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Race and Ethnicity Data in the GMCB Health Care Database

Green Mountain Care Board

February 2021

Overview

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- Introduction to GMCB's health care database
- Current limitations for race and ethnicity data in health care
- Strategies for addressing limitations
- Applications for more robust data

GMCB Health Care Database

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VHCURES

- All-Payer Claims Database (APCD)
- Data submitted by most insurers (e.g. Medicare, Medicaid, Blue Cross Blue Shield of Vermont) for care delivered to Vermonters both in Vermont and out-of-state
- Medical and pharmaceutical claims
- Data from 2007 to present

VUHDDS

- Data submitted by Vermont hospitals for care delivered in state to patients who live in Vermont and out-of-state
- Limited to facility portion of care
- Data from 1980's to present

Resident Location vs Provider Location

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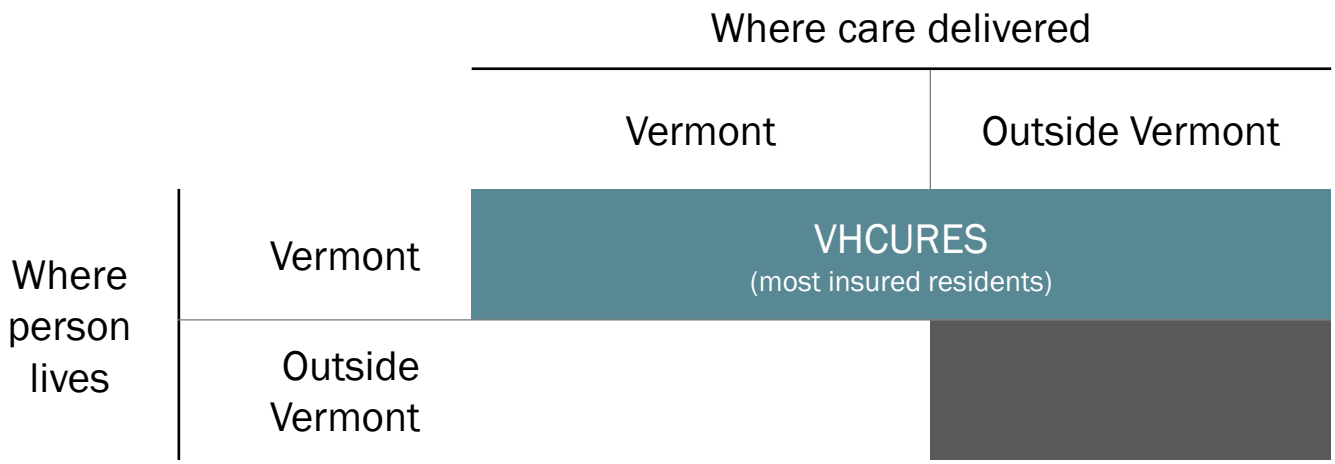

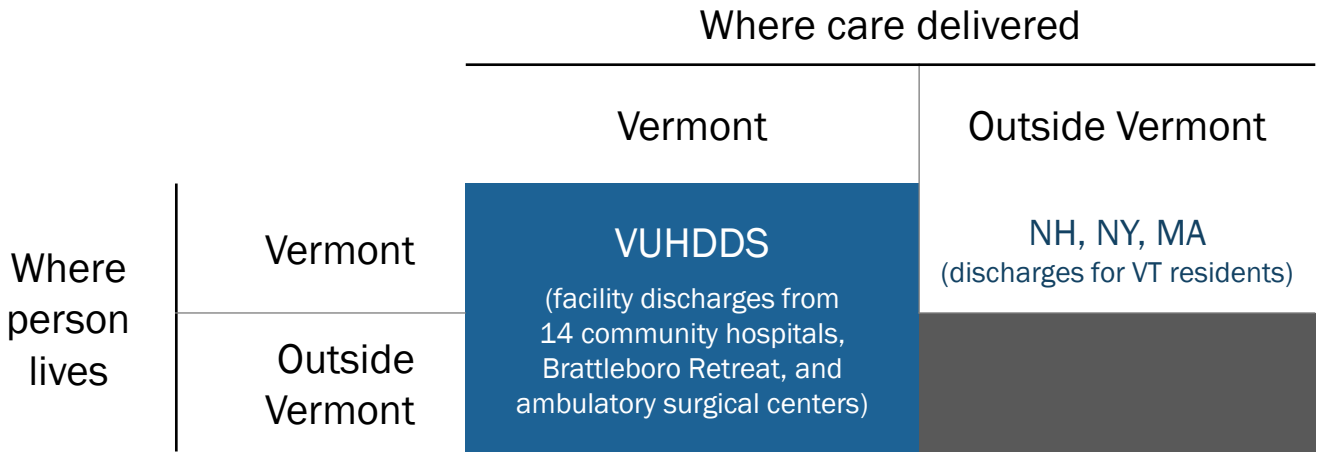

Known Unknowns

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- The first step in addressing health disparities is **DETECTING** them, which depends on having access to valid and reliable data.

- Across the United States, informational gaps related to race, ethnicity, and language have been identified and persist.

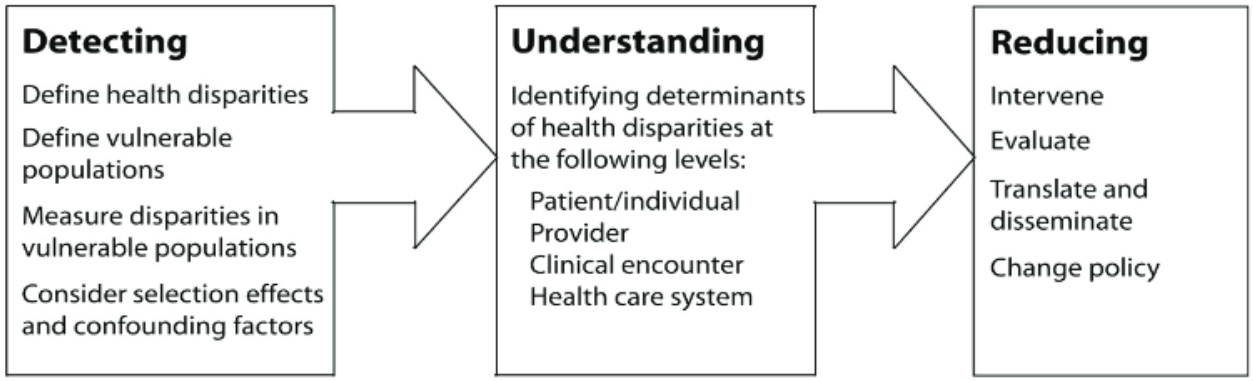

FIGURE 1-1 A framework for reducing disparities in health care systems.
SOURCE: Kilbourne et al., 2006.

Race and Ethnicity Data in Current Health Care Database

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VUHDDS

Each facility collects race and ethnicity data.

De-identified discharges are reported to GMCB, including reported race and ethnicity data.

VHCURES

Each payer may or may not collect race and ethnicity data.

Submission of race and ethnicity to GMCB is currently optional.

Strategies for Improving Data

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- Develop standardized approach for collecting race, ethnicity, and language information
- Require race and ethnicity data to be submitted to VHCURES
- Integrate VHCURES data with Health Information Exchange

STANDARDIZED DATA COLLECTION

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- By collecting race, ethnicity, and language information in a uniform way, data will be more meaningful to aggregate across time, settings, and data sources.
- Conventions may be adopted to foster more complete information by having fewer respondents skip the questions.
- A consistent format will increase familiarity and reduce confusion.
- Current CDC code set allows for over 900 locally meaningful values associated with racial identity that can be grouped into categories defined by the Federal Office of Management and Budget (OMB).
- A standardized approach could be extended across the health care delivery system and the State of Vermont.

REQUIRE RACE AND ETHNICITY DATA

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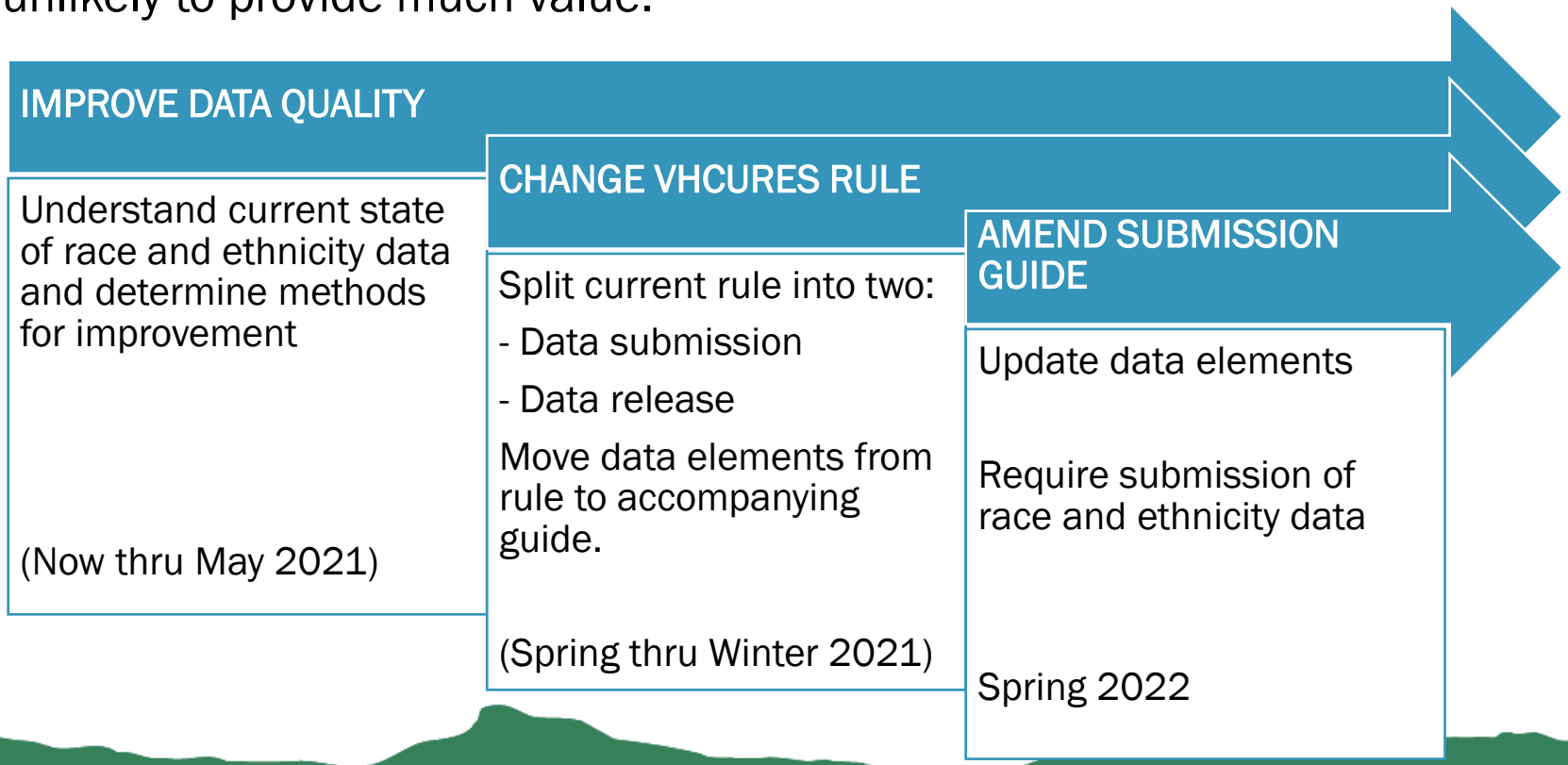
- The GMCB is currently assessing the quality and completeness of race and ethnicity data as part of its Enhanced Data Validation Workgroup.
- Until issues with the data quality are addressed, requiring submission is unlikely to provide much value.



DATA INTEGRATION

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- Integrating data sources enriches the information available. For example, if the claims data are integrated with vital records, additional information can be gained about a birth or death that is not available through the medical claim.
- The Vermont Health Information Exchange (VHIE) contains clinical information related to patients' health care.
- Integrated medical claims and clinical information could help enhance data available to providers, researchers, and public health workers.
- The VHIE already contains race and ethnicity data, which could be one of the benefits of pursuing this integration.

Applications for Improved Race and Ethnicity Data

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- By improving our ability to capture race and ethnicity data in a more valid and reliable manner, we can bolster existing initiatives designed to understand and/or reduce disparities along these dimensions.

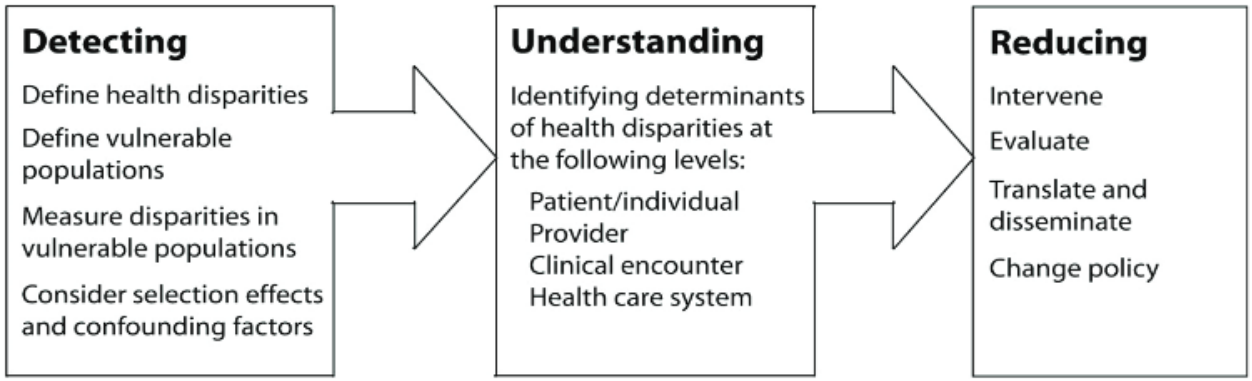

FIGURE 1-1 A framework for reducing disparities in health care systems.
SOURCE: Kilbourne et al., 2006.

Race and Ethnicity Data in VHCURES

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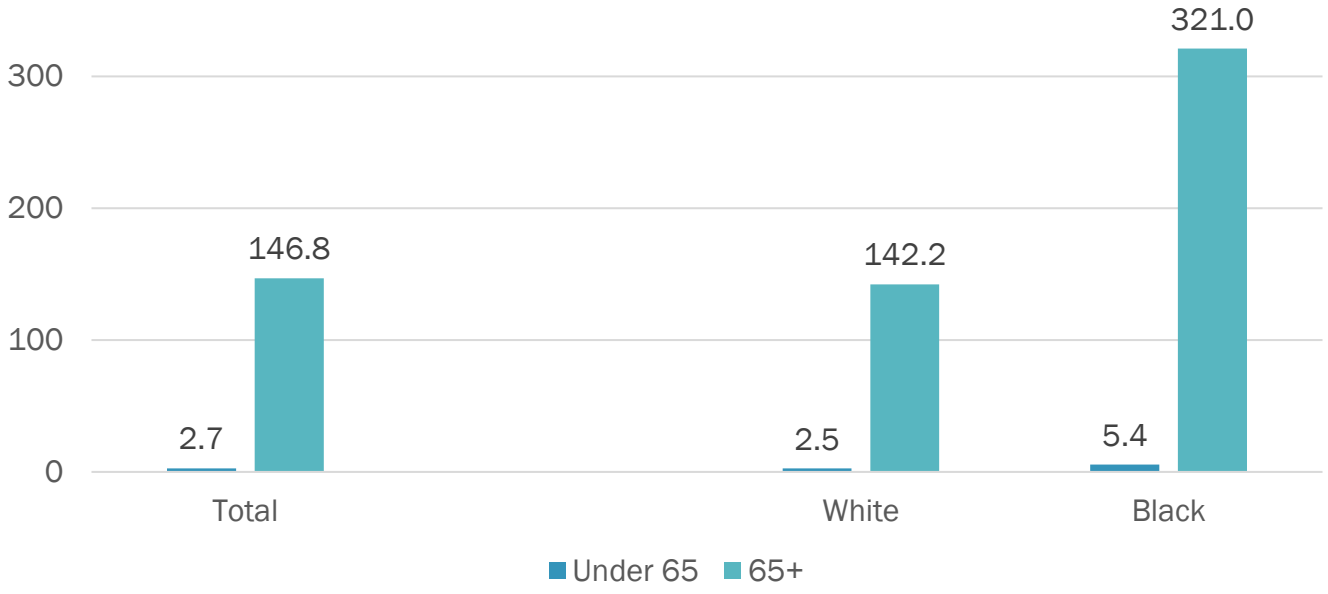
- Collecting more valid and reliable race and ethnicity data in the APCD will help refine the ability to investigate patterns among subgroups.

Estimated Fatality Rate for COVID-19 in the United Kingdom by Age and Race (Fenton, et al.)



Race and Ethnicity Data in Substance Use Treatment

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- VHCURES is particularly strong in that it has a record of individuals enrolled with coverage *whether or not they seek care*. Therefore, potential systematic differences in the deferral of care can be examined, which would be strengthened with better race and ethnicity data.
- Since data are submitted in a de-identified form, submitters may include records associated with substance use treatment. Access to these data are often highly restricted in order to protect the confidentiality for patients, according to federal rules (known as 42 CFR Part 2).
- Therefore, understanding potential disparities based on race, ethnicity, language, or culture can be particularly challenging. Better information about race and ethnicity attached to medical and pharmaceutical claims could help fill in some critical informational gaps.

Questions?

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