



Rhode Island HIT Steering Committee

March 16, 2023

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Agenda

- Welcome
- Review of the Minutes
- Project Updates
- Discussions:
 - Race & Ethnicity Data Standard Requirements (Adrian Bishop, AHP)
 - Demographic Data Collection Planning Committee (Sue Dettling, CTC-RI)
- Public Comment
- Next Steps and Next Meeting

HIT Steering Committee: Monthly Project Status (March 2023)

Project	Scope	Vendor	Funding Period	Recent Highlight
Quality Reporting System (QRS)	State-led	IMAT Solutions	Ends SFY 2024	Development completed for child immunizations, development screening, and lead screening measures. Testing with data from KIDSNET to begin in March. Specifications being updated for selected 2023 measures.
Community Resource Platform (CRP)	State-led	Unite Us	Ends SFY 2024	Follow-up meetings from January-February 2023 Planning sessions in process. There were 14 additional partners (351 Total) added to the network with 20 more partner locations. Referred case acceptance has been climbing each month and has increased by over 35% from August 2022 to January 2023.
Health Information Exchange (HIE)	Statewide	RIQI	Approved through SFY 2023	RIQI and EOHHS are seeking hospitals with inpatient psychiatric units to pilot receiving a daily report of recent admissions and their AE/PCP attribution.
Demographic Data Standardization	State-led	AHP, CTC	CDC Grant Ends May 2024	CTC-RI is recruiting for members to be part of the Demographic Data Collection Planning Committee. If you are interested in participating or sharing feedback, please contact Susanne Campbell (scampbell@ctc-ri.org)

HIT Steering Committee: Monthly Project Status (March 2023)

Project	Scope	Vendor	Funding Period	Recent Highlight
Electronic Case Reporting (eCR)	Statewide	N/A	N/A	<p>The Promoting Interoperability Program (formerly Meaningful Use) webpage has been updated to capture current program offerings, aligned with reporting the eCR and other measures to the Rhode Island public health agency. https://health.ri.gov/medicalrecords/about/meaningfuluse/</p> <p>There is now a webpage dedicated to eCR education, features, benefits and reporting. Outreaching to Health Care Organizations, Critical Access Hospitals, and physician practices has commenced. https://health.ri.gov/medicalrecords/about/ecr/</p>
Behavioral Health Record-Sharing	Statewide	N/A	N/A	<p>The Mental Health Care Coordination bill has gone through House Committee. Thanks to all who provided testimony. The text for H5687 is available here: http://webserver.rilegislature.gov/BillText/BillText23/HouseText23/H5687.pdf</p> <p>This bill clarifies language in the state mental health law to explicitly allow record-sharing among treatment providers for patients receiving high-acuity mental health treatment services.</p>

Race & Ethnicity Data Standard Requirements

—

Adrian Bishop, AHP

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Improve Race and Ethnicity Data – Why is this a priority?

- National focus:
 - The White House recently launched an effort to revise and update the statistical standards for race and ethnicity data collection across federal agencies with a stated goal of better reflecting the growing diversity of people in the United State
 - On January 26, 2023, the Office of Management and Budget (OMB) [published a notice](#) in the *Federal Register* seeking comments on proposals to revise the race and ethnicity standards in OMB’s [1997 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#) (SPD 15)
- Payer Focus
 - Focus on achieving health equity and elimination of racial and ethnic disparities in healthcare
 - Understand and address preventive care opportunities within specific populations

Increasing Diversity in Rhode Island

Between 2010 and 2020, the Hispanic child population grew by 22% while the non-Hispanic white child population declined by 22%

In 2020, 47% of children in Rhode Island were Children of Color, up from 36% in 2010

In 2020, 46% of babies born were Babies of Color

Improve Race and Ethnicity Data – Why is this a priority?

- Reporting of clinical quality measures
 - Most nationally utilized clinical quality measures the stratification of data by race and ethnicity:
 - HHS (CMS, HRSA, SAMHSA, CDC, etc)
 - States / Stakeholders use stratified clinical quality measure to manage and improve the health of their populations served

Race and Ethnicity Data Standards - Background

- Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15) was originally developed in 1977 stemming in large part from **Federal responsibilities to enforce civil rights laws**.
 - It has only been revised once, in 1997.
- **The goal** is to ensure the comparability of race and ethnicity across Federal datasets and to maximize the quality of that data by ensuring that the format, language, and procedures for collecting the data are consistent and based on rigorous evidence.
- **Reasons to update** the OMB standards:
 - Increasing racial and ethnic diversity
 - A growing number of people who identify as more than one race or ethnicity
 - Changing immigration and migration patterns
- The measures of the diversity of our population and measures of disparities in health and healthcare, ultimately influence where resources and efforts are directed.

OMB Race and Ethnicity Proposed Changes

- On January 27, 2023, the Office of Management and Budget (OMB) released initial proposals to update the minimum standards for collecting and presenting data on race and ethnicity for all federal reporting.
- Proposals for Comment
 1. Collect race and ethnicity information using one combined question
 2. Add “Middle Eastern or North African” (MENA) as a new minimum category.
 3. Require the collection of detailed race and ethnicity categories by default
 4. Update Terminology in SPD 15.
 5. Guidance is necessary to implement SPD 15 revisions on Federal information collections.
 6. Comments On Any Additional Topics and Future Research.
- Public comments must be provided to OMB no later than 75 days from the publication date.
- OMB plans to complete revisions no later than Summer 2024

Race & Ethnicity Reporting Example

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	39 (17) *	667 (459) *		706 (476)
2a	Native Hawaiian	0	0		0
2b	Other Pacific Islander	597 (531) *	305 (222) *		902 (753)
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	597 (531)	305 (222)		902 (753)
3	Black/African American	127 (122) *	20,332 (18,760) *		20,459 (18,882)
4	American Indian/Alaska Native	87 (85) *	214 (180) *		301 (265)
5	White	4,030 (3,258) *	77,233 (70,314) *		81,263 (73,572)
6	More than one race	340 (393) *	724 (500) *		1,064 (893)
7	Unreported/Chose not to disclose race	984 (846) *	538 (491) *	773 (4,413) *	2,295 (5,750)
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	6,204 (5,252)	100,013 (90,926)	773 (4,413)	106,990 (100,591)

Reporting Requirements vs Data Standards Requirements

- The Office of Management and Budget (OMB) standards are minimum requirements and encourage granularity based on our population needs.
 - OMB requires 5 race and 2 ethnicity “groupings”
 - Additional stratification needs to be “rolled-up ”into the OMB requirements
- Federal agencies, measure stewards, states and systems of care have added to or interpreted the OMB requirements to meet the needs of own data collection processes or their populations:
 - HRSA and parts of CMS require stratification into 15 groupings
 - “More than one race”, “Don’t Know”, “Choose not to Respond”, “Other”, “Not Known” etc. are approached in many ways which results in missing or polluted data.

HRSA UDS Race and Ethnicity Data Standards Update

- The August 2022 Health Resources and Services Administration (HRSA) CY 2023 Uniform Data System (UDS) [Program Assistance Letter](#) has proposed Data Standard reporting changes to Health Center Program awardees in February 2024 to expand Race and Ethnicity (R/E) categories.
- These R/E sub-category options will allow for better reflection of the diversity of patients served by health centers as well as continue to align with the OMB minimum categories for race and for ethnicity data collection.
- More than 62% of patients who receive care services at HRSA supported health centers are R/E minorities, the ability to obtain more granular insights on subpopulations, will support health centers in providing more patient-centered and equitable care

UDS Race and Ethnicity Categories

Previous Categories

Patients by Race and Hispanic or Latino/a Ethnicity				
Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Chose Not to Disclose Ethnicity (c)
1	Asian			
2a	Native Hawaiian			
2b	Other Pacific Islander			
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)			
3	Black/African American			
4	American Indian/Alaska Native			
5	White			
6	More than one race			
7	Unreported/Chose not to disclose race			

New Categories

Ethnicity Data Standard	Categories
<p>Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected)</p> <p>a. ___ No, not of Hispanic, Latino/a, or Spanish origin b. ___ Yes, Mexican, Mexican American, Chicano/a c. ___ Yes, Puerto Rican d. ___ Yes, Cuban e. ___ Yes, Another Hispanic, Latino, or Spanish origin</p>	<p>These categories roll-up to the Hispanic or Latino category of the OMB standard</p>
Race Data Standard	Categories
<p>What is your race? (One or more categories may be selected)</p> <p>a. ___ White b. ___ Black or African American c. ___ American Indian or Alaska Native</p>	<p>These categories are part of the current OMB standard</p>
<p>d. ___ Asian Indian e. ___ Chinese f. ___ Filipino g. ___ Japanese h. ___ Korean i. ___ Vietnamese j. ___ Other Asian</p>	<p>These categories roll-up to the Asian category of the OMB standard</p>
<p>k. ___ Native Hawaiian l. ___ Guamanian or Chamorro m. ___ Samoan n. ___ Other Pacific Islander</p>	<p>These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard</p>

CMS Race and Ethnicity Data Requirement Changes

- Effective January 1, 2023, CMS is requiring new race and ethnicity data fields on all Enrollment Request Forms to enroll in a Medicare Advantage or Part D plans.
 - The new fields are required to be included on the enrollment form, however an applicant's response is optional.
- CMS expects plans to submit the beneficiary response to the race and ethnicity field, including confirming if the beneficiary did not provide the optional data.
- The field is not considered complete until all race and ethnicity data are accepted by CMS, including annotating that the beneficiary did not answer the question.
- CMS believe the collection of this data will meaningfully advance equity mandates by resulting in a more granular and better understanding of the diversity of the Medicare population, including important differences in health and healthcare needs and experiences across race and ethnicity groups.

Ethnicity

- Not of Hispanic, Latino/a or Spanish Origin
- Puerto Rican
- Another Hispanic, Latino or Spanish Origin
- Mexican, Mexican American, Chicano/a
- Cuban
- I choose not to answer
- Form left blank

Race

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input checked="" type="checkbox"/> Japanese	<input checked="" type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> I choose not to answer		
<input type="checkbox"/> Form left blank		

Race Data Standard Requirements

	Federal						State		Behavioral Health		Clinical Quality Measures	
Roll Up Category	OMB	HHS	CMS Medicare (Medicare Advantage)	CMS Medicaid	HRSA UDS	Census	RI Medicaid (Non-FQHC)	RI Medicaid (FQHC)	SAMHSA	BHOLD	NCQA HEDIS	CMS ECQM
Multiple Selection	No	No	No	TBD	No	Yes	No	No	Yes	Yes	No	No
American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaska Native	TBD	American Indian/Alaska native	American Indian or Alaska Native	American Indian/Alaska Native	American Indian/Alaska Native	Alaska Native (Aleut, Eskimo) American Indian or Alaska Native	Native Alaskan/ American Indian	American Indian or Alaska Native	American Indian or Alaska Native
Asian	Asian	Asian Indian	Asian Indian	TBD	Asian Indian	Asian	Asian	Asian	Asian	Asian	Asian	Asian
		Chinese	Chinese		Chinese							
		Filipino	Filipino		Filipino							
		Japanese	Japanese		Japanese							
		Korean	Korean		Korean							
		Vietnamese	Vietnamese		Vietnamese							
		Other Asian	Other Asian		Other Asian							
Black or African American	Black or African American	Black or African American	Black or African American	TBD	Black/African American	Black or African American	Black or African American	Black/African American	Black or African American	Black	Black or African American	Black or African American
Native Hawaiian/ Other Pacific Islander	Native Hawaiian/ Other Pacific Islander	Native Hawaiian	Native Hawaiian	TBD	Native Hawaiian	Native Hawaiian/ Other Pacific Islander	Native Hawaiian and Other Pacific Islander	Native Hawaiian	Native Hawaiian or Other Pacific islander	Hawaiian/ Pacific Islander	Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander
		Guamanian or Chamorro	Guamanian or Chamorro		Guamanian or Chamorro							
		Samoan	Samoan		Samoan			Other Pacific islander	Asian or Pacific Islander			
		Other Pacific Islander	Other Pacific Islander		Other Pacific islander							
White	White	White	White	TBD	White	White	White	White	White	White	White	White

Race Data Standard Requirements

	<u>Federal</u>						<u>State</u>		<u>Behavioral Health</u>		<u>Clinical Quality Measures</u>	
Roll Up Category	OMB	HHS	CMS Medicare (Medicare Advantage)	CMS Medicaid	HRSA UDS	Census	RI Medicaid (Non-FQHC)	RI Medicaid (FQHC)	SAMHSA	BHOLD	NCQA HEDIS	CMS ECQM
Multiple Selection	No	No	No	TBD	No	Yes	No	No	Yes	Yes	No	No
Additional Selections	N/A	N/A	I choose not to answer	TBD	Unreported/ Choose not to disclose race	N/A	Declined	Unreported/ Refused to Report	N/A	N/A	Ask but No Answer	N/A
	N/A	N/A	N/A	TBD	More Than One Race	N/A	Two or More Races	More Than One Race	Two or More Races	N/A	Two or More Races	N/A
	N/A	N/A	N/A	TBD	N/A	N/A	Unknown	N/A	Unknown	N/A	Unknown	N/A
	N/A	N/A	N/A	TBD	N/A	Some Other Race	Some Other Race	N/A	Other Single Race	N/A	Some Other Race	Other Race
	N/A	N/A	Form left blank	TBD	N/A	N/A	N/A	N/A	Not Collected	N/A	N/A	N/A

Ethnicity Data Standards

	Federal						State		Behavioral Health		Clinical Quality Measures	
Roll Up Category	OMB	HHS	CMS Medicare (Medicare Advantage)	CMS Medicaid	HRSA UDS	Census	RI Medicaid (Non-FQHC)	RI Medicaid (FQHC)	SAMHSA	BHOLD	NCQA HEDIS	CMS ECQM
Multiple Selection	No	No	No	TBD	No	Yes	No	No	Yes	Yes	No	No
Hispanic/Latino	Hispanic/Latino	Mexican, Mexican American, Chiano/a	Mexican, Mexican American, Chicano/a	TBD	Mexican, Mexican American, Chiacno/a	Mexican, Mexican Am, Chicano	Hispanic/Latino	Hispanic/Latino	Puerto Rican	Hispanic	Hispanic or Latino	Hispanic or Latino
		Puerto Rican	Puerto Rican		Puerto Rican	Puerto Rican						
		Cuban	Cuban		Cuban	Cuban						
		Another Hispanic, Latino/a or Spanish Origin	N/A		Another Hispanic, Latino/a, or Spanish Origin	Another Hisptanic, Latino, or Spanish origin						
		Other Specific Hispanic or Latino	Other Specific Hispanic or Latino		Other Specific Hispanic or Latino	Other Specific Hispanic or Latino						
Hispanic or Latino - specific origin not specified	Hispanic or Latino - specific origin not specified	Hispanic or Latino - specific origin not specified	Hispanic or Latino - specific origin not specified									
Not Hispanic or Latino	Not Hispanic or Latino	Not of Hispanic, Latino/a, or Spanish origin	Not of Hispanic or Latino/a or Spanish Origin	TBD	Not Hispanic, Latino/a, or Spanish Origin	No, not of Hispanic, Latino, or Spanish origin	Not Hispanic/Latino	Non-Hispanic/Latino	Not of Hispanic or Latino Origin	Not Hispanic	Not Hispanic or Latino	Not Hispanic or Latino
Additional Selections	N/A	N/A	I choose not to answer	N/A	Unreported/ Chose Not to Disclose Race and Ethnicity	N/A	Declined	Unreported/ Refused to Report	N/A	N/A	Asked but No Answer	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	Unknown	N/A	Unknown	N/A	Unknown	N/A
	N/A	N/A	Form left blank	N/A	N/A	N/A	N/A	N/A	Not Collected	N/A	N/A	N/A

Key Highlights

- Multiracial
 - Some standards offer an option of “More than one race” or “Two or More Races”
 - Behavioral Health standards are designed to collect a more granular response by offering a yes, no, or unknown response to every race and ethnicity category.
- Concerns with multi-selection
 - EHRs need to be configurable to collect data at this granularity
 - Data may not be reported in the same manner.

RI-Behavioral Health On-Line Data (BHOLD) Collection Form

RACE/ETHNICITY (*circle Yes, No, or Unknown for each option*):

Y / N / Unk
Native Alaskan/
Amer. Indian

Y / N / Unk
Asian

Y / N / Unk
Hawaiian/ Pacific
Islander

Y / N / Unk
Black

Y / N / Unk
White

Y / N / Unk
Hispanic

Key Highlights

- Some standards offer a variation of additional options to accommodate responses that don't fall under the standard categories or for those who prefer not to respond.
- Additional Options:
 - Multiracial
 - Two or More Races, More Than One Race
 - Does not capture the individual races.
 - No Answer
 - I choose not to answer, Unreported/Choose not to disclose, Decline, Ask but no answer
 - Unknown
 - Does this mean the question was never asked?
 - Other Race
 - Other Single Race, Some Other Race

Accountable Entity RELD Measure

- Accountable Entities (AEs) have the opportunity to earn funds based on submission of performance rates for select measures stratified by race, ethnicity, language, and disability status.
- The measures selected have evidence of Disparities in performance by RELD in Rhode Island and are required to be stratified for reporting to NCQA and HRSA.
 - Measure #1: Eye Exam for Patients with Diabetes
 - Measure #2: Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control <8.0%
 - Measure #3: Controlling High Blood Pressure
 - Measure #4: Developmental Screening in the First Three Years of Life
- EOHHS aims to include a RELD measure focused on reducing disparities in performance in the future once provider organizations have more robust and more experience with RELD data.
- See the [PY5-PY6 Quality Measure Specifications Manual 2023](#) for additional information.

OMB Race and Ethnicity Proposed Changes

Current Question Format

Are you Hispanic or Latino?

No, not Hispanic or Latino

Yes, Hispanic or Latino

What is your race? *Select one or more.*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Proposed Combined Question Format

What is your race or ethnicity?
Select all that apply.

White

Hispanic or Latino

Black or African American

Asian

American Indian or Alaska Native

Middle Eastern or North African

Native Hawaiian or Pacific Islander

Combined question when more detailed collection is not feasible or justified.

Combined question with minimum categories disaggregated by country of origin.

What is your race or ethnicity?
Select all that apply AND enter additional details in the spaces below. Note, you may report more than one group.

WHITE – Provide details below.

German Irish English

Italian Polish French

Enter, for example, Scottish, Norwegian, Dutch, etc.

HISPANIC OR LATINO – Provide details below.

Mexican or Mexican American Puerto Rican Cuban

Salvadoran Dominican Colombian

Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.

BLACK OR AFRICAN AMERICAN – Provide details below.

African American Jamaican Haitian

Nigerian Ethiopian Somali

Enter, for example, Ghanaian, South African, Barbadian, etc.

ASIAN – Provide details below.

Chinese Filipino Asian Indian

Vietnamese Korean Japanese

Enter, for example, Pakistani, Cambodian, Hmong, etc.

AMERICAN INDIAN OR ALASKA NATIVE – Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc.

MIDDLE EASTERN OR NORTH AFRICAN – Provide details below.

Lebanese Iranian Egyptian

Syrian Moroccan Israeli

Enter, for example, Algerian, Iraqi, Kurdish, etc.

NATIVE HAWAIIAN OR PACIFIC ISLANDER – Provide details below.

Native Hawaiian Samoan Chamorro

Tongan Fijian Marshallese

Enter, for example, Palauan, Tahitian, Chuukese, etc.

Demographic Data Collection Pilot Planning Committee



Sue Dettling, CTC-RI

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NEXT STEPS for the HIT STEERING COMMITTEE

Next Meeting: April 20th at 4:00 pm

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Appendix



Resources

- RI Increased Diversity
 - <https://upriseri.com/ri-kids-count-releases-a-report-on-racial-and-ethnic-disparities-in-maternal-infant-and-young-childrens-health/>
- CMS
 - <https://www.cms.gov/files/document/hpms-announcement-memo-race-and-ethnicity.pdf>
- HRSA UDS:
 - <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/2023-uds-proposed-pal-2022-03.pdf>
 - <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=54>
- OMB:
 - <https://www.federalregister.gov/documents/2023/01/27/2023-01635/initial-proposals-for-updating-ombs-race-and-ethnicity-statistical-standards>

Resource

Federal						State		Behavioral Health		Clinical Quality Measures	
OMB	HHS	CMS Medicare (Medicare Advantage)	CMS Medicaid	HRSA UDS	Census	RI Medicaid (Non-FQHC)	RI Medicaid (FQHC)	SAMHSA	BHOLD	NCQA HEDIS	CMS ECQM
https://www.shvs.org/wp-content/uploads/2021/05/SHVS-50-State-Review-EDITED.pdf	https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0	https://www.cms.gov/files/document/hpms-announcement-memo-race-and-ethnicity.pdf	<i>Specs due to be announced 2023 Q1 (expect to align with Medicare standards)</i>	https://bphc.hrsa.gov/sites/default/files/bphc/compliance/2023-uds-proposed-pal-2022-03.pdf	https://www2.census.gov/about/training-workshops/2020/2020-02-19-pop-presentation.pdf	PY4-PY6 Implementation Manual 2022 (page 62)	https://eohhs.ri.gov/initiatives/accountable-entities/resource-documents	https://www.samhsa.gov/data/sites/default/files/reports/rpt38667/Combined_SU_MH_TEDS_Manual_10-17-2022.pdf	APD	https://www.ncqa.org/wp-content/uploads/2022/02/10-RES.pdf?utm_medium=email&utm_campaign=publiccomment&utm_source=sf&utm_term=20220211	https://eci.healthhit.gov/episode-ec?qt-tabs_ep=1