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NYSPFP Health Care Disparities Kickoff Webinar

**Building An Organizational Response to Health
Disparities: *A Roadmap to Reducing Disparities and
Creating a Culture of Equity***

July 31st, 2018
3:00p.m.-4:00p.m.



Agenda

Topic	Speaker
Welcome and Introductions	NYSPFP Staff
NYSPFP Race, Ethnicity and Language (REaL) Data Report	NYSPFP Staff
Implementation of the Office of Mental Health (OMH) at Centers for Medicare & Medicaid Services (CMS) Disparities Action Statement (DAS)	Aswita Tan-McGrory, MBA, MSPH Deputy Director, The Disparities Solutions Center Massachusetts General Hospital
Hospital Questions and Discussion	Hospital Participants Aswita Tan-McGrory Facilitated by NYSPFP Staff
Tools and Resources/Next Steps	NYSPFP Staff



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NYSPFP Health Care Disparities Initiative Overview



NYSPFP Health Care Disparities Initiative

Goal and Approach

Goal:

The goal of NYSPFP's focus on reducing health care disparities is to assist hospitals in identifying potential disparities in care delivery through standardized capture of data and information, to better address these disparities and reduce harm.

Approach:

NYSPFP will provide hospitals with tools, education and training opportunities on best practices to improve the capture of standard Race, Ethnicity, and Language (REaL) data and use of this data to inform patient-centered care and targeted interventions to reduce disparities.



NYSPFP Health Care Disparities Approach

- NYSPFP will support hospitals identify areas for improvement in the collection and use of REaL data utilizing two approaches:
 - Hospital survey to identify existing practices around collection and use of demographic data
 - NYSPFP Race, Ethnicity and Language (REaL) Data Report
- NYSPFP will provide technical assistance to hospitals to improve demographic data collection
 - Access to virtual and in-person education for management and front-line staff



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Race, Ethnicity and Language (REaL) Data Report

NYSPFP Staff



NYSPFP REaL Data Report

The REaL Data Report:

- Provides information on race and ethnicity reporting at your hospital.
- Compares your reported data with other NYSPFP participating hospitals.
- Compares race and ethnicity data that your hospital has reported via claims with census data from within the geographical area where patients treated at your hospital live.
- Provides potential areas for improvement in data quality, and information on the communities your hospital draws from.

Data Sources:

- 2016 Statewide Planning and Research Cooperative System (SPARCS)
- 2012 - 2016 American Community Survey (census) Five Year Estimate



Section I: Potential Areas for SPARCS Data Improvement



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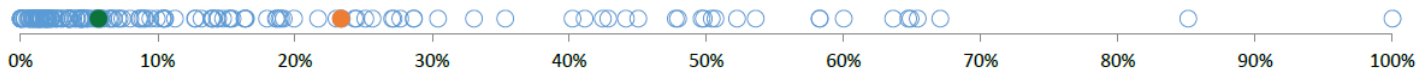
NYSFPF REaL Data Report

Example Hospital

Section I: Potential Areas for SPARCS Data Improvement

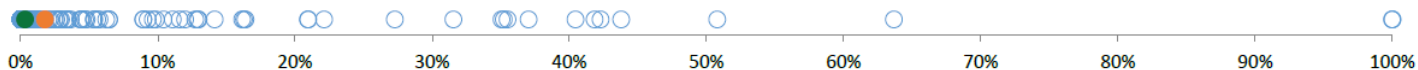
● Hospital - Percentage ○ Other NYSFPF Hospitals - Percentage ● NYSFPF - Median Percentage

% of SPARCS Data with "Other Race" Entered in Race Category



Hospital - Frequency	3,501
● Hospital - Percentage	23.3%
● NYSFPF - Median Percentage	5.7%

% of SPARCS Data with "Unknown" Entered in Ethnicity Category



Hospital - Frequency	264
● Hospital - Percentage	1.8%
● NYSFPF - Median Percentage	0.3%



Section II: Distribution of SPARCS Data for Your Hospital

Section II: Distribution of SPARCS Data for Your Hospital

Distribution of Race in SPARCS Data

Race	Frequency	Percentage
White	7,300	48.7%
Other Race	3,501	23.3%
African American (Black)	2,348	15.7%
Other Asian	1,408	9.4%
Native American (American Indian/Eskimo/Aleut)	205	1.4%
Multi-Racial	100	0.7%
Native Hawaiian or Other Pacific Islander	8	0.1%
Asian Indian	0	0.0%
Chinese	0	0.0%
Filipino	0	0.0%
Japanese	0	0.0%
Korean	0	0.0%
Vietnamese	0	0.0%
Inconsistent Reporting	131	0.9%

Distribution of Ethnicity in SPARCS Data

Ethnicity	Frequency	Percentage
Not of Spanish/Hispanic Origin	10,200	68.0%
Other Spanish/Hispanic Origin	4,485	29.9%
Ethnicity Unknown	264	1.8%
Mexican, Mexican American, Chicano/a	0	0.0%
Puerto Rican	0	0.0%
Cuban Origin	0	0.0%
Multi-Ethnic	0	0.0%
Inconsistent Reporting	52	0.3%



Section III: Comparison of SPARCS and Census Data

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Comparison of Race in SPARCS and Census Data

Race	Hospital			NYSPPF
	SPARCS % Reported	Census % Estimated	Difference between SPARCS % and Census %	Avg. Difference Across NYSPPF Hospitals
White	48.7%	45.0%	3.7%	8.3%
Other Race	23.3%	17.3%	6.0%	8.9%
Black or African American	15.7%	19.2%	3.6%	3.0%
Asian	9.4%	17.6%	8.2%	2.7%
Native American (American Indian/Eskimo/Aleut)	1.4%	0.8%	0.6%	0.3%
Multi-Racial	0.7%	0.0%	0.7%	0.3%
Native Hawaiian / Pacific Islander	0.1%	0.1%	0.0%	0.1%
Inconsistent Reporting	0.9%	-	-	-

Comparison of Ethnicity in SPARCS and Census Data

Ethnicity	Hospital			NYSPPF
	SPARCS % Reported	Census % Estimated	Difference between SPARCS % and Census %	Avg. Difference Across NYSPPF Hospitals
Not of Spanish/Hispanic Origin	68.0%	66.3%	1.8%	8.4%
Spanish/Hispanic Origin	29.9%	33.8%	3.9%	7.3%
Ethnicity Unknown	1.8%	-	-	-
Multi-Ethnic	0.0%	-	-	-
Inconsistent Reporting	0.3%	-	-	-



Section IV: Distribution of Language in Census Data

Section IV: Distribution of Language in Census Data

Languages Represented in Census Data

Language	Hospital Percentage	NYSFPF Percentage
Speak only English	54.32%	66.56%
Spanish or Spanish Creole	9.99%	17.39%
German or other West Germanic languages	2.84%	1.28%
Russian Polish or other Slavic languages	1.31%	2.21%
French Haitian or Cajun (incl. Patois)	10.01%	1.70%
Other Indo-European languages	0.21%	3.99%
Other and unspecified languages	0.31%	1.34%
Chinese (incl. Mandarin, Cantonese)	0.34%	3.08%
Arabic	7.87%	0.54%
Other Asian and Pacific Island Languages	0.11%	0.83%
Korean	8.25%	0.53%
Vietnamese	4.43%	0.12%
Tagalog (incl. Filipino)	0.00%	0.42%


Limited English Proficiency Represented in Census Data

LEP Designation	Hospital Percentage	NYSFPF Percentage
Speaks English Less Than Very Well	45.87%	38.65%
Speaks English Very Well	54.13%	61.35%



How To Access Your REaL Data Report

- Log in to the NYSPFP Data Portal at:
 - <https://www.nyspfp.org/Members/myNYSPFP.aspx>
- Navigate to the “Data” page:
 - <https://www.nyspfp.org/Members/myData.aspx>
- The report and accompanying description are located in the “Building Culture and Leadership” section of the Data Portal:


Building Culture and Leadership

<p>Culture and Leadership</p> <p style="text-align: center;">Data Collection</p> <ul style="list-style-type: none">• Submit Patient and Family Engagement Assessment• Submit Leadership Assessment	<p style="text-align: center;">Reports</p> <p>Patient and Family Engagement</p> <ul style="list-style-type: none">• Patient and Family Engagement Assessment Report <p>Leadership</p> <ul style="list-style-type: none">• Leadership Assessment Report <p>Race, Ethnicity and Language (REaL) Data Report</p> <ul style="list-style-type: none">• 2018: Description Report• 2017: Description Report• 2016: Description Report
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Implementation of the Office of Mental Health (OMH) at Centers for Medicare & Medicaid Services (CMS) Disparities Action Statement (DAS)

Aswita Tan-McGrory, MBA, MSPH
Deputy Director,
The Disparities Solutions Center
Massachusetts General Hospital



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Hospital Questions and Discussion

Aswita Tan-McGrory

NYSPFP Staff

Hospital Participants



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NYSPFP Health Care Disparities Website, Tools and Resources



NYSPFP Website: Tools and Resources

Disparities Action Statement & Resource Guide

Identify, prioritize and take action on disparities by championing a Disparities Action Statement in your organization!

BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES

DISPARITIES ACTION STATEMENT

Learn how to identify, prioritize, and take action on health disparities by championing the Disparities Action Statement in your organization. Participants receive personalized technical assistance focused on strengthening your quality improvement program through a series of consultations from subject matter experts. To learn more, contact HealthEquityTA@cms.hhs.gov.

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.



**STEP 1:
IDENTIFY VULNERABLE POPULATION(S)**

STEP 2: SET SMART AIMS

STEP 3: DEVELOP AN ACTION PLAN

**STEP 4: MONITOR, IMPROVE,
DISEMINATE**



NYSFPF Website: Tools and Resources

Building Culture and Leadership



INITIATIVE OVERVIEW MEETING MATERIALS TOOLS & RESOURCES

Check this page often for updated tools and resources from the NYSFPF Health Care Disparities Initiative.

Suggested Best Practices and Corresponding Tools & Resources

Health Care Disparities

- American Hospital Association for Equity Campaign to Eliminate Health Care Disparities
- Building an Organizational Response to Health Care Disparities: *Disparities Action Statement*
- Building an Organizational Response to Health Care Disparities: *Resource Guide*

BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES

Disparities in the quality of care that minority populations receive, even when they have the same insurance, socioeconomic status, and comorbidities as their non-minority counterparts are well documented. Evidence based interventions are an effective tool for reducing health disparities and lowering cost. Therefore, focused quality improvement efforts should be targeted to populations at risk for disparities.

Learn how to identify, prioritize, and take action on health disparities by championing the Disparities Action Statement in your organization. Participants receive personalized technical assistance focused on strengthening your quality improvement program through a series of consultations from subject matter experts. To learn more, contact HealthEquityTA@cms.hhs.gov.



DATA COLLECTION

A strong commitment to the collection of race, ethnicity and language (REAL) data is essential to identifying and addressing disparities in quality of care. The better the data is, the greater the ability to accurately assess and respond to disparities. Following are tips for improving data collection.

- Prioritize the collection of REAL data.
- Align direct patient tools to collect self-identified REAL data. Keep in mind that race differs from ethnicity.
- Train staff to understand that REAL data is collected to reduce health disparities.

FEATURED RESOURCE

The **ASK EVERY PATIENT REAL** data experts in the field of REAL data: Essential Hospitals Engagement Net for training registration staff.

RESOURCES FOR IMPROVING EQUITY AND RESPONDING TO DISPARITIES

This table of comprehensive resources and guides covers topics such as data collection and analysis, leadership, cultural competence, and quality improvement within a health equity framework. The documents also highlight interventions designed to reduce disparities that providers and health plans are implementing.

DATA COLLECTION	DATA ANALYSIS	CULTURE OF EQUITY	QUALITY IMPROVEMENT	INTERVENTIONS
RESOURCE				
CATEGORY OF IMPACT				
Managing Medicare Disparities Tool Source: Centers for Medicare & Medicaid Services Office of Minority Health	DATA COLLECTION	DATA ANALYSIS		
Ask Every Patient: REAL, an eLearning Module for Training Staff in Real Time Collection Source: American Essential Hospitals	DATA COLLECTION			
Equity of Care: A Toolkit for Eliminating Health Care Disparities Source: American Hospital Association	DATA COLLECTION	DATA ANALYSIS	CULTURE OF EQUITY	
Improving Health Equity through Data Collection and Use: A Guide for Hospital Leaders Source: American Hospital Association	DATA COLLECTION	DATA ANALYSIS	SYSTEMS OF QUALITY	QUALITY IMPROVEMENT
National Health Plan Collaborative 2013 Leadership Roundtable Health Plan Profile Series: Health Equity Source: National Health Plan Collaborative	DATA COLLECTION	DATA ANALYSIS	SYSTEMS OF QUALITY	QUALITY IMPROVEMENT
Quality Improvement Organizations, Health Disparities: Data Toolkits Source: Centers for Medicare & Medicaid Services	DATA COLLECTION	DATA ANALYSIS		
Diversity in Health Care: Examples from the Field Source: Hospitals in Pursuit of Excellence			CULTURE OF EQUITY	INTERVENTIONS
Disparities Toolkit: A Toolkit for Collecting Race, Ethnicity and Primary Language Information from Patients Source: Health Research and Educational Trust	DATA COLLECTION			
Improving Quality and Achieving Equity: A Guide for Hospital Leaders Source: Massachusetts General Hospital			CULTURE OF EQUITY	INTERVENTIONS
Multicultural Health Care: A Quality Improvement Guide Source: National Committee for Quality Assurance			CULTURE OF EQUITY	QUALITY IMPROVEMENT
Implementing Multicultural Health Care Standards: Data and Controls Source: National Committee for Quality Assurance	DATA COLLECTION	DATA ANALYSIS		QUALITY IMPROVEMENT
Finding Answers: Disparities Research for Change, a Roadmap to Reduce Racial and Ethnic Disparities in Health Care Source: Robert Wood Johnson Foundation		DATA ANALYSIS	CULTURE OF EQUITY	QUALITY IMPROVEMENT
Skills to Promote Diverse, Inclusive, Accessible and Ethnically Diverse Medicare Beneficiaries Source: Centers for Medicare & Medicaid Services Office of Minority Health				QUALITY IMPROVEMENT
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining Standard and Practice Source: Department of Health & Human Services			CULTURE OF EQUITY	QUALITY IMPROVEMENT

New York State Toolkit to Reduce Health Care Disparities: Improving Race and Ethnicity Data





Next Steps

- Contact your Project Manager for support with:
 - Review and Interpretation of NYSPFP REaL Data Report
 - Developing a Disparities Action Statement and Action Planning
 - Tools and Resources
 - Watch for NYS Partnership for Patients health care disparities initiative announcements and upcoming events in your inbox
 - *New!* REaL Data Collection eLearning module for training frontline staff
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*A partnership of the Healthcare Association of New York State
and the Greater New York Hospital Association.*

Thank you for joining us for today's
New York State Partnership for Patients Program!