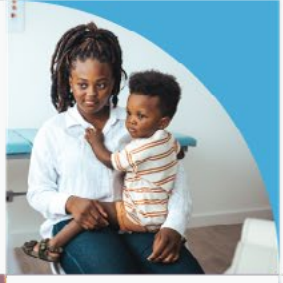

Strategies for Improving Patient Outcomes and Optimizing Value

A Payor's Guide to Implementing Learnings from RAISE

Strategies to improve representation are key to improving patient outcomes, reducing costs, and optimizing value in healthcare; but incomplete capture of person-centered data limits health plans' abilities to implement them. Many payors and health authorities have introduced mandates and incentives to foster healthier communities, such as value-based contracting, pay-for performance programs, federal reporting requirements, and have tied benefits to improvements in quality metrics across all populations. Health plan leadership and staff can partner with members and communities to improve data collection for healthier communities.

The Priorities

The priorities to better collect and manage race and ethnicity data are multi-faceted, not sequential, and can be selected based on organizational priorities.

Standardize Data Collection

Use the data in a manner that aligns with community and organizational priorities

Incentivize Data Collection

Collect disaggregated data in ways that roll-up to national standards

Visit the resources page to see examples and related literature.

This project is supported by the Food and Drug Administration (FDA) Office of Minority Health and Health Equity (OMHHE) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award [FAIN] totaling $875,000 with 100 percent funded by FDA OMHHE/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by FDA/HHS, or the U.S. Government.

Community-Oriented Strategies Identified in RAISE

Address sensitivities to reporting person-centered data.

- Data collection tools should be transparent about why some data (e.g. race and ethnicity) are collected, how it will be used, and who can access the data.
- Data collection tools should include messaging about the purpose and intended use of the data and a choice to opt out of providing the data.
- Meet people where they are - allow data reporting in diverse formats (e.g., web-based, paper, video).

Improve representativeness of data collection options, improving the data's quality and utility.

- Increasing multi-racial or multi-ethnic identifications complicate data categorization and analysis. Collect these data in a manner that doesn't overwhelm respondents or data systems. Collect data at the member-level in a format that can be mapped to national standards.
- Tailor data options to the local context, balancing disaggregation with user-friendliness.
- Ensure data options roll up to OMB categories to facilitate exchangeability and compliance with federal grant-making rules.
- Systematically prompt members to verify or update their data regularly to ensure that categories continue to be representative.

Use the data to enhance value to increase your organization's prioritization of data collection.

- Person-centered data (like race and ethnicity data) can be used to identify gaps in care and outcomes and better understand local communities. Tracking these data over time can help plans measure. healthcare utilization and outcomes and evaluate the effectiveness of their interventions.
- Understand current data collection methods, data completion, and data quality.
- Embed the data into existing analytics and reporting systems, tracking quality, and performance over time.
- Demonstrate how the data support organizational priorities (e.g., performance measures, healthcare outcomes).

Improve exchangeability of race and ethnicity data.

- Standardize and streamline the process. Embed the data elements into the EHR template, intake forms, and regular update forms. Promote standardized collection and exchange methods to align information and overcome technical hurdles:
- Incentivize the implementation of data standards.

Address resource limitations

- Improving the collection of these data can be resource intensive. Providers can be incentivized to collaborate in data collection through bonuses, increased reimbursement rates, or pay-for-performance models that tie compensation to the collection and report of race and ethnicity data. Alternatively, contractual requirements can ensure compliance. Additionally, payors can enhance transparency by sharing the data with providers, illustrating how it has been used to close gaps across communities and improve outcomes.
- Familiarize top executives with race and ethnicity data's role in addressing community health needs
- Discuss opportunities, required investments, and return on investment associated with better collecting race and ethnicity data.
- Identify & share funding sources and collaborate on the development of funding proposals.

For more examples of how other organizations have elevated their data efforts to advance health outcomes, go to **RAISE**. If you have resources you'd like to share, please submit them to raise@reaganudall.org & we'll get word out.