Health Equity Quickinar Series
Session 4

Data Collection and Validation

OBJECTIVES

- Review the United States Office of Management and Budget (OMB) categories for race and ethnicity.
- Discuss strategies and resources to assist in the collection of Race, Ethnicity, and Language (REaL) data.
- Identify the importance of validating REaL data for accuracy.

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What Are REaL Data?

- REaL data are collected by hospitals for their patients.
- These data allow for improved quality of care.
- REaL data can be used for research purposes and to identify disparities.

https://www.ahrq.gov/research/findings/final-reports/iomracereport/index.html

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Structural Measure Domain

Domain 2: Data Collection

Collecting valid and reliable demographic and social determinants of health (SDOH) data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities.

Select all that apply (note: attestation of all elements is required in order to qualify for the measure numerator).

1. Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
2. Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.
3. Our hospital inputs demographic and/or SDOH information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

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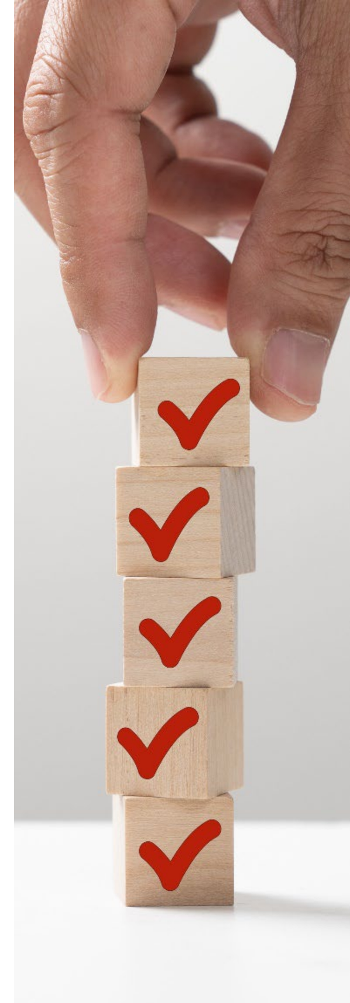
Collection of REaL Data

- The gold standard is patient self-reporting of REaL data.
  - Patients should be given opportunity to disclose their own race, ethnicity, and preferred language.
  - Staff should not attempt to guess if patients do not disclose information.
- Multiple collection methods can be used.
  - Paper forms, tablets, kiosks, or verbal discussion with patients are options.
  - The methods used depends on your facility and patient population.



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Collection of REaL Data (cont.)

- REaL data can be collected by different staff members.
  - Registration staff or clinical staff, such as medical assistants or nurses, can collect REaL data.
  - Best options can be dependent on staffing levels.
- Hospitals have multiple options for time of collection.
  - Over the phone when an appointment is made, at time of check-in, or during pre-exam.

What REaL Data Should We Collect?

Race and ethnicity data elements should, at minimum, align with the OMB categories.

- Racial categories
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- Ethnic categories
  - Hispanic or Latino
  - Non-Hispanic or Latino

http://www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF

What REaL Data Should We Collect? (cont.)

- Language elements should include varying degrees of spoken English proficiency.
  - Categories include:

  - Limited English proficiency is defined as less than "very well."

http://www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF

What REaL Data Should We Collect? (cont.)

The Institute of Medicine (IOM) recommends more granular ethnicity and language categories than the minimum.

- IOM includes over 500 categories for ethnicity and 600 for language.
- Hospitals should include choices based on their local community.
- Census and survey data and input from community organizations can guide hospitals in their choices.

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Culturally Sensitive Data Collection

- Patients can be hesitant or have difficulty sharing information.
  - May not understand purpose of REaL data collection.
  - May lack trust in hospitals.
  - Patients with low literacy or intellectual disabilities may be unable to share the information themselves.
- Staff should be trained to collect data in a sensitive, culturally competent manner.
  - HSAG HQIC's health equity quickinar session #7 will focus on culturally competent data collection.

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Why Collect REaL Data? Handout

Preguntas Frecuentes

Acerca de la recopilación de información sobre la raza, el origen étnico y el idioma del paciente

remos atención
as a estas preguntas permite que

gunas enfermedades. Al saber

lioma que hablan todos nuestros
sonalizada. Al saber más sobre

y programas personalizados para
spuestas para cerciorarse de que
origen étnico.

Frequently Asked Questions

About the Collection of Patient Race, Ethnicity, and Language Information

Q: What if I don't want to answer these questions?
A: It is perfectly alright if you do not want to answer these questions. We will provide you care no matter how you choose to answer. However, knowing the answers to these questions helps our hospital provide more personalized care.

Q: What do my race and ethnicity have to do with my health?
A: Your race and ethnic backgrounds may place you at different risks for some diseases. By knowing more about you, the hospital will be better able to meet your health needs.

Q: Who are you collecting this information from?
A: This hospital collects this information from all patients.

Q: Why am I being asked these questions?
A: This hospital collects information on race, ethnic backgrounds, and the language you speak from all our patients to make sure that everyone receives personalized care. By knowing more about you, we will be better able to meet your health needs.

Q: What will my information be used for at the hospital?
A: Your answers to these questions can help us to offer more personalized services and programs to you and others like you. Hospitals can also use your answers to make sure that all patients are getting the same quality of care no matter their race or ethnicity.

Q: Who will see my information?
A: Your information will be kept private and safe. The only people who will see your race and ethnicity information are members of your care team.

Q: What if I belong to more than one race?
A: You can check off all the races you belong to.

Q: What if I don't know my race or ethnicity?
A: If you don't know your race or ethnicity, you can talk to hospital registration staff and they can help you decide the best way to answer.

Q: Who can I ask questions about this?
A: The hospital registration staff and their supervisors are happy to answer any questions you may have.

HSAG's Patient and Family Advisory Council (PFAC) developed an FAQ handout for patient education about collection of REaL data.

www.hsag.com/hqic/tools-resources/pfe-health-equity

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EHR for REaL Data

- Subdomain 3 requires demographic/SDOH data to be input into a certified EHR.
  - REaL data collected on patients should be included in their medical records.
  - Where appropriate, Z codes can be used for documenting social needs in the medical records.
- Documentation of REaL/SDOH data in the EHR supports quality improvement.
  - Allows for data to be stratified.
  - Contributes to identification of hospital-level disparities.

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REaL Data Validation

- Valid and reliable data are essential for quality improvement.
- REaL data should be assessed for quality and accuracy.
  - Examples of REaL data validation include:
    - Validation sampling.
    - Observation of patients and staff.
    - Checking alignment of REaL data categories when switching EHR systems.
    - Comparison of patient demographic data to community demographic data.

Key Concepts

- REaL data are essential for identifying disparities and improving quality of care.
- Hospitals should use patient self-reporting for collection of REaL data.
- REaL data should align with OMB categories and should be collected in a culturally sensitive manner.
- REaL and SDOH data should be documented in the medical record and should be validated to ensure quality of the data.

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Join Us for the Entire Health Equity Quickinar Series: 2nd and 4th Thursdays

Recordings, slides, and resource links are posted for on-demand access after every session.

5. Social Determinants and Social Drivers of Health

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Thursday, March 9, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Identify the difference between social drivers and social determinants of health.
- Review screen strategies for data collection.
- Discuss interventions designed to address disparities related to social drivers.

- 1. Health Equity, Hospitals, and CMS Reporting
- 2. Engaging Leadership in Health Equity
- 3. Health Equity as a Strategic Priority
- 4. Collection and Validating REaL Data
- 5. Social Determinants and Social Drivers of Health
- 6. Screening for Social Drivers
- 7. Culturally Competent Data Training
- 8. Analysis and Stratification of Health Equity Data
- 9. Health Equity Interventions
- 10. Best Practices in Health Equity Interventions
- 11. Community Paramedicine
- 12. Identifying Community Health Disparities
- 13. Community Engagement—Health Equity

www.hsag.com/health-equity-quickinars

Check out the Patient and Family Engagement (PFE) Quickinars: 1st and 3rd Thursdays

Recordings, slides, and resource links are posted for on-demand access after every session.

3. Preparing for PFE Programs

Preparing for Patient and Family Engagement Programs

Thursday, March 2, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Identify strategies, tools, and resources to engage leadership and promote buy-in.
- Discuss how PFE benefits your hospital and improves satisfaction scores.
- Review strategies to prepare and train staff and clinicians for PFE.

1. Intro to PFE

2. Achieving Patient/Family Centered Care

3. Preparing for PFE Programs

4. PFE to Prepare for Hospital Admission

5. PFE to Prepare for Hospital Discharge

6. Role of PFE in Readmission Prevention

7. Bedside Hand Off to Improve Patient Outcomes

8. Adverse Event Transparency

9. Role of the PFE Advisor

10. Selecting/Training/Engaging Advisors

11. PFE in Critical Access & Small Rural Hospitals

12. PFE in Acute Care Hospitals

www.hsag.com/pfe-quickinars

Thank you!

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