

We Ask Because We Care Campaign

Getting Started- Data Collection-Lessons Learned

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Agenda

Part 1 – We Ask Because We Care Campaign Overview

- Office of Health Equity Overview
- What is We Ask Because We Care?
- Getting started
- Organization Structure for the Campaign
- Metrics
- Lessons Learned

Part 2 – Demographic Data Collection

- Communication
- Training
- Monitoring

Office of Health Equity and Community Impact

Vision:

To be a **national leader** in health equity through a reduction in unnecessary variations in care, improved patient health outcomes and bi-directional community partnerships, initiatives and impact investment.

4 Strategic Themes:

1. Data Collection
2. Measurement
3. Communication & Education
4. Partnership

FY'23 – FY '25 Strategic Goals:

1. Create a System Culture of Health Equity
2. Ingrain Equity into our Quality & Safety Systems
3. Partner with Community to Advance Equity



Health equity means everyone has a fair and just **opportunity to be as healthy** as possible.

We Ask Because We Care
crosses all 3 goals

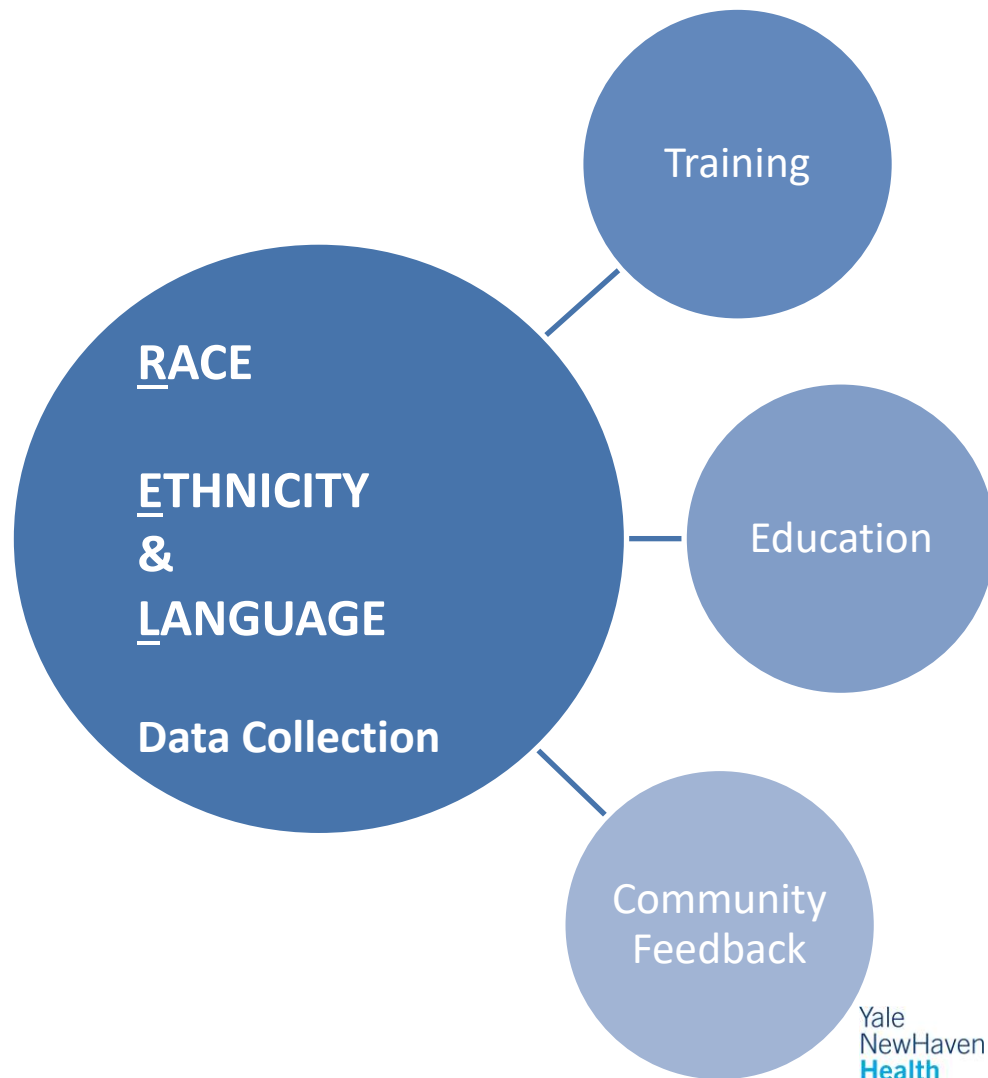
What is "We Ask Because We Care"?

A Campaign to:

**Understand our
patients**

**Address health
disparities**

Measure Impact



Measurement and Monitoring

– Measurement and Monitoring Goal -

By end of FY'25, >95% of active patients with completed REALD SOGI data in Epic

Phase 1 (FY '23)

- Race, Ethnicity, Language (REaL) Data Collection

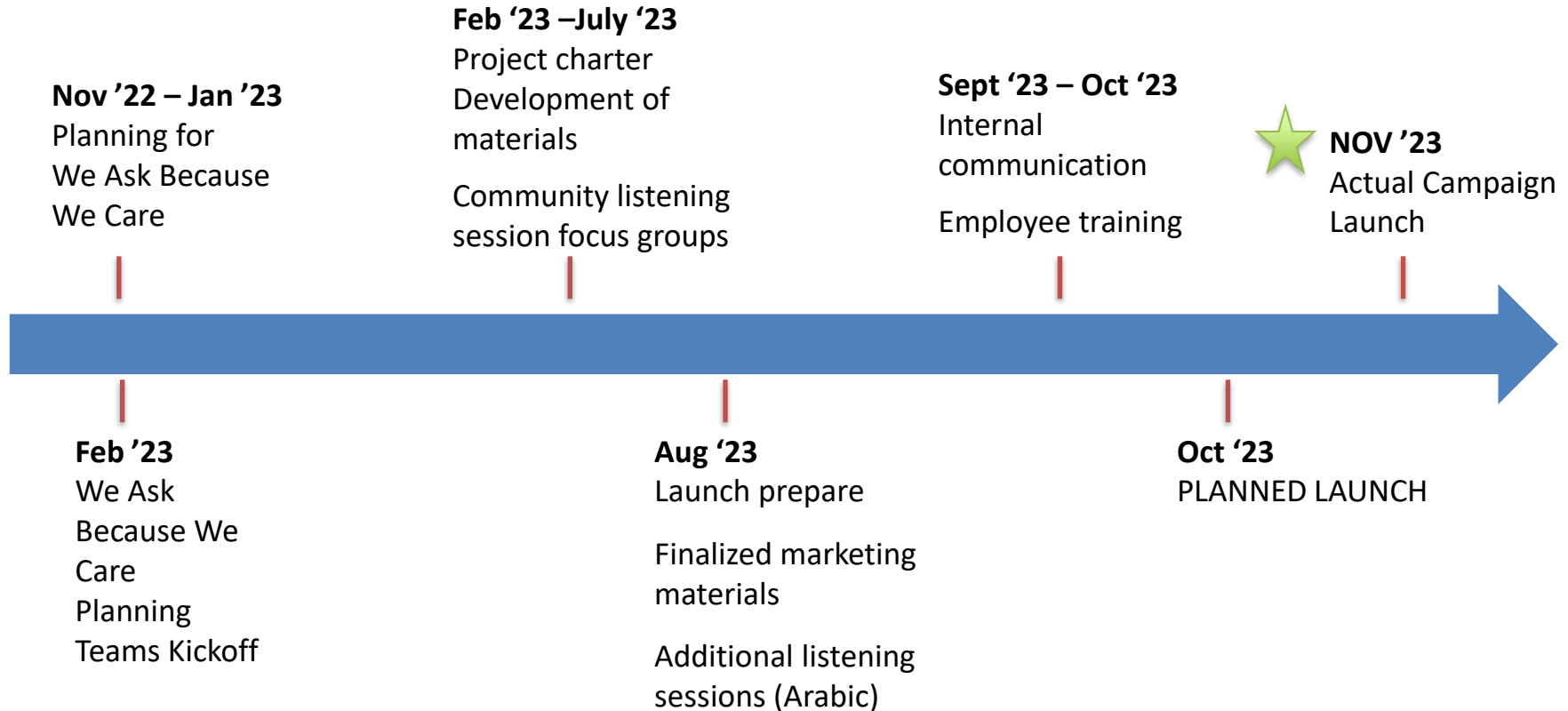
Phase 2 (FY '24)

- REaL
 - Measurement and Monitoring
- SOGI Data Collection

Phase 3 (FY '25)

- REaL
 - Measurement and Monitoring
- SOGI
 - Data Collection
 - Measurement Monitoring
- Disability Status Data Collection

How Did We Get Started?



Weekly workgroup meetings
Quarterly exec sponsor check-in meetings

System Culture of Health Equity

-We Ask Because We Care

We ask
because we care.

Yale
NewHaven
Health



What is your race? What is your ethnicity? What is your ethnic background?
What is your preferred language? By asking these questions, we are better
able to deliver equitable health care to all. Scan to learn more.

- Enterprise-wide campaign to train, educate and get community feedback on how best to continuously improve our REAL data collection
 - YNHHS
 - NEMG
 - YM
 - FQHCs
 - CBOs and Community Members
- 3 workgroups
 - **Marketing/communication**
Comprehensive internal and external marketing campaign
 - **Training & workflow**
Education and workflow for the successful roll-out of the campaign
 - **Community engagement**
Bringing in community voice to offer insight and input

Yale
NewHaven
Health

Epic

Race in Epic (EPT 145) – Dec 2022

(7 months planning time)

What is your racial identity? (*Please select all that apply*)

Race (EPT 145)

Previous State= Race	Current State = Racial Identity
American Indian or Alaska Native	American Indian or Native American
Asian	Asian
Black or African American	Black or African American
“	Middle Eastern or North African
Native Hawaiian	Native Hawaiian
Other Pacific Islander	Pacific Islander
White or Caucasian	White
Other/Other not listed	Race not listed here
Unknown	I don't know (patient or staff are unsure)
Patient refused	Prefer not to share

Ethnicity in Epic (EPT 135) Dec 2022 (7 months planning time)

Do you identify as Hispanic or Latina/o/x? (*Please select only one*)

Ethnicity (EPT 135)

Previous State = Ethnicity	Current State = Hispanic or Latina/o/e Identity
Hispanic or Latino	Hispanic or Latina/o/e
Non-Hispanic	Not Hispanic or Latina/o/e
Unknown	I don't know (patient or staff are unsure)
Patient Refused	Prefer not to share

We Ask because We Care

Epic Field Changes

– **EPT 134 – Ethnic Background**

- Expanding from 63 values to over 195 values of national origins and tribal affiliations

– **EPT 135 – Ethnicity**

- Are you Hispanic or Latina/o/e (Yes or No)?
 - This separate Ethnicity question remains a Federal government reporting requirement, will likely be combined with Race in 2024
 - Simplifying this question to be more binary, move granular options to EPT 134

– **EPT 145 – Race**

- High level, socially constructed racial identity
 1. American Indian/Native American
 2. Asian
 3. Black or African American
 4. Hawaiian or Pacific Islander
 5. Middle Eastern or North African
 6. White
- Remove other granular options to EPT 134

Community

Community Engagement

- 27 community listening sessions/ focus groups completed from Westerly, RI to Greenwich, CT and Port Chester, NY
- English, Spanish, Arabic
- 7 PFAC listening sessions/focus groups representing
 - Medicine
 - Children's Hospital
 - HVC
 - Surgery
 - Greenwich
- Connecticut Health Foundation
Funding stipends, facility rental and refreshments



Metrics

Phase 1 Metrics – Race, Ethnicity, Language (Reporting May 2024)

1. What is our collection rate for the REAL fields?

- Is our collection rate changing over time?

2. Who is collecting the data?

- Patient reported vs. Staff collected

3. Are the unhelpful value selections going down in size?

- Is there a difference between staff collected vs patient reported?

4. What locations have the highest rate of staff collected unhelpful values?

- Break down by context vs department vs location

[Testing feasibility of this April 2024]

5. What is completion % for eligible staff REALLY LMS training completion

Getting started - What is important to know?

- Executive sponsorship
- Project charter
- Budget
- Time-defined participation
- Take time for collective buy in – this includes within the hospital/health system, enterprise partners and with the community partners and residents

Lessons Learned

- Plan for a delayed launch
- Communication plan – internal and external
- Unions
- Budgets
- Plan for extra expenses

Demographic Data

Agenda

- Primary goals
- Responsibility
- Communication
- Training
- Monitoring
- Summary

Introduction

- Cornell Scott Hill Health Center is a Federally Qualified Health Center (FQHC), based in New Haven, CT
- Founded in 1968
- Over 30 locations
- 60,000 patients served each year
- As a result of operating as an FQHC, we are mandated to provide demographic data to HRSA, annually.

Primary Goals

Responsible Parties



Registration-
Scheduling



Call Center



Leadership



Clinical and
Non -
Clinical Staff



Business
Intelligence

Everyone's role and participation are necessary for success

Registration/ Scheduling/ Call Center

All staff that registers and schedules must have a complete understanding of the data that is required; therefore, collection is not as cumbersome.

Clinical/Non- Clinical Staff

It is the responsibility of staff that normally do not register/schedule appointments to collect data that is identified in their workflow. A clear understanding allows for a smoother collection process.

Leadership

It is the responsibility of leadership to understand the required data, and the ramifications of not collecting required data, and supporting efforts to ensure that the organization is compliant.

Business Intelligence

It is the responsibility of this team to work with leadership to ensure that everyone is aware of the data required, to develop the workflows necessary within Epic, and to collect and report on the data.

Communication

- In order to comply with our reporting requirements, we must maintain a comprehensive knowledge of the HRSA (Health Resources and Service Administration) guidelines and definitions
- We maintain a very close working relationship with YNHH to ensure that Epic, our EHR, is updated and configured, so that our users are able to collect UDS required data in the most effective and efficient manner
- We utilize many opportunities to share information, including but not limited to organization wide email distribution, management meetings, corporate newsletters, electronic splash pages, staff meetings, and training modules.

Training



We work very closely with the YNHH team to ensure that everyone is aware of any upgrades and/or configuration changes. We also initiate any changes that may be CSHH specific requirements.



CSHHC has an internal training team that maintains a comprehensive knowledge of Epic and the HRSA UDS (Uniform Data System) reporting requirements. We create training modules via various software products to ensure end users are trained.



End users are trained, in person and virtually, at several points during the year, which includes but is not limited to during onboarding, annually, prior upgrades, and ad hoc.

REALLY Program Training Content

REALLY COMMON CONCERNS

PATIENT CONCERN	EMPLOYEE RESPONSE	REMEMBER...
The patient appears uncomfortable or afraid .	<p>"I am sorry if you're finding this offensive or uncomfortable. The information will be shared within our healthcare organization and providers involved in your care.</p> <p>Your personal health information will only be shared outside of this healthcare facility with your permission and in accordance with privacy laws."</p>	Continue with a comforting tone and manner.
The patient asks why you need the information and/or if you will treat them differently once you know their race, ethnicity, and/or ethnic background.	<p>We strive to treat all patients equitably regardless of their race, ethnicity, ethnic background, or language.</p> <p>This information helps us identify and address health disparities for patients.</p> <p>We want to make sure that we list your choice/answer, so it is accurate and complete in your medical record.</p> <p>If you feel more comfortable answering privately, you can do so through MyChart.</p>	Connect it back to helping to provide better patient care for all patients.
The patient is unsure how to respond.	We want to capture how you feel most comfortable describing yourself. Would it help if we go through the questions together?	We want to help the patient make the right choice.
The patient still appears uncomfortable or afraid.	<p>That's okay and I will make a note that you prefer not to answer at this time.</p> <p>Would it help if we go through the questions together?</p>	Do not push the patient to answer differently, as they might want to respond later.

REALLY Program Training Content

<p>The patient replies with a response that avoids the question, such as: "I am a human being."</p>	<p>Since this is a part of your medical record, we prefer that you tell us your choice, so it is accurate and complete.</p> <p>If you do not share with us, it will not negatively impact your care.</p> <p>What we learn from you and other patients will help us improve care for everyone!</p> <p>If you feel more comfortable answering privately, you can do so through MyChart.</p>	<p>Health care is specific to each individual, and the more we understand about each patient the better care we can offer to all our patients!</p>
<p>The patient says: "Can't you tell?"</p>	<p>I want to make sure I enter the information correctly. When you choose, I know I am entering the correct information the way you want it.</p> <p>If you feel more comfortable answering privately, you can do so through MyChart.</p>	<p>Guessing a patient's REaL data does not allow the patient to make their own choice, and it also increases data errors.</p>
<p>The patient says: "Is this some immigration question?"</p>	<p>"No, it's not." We treat this information as part of your confidential medical record.</p>	<p>Patients who are not from the United States may feel uncomfortable with REaL questions.</p>

Additional Notes:

- If needed, choose I Prefer not to Share. Do not pressure the patient!
- Stress to the patient that their information is private and stays within the health system.

Monitoring

Our leadership is aware of the data collection requirements, and fully supports that the responsibility lies on all of us.

Managers and directors are armed with necessary tools to ensure that the data is not only being collected but collected consistently and accurately.



The tools that we rely on mostly are:

Epic WorkLists/
Workqueues

Epic Activity/
Productivity Reports

Annual HRSA UDS
report results

Sample Epic Data collection screen

The screenshot displays the Epic Registration form for a patient. The form is divided into several sections: Demographics, General Information, and Permanent Comments. The Demographics section includes fields for Home Phone, Work Phone, and Email Address. The General Information section includes fields for Preferred Spoken Language, Preferred Written Language, Needs Interpreter?, Interpreter vendor, Marital status, Ethnicity, Race, Ethnic Background, Religion, and Clergy Member. The Permanent Comments section includes a text area and a dropdown menu for font size.

On the right side of the screen, there is a Notifications panel. It contains three notification cards for Patient, Guarantor, and Member. Below the notifications, there is a Registration section with an Accept button and three error messages:

- ⚠ Homeless Type field is not populated
- ⚠ Farm Worker Status field is not populated
- ⚠ This patient has not indicated that they are homeless during the current calendar year. Please ask them again, as the answer may have changed.

Red arrows point from the error messages to the corresponding fields in the form.

Sample Power BI Report - Registration

Start Date: 01/01/2024 End Date: 02/05/2024 DEPARTMENT: [dropdown] View report

UDS Demographics

FPL EFF	FPL EXP	FPL %	REASON FOR STATUS	FARM WORKER	HOMELES S YN	HOMELESS TYPE	ETHNICITY	RACE	SEXUAL ORIENTATION	GENDER IDENTITY	VETERA N STATUS	LANGUAGE	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
2/1/2023	12/31/2023	0.00	CSHH Income Not Given	N/A	N	N/A	Not Hispanic or Latino/a/e	White	Straight	Female	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
1/12/2024	12/31/2024	78.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	White	Straight	Male	No	Spanish	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
1/25/2024	12/31/2024	80.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	Black or African American	Straight	Male	No	Spanish	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
1/25/2023	12/31/2023	79.00	CSHH Income Given	N/A	N	N/A	Not Hispanic or Latino/a/e	Black or African American	Straight	Male	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
1/11/2024	12/31/2024	151.00	CSHH Income Given	N/A	N	N/A	Not Hispanic or Latino/a/e	Black or African American	Straight	Male	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
1/16/2024	12/31/2024		CSHH Patient w/Coverage Decline To Provide Info	N/A	Y	Street	Not Hispanic or Latino/a/e	White	Straight	Male	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
8/16/2022	8/16/2023	36.00	CSHH Income Given	N/A	N	N/A	Not Hispanic or Latino/a/e	Black or African American	Straight	Male	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
7/3/2023	7/3/2024	128.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	White	Straight	Female	No	Spanish	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
1/31/2024	12/31/2024	32.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	White	Straight	Female	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
8/4/2023	12/31/2023	94.00	CSHH Self-Pay				Hispanic or Latino/a/e	I Do Not See My Race Listed Here	Straight	Female	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
3/8/2023	12/31/2023	74.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	Native Hawaiian or Other Pacific Islander	Straight	Female	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
1/4/2024	12/31/2024	0.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	White	Straight	Female	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME
1/4/2024	12/31/2024	0.00	CSHH Income	N/A	N	N/A	Hispanic or	White	Straight	Female	No	English	APPT ENTRY USER NAME WID	APPT CONF USER NAME	CHECK-IN USER NAME

Sample Power BI Report – Call Center

Call Center UDS Collection																
This report shows scheduled, completed, and arrived appointments for the time frame selected that were created or confirmed by the users selected, along with all of the UDS fields that should be collected for the appointment.																
	FPL EFF	FPL EXP	FPL %	REASON FOR STATUS	FARM WORKER	HOMELESS YN	HOMELESS TYPE	ETHNICITY	ETHNIC BACKGROUND	RACE	SEXUAL ORIENTATION	GENDER IDENTITY	VETERAN STATUS	LANGUAGE	APPT ENTRY USER NAME	APPT ENTRY DATE
	2/1/2023	12/31/2023	0.00	CSHH Income Not Given	N/A	N	N/A	Not Hispanic or Latino/a/e	European background not listed here	White	Straight	Female	No	English	[REDACTED]	12/5/2023
KA	11/22/2023	11/22/2024	0.00					Not Hispanic or Latino/a/e	European background not listed here	White	Straight	Male	No	English	[REDACTED]	1/3/2024
IE	1/12/2024	12/31/2024	78.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	Puerto Rican	White	Straight	Male	No	Spanish	[REDACTED]	12/29/2023
IE	1/12/2024	12/31/2024	78.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	Puerto Rican	White	Straight	Male	No	Spanish	[REDACTED]	1/16/2024
OYCE	1/12/2024	12/31/2024	78.00	CSHH Income Given				Hispanic or Latino/a/e	Puerto Rican	White	Straight	Male	No	Spanish	[REDACTED]	1/9/2024
OYCE	1/12/2024	12/31/2024	78.00	CSHH Income Given				Hispanic or Latino/a/e	Puerto Rican	White	Straight	Male	No	Spanish	[REDACTED]	1/9/2024
	1/25/2024	12/31/2024	147.00	CSHH Income Given	N/A	N	N/A	Hispanic or Latino/a/e	Hispanic or Latino/a/e background or	I Do Not See My Race Listed Here	Straight	Female	No	English	[REDACTED]	1/25/2024

Sample Epic Dashboard Content

CSHH UDS Demographics - Race

🕒 Report completed: Mon 2/5 01:06 PM

Race	% of Total Patients
American Indian/Alaska Native	0.00 %
Black/African American	0.00 %
More than one race	0.00 %
Native Hawaiian	0.00 %
Other Pacific Islander	0.00 %
Total Asian	0.00 %
Unreported/Chose Not to Disclose Race	0.00 %
White	0.00 %
Percentage of total count	100.00 %

Focus

Reviewing Report Results

Utilizing the HRSA UDS report submissions provides the opportunity to review data collection results from year to year.

Developing Monitoring Tools

As a result of the HRSA UDS report results we developed a myriad of tools to utilize and manage the process of data collection. Work queues, worklists and Epic and non-Epic reports were built to monitor the collection.

Communication

As HRSA makes changes to the guidelines regarding data collection, this information is discussed at many levels to ensure everyone is abreast and to coordinate the development or enhancement of workflows to ensure accurate data collection.

AREAS of Focus

	2020	2021	2022	2023
Unknown Refused to report race	7,150	8,988	10,437	9,809
Unknown Sexual Orientation	12,164	13,340	11,028	8,774
Unknown Gender Identity	11,266	11,802	9,928	6,971

How We Got There

We focused on the HRSA Data results

In 2019 we identified that the “unknown” categories for Race/Ethnicity, Sexual Orientation and Gender Identity were unusually high in comparison to other FQHC’s of our size and geographical location.

Utilized the Monitoring Tools

Year after year we compared the HRSA UDS data and determined that we needed to focus on the data collection.

Workqueues to identify incomplete registrations.

Reports to identify trends or areas that may require training/re-training.

Communicated

We communicated the deficiency in data collection and the data collection results year over year. As a result, we experienced a marked decrease in the use of the “unknown” category for data collection.

HRSA Guideline regarding race and ethnicity

TABLE 3B: DEMOGRAPHIC CHARACTERISTICS

Calendar Year: January 1, 2023, through December 31, 2023

Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity										
Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1 + a2 + a3 + a4 + a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported / Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1a	Asian Indian									
1b	Chinese									
1c	Filipino									
1d	Japanese									
1e	Korean									
1f	Vietnamese									
1g	Other Asian									
1	Total Asian (Sum Lines 1a+1b+1c+1d+1e+1f+1g)									
2a	Native Hawaiian									
2b	Other Pacific Islander									
2c	Guamanian or Chamorro									
2d	Samoan									
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a+2b+2c+2d)									
3	Black/African American									
4	American Indian/Alaska Native									
5	White									
6	More than one race									
7	Unreported/Chose not to disclose race									
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)									

Summary

The keys to a successful program:

- Have unwavering support from your leadership
- Stay abreast of changes
- Communicate changes and train your organization
- Avoid silo processes
- Monitor the activities
- Discuss all deficiencies and results at all levels

Thank You

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References

References

HealthStream:

<https://www.healthstream.com/solution/learning-performance/learning-management>

Articulate:

<https://www.articulate.com/>

Epic:

<https://www.epic.com/>

HRSA:

<https://www.hrsa.gov/>

Yale new Haven Hospital

[We Ask Because We Care \(ynhhs.org\)](https://www.ynhhs.org/)

[Yale New Haven Health launches “We Ask Because We Care” campaign to reduce and eliminate healthcare disparities \(ynhh.org\)](https://www.ynhh.org/)

ABC News (local)

[Yale New Haven Health Check: Darcy Cobbs-Lomax - We Ask Because We Care Program \(wtnh.com\)](https://www.wtnh.com/)

NBC News (local)

<https://vimeo.com/873092030> - passcode is: watchNBCCT

WQLB Radio Interview (New London, CT) –

<https://dept.ynhh.org/lm/emp/teamsites/Marketing%20and%20Communications/All%20Staff%20Messages/2023/YNHH%20rank%20interviews%20Dr.%20Lou%20Hart%2012%204%2023.mp3>

American Hospital Association - Health Equity Snapshot: A Toolkit for Action [ifdhe_snapshot_survey_FINAL.pdf \(aha.org\)](#)

Dali Center for Health Justice

[Dalio Center for Health Justice | We Ask Because We Care Campaign | Clinical and Community Strategy | NewYork-Presbyterian \(nyp.org\)](#)

[Building the Foundations for Equitable Care | NEJM Catalyst](#)