Building the Foundation for Equitable Care: *We Ask Because We Care* Basics

Dr. Julia E. Iyasere, MD, MBA

Executive Director

Dalio Center for Health Justice at New York-Presbyterian

We Ask Because We Care is a component of HANYS' *Advancing Healthcare Excellence and Inclusion* learning collaborative, launched with generous support from the [Mother Cabrini Health Foundation](). The goal is to improve the accuracy and completion of patient demographic data while cultivating community understanding of how hospitals use this data to inform patient care and improve health outcomes.

Agenda

- **Introductions**
  - HANYS AHEI team
  - AHEI faculty

- **Our partners**

- **Session 1: Program basics and key stakeholder engagement**

- **Upcoming virtual sessions**

HANYS' AHEI team

Kathleen Rauch, RN, MSHQS, BSN, CPHQ

Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care

Christina Miller-Foster, MPA

Senior Director, Quality Advocacy, Research and Innovation

Morgan Black, MPA

Director, Advancing Healthcare Excellence and Inclusion

Maria Baum

Project Manager, Mohawk Valley

Rachael Brust

Project Manager, North Country

Kira Cramer

Project Manager, Downstate

AHEI faculty

Julia E. Iyasere, MD, MBA

Executive Director, Dalio Center for Health Justice at New York-Presbyterian
Bio

Theresa Green, PhD, MBA

Director of Community Health Policy and Education, URMC Center for Community Health
Bio

Our funder and partner

OUR FUNDER

Funding from the Mother Cabrini Health Foundation allows HANYS to expand its capacity to provide education, direct support, tools and data to our members in a strategic way. With this learning collaborative, we strive to effect lasting change in health equity at the local level by engaging providers and community stakeholders to address health disparities.

OUR PARTNER

Through a partnership with Socially Determined, provider of Social Risk Intelligence™ solutions, DataGen will develop custom analytics for participants to help them understand how and where communities are affected by social risk so they can develop tailored intervention strategies.

Session overview

By the end of this session, participants will be able to:

1) articulate the basic components of the *We Ask Because We Care* campaign;

2) explain how *We Ask Because We Care* aligns with the broader strategic goal of improving health equity;

3) identify the five pillars for successful implementation; and

4) develop a plan to recruit key stakeholders for a steering committee to ensure leadership support and organization-wide commitment.

We Ask Because We Care:
Race and Ethnicity Data Collection

A Case Study at NewYork-Presbyterian

Julia Iyasere, MD
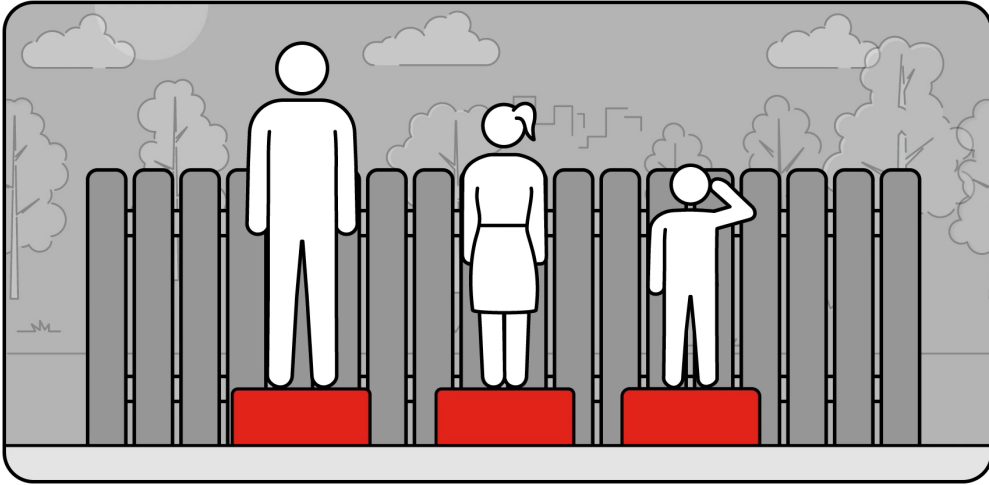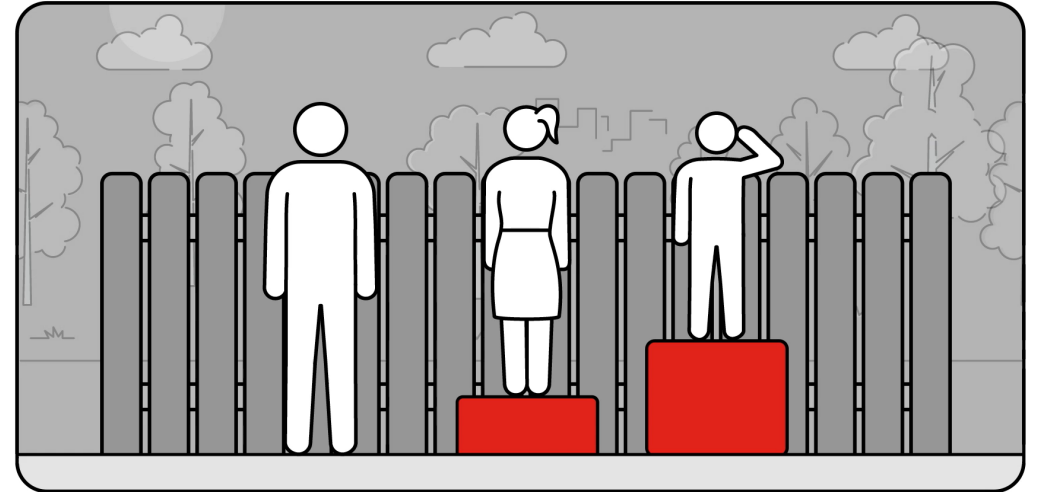
Session 1: Program basics and key stakeholder engagement

The Dalio Center for Health Justice at NewYork-Presbyterian

Our mission is to be a leader in understanding and improving health equity with a focus on the structural factors that lead to the conditions of poor health

EQUALITY

EQUITY

JUSTICE

"Although the collection of race, ethnicity and language data does not necessarily result in actions that will reduce disparities and improve care, the absence of the data guarantees that none of that will occur."
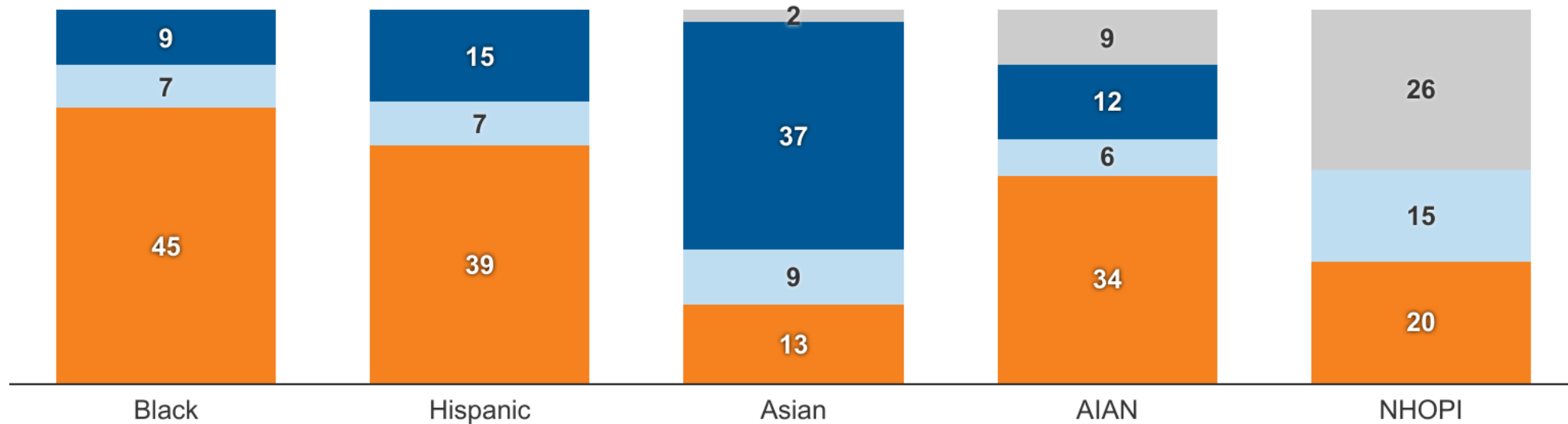
We Ask Because We Care

Source: IOM (Institute of Medicine). 2009. Race, Ethnicity and Language Data: *Standardization for Health Care Quality Improvement*. Washington, DC.

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Figure 1

Health and Health Care among People of Color Compared to White People

NUMBER OF MEASURES FOR WHICH GROUP FARED BETTER, THE SAME, OR WORSE COMPARED TO WHITE PEOPLE:
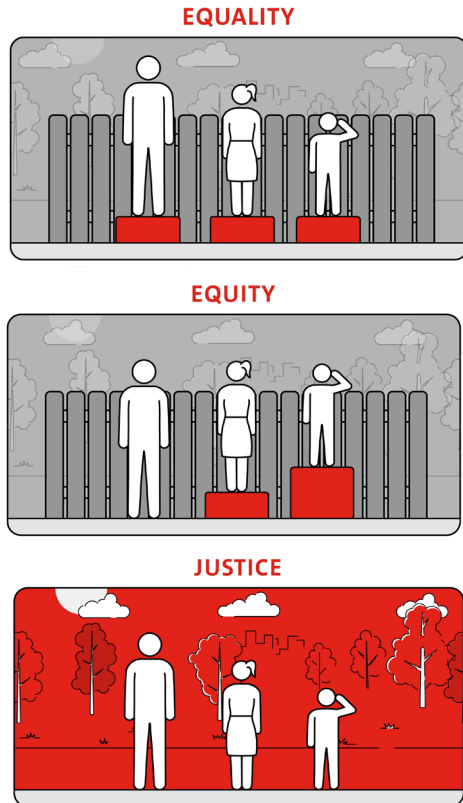
■ Worse   ■ No difference   ■ Better   ■ No data

	Black	Hispanic	Asian	AIAN	NHOPI
Better	9	15	37	12	
No data			2	9	26
No difference	7	7	9	6	15
Worse	45	39	13	34	20

NOTE: Measures are for the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from White people at the p<0.05 level. No difference indicates no statistically significant difference. "Data limitation" indicates no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

KFF

Why should we invest resources in this activity?

1. To advance the hospital's **equity goals**

EQUALITY

EQUITY

JUSTICE

2. To meet **regulatory requirements**

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

NEW YORK STATE | Department of Health

3. To respond to external **measurement organizations**

BEST HOSPITALS
U.S.News & WORLD REPORT
RANKINGS

NCQA
Measuring quality.
Improving health care.

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Core Elements of the Program

Enterprise Commitment

Technical Support

Staff Education

Patient Communication

Monitoring and Targeted Intervention

REaL Data Improvement – Key Stakeholder Engagement

Enterprise Commitment

+ Enterprise Goals

+ Leadership Support & Participation

REaL Workgroup Members

- ✓ Chief Information Officer

- ✓ Chief Transformation Officer

- ✓ Executive Director, Dalio Center for Health Justice

- ✓ VP Finance Revenue Cycle, Access

- ✓ Physician leaders, including Chief of OB, Associate CMIO, Director of Community Pediatrics

- ✓ Representatives from Epic, Data Analytics, Social Work, Dalio Center & Division of Community and Population Health

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REaL Data Improvement – Leveraging Information Technology

Technical Support

+ Reordering questions

+ Interface simplification

+ Welcome workflow

Race: 1 ⚠ 🔍 ✕

Search: 🔍

▲ Title
AMERICAN INDIAN OR ALASKA NATION
ASIAN
BLACK OR AFRICAN AMERICAN
DECLINED
NAT.HAWAIIAN/OTH.PACIFIC ISLAND
OTHER COMBINATIONS NOT DESCRIBED
WHITE

Ethnicity: ⚠ 🔍 ✕

Search: 🔍

▲ Title
DECLINED
HISPANIC OR LATINO OR SPANISH ORIGIN
NOT HISPANIC OR LATINO OR SPANISH ORIGIN

REaL Data Improvement – Supporting Your Staff

Staff Education

+ Training Sessions

+ FAQs

+ Epic Tip Sheets

+ E-blast

Understanding Our Patients

At NewYork-Presbyterian, we are committed to celebrating the diversity of our patients, and we are dedicated to ensuring that every patient receives the best care possible regardless of race, ethnicity, gender identity, sexual orientation, cultural background, or language proficiency.

In order to support this mission, we ask patients to provide additional information about themselves, their background, a

Information for **NYP Staff** about **Race, E**

- Letter to Staff about Race, Ethnicity
- Tip Sheet for Staff
- Training Video for Staff

Information for **Patients** about **Race, Eth**

- Letter to Patients about Race & Eth

- Letter to Patients (Arabic)
- Letter to Patients (Chinese)
- Letter to Patients (French)
- Letter to Patients (Korean)
- Letter to Patients (Russian)
- Letter to Patients (Spanish)
- 'We Ask Because We Care' flyers

- FAQs for Patients

Information for **NYP Staff** about **Sexual Orientation & Gender Identity** (SOGI) data collection:

- Updates and Best Practices for Enhancing Patient Experience: Names and

Understanding our Patients
Race, Ethnicity, and Language

Dalio Center Video

00:20   −11:51

REaL Data Improvement – Patient Engagement

Patient Communication

+ REaL Materials

+ Website

+ Poster, signage

+ Emails & Newsletters
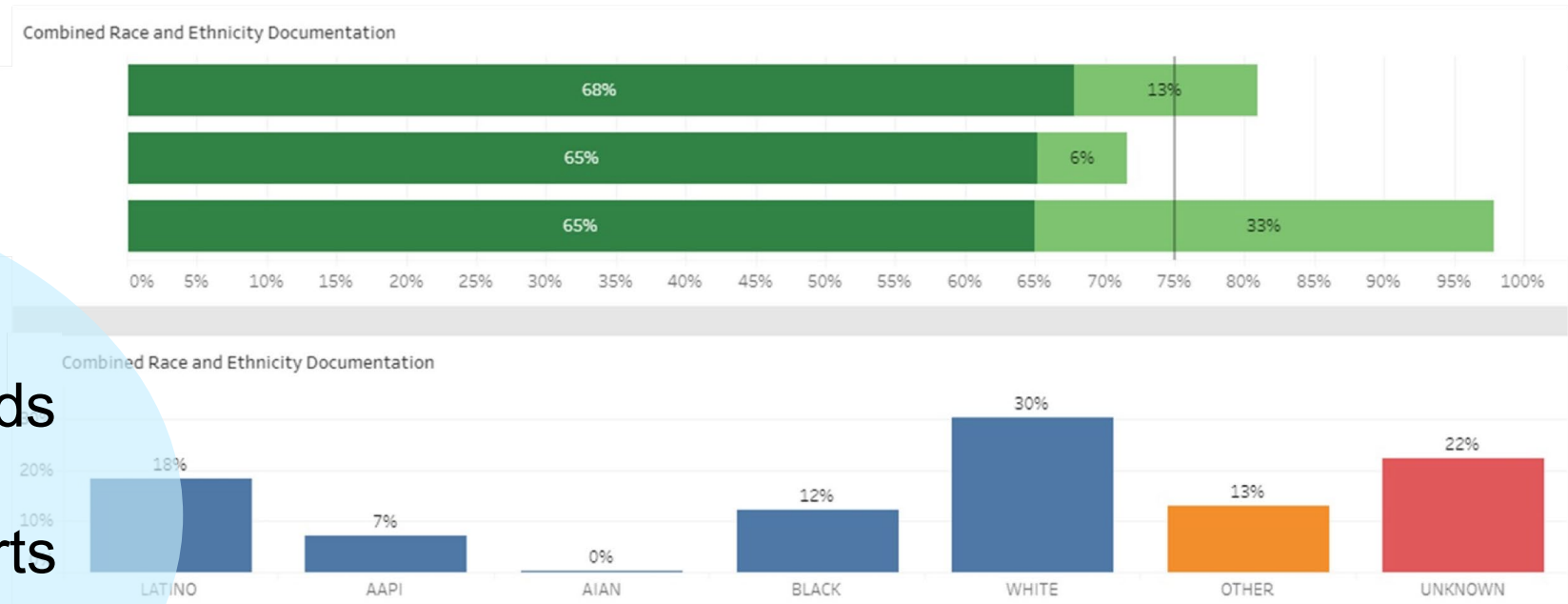

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REaL Data Improvement – Continuous Monitoring

Monitoring & Targeted Intervention

➕ Enterprise dashboards

➕ Focused 'push' reports

➕ Newborn focus area

Combined Race and Ethnicity Documentation

68%	13%	
65%	6%	
65%	33%	

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

Combined Race and Ethnicity Documentation

LATINO	AAPI	AIAN	BLACK	WHITE	OTHER	UNKNOWN
18%	7%	0%	12%	30%	13%	22%

Who do you need in the room to advance this work?

- Map out your patient's journey from the point of first contact and identify the key process owners

REaL Data Improvement – Workgroup Members at NYP
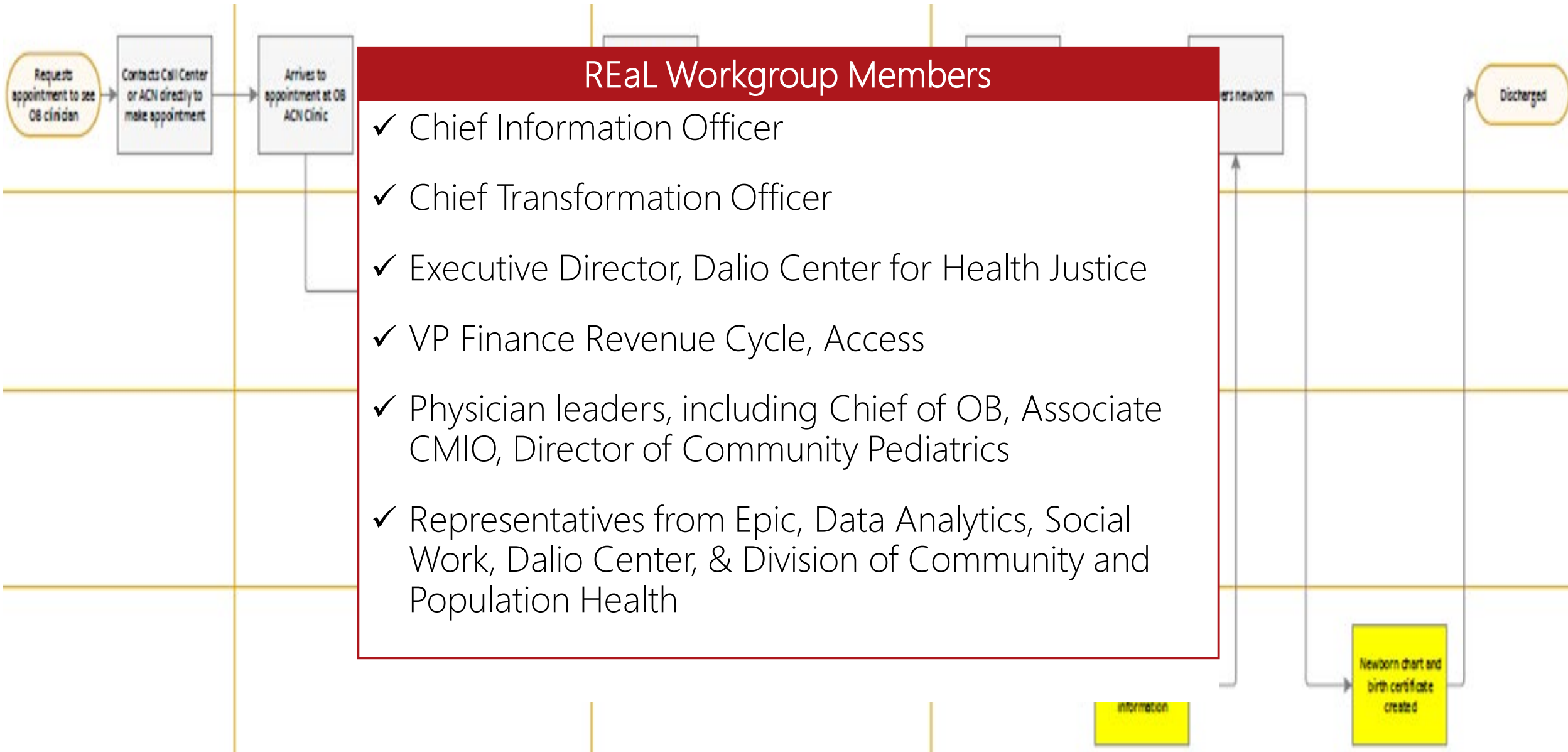
REaL Workgroup Members

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Thank you!

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Next virtual session

Wednesday, June 22, 2022 | Noon — 12:30 p.m.

Data collection process and structure

This session will address common challenges related to data collection and structure, including how to establish baseline data, how to incorporate self-reporting by patients into the existing workflow and how to standardize the documentation of patient responses in the EMR.

Remaining sessions in the *We Ask Because We Care* series will be held on the following dates from noon — 12:30 p.m.

- Wednesday, June 29
- Wednesday, July 6
- Wednesday, July 13
- Wednesday, July 20

ADVANCING HEALTHCARE EXCELLENCE AND INCLUSION

Questions?

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HANYS
Always There for Healthcare