Collecting accurate information about patients can help improve the quality of care and identify ways to reduce health disparities, which is exactly what’s happening at Henry Ford Health System (HFHS). The organization has collected race, ethnicity and language data from more than 90 percent of patients to improve care quality—and their efforts are thriving. Here’s how they did it.

Getting REaL: How HFHS collects patient data

HFHS, which consists of five hospitals and 27 medical centers, launched its Race Ethnicity and Primary Language (REaL) Data Collection effort in 2011 to ensure it provided high-quality and culturally appropriate care across a diverse range of patient needs.

“We really wanted to make sure every patient counts, literally and figuratively,” said Christine Joseph, PhD, director of health disparities research at HFHS.

In the case of patient data, it turns out that nearly every patient at HFHS was counted, but not in the most accurate way. In fact, “some clinical service representatives—CSRs—would collect racial information just by looking at the patient through ‘observation,’” Joseph said. “There was no standardized process.”

That’s why HFHS created an inter-professional task force using the Institute of Medicine’s (IOM) recommendations for collecting the data and tailored those recommendations for patients based on input from diverse community focus groups.

To implement the IOM’s recommendations, the task force trained front-line care staff at HFHS on how to properly ask questions about race and grapple with challenging scenarios when patients may not want to openly identify their race in a health care setting.

“The training piece is the biggest and most crucial part of this whole process because the front-line
staff need [to know] how to ask these questions,” Joseph said, noting that patients most often worried about the misuse of their information.

“Transparency is important,” she said. “People often want to know how you’re using the data, so it’s best to explain. There was a lot of concern about visa or citizenship issues.”

The benefits of collecting race, ethnicity and primary language data

Providing training to staff proved effective as HFHS now asks nearly all patients for race, ethnicity and language information when they call to schedule an appointment through the organization’s call center. Each of the IOM’s recommendations for racial and ethnic data collection also have been implemented across the entire health system, said Megan Brady, a project manager for the system’s Institute on Multicultural Health.

Brady works with a team to compile this newly collected patient data to create an Equity Dashboard, featuring “10 clinical quality and service measures that we’re looking at by ethnicity, race, English proficiency [and] preferred language,” she said. The intent in collecting this data is to provide high-quality care to all patient groups and achieve equity in health outcomes.

Using this data, quality improvement plans are underway at HFHS to investigate the percentage of patients who list “unknown” or decline to provide their race or ethnicity in hopes of making patient data even more accurate. They’re also using the insights they glean from the REaL patient data to pursue additional research opportunities in health disparities.

“There are many institutions and agencies that provide services to patients but do not collect this information,” Joseph said. “But if you’re talking about doing research to eliminate health disparities, you’ll [need to know this data], so it’s really important that we collect this information accurately.”

HFHS was recognized earlier this year by the Commission to End Health Care Disparities for its work to collect patient data to improve care.