## Data Collection on Race, Ethnicity, and Language

Patient Financial Services Summit
Maine Chapter of AAHAM and HFMA
June 4, 2010



### Purpose of This Initiative

- To train hospital registration managers and staff on implementing a systematic method of collecting data on race, ethnicity, and primary language directly from patients or their caregivers.
- The purpose of collecting this information is to obtain accurate REL data to help ensure that all patients receive high-quality care.
- Our experience will help inform hospitals across the state on improving quality of care for all populations.

## Today's Objectives

- Describe data collection on race, ethnicity, and language
- Discuss the link between accurate data and health equity
- Review the history of data collection initiatives in Maine
- Describe the role of patient registration staff
- Describe granular ethnicity and it's relevance

## Why Collect the Data?

- Identify Disparities or Differences
- Target Interventions to Address Gaps
- Improve Quality of Care and/or Services for All
- Federal Compliance
- Accreditation

## Race Definitions Office of Management and Budget (OMB)

#### • 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.

#### Black or African American:

A person having origins in any of the black racial groups of Africa.

#### Native Hawaiian or Other Pacific Islander:

 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\*OMB-Mod: This symbol indicates a modification we have made to the OMB recommendations.

2009 by the Health Research and Educational Trust

#### Race Definitions - OMB

#### White:

 A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### Some Other Race:

A person who does not self-identify with any of the OMB race categories. \*OMB-Mod

#### Declined:

 A person who is unwilling to choose/provide a race category or cannot identify him/herself with one of the listed races. \*OMB-Mod

#### Unavailable:

 Select this category if the patient is unable to physically 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. Hospital systems may call this field "Unknown," "Unable to complete," or "Other." \*OMB-Mod

\*OMB-Mod: This symbol indicates a modification we have made to the OMB recommendations.

## Ethnicity Definitions - OMB

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Non-Hispanic or Latino: Patient is not of Hispanic or Latino ethnicity.
- Declined: A person who is unwilling to provide an answer to the question of Hispanic or Latino ethnicity. \*OMB-Mod
- Unavailable: Select this category if the patient is unable to physically 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. Hospital systems may call this field "Unknown", "Unable to Complete," or "Other." \*OMB-Mod

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#### **Joint Commission**

**Standard RC.02.01.01** The medical record contains information that reflects the patient's care, treatment, and services.

#### **Element of Performance**

- 1. The medical record contains the following demographic information:
  - The patient's name, address, date of birth, and the name of any legally authorized representative
  - The patient's sex
  - The legal status of any patient receiving behavioral health care services
  - The patient's communication needs, including preferred language for discussing health care (See also PC.02.01.0X\*, EP 1)

**Note:** If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

• The patient's race and ethnicity

#### Joint Commission

#### **Non-Discrimination in Care**

 Standard RI.01.01.01 The hospital respects, protects, and promotes patient rights.

- Element of Performance
- Z. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

## What are health disparities?

## Health disparities are differences between populations in:

- Presence of disease
- Access to health care
- Use of health care services
- Health outcomes

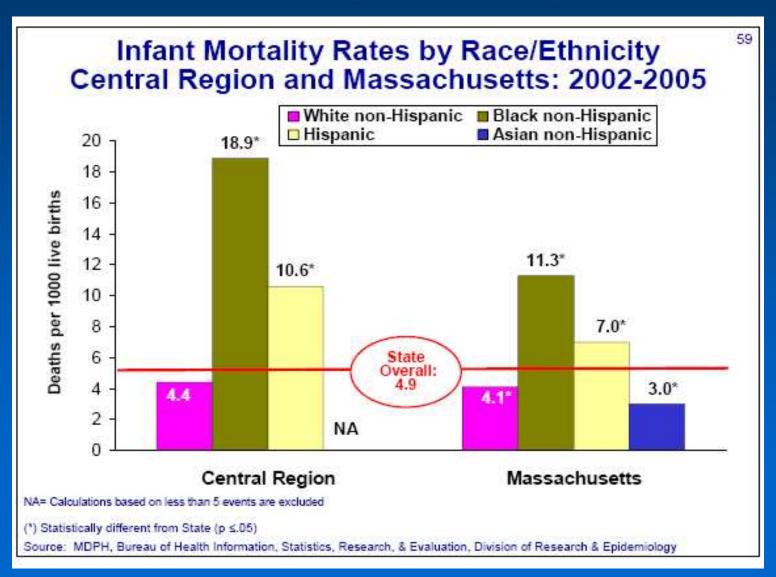
## What causes health disparities?

Social, economic, and environmental factors

Barriers to getting health care

Differences in quality of health care

## Significance of Population Specific Data



## Admitting/Registration Role

- Admitting/Registration is key to collecting this data:
  - Consistently
  - Accurately
  - Professionally
  - Completely
  - The Golden Rule for Training Staff to Collect Race and Ethnicity Information: You only have to collect it once, if you collect it correctly.

## How to Collect Race, Ethnicity and Language Data?

- Train Staff with Proper Scripting
- Explain why it is being collected
- Be prepared for questions
- Give people the tools they need to identify

#### Sample Tool Used For Race & Ethnicity Collection

#### **Dear Patient:**

Effective March 1, 2007, the Maine Health Data Organization (MHDO) required hospitals to ask patients about their race and ethnicity. You will be asked these questions during the registration process.

Why is MHDO requiring hospitals to ask Race and Ethnicity Questions?

- We do not ask these questions to limit or deny you services.
- We ask these questions to give you better care.
- By gathering this data, we can better prevent, test for, and treat the diseases or health conditions that may affect you.
- You may refuse to provide us with this information.
- You will only be asked these questions once.

#### Sample Tool Used For Race & Ethnicity Collection

#### Race Categories

- A Asian
- B Black, African or African-American
- I American Indian or Alaskan Native
- W White (inc. Arabs & other Middle Eastern Cultures)
- P Native Hawaiian or other Pacific Islander
- O Other races
- T Two or more races

#### **Ethnicity Categories**

- 1 Hispanic or Latino
- 2 Neither

#### Race Screen

Registrars need to have other options:

-R Refused

–N Unable to Ask

–U Unknown to Patient

## Language Data Collection

The Institute of Medicine subcommittee recommends identifying spoken language needs by asking the following question:

What language do you prefer to use to talk with your doctor and nurses?

In what language do you wish to receive printed materials in ?

## New Table: Primary Language

AL	ALBANIAN	JA	JAPANESE
AM	AMHARIC	JM	JAMAICAN
AR	ARABIC	LE	LEBANESE
BA	BANTU	LU	LUGANDA
BE	BENGALI	MI	MIMI
BU	BURMESE	MM	MAAY MAAY
CH	CHINESE	RU	RUSSIAN
CR	CREOLE	SA	SAMOAN
DI	DINKA	SI	SIGN LANGUAGE
EN	ENGLISH	SO	SOMALI
ES	ESTONIAN	SP	SPANISH
ET	ETHIOPIAN	SU	SUDANESE
FA	FARSI	TA	TAGALOG
FR	FRENCH	TH	THAI
GE	GERMAN	TW	TWI
GR	GREEK	UN	UNABLE TO ASK
HI	HINDI	VI	VIETNAMESE

## Why every patient needs to be asked

Self-reporting is the most accurate source of information

- Self-reporting will increase consistent reporting within a health care institution
- Patients are more likely to select the same categories to describe themselves over time than staff who are assuming or guessing

## Granular Ethnicity

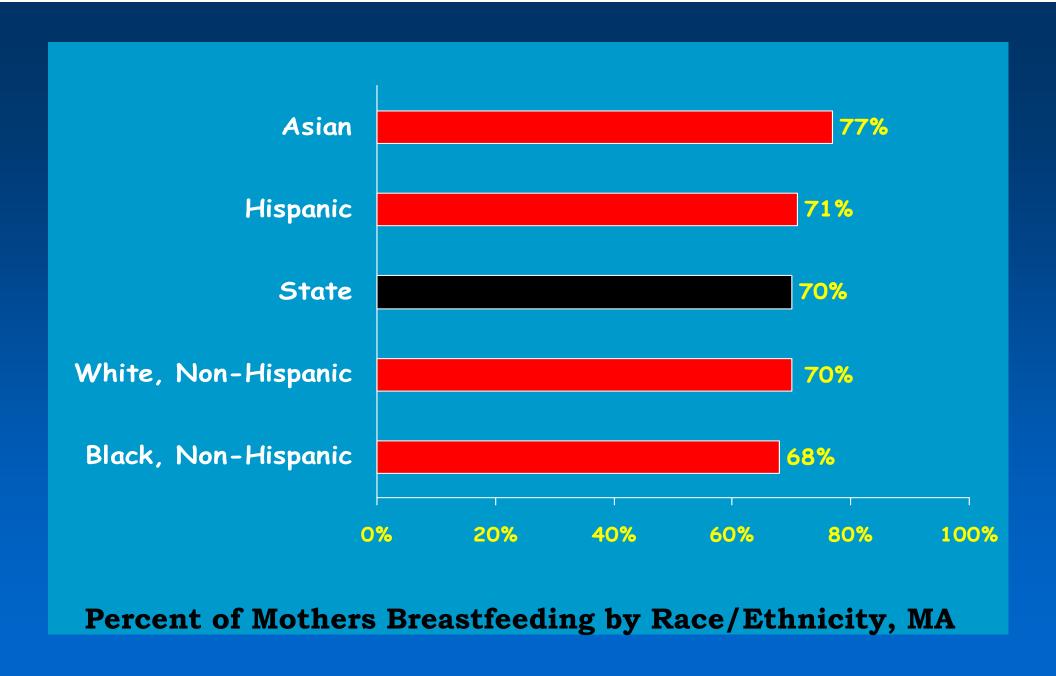
- Since disparities can exist within OMB race and Hispanic ethnicity categories, the IOM subcommittee recommends a separate question to collect data on granular ethnicity.
- Individual organizations should select categories that represent their service population from a national list of standardized categories.
- The list should include an open-ended response option of "Other, please specify:\_\_\_" for persons whose granular ethnicity is not included as a response option.

## Granular Ethnicity Screen

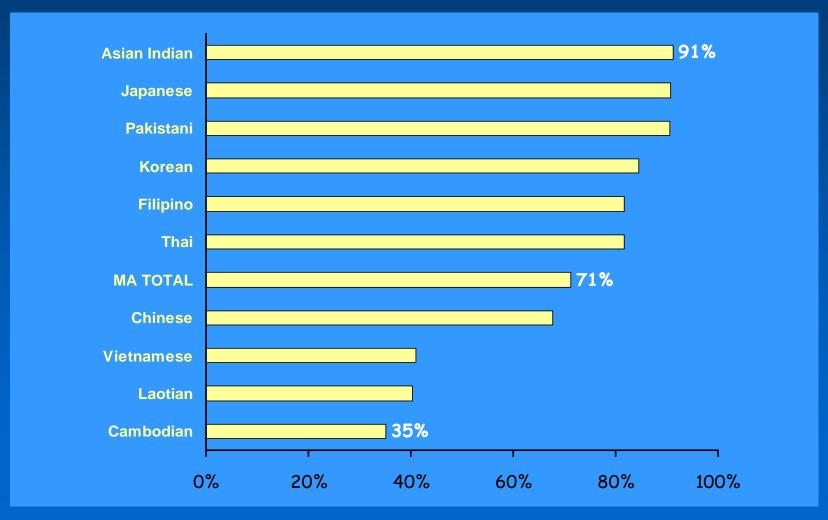
I would like you to describe your race or ethnic background. You can use specific terms such as Korean, Mexican, Haitian, Somali.

#### Response Categories:

- Locally relevant list of categories selected from a national standard set
- Other, please specify:\_\_\_OR
- Open-ended question with responses coded from a national standard set



# The ethnicity data reveals the percentage of Cambodian mothers who breastfeed is half the percentage of MA total mothers who breastfeed.



### **Training Tool: Resources**

 Health Research Educational Trust HRET Toolkit <a href="https://www.hret.org">www.hret.org</a>

Cambridge Health Alliance:
 Yoon Susan Choi, MA
 ychoi@challiance.org

#### Maine Resources

- Quality Counts www.mainequalitycounts.org
- Maine Hospital Association www.themha.org

#### Additional Resources

 Caring for Diverse Populations Better Communication, Better Care: A Toolkit for Physicians and Health Care Professionals

http://www.anthem.com/provider/me/f5/s1/t0/pw\_004660.pdf
?refer=ahpprovider&state=me

Aligning Forces for Quality "We ask because we care" http://drop.io/RELresources