

# Race and Ethnicity Data Collection

## PART 2: Best Practices in Reporting Race and Ethnicity Data

January 6, 2011



# Agenda

- Purpose of today's webcast
- Value of collecting race & ethnicity data
- State of the data
- Problem areas
- Hospital stories
- Resources
- Recommendations

# Today's Speakers

- Diane Waldo, *Oregon Association of Hospitals and Health Systems*
- Elyssa Tran, *Oregon Office of Health Policy & Research*
- Stephanie Renfro, *Oregon Health Care Quality Corporation*
- Carolyn Kozik, *Adventist Medical Center*

# Purpose of this training

1. Review need for patient race/ethnicity data
2. Review results from first two years of race/ethnicity data collection
3. Identify trouble areas
4. Clarify data standards, definitions

*...At the end of this webinar, you will hear Oregon hospitals speak about their own experiences with collecting and using the data.*

**Elyssa Tran**

Oregon Office of Health Policy &  
Research

# Value of Collecting R/E Info

- Evidence clearly shows disparities among quality of care exist across race and ethnicity
- Each Oregonian deserves high quality health care
- Linking patient race and ethnicity with clinical information allows us to examine any health care disparities
- Once disparities are identified, we can develop resources to help providers and patients address disparities in their own communities

# Value of Collecting R/E Info

*\*Only through quality, uniform data collection can effective strategies be developed and evaluated to improve the quality of care for all Oregonians*

## Note:

- Answers are confidential and voluntary
- Access to this data is limited to registered staff, administrators, and the people involved in health care oversight

# State of the Data– Hospitals

## Face Validity Assessment Criteria

A hospital's data was flagged as “suspicious” if any of the following were true:

### AHRQ/HCUP

1. “Other” race is >30%
2. “Unknown” race is >50%
3. All discharges are “White,” “Other” or “Unknown”
4. All discharges are “White” and hospital has >50 beds

### Additional

1. “American Indian” >30%

# State of the Data– Hospitals

## Face Validity Assessment

Time Period	Data Quality	
	Reasonable	Suspicious
2008	<b>62%</b> 36/58	<b>38%</b> 22/58
2009	<b>74%</b> 43/58	<b>26%</b> 15/58
2009 Q3 & Q4	<b>83%</b> 48/58	<b>17%</b> 10/58

The data appear to be improving!

# State of the Data– ASCs

## Face Validity Assessment

ASC data showed similar improving patterns, but:

- Hospital-based outpatient (OP) ASC R/E data is not as good as the hospital inpatient R/E data.
- Free standing (FS) ASCs R/E data need even more improvements, with high percentages of “Unknown,” “Patient Refused” and “Other.”

# State of the Data— Moving Forward

- Improvement noted as systems have made adjustments for data collection and worked out initial “kinks”
- Remaining trouble spots need attention

**Stephanie Renfro**

Oregon Health Care Quality  
Corporation

# Persistent Problem Areas

1. Miscoding– “White” and “American Indian”
2. Differentiating between “Patient Refused,” “Unknown” and “Other”
3. Hispanic Ethnicity and Race
4. Recording data for patients who identify with more than one race

# Persistent Problem Areas

## 1. “White” and “American Indian”

Code	Category
1	<b>American Indian / Alaska Native</b> —A person having origins in any of the original peoples of North and South America.
2	Asian—A person having origins in any peoples of the Far East, Southeast Asia, or the Indian Islands, Thailand and Vietnam.
3	Black / African American—A person having origins in any of the black racial groups of Africa.
4	Native Hawaiian / Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5	<b>White</b> —A person having origins in any of the original peoples of Europe, the <u>Middle East</u> , or <u>North Africa</u> .
7	Patient Refused—This category is an indication that the person did not want to respond to the question and should not be asked again during the same visit or during a subsequent visit.
8	Unknown—This category should be used when data is missing or when the patient or caregiver is unable to provide an answer. The patient may be asked again during the same visit or during a subsequent visit.
9	Other—This category provides a response for those who do not identify with a specific race category or respondents who identify with more than one race.

# Persistent Problem Areas

## 2. “Patient Refused,” “Unknown” and “Other”

### **Patient Refused**

- Patient did not want to respond to question
- Should not be asked again

### **Unknown**

- Patient/caregiver unable to respond
- Data is missing
- Should ask again

### **Other**

- Patient does not identify with a specific race category
- Patient identifies with more than one race

# Persistent Problem Areas

## 2. “Patient Refused,” “Unknown” and “Other”, cont’d.

Patient Response	Suggested Response	Code
"I'm human."	Is that your way of saying that you don't want to answer the question? If so, I can just say that you didn't want to answer.	"Patient Refused"
"It's none of your business."	I'll just put down that you didn't want to answer, which is fine.	"Patient Refused"
Patient crossed out this question on the form.		"Patient Refused"
Patient is unconscious.		"Unknown"
Patient left this part of the form blank.		"Unknown"
"I'm American."	Would you like to use an additional term, or would you like me to just put American?	As specified, or "Other"
"I'm part Asian and part White."	Great– and do you identify more strongly with one of those than the other?	The primary race specified, or "Other" if no primary race is indicated

# Persistent Problem Areas

## 3. Hispanic Ethnicity and Race

- People of Hispanic ethnicity may be of any race.
- Offer patients the opportunity to select from the race categories: White, Black or African American, American Indian or Alaska Native, etc.
- Hispanic respondents who do not relate to any of the race categories should be encouraged to select “Other,” just like any other person who does not relate to the race categories. *[Note: This differs from “refusing.”]*

# Persistent Problem Areas

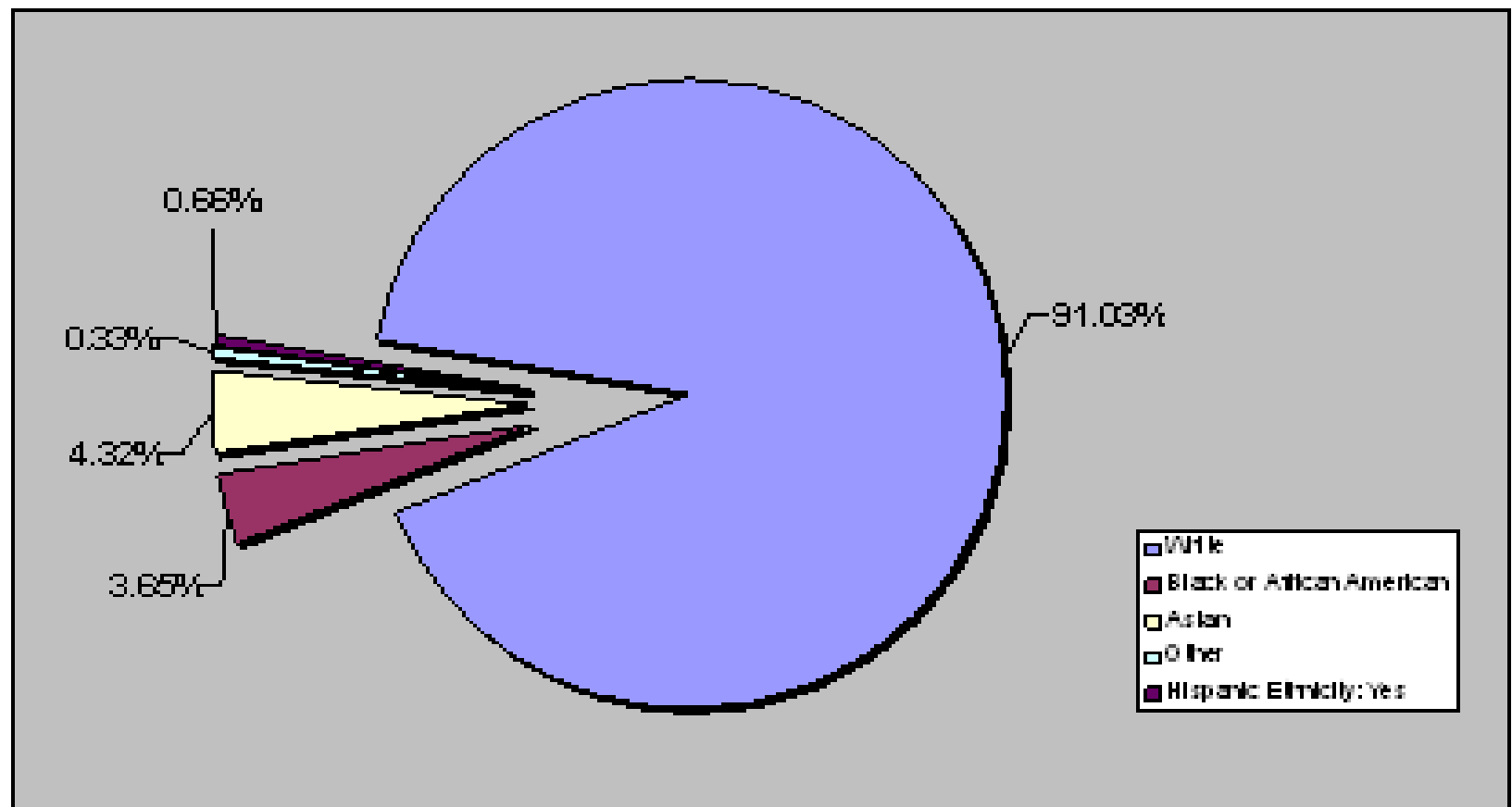
## 4. More Than One Race

- If your system can handle multiple responses to the race category, all the better!
- Per OMB guidelines, the method to report multiple races should take the form of multiple responses to the same question, not a “Multiracial” category.
- For reporting to OHPR, individuals of multiple races should be categorized as “Other.”

**Carolyn Kozik**

Stroke Program

Adventist Medical Center



# Race & Ethnicity

- Lessons learned:
  - “White” has too many cultural differences to make assumptions regarding cultural differences
    - Significant Russian culture affects discharge planning and expectations for post-hospital care
  - Correlation to disparity of care possibilities not easily accomplished
  - Language barrier issues not easily identified

Q & A

# Next Steps

- Apply what you have learned today
- Continue to monitor your data
- Use your resources as needed
- Future education will be offered as needed

# Additional Resources

- HRET Toolkit

[www.hretdisparities.org](http://www.hretdisparities.org)

—*Why to collect the data*

—*How to collect the data (training materials)*

—*Additional tools and resources*

- Oregon Health Care Quality Corp

Stephanie Renfro: [stephanie.renfro@q-corp.org](mailto:stephanie.renfro@q-corp.org)

—*Granular race/ethnicity list for use in Oregon*

—*“We Ask Because We Care” posters for display in lobbies and exam rooms*



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