- **Collecting Patient**
- Race and Ethnicity Data



ISP PTO Touchbase March 8, 2023

Ashley Sherrill, MS, LA

Participate in our Poll Everywhere! Pick one:

- Scan the QR Code
- Text HBLEACHER499 to 37607
- Go to PollEV.com/hbleacher499







Race & Ethnicity Basics

Considerations for Data Collection

Resources

How many of your practices routinely collect race and ethnicity data from patients?



What do you think is the biggest barrier that keeps practices from collecting race and ethnicity data from patients?

They don't see the importance

100%

The electronic medical record

It would take too much time

Concerns about pushback from patients

Something else

How many of your practices routinely collect preferred language data from patients?

None

Some

Most

All

What do you think is the biggest barrier that keeps practices from collecting race and ethnicity data?

They don't see the importance

The electronic medical record

It would take too much time

Concerns about pushback from patients

Something else

What are the other barriers to collecting race, ethnicity, or language information from patients?

Race & Ethnicity Basics

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What are the Definitions of Race and Ethnicity?

Race

A social constru**b**tased on skin color and other physical differences. No basis in biology.

Ethnicity

A construct that encompasses common cultural characteristics including language, religion, dietary practices, and nationality; it may also reflect common ancestry or geographic origin.

(Lu 2022)



Why It is Important to Collect Race & Ethnicity Data

- 1. Identifying the populations you serve
- Uncovering and addressing inequities in quality of care
- 3. Meeting the needs of populations you serve through tailored care, fostering an inclusive environment, recruiting personnel that reflect your patients' communities

Self-reported race and ethnicity can change over time, depending on...



Stage of life

Leaving childhood home, getting mærtried,

Context where it is being disclosed

Home vs work vs school vs other

Bi/Multi-racial identity

Ingeneralthis can be a slowly changing dimension



Accuracy of Electronic Medical Record Data...

Studies have shown that EMR data may underrepresent BIPOC and multiracial patients.



Patient attitudes about data collection

White Black Hispanic/Latino

It is important for hospitals and clinics to collect information from patients about their race and ethnic background. (somewhat or strongly agree)

68% 76% 55%

It is important for hospitals and clinics to conduct studies to make sure all patients get the same highality care regardless of their race or ethnic background (somewhat or strongly agree)

93% 86%

Patient attitudes about data collection

White Black Hispanic/Latino

High levels of comfort telling registration staff race/ethnicity information.

75% 68% 58%

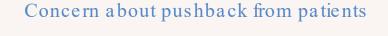
How worried would you be that this information could be used to discriminate against you? (Somewhat or very worried)

18% 47% 72%

How worried would you be that this information could be used to find undocumented immigrants? (Somewhat or very worried)

47% 85%





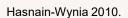
Uncertain of benefit/usefulness

EMR is a significant facilitator

Concerns about patient privacy

Questions about legality

Staff discomfort



Race/Ethnicity Categories

	MINIMUM OMB Standard	EXPAN	DED OMB CATEGOR	IES*
ETHNICITY Are you	Hispanic or Latino	Mexican, Mexican American, Chicano	• Puerto Rican	• Cuban
Hispanic, Latino or Spanish origin?	Not Hispanic or Latino	Not of Hispanic, Latino, or Sp	anish origin	
RACE	NA/L:L-	• European	• French	• Italian
What is your race?	White	ArmenianEnglish	GermanIrish	PolishScottish
(One or more categories may be selected)	Black or African American	Black/African AmericanAfricanBotswanan	EthiopianLiberianNamibian	NigerianHaitianJamaican
	American Indian or Alaska Native	American Indian or Alaska Na	ative <i>(over 800 defined</i>	tribal groupings)
	Asian	Asian IndianChineseFilipino	JapaneseKoreanVietnamese	PakistaniThai
	Native Hawaiian or other Pacific Islander	Native HawaiianGuamanian or Chamorro	• Samoan	Other Pacific Islander

Granular Ethnicity Categories (CDC)

OMB Race and Hispanic Ethnicity Categories

Asian Asian Indian Laotian Madagascar Bangladeshi Malaysian has more Bhutanese Okinawan than one Rurmese Pakistani major Cambodian Sri Lankan racial and ethnic Chinese Thai group Madagascar Vietnamese (Black Africans Taiwanese Iwo Jiman and Asian Filipino Maldivian Indians) Hmona Nepalese Indonesian Singaporean Korean Japanese Hispanic or Latino Cuban Spaniard Not all Andalusian Costa Rican South Guatemalan Asturian Catalonian Honduran

Not all South Americans are Hispanic as there are five non-Spanish speaking territories (Brazil, Guyana, Suriname, French Guiana, and Belize)

Castillian Nicaraguan South American Panamanian Belearic Islander Salvadoran Gallego Central American Indian Canal Zone Valencian Spanish Basque Argentinean Mexican Bolivian Mexican American Colombian Ecuadorian Mexicano Chicano Paraguayan La Raza Peruvian Mexican Uruguayan Criollo Venezuelan Latin American South American Puerto Rican Indian

American Indian or Alaska Native

Over 800 defined tribal groupings

Native Hawaiian or Other Pacific Islander

Carolinian

Polynesian

Native Hawaiian Kosraean Samoan Pohnpeian Tahitian Saipanese Tongan Kiribati Tokelauan Chuukese Micronesian Yapese Guamanian Melanesian Chamorro Fiiian Papau New Guinean Mariana Islander Solomon Islander Marshallese Palauan New Hebrides

White

European Assvrian Armenian Egyptian English Iranian French Iragi German Lebanese Irish Palestinian Italian Afghanistani Polish Israeli Scottish Arab Syrian Middle Eastern or North African

The U.S. Census groups Afghanistani with its geographicallybased Asian category

Black or African American

Black Bahamian African American Barbadian African Dominican² Botswanan Dominica Islander Ethiopian Haitian Liberian Jamaican Namibian Tobagoan Nigerian Trinidadian

West Indian

Zairean

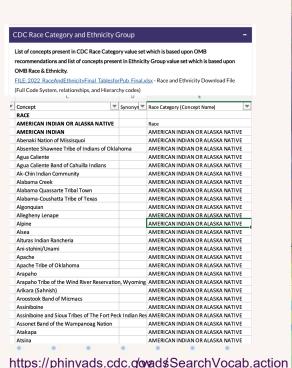
Many Dominicans consider themselves Hispanic, not Black

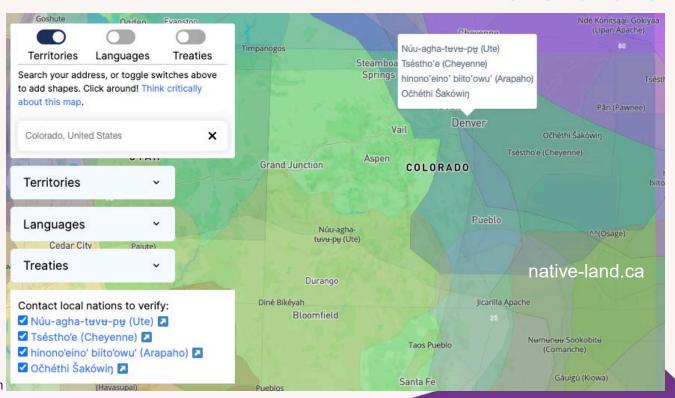
https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata3fig3-3.html

Tribal Designations

Federally Recognized Tribes in Colorado

- Southern Ute Tribe
- Ute Mountain Ute Tribe





Considerations for Data Collection

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Design Question	Options	Considerations / Suggested Method
Who should collect the data?	Registration staffMedical assistantRegistered nurse	 Using registration staff has been proven to increase collection rates, although one study found patients preferred being asked in the exam room by nursing staff.⁸ Providers should assess staffing levels and determine who is best suited to collect the data. Suggested: Registration staff
When should the data be collected?	At time of check-inOver the phonePre-exam	 Collecting preferred language data over the phone when a patient is scheduling an appointment can help in planning for interpretation services. Suggested: At check-in or over the phone
What format should be used to collect the data?	 Paper format Electronic kiosks / tablets Verbal discussion 	 Paper forms, kiosks and tablets allow for patient privacy, although one study has shown that collection rates are highest when patients have the option to also report REAL data verbally.⁹ Paper forms, kiosks and tablets may pose a challenge for patients with limited literacy. Kiosks or tablets will eliminate the need for staff to transcribe data into the electronic medical record. Suggested: Provide options for a more private form of entry (paper form, kiosk or tablet) as well as verbal discussion

Source: American Hospital Association, 2013.

Different Ways to Ask Race and Ethnicity



Two questions

Asking about ethnicity, then race

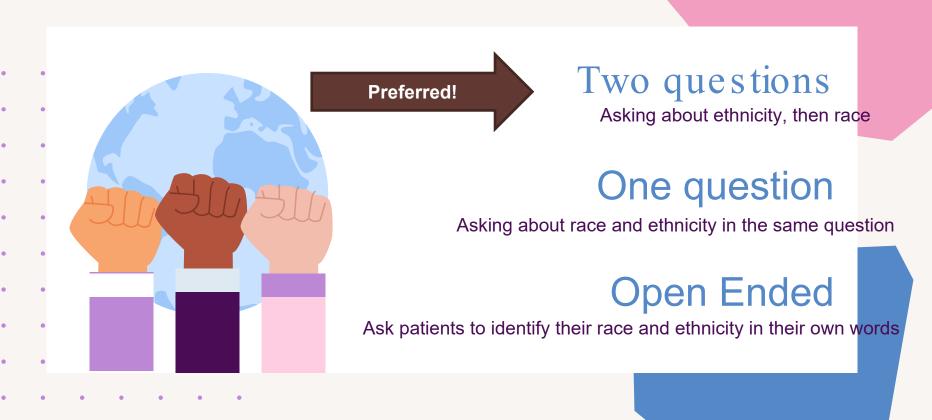
One question

Asking about race and ethnicity in the same question

Open Ended

Ask patients to identify their race and ethnicity in their own words

Different Ways to Ask Race and Ethnicity



Scripting – Introductory Statement

"In order to guarantee that all patients receive the highest quality of care and to ensure the best services possible, we are asking all patients about their race, ethnicity, and language."

- Tailor to your practice's uses, context, and experience
- Consider adding comment about confidentiality



Scripting – Ethnicity

"Are you Hispanic, Latino/a/x, or Spanish origin?"

- No
- Yes

OR

- No
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- · Yes, Cuban
- Yes, Another Hispanic, Latino/a/x or Spanish origin:



Scripting – Race

"Which category or categories best describe your race? (You may choose more than one."

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Some other race:
- Declined
- Unavailable/Unknown

Responding to tough questions from patients

Patient Response	Suggested Response	Context (Historical, etc.)	Recommended Documentation
"I'm American"	Typically, we would classify this as your nationality. Is there another term to describe your ethnicity/race?	People may question the validity of racial identities. The grouping of race can be interpreted as divisive.	Respect their answer and refer to your data plan for classification.
"Can't you tell by looking at me?"	We think it's better to let people tell us. I don't want to put in the wrong answer. I'm trained to not make assumptions.	Never assume someone's identity.	This can be classified as unknown or did not answer. Refer to your data plan for classification.
"Why do you care? We're all human beings."	We are all human. However, our social identities (age, race, gender, abilities etc,) can impact health. With this information we can correctly set up a healthcare plan with resources relevant to your needs and our communities needs.	People may question the validity of racial identities. The grouping of race can be interpreted as divisive.	Respect their answer and refer to your data plan for classification
"I was born in Nigeria, but I've really lived here all my life. What should I say?"	*show choices* There is value in understanding how we classify race/ethnicity to ensure quality of care, however if these don't work for you, it is more valuable that you use the terms you prefer.	Our categories for race and ethnicity can't fully capture a patient's lived experiences. Self-identifying honors their experience.	Document how they chose to identify. Understanding groups of people that emigrated from other countries can be valuable to determining needs, describing, and stratifying your patient population
A patient returning for care with the "DECLINED" code	Respect their decision to decline.	Work on building trust, then utilize an annual visit to try again	Document that they declined.
A patient returning for care with the "UNKOWN" or "Unable to provide information"	Proceed to ask for the information per routine.	As we are constantly building trust with patients, they may be more willing to share their social identities.	Review your PDSA. Utilize a prespecified periodic visit to try again



DO

Ask patients
about their
concerns/
comfort level
(e.g. patient
experience
assessment)

Have a data plan!
Consider how the
data will be linked to
clinical data and
analyzed



Train and retrain staff on demographic scripts / PDSAs Allow patients to select multiple races

Ask about
demographic
data periodically
-racial and ethnic
identity can
change over time

Understand and disclose why this data will be useful to your clinic and staff

DON'T keep data in nonsecure platforms (TEAMS, etc.)



DONT

DON'T "eyeball" and assume a patient's demographics DON'T force a response

DON'T use jargon

Asking About Language

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

Would you like an interpreter?

- Yes
- No
- Declined
- Unavailable

What language do you feel most comfortable speaking with your doctor or nurse?

In which language would you feel most comfortable reading medical or healthcare instructions?

Provide a list of languages reflecting languages spoken in the practice's communit



Resources

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We Ask Because We Care.

By asking about your race, ethnicity and language, we are better able to deliver health care equally to all patients.

What is your race?

What is your ethnicity?



Respecting every difference, treating each equally.

Preguntamos porque nos importa. porque nos importa.

Al preguntar sobre su raza, descendencia étnica e idioma, nosotros estamos mejor capacitados para proveer cuidado médico a todos los pacientes por igual.

Preguntamos

Al preguntar sobre su raza, descendencia étnica e idioma, nosotros estamos mejor capacitados para proveer cuidado médico a todos los pacientes por igual.

¿Cuál es su descendencia étnica?

¿Cuál es su idioma preferido?

¿Cuál es su descendencia étnica?

¿Cuál es su idioma preferido?



Respetando cada diferencia, tratando cada uno por igual.



Respetando cada diferencia, tratando cada uno por igual.

http://forces4quality.org/node/4185.html

Resources



Agency for Healthcare Research and Quality



HEALTHCARE COST & UTILIZATION PROJECT

User Support

DO YOUR OWN ANALYSIS

DATABASE INFORMATION

RESEARCH TOOLS

REQUEST DATA

RACE AND ETHNICITY DATA IMPROVEMENT TOOLKIT

Data Improvement through Education and Training of

The documents in this section were developed by the AHRQ Enhanced State particular needs. Investigators from California used training and educationa staff and patients to evaluate factors that influence and impede data collect stakeholders of their population demographics, existence of healthcare disp

Once resources for undertaking a project to educate and train hospital staff

- · Ensuring Adequate IT Infrastructure
- . Training Frontline Data Collectors
- · Collecting R/E/L Data from Patients
- . Measuring the Effectiveness of Education and Training Efforts

INVENTORY OF RESOURCES FOR STANDARDIZED DEMOGRAPHIC AND LANGUAGE DATA COLLECTION

Collecting standardized patient demographic and language data across health care systems is an important first step toward improving population health. Comprehensive patient data on race, ethnicity, language, and disability status are key to identifying disparities in quality of care and targeting quality improvement interventions to achieve equity. Here you will find an overview of

- . Minimum standards for data collection as outlined by the U.S. Department of Health and Human Services:
- Best practices and guidelines for health care organizations in implementing standardized data collection, including information to address key challenges in
- Training tools and webinars to help health care organizations educate their staff on the importance of standardized data collection and best practices for data
- · Sentinel articles and books that provide in-depth discussion of issues, challenges, recommendations, and best practices in standardized data collection.

The resources in this document are grouped by REaL and Disability categories as well as by the type of resource it is. Please click on the desired topic area or type of resource on the table of contents below

TARGET: BP | 6 AMA%





RACE & ETHNICITY **DATA COLLECTION ESSENTIALS**

STEPS TO IMPROVE DATA COLLECTION

1. How would you describe your team's current practice for data collection?

It is important that you know how race and ethnicity data are currently being collected from your patients. A. Do you first provide information to patients regarding why race

- and ethnicity data are important before asking for their response?
- B. Do you ask patients to self-report their race and ethnicity? C. Do you provide training/scripts on how to ask patients about their
- race and ethnicity?
- D. Do you have a standard process for collecting and recording race and ethnicity data in the electronic health record (FHR)?

If you answered "No" to 1 or more questions, you can take action to improve health care equity



What gaps do you see in your team's education and training? Build your team's knowledge and skills to accurately

- document race and ethnicity data . Watch the Target: BP Race & Ethnicity Data Collection webinar (free CME/CE credit), or
 - . Watch Collecting Patient Data: Improving Health
 - Equity In Your Practice (free CME credit)
- Use existing resources to train staff . Start with the Race, Ethnicity, and
- Language Data Collection Nuts & Bolts
- For additional details, see the Inventor of Resources for Standardized Demographic Data Collection⁵



patient-level race and ethnicity data in the medical record.

PAGE 2 OF 2

- . Define a standard procedure for your health care team
- . Offer patients written information about the importance of race/ethnicity data - see We Ask
- **Because We Care**
- . Use scripts to support your health care team in effective communication
- . Evaluate the impact of your efforts using quality improvement methods, by observing staff use of new skills, tools, and procedures

Once you have completed the first steps toward

how to achieve equitable health outcomes.

Disclaimer: The materials in this guide represent guidance based on research and abould not be relied upon as legal or other solvice. Results in achieving health equity are not guaranteed. Race and ethnicity data should be collected and critected in accordance with state and federal laws.

data, you can use this data to identify and address

health care disparities through your quality improvement efforts. See Inventory of Resources for Standardized Demographic Data Collection⁵ for additional examples of

systematically collecting standardized race and ethnicity

procedures such as: . Sample Script for Collecting Race, Ethnicity, & Tribal Affiliation Data

- Consider examples of scripts and clinic . Sample Script for Health Care Teams
- Sample Patient Demographics

- AHA STATISTICAL UPDATE Heart Disease and Stroke Statistics—2020 Update A Report
- ans in the Jackson Heart Study https://www.ahajauraok.org/doi TMSKNANA.119.14482
- 10M (notitute of Medicine), 2009, Race, Ethnicity and Language Date: Standardization
- Centers for Medicare & Medicaid Services (CMS) Compendium of Resources for St.

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Series Leadership Signature

Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data

August 2013











https://www.hcup-us.ahrq.gov/datainnovations/raceethnicitytoolkit/data improve edu.isp www.cms.gov/about-cms/agency-information/omh/downloads/data-collection-resources.pdf https://targetbp.org/tools_downloads/race-ethnicity-data-collection-essentials/ http://www.hpoe.org/Reports-HPOE/Equity Care Report August2013.PDF



March 2022

More Resources

Flip the Script Collecting Race & Ethnicity Data

HHS Data Collection Standards

REAL Data Collection Script and Definition

HCUP Race and Ethnicity Data Improvement Toolkit (SCRIPTS)

References

Baker DW, Cameron Heinglass J, et al. Patients' attitudes toward health care providers collecting information about their race and ethnicity. J Gen Intern Med. 2005;20(10):895-900.

Baker DW, Hasnain-Wynia R, Kandula NR, Thomps on JA, Brown ER. Attitudes toward health care providers, collecting information about patients' race, ethnicity, and language. Med Care. 2007;45(11):1034-1042.

Has nain-Wynia R, Van Dyke K, Youdelman M, et al. Barriers to collecting patient race, ethnicity, and primary language data in physician practices: an exploratory study. J Natl Med Assoc. 2010;102(9):769-775.

IOM(Institute of Medicine). 2009. Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Washington, DC: The National Academies Press.

Klinger EV, Carlini SV, Conzalez I, et al. Accuracy of race, ethnicity, and language preference in an electronic health record. J Gen Intern Med. 2015;30(6):719-723.

Lu C, Ahmed R, Lamri A, Anand SS (2022) Use of race, ethnicity, and ancestry data in health research. PLOS Gob Public Health 2(9)

Samalik JM, Goldberg CS, Modi ZJ, et al. Discrepancies in Race and Ethnicity in the Electronic Health Record Compared to Self-report. J Racial Ethn Health Disparities. 2022;10.



Pediatric Partners at Valley View

- Glenwood Springs, CO
- EHR: Office Practicum
- Pediatricians: Dr. David Brooks, Dr. Ellen Brooks, Dr. Galka, Dr. Gardner, Dr. Loveless-Hoffman, Dr, Martin, Dr. Stevenson
- Active Patient Population: 5550



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ISP Inclusivity and Equity Milestones

- IE1: Practice leadership incorporates health equity into quality improvement initiatives Action Item: Health equity is considered and included in practice AIM statements and goals Action Item: Health equity is considered and included in practice AIM statements and goals
- IE2: Practice develops and implements a process to routinely gather and update patient demographics information, including race, ethnicity, language and communication needs, sexual orientation and gender identity.

Action Item: Practice identifies fields in Electronic Health Record (EHR) where patient demographics can be captured

Action Item: Practice develops a standardized process to capture and/or update demographic data at each patient visit

• IE3: Practice includes consideration of patient demographics and health equity in quality improvement efforts.

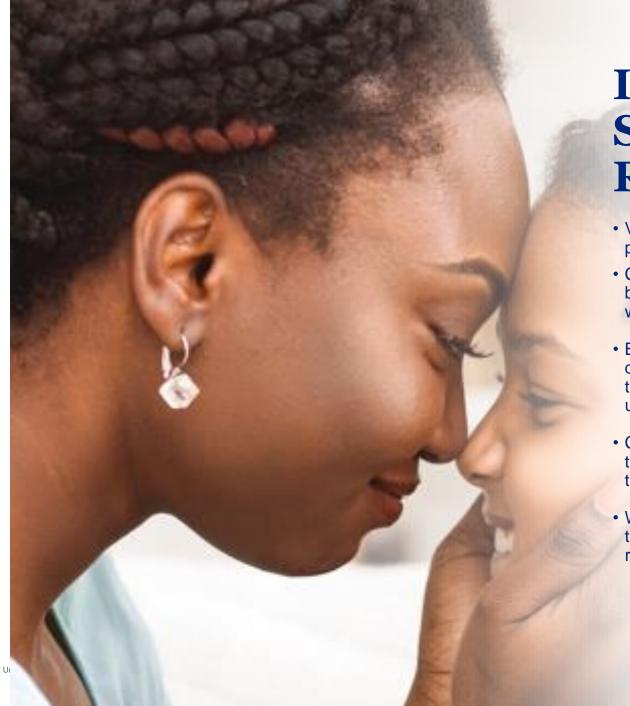
Action Item: Practice understands baseline capture rate of these patient demographics and uses that data to drive practice quality improvement work

Action Item: Practice stratifies performance on clinical quality measures by collected patient demographics to identify disparate outcomes if they exist

 IE9: The practice identifies and addresses equity issues impacting patient access to care including telehealth services

Action Items: Practice undertakes a comprehensive, critical examination of policies to identify clinic policies and procedures that create avoidable barriers to care



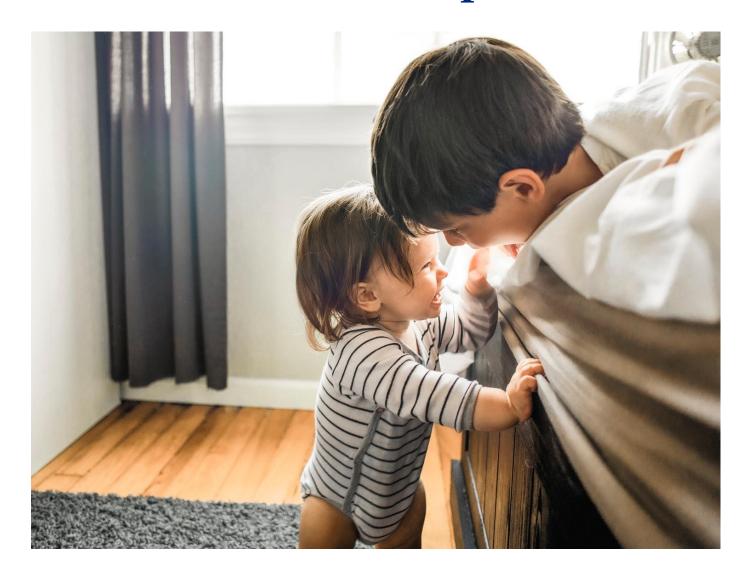


Interpretive Services Review

- Valley View switched to a new interpretive services provider hospital wide
- Clinic has a large bilingual staff (Front desk, MA and biller). Providers can use this staff (and prefer to) when working with Spanish speaking families
- Behavioral Health clinician uses interpretive services daily when working with patients. This includes telephone conversations (via conference calls) and using the iPad for services during in person visits.
- Can we add a discreet field to document when translation services are used? Either in house or using the app
- We receive a monthly minutes used report from translation services - could we get a more detailed report from them to review?

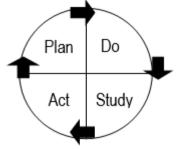
Resources and Communications available in Spanish

- What communications are sent to patients who are due or overdue for Well Child Checks?
- Are we collecting data from the patient regarding preferred language?
- What are the practices current WCC rates?
- •Are due or overdue WCC different for English speaking patient's vs Spanish speaking patients?
- Does preferred language affect no show rates?





Baseline Data and Tasks to complete prior to testing October 2022



- Translate reminders scripts into Spanish
- Pull preferred language reports monthly
- Send reminders in patient's preferred language
- Unknown sent in English

	English Language Preference	Spanish Language Preference	Unknown/ Not Answered
Active Patients	3877	1161	321
Due for Preventative Visit	1222 31%	407 35%	124 38%
No Show Rate (July total 60)	45	15	



Project Aim PDSA Cycle 1

Our aim is to decrease the percentage of patients past due for Wellness Visit-Targeting Spanish speaking population in the next year

PLAN:

Briefly describe the test: We will continue to send monthly recalls to patients via text/email/mail we will now send them in **patient's preferred language**. We pulled baseline data and found that a greater % of Spanish speaking patients were due for their WCC. We hope by sending recalls in patient's preferred language this will decrease. We will re-measure data quarterly. We hope to decrease this % from 35% to 33% in the first quarter.

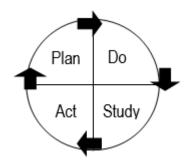
How will you know that the change is an improvement? There will be a decrease in the % of WCC past due.

What do you predict will happen? More patients will come to their recommended preventative visits.

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
Have recall documents/no show letters translated to Spanish	KatieBeth	Oct 1st	Office
Upload Translated letters into OP	Ellen/Katie Beth	Oct 10 th	Office
Run monthly recalls around 15th of each month-recalls (text/email/letter) will be sent in preferred language	KatieBeth/Admin	Oct 15th	Office
4. Pull quarterly data	Ellen	Jan 15 th	Office
5.			

Plan for collection of data: We will pull data quarterly.



PDSA Cycle 1 Data January 2023

	English Language Preference	Spanish Language Preference	Unknown/ Not Answered
Active Patients	3969	1266	401
Due for Preventative Visit	1414 35.6%	490 38.7%	168 41.8%

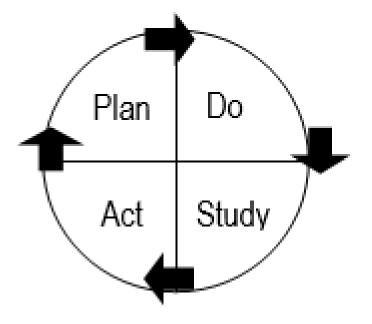


Project Aim PDSA Cycle 1

Our aim is to decrease the percentage of patients past due for Wellness Visit-Targeting Spanish speaking population in the next year

OC: Test the changes.			
Vas the cycle carried out as planned? ■ Yes □ No			
ecord data and observations. nat data from Q1 showed a slight increase in patients due for WCC in all 'preferred nguage' categories (English, Spanish/Other, Unknown). English due for WCC creased from 31% to 35.6%, Spanish due for WCC increased from 35% to 38.7% and nknown due for WCC increased from 38% to 41.8%. The total overall patient opulation also increased			
What did you observe that was not part of our plan? Ouring the months of October-January the practice had to reduce availability of WCC openings on our schedule to accommodate the influx of patients being seen during RSV/flu season. We had predicted that the rate due for WCC would decrease, lowever it increased, and we feel this is due to reduced schedule availability for WCCs.			
STUDY: Did the results match your predictions? Yes No			
Compare the result of your test to your previous performance:			
Vhat did you learn? ACT: Decide to Adopt, Adapt, or Abandon.			
Adapt: Improve the change and continue testing plan. Plans/changes for next test: Provide training to registration staff to collect preferred language for all patients that do not currently have designation/ensure all new patients have preferred language field populated in chart.			
Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability			
Abandon: Discard this change idea and try a different one			

PDSA Cycle 2



Testing Cycle:

2/1/23-5/1/23

PLAN:

Briefly describe the test: Provide training to registration staff to collect preferred language for all patients that do not currently have designation/ensure all new patients have preferred language field populated in chart. Designate a preferred language for all patients who have Unknown listed as language.

How will you know that the change is an improvement? There will be a decrease in the % of WCC past due.

What do you predict will happen? With more availability of WCC openings, and a more accurate depiction of patient's preferred language due to better staff training, we will begin to see more patients come to their recommended preventative visits.

PLAN

List the tasks necessary to complete	Person		
this test (what)	responsible (who)	When	Where
Run report of 'unknown' language preference, review what language demographics were completed in. Make preferred language selection in patient's chart. Begin sending recalls in preferred language.	Ellen	2/15/23	Office
Provide training for registration staff to collect preferred language and document in patient chart	Ellen	2/15/23	Office
3.			

Plan for collection of data: Collect Data for Q2

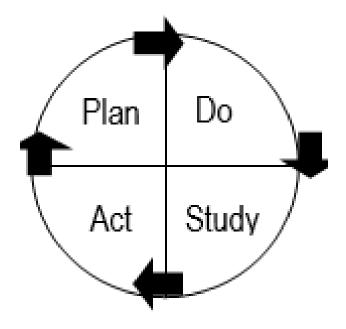
Conclusions

Look at the quantitative data

- What is the practice's demographic make-up?
- Do you have a workflow to collect patient demographic information including race, ethnicity and preferred language?
- Are you collecting data on language preference? Can it be documented in a structured data field?
- Use of interpretive services data collection. Are these services captured in a structured data field that can be analyzed?

Examine Current State

- Patient resources available in languages other than English
- Is the website accessible for patients who do not speak English?
- Do patients use the patient portal? If so, can they receive information in their preferred language?
- Are you sending patient reminders or communications from your EMR via text or email? If so, are they translated into patient's preferred language?



Start planning a small test of change to implement into your practice