Improving Health Equity Through Data Collection AND Use:
A Guide for Hospital Leaders

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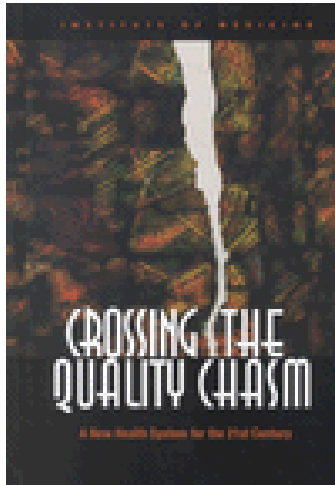**EDUCATIONAL TRUST**
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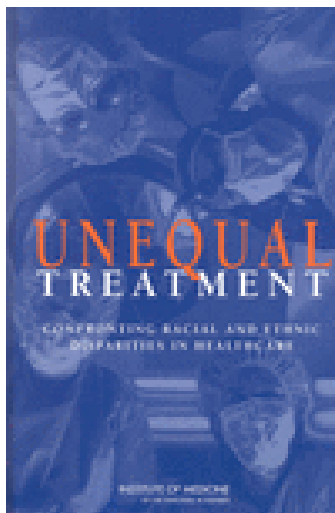**TRANSFORMING HEALTH CARE THROUGH RESEARCH AND EDUCATION**
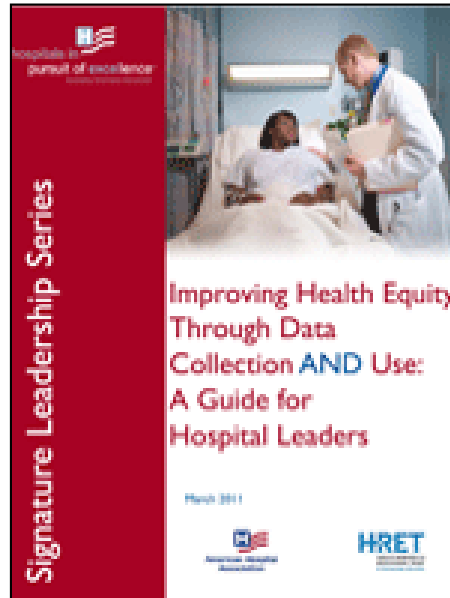
Improving Health Equity Through Data Collection AND Use: A Guide for Hospital Leaders. Chicago, IL: Health Research & Educational Trust, March 2011. Access at http://www.hpoe.org/hpoe/reports-guides.shtml#equity.

Institute of Medicine Reports

2001 – *Crossing the Quality Chasm* establishes equity as one of six "aims" of quality health care.

2002 – *Unequal Treatment* finds that multiple factors contribute to disparities in health care.

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Implementation Strategies to Reduce Disparities

- Train health care staff to deliver culturally and linguistically competent care for diverse populations

- Raise awareness of disparities using research and data

- Form partnerships to identify and test solutions

SOURCE: 2009 *National Healthcare Disparities Report*, AHRQ

Strategic Approach to Address Disparities

1. Collect data on patients' race, ethicity and primary language (R/E/L)
2. Analyze quality and health outcomes data using patient demographics to identify disparities in care and design/implement strategies to reduce disparities

Barriers to Collecting and Using R/E/L Data

- Lack of standardization of R/E/L categories
- Lack of staff understanding of why data is collected
- Information technology limitations
- Staff discomfort about data collection
- Patient privacy concerns

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Implications of Reducing Disparities

- Quality
  - Racial/ethnic minorities more prone to medical errors, adverse outcomes, longer lengths of stay, and avoidable rehospitalizations
  - Language barriers can contribute to adverse events
  - Racial/ethnic minorities less likely to receive evidence-based care for certain conditions
- Financial
  - Increased cost of care due to excessive testing, medical errors, increased length of stay and avoidable rehospitalizations
  - Pay-for-performance contracts beginning to include provisions to address racial and ethnic disparities

Implications of Reducing Disparities (contd.)

- Regulatory/accreditation
  - New disparities and cultural competence accreditation standards from Joint Commission
  - New cultural competence quality measures from National Quality Forum
  - Affordable Care Act includes several provisions to reduce disparities

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Key Strategies for Collecting Patient R/E/L Data

- Engage senior leadership
  - Helps to make efforts a priority for the organization
  - Maintains sustainability and accountability

- Define goals for data collection
  - Communicates to physicians and staff that effort does not end with data collection

- Combine disparities data collection with existing reporting requirements
  - Streamlines activities across multiple departments
  - Builds on existing hospital/system efforts
  - Ensures broad-based input

Key Strategies for Collecting Patient R/E/L Data (contd.)

- Track and report progress on an organization-wide basis
  - Periodically disseminating information on patient demographics can serve to further engage leadership and staff as they see the diversity in the patient population increase

- Build data collection into quality improvement initiatives
  - Ensures accountability for accuracy and consistency in collecting data

Key Strategies for Collecting Patient R/E/L Data (contd.)

- Utilize available national, regional and state resources

  - Builds on other organizations' efforts and presents learning opportunity, with tools and guidance from national organizations (e.g., HRET, NQF and the Joint Commission) and state government agencies (e.g., state departments of public health)

- Review, revise and refine process and categories constantly

  - Ensures that data collected is relevant

  - Helps facilitate incremental changes, which could include moving from data collection to data analysis and use

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Leading Practices for Using Patient R/E/L Data

- Use an equity scorecard or dashboard to report organizational performance

- Provide interpreter services

- Review performance indicators, e.g., length of stay, admissions, avoidable readmissions

- Review process of care measures

- Review outcomes of care

- Analyze provision of certain preventive care

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Equity Scorecard/Dashboard

- Capture performance on key quality indicators stratified by patient race, ethnicity, and socioeconomic status

- Can report progress made in certain areas as well as identify specific areas of focus

- Can help identify patient populations that may be at increased risk for adverse outcomes

- Update and report regularly to senior leadership and hospital staff

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Provide Interpreter Services

- Communication gaps between providers and patients frequent source of medical errors

- May lead to costly and excessive testing as well as delay of necessary care

- Collection of patient data can help identify areas where trained and professional interpreter services are needed

Review Performance Indicators, Measures and Outcomes

- Types of data to be analyzed
  - Performance indicators, e.g., length of stay, admissions, readmissions
  - Process of care measures
  - Outcomes
  - Delivery of preventive services
- Stratifying data by patient demographics can identify trends associated with specific patient groups and identify disparities in care

Lessons Learned to Date

- Focus on improving registration and information systems to capture more comprehensive demographic information about patients

- Consolidate and standardize efforts across departments to reduce duplicative activities

- Identify internal champions to help advance equity strategy goals and engage effective management

Lessons Learned to Date

- Develop partnerships with community organizations that can provide insights into cultural differences in the community served, to better inform strategies to reduce disparities

- Identify and track inpatient and outpatient performance measures and aggregate the measures in dichotomous variables based on race, ethnicity and, if desired, socioeconomic status

- Use a continuous improvement process to identify possible causes of observed racial and ethnic differences in patient care and test workflow solutions to eliminate the disparity

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