

Improving Health Care Quality: Racial, Ethnic and Language Data

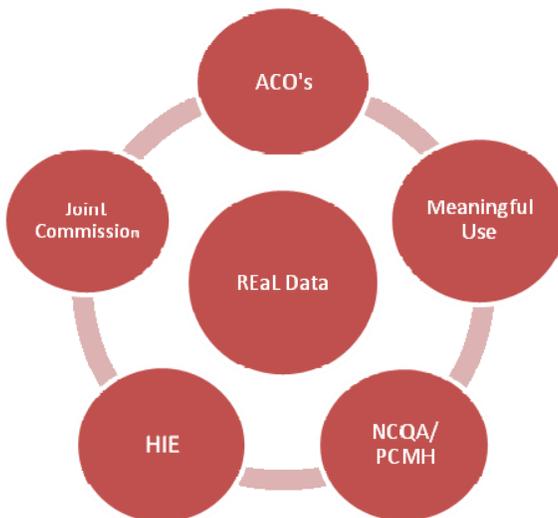
New Hampshire healthcare providers work hard to deliver high quality care to all New Hampshire residents, including the most vulnerable in our State who are at greatest risk to experience disparities in health. Without accurate data to identify disparities, healthcare providers are unable to address them. In October 2011, the US Department of Health and Human Services released new standards for collection of Race, Ethnicity and Language (REaL) data that support the identification of disparities in minority populations. **The NH Health & Equity Partnership** understands the challenges in collecting accurate data and is willing to support your organization in this endeavor to improve the overall health and wellness of all who live in our State.

An Imperative to Take Action

How does this impact you?

The Institute of Medicine states, “all members of a community are affected by the poor health status of its least healthy members.” Regardless of your role as a clinician, hospital, third-party payer, government agency, or other member of the health care system, your goal is to provide the best quality care possible in the most cost-effective manner over the long-term. No clinician or agency wants to discover that their patients experience avoidable disparities either in health care or health outcomes. The struggle health care providers have in common is the limited ability to identify those very disparities. As a health care provider, you cannot influence what you cannot identify.

What are the “cutting edge” trends for health care providers?



- ✓ Quality and accrediting bodies are implementing **standards of care** to address racial and ethnic health disparities. The Joint Commission, NCQA, and others offer certification to healthcare facilities that are able to demonstrate a comprehensive approach to providing care to a racially and linguistically diverse population.
- ✓ Federal agencies **offer financial incentives** for health care providers to be in compliance with nationally accepted guidelines for the collection of key demographic data. Incentives are offered through initiatives such as ARRA, Meaningful Use, and Patient Centered Medical Homes. [US DHHS OMH Standards](#)

“It helped our patient outcomes to address quality strategies differently for different populations. When we discovered our Spanish-speaking patients had a lower flu shot rate, we worked with one of our Spanish-speaking doctors to create an outgoing reminder call in Spanish. The patient phone calls requesting shots increased significantly afterward.”

- Kris McCracken, Director of Operations, Manchester Community Health Center

What do we know about racial and ethnic disparities in New Hampshire and the United States?

New Hampshire has a history as a predominantly white State that is a healthy place to live. The specific needs and health outcomes of racial, ethnic and linguistic minorities have not historically been addressed. **However, health disparities are prevalent in New Hampshire, including:**

- 10.8% of live births for black women were low-birthweight compared to 6.6% for white women (2003-05);
- 26% of Hispanic women had no doctor visits in the past year due to cost compared to 12.1% of white women (2004-06); and
- 32.5% of Hispanic residents were diagnosed with high blood pressure compared to 25.9% of non-Hispanic white residents (2007-09).

Data derived from US DHHS Office on Women's Health *2010 Health Disparities Profiles*, available at http://www.healthstatus2010.com/owh/disparities/ChartBookData_list.asp and the Kaiser Family Foundation report, *Putting Women's Health Care Disparities on the Map*, available at: <http://www.kff.org/womensdisparities/>.

How does REaL data influence quality?

Stratifying quality measurement data by racial and ethnic categories enhances quality improvement efforts. Stratified data allows you to:

- Identify differences in patient satisfaction between patient subpopulations
- Identify different health utilization rates or outcomes between patient populations
- Target education and/or quality improvement efforts to a specific population with identified need
- Tailor marketing efforts to your various subpopulations

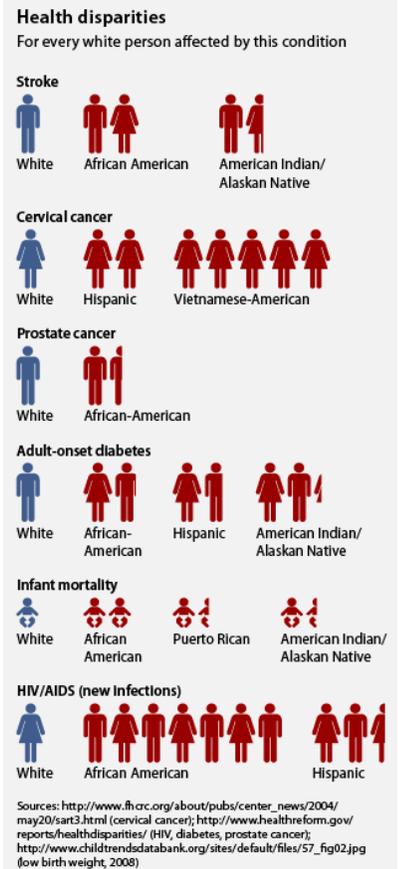
The ability to collect and share racial, ethnic, and language data is also required to comply with Meaningful Use and Public Health reporting as part of their effort to improve quality. This may be connected to enhanced reimbursement in the future.

What are other potential uses for this demographic data?

Demographic data can be used to increase patient safety and enhance patient-and family-centered care. Demographic data allows you to:

- Identify the need for and provide interpreter services to improve communication and understanding among providers, patients, and caregivers.
- Provide key forms and patient education materials in the languages needed by your patients.
- Provide appropriate cultural effectiveness training for staff.
- Develop a workforce that reflects your patient population.

In The United States...



What are the best practices?

Spending time up front establishing a process to get quality race ethnicity and language data is worth the effort. It is relatively simple and easier than managing or cleaning up bad data.

- [US DHHS Office of Minority Health Final Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act](#) present basic categories for data collection. Best practice recommendation is to use more granular collection reflective of local diversity that can aggregate back to the minimum standard.
- Patient concerns about sharing this information are best eased up front with education on the use of this data to improve care quality for all. Foundation for Healthy Communities has a sample [community education flyer](#) that can be posted in intake areas or shared with concerned patients.
- Staff should be trained to succinctly and confidently ask a patient their race and ethnicity in a non-threatening and polite manner. Training should teach concise ways to explain why the data is collected, and how to reassure patients of its confidentiality.
- Staff and patients can be confused by ethnicity and race categories. Ask ethnicity first, then race to reduce this. There is no ‘right’ answer.
- Allow patients to identify themselves as more than one race.
- Staff should have two additional choices for coding that are different from what is offered to patients:
 - **Declined** - *This is a flag indicating that the individual did not want to answer this question—staff should not ask again during the same or subsequent visits.*
 - **Unavailable/Unknown** - *This is a flag indicating that the person was unavailable or could not answer the question. Staff may ask the person again at a future visit.*

The following five features should be standardized to facilitate collection of valid and reliable data:

- **Who provides the data**—an individual’s racial or ethnic identity should always be provided by the individual or his or her caretaker. It should be self-identified and never inferred from observation or name alone.
- **When to collect the data**—data should be collected upon patient registration so that appropriate fields are completed before the patient begins treatment. Ideally, data should be shared (in conformance with privacy rules, including HIPAA), so that patients are not repeatedly asked to answer the same questions.
- **How data should be stored**—demographic data should be held in a standard database format to facilitate aggregation and linking to clinical data.
- **How patient concerns should be addressed**—standard scripts should be used to reassure patients that data on their race and ethnicity are used to track quality.
- **Staff training**—staff responsible for collecting demographic data should receive regular training and evaluation.

Adapted from: Commission to End Health Care Disparities White Paper on Collecting and using ethnicity and language data in ambulatory settings.

- Build into EHR registration systems a standard script for staff to respectfully request this information. A linked FAQ document could help staff provide answers to common patient questions and concerns.
- Two free resources to train staff which are easily modifiable to your organization:
 - Staff Training Presentation: www.hretdisparities.org/uploads/TRAININGSlides2009.ppt
 - Grid of Actual Patient Reactions with Suggested Staff Response: www.hretdisparities.org/uploads/ResponseMatrix.ppt

Summary

Increasingly health care regulatory bodies and payment methodologies are requiring healthcare organizations to provide evidence that every patient they serve receives appropriate patient- and family-centered quality care. Collecting useful data to identify vulnerable patients will enable your organization to improve care and meet reporting requirements. Best practices are outlined in this issue brief. Additional support is available through the NH Health & Equity Partnership. The Partnership is committed to improving all New Hampshire residents' opportunity to be healthy. Health inequities can be better managed with accurate data to identify issues of concern and measure the quality of interventions.

Reassure patients that data on their race and ethnicity are used to track quality and make sure all patients receive high quality care.

Quick Script:

"We want to make sure that all our patients get the best care possible. We would like you to tell us your ethnic and racial background so that we can assure that all patients receive the highest quality of care. The more we know about our patients, the better we can serve our community."

If patient asks why you are asking this question or what the answer has to do with treatment:

"People have a personal opinion about their identity. We respect this and ask you to select as many or as few of the options as you wish. We ask this question because national data indicates that avoidable health differences exist between different population groups. In order for us to learn more about these issues, and make sure that our hospital does not discriminate, we need to collect this sensitive information from our patients."

For patients who need reassurance that the information is kept confidential, staff can share a copy of your privacy policy, and if appropriate, assure that data is not shared with immigration officials.



**New Hampshire
Health & Equity Partnership**

The New Hampshire Health & Equity Partnership is a public-private coalition of individuals and organizations whose vision is for everyone in New Hampshire to have a fair opportunity to live a long, healthy life.

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