

Disparities

To ensure that all Americans get quality health care, we have been focused on finding practical, effective solutions that will help health care systems target racial and ethnic disparities as part of their overall quality improvement efforts.

The quality of health care in the United States is not what it should be. Research indicates that stark differences exist in how we deliver health care to patients from region to region—irrespective of factors such as the prevalence of certain diseases or cost—and moreover, that Americans from certain racial and ethnic backgrounds are more likely to experience lower quality health care overall.

One indicator we use to measure progress is whether health plans, hospitals and others increasingly use race and ethnicity data about patients to help inform their efforts to improve quality. Stratifying patient data by race and ethnicity can be a useful first step in understanding where gaps in quality are occurring, and why.

Many health care organizations initially expressed concern about collecting patient data by race and ethnicity, citing potential technical, legal and policy challenges to this activity. Indeed, any effort to make information about one's health and health care more widely available triggers these sorts of concerns. To analyze the legal and policy environment surrounding health information initiatives, the Foundation supported the Health Information Law Project at George Washington University, which categorizes and analyzes the most relevant legal and policy issues inhibiting greater transparency of health care information in today's world. In 2006 the Project affirmed the legality of collecting patients' race and ethnicity data for the purposes of improving health care quality.

Health plans play an essential role in tracking and monitoring the quality of care delivered to millions of patients, and are positioned to create programs that help physicians and patients manage specific diseases and coordinate care. RWJF has supported several projects involving health plans in collecting data to improve quality and identify racial and ethnic disparities. In 2006 America's Health Insurance Plans conducted a follow-up to its 2003–2004 survey that: (1) assessed the extent to which health insurance plans collect and use race and ethnicity data; (2) highlighted barriers to the collection of such data; and (3) assessed new trends and major differences from the prior survey. The 2006 survey showed that collectively, 30.9 percent of commercial, Medicaid, and Medicare plans are able to obtain or collect



racial and ethnic data from enrollees directly; 39.4 percent are able to do it indirectly; and 29.8 percent obtain data both directly and indirectly. The survey also showed a significant increase in the number of plans that now collect racial and ethnic data as part of organization-wide initiatives, rather than having programs limited to specific departments.

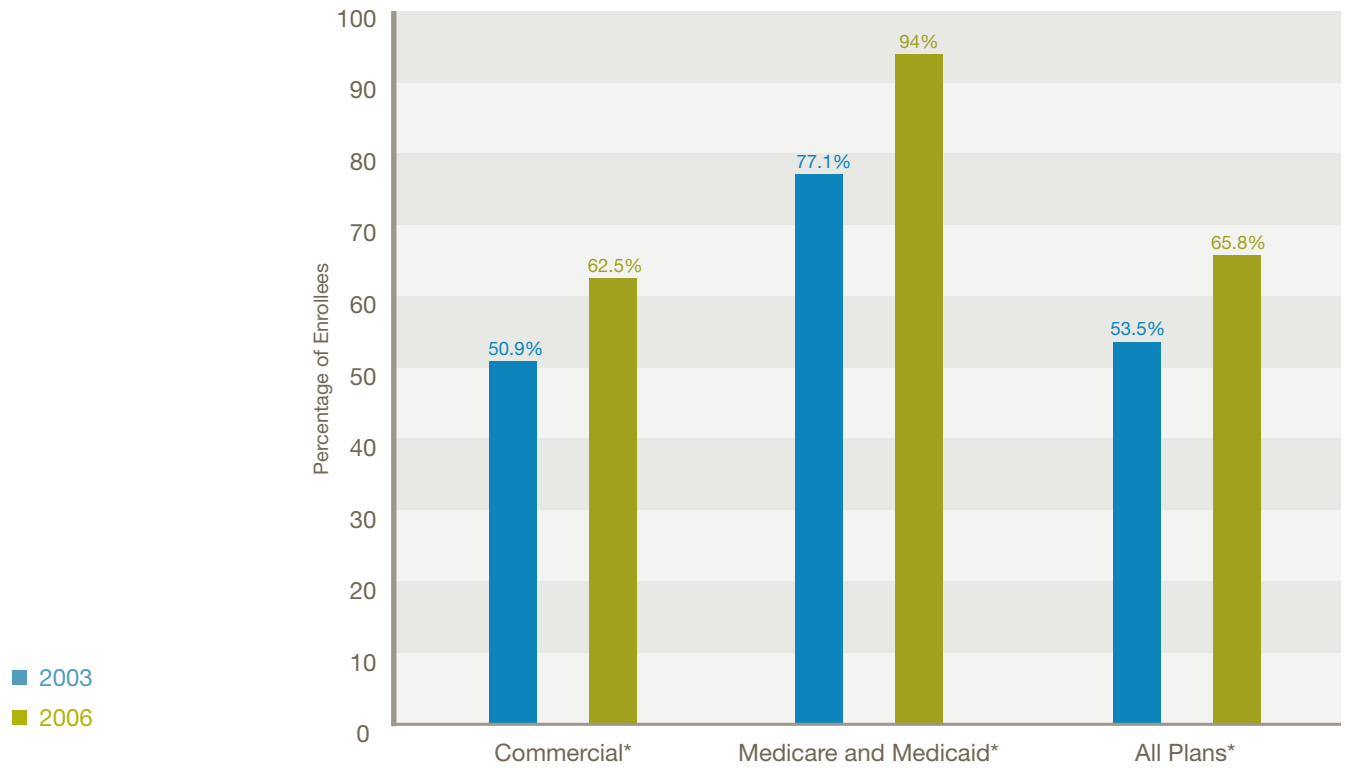
The National Health Plan Collaborative's first phase of work brought together multiple organizations, including the federal Agency for Healthcare Research and Quality and nine major health insurance companies, to examine different methods of analyzing existing data to determine if insurers could more effectively target quality improvement activities to specific enrollee populations.

RWJF has also supported several projects focusing on how hospitals collect and use race and ethnicity data to reduce disparities in care. For example, *Expecting Success: Excellence in Cardiac Care*, is a national program that brings together 10 general acute care hospitals across the nation to improve quality and reduce racial and ethnic disparities in cardiac care. Expecting Success hospitals have begun to track data based on patient race, ethnicity and primary language as a tool to ensure consistent quality of care for diverse patient populations. The Foundation also supports the Health Research and Educational Trust (HRET) to link key patient demographic information to nationally recognized measures of quality health care. HRET works with the American Medical Association and four federally qualified community health centers serving over 65,000 clients to improve the flow of this critical information.

For additional information about our initiatives and objectives, visit www.rwjf.org/disparities.



Enrollees in Plans that Collect or Obtain Race and Ethnicity Data, by Year



SOURCE: America's Health Insurance Plans, Collection and Use of Race and Ethnicity Data for Quality Improvement: 2006 AHIP-RWJF Survey on Health Insurance Plans, November 2006.

NOTE: *Percentage-value of equal to or less than .05 is significant.
Data is weighted by enrollment.