Clinical Safety & Effectiveness
Cohort # 22
Team 8
Data for Effective Equity ACTION-PLANS
D.E.F.E.A.T  (DATA FOR EFFECTIVE EQUITY ACTION-PLANS)
DISPARITIES  PROJECT
THE TEAM

Primary team

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HEALTH DISPARITIES

DIFFERENCES IN HEALTH OUTCOMES BETWEEN GROUPS

Health Disparities exist by:

- Race/ethnicity
- Gender
- Education
- Income
- Geographic location
- Sexual orientation
- Disability
To reduce disparities in care across patient groups, health care organizations must first understand where disparities exist, the magnitude of the disparities and why these disparities are occurring within their patient population.
Applying health IT tools like EHRs, and EHR-based clinical decision support (CDS) can enhance patient engagement, improve patient safety, and reduce adverse events.
Health Equity

EMR Equity Checklist to evaluate and improve data collection for Health Disparities
Global Aim:
Use the EMR to identify disparities in quality of care to inform institutional priorities

Improve the health information elements needed to inform leadership and set institutional priorities/action plans about health disparities for patient in the MARC primary care clinic.
In order for Health IT to function at a level that can inform our leadership about health disparities, the following elements have to be met:

- **Standardization of Data collection**
  - Data must be reported by patient
  - Collected in a culturally sensitive manner
  - Complete
  - Accurate

- **Mandate to report and act on health disparities data**
  - Stratification of data to evaluate the presence of health disparities
  - Mechanism to report findings to senior leadership and create action plans that address the identified disparities

- **Inclusion of ‘metrics that matter’**:
  - Social determinants of health systematically captured
    - Race/Ethnicity
    - Primary language
    - Health Literacy
    - Education level (surrogate for SES)
    - Employment
    - Financial resource strain
    - Stress
    - Depression
    - Physical activity
    - Tobacco use and exposure
    - ETOH use
    - Abuse of other substances
    - Social connections and social isolation
    - Exposure to violence: intimate partner violence
    - Neighborhood and community compositional characteristics
DESCRIPTION OF CURRENT SYSTEM
BARRIERS FROM THE FRONT LINE WORKERS

No one has a set way/script for asking Race, Ethnicity, or Language (REAL) intake questions.

They don’t know what to say when patients get upset or ask “why are you asking me these questions?”
How important is collecting data about each of the following items as a part of patient EMR?

- "I really don't see why race/ethnicity is so important to ask each patient? To me we are open to see anyone so why does this matter? We are not going to turn away service pending what a person is."

- "I don't believe level of education should be a required question that needs to be asked. Patients are coming to us for health care not for a job."
EPIC EMR
EPIC EMR
DATA QUERY: COMPLETENESS

Data source: i2b2

- An open-source data warehouse developed by the NIH-funded National Center for Biomedical Computing at Partners HealthCare System in Boston.
- Allowed access to de-identified EMR data.

Ran query: Not recorded for race + ethnicity + language at all MARC PCC (IM, FM, Geriatrics)

Numerator: empty records (406)
Denominator: unique patients (37,325)

1.08% incomplete
779 patients called

153 patients verified

626 unverified
(did not answer on multiple attempts, declined participation)

DATA QUERY: ACCURACY

Race: 82%
Ethnicity: 85%
Primary language: 96%

Random Audits

82% Accurate
15% Inaccurate
4% Inaccurate

Accurate
Inaccurate
In order for Health Information Technology to function at a level that can inform our leadership about health disparities, the following elements have to be met:

- **Standardization of Data collection**
  - Data must be reported by patient
  - Collected in a culturally sensitive manner
  - Complete
  - Accurate

- **Must include ‘metrics that matter’**:
  - Social determinants of health systematically captured
    - Primary language
    - Race/Ethnicity
    - Health Literacy
    - Education level (surrogate for SES)
    - Employment
    - Financial resource strain
    - Stress
    - Depression
    - Physical activity
    - Tobacco use and exposure
    - ETOH use
    - Abuse of other substances
    - Social connections and social isolation
    - Exposure to violence: intimate partner violence
    - Neighborhood and community compositional characteristics

- **Must be a requirement to report and act on health disparities data**
  - Stratification of data to evaluate the presence of health disparities
  - Mechanism to report findings to leadership and create action plans that address the identified disparities

**Baseline 10/21 being met**
REVISED AIM

To increase the health information elements needed to inform leadership about health disparities for patients in the MARC Primary care clinics

**Phase 1:** increase elements from 10/21 elements to 11/21 elements [targeting standardization] by May 15th, 2018.

**Phase 2:** increase elements from 11/21 to 21/21 elements [targeting social determinants and mandate to report and act] by January 1, 2019.
The elements collected in the Electronic Health Record are not utilized in a manner that can inform leaders on health disparities in that occur in the MARC PCC.
PLANNING AND DOING: SUMMARY AND RECOMMENDATIONS
PHASE 1
(COMPLETION DATE: MAY 15, 2018)
Staff feel that they would benefit from additional training to help standardize the process for data collection.
RECOMMENDATION #1

The training course *Ask Every Patient: REAL (Race, Ethnicity and Language)* should be required for all administrative staff that participate in patient registration.

This training should be given both at intake and as an annual refresher.

Additionally, the resources that support the course should be readily available to staff members.
On a scale of 1-5 How helpful was this course?
1. Very helpful
2. Somewhat helpful
3. Neutral
4. Not very helpful
5. Not at all helpful

On a scale of 1-5 How beneficial do you think it would for all patient intake staff to take this course?
1. Very beneficial
2. Somewhat beneficial
3. Neutral
4. Not very beneficial
5. Not at all beneficial
Epic is not optimized for collection of REAL data
RECOMMENDATION # 2

Modify EPIC to enhance the collection of REAL data

2.1 Rearrange the categories in EPIC to facilitate intuitive collection of responses

2.2 Input EMR hard stops for incomplete REAL fields

2.3 Change and eliminate unnecessary categories in the RACE/ETHNICITY fields

2.4 Include scripted prompts in Epic
In order for Health Information Technology to function at a level that can inform our leadership about health disparities, the following elements have to be met:

- Standardization of Data collection
  - Data must be reported by patient
  - Collected in a culturally sensitive manner
  - Complete
  - Accurate

**Post 1st PDSA 10/21→11/21 and improved standardization of data collection**
PHASE 2
(COMPLETION DATE: JANUARY 1, 2019)
FINDING #3

Social determinants of health are largely absent from the EMR

Preventable Mortality

-genetics 30%
-health care 10%
(95% U.S. health budget)

Societal determinants: 60% of health
(5% U.S. health budget)
In order for Health Information Technology to function at a level that can inform our leadership about health disparities, the following elements have to be met:

**Inclusion of ‘metrics that matter’:**

*Social determinants of health systematically captured*

- Race/Ethnicity
- Primary language
- Health Literacy
- Education level (surrogate for SES)
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**EMR EQUITY CHECKLIST**

Remaining list to be included in new Epic 2019 update
FINDING #4

To advance the work of this project, turning data into actionable and sustainable results there has to be a significant investment by leadership.

Investment in time, resources, and a meaningful recognition of the importance of this work at an institutional level.
RECOMMENDATION #4

Resource allocation to support the formation and sustainment of a Taskforce on Health Equity:

- Funding
- Protected time (FTE’s)
- Outside consultants

Delegate the creation of teams to meet the needs of vulnerable patients experiencing disparities (as identified in data)

Enforce Monitoring and Reporting
In order for Health Information Technology to function at a level that can inform our leadership about health disparities, the following elements have to be met:

- **Mandate to report and act on health disparities data**
  - Stratification of data to evaluate the presence of health disparities
  - Mechanism to report findings to senior leadership and create action plans that address the identified disparities
LESSONS LEARNED AND FUTURE DIRECTIONS

LESSONS LEARNED

- Multidisciplinary team is critical
- Social determinants of health should be tailored to patient population
- Think about value added for stakeholders
- Be prepared to be creative to find resources

FUTURE DIRECTIONS

- Patient Family Advisory Council to tailor social needs screen
- Find funding mechanisms
- Recruit Health Equity Taskforce
QUESTIONS?
THE END
In EPIC, add an additional tab for social determinants of health, and make this screen part of the intake process.

Health literacy, substance abuse, primary language, employment
POSSIBLE VALUE ADDED FOR STAKE HOLDERS INCLUDES

- DSRIP/ACO

- Improving documentation of social determinants and billing for these factors helps to capture the complexity of our population and improves reimbursement