

# HSCRC Race & Ethnicity Data Collection Process



Presentation to MHCC MCDB Plan for Expansion Workgroup  
October 22, 2013

# There was a Need to Standardize HSCRC Race and Ethnicity Variables

- The Maryland Health Improvement and Disparities Reduction Act of 2012 required MHCC and HSCRC to study the feasibility of including racial and ethnic performance data tracking in quality incentive programs.
- Maryland hospitals participating in the Centers for Medicaid and Medicare Services (CMS) Electronic Health Records (EHR) initiatives, to demonstrate meaningful use, were required to report race and ethnicity using Office of Management and Budget (OMB) federally standardized categories for race & ethnicity

# HSCRC Revised the Race & Ethnicity Codes to Align with OMB in FY 2013

Old Race Categories			Revised Race Categories (FY 2013)		
	Category	Code		Category	Code
(a)	White	1	(a)	White	1
(b)	African American	2	(b)	Black or African American	2
(c)	Asian or Pacific Islander	3	(c)	Asian	3
(d)	American Indian/Eskimo/Aleut	4	(d)	American Indian or Alaskan Native	4
(e)	Other	5	(e)	Other	5
(f)	Biracial	6	(f)	Two or more races	6
(g)	Unknown	9	(g)	Native Hawaiian or Other Pacific Islander	7
			(h)	Declined to Answer	8
			(i)	Unknown	9

# HSCRC Analyzed FY 2007-2011 IP Data by Race & Ethnicity to Determine Validity of Data

- Percentage of racial and ethnic minorities have grown over the years
- Percentage of biracial category is small but increasing
- Race information from the Spanish/Hispanic ethnicity is mostly recorded as “Other”

TABLE A1: TRENDS IN RACIAL AND ETHNIC COMPOSITION OF HOSPITAL INPATIENT DISCHARGES

	FY07	FY08	FY09	FY10	FY11	FY07-FY11 Change
<b>RACE</b>						
WHITE	60.2%	59.9%	59.3%	58.5%	58.4%	-1.8%
AFRICAN AMERICAN	32.2%	32.2%	32.4%	33.1%	33.2%	1.0%
OTHER	5.4%	5.8%	5.8%	5.7%	5.4%	0.1%
ASIAN/PACIFIC ISLANDER	1.8%	1.9%	1.9%	2.1%	2.1%	0.3%
NATIVE AMERICAN	0.2%	0.2%	0.2%	0.2%	0.3%	0.1%
UNKNOWN	0.2%	0.2%	0.2%	0.3%	0.3%	0.1%
<b>BIRACIAL</b>						
	0.1%	0.1%	0.1%	0.2%	0.3%	0.3%
<b>ETHNICITY</b>						
SPANISH HISPANIC ORIGIN	3.8%	3.9%	3.7%	3.8%	4.1%	0.3%
UNKNOWN	2.6%	2.5%	2.5%	3.2%	3.9%	1.3%

TABLE A2: HOSPITAL INPATIENT DISCHARGES BY RACE AND ETHNICITY COMBINED - FY2011

	SPANISH HISPANIC ORIGIN		
	Yes	No	Unknown
WHITE	1.6%	95.5%	3.0%
AFRICAN AMERICAN	0.4%	95.4%	4.3%
ASIAN/PACIFIC ISLANDER	2.5%	88.1%	9.5%
NATIVE AMERICAN	18.8%	77.5%	4.0%
OTHER	52.1%	40.8%	7.3%
BIRACIAL	30.1%	54.8%	15.3%
UNKNOWN	4.0%	68.0%	30.0%

	RACE						
	WHITE	AFRICAN AMERICAN	ASIAN/PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	BIRACIAL	UNKNOWN
<b>SPANISH HISPANIC ORIGIN</b>							
YES	22.4%	2.8%	1.3%	1.3%	68.4%	2.5%	0.3%
UNKNOWN	44.1%	38.5%	5.2%	0.3%	10.2%	1.3%	2.4%

# There was Variation in the Quality of Race & Ethnicity fields for the FY IP 2007-2011 Data

- It's difficult to understand missing categories- patients with no specific race or ethnicity where information is not collected and left blank
- Variation from hospital to hospital in the percentage of unknown and other race categories among hospitals
- Collection of biracial information- some hospitals collected discrete races for multi-racial patients and some collected "biracial"

# HSCRC Surveyed Hospitals in July 2012 Regarding Race & Ethnicity Data Collection Practices

- All 46 Maryland Acute Care Hospitals were surveyed in early July
- 37 hospitals responded to the survey
- Survey instrument was developed internally based on input from the Disparities Work Group and included queries on:
  - Respondents' demographic information
  - Ethnicity data collected
  - Race data collected
  - Staff data collection practices, training content and timing/interval
  - Data collection tools and resources used
  - Areas where hospitals would benefit from best practice training and support

# General Observations Regarding Survey Information Gathered

- Variation in data collection categories for patients with more than one race was verified
- Training content varied by hospital
- All but one hospital indicated they use verbal or written self-report for data collection
- Variation in timing of staff training but 95% indicated it occurred an initial orientation (versus, annually, as-needed basis, periodic with audit)
- Most hospitals use internally developed programs for staff data collection tools and resources
- About half of the hospitals indicated they would benefit from additional training or support

# Based on Feedback from Disparities Workgroup, HSCRC Revised Data Collection For Race & Ethnicity for FY 2014

- Created separate variables for each race category to capture multi-racial components (i.e., Asian & Black)
- Added Country of Birth and Preferred Spoken Language for a health-related encounter.

# HSCRC & MHA Partnered to Organize Trainings from May-July 2013 on the Collection and Reporting of Race & Ethnicity Data

- Trainers
  - The Adventist HealthCare Center on Health Disparities (the Center) and
  - Institute for Patient- and Family-Centered Care (IPFCC),
- Maryland Health Services Cost Review Commission (HSCRC) and the Maryland Hospital Association (MHA) staff also provided background information
- Three Train-the-Trainer sessions were convened on the collection of patient demographic data (i.e., race, ethnicity, preferred language, and country of birth)

# Training on Collection and Reporting of Race & Ethnicity Data- Training Objectives

- There were three training objectives:
  - (1) discuss why disparities and data are important;
  - (2) explain how to collect race, ethnicity, and language data; and
  - (3) explain how to address patient concerns.
- Participants received training materials and resources to use when training staff at their own facilities.

# Collection and Reporting of Race & Ethnicity Data- Training Content

- Training content included:
  - local population demographics,
  - health disparities data,
  - race and ethnicity categories,
  - data collection strategies,
  - interactive role-plays, and
  - group discussion.
- The IPFCC facilitator presented patient- and family-centered care concepts and led a brief discussion with patients about their personal experiences being asked for race, ethnicity and preferred language
- Trainer facilitators discussed approaches and recommendations for hospitals on how to collect data, address patient concerns, and train others at their facilities.
- Knowledge assessments (pre- and post-test) and training evaluations were administered at the training sessions as well.

# Training on Collection and Reporting of Race & Ethnicity Data- Feedback and Results

- 78 hospital staff members attended the training
- Feedback from participants indicated that most participants were satisfied with the training and the information they received.
- Nearly everyone (98%) felt that the facilitators did either an excellent or good job of meeting all three learning objectives.
- Many respondents showed a good baseline understanding of the concepts presented; post-test responses demonstrated increases in knowledge for many of the concepts.

# Training on the Collection and Reporting of Race & Ethnicity Data: The Bottom Line

Providers that collect self-reported race, ethnicity, and language data from patients have the opportunity to use this information to improve quality of care, improve access to care, and reduce health disparities, ultimately leading to better health outcomes for all populations in Maryland.