

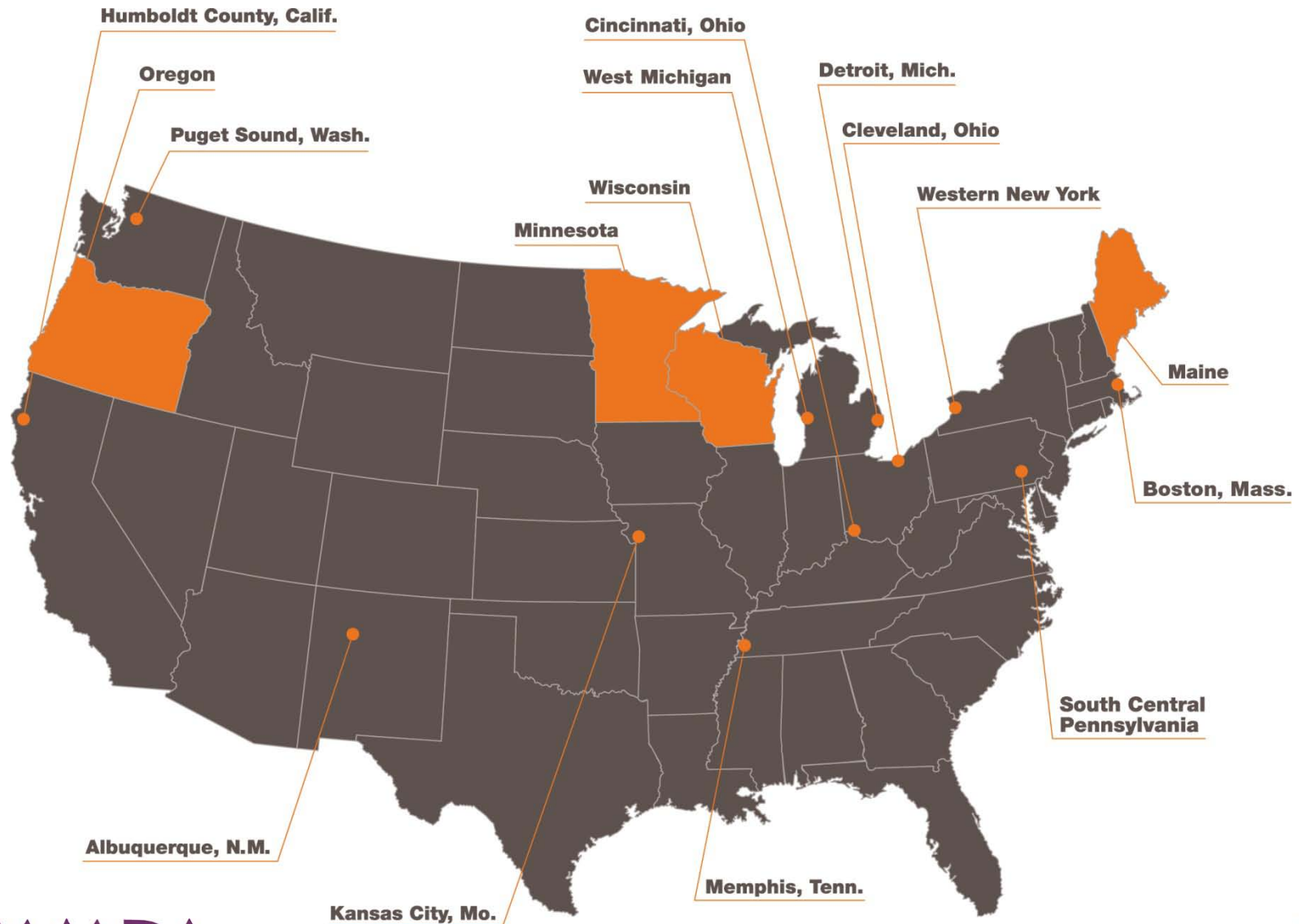
Providing Race, Ethnicity and Language Information for Quality Care for All New Mexico Patients and Communities

New Mexico Hospital Association Annual Meeting
September 28, 2011

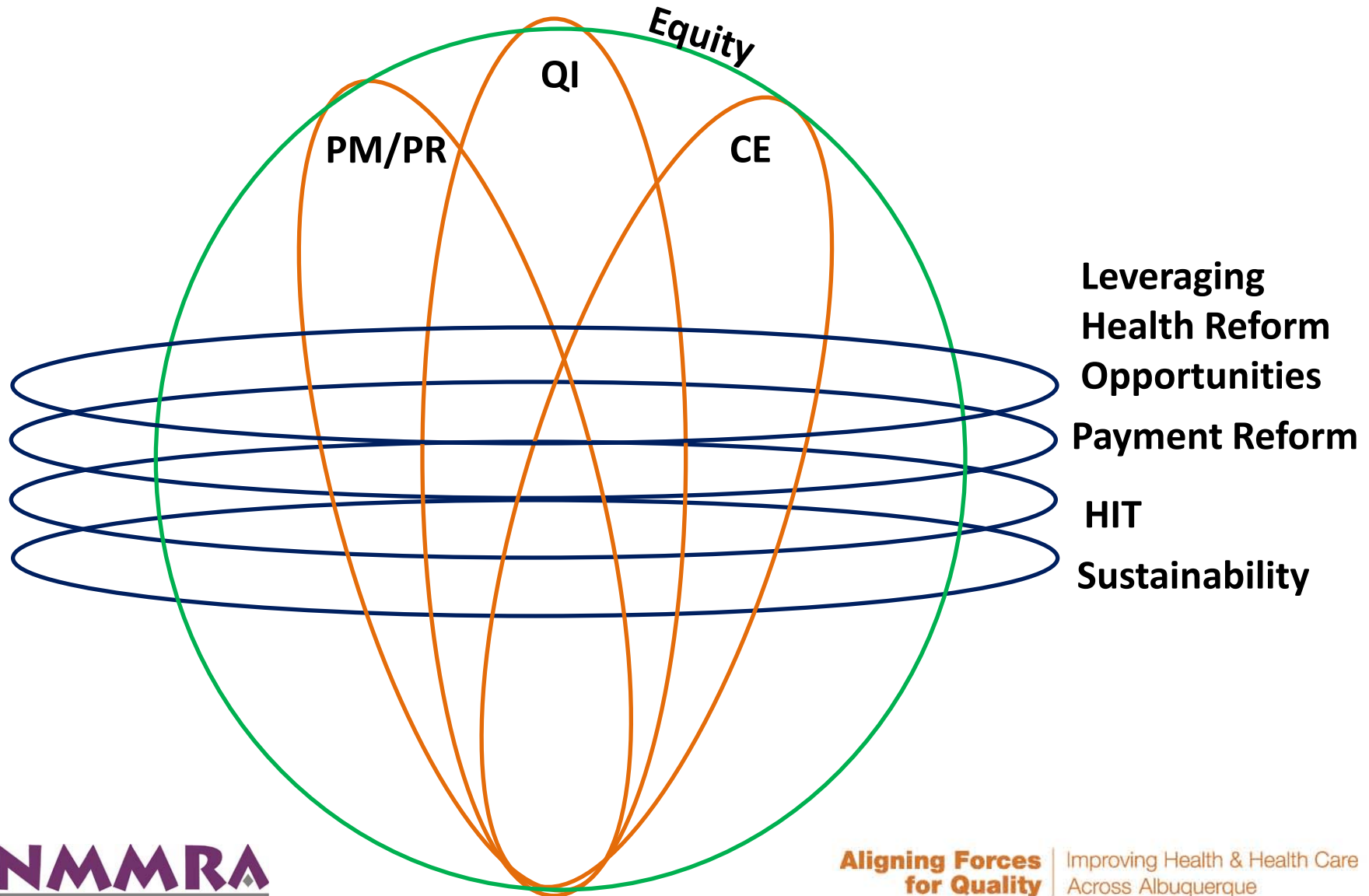
What is Aligning Forces for Quality?

- *Aligning Forces for Quality* (AF4Q) and the Robert Wood Johnson Foundation (RWJF)
- Lifting quality of care, reducing disparities, providing models of care
- Involving everyone who gets care, gives care and pays for care.

AF4Q Communities



AF4Q Focus Areas



Commitment and Plan to Reduce Disparities

- Stratify publicly available performance measures by race, ethnicity or language by 2013
- Stratify hospital performance measures by race, ethnicity or language by 2013
- Demonstrate integration or plan for integration - reducing disparities into QI, Performance Measurement/Public Reporting (PM/PR) (both in and out-patient settings), and Consumer Engagement (CE) strategies

Increasing Legislative and Regulatory Attention to Race, Ethnicity, and Language Data

- American Recovery and Reinvestment Act of 2009
 - Hospitals and providers will need to collect race, ethnicity and language data to be eligible for “meaningful use” incentive payments
 - Race/Ethnicity categories to follow Office of Management and Budget guidelines
- Patient Protection and Affordable Care Act of 2010
 - Health programs receiving federal money are required to collect race, ethnicity and language data

Increasing Legislative and Regulatory Attention to Race, Ethnicity, and Language Data

- Revised Joint Commission Standards
 - Expand requirements related to the collection of patient language data, including preferred spoken language and written communication needs
 - New requirement to collect patient-level demographic data on race and ethnicity
- State Reporting Requirements
 - New Mexico Health Policy Commission rules require hospitals to collect and report race, ethnicity and tribal affiliation data (7.1.4 NMAC Data Reporting Requirements for Health Care Facilities)

What are disparities in health care quality?

- “Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities”
- Less likely to receive:
 - Cancer screening
 - Cardiovascular therapy
 - Kidney dialysis
 - Transplants
 - Curative surgery for lung cancer
 - Hip and knee replacement
 - Pain medicines in the ER

Source: Institute of Medicine. (2002). Unequal Treatment: Confronting Racial & Ethnic Disparities in Health.

Three Steps in Addressing Disparities

1. Standardized collection of self-reported race, ethnicity and tribal affiliation data
 - Categories are standardized
 - Patient self-reports
2. Stratification and analysis of performance measures
3. Use of stratified data to identify and develop quality improvement interventions targeted to specific patient populations

Disparities in care represent a failure in quality

Expectations

- Long-term goals
 - Demonstrate an improvement in health care disparities through performance measures
 - Share methodologies and results with others
- Short-term goals
 - Train hospital providers and staff on the standardized collection of self-reported race, ethnicity or tribal affiliation data
 - Stratify performance data by race, ethnicity and tribal affiliation

Why are we making this change?

- We are committed to providing safe, timely, efficient, equitable, and patient-centered care. Because, in New Mexico, non-whites comprise 16.4% of our population and Hispanics/Latinos comprise 45.6% *, equity and quality demand attention.
- We believe that the best way to eliminate racial and ethnic disparities and to elevate the overall quality of care for all is to create processes of care to systematically treat all patients equitably.

* Source: US Census Bureau, <http://quickfacts.census.gov/qfd/states/35000.html>
accessed on Dec 23, 2010

“Although the collection of race, ethnicity and language data does not necessarily result in actions that will reduce disparities and improve care, the absence of the data *guarantees* that *none* of that will occur.”

Source: IOM (Institute of Medicine). 2009. Race, Ethnicity and Language Data: *Standardization for Health Care Quality Improvement*. Washington, DC.

Thank You

For more information, contact:

Patricia Montoya MPA, BSN
Project Director

pmontoya@nmmra.org

505-998-9735

or

Allison Kozeliski MSN, RN, NE-BC
Clinical Quality Improvement Manager

akozeliski@nmmra.org

505-998-9759