Implementation Challenges for Health Plan Collection of Race, Ethnicity & Language Data

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Challenges to Health Plan Data Collection

- **Context**
- **Customers/Collaborators**
- **Confidentiality**
- **Collection Channels**
- **Consistency**
  - Collection protocols, Categories, Coding systems
- **Compliance**
Context for Health Plan Collection of REL

- What’s different?
  - Confusion about role of health plan
  - Lower level of trust
  - Little direct contact, less personal
  - No single point of member contact for REL collection

- Standards for REL data collection need to take these contextual differences into account
Health Plan Customers

- Private vs. Public Purchasers
  - Public purchasers generally use OMB (e.g. CMS)
  - Private purchasers use standards set by Dept. of Labor; newest DOL guidelines issued August 2008:

<table>
<thead>
<tr>
<th>NEW EEO-1 REPORT</th>
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</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>White, not Hispanic or Latino</td>
</tr>
<tr>
<td>Black or African-American, not Hispanic or</td>
</tr>
<tr>
<td>Latino</td>
</tr>
<tr>
<td>Asian, not Hispanic or Latino</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander,</td>
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<tr>
<td>not Hispanic or Latino</td>
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<tr>
<td>American Indian or Alaskan Native, not</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Two or More Races, not Hispanic or Latino</td>
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</tbody>
</table>
Health Plan Customers

- Health Plan Members

  - Subscribers vs. dependents
    - Employers collect information only from employees, who may respond for their dependents
    - New member correspondence generally sent to subscriber
    - Subscriber may filter dependent information
      - No clear guidelines re age at which dependents should respond for themselves
Health Plan Collaborators

- Providers
  - Providers collect information for individual members, but only those who use services
    - Hospitals vs. Physician Offices
    - Hospitals increasingly collect REL data from patients; protocols and categories vary
    - Community health centers collect R/E in OMB categories; many collect detailed ethnicity data but coding systems are inadequate
    - Most physician offices do not collect self-reported REL data

- State agencies
  - Linkage with state databases is feasible (e.g. birth certificate data) but R/E categories vary
Confidentiality

- No consistent policies/guidelines re sharing REL data with health plans
  - REL currently not classified as PHI, so relevance of HIPAA privacy standards unclear
  - Some employers and providers cite privacy concerns when refusing to disclose REL data to health plans

- Little guidance re assurances to members
  - HRET advises providers/plans to inform patients/members that their REL data will be treated as “confidential”; does this preclude disclosure to business associates?
  - NCQA standards in development; accreditation is voluntary
  - Plans need to develop internal policies re access to and disclosure of REL data in absence of standards/guideline
Collection Channels: Provider Data

- MA required hospitals to collect & submit patients’ self-reported R/E as of Jan ’07; language may be added
  - Two sets of guidelines for data collection
  - Standard categories for collection and standard codes for reporting, but internal system categories and codes vary
- Harvard Pilgrim began requesting REL data from contracted hospitals in Fall 2008
  - No standard file format or coding system for sharing data with plans
    - HPHC accepts hospital-specific file format and maps fields to HPHC format
    - HPHC accepts hospital-specific codes and maps to CDC/DHCFP codes
- HPHC added self-reported REL to medical records documentation standards for physician offices in Dec. ’07
Collection Channels: Health Plan Data

Harvard Pilgrim Health Care REL Data Initiatives

§ IVR outreach calls
  • HPHC began asking members’ self-reported R/E in June ’07
  • Over 95% of members responded; no negative feedback
  • Call offered in Spanish; spoken language preference collected
  • Materials offered in Spanish; written language preference collected
  • R/E items now included in CRC, asthma and flu reminder calls

§ Health Risk Appraisal
  • HPHC implemented new web-based HRA in July 2008
  • Univ. of Michigan tool, with R/E categories defined by developer

§ Secure Member Web Portal
  • Added Race, Ethnicity and Language preferences to Member Profile
  • Added “Update my Race, Ethnicity or Language” as a menu option
  • Implemented Pop-up survey to ask members to Update their REL
Collection Channels: Health Plan Data

Coming Attractions...

§ Worksite Wellness Programs
  • Modify intake/registration form to capture REL data

§ Member Service Calls/Written Correspondence
  • Member Call Center
    • Identify types of calls when requesting REL is appropriate
    • Modify training materials
    • Enable Member Service reps to update Member Profile
  • Member Correspondence
    • Identify types of correspondence with which a request for REL is appropriate
    • Identify channel for member response (e.g. enclosure, toll-free #)
    • Enable processing of member response data

§ Case Management/Disease Management
  • New case management system vendor requirement for capture of REL in retrievable form
  • Enable extraction of REL and feed to data warehouse

§ Revision of paper enrollment form
Collection Channels: Enrollment Data

- Non-group (individual) enrollments occur directly with health plan, but represent a very small proportion of enrollees
- Group data collected by purchaser/employer, not plan
  - Paper enrollment forms
    - Limited space on paper forms; adding 10 race categories a possibility, but not detailed ethnicity (31 categories)
  - Electronic enrollment transaction
    - Source at employer is usually paper form, with all its limitations
    - Despite adoption of HIPAA electronic transaction standards, many employers still use proprietary file formats to submit enrollment data
    - HIPAA code set for race includes only OMB and modified OMB codes
  - Online web enrollment
    - Not subject to HIPAA electronic transaction standards
Consistency Problems

n Collection Protocol
  § Which questions in what order?
  § Feasibility of implementation
    • Via different collection channels (paper, phone, IVR, Web)
    • By different health plan data systems

n Categories
  § Consistent, relevant categories that facilitate reporting
  § Transition plan from existing categories to new categories
  § Crosswalk of categories used by principal data sources

n Code Sets
  § Common standard coding systems for race and ethnicity
    • Revise and update CDC coding system
  § ISO code set for language