

New York State Department of Health SPARCS Training

Improving and Expanding Race and Ethnicity Data Collection

Albany, NY

October 10, 2013

Agenda

Topic	Presenter
Welcome and Introductions	Eric Niehaus Vice President Healthcare Association of New York State
Health and Health Care Disparities Race and Ethnicity	Barbara A. Dennison, MD Director, Policy and Research Translation Unit Division of Chronic Disease Prevention Office of Public Health New York State Department of Health
SPARCS Data Collection	John M. Skerritt Technical Specialist SPARCS Operations Office of Quality and Patient Safety New York State Department of Health
Questions & Answers	Dr. Dennison and John Skerritt

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.*

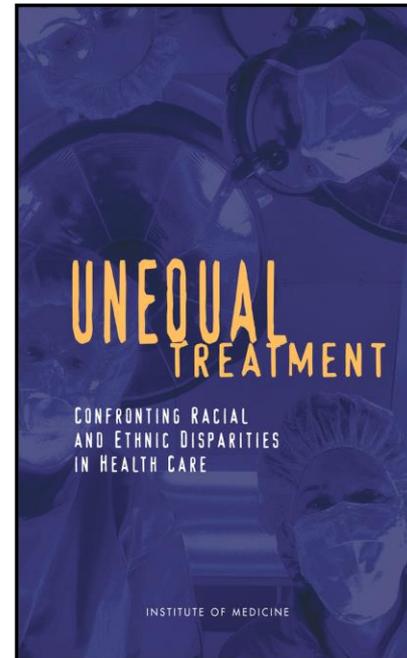
Source: National Institute of Health

- **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



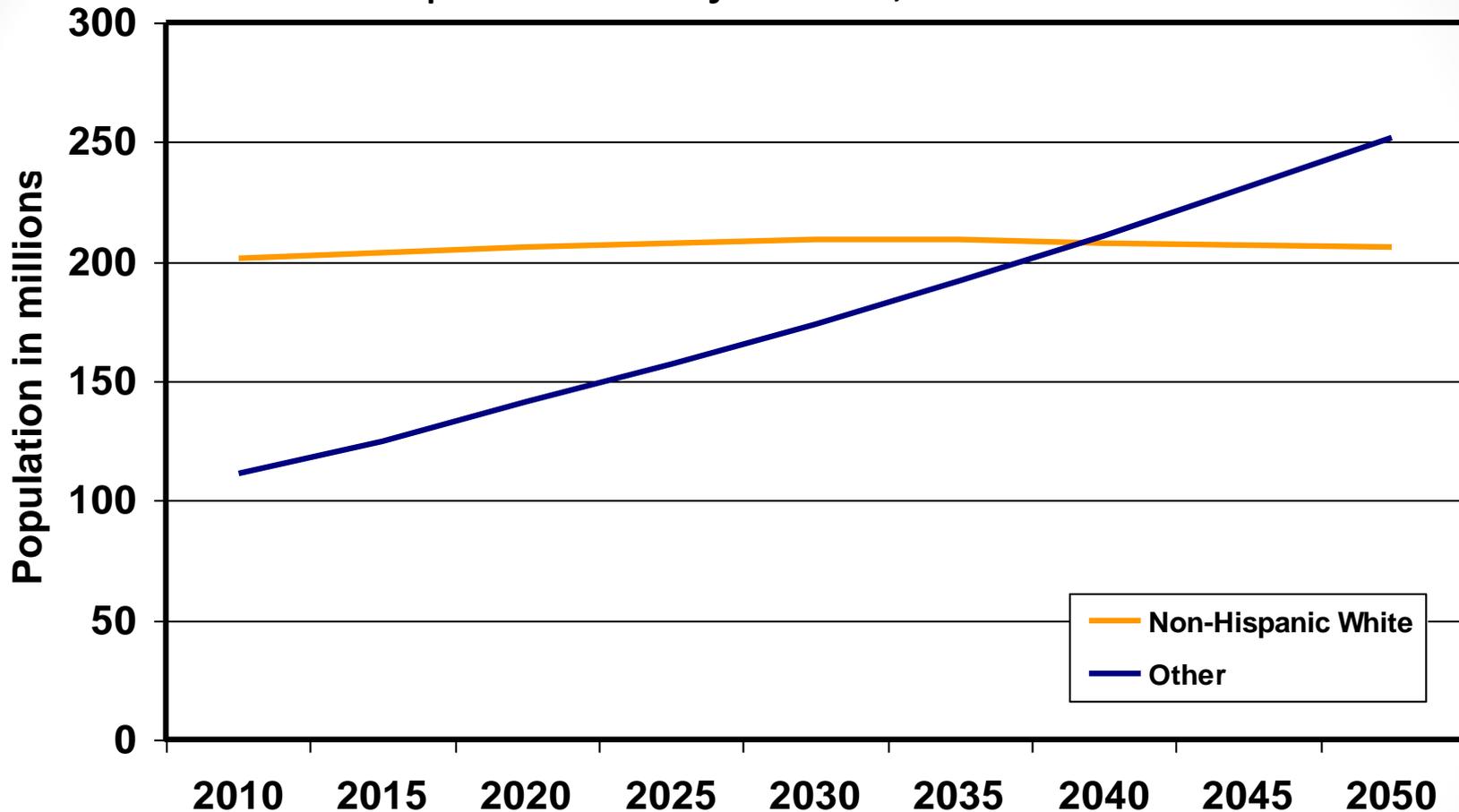
Unequal Health Care

- 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

Source: Institute of Medicine. (2002). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: National Academy Press.

Growing U.S. Minority Population

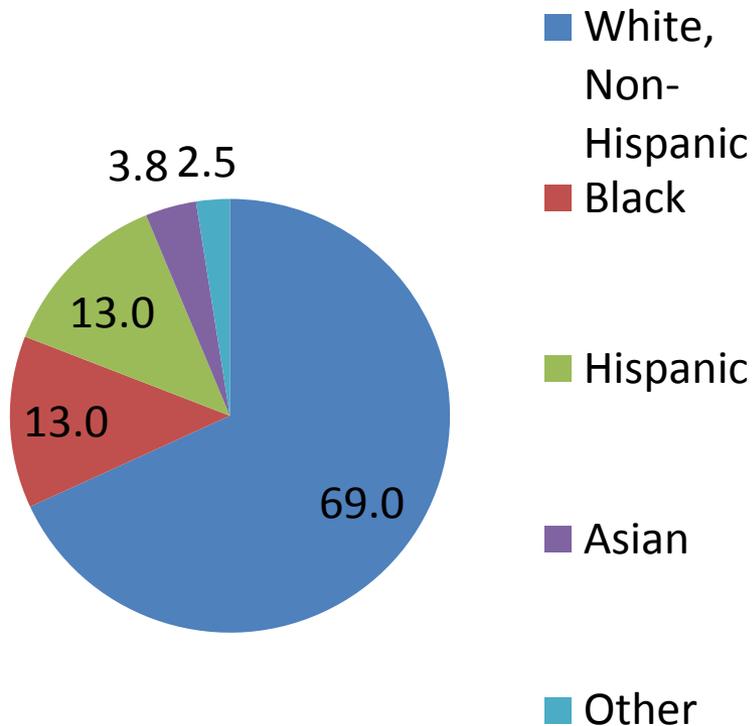
Population Projections, 2010 to 2050



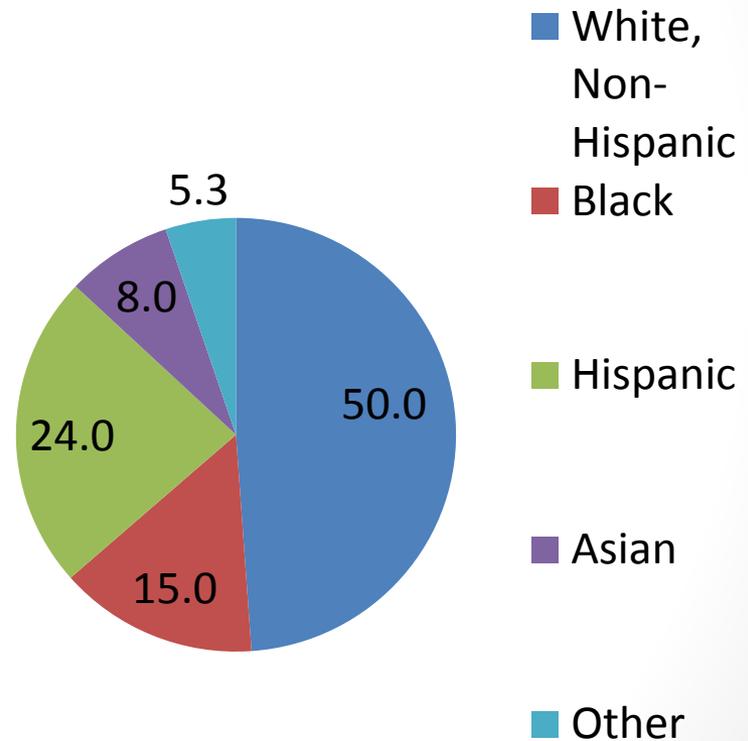
Source: U.S. Census Bureau, 2009 National Population Projections (Supplemental). Projections of the Population by Sex, Race, and Hispanic Origin for the United States: 2010 to 2050

Minority Groups Will Be Majority

U.S. Population 2000, %



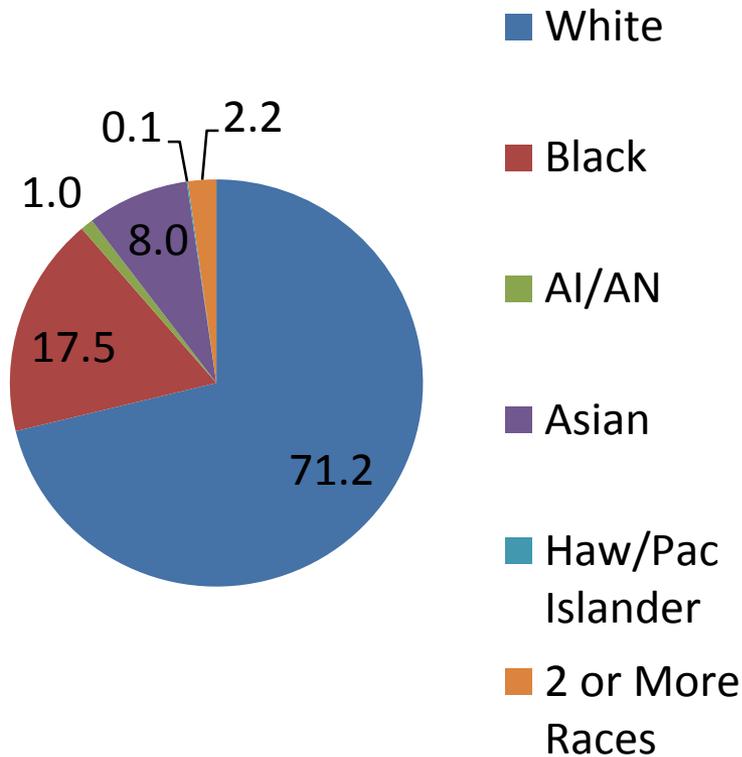
U.S. Population 2050, %



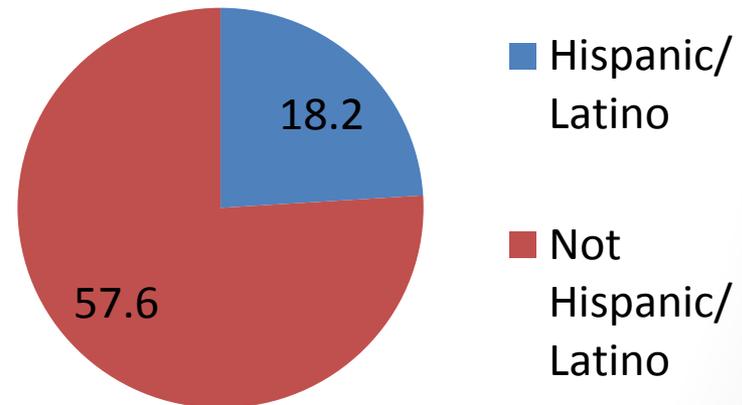
Source: *Eliminating Disparities: Why It's Essential and How to Get It Done*, American Hospital Association.

New York Population, 2012

NY Race, %



NY Ethnicity, %



Source: U.S. Census Bureau

Increasing Legislative and Regulatory Attention to Race and Ethnicity Data

- American Recovery and Reinvestment Act of 2009
 - 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.**”

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

*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

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

Source: Hospitals, Language, and Culture: a Snapshot of the Nation, 2010 N = 60 U.S. Hospitals

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%)

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

Article 28 SPARCS Timeline

- May 31, 2013: Letter to Article 28 facilities from Office of Quality and Patient Safety.
- July 1, 2013: Health care facilities may begin submitting files in the expanded format.
- All discharges effective January 1, 2014
 - Facilities must be fully transitioned to collect and report the expanded race and ethnicity categories.

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

Ethnicity Standards			
Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)			
Current Data Standard		Expanded Data Standard	
X12 Value	Ethnicity	X12 Value	Ethnicity
E1	Spanish/Hispanic Origin		
		E1.02	Mexican, Mexican American, Chicano/a
		E1.06	Puerto Rican
		E1.07	Cuban
		See: SPARCS Appendix RR for list of codes (CDC Code Set)	Additional Hispanic, Latino/a, or Spanish Origin categories
		E2	Not of Hispanic, Latino/a, or Spanish origin
E9	Unknown	E9	Unknown

SPARCS Race Standards

Race Standards			
What is your race? (One or more categories may be selected)			
Current Data Standard		Expanded Data Standard	
X12 Value	Race	X12 Value	Race
R1	American Indian or Alaska Native	R1	American Indian or Alaska Native
R2	Asian		
		R2.01	Asian Indian
		R2.06	Chinese
		R2.08	Filipino
		R2.11	Japanese
		R2.12	Korean
		R2.19	Vietnamese
		See: SPARCS Appendix RR for list of codes (CDC Code Set)	Additional Asian categories

SPARCS Race Standards

Race Standards

What is your race? (One or more categories may be selected)

Current Data Standard		Expanded Data Standard	
X12 Value	Race	X12 Value	Race
R3	Black or African American	R3	Black or African American
R4	Native Hawaiian or Pacific Islander		
		R4.01.001	Native Hawaiian
		R4.02.001	Guamanian or Chamorro
		R4.01.002	Samoaan
		See: SPARCS Appendix RR for list of codes (CDC Code Set)	Additional Pacific Islander categories
R5	White	R5	White
R9	Other Race	R9	Other Race

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)

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

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*D8*20130115*F**RET:R2.02^:RET:E2* <- 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

SPARCS Data Dictionary

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Race				Data Edit Specifications	
Format-Length: AN - 9				AS	ED
Effective Date: January 1, 1994				S	O
National Standard Mapping:				Revision Date: January 2014	
Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version	2010BA	DMG05 - 3	1271	SEE BELOW	Subscriber Race
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	81	B1			

Definition:

The code which best describes the race of the subscriber. The DMG05 is a composite data element. Each composite section refers to a specific data element. The first element is the Component Element Separator. This is the second element for race. There can be up to 10 race/ethnicity codes reported.

Codes and Values:

1. Equals a valid Race Code in accordance with the Race Codes in **Appendix RR**.
2. Up to ten selections of race and/or ethnicity may be reported.

Single Race Example:

*DMG*D8*19880208*F**RET:R5^:RET:E1.01*****~*

Multiple Race Example:

*DMG*D8*19880208*F**RET:R5^:RET:R4.01.001^:RET:R2.19^:RET:R2.01^:RET:E1.01*****~*

SPARCS Appendix RR

You are Here: [Home Page](#) > [SPARCS Data Dictionary - Appendices](#) >

[<< Previous Appendix](#) [AS, ED, IP X12-837 Input / IP Output / OP Output](#) [Next Appendix >>](#)

Appendix RR-Race and Ethnicity Codes

Source: CDC Race and Ethnicity Code Set -Version 1.0

Effective: January 2014

CODE	RACE DESCRIPTION
R1	AMERICAN INDIAN OR ALASKA NATIVE
R2	ASIAN
R2.01	Asian Indian
R2.02	Bangladeshi
R2.03	Bhutanese
R2.04	Burmese
R2.05	Cambodian
R2.06	Chinese
R2.07	Taiwanese
R2.08	Filipino
R2.09	Hmong
R2.10	Indonesian
R2.11	Japanese
R2.12	Korean
R2.13	Laotian
R2.14	Malaysian
R2.15	Okinawan

New York State Department of Health Resources

Data Dictionary Race and Ethnicity Addendum Pages:

http://www.health.ny.gov/statistics/sparcs/sysdoc/race_ethnicity_072013.pdf

Appendix RR:

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

Frequently-Asked Questions:

<http://www.health.ny.gov/statistics/sparcs/faqs/#ERE>

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(ies) 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, 9-10:30 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

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