Patient Demographics: How Data Informs Intradisciplinary Systems & Public Health Innovations

Jennifer Etue, LICSW Natasha Viveiros RN, MPH Yan Qi

In Partnership With: Chelsea DePaula MPH & Laurie Whittemore

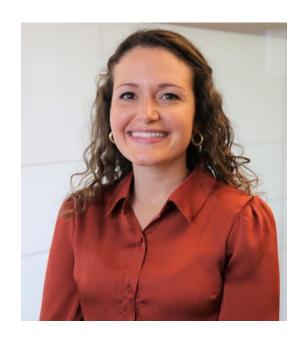


Meet the Team



Jen Etue, LICSW

Manager of Integrated Behavioral Health



Natasha Viveiros, RN, MPH

Director of Site Operations & Special Projects



Yan Qi

Population Health Analyst, Accountable Entity

Multilevel Collaboration

Integrated Behavioral Health

- o Content expert
- Trauma informed care

Operations

- o Project management
- o Develop mechanisms for operational oversite and ownership

Data Analytics

 Develop reporting mechanism to monitor adoption and compliance with data collection upon completion of training

Objectives

- Increase participant knowledge of interdisciplinary team related to use of data, implementation of staff training support and systems change.
- Increase participant capacity of use of organizational level data and agency change.
- Increase organizational accountability, staff support and training.

Background

PCHC Background

2021 UDS Report % of patients that refused to report, or field is unknown:

- o Race: 27.7%
- o Ethnicity: 4.2%
- o Sexual Orientation: 50.2%
- o Gender Identity: 46.5%
- o Income: 80.8%

Needs Assessment

Front Desk Staff Experience with Collecting REL, Income and SOGI data

- 1. Have you been trained to collect REL, SOGI and Income data?
- 2. What challenges do you currently face when asking patients about their REL, SOGI and Income?
- 3. What types of responses do you get from patients when asking for this information? Please provide specific scenarios.
- 4. What additional resources or training would be helpful to have so that you feel comfortable and confident asking patients for this type of information?

Front Desk Staff Experience with Collecting REL, Income and SOGI data

Feedback

o About 50% of staff said they would like additional training on how to engage patients to best collect REL & SOGI data

Challenges:

- o Blank responses from patient on paper registration form
- o Lack of privacy
- o Patients get offended, defensive, uncomfortable, and embarrassed
- o Patients do not know what to choose for race and ethnicity

Responses:

- o Patients want to know why we need this information
- o "That is too personal"
- o "Do I have to tell you?"

Resources:

- o Prefer dry erase board to complete information confidentially
- o Would like to know how to explain the difference between race and ethnicity
- o Learn more about why we need to collect this information
- o Communication skills

Qualtrics Survey

- o Created and implemented 8 question Qualtrics text survey for patients with unknown REL and SOGI data
 - o <u>Survey topics</u>: ethnicity, race, language, gender identity, sexual orientation, sex assigned at birth, pronouns, preferred name
 - o Reviewed by 27 PCHC staff members prior to being sent to patients
 - o Available in English, Spanish, and Portuguese
- o Text was sent out to 10,596 patients who had previously consented to texting
 - o 1,683 responses received (16%)
- o Front desk staff then updated patient's information received within Qualtrics text survey into the EHR manually

Training Curriculum (not just data or data collection, but data driven)

- Training created through collaboration of:
 - Trauma informed trainer using gaps in both HRSA data and qualitative staff reported feedback related to knowledge gaps re: REL and SOGI.
- Training targeted to support:
 - Adult learners to shift thinking around patient centered care &
 - Gender affirming/ equitable care starting the moment a patient enters our clinic(s).

Training Curriculum (not just data or data collection, but data driven)

- Increasing understanding of bias in health care systems:
 - How customer service interactions can make/ break a patient's experience before they engage with care teams.
- Increasing understanding of how these positive or negative interactions create a system of fear and avoidance for patients impacting health disparities.
- Overarching Public Health focus

Laminated Front Desk Tool

Available in the following languages:

- English
- Spanish
- Portuguese
- Khmer

9. Housing Status: Please select your
current housing situation

- □ Homeless Shelter
- □ Transitional
- □ Doubling Up
- □ Permanent Supportive Housing
- □ Street
- □ Not Homeless
- □ I don't know
- □ Prefer not to answer
- □ Other

Public Housing: □ Yes □ No

10. Worker Status: Please select your current work status.

- □ Migrant worker
- □ Seasonal worker
- □ Not Migrant/Seasonal
- □ Prefer not to answer

${\bf 11.\ Would\ you\ consider\ yourself\ to\ have\ a\ disability?}$

- □ Yes
- □ No
- □ I don't know
- □ I would prefer not to answer

12. Veteran Status: Would you consider yourself a veteran?

□ Yes

If yes, have you been discharged? □ Yes □ No If yes, discharge date:

- □ No
- □ Prefer not to answer

13. Refugee Status: Would you consider yourself as a person seeking refuge?

- □ Yes
- If yes, country of origin:
- □ No
- □ Prefer not to answer

Demographic Update: We collect race, ethnicity, language, sexual orientation, and gender identity information from all of our patients. By knowing more about your background, we can get a better idea of health concerns you may have and be generally sensitive to your needs.

1. Please select the <u>ethnicity</u> that describes you best:

- □ Latino/Hispanic/Latinx
- □ Not Hispanic/Latino
- □ Other
- □ Prefer not to say at this time

*Your ethnicity is different than your race (for example, you can be black or white, but also Hispanic or not)

2. Race generally comes from where the generations of your family have lived. Please select the race that describes you best.

- □ Caucasian/White
- □ Black/African American
- □ Asian
- □ Other Pacific Islander
- □ American Indian or Alaskan Native
- □ I don't know my race
- □ I don't want my race known to PCHC at this time

3. Which language is best for you?

- English
- Spanish
- □ Portuguese
- □ Khmer
- □ French Creole
- □ Portuguese Creole
- □ Other ____

4. Please choose the Gender Identity that best describes how you feel inside:

- □ Male
- □ Female
- □ Transgender Male/ Female-to-male
- □ Transgender Female/ Male-to-Female
- □ Nonbinary Genderqueer (Neither exclusively male nor female)
- □ Other
- □ Prefer not to say at this time

5. What sex were you assigned at birth on your original birth certificate?

- □ Female (assigned female at birth)
- □ Male (assigned male at birth)
- □ Unknown

Please select the sexual orientation that best describes which gender(s) you are attracted to:

- Straight
- □ Gay
- □ Lesbian
- □ Bisexual
- Other
- □ I do not want to answer at this time

7. Is there a different name that you would like us to use when talking with you? If so, indicate below.

8. What pronouns do you use?

- □ She/her/hers
- □ He/him/his
- □ They/them/theirs
- □ Other:

EHR Reference Guide

Race

Ethnicity

Language

Sexual Orientation

Sex

Gender Identity

Preferred Name

Pronouns

Special Population Information

Homelessness

Public Housing

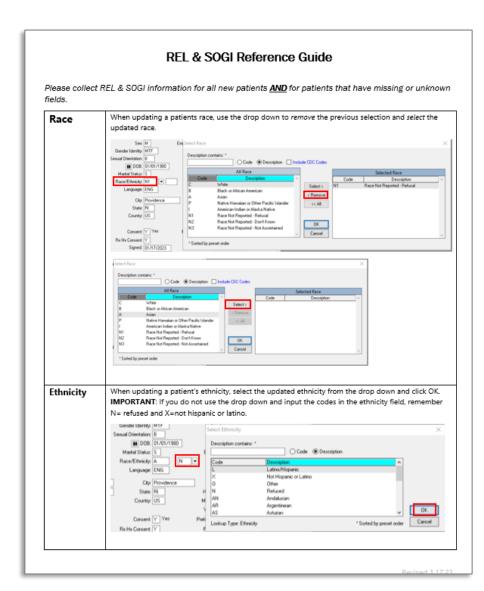
Worker status (migratory/seasonal)

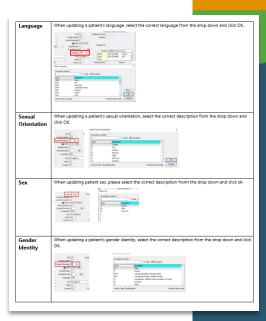
Disability status

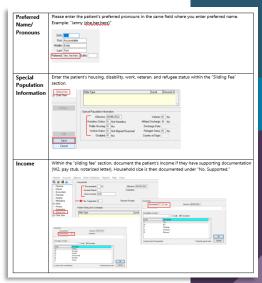
Refugee status

Veteran status

Income







Pre & Post Training Assessment

Assessed:

- o Expectations
- o Current Knowledge
- o Comfort
- o Understanding

For the following areas:

- o Race
- o Ethnicity
- o Language
- o Sexual Orientation
- o Gender Identity
- o Income

1.	wi	hat are your expecta			me Training Pre-	Evaluation king to get out of it? Wi	nat do you hope to								
	lea	irn?													
2.	2. How would you rate your current knowledge of the following topics (being able to explain what they mean to patients and provide examples)? Excellent Good Fair Poor														
			Excellent	Good	Fair	Poor									
	a.	Race													
	b.	Ethnicity													
	c.	Language													
	d.	Sexual Orientation													
	e.	Gender Identity													
	f.	Income													
3.	Но	w would you rate y	our comfort le	vel when o	discussing the fo	llowing topics with pat	ients?								
3. How would you rate your comfort level when discussing the following topics with patients? Very comfortable Comfortable Not Comfortable															
	g.	Race													
	h.	Ethnicity													
	i.	Language													
	j.	Sexual Orientation													
	k.	Gender Identity													
	l.	Income													
4.		w would you rate y tients?	our current un	derstandii	ng as to why we	collect REL, SOGI and I	ncome information from								
			Excellent	Good	Fair	Poor									
	a.	Race													
	b.	Ethnicity													
	b. c.	Ethnicity Language	_ _		_	0									
	c.			_	_	_									
	c. d.	Language													

		RI	EL, SOGI & Inc	ome Trainir	ng Post Evaluat	tion									
1.	Die	d the training meet y	our expectation	ons? If not,	please explain	why.									
2.	W	s the length of the t	raining appro	priate? If no	ot, do you thin	k it should be longe	er or shorter?								
3.		erall, how you rate t	he training?		of the following topics (being able to explain nples)?										
	□ Good □ Fair														
		Fair													
		Poor													
4.	Do you have any suggestions on how we can improve the training?														
5.	How would you rate your current knowledge of the following topics (being able to explain what they mean to patients and provide examples)?														
			Excellent	Good	Fair	Poor									
	a.	Race													
	b.	Ethnicity													
	c.	Language													
	d.	Sexual Orientation													
	e.	Gender Identity													
	f.	Income													
6.	Но	w would you rate yo	our comfort le	vel when di	scussing the fo	ollowing topics with	patients?								
			Very comfort	able	Comfortable	Not Comf	ortable								
	g.	Race													
	h.	Ethnicity													
	i.	Language													
	j.	Sexual Orientation													
	k.	Gender Identity													
	l.	Income													

Operational Considerations

- Oversite & Accountability
- Trained Front Desk Supervisors to provide onsite oversite to front desk staff (PSRs)
 utilizing exception report data
 - Real time site support by team
- New Hire Training: REL, SOGI, & Income training was modified to be more generalizable to all new hires onboarding with PCHC and incorporated within Day 1 HR orientation
 - Connection to PCHC's Mission, Vision, & Values

Front Desk Exception Report, Site Exception Report

Report Development Objectives

Quantitatively track the completion rate of demographic information collection from both a front desk individual data and site-wide data perspective.

Introduction to Exception Reports

By counting the amount of exception check-in data or missing demographic data collected by front-desk, we calculate the completion rate of REL, SOGI, and Income data collection.

Data Query Logic for Exception Report

To identify missing demographic information, the following data query logic will be used for the

Exception Report:

Race: When the variable "Race" has a value of NULL or "Unreported", the corresponding data will be counted as an exception value.

Ethnicity: When the variable "Ethnicity" has a value of NULL, "Not Reported", or "Refused", the corresponding data will be counted as an exception value.

Language/Gender Identity/Sexual Orientations/Poverty Percent: When these variables have a value of NULL, the corresponding data will be counted as an exception value.

Income Effective Year: When the variable "Income Effective Year" is greater than 1 or the variable "Income Effective Date" has a value of NULL, the corresponding data will be counted as an exception value.

Front Desk Exception Report

Report data time period: 3/19/2023 - 3/25/2023																
		Check in	Ethnicity Missing	Eth %	Race Missing	Race %	Language Missing	Language %	Gl	GI %	SO Missing	SO %	PP Missing	PP %	IEY_	IEY_ Exception -%
Staff Name	Sites	Count	Count	Completed	Count	Completed	Count	Completed	Count	Completed	Count	Completed	Count	Completed	Exception	
John Doe	Atwood	1	. 0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%
Jane Doe	Atwood	57	3	94.74%	0	100.00%	0	100.00%	7	87.72%	8	85.96%	16	71.93%	0	100.00%
Maria Smith	Atwood	101	3	97.03%	0	100.00%	0	100.00%	11	89.11%	11	89.11%	65	35.64%	0	100.00%
Manny Smith	Atwood	28	2	92.86%	0	100.00%	0	100.00%	2	92.86%	2	92.86%	19	32.14%	0	100.00%
X	Atwood	9	2	77.78%	0	100.00%	0	100.00%	1	88.89%	1	88.89%	8	11.11%	0	100.00%
X	Atwood	113	5	95.58%	4	96.46%	0	100.00%	13	88.50%	13	88.50%	42	62.83%	4	96.46%
X	Atwood	94	7	92.55%	0	100.00%	0	100.00%	2	97.87%	2	97.87%	59	37.23%	0	100.00%
X	Atwood	32	0	100.00%	1	96.88%	0	100.00%	7	78.13%	9	71.88%	9	71.88%	3	90.63%
X	Atwood	79	3	96.20%	1	98.73%	0	100.00%	5	93.67%	6	92.41%	51	35.44%	0	100.00%
X	Atwood	1	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%
X	Atwood	11	2	81.82%	0	100.00%	0	100.00%	2	81.82%	2	81.82%	8	27.27%	0	100.00%
X	Atwood	12	2	83.33%	0	100.00%	0	100.00%	4	66.67%	4	66.67%	6	50.00%	0	100.00%
X	Atwood	1	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%

Baseline Site Exception Report

					I	Data per	iod: 08/2	28/22-0	9/03/22						
	Total	Ethnicity	Eth	Race	Race	Language	Language	GI	GI	SO	SO	PP	PP	IEY	IEY
	Checkin	Missing	Complete	Missing	Complete	Missing	Complete	Missing	Complete	Missing	Complete	Missing	Complete	Exception	Complete
Site	Count	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Prairie	1516	121	92%	525	65%	0	100%	686	55%	755	50%	978	35%	400	74%
Atwood	684	38	94%	57	92%	0	100%	340	50%	376	45%	491	28%	50	93%
Crossroads	49	6	88%	4	92%	0	100%	28	43%	34	31%	4	92%	0	100%
Roger	35	4	89%	3	91%	0	100%	6	83%	6	83%	18	49%	3	91%
North	43	4	91%	3	93%	0	100%	18	58%	21	51%	39	9%	1	98%
Capitol	644	74	89%	98	85%	0	100%	177	73%	200	69%	481	25%	10	98%
Mount	41	8	80%	17	59%	0	100%	24	41%	24	41%	36	12%	6	85%
Central	492	24	95%	29	94%	0	100%	43	91%	49	90%	374	24%	3	99%
Chafee	666	62	91%	112	83%	0	100%	385	42%	426	36%	545	18%	4	99%
Olneyville	223	17	92%	12	95%	1	100%	132	41%	141	37%	168	25%	8	96%
Hepatitis	3	0	100%	1	67%	0	100%	1	67%	2	33%	3	0%	0	100%
Randall	642	60	91%	55	91%	0	100%	103	84%	120	81%	503	22%	4	99%
	PCHC Av	/erages	90.94%		83.89%		99.96%		60.65%		53.98%		28.28%		94.48%

Current Site Exception Report

					Da	ata perio	d: 3/26	5/23 - 4	/1/23						
	Total	Ethnicity	Eth	Race	R	Language	L	GI	GI	SO	so	PP	PP	IEY	IEY
	Checkin	Missing	Complete	Missing	Complete	Missing	Complet	Missing	Complete	Missing	Complete	Missing	Complete	Exception	Complet
Site	Count	Count	%	Count	%	Count	e %	Count	%	Count	%	Count	%	Count	%
Prairie	1747	91	94.79%	86	95.08%	0	100.00%	396	77.33%	443	74.64%	750	57.07%	226	87.06
Atwood	783	41	94.76%	11	98.60%	0	100.00%	60	92.34%	75	90.42%	375	52.11%	17	97.83
Randall Specialty	161	. 7	95.65%	7	95.65%	0	100.00%	20	87.58%	20	87.58%	108	32.92%	3	98.14
PCHC Case	2	C	100.00%	(100.00%	0	100.00%	0	100.00%	C	100.00%	1	50.00%	0	100.00
Crossroads	54	1	98.15%	(100.00%	0	100.00%	0	100.00%	1	98.15%	2	96.30%	0	100.00
Roger	62	c	100.00%	(100.00%	0	100.00%	0	100.00%	C	100.00%	1	98.39%	0	100.00
North	36	1	97.22%	(100.00%	0	100.00%	2	94.44%	2	94.44%	34	5.56%	0	100.00
Capitol	683	48	92.97%	10	98.54%	0	100.00%	34	95.02%	38	94.44%	396	42.02%	1	99.85
Mount	74	- 6	91.89%	4	94.59%	0	100.00%	6	91.89%	6	91.89%	11	85.14%	5	93.24
Central	681	. 17	97.50%	3	99.56%	0	100.00%	8	98.83%	11	98.38%	359	47.28%	3	99.56
Chafee	597	34	94.30%	21	96.48%	0	100.00%	157	73.70%	168	71.86%	340	43.05%	5	99.16
Olneyville	380	21	94.47%	5	98.68%	0	100.00%	120	68.42%	122	67.89%	153	59.74%	4	98.95
Prairie Dental	345	2	99.42%	2	99.42%	0	100.00%	12	96.52%	13	96.23%	32	90.72%	6	98.26
Crossroads Dental	90	9	90.00%	3	91.11%	0	100.00%	24	73.33%	26	71.11%	66	26.67%	12	86.67
Hepatitis	4	1	75.00%	(100.00%	0	100.00%	1	75.00%	2	50.00%	1	75.00%	0	100.00
Randall	550	32	94.18%	1	99.82%	0	100.00%	15	97.27%	20	96.36%	330	40.00%	4	99.27
George	49	C	100.00%	(100.00%	0	100.00%	1	97.96%	1	97.96%	4	91.84%	2	95.92
	PCHC Av	/erages	95.06%		97.49%		100.00%		86.41%		84.95%		52.95%		95.43

Results

Ethnicity:

4.12 % increase

Race:

13.6 % increase

Gender Identity:

25.76 % increase

Sexual Orientation:

30.97 % increase

Income:

24.67% increase

					I	Data per	iod: 08/2	28/22-0	9/03/22						
	Total	Ethnicity	Eth	Race	Race	Language	Language	GI	GI	SO	SO	PP	PP	IEY	IEY
	Checkin	Missing	Complete	Missing	Complete	Missing	Complete	Missing	Complete	Missing	Complete	Missing	Complete	Exception	Complete
Site	Count	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Prairie	1516	121	92%	525	65%	0	100%	686	55%	755	50%	978	35%	400	74%
Atwood	684	38	94%	57	92%	0	100%	340	50%	376	45%	491	28%	50	93%
Crossroads	49	6	88%	4	92%	0	100%	28	43%	34	31%	4	92%	0	100%
Roger	35	4	89%	3	91%	0	100%	6	83%	6	83%	18	49%	3	91%
North	43	4	91%	3	93%	0	100%	18	58%	21	51%	39	9%	1	98%
Capitol	644	74	89%	98	85%	0	100%	177	73%	200	69%	481	25%	10	98%
Mount	41	8	80%	17	59%	0	100%	24	41%	24	41%	36	12%	6	85%
Central	492	24	95%	29	94%	0	100%	43	91%	49	90%	374	24%	3	99%
Chafee	666	62	91%	112	83%	0	100%	385	42%	426	36%	545	18%	4	99%
Olneyville	223	17	92%	12	95%	1	100%	132	41%	141	37%	168	25%	8	96%
Hepatitis	3	0	100%	1	67%	0	100%	1	67%	2	33%	3	0%	0	100%
Randall	642	60	91%	55	91%	0	100%	103	84%	120	81%	503	22%	4	99%
	PCHC Av	/erages	90.94%		83.89%		99.96%		60.65%		53.98%		28.28%		94.48%

	Data period: 3/26/23 - 4/1/23														
	Total	Ethnicity	Eth	Race	R	Language	L	GI	GI	so	so	PP	PP	IEY	IEY
	Checkin	Missing	Complete	Missing	Complete	Missing	Complet	Missing	Complete	Missing	Complete	Missing	Complete	Exception	Complete
Site	Count	Count	%	Count	%	Count	e %	Count	%	Count	%	Count	%	Count	%
Prairie	1747	91	94.79%	86	95.08%	0	100.00%	396	77.33%	443	74.64%	750	57.07%	226	87.06%
Atwood	783	41	94.76%	11	98.60%	0	100.00%	60	92.34%	75	90.42%	375	52.11%	17	97.83%
Randall Specialty	161	. 7	95.65%	7	95.65%	0	100.00%	20	87.58%	20	87.58%	108	32.92%	3	98.14%
PCHC Case	2	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	50.00%	0	100.00%
Crossroads	54	1	98.15%	0	100.00%	0	100.00%	0	100.00%	1	98.15%	2	96.30%	0	100.00%
Roger	62	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	98.39%	0	100.00%
North	36	1	97.22%	0	100.00%	0	100.00%	2	94.44%	2	94.44%	34	5.56%	0	100.00%
Capitol	683	48	92.97%	10	98.54%	0	100.00%	34	95.02%	38	94.44%	396	42.02%	1	99.85%
Mount	74	6	91.89%	4	94.59%	0	100.00%	6	91.89%	6	91.89%	11	85.14%	5	93.24%
Central	681	17	97.50%	3	99.56%	0	100.00%	8	98.83%	11	98.38%	359	47.28%	3	99.56%
Chafee	597	34	94.30%	21	96.48%	0	100.00%	157	73.70%	168	71.86%	340	43.05%	5	99.16%
Olneyville	380	21	94.47%	5	98.68%	0	100.00%	120	68.42%	122	67.89%	153	59.74%	4	98.95%
Prairie Dental	345	2	99.42%	2	99.42%	0	100.00%	12	96.52%	13	96.23%	32	90.72%	6	98.26%
Crossroads Dental	90	9	90.00%	8	91.11%	0	100.00%	24	73.33%	26	71.11%	66	26.67%	12	86.67%
Hepatitis	4	1	75.00%	0	100.00%	0	100.00%	1	75.00%	2	50.00%	1	75.00%	0	100.00%
Randall	550	32	94.18%	1	99.82%	0	100.00%	15	97.27%	20	96.36%	330	40.00%	4	99.27%
George	49	0	100.00%	0	100.00%	0	100.00%	1	97.96%	1	97.96%	4	91.84%	2	95.92%
	PCHC Av	/erages	95.06%		97.49%		100.00%		86.41%		84.95%		52.95%		95.43%

Pre and Post Training Assessment Data

Pre and Post Training Assessments

Knowledge Attainment

89 Staff Responses

Post training data on staff that reported excellent or good knowledge of the following:

Race: 28.1% increase

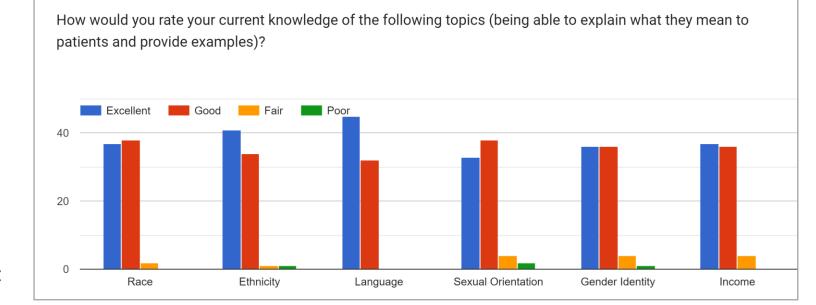
Ethnicity: 32.5% increase

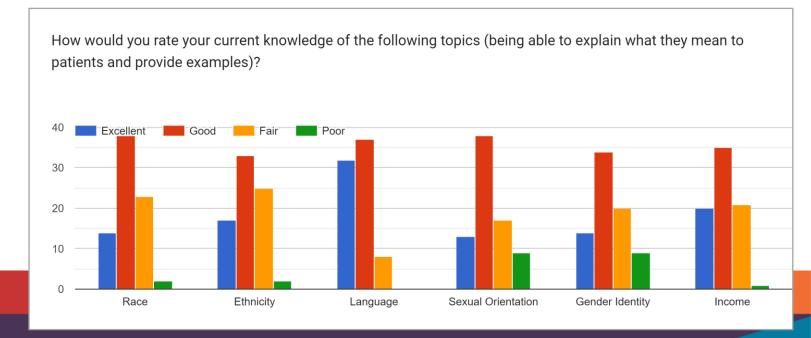
SO: 23% increase

GI: 29.2% increase

Income: 21.3% increase

100% of staff reported the training met their expectations





Pre and Post Training Assessments

Comfort Level

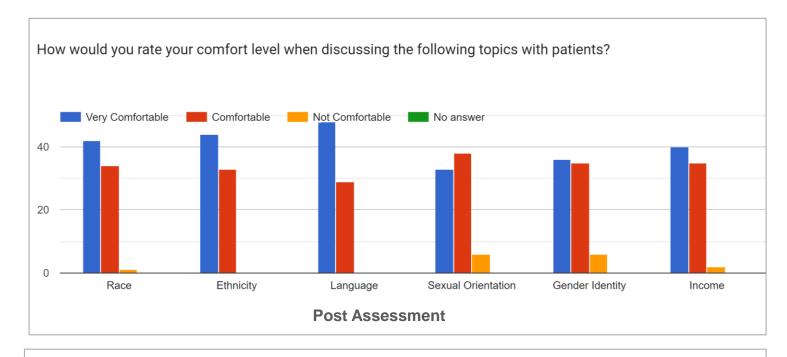
Post training data on staff that reported Very Comfortable or Comfortable level when discussing the following:

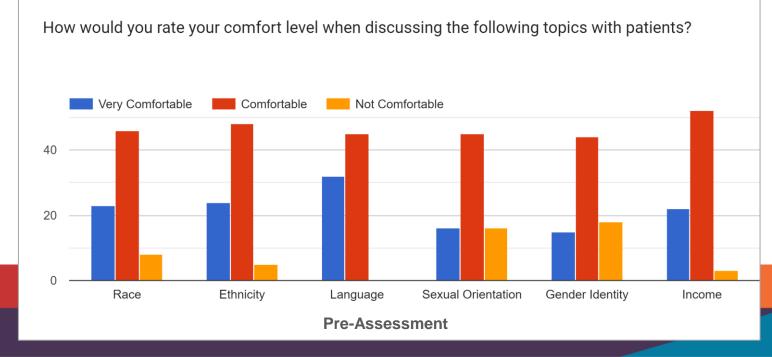
Race: 7.8% increase

Ethnicity: 5.6% increase

SO: 13.9% increase

GI: 16.8% increase





Pre and Post Training Assessments

Understanding

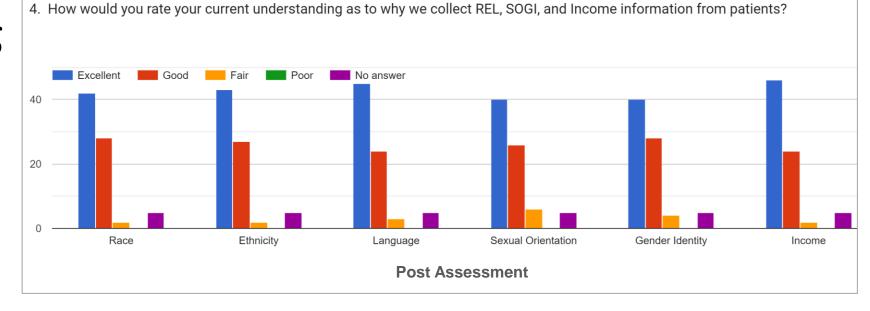
Post training data on staff that reported Excellent or Good undertraining of why we collect REL, SOGI, & Income Information from patients:

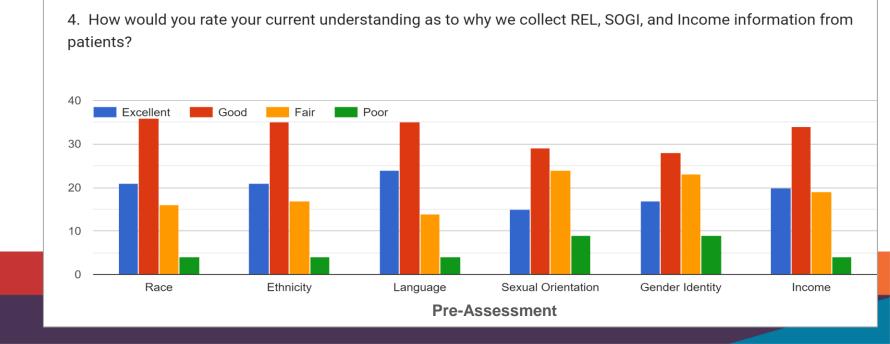
Race: 26.9% increase

Ethnicity: 5.7% increase

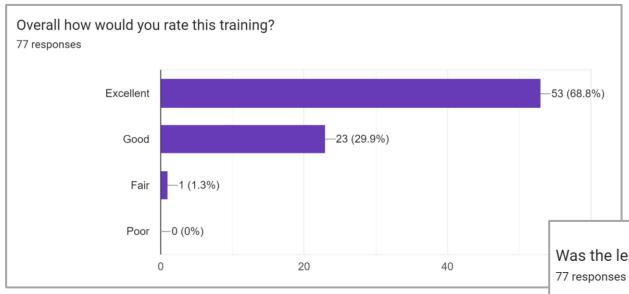
SO: 15.7% increase

GI: 16.7% increase





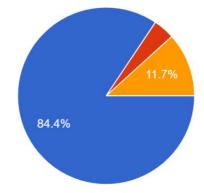
Post Training Assessments

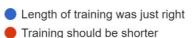


Recommendations:

- Yearly refresher trainings
- Front desk data collection is a time-consuming process
- More privacy for patients
- Still confused about race

Was the length of the training appropriate? If not, do you think it should be longer or shorter? 77 responses







Project Next Steps

- Expanding SOGI data collection to pediatric population once privacy of information is ensured within EHR
- Adjusting REL, SOGI, & Income data collection to meet 2023 recommended standards set by UDS
- Creation of care team/role specific trainings to support ongoing development of knowledgebase
- Transition to Epic in October, and modifying current front desk workflow
 - SOGI asked during patient workup within Epic and not at front desk check-in
- Now that we have high quality data on our patient population, assessing what the trends showing us
- Ongoing evaluation of data and identifying what is missing and what still needs to be worked on

Questions & Answers

Invite questions from the audience.