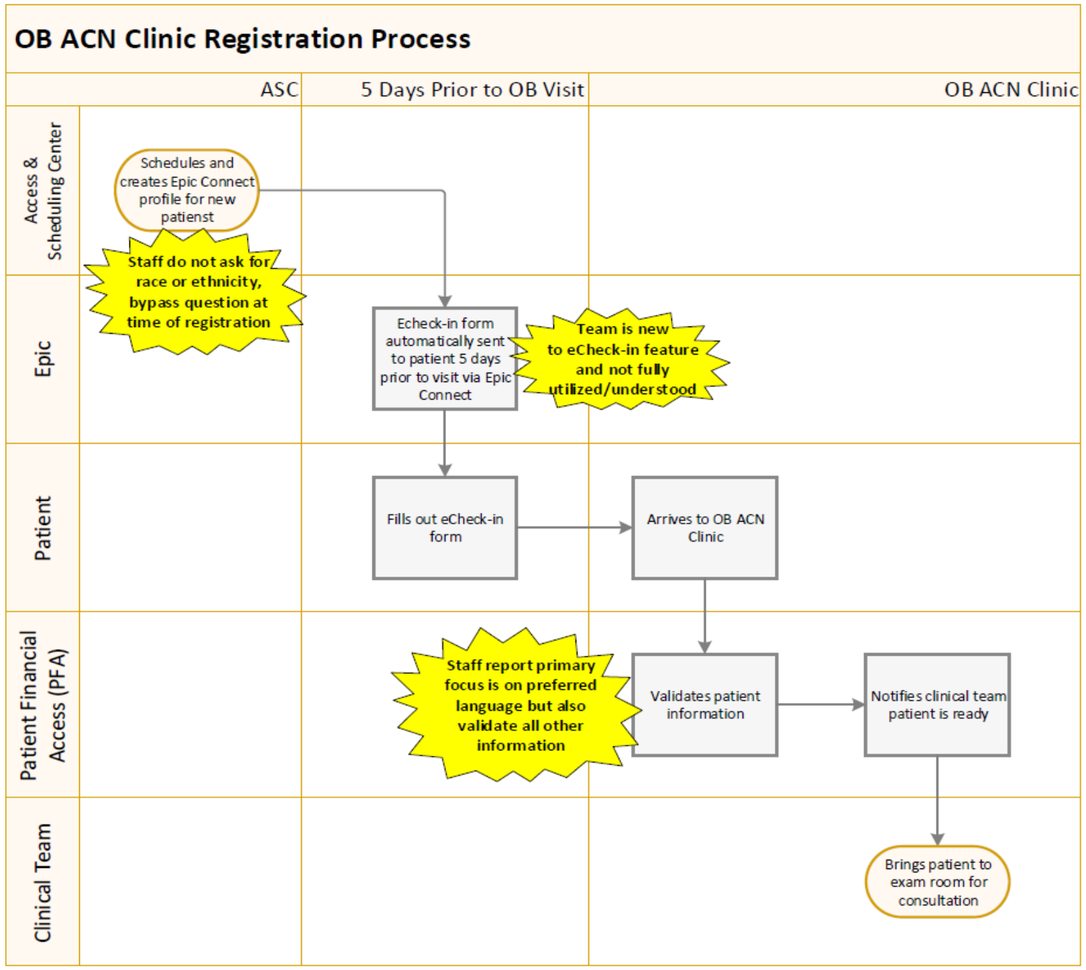


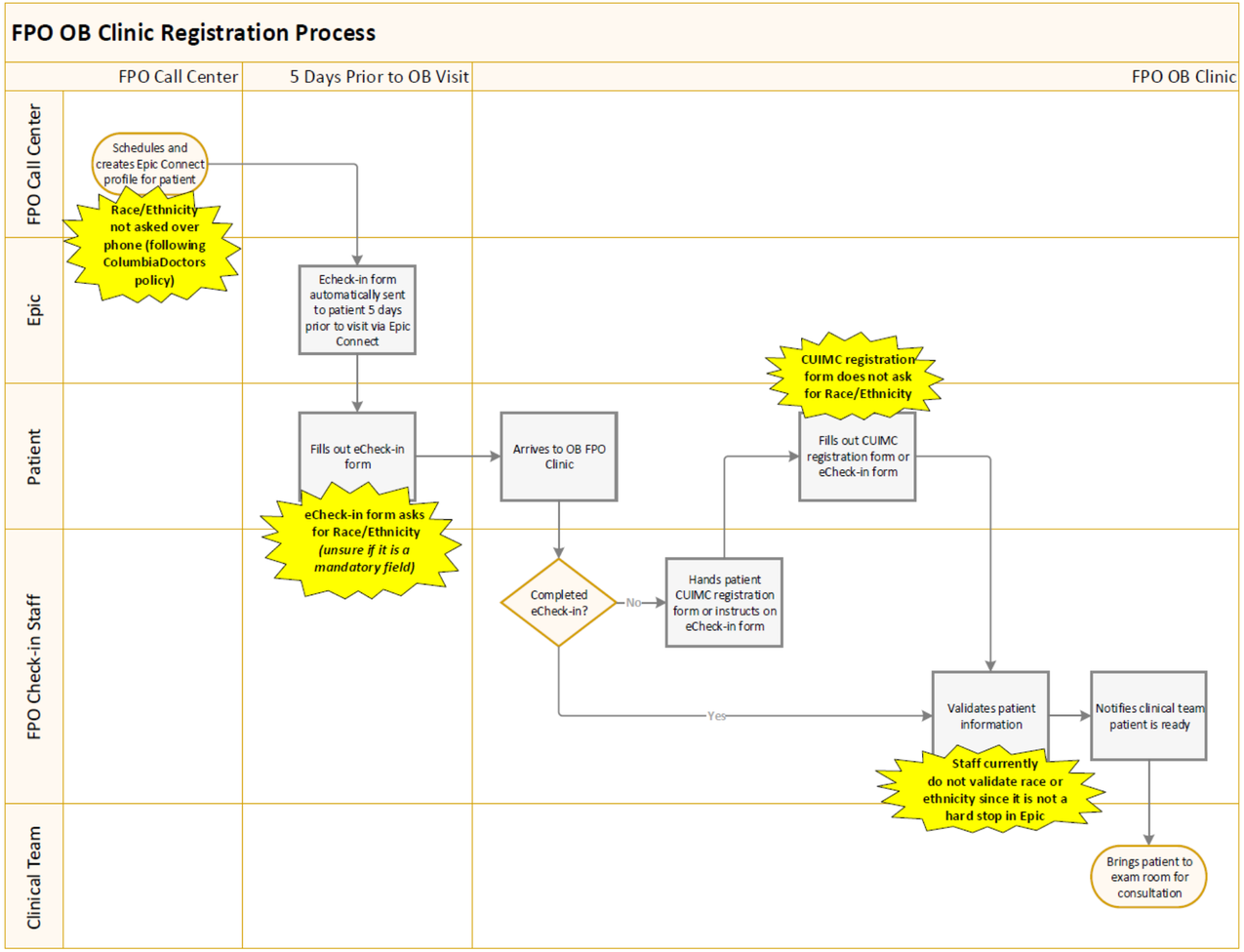
Strategic Goals

Achieve 75% capture of race and ethnicity data for newborns by the end of 2021.

Achieve 90% capture of race and ethnicity data for delivering persons by the end of 2021.

Process Maps for Data Collection



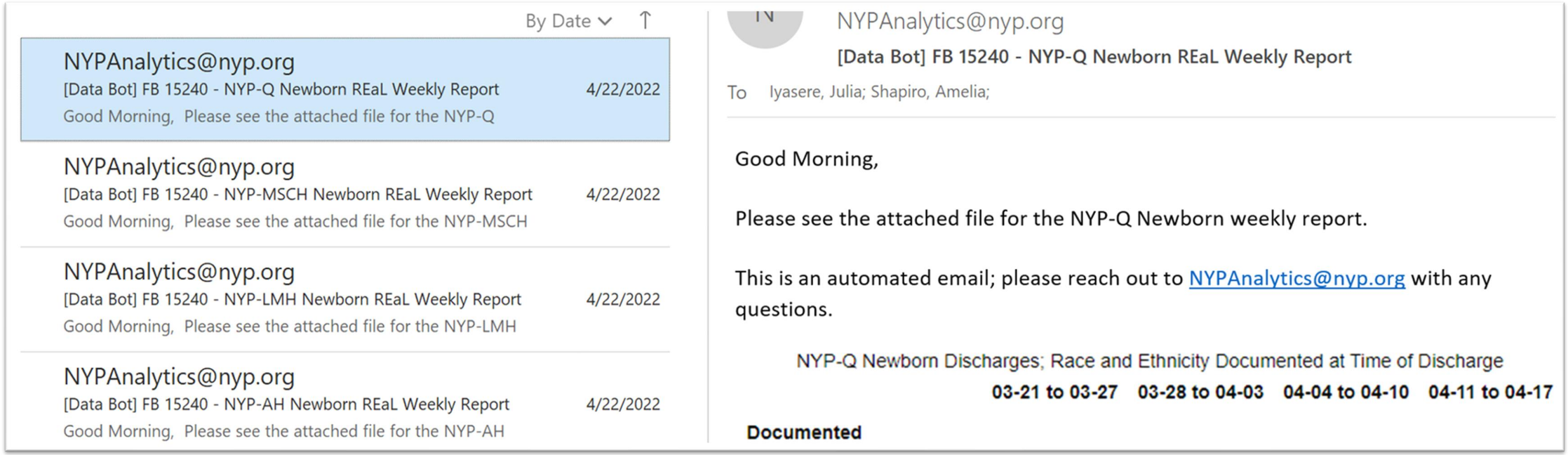


Gaps Identified During Investigation

- Lack of standardized guidance/script for staff
- Lack of standardized point(s) during delivery admission for obtaining this data from patients
- Lack of standardized point(s) after birth for capturing newborn data
- Potential knowledge gap in workforce on EMR workflow for newborn data entry

Interventions

Weekly Push Reports – Newborns and Delivering Persons



By Date

NYPAnalytics@nyp.org
[Data Bot] FB 15240 - NYP-Q Newborn REaL Weekly Report 4/22/2022
Good Morning, Please see the attached file for the NYP-Q

NYPAnalytics@nyp.org
[Data Bot] FB 15240 - NYP-MSCH Newborn REaL Weekly Report 4/22/2022
Good Morning, Please see the attached file for the NYP-MSCH

NYPAnalytics@nyp.org
[Data Bot] FB 15240 - NYP-LMH Newborn REaL Weekly Report 4/22/2022
Good Morning, Please see the attached file for the NYP-LMH

NYPAnalytics@nyp.org
[Data Bot] FB 15240 - NYP-AH Newborn REaL Weekly Report 4/22/2022
Good Morning, Please see the attached file for the NYP-AH

NYPAnalytics@nyp.org
[Data Bot] FB 15240 - NYP-Q Newborn REaL Weekly Report

To Iyasere, Julia; Shapiro, Amelia;

Good Morning,

Please see the attached file for the NYP-Q Newborn weekly report.

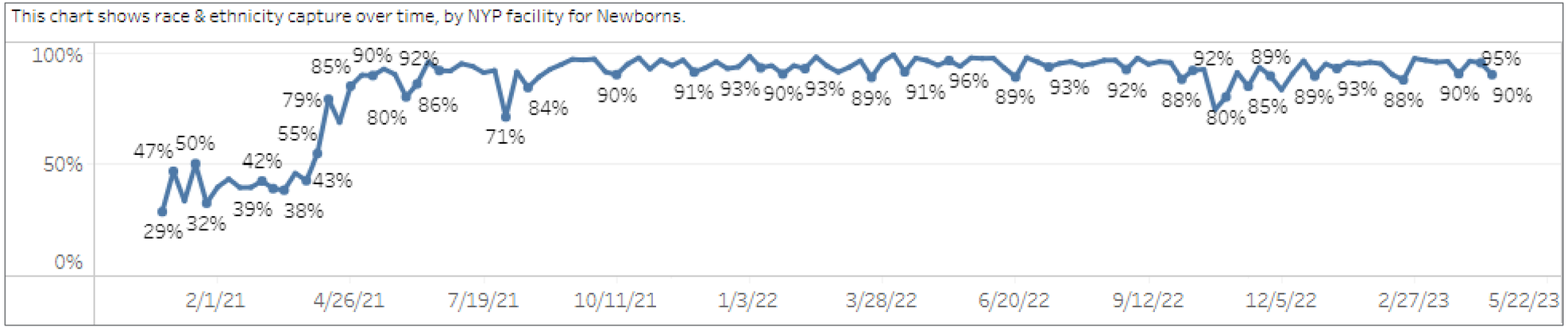
This is an automated email; please reach out to NYPAnalytics@nyp.org with any questions.

NYP-Q Newborn Discharges; Race and Ethnicity Documented at Time of Discharge

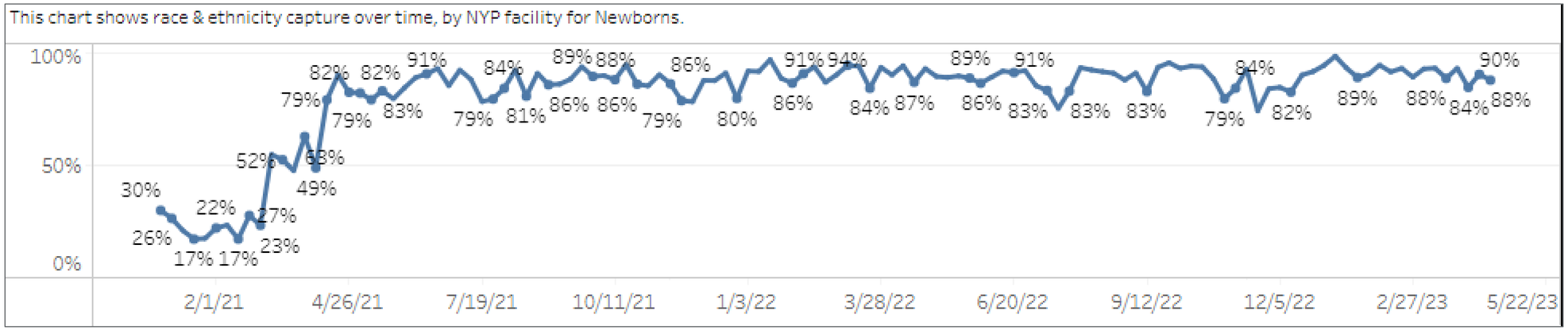
	03-21 to 03-27	03-28 to 04-03	04-04 to 04-10	04-11 to 04-17
Documented				

Outcomes

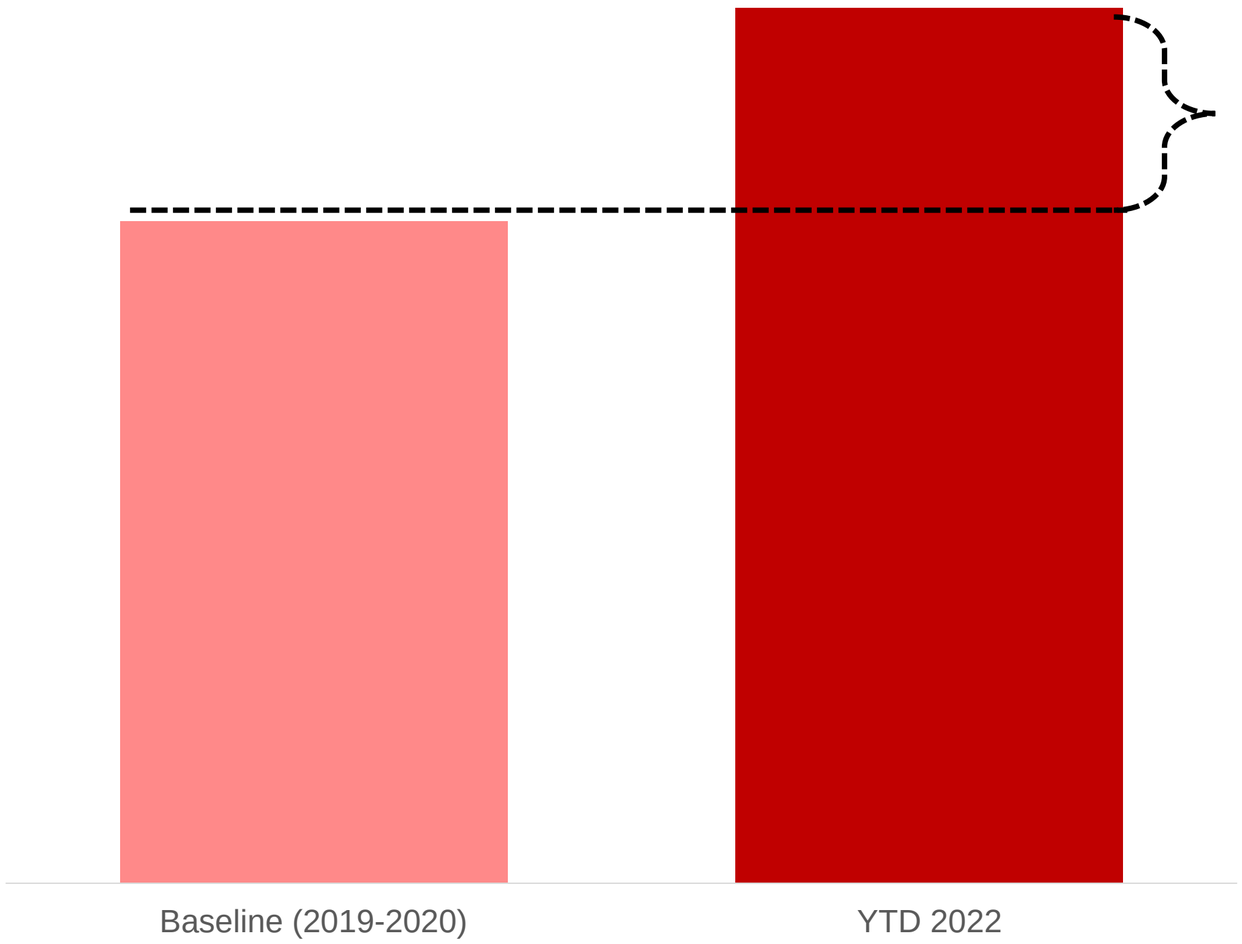
Campus 1:



Campus 2:



Race and Ethnicity Capture Before and After Program Launch



NYPH improved Race & Ethnicity Capture by 20 percentage pts

NEJM Catalyst

COMMENTARY

Building the Foundations for Equitable Care

Amelia Shapiro, MBA, Dodi Meyer, MD, Laura Riley, MD, Brian Kurz, MPH, Daniel Barchi, MEM

DOI: 10.1056/CAT.21.0256

In 2020, NewYork-Presbyterian, Weill Cornell, and Columbia University launched an enterprise-wide, coordinated campaign to improve collection of race and ethnicity data, which included five key pillars: (1) a steering committee staffed by senior leaders, (2) improvements to streamline data collection process and structure, (3) standardized staff education, (4) direct patient communication, and (5) measurement and monitoring. As large and small health care systems are targeting equity as a key outcome, it is important to share lessons learned so that all can move together toward shared goals.

At NewYork-Presbyterian — an academic health care system affiliated with Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine — our tripartite mission has long been to be a leader in medical education, groundbreaking research, and innovative, patient-centered clinical care. Our commitment to excellence in these areas includes a profound commitment to health equity.

It is critically important for us to understand and address the root causes of health inequities, including those that fall along racial and ethnic lines, as well as to measure our success in closing health equity gaps. Those efforts require widespread, reliable, and consistent data about our patients' race and ethnicity.[1] We acknowledge that race is a social construct; thus, differentiating by race is not a valid way to understand human difference. However, we also acknowledge that structural racism shapes the lives, opportunities, and health of many, and therefore race data can serve as a proxy for social vulnerability. Therefore, collecting and analyzing race and ethnicity data is critically important for NewYork-Presbyterian, Columbia, and Weill Cornell in our pursuit to achieve equity for all.

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Questions?

Thank you!

The recording will be emailed to all attendees once ready

Any questions about this COL or the series can be sent to aimdatasupport@acog.org

Be sure to complete the evaluation survey! It will pop up in your browser as you exit the session

Remember to register for upcoming educational offerings!