



# Rhode Island HIT Steering Committee

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March 20, 2025

**RHODE  
ISLAND**

# Agenda

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- Welcome
- Review of the Minutes
- Discussions:
  - A. Demographic Data Collection Quality Improvement (Yolanda Bowes, CTC)
  - B. CDC Public Health Infrastructure Grant – Implementation Center (Leslie Papp, RIDOH)
- Public Comment
- Next Steps and Next Meeting



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ADVANCING INTEGRATED HEALTHCARE

# 2024 Improving Patient Demographic Data Collection in Primary Care to Address Health Disparities

Yolanda Bowes, Senior Program Manager - Care Transformation Collaborative of RI  
HIT Steering Committee March 20, 2025

*Care Transformation Collaborative of RI*

# Care Transformation Collaborative of RI (CTC-RI)

[www.ctc-ri.org](http://www.ctc-ri.org)

- **Rhode Island's Multi-Payer, Primary Care Transformation Collaborative**
- **Non-profit, public-private collaborative, co-convened by RI Office of the Health Insurance Commissioner and Executive Office of Health & Human Services (Medicaid)** to transform primary care as the foundation of an ever-improving, integrated, accessible, affordable, and equitable health care system.
- **CTC-RI brings together key stakeholders** to implement, evaluate, refine and spread models to deliver, pay for, and sustain high quality comprehensive primary care.

# Session Objectives

- Learn about the work CTC-RI has done with RI primary care practices to improve patient demographic data collection since 2023
- Hear about tools and strategies that can be applied to improve demographic data collection within primary care settings and organizations.
- Discuss how baseline needs assessment findings can be applied to identify opportunities for quality improvement.
- Understand successes and challenges of implementing strategies to improve patient demographic data collection.

## CTC-RI Demographic Data Collection Projects

2023 - 2025



RHODE ISLAND  
FOUNDATION



UnitedHealthcare®

May 2023 – May 2024  
EOHHS Funded

April 2024 – December 2024  
UHC and RIF Funded

March 2025 – January 2026  
UHC Funded

Demographic Data  
Collection Baseline  
Needs Assessment &  
Train-the-Trainer  
Webinar Series

2024 Improving Demographic  
Data Collection in Primary Care  
to Address Health Disparities  
Quality Improvement Initiative

2025 Implementing  
Improvements in  
Collection and Use of  
Patient Demographic Data  
in Primary Care Quality  
Improvement Initiative

15 Primary Care Practices

15 Primary Care Practices

10 Primary Care Practices



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ADVANCING INTEGRATED HEALTHCARE

# 2024 Improving Demographic Data Collection in Primary Care to Address Health Disparities Quality Improvement Initiative

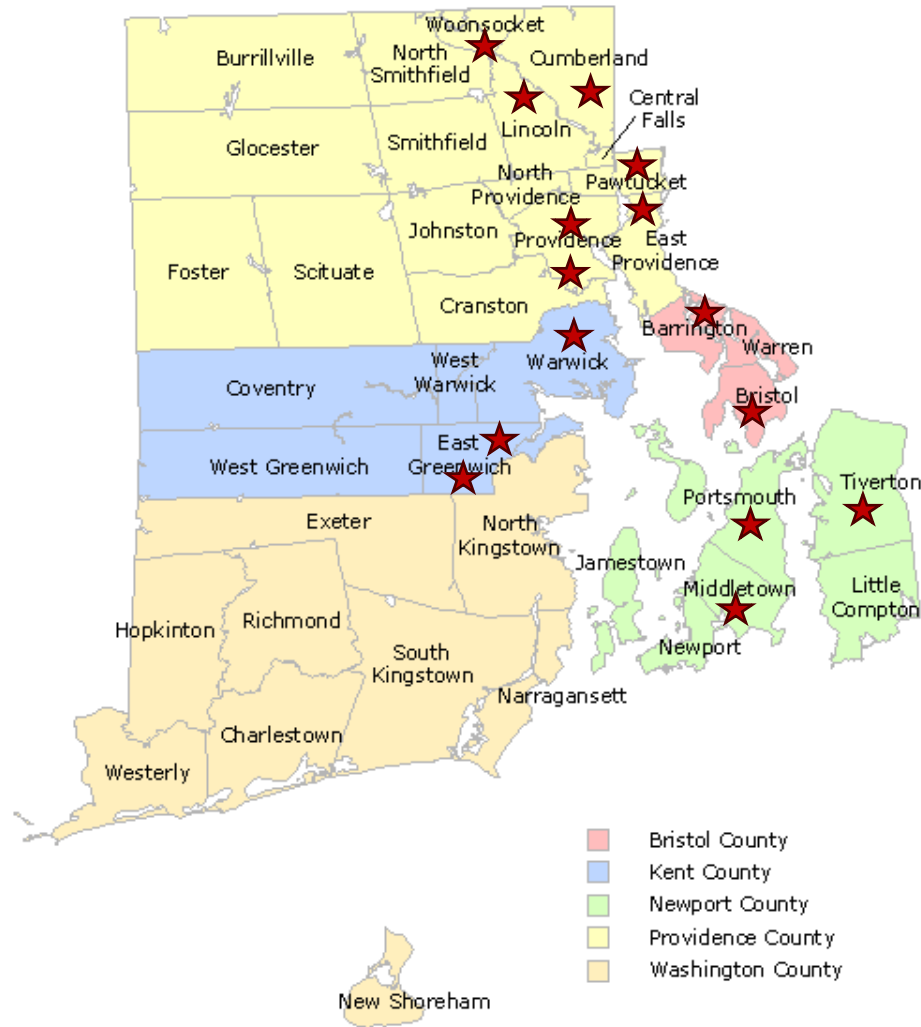
# Demographic Data Quality Improvement Initiative

- Project Period April – December 2024
- Call For Applications
  - 15 Primary Care Practices
- Collaborative Learning Experience
- Monthly Practice Facilitation Support
- Baseline Needs Assessment
- Pre/Post Best Practice Assessment
- Plan Do Study Act/Adjust (PDSA)
  - Improve REL Completeness
  - One Practice Selected Measure
- \$10,000 per practice stipend
- \$ 2,100 “New” Practices (12 of 15)





# Participating Practices



## Returning Practices

- Concilio Pediatrics - Lincoln
- University Internal Medicine – Pawtucket
- Your Health – East Greenwich

## New Practices

- Barrington Pediatrics - Barrington
- Chad Lamendola, MD, Inc – East Greenwich
- Chad Nevola, MD, Ltd - Providence
- Clinica Esperanza/Hope Clinic - Providence
- Medical Associates of RI, Inc - Bristol
- Middletown Family Practice - Middletown
- Northeast Internal Medicine - Pawtucket
- NRI Pediatrics, PC - Cumberland
- Ocean Medical Practice, Inc - Woonsocket
- Pilgrim Park Physicians - Warwick
- Portsmouth Family Practice - Portsmouth
- Tiverton Family Medicine - Tiverton

## Baseline Practice Needs Assessment

### Purpose

- Assess what is happening at the practice compared to best practices.
- Identify topics for webinar series
- Identify strengths, opportunities for staff training, patient education, process improvement, and gaps between patient and staff experience.

### Practice Assessment (57 Questions)

- Completed by Practice Manager
- Current demographic data collected;
- Data collection policies, staff engagement, and accountabilities
- Data standards in use, collection processes and use of technology

### Patient Survey (20 Questions)

- Patient experiences with demographic data collection

### Staff Survey (19 Questions)

- Staff experiences with demographic data collection
- Recommendations for training

### Walk Around Tool

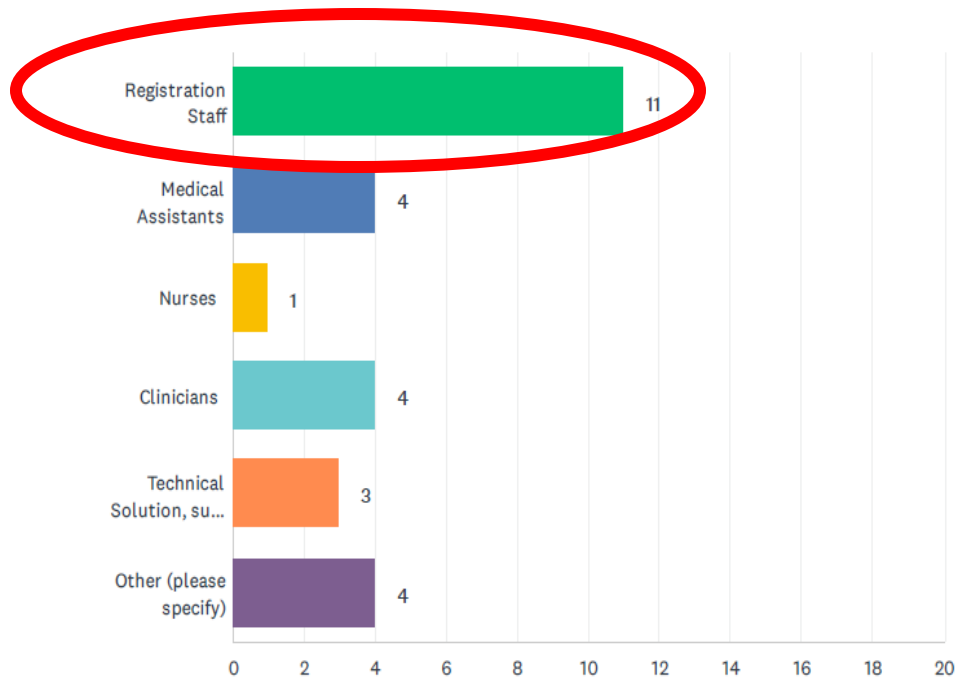
- Documents the collection and use of demographic data, from the perspective of all stakeholders in the process and shares those findings with the internal practice teams

# Baseline Needs Assessment - Results

## Practice Assessment

Q19 Who in your practice collects demographic data? (Select all that apply)

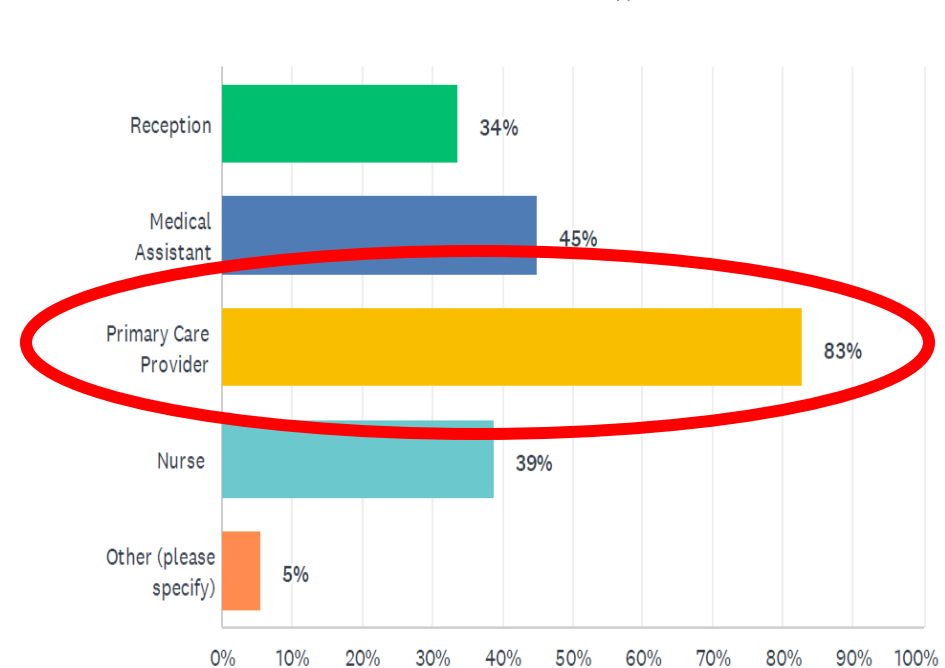
Answered: 12 Skipped: 0



## Patient Survey

Q18 Who do you feel most comfortable asking you questions about your demographic information (select all that apply):

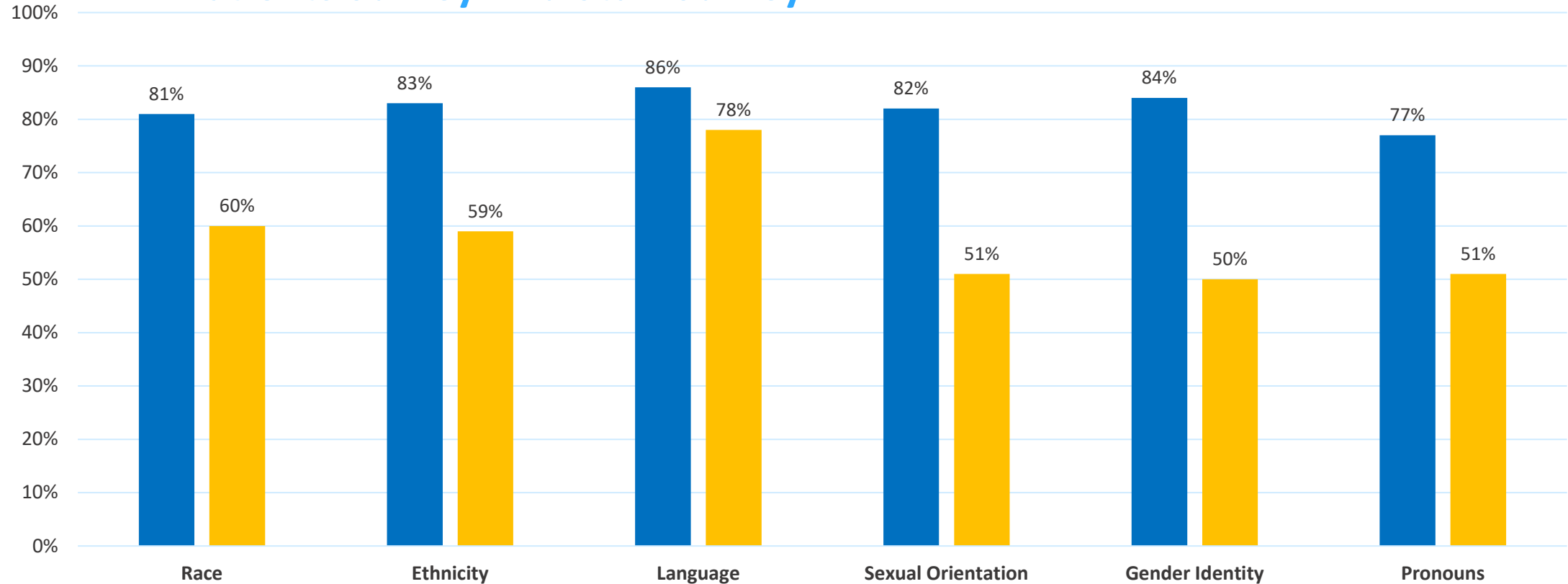
Answered: 711 Skipped: 0



# Baseline Needs Assessment - Results

## % Comfortable or Very Comfortable Patients Survey And Staff Survey

■ Patient Providing ■ Staff Collecting



# What did they do to improve?

- Staff Training
  - SOGI
  - Best Practices
  - Tools and Scripting
- Patient Education
  - Why We Ask Brochures
- Changing workflows to increase privacy
  - Providers asking SOGI in exam room
  - Using laminated forms at check in
  - Promoting the patient portal to update information



Resurvey Staff to  
Assess Improvement



Create or Update  
Policies

# 2024 Demographic Data Project –

[Click Here for  
Quarterly  
Learning  
Collaborative  
Meetings](#)

## Featured Presentations

### 4/25/24 Kick-Off Meeting

- Improving Race & Ethnicity Demographic Data Collection at Providence Community Health Centers – Jen Etue & Natasha Viveiros

### 9/18/25 Mid-Point Meeting

- LGBTQ+ Communities in Rhode Island: Joys, Challenges & Focused Priorities – Siri Colom, PhD

### 12/18/25 – Wrap-Up Meeting

- Southcoast Cares About My Diabetes: A Community Collaboration to Advance Equity in Diabetes Management – Katelyn Ferreira, MPH

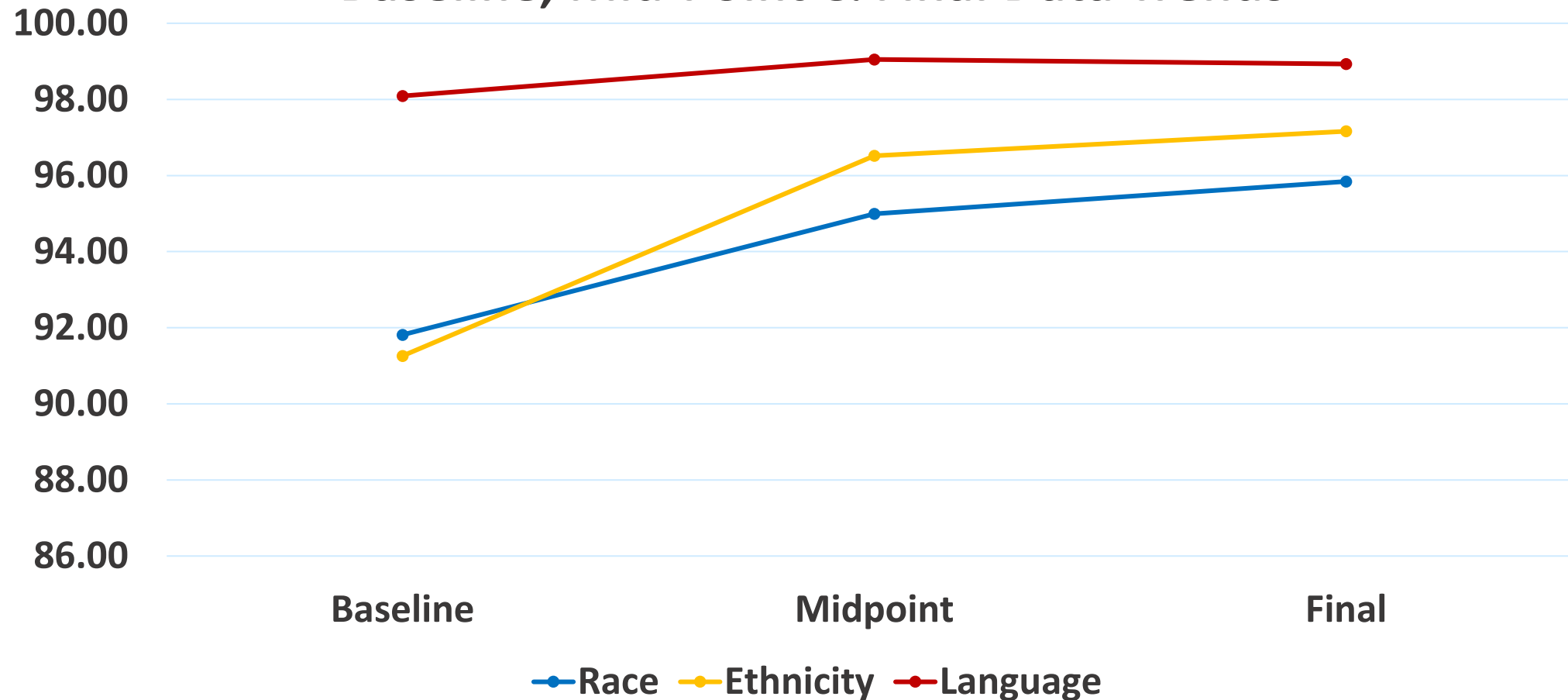
# Results



**2024 Improving Demographic Data Collection in Primary Care to Address Health Disparities Quality Improvement Initiative**

# Demographic Data Collection Results

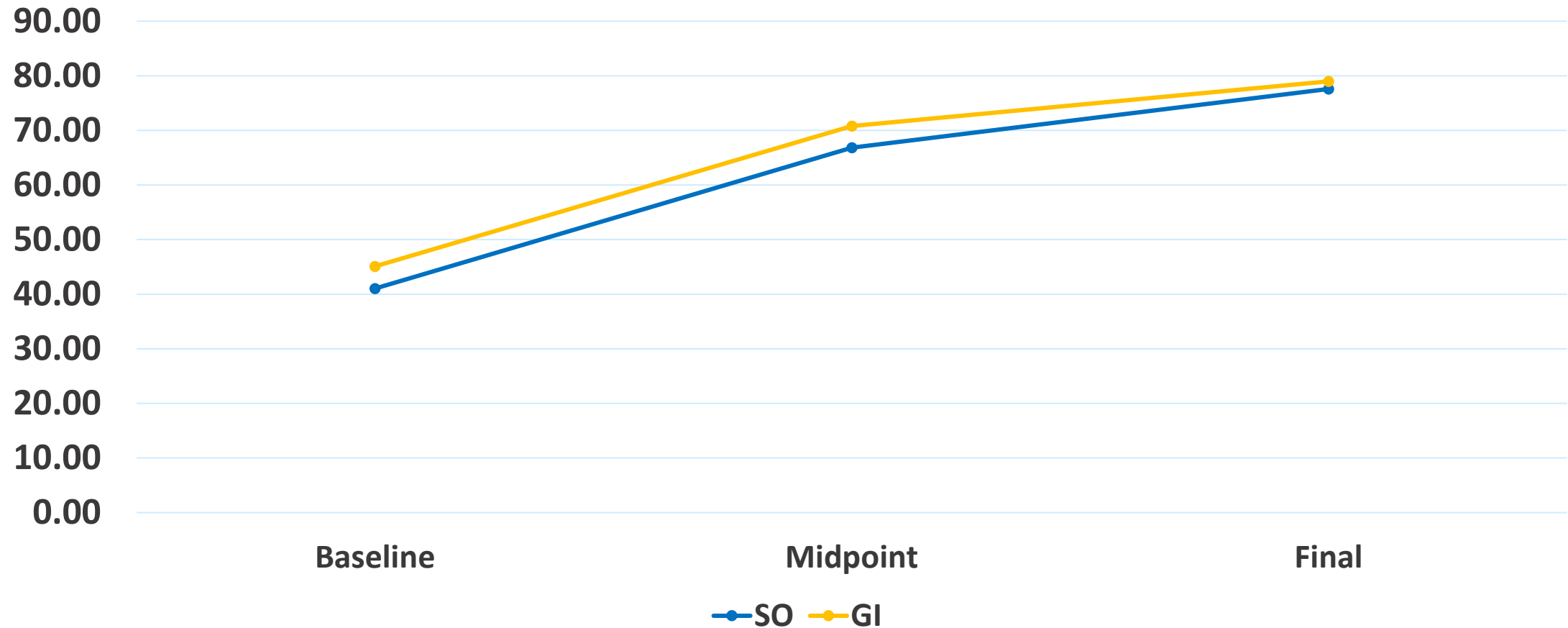
## Race, Ethnicity and Language Baseline, Mid-Point & Final Data Trends



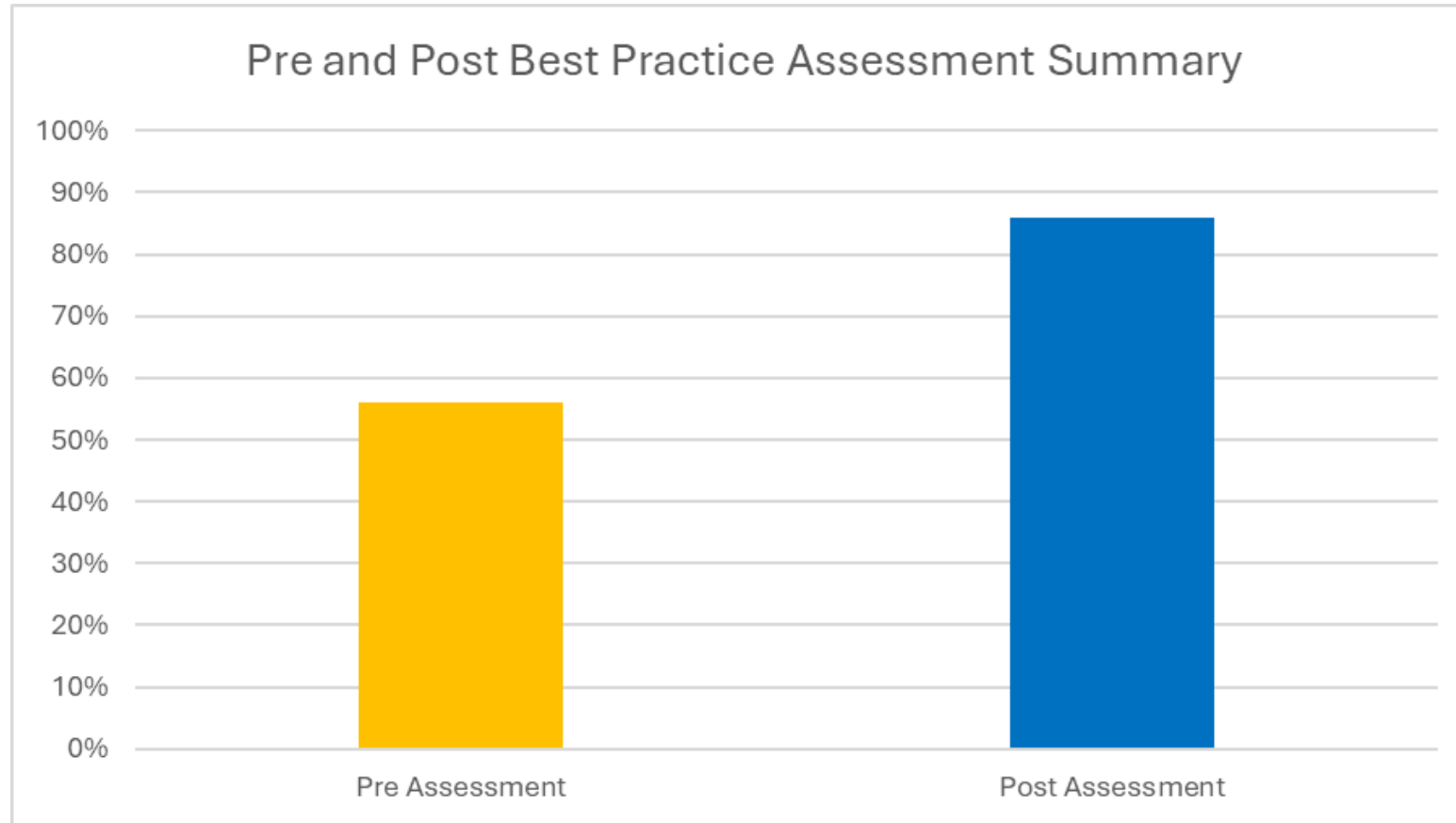


## SOGI

### Baseline, Mid-Point & Final Data Trends



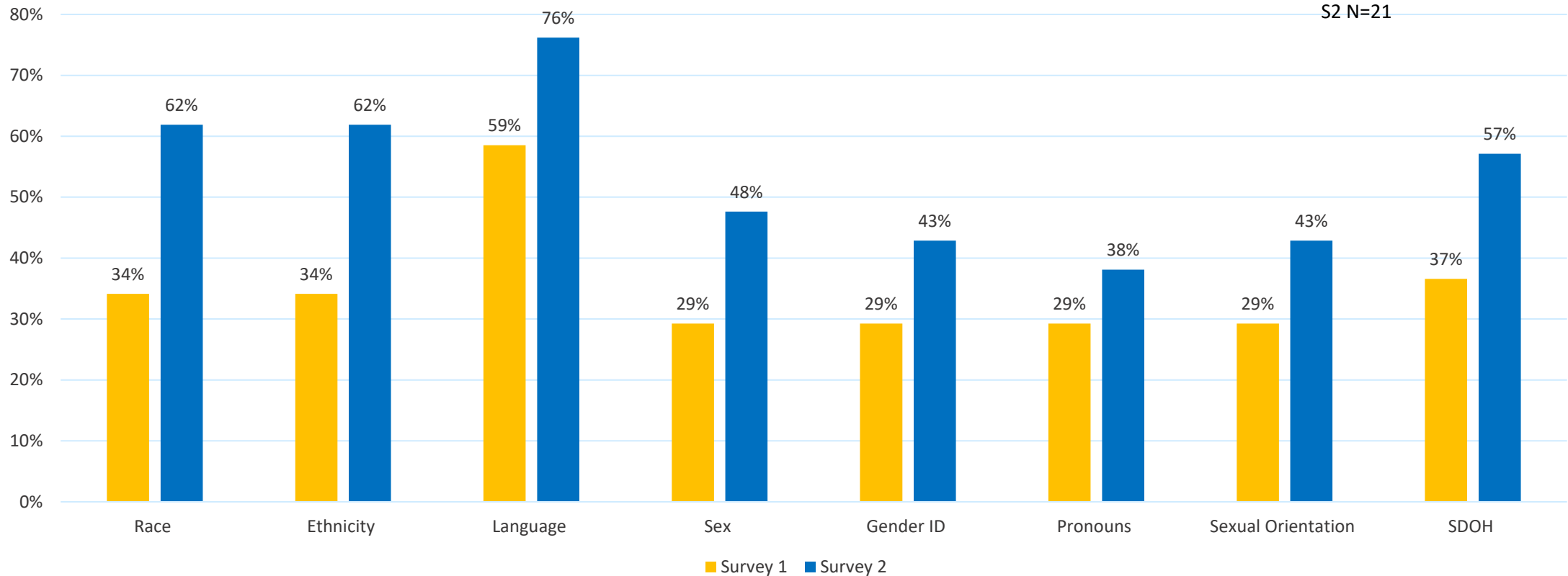
# Results – Best Practice Pre-Post Assessment



# Results - Pre-Post Staff Survey

How comfortable do you feel collecting the following demographic information from patients?

S1 N=41  
 S2 N=21



# Results - Program Evaluation

All components of the project rated as **Valuable or Very Valuable**

Learning Collaboratives

Baseline Needs Assessment

PDSA Cycles

Infrastructure Payment

Practice Facilitation

Data Reporting

Program Management



100%

*“New educational materials that will help both practice staff and patients to better understand the importance of REL & SOGI data collection.”*

**“The project improved communication/relationships between patients and staff through the sensitive collection of vulnerable data.”**

**“We learnt how to make comfortable and be comfortable with patients”**

“SOGI training was invaluable to our practice. It helped us "get on the same page" and see bias in ourselves and others. To hear that it is okay to misspeak and pick it back up was really useful to hear.”

**“This project caused an increased awareness of the diverse pt population and being sensitive to their needs”**

“Insight from other practices”

**“Made us dive deeper into our processes and look at what improvements we can make in our data collection process. Was helpful to have patient and staff surveys which identified our need to continue to work on privacy in our data collection.”**

# 2024 Demographic Data Quality Improvement Initiative Key Takeaways

- ***It's Not Just Data – It's Personal***

- Improvement Starts with Understanding Current State
- Any Practice Can Start Now To Improve
- Small Improvements Like Staff Training, Scripting, Data Collection Tools And Other Ideas Derived From Patient And Staff Surveys Can Be Impactful
- Baseline Needs Assessment Can Be Used Repeatedly to Measure Needs/Improvements
- Sustainability Requires Continuous Monitoring, Adjusting and Institutionalized Training and Processes

# Rhode Island Demographic Data Efforts

- OHIC Affordability Standards –
  - By January 2025, collect REL for 80% of members
  - By July 1, 2026, NCQA Health Equity Accreditation
- OHIC 2024 Demographic Data Standards Work Group – developing recommendations for minimum standard RELD/SOGI data collection
- EOHHS Data Collection Workgroup
- RI Public Health SOGI Equity Consortium

***Your leadership is important in continuing this work to meet the goal of improving healthcare for all.***

# 2025 Demographic Data Quality Improvement

Call For Applications – Released March 18, 2025

## Two Cohorts

- Improving Demographic Data Collection – Baseline Needs Assessment & Quality Improvement Initiative & Learning Collaborative
- Using Demographic Data to Stratify Clinical Measures and Identify Disparities Quality Improvement Initiative & Learning Collaborative

Generously Funded by





[Link to 2025 Demographic Data QI Call For Applications](#)

[Link to CTC-RI Baseline Needs Assessment Tool](#)

[Link to CTC-RI 2023 Demographic Data Pilot Environmental Scan Reports](#)

[Link to CTC-RI 2023 Demographic Data Pilot Webinar Slide Decks & Resources](#)

[Link to CTC-RI 2023 Demographic Pilot Call for Applications](#)

[Link to CTC-RI 2024 Demographic QI Call for Applications](#)

[Link to CTC-RI 2024 Demographic QI Milestone Document](#)

[Link to CTC-RI 2024 Demographic QI Pre/Post Assessment](#)

[Link to CTC-RI 2024 Learning Collaborative Meetings Slides & Recordings](#)

[CDC Video Racism and Health](#)

[The Commonwealth Fund 2024 State Health Disparities Report](#)

[LGBTQ Voices in RI \(rifoundation.org\)](#)

Andrew R. Flores and Kerith J. Conron, Adult LGBT Population in the United States, The Williams Institute (December 2023), <https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/>

# Questions?



# THANK YOU

## Contact Information

Yolanda Bowes, – Care Transformation Collaborative of RI – [ybowes@ctc-ri.org](mailto:ybowes@ctc-ri.org)



# CDC Public Health Infrastructure Grant – Implementation Center

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Leslie Papp, RIDOH

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**Data  
Modernization  
Initiatives**

**Implementation  
Center (IC) Grant :  
PRIOP**

**HIT Steering Committee  
03/20/2025**



# DMI - Data Modernization Initiatives

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Don't

Mess with my

Interface

# Public Health Data Modernization Initiative (DMI)

CDC's Data Modernization Initiative (DMI) is an effort to create modern, integrated, and real-time public health data and surveillance system. Launched in 2019.

DMI is not just about technology, but about putting the right people, processes, and policies in place to modernize and integrate data.

The ultimate goal is to move from siloed data systems to connected and adaptable 'response-ready' systems that can help us solve problems before they happen.



# PHIG Implementation Center (IC) Grant

The Public Health Infrastructure Data Modernization is giving support in modernizing data systems. To create work plans, receive assistance in processes, governance, and technology. This is a significant step in advancing public health data interoperability and strengthening the capacity to prevent and detect health threats.





# Providers Maintain Many Important Data Elements

## Methods used in Reporting to RIDOH

- eCR – Electronic Case Records
- ETOR – Electronic Test Orders and Results
- ELR – Electronic Lab Results
- ADT – Admission Discharge Transfer



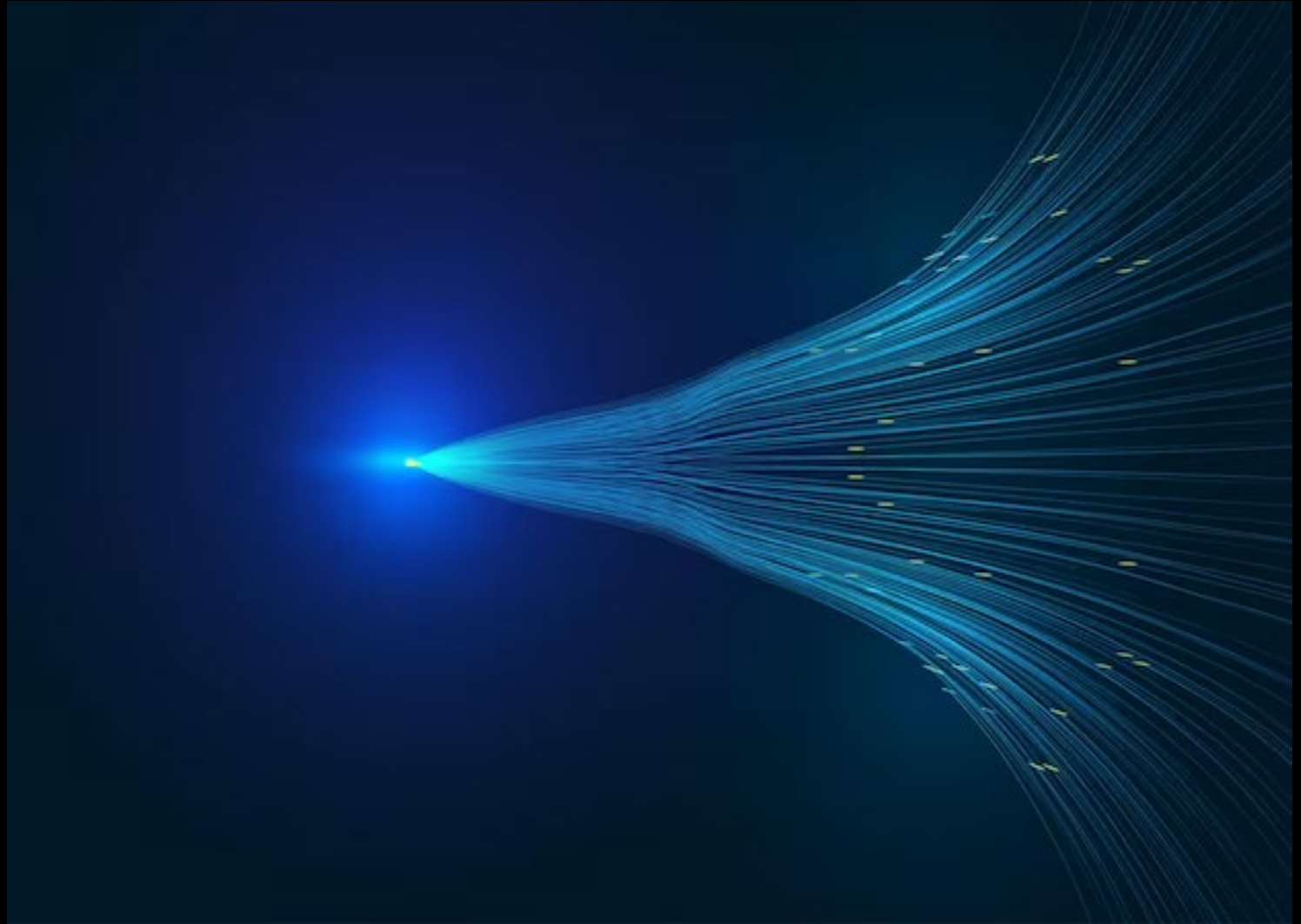
# Multiple Connections with Multiple Providers

- HL7, FHIR, CSV, PDF, FAX, Paper
- Maintain Hardware & Software
- Troubleshoot Connections on Routers, Switches, Ports
- Interact with Various EHRs
- Maintain User Accounts



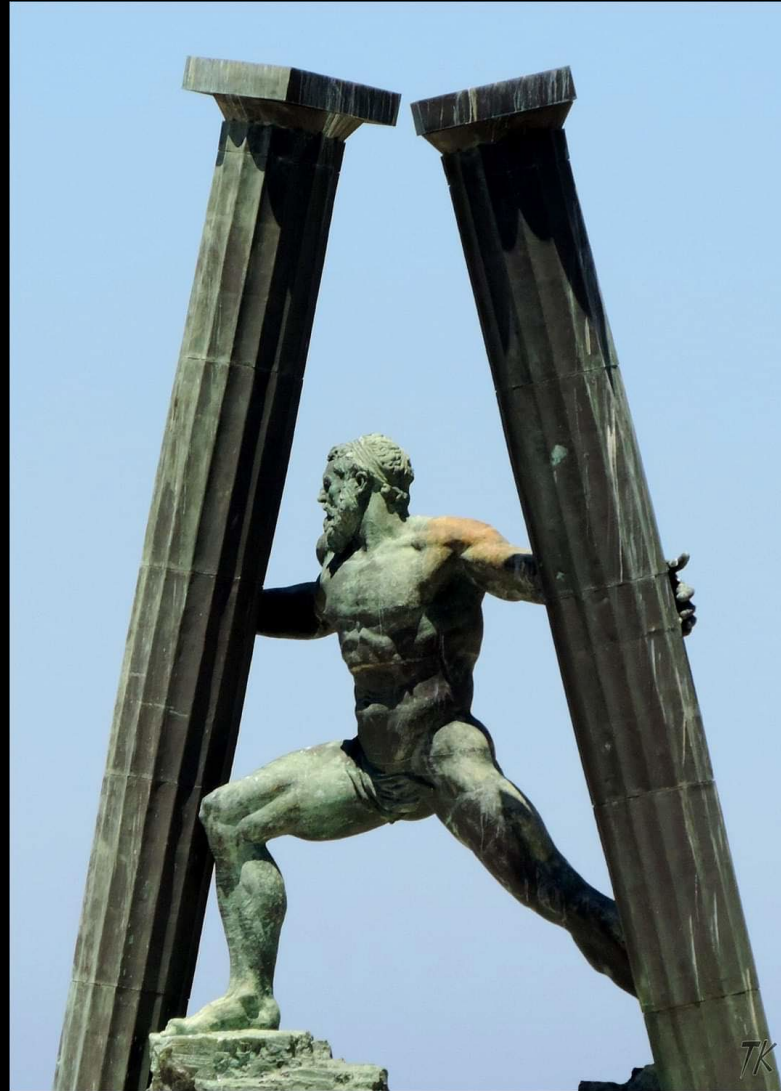
# HIE Opt-Out Data Model

- Data from providers will be included in the HIE, can be limited between providers
- More data will be included in the HIE than previous years (~50%)
- RIDOH will be able to run analysis on larger data sets for policy making and public health decisions



# Bringing RIDOH and Providers Together via the HIE

RIDOH

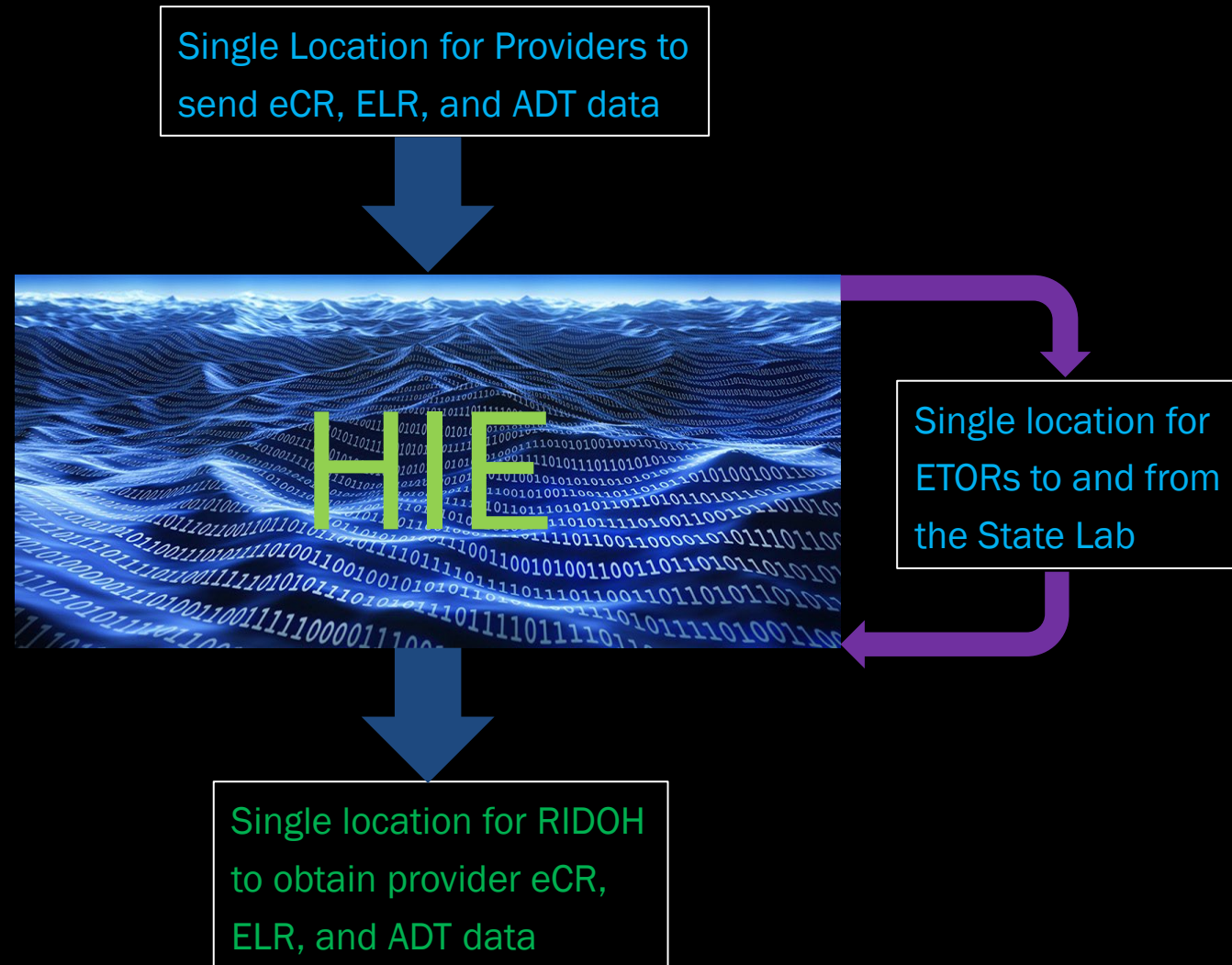


PROVIDERS  
Hospitals, Labs,  
Clinics, EMS,  
Facilities,  
Practices, ...



# PRIOP Provider Records In One Place

- Utilize the HIE's Connections to Providers for eCR and ELR data
- Create connection from RIDOH to the HIE to obtain this data
- Reduces the number of connections and maintenance that RIDOH needs to upkeep
- Limits duplication, paper and manual entries

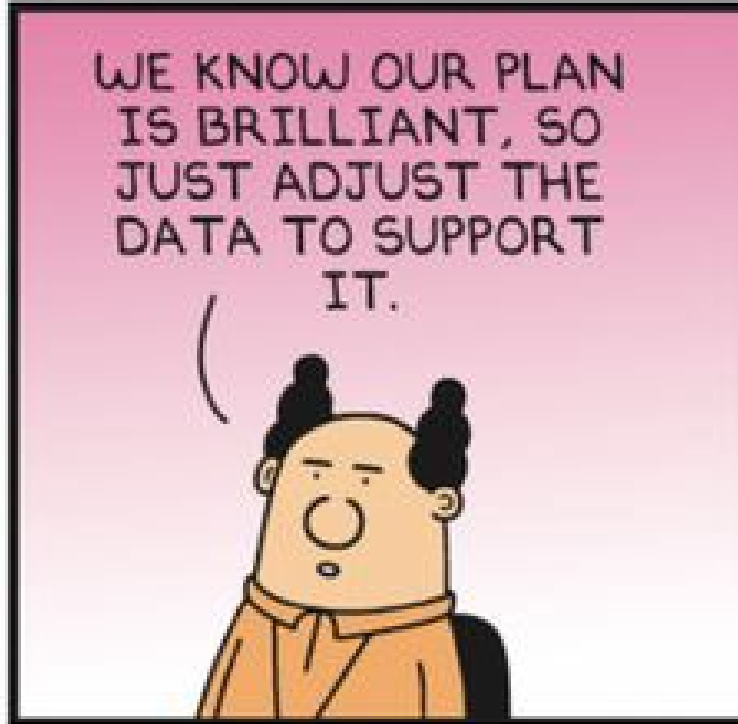


# PRIOP Provider Records In One Place

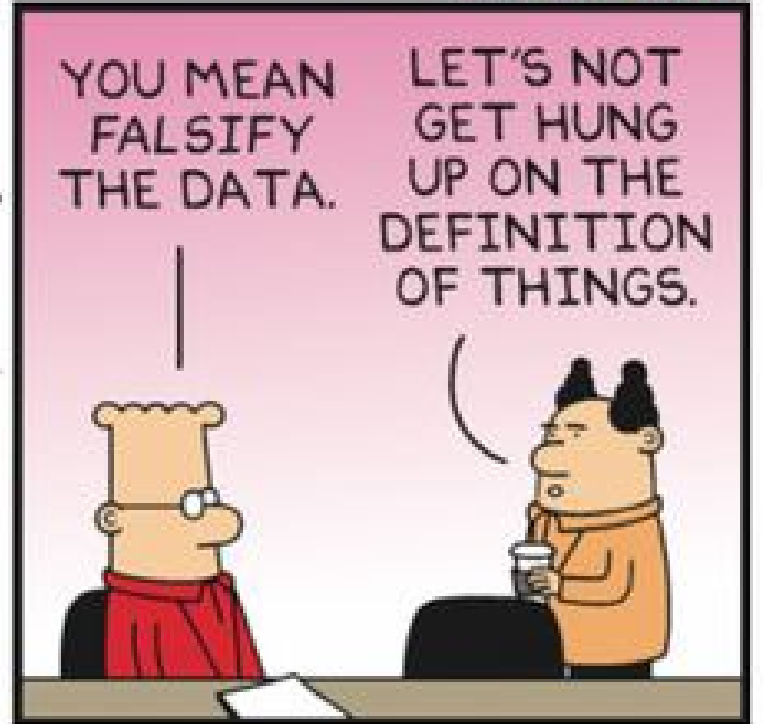
Wednesday February 20, 2019 *Adjust The Data*



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# PRIOP Provider Records In One Place

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- What are the challenges that exist in reporting eCRs & ETORs?
- How could this help the providers submit better eCRs & ETORs?
- How does the group see this Project benefit the Providers?
- What Key factors are recommended to be taken into account while planning for this project?

# PRIOP Provider Records In One Place

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- What challenges/limitations does the Group see in implementing this Project from a Provider Perspective?
- Are there any issues you see of RIDOH moving away from a provider direct connection to receiving provider data from the HIE?
- Would you like to get involved?



# Next Steps & Next Meeting



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Thursday, May 15<sup>th</sup> at 4:00 pm

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