

# Obtaining Accurate Data

## A Needed First Step to Address Inequities in Care

**Collecting race and ethnicity information allows URM to review and compare all patient treatment and outcomes. This helps us identify disparities that must be addressed to achieve our goal of equal life expectancy for all.**

### Starting Point: *Insufficient Information*

In 2020, when the Medical Center acknowledged [racism as a public health issue](#) and [health equity as a priority](#), the data we were collecting was not complete enough to achieve our first goal of understanding current health inequities.

Prior to 2019, hospital staff often entered a patient's race in the medical record based on assumptions about their appearance. If the staff member wasn't sure, which happened more than 20% of the time, they chose "some other race."



*"Health systems ask their patients a lot of questions," said **Heather Busick, MD**, associate chief medical information officer and HEART Program clinical lead. "It's important for us to inform patients that we ask because we care about them, and want to help all of our patients live their best, healthiest lives."*

### Asking Patients to Self-Report— and Explaining Why

In June 2019, URM to began asking patients to self-report their race and ethnicity information via a paper form.

In 2021, recognizing the need to better emphasize to patients why this information is important, the form underwent a relaunch led by UR Medicine's Health Equity and Anti-Racism Technology (HEART) Program.

In addition to explaining "why," the new form:

- Added a "My race is not listed" option
- Emphasized that patients may select multiple races
- Included examples of broader categories to reflect more racial identities

"Race is a social construct that has no medical significance in terms of human biology," said Busick. "Health care takes place in our social context, however, where race and ethnicity play significant roles, so URM to must understand both to achieve equity in our services and outcomes. Evaluating ourselves through this lens helps us ensure all patients receive the highest quality of care we can offer."

In the background, the HEART team merged duplicative ethnicity fields in URM to's electronic medical record (EMR) system. This work improved the accuracy of ethnicity data in the record.

### Answering the Community's Call

"Our involvement with the Finger Lakes COVID-19 Vaccine Hub in 2021 shined a light on the need for improved data collection," said Wendy Parisi, MS, senior director of URM to's Health Equity Program Support Office.

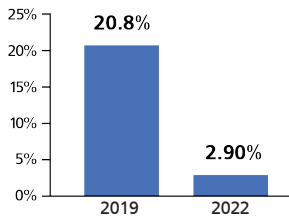
"Our data at the time showed a large percentage of people with 'unknown' races and ethnicities, which presented a major roadblock to assessing the impact of COVID-19 vaccination efforts within various populations. We heard loud and clear from our community partners that we needed to do better."



## Status: Race and Ethnicity Data Are Highly Accurate

Thanks to support from patient care teams, including front desk staff who are often tasked with collecting patient information, URMC's race and ethnicity

"Some Other Race" (Unknown) URMCM Patients



data better represent the patients we serve. Responses indicating "some other race" on the form have dropped from more than 20% to less than 3%.

Patients can choose to share their race and ethnicity

through MyChart, UR Medicine's patient portal.

[MyChart](#) also extends to future patients—parents can provide their unborn baby's race and ethnicity information through the portal starting at 20 weeks gestation.

## Spotlight: Addressing Disparities in Diabetic Foot Infections

Members of UR Medicine's Vascular Surgery and Infectious Diseases divisions have done a deep dive into our health system's race and ethnicity data to see how treatment and clinical outcomes differ among patients with diabetic foot ulcers (DFUs).

*National studies show that when compared to their white counterparts, Black patients with DFUs are more likely to:*

- Present with chronic limb-threatening blood-flow issues
- Undergo primary amputation rather than medical treatments or limb-sparing procedures, such as toe amputations or skin removal



According to [Alexandra Yamshchikov, MD](#), a UR Medicine Infectious Diseases physician, having accurate documentation of race and ethnicity creates further opportunities for clinical providers and staff to examine these differences

with an equity lens. "We have to start somewhere," said Yamshchikov. "Having accurate race and ethnicity data gives us the chance to de-aggregate this information to see areas where interventions may be needed."

▶ [Click for more details.](#)



## What's Next: Using Data to Address Inequities

"Addressing inequities is truly an all-hands effort—from asking patients to trust us with this information to encouraging clinical teams to routinely don their equity lenses while providing care," Busick said. "Working together is how we'll ultimately move the health equity needle."



[Click here to receive Health Equity Updates via email.](#)

### HOW YOU CAN HELP ...

UR Medicine patients can easily provide or update their race and ethnicity via [MyChart](#). Once you've signed in, go to "Menu," then click "Personal Information" under "Account Settings."

## About Health Equity Updates

Faculty and staff members across URMC are working to reduce health inequities through research, education, and improved access to care. These updates provide snapshots of our work with community partners toward the ultimate goal of equal life expectancy for all.