Today's Webinar

Minnesota Hospital Association

Getting Started: Utilizing Data to Drive Quality Improvement Efforts

will begin at 3:00 PM

- Please keep your lines muted to avoid background noise

Questions

- **Chat us questions** throughout the presentation
- There will be time at the end to unmute and ask questions

Minnesota Hospital Association

Welcome

Getting Started: Utilizing Data to Drive Quality Improvement Efforts

Kenneth Holmen, M.D.
President & CEO, CentraCare

June 23, 2021

Health Equity Organizational Assessment

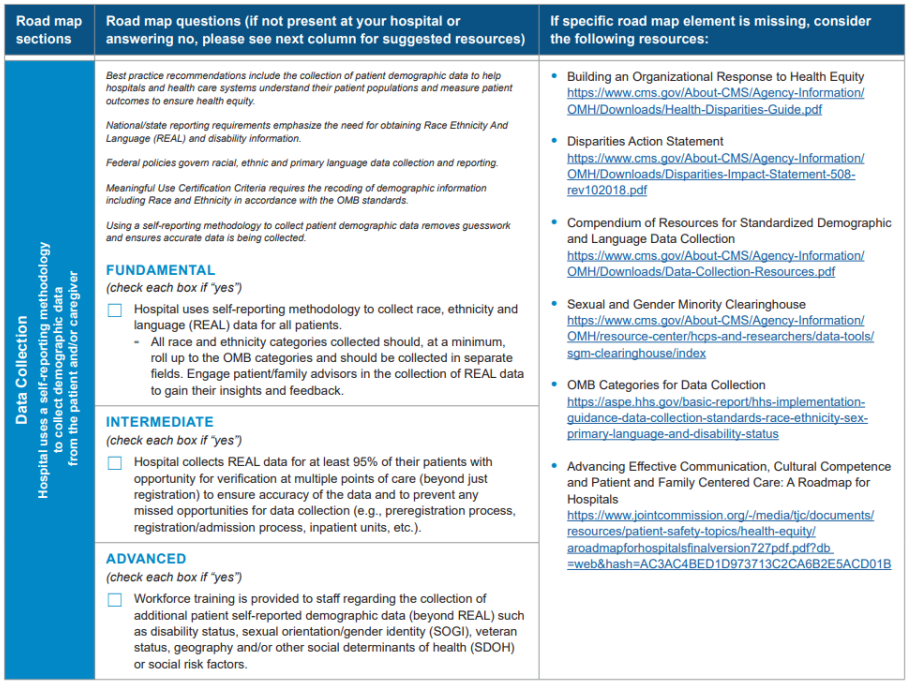
- Why is this important?
- How was it created?
- Review of the assessment
- Open to questions during and end of presentation

What are Health Care Disparities?

- Health disparities are differences in health outcomes closely linked with **social, economic, and environmental** disadvantage – are often driven by the social conditions in which individuals **live, learn, work, and play**. Characteristics **including race, ethnicity, disability, sexual orientation or gender identity, socio-economic status, geographic location**, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.

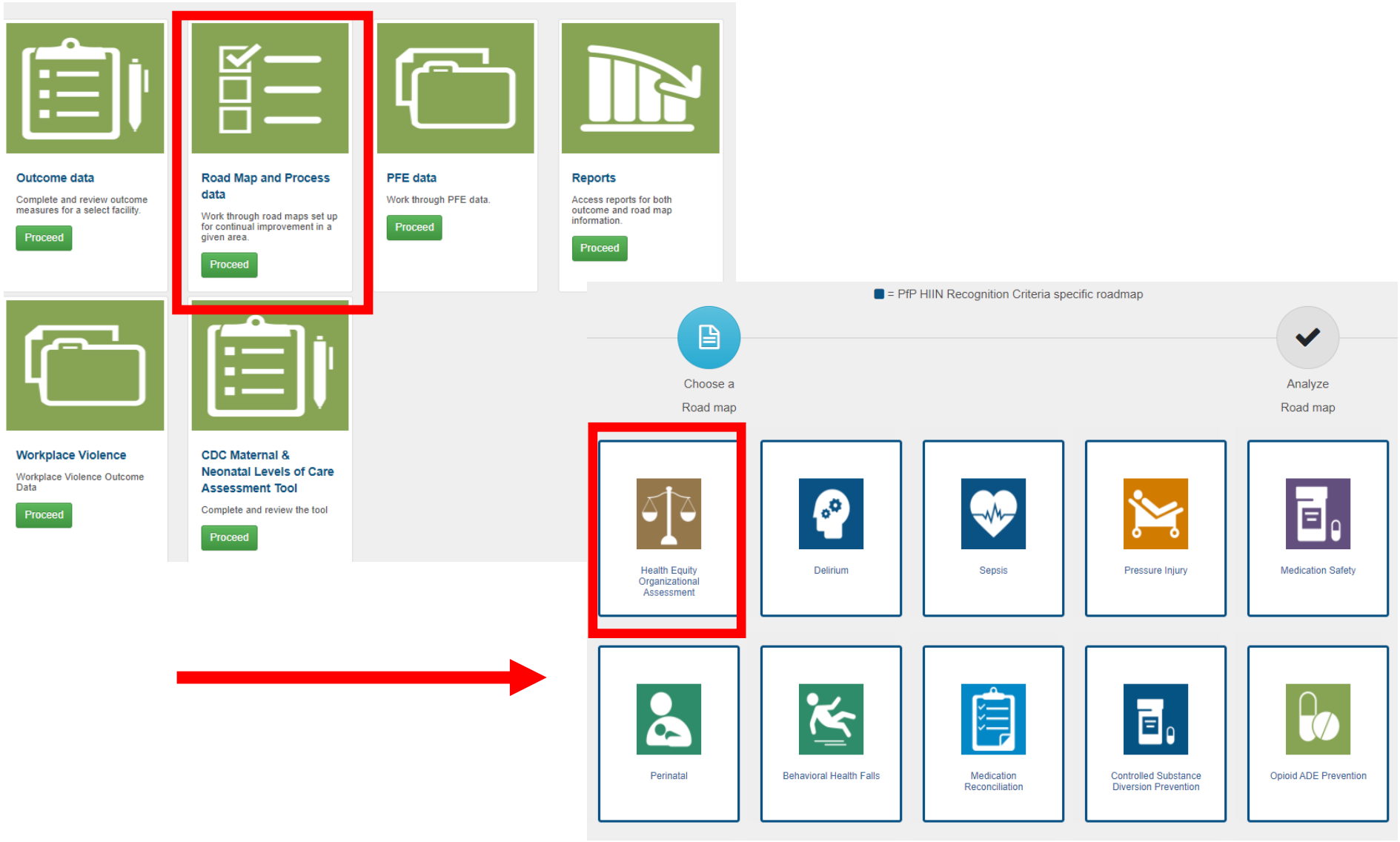
Health Equity Organizational Assessment

- Assess the current state and ability of hospitals to identify gaps and address health disparities.
- Help hospitals and health systems focus future technical assistance to help advance health equity efforts and reduce health disparities.
- MHA Data Portal entry now available



Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:
Data Collection Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver	*Best practice recommendations include the collection of patient demographic data to help hospitals and health care systems understand their patient populations and measure patient outcomes to ensure health equity.* *National/state reporting requirements emphasize the need for obtaining Race Ethnicity And Language (REAL) and disability information.* *Federal policies govern racial, ethnic and primary language data collection and reporting.* *Meaningful Use Certification Criteria requires the recoding of demographic information including Race and Ethnicity in accordance with the OMB standards.* *Using a self-reporting methodology to collect patient demographic data removes guesswork and ensures accurate data is being collected.* **FUNDAMENTAL** *(check each box if "yes")* ☐ Hospital uses self-reporting methodology to collect race, ethnicity and language (REAL) data for all patients. - All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories and should be collected in separate fields. Engage patient/family advisors in the collection of REAL data to gain their insights and feedback. **INTERMEDIATE** *(check each box if "yes")* ☐ Hospital collects REAL data for at least 95% of their patients with opportunity for verification at multiple points of care (beyond just registration) to ensure accuracy of the data and to prevent any missed opportunities for data collection (e.g., preregistration process, registration/admission process, inpatient units, etc.). **ADVANCED** *(check each box if "yes")* ☐ Workforce training is provided to staff regarding the collection of additional patient self-reported demographic data (beyond REAL) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors.	• Building an Organizational Response to Health Equity https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf • Disparities Action Statement https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf • Compendium of Resources for Standardized Demographic and Language Data Collection https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Collection-Resources.pdf • Sexual and Gender Minority Clearinghouse https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/data-tools/sgm-clearinghouse/index • OMB Categories for Data Collection https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status • Advancing Effective Communication, Cultural Competence and Patient and Family Centered Care: A Roadmap for Hospitals https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/health-equity/aroadmapforhospitalsfinalversion727pdf.pdf?db=web&hash=AC3AC4BED1D973713C2CA6B2E5ACD01B

MHA Data Portal Entry



Click Yes or No in each level within each category

Health Equity Organizational Assessment

(Created by HIIN (Health Improvement Innovation Network) Health Equity Affinity Group 2018)

REAL= Race, Ethnicity and Language

See relevant resources to support progress

Health Equity Assessment Category	Intent	Level of Hospital Implementation	Meets (Y/N)
1 DATA COLLECTION Hospital uses a self-	• Best practice recommendations include the collection of patient demographic data to help hospitals and healthcare systems understand their patient populations and measure patient outcomes to ensure health equity. • National/State reporting requirements emphasize the need for obtaining REAL and disability information. • Federal policies govern racial, ethnic, and primary language data collection and reporting.	**Basic/Fundamental** Hospital uses self-reporting methodology to collect race, ethnicity and language **(REAL) data** for all patients. *All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories and should be collected in separate fields. Engage Patient/Family Advisors in the collection of REAL data to gain their insights and feedback.*	● Yes ○ No
		Mid-Level/Intermediate *Hospital meets the above basic/fundamental level of implementation plus:* Hospital collects REAL data for at least 95% of their patients with opportunity for verification at **multiple points of care (beyond just registration)** to ensure accuracy of the data and to prevent any missed opportunities for data collection (e.g., pre-registration process, registration/admission process, inpatient units, etc.). Resource, here.	○ Yes ○ No

Assessment categories

Category	Standard
Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
Resolve Differences	Hospital implements interventions to resolve differences in patient outcomes.
Infrastructure & Culture	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

Levels of adherence

Category
Data Collection
Data Collection Training
Data Validation
Data Stratification
Communicate Findings
Resolve Differences
Infrastructure & Culture

- Beginner/fundamental
- Mid-level/intermediate
- Advanced

Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver
Basic/ Fundamental	Hospital uses self-reporting methodology to collect race, ethnicity and language (REAL) data for all patients. All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories and should be collected in separate fields.
Mid-level/ Intermediate	Hospital collects REAL data for at least 95% of their patients with opportunity for verification at multiple points of care (beyond just registration)
Advanced	Hospital uses self-reporting methodology to collect additional demographic data (beyond REAL) for patients such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors.

Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
Basic/ Fundamental	Hospital has a standardized process in place to both evaluate the accuracy and completeness (percent of fields completed) for REAL data and a process to evaluate and compare hospital collected REAL data to local demographic community data.
Mid-level/ Intermediate	Hospital addresses any system-level issues (e.g., changes in patient registration screens/fields, data flow, workforce training, etc.) to improve the collection of self-reported REAL data.
Advanced	Hospital has a standardized process in place to evaluate the accuracy and completeness (percent of fields completed) for additional demographic data (beyond REAL) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors -- and has a process in place to evaluate and compare hospital collected patient demographic data to local demographic community data.

Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
Basic/ Fundamental	Hospital stratifies at least one patient safety, quality and or outcome measure by REAL.
Mid-level/ Intermediate	Hospital stratifies more than one (or many) patient safety, quality and or outcome measure by REAL.
Advanced	Hospital stratifies more than one (or many) patient safety, quality and/or outcome measure by REAL and other demographic data (beyond REAL) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors

Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations
Basic/ Fundamental	Hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes to hospital senior executive leadership (including medical staff leadership) and the Board.
Mid-level/ Intermediate	Hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes widely within the organization (e.g., quality staff, front line staff, managers, directors, providers, committees and departments or service lines
Advanced	Hospital uses a reporting mechanism (e.g., equity dashboard) to share/communicate patient population outcomes with patients and families (e.g., PFAC members) and/or other community partners or stakeholders.

Address & Resolve Gaps in Care	Hospital implements interventions to resolve difference in patient outcomes.
Basic/ Fundamental	Hospital engages multidisciplinary team(s) to **develop and test pilot interventions** to address identified disparities in patient outcomes.
Mid-level/ Intermediate	Hospital **implements interventions (e.g., redesigns processes, conducts system improvement projects and/or develops new services)** to resolve identified disparities and educates staff/workforce regarding findings.
Advanced	Hospital has a **process in place for ongoing review, monitoring, recalibrating interventions (as needed) to ensure changes are sustainable.**

Organizational Infrastructure & Culture	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.
Basic/ Fundamental	Hospital has a standardized process to train its workforce to deliver culturally competent care and linguistically appropriate services (according to the CLAS standards).
Mid-level/ Intermediate	Hospital has named an individual (or individuals) who has leadership responsibility and accountability for health equity efforts (e.g., manager, director or Chief Equity, Inclusion and Diversity Officer/Council/Committee) who engages with clinical champions, patients and families (e.g., Patient and Family Advisory Councils (PFACs)) and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations. Note: This doesn't have to be a member of the C-Suite.
Advanced	Hospital has made a commitment to ensure equitable health care is prioritized and delivered to all persons through written policies, protocols, pledges or strategic planning documents by organizational leadership and Board of Directors (e.g. mission/vision/values reflect commitment to equity and is demonstrated in organizational goals and objectives). Example: #123forEquity Pledge

Minnesota Hospital Association

REAL Data
Race, Ethnicity and Language

MHA Administrative Data Collection Project

Presented by:
Katie Banks, MPH, director, health informatics and analytics, MHA
Jaclyn Roland, database manager – data and information, MHA

Reducing disparities among diverse populations

1. **Data Collection**
2. Data Validation
3. Data Stratification
4. Communicate Findings
5. Address and Resolve Gaps in Care
6. Organizational Infrastructure and Culture

How REAL data is collected

REAL data is collected within a specified field location in the administrative data

Example: Note segment:
NTE*ADD***R5E2ENGLISH**~

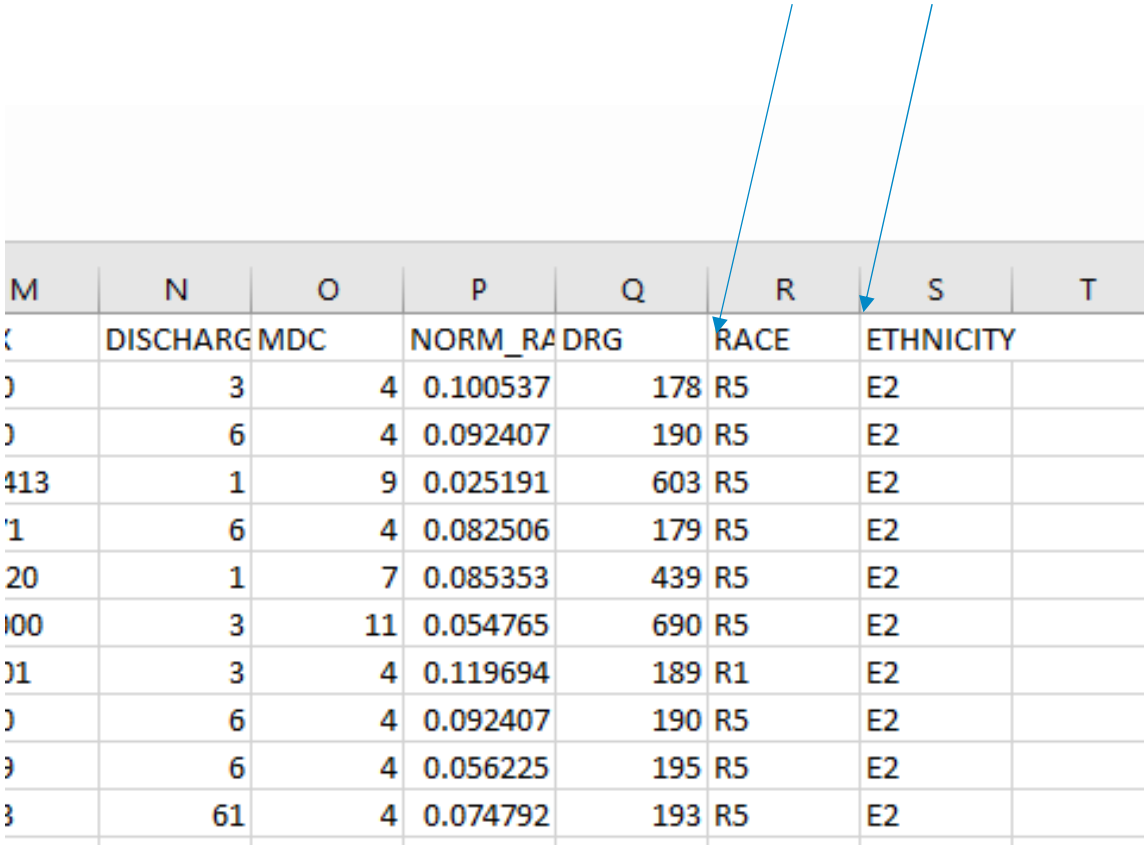
Example: Demographic Segment

DMG **R5 E2 Spanish**

REAL Codes

Race Code	Race Description	Ethnicity Code	Ethnicity Description
R1	American Indian or Alaska Native	E1	Hispanic or Latino
R2	Asian	E2	Non-Hispanic or Non-Latino
R3	Black or African American	EY	Decline to State
R4	Native Hawaiian or Pacific Islander		
R5	White/Caucasian		
R9	Other Race/Multiple Races		
RZ	Unknown/Not Provided		

REAL Data is used in our PPR Reports (Potentially Preventable Readmissions)



M	N	O	P	Q	R	S	T
(	DISCHARG	MDC	NORM_RA	DRG	RACE	ETHNICITY	
)	3	4	0.100537	178	R5	E2	
)	6	4	0.092407	190	R5	E2	
413	1	9	0.025191	603	R5	E2	
'1	6	4	0.082506	179	R5	E2	
20	1	7	0.085353	439	R5	E2	
)00	3	11	0.054765	690	R5	E2	
)1	3	4	0.119694	189	R1	E2	
)	6	4	0.092407	190	R5	E2	
)	6	4	0.056225	195	R5	E2	
3	61	4	0.074792	193	R5	E2	

Reducing disparities among diverse populations

1. Data Collection
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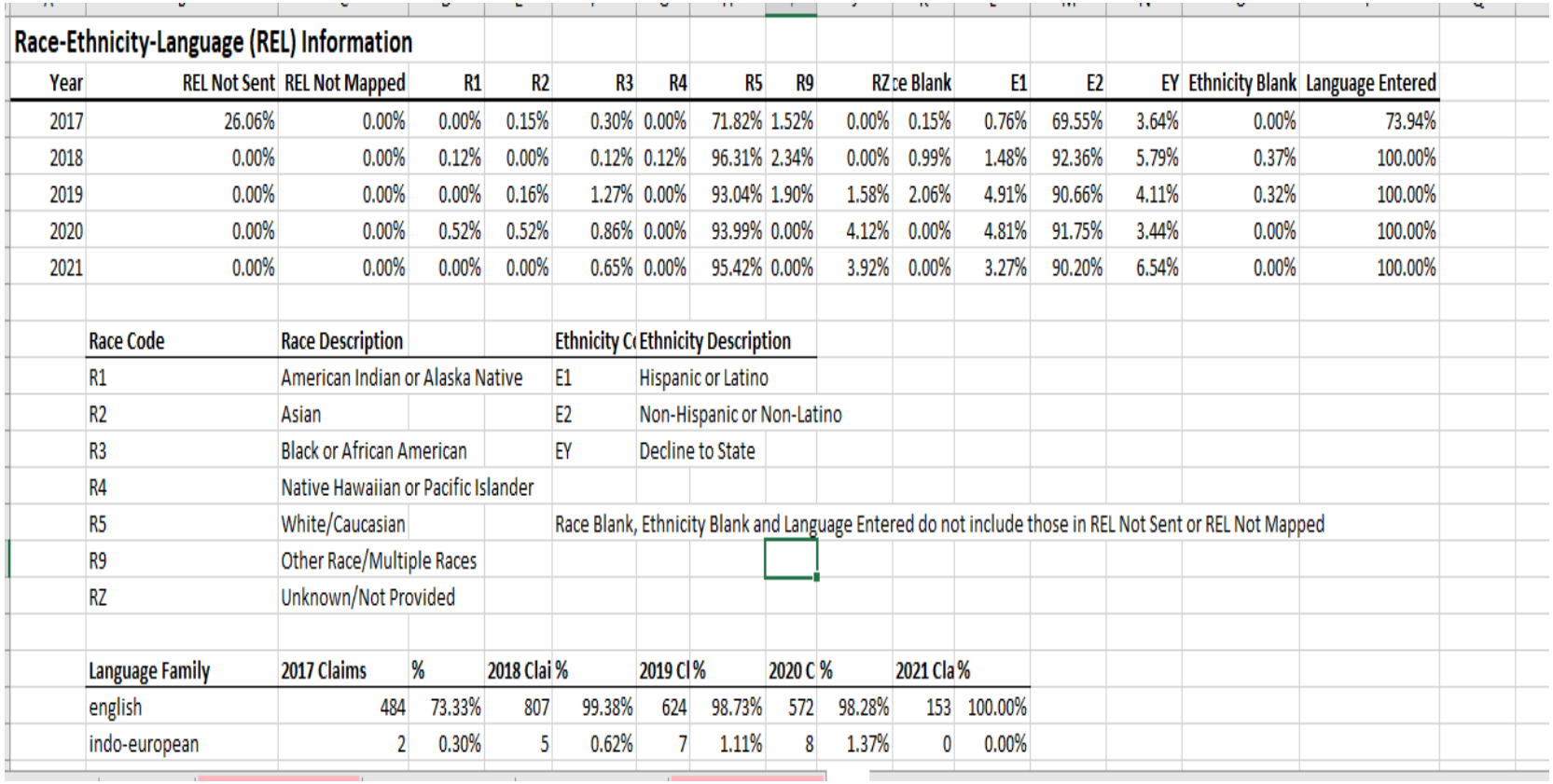
Data quality review on MHA data portal



Race-Ethnicity-Language (REL) Information

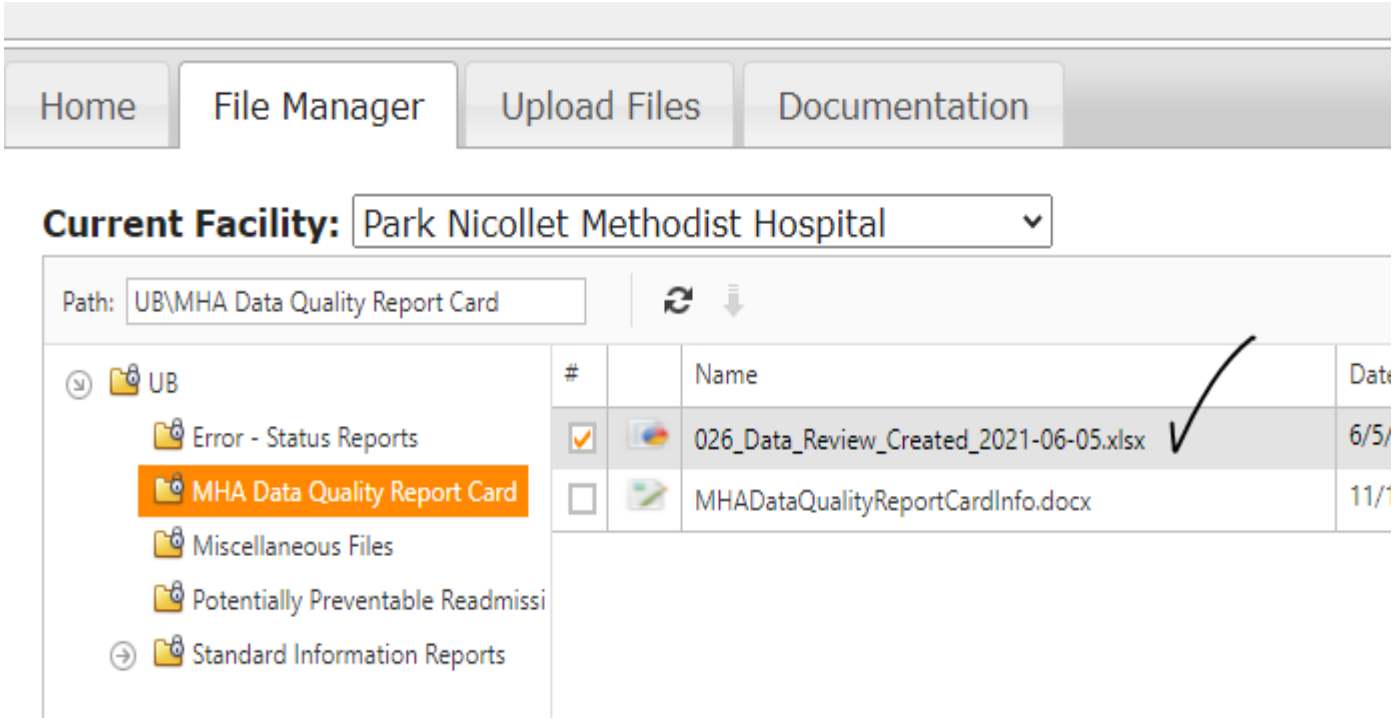
Year	REL Not Sent	REL Not Mapped	R1	R2	R3	R4	R5	R9	RZ	ce Blank	E1	E2	EY	Ethnicity Blank	Language Entered
2017	26.06%	0.00%	0.00%	0.15%	0.30%	0.00%	71.82%	1.52%	0.00%	0.15%	0.76%	69.55%	3.64%	0.00%	73.94%
2018	0.00%	0.00%	0.12%	0.00%	0.12%	0.12%	96.31%	2.34%	0.00%	0.99%	1.48%	92.36%	5.79%	0.37%	100.00%
2019	0.00%	0.00%	0.00%	0.16%	1.27%	0.00%	93.04%	1.90%	1.58%	2.06%	4.91%	90.66%	4.11%	0.32%	100.00%
2020	0.00%	0.00%	0.52%	0.52%	0.86%	0.00%	93.99%	0.00%	4.12%	0.00%	4.81%	91.75%	3.44%	0.00%	100.00%
2021	0.00%	0.00%	0.00%	0.00%	0.65%	0.00%	95.42%	0.00%	3.92%	0.00%	3.27%	90.20%	6.54%	0.00%	100.00%

Race Code	Race Description	Ethnicity C	Ethnicity Description
R1	American Indian or Alaska Native	E1	Hispanic or Latino
R2	Asian	E2	Non-Hispanic or Non-Latino
R3	Black or African American	EY	Decline to State
R4	Native Hawaiian or Pacific Islander		
R5	White/Caucasian	Race Blank, Ethnicity Blank and Language Entered do not include those in REL Not Sent or REL Not Mapped	
R9	Other Race/Multiple Races		
RZ	Unknown/Not Provided		

Language Family	2017 Claims	%	2018 Clai	%	2019 Cl	%	2020 C	%	2021 Cla	%
english	484	73.33%	807	99.38%	624	98.73%	572	98.28%	153	100.00%
indo-european	2	0.30%	5	0.62%	7	1.11%	8	1.37%	0	0.00%

Data Portal Link

- https://portal.mnhospitals.org



Reducing disparities among diverse populations

1. Data Collection
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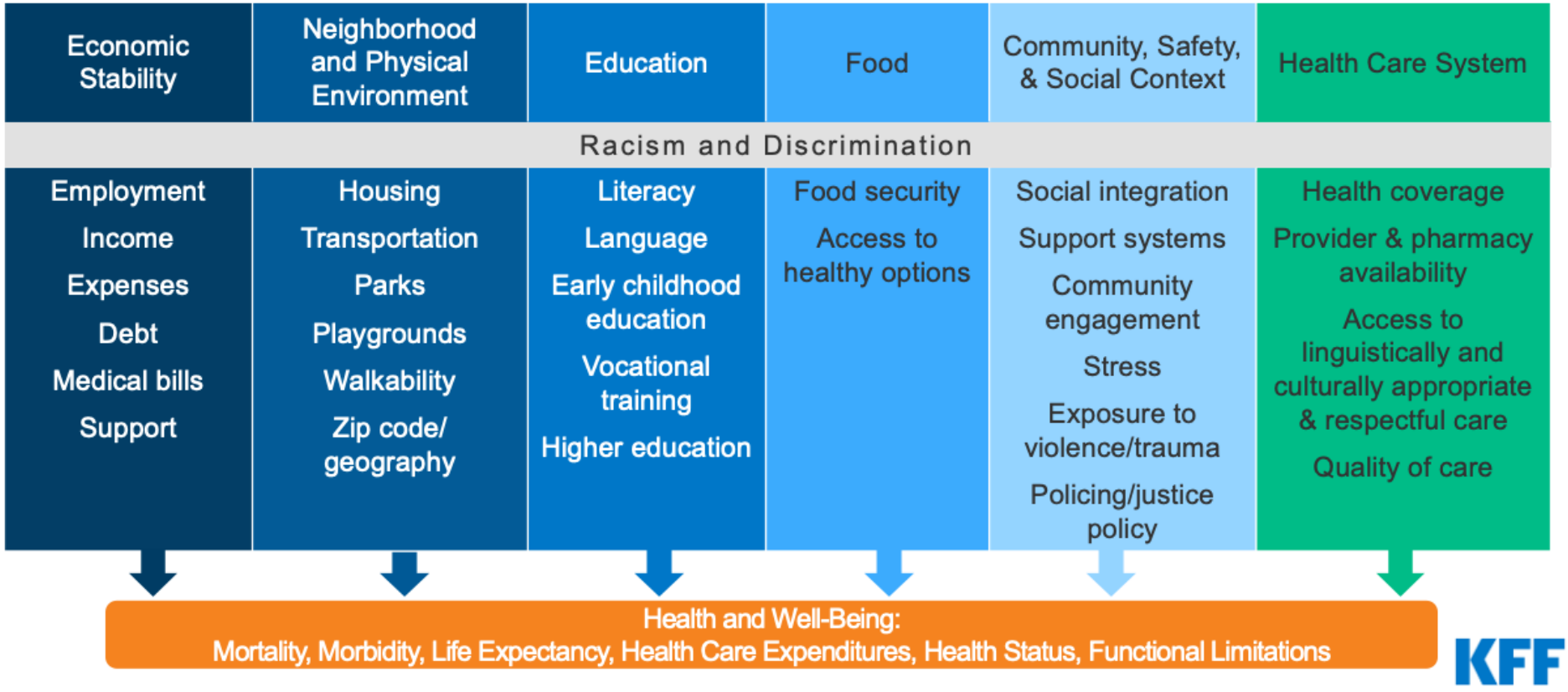
Health Disparities
vs.
Health Inequities

Health Disparities	Differences in health outcomes, without indication of the drivers of those differences.
Health Inequities	Differences in health that are unfair, unjust, and shaped by social or economic characteristics.

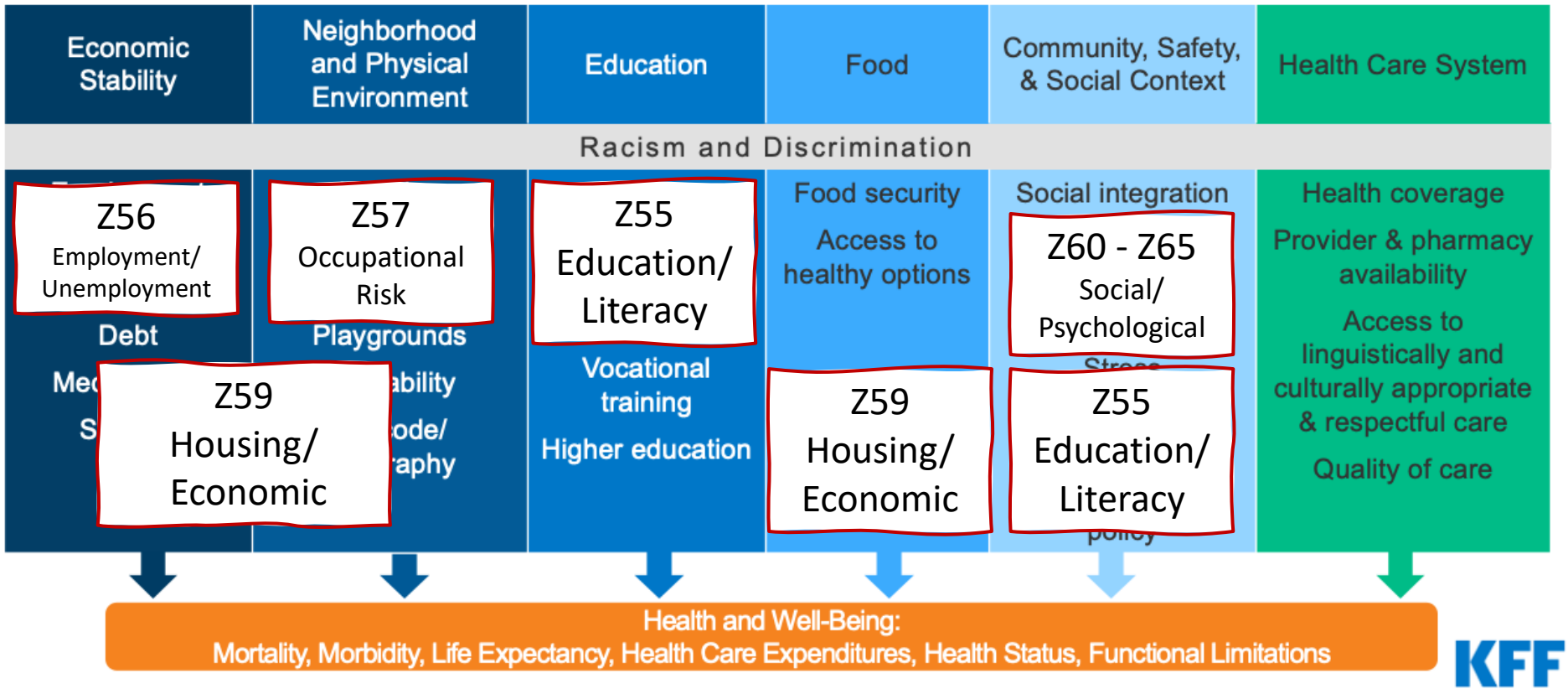
Human Rights & Health Equity Office. (2017). Guide to demographic data collection in healthcare settings. Human Rights & Health Equity Office, Sinai Health System. Retrieved from Toronto Health Equity Website, Sinai Health System: torontohealthequity.ca
https://www.colleaga.org/sites/default/files/attachments/Measuring-Health-Equity-Guide-to-Demographic-Data-Collection.pdf

Health disparities are driven by social and economic inequities



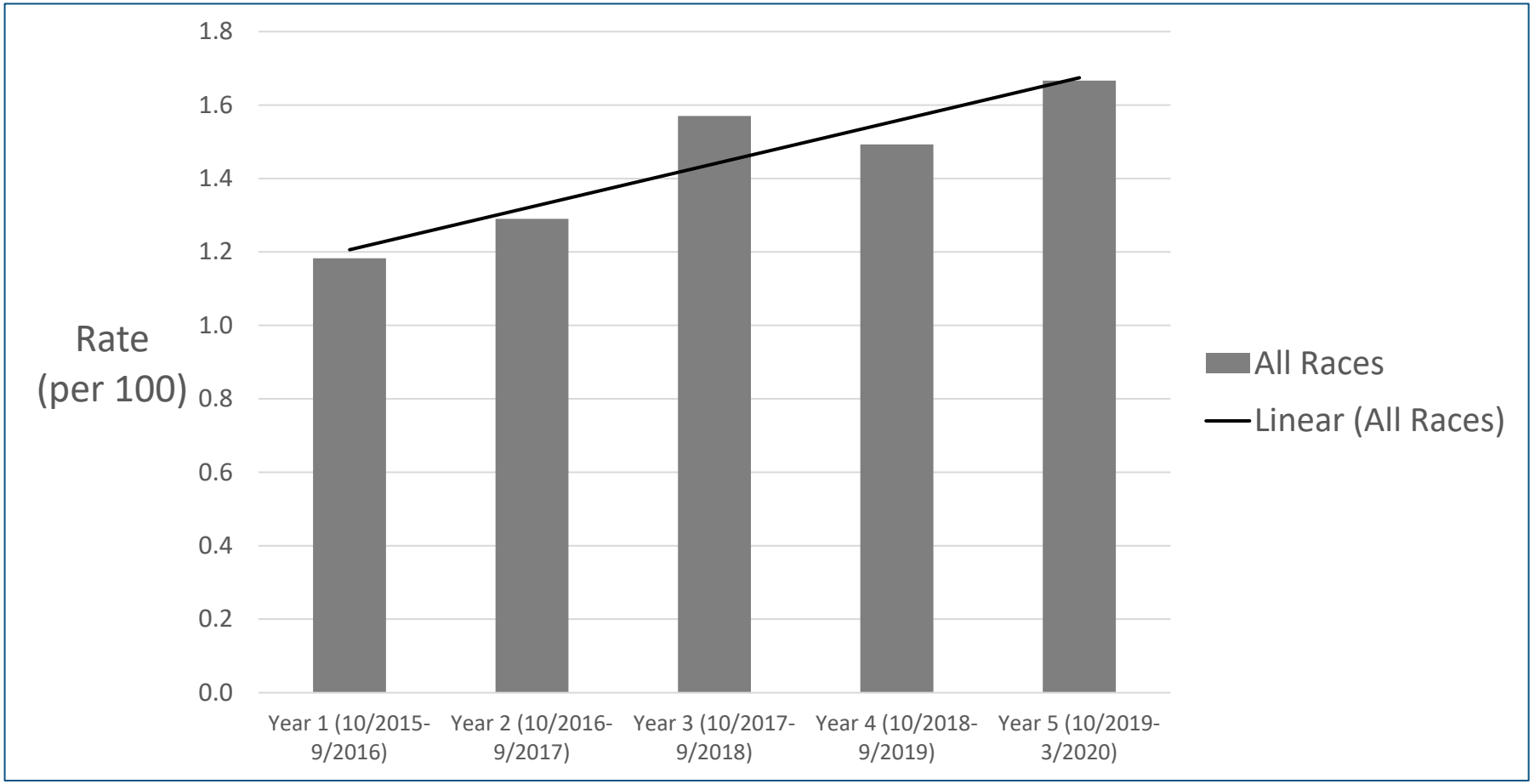
KFF: https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Using Z-codes to document social and economic data



Documenting Z-codes: https://www.cms.gov/files/document/zcodes-infographic.pdf
Other resources: www.aha.org

MHA REAL Example 1
Identifying Disparities in Severe Maternal Morbidity



CDC SMM definition (ICD-9/ICD-10): https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm

MHA REAL Example 1
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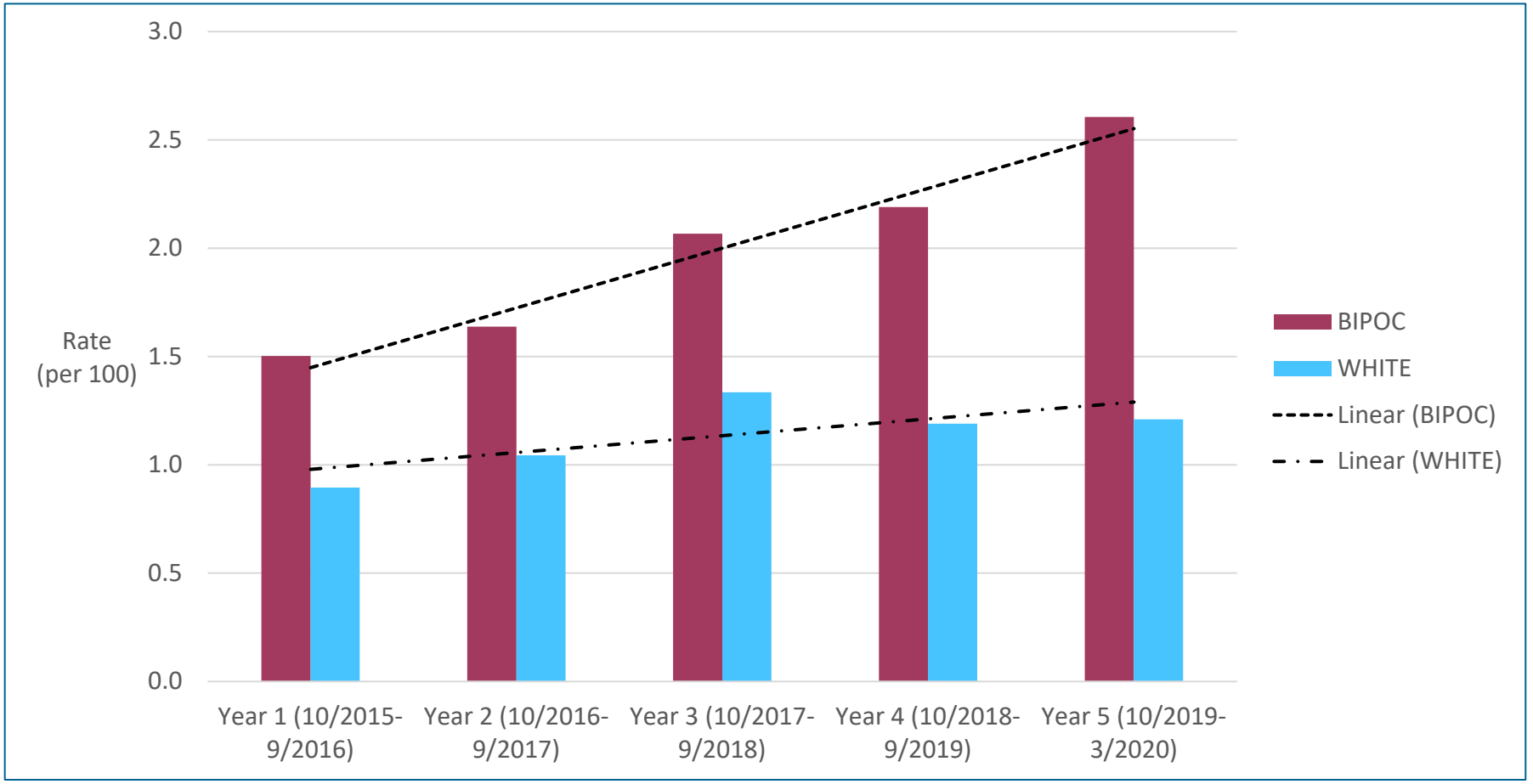

CDC SMM definition (ICD-9/ICD-10): https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm

Reducing disparities among diverse populations

1. Data Collection
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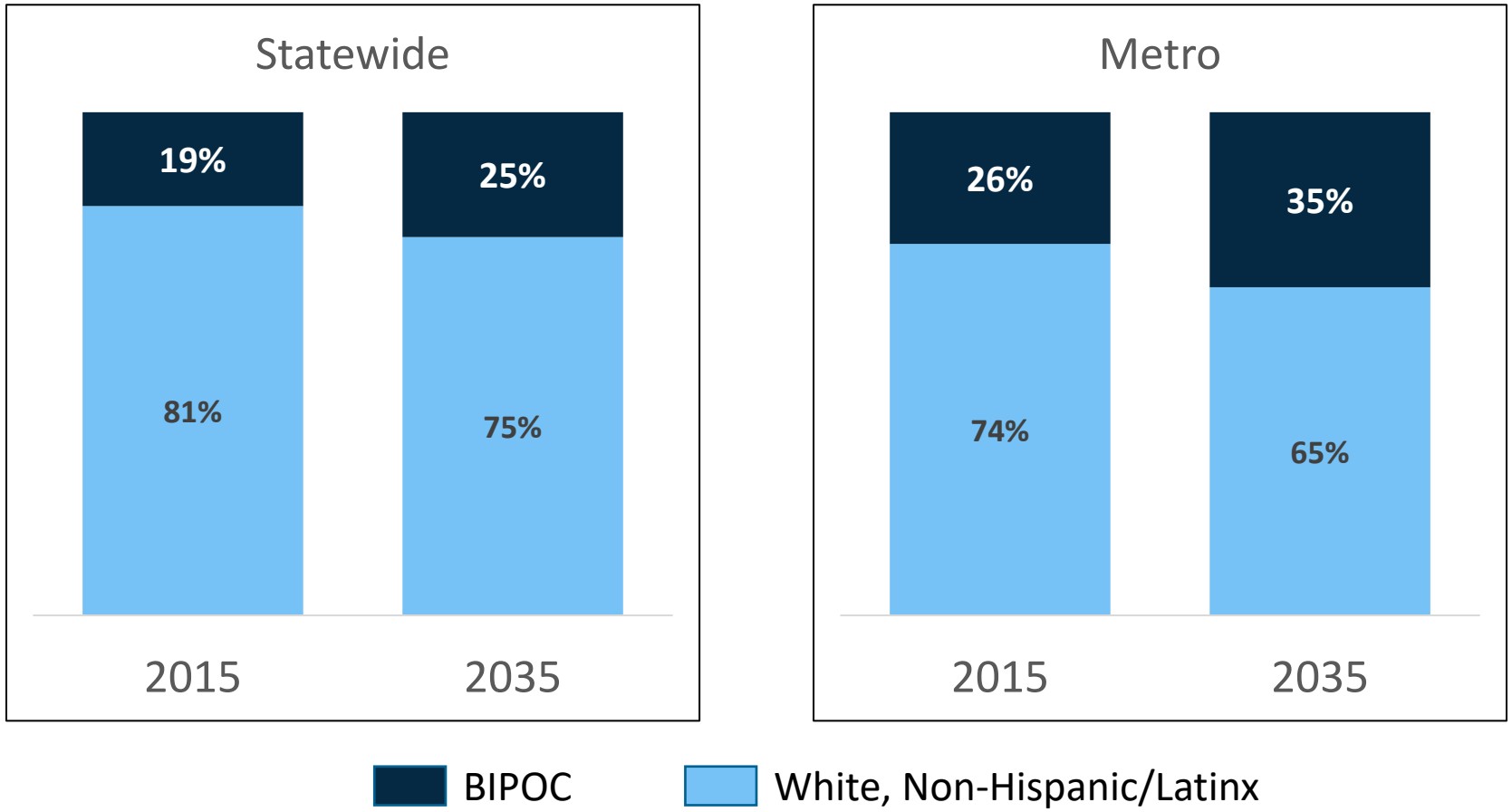
3. Data Stratification
4. **Communicate Findings**
5. **Address and Resolve Gaps in Care**
6. **Organizational Infrastructure and Culture**

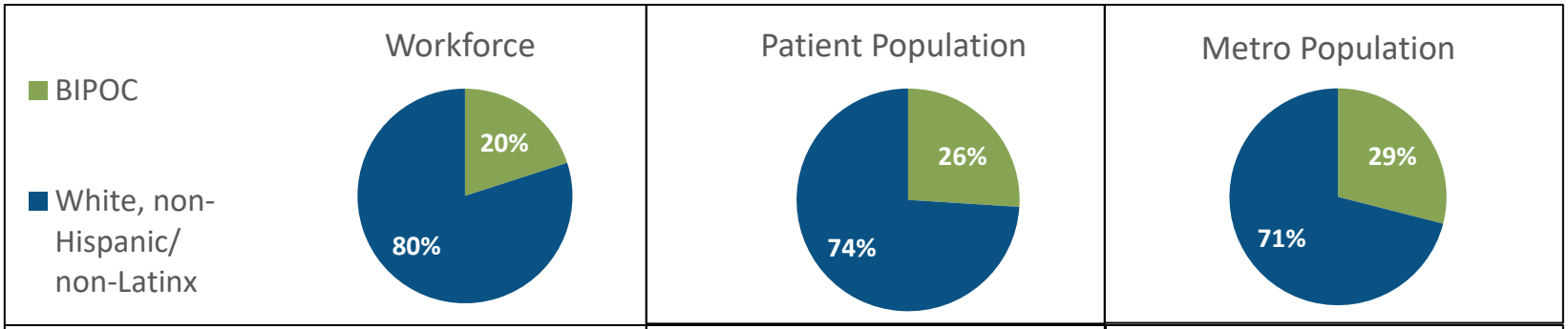
MN BIPOC population expected to grow 50% by 2035



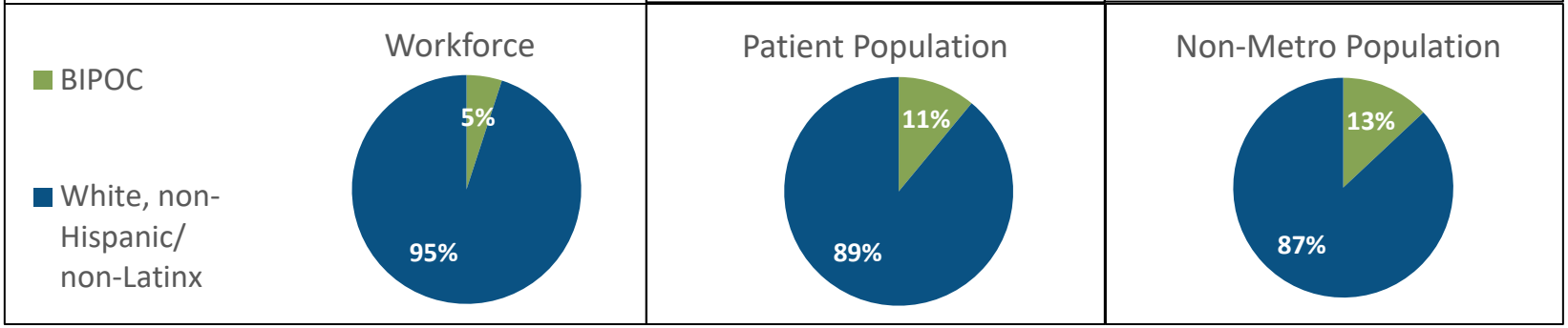
https://mn.gov/admin/assets/mn-population-projections-by-race-hispanic-origin-2005to2035-msdc-jan2009_tcm36-219384.pdf

Diversity of the workforce, patients served and community population

METRO
97% participation



NON-METRO
81% participation



Call to action

- Complete the HEOA for your hospital or health system
- Review the data quality report sent out by MHA
- Begin to understand how z-codes are collected and used by your organization

Questions?

- Please use chat box

Or

- Raise hand and unmute

Who to contact:

- Jenny Schoenecker, CPHQ, LNHA, senior director, quality and safety
- Abby Stoffel, quality and process improvement specialist
- Katie Banks, MPH, director, health informatics and analytics
- Jaclyn Roland, database manager – data and information
- Bonnie Terveer, data operations assistant

Minnesota Hospital Association

What's Next?

August 19 - webinar

Providing equitable care for LGTBQ+ patients

Presenter: Megan Mueller, director of education and prevention, Rainbow Health

August 12 - webinar

Joint Commission 2021 National Patient Safety Goals for Hospitals

Register at mnhospitals.org

View full Calendar of Events

Minnesota Hospital Association