The Boston Disparities Project: Data Collection Regulations

APHA
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www.bphc.org/disparities

BOSTON

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Purpose of Today's Discussion

- To discuss the data and the underlying causes of racial and ethnic disparities in health care
- To share a current regulatory approach in the City of Boston to address racial and ethnic disparities in health care.

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What are racial and ethnic disparities in health care and why is it a priority in Boston?

Boston Public Health Commission

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What are disparities?

- **Racial or ethnic differences in the quality of health care that are NOT due to:**
  - Clinical needs or appropriateness of services
  - Patient or program participant preferences

Institute of Medicine, *Unequal Treatment*, 2003

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What causes health disparities?

- Social, economic, and environmental factors
  - Lower income groups
  - Environment - Lead paint, air quality
- Barriers to getting health care
  - Health insurance
  - Transportation
  - Language
- Differences in quality of health care
  - Different treatments
  - Discrimination
  - Doctor-patient communication

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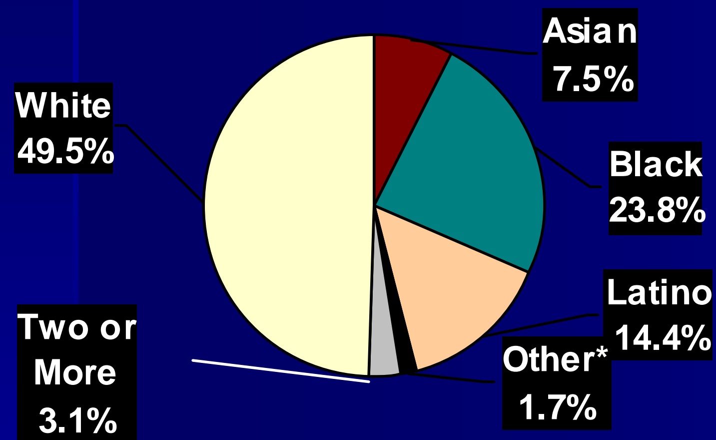
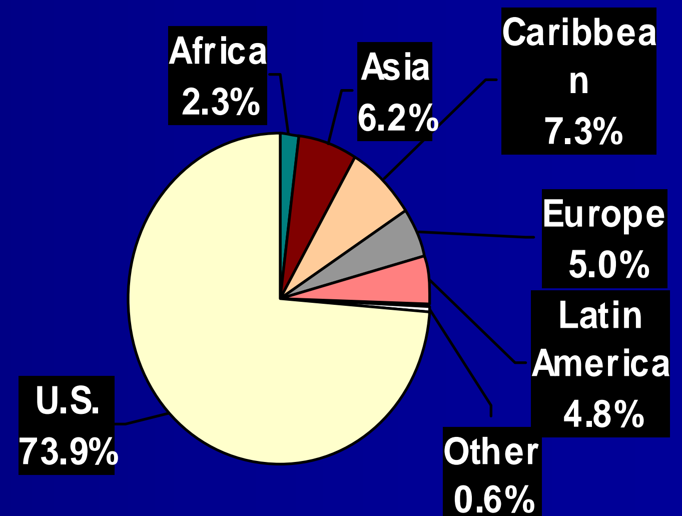
We live in a diverse city

Boston's Population in 2000, By Race/Ethnicity



Place of Origin Boston Residents



Source: U.S. Department of Commerce, Census 2000

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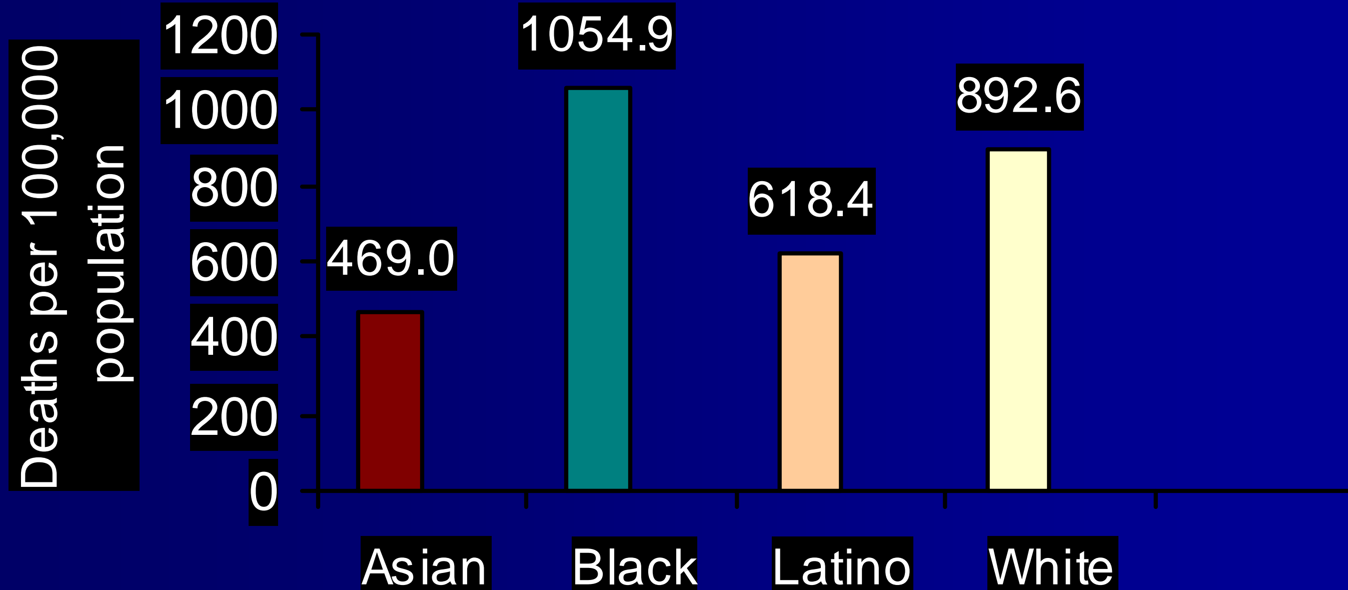
Poorer health outcomes by race



SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health; Census 2000, U.S. Department of Commerce

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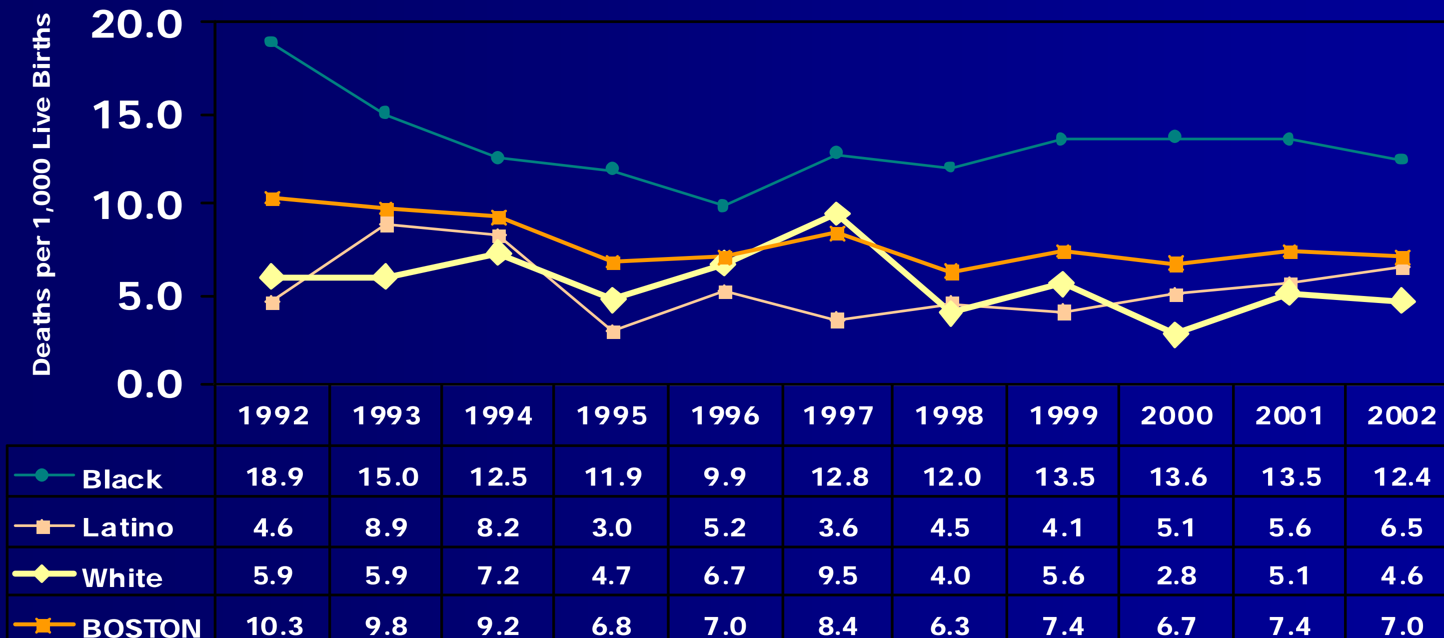
Infant Mortality

Boston Infant Mortality Rate by Race/Ethnicity, 1992-2002



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Black	18.9	15.0	12.5	11.9	9.9	12.8	12.0	13.5	13.6	13.5	12.4
Latino	4.6	8.9	8.2	3.0	5.2	3.6	4.5	4.1	5.1	5.6	6.5
White	5.9	5.9	7.2	4.7	6.7	9.5	4.0	5.6	2.8	5.1	4.6
BOSTON	10.3	9.8	9.2	6.8	7.0	8.4	6.3	7.4	6.7	7.4	7.0

SOURCE: Boston resident live births and infant deaths, Massachusetts Department of Public Health ANALYSIS: Boston Public Health Commission Research Office

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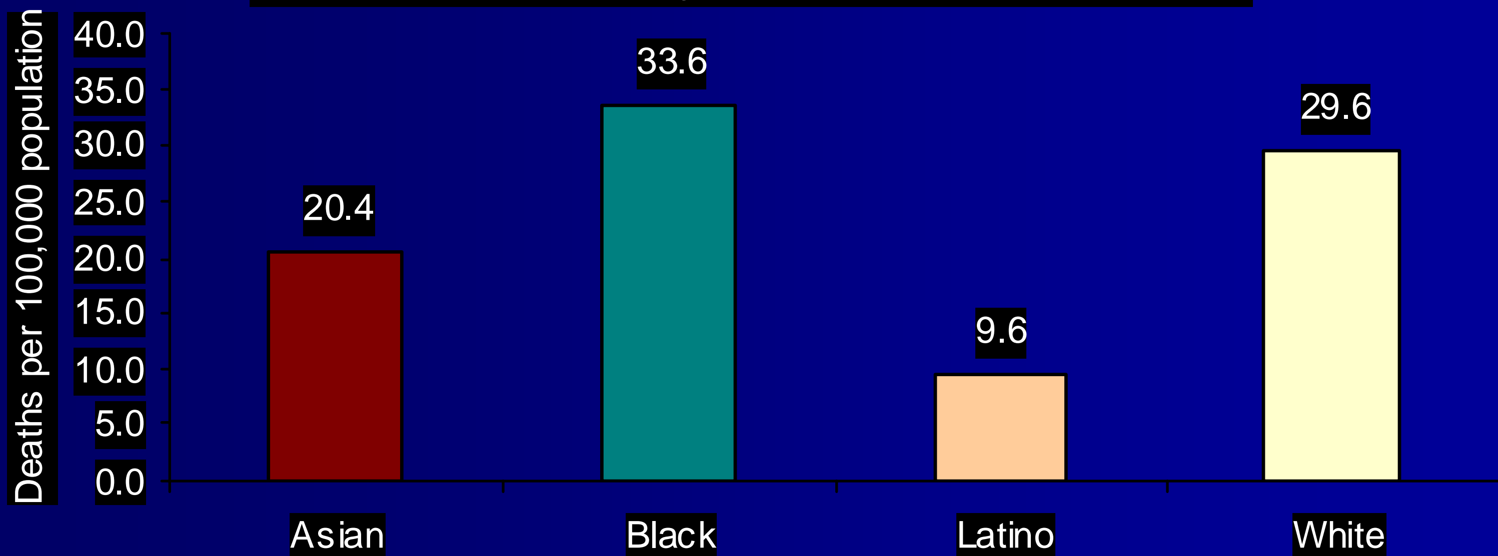
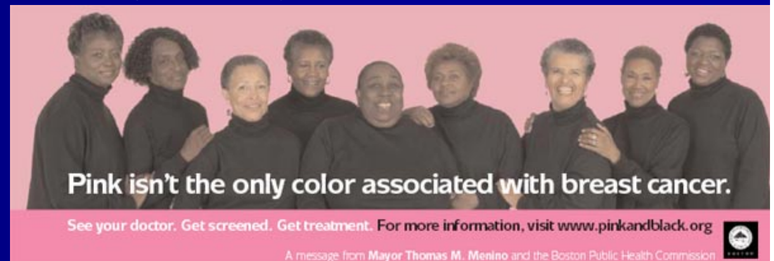
Breast Cancer Mortality



Source: Boston resident deaths, Massachusetts Department of Public Health (2001-2002)
Data Analysis: Boston Public Health Commission, Research Office



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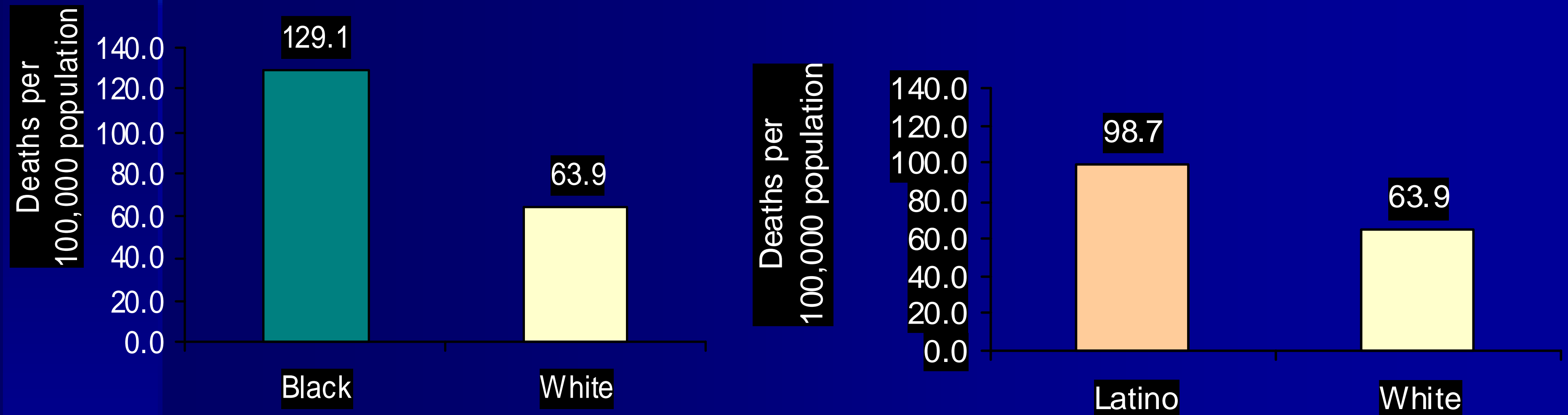
Diabetes, Immediate or Underlying Cause of Death



SOURCES: Boston resident deaths, Massachusetts Department of Public Health; Census 2000, U.S. Department of Commerce

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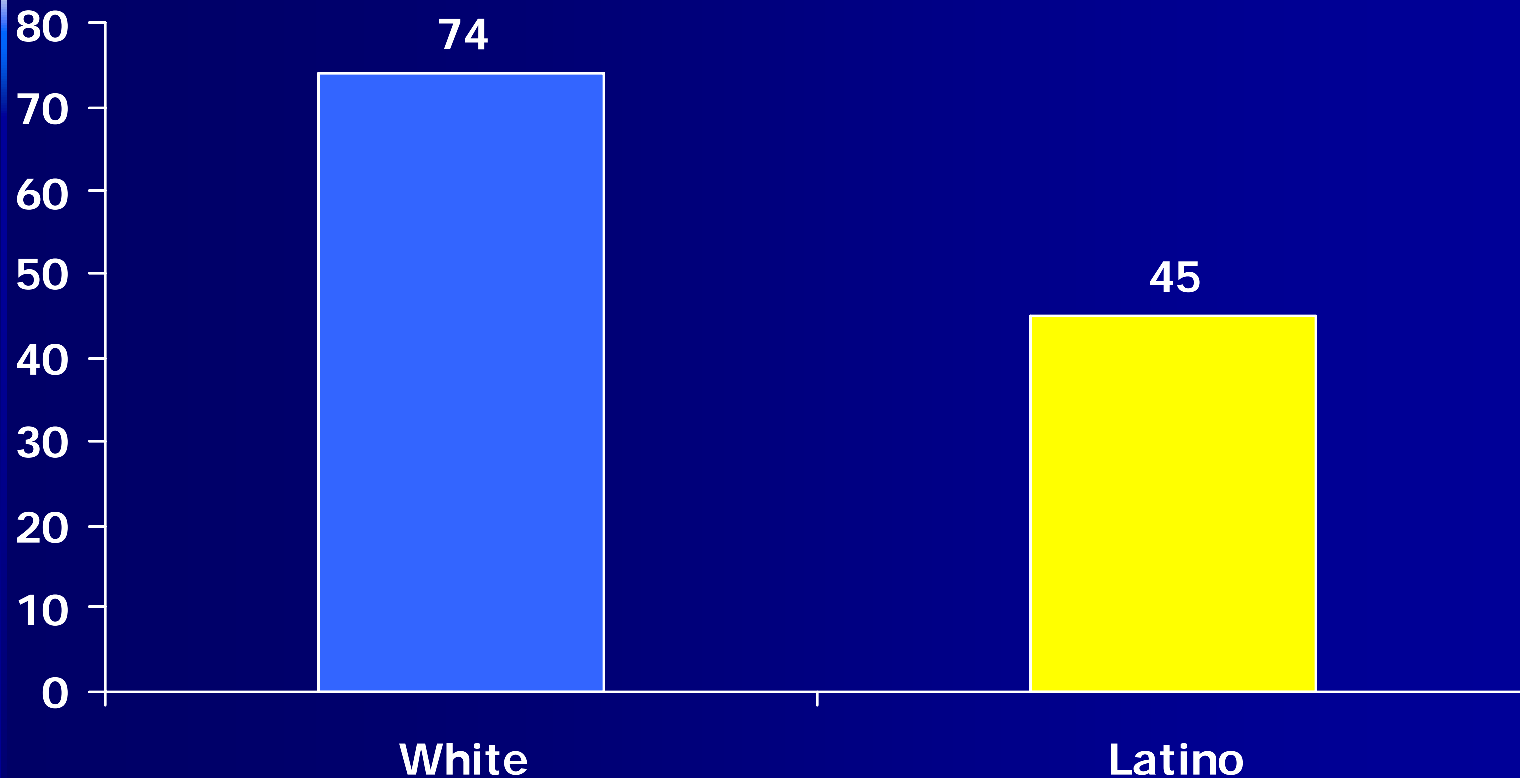
Pain medication for long bone fractures in the emergency department, UCLA



Todd, Samaroo, Hoffman, JAMA 269(12):1537-9

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Racial and ethnic disparities in health care

- In patients *with* insurance, disparities exist for
  - Mammography (Gornick et al.)
  - Amputations (Gornick et al.)
  - Influenza vaccination (Gornick et al.)
  - Lung cancer surgery ***(Bach et al.)***
  - Renal transplantation ***(Ayanian et al.)***
  - Cardiac catheterization and angioplasty (Harris et al, Ayanian et al.)
  - Coronary artery bypass graft (Peterson et al.)
  - Treatment of chest pain (Johnson et al.)
  - Referral to cardiology specialist care (Schulman et al.)
  - Pain management ***(Todd et al.)***

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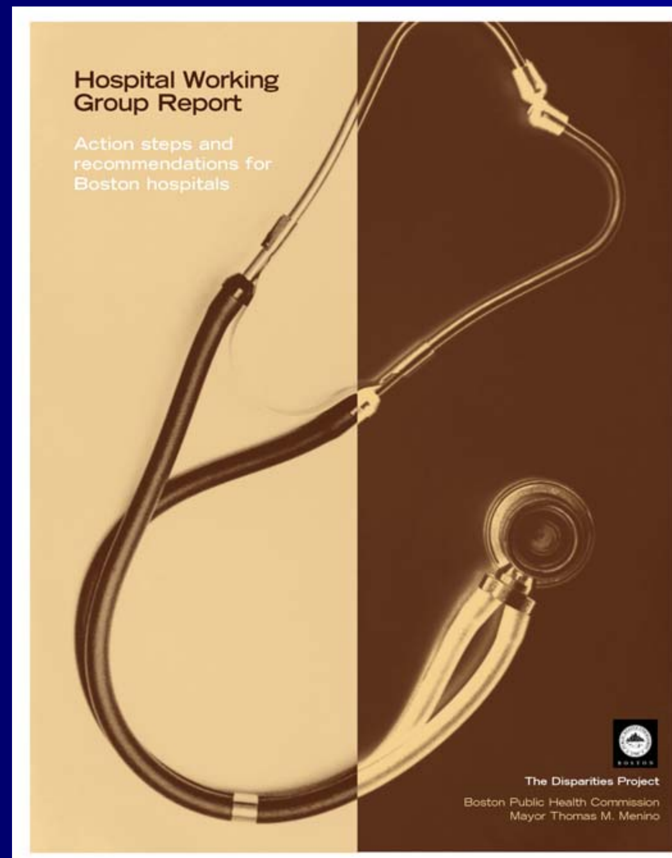
Boston's approach to addressing disparities in health



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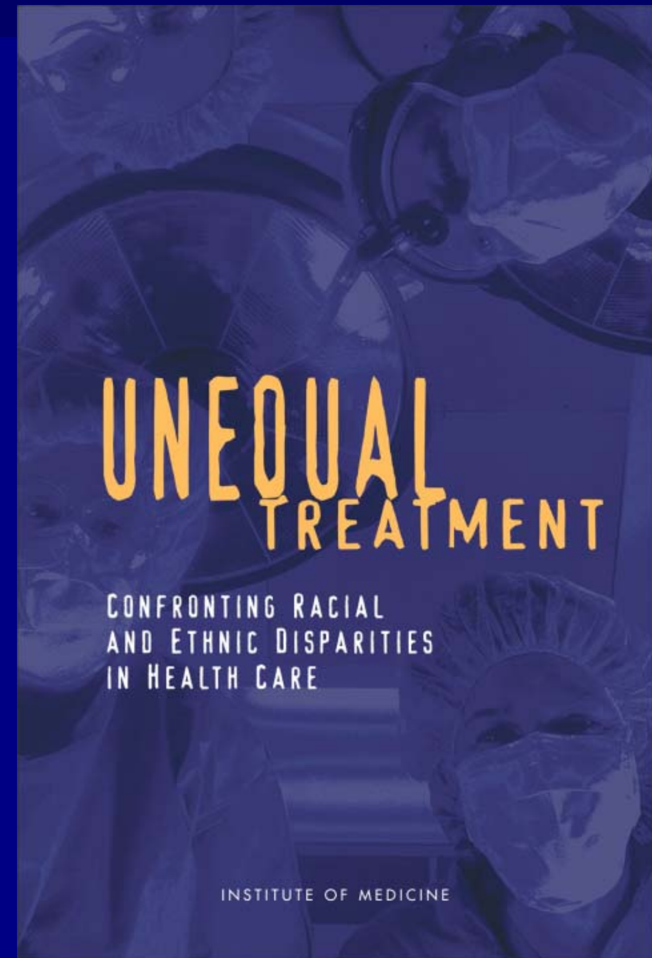
IOM Report, "Unequal Treatment"

- Stressed the need for standardizing data collection to understand and eliminate racial and ethnic health disparities



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#1 Collecting information on race, ethnicity, language and education

Both culture and language impact how patients access and respond to health care services.

Collecting and analyzing these data allows hospitals and community health centers to:

- Understand the community served
- Grant applications and potential donors
- Match workforce to community served
- Targeting quality initiatives
- Contractual compliance obligations
- Interpreter services

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#2 Measuring Health Disparities

Differences in care may not be apparent to patients and providers.

Hospitals and community health centers should collect and analyze information on access, utilization, treatment, and patient satisfaction by race and ethnicity to better understand the nature of care inequities:

- Uncover disparities
- Monitor performance
- Identify and address discriminatory practices
- Improve patient care

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Building a uniform data collection system: Key Components

1. Establishing core indicators

- 2004: Developed a collaboration with the Massachusetts Department of Public Health and the Massachusetts Hospital Association to establish core demographic indicators and a standardized template
- BPHC decided to expand demographic indicators to include preferred language and education level
- Current template format:
  - Race: minimum OMB standards; additional category for Latino or Hispanic
  - Ethnicity: ethnic categories based upon Boston/State populations
  - Language: top 23 languages spoken
  - Highest grade completed

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Building a uniform data collection system: Key Components

2. **Piloting the model**
   - Sept 2005: Awarded 1-yr. pilot grants to 6 Boston hospitals & 2 Boston CHCs implementing uniform data framework designed by BPHC in partnership with the state and hospitals

3. **Financing development**
   - Hospital buy-in and commitment to integrate 4 fields into their systems
     - Health Care Reform requiring health care institutions to report and be evaluated on critical indicators to assess the health care of their racial and ethnic minority patients

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Building a uniform data collection system: Key Components

4. Developing a City-wide regulation

- **July 2006:** passed data collection regulations by board of health
- **November 30, 2006:** Phase 1 - Hospitals filed implementation plans for compliance with data collection and quality improvement sections
- **November 2007:** Hospitals must be in compliance with data regulations & guidelines – www.bphc.org/disparities
- **March 2008:** Hospitals will report data to the BPHC

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Building a uniform data collection system: Key components

5. **Shaping a statewide requirement**
   - Summer 2006: Hospital-based data collection statewide was put into place
   - January 2007: All hospitals in Massachusetts reporting race and ethnicity to Massachusetts Department of Public Health
   - Health care reform bill mandates collection of race/ethnicity data

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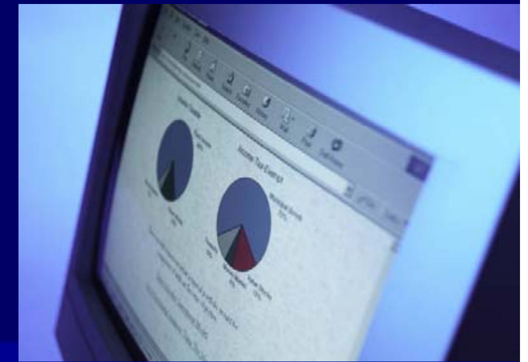
Building a uniform data collection system: Key components



6. **Training IT, registration & other staff**
   - Disparities Solution Center at Massachusetts General Hospital designed and provided data collection planning and training support for clinic settings
     - Ensures accurate data collection
     - Reflects how patient describe themselves
     - Prevents patients' concerns about being asked about potentially sensitive information
     - Self-reporting is the most accurate source of information

7. **Assessing MIS and other challenges**
   - Cross-department and discipline collaboration within institutions
   - Diverse IT platforms and management structures across clinical settings to integrate new data
   - Administrative and front line staff commitment is needed to facilitate chang

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Next Steps

Using 4 fields and expanding data to include outcome and process measures to target quality improvement efforts that address the needs of patient populations impacted by health disparities.

Convene a Health Equity Committee, with representatives from hospitals and health centers to:

- Discuss how initial data should be reported and shared
- Review and establish system for integrating and reporting quality measures by race, ethnicity, preferred language and education
- Plan and provide recommendations on phase two of the regulations – applying the data regulations to all Boston community health centers

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Thank you

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