Implementing REALD* for providers: Updates and FAQs

November 10, 2020

*Race, Ethnicity, Language and Disability

While we wait to get started…

- We are recording this webinar.
- Captioning will be turned on during this session, and will appear at the bottom of your screen
- For ASL interpreter access, you can "pin" the video on your screen to keep the interpreter view at all times.
- Private chat to Tom Cogswell if you are having technical challenges.
- If your name is not visible / clear, please rename yourself for clarity if possible.

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Welcome

Presenters and Staff:

- Marjorie McGee, Ph.D., OHA Equity and Inclusion Division

- Belle Shepherd, MPH, OHA External Relations

- Shannon O'Fallon, Senior Assistant Attorney General, Oregon DOJ

- Michelle Barber, Interoperability Director, Acute & Communicable Disease Prevention, Public Health Division, OHA

- Susan Otter, Director of Health IT, OHA

- Karen Hale, Oregon Provider Directory Program Manager and Certified EHR Technology standards lead, Office of Health IT

- Tom Cogswell, OHA Transformation Center

REALD Learning (Webinar) Series:

- 10/9/2020: REALD 101 – Introduction – What and Why*

- 10/14/2020: Implementing New REALD Data Collection for Providers*

- 10/16/2020: How to ask the questions*

- **11/10/2020 (today's presentation): Implementing REALD for Providers: Updates and FAQs**

- 11/20/2020: Using REALD Data to Advance Health Equity

- Please save questions about analysis of REALD data for the upcoming 11/20 webinar

*Webinar registration, materials/recordings: https://www.oregon.gov/oha/OEI/Pages/REALD.aspx

Learning Objectives

At the end of this training, participants will be able to:

1. Explain what REALD is, how it came to be, and its purpose

2. Understand the requirements and recent updates for providers reporting REALD related to COVID-19, including who needs to report, what needs to be reported, timing, and reporting mechanisms

3. Compare reporting options and plan for implementing REALD for their organization

4. Know how to access REALD resources on the OHA website – including templates and provider-specific resources

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Agenda & Meeting Structure

- Welcome
- Updates and FAQs:
  - REALD Standards
    - What is REALD and what is its purpose?
  - REALD reporting requirements for providers
  - Methods for reporting
- REALD – Stakeholder Perspectives
- Resources, wrap up, Q&A

Brief Q & A after each
Update & FAQ section
(use Chat box)

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REALD = Race, Ethnicity, Language, & Disability

2013 - HB 2134

- Required ODHS and OHA to develop data collection standards in all programs
- Introduced by communities most impacted by health inequities including Asian Pacific American Network of Oregon (APANO) and Oregon Health Equity Alliance (OHEA)

2014 – OARs

- After extensive rulemaking process and stakeholder input, REALD standards were codified in Oregon Administrative Rules (OARs) 943-070-0000 through 943-070-0070
- Rules are based upon local, state, and national standards and best practices

2020 – HB 4212

- Requires the collection and reporting of REALD data by providers for COVID-19 encounters
- REALD standards were recently updated with an effective date of 11/1/2020

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Why is REALD important?

"The goal of eliminating disparities in health care in the United States **remains elusive...**"

- (Ulmer et al., 2009, p. 1; Institute of Medicine)

The lack of granularity in race/ethnicity can "...**mask important inequities in health and health care.**"

- (Ulmer et al., 2009, p. 31)

Lack of standards = inconsistent and insufficient data collection

- Cannot assess how racism, disablism and lack of language access impact individual and community health
- Makes services more expensive and less effective

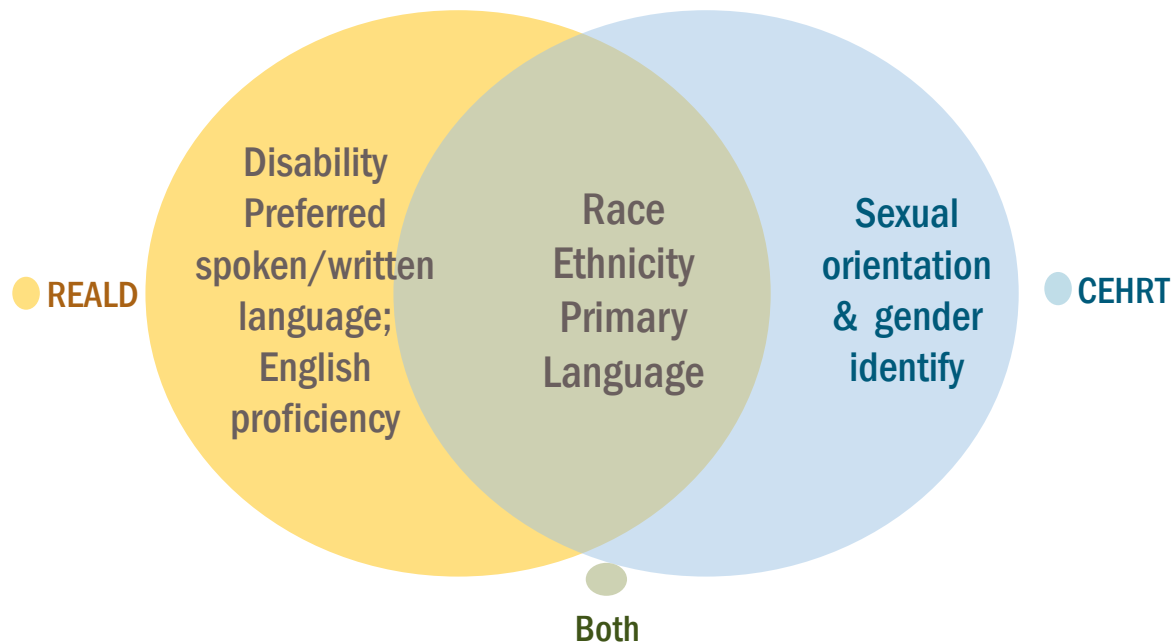Oregon Health Authority

What is the purpose of REALD?

REALD:

- Helps ensure access and equity in services, processes and outcomes
- Provides consistency in data collection

With REALD data, together we can:

- Identify inequities; determine what groups are most impacted
- Use information to improve client/patient/member services and reduce inequities
- Address identified inequities through policy and legislative efforts
- Reallocate resources and funds needed to effectively address these inequities
- Design culturally appropriate and accessible interventions

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How do REALD and National Standards Align?

Certified EHR Technology (CEHRT) demographics categories align in some areas, but there are also gaps.

REALD

Disability Preferred spoken/written language; English proficiency

Race Ethnicity Primary Language

Sexual orientation & gender identify

CEHRT

Both

Updated crosswalks to OMB standards, CEHRT standards (CDC) and HRSA race/ethnicity categories can be found on OHA's website:
REALD and CDC Race and Ethnicity Cross-Map (Code Set Version 1.0)
REALD to HRSA Cross-Walk Excel File

Why did the REALD Standards change?

- Since 2014 – lessons learned pointed to the need to:
  - Ensure ADA accessibility and language access in data collection
  - Specify who are required to comply with REALD
  - Clarify response options and skip patterns
  - Update race/ethnicity, language and disability questions in order to improve data quality and identify and address inequities.

- Passage of HB 4212 (2020) required collection and reporting of REALD data by providers for COVID-19 encounters

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REALD questions: What changed and why?

REALD ISSUE	REALD CHANGES
Race/ethnicity - relatively large groups & smaller groups impacted by COVID hidden	Added 6 r/e categories (2 Asian; 2 Pacific Islander; 2 African)
Primary race/ethnicity-assumed everyone has just one primary racial/ethnic identity	Response option added to allow people to say they do not have just one r/e identity
Language - assumed everyone speaks (offensive)	Revised text to be inclusive of people who sign (and do not "speak")
Language -not sufficient to ensure language access	Added question about language(s) used at home
Language - not applicable for some settings	Added a set of language questions for these other settings
Interpreter – confusion with previous two questions (poor data quality)	Combined the interpreter questions and follow-up question
Disability - 1 redundant question	Dropped global activity limitation question
Disability - does not capture everyone	Added 3 disability questions (ID/DD; Communication; MH)

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Other recent updates were made to the REALD Standards

- Clarified what to do when reporting 'missing' data
  - Mark a response as "not applicable" or leave blank if a question was allowed to be skipped under the rules.
  - Mark a response as "did not answer" or "missing" if the question was applicable but was not answered with any response.

FAQs about the REALD Standards:

Where did the Disability questions come from? Most of the disability questions are part of the [HHS standards for race, ethnicity, sex, primary language and disability status](),

- Therefore are required on most federally sponsored surveys, such as the Census.

- These questions have been asked in various ways (BRFSS uses the phone for example).

- They are considered part of the suite of demographic questions. These questions are not clinical in nature.

- Two newer questions are derived form the UN Washington Group on Disability Statistics (communication, learning)

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FAQs about the REALD Standards (cont.):

Why can't we use data we already have (e.g. chart records, other screening tools) to fill in the disability questions?

- Self-report is a core principle & gold standard for data quality
- These questions are demographic– not diagnoses/or medicalized
- This is about equity - treating dis/ability different from other demographic perpetuates stigmatization
- These questions have been validated
    - They are designed to capture people with disabilities who have serious functional limitations; the wording has been carefully evaluated and tested
    - If you change the question or use other sources – we cannot adequately identify and address inequities; responses will not be comparable to data from other sources (e.g. Census)

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FAQs about the REALD Standards (cont.):

When will REALD templates/forms be available?

- [English versions of REALD template](#) are updated to add language question,
- Translations are in process; Spanish should be available soon
- Other translations to follow

Are future changes expected?

- The OARs require review of standards at LEAST every two years to address changing demographics and evolving research
- Tribal consultation ongoing – may add questions in 2021
- Sexual Orientation and Gender Identity are not included in REALD but may be required in the future; mandate to collect and report would require legislation

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Questions?
(use Chat box)

Updates and FAQs: REALD Requirements for Reporting

Belle Shepherd, MPH, OHA External Relations

Shannon O'Fallon, Oregon DOJ

HB 4212 REALD data collection and reporting

- Requires OHA to establish rules for phased REALD data collection and reporting by providers for COVID-19 encounters

- REALD data are required when reporting COVID-19 encounters that are reportable under Oregon Disease Reporting rules (OAR 333-018-0011)*

COVID-19 encounters:
- Interaction with provider for health care services related to COVID-19 includes ordering COVID-19 test.
- Note: Clinical laboratories excluded until 10/1/2021

COVID Disease reporting includes:
- COVID-19 tests (positive and negative)
- COVID-19 cases
- COVID-19 hospitalizations
- COVID-19 deaths
- MIS-C (Multisystem Inflammatory Syndrome in Children)

*Temporary rules in place; final rules – March 2021

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Who is subject to report and when?
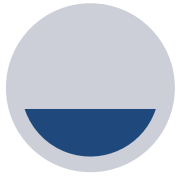
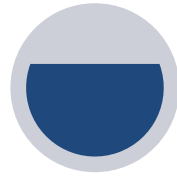**October 1, 2020:**

PHASE 1

Hospitals, except for licensed psychiatric hospitals

Providers within a health system

Providers working in an FQHC

Excludes clinical laboratories

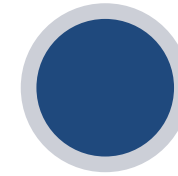*Enforcement starting December 31, 2020*

March 1, 2021:

PHASE 2

Health care facilities*

Health care providers working in or with individuals in a congregate setting

Excludes clinical laboratories

*****ORS 442.015(12)**(a) "Health care facility" means:
(A) A hospital;
(B) A long term care facility;
(C) An ambulatory surgical center;
(D) A freestanding birthing center;
(E) An outpatient renal dialysis facility; **or**
(F) An extended stay center.
https://www.oregonlaws.org/ors/442.015

October 1, 2021:

All providers

All must report using electronic method

How often are data collected and reported?

- Annual REALD data collection is required
  - Providers must collect REALD data from a patient at the time of an encounter or as soon as possible thereafter
  - If a provider has collected REALD data from a patient <u>within the last year (12 months/365 days)</u> and the patient has a subsequent encounter, providers may use the REALD data previously collected to report to OHA

Key Updates to REALD Data Collection and Reporting Temporary Rules

- Amends "health system" definition as follows:
  - "Health <u>system</u>" means an organization that delivers health care through <u>at least one</u> hospital in Oregon and through other facilities, clinics, medical groups, and other entities, all under common control or ownership.
- Allows REALD reporting to be submitted separately to OHA from reporting COVID disease reporting, including via weekly batch files:
  - " ...and provide that data to the Authority when reporting COVID-19 information as required in OAR 333-018-0016, <u>or if approved by the Authority, at least on a weekly basis</u>"
- Excludes clinical labs from the definitions of Phase 1 and Phase 2 providers.
  - Clarifies that labs are not subject to collecting REALD in situations where a hospital lab is collecting specimens for COVID tests ordered by community providers, or for COVID testing events.

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Key Updates to REALD Data Collection and Reporting Temporary Rules (cont.)

- Clarifies reporting methods to OHA:
  - Before October 1, 2021 through OHA's COVID-19 reporting portal or in compliance with OHA's Electronic Case Reporting (ECR) Manual.
  - October 1, 2021 requirement that all providers must be reporting to OHA electronically by pointing to OHA's Electronic Case Reporting (ECR) Manual.
  - The original rule pointed to the national electronic initial case report specification, which is unlikely to be available for REALD reporting in 2021.
- Clarifies that a provider is not required to collect REALD data if the patient or the patient's caregiver is unable to provide answers to the questions because of incapacity.

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FAQs: Operationalizing REALD for Providers

REALD Requirements:

- REALD standards require asking all questions on the template, without changing the questions themselves.
  - This is also required when data is recollected upon a COVID-19 encounter that occurs after one year from original collection date.
  - Order can change, e.g., asking the language questions first is permitted.
- All REALD questions need to be collected for COVID-19 encounters and reported with COVID disease reporting, unless collected/reported in prior year.
- Providers subject to REALD data requirements can design their workflows to use clinic staff or others to collect and submit the REALD data to OHA.
  - Workflows must honor the principles of self-report and one set of questions are not treated differently than another.

Resources:

- REALD Response Guide – how to ask the REALD questions and how to address questions from patients https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721b.pdf

Principles for REALD Data Collection for Providers

- Gold-standard is *self-report* even when it seems odd or 'wrong.'
  - Do not correct or change their response
  - May not mine medical records to impute answers to the disability questions

- Ask all REALD questions in the *same way*, at the *same time*
  - Normalize the asking of newer demographic questions
  - Do not treat certain questions differently by having clinical staff ask the questions (while the other questions are asked at the front desk or at registration; avoid double standard)
  - Do not perpetuate stigmatization by treating certain questions as 'sensitive'; in reality – all of these questions are sensitive

FAQ: Is There an Option to De-identify Patients for REALD or Disease Reporting?

- Identification of the patient for disease reporting and REALD is required

- Patients may decline to answer any field in the REALD questionnaire

- Submitting unidentified REALD information that the Oregon Health Authority cannot link to a reportable disease report may result in a health care provider being out of compliance with the disease and REALD reporting requirements

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FAQ: Are extensions to the Phase 1 reporting deadline available?

- OHA has made a form available to submit a request for extension.

- OHA will not grant an extension on the basis that a health care provider lacks the current capability of capturing REALD data in their electronic health records.

- A detailed explanation of why the health care provider cannot meet the deadlines must be provided in the extension request.

Resources: Extension requests process/forms
- https://www.oregon.gov/oha/OEI/REALD%20Documents/HB-4212-Extension-Requests.pdf

FAQ: When do corrections, and public health/community testing sites have to implement?

Community testing events taking place through an FQHC, hospital, or health system must implement by Oct. 1, 2020, and for health care facilities and congregate care settings by March 1, 2021. For the OHA-sponsored community testing events, we are collecting REALD.

Correctional facilities are considered congregate care settings and are therefore required to collect and report REALD data by March 1, 2021.

REALD Enforcement

- Enforcement of REALD collection and reporting requirements can begin January 1, 2021.

- OHA will need to analyze data to identify non-complying providers. Once providers are identified, OHA will likely refer to the appropriate licensing entity:

  - OHA for health care facilities it licenses, and emergency medical services providers

  - DHS for health care facilities it licenses

  - Health licensing boards.

Questions?
(use Chat box)

Current Reporting Method: COVID-19 Portal Data Entry

Portal entry includes:
- Provider/submitter information
- Patient information
- REALD data
- Sexual Orientation and Gender Identity (SOGI) – optional
- COVID-19 clinical details, test information, and MIS-C
- Opportunity to print report

Updates:
- New REALD template by 11/1/2020
- Allows to note when REALD has previously been reported for a patient

COVID-19 Reporting Portal at healthoregon.org/howtoreport

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Current Reporting Options: CSV file

CSV File – requires OHA permission/approval:

- CSV file that includes REALD + patient and provider identifying data, for those submitting ELR or case reporting otherwise

Frequency of submission:

- Daily submission is preferred
- Weekly is acceptable - Data for the preceding week must be received by OHA/Public Health Division not later than 10 pm each Sunday.

Resources:

- CSV File Specification (Version 1.4) is available at the Electronic Case Reporting page.
- To establish CSV reporting: ELR.project@dhsoha.state.or.us

Updates: CSV file

CSV update - Version 1.4

- Updates primary race question: "PrimaryRaceEthnicity" is now a single value
- Added new REALD standards effective 11/1 (e.g., new language question)
- Updates to a couple of code values, response options

FAQ: Can we pause reporting if we are going to report using the CSV option?

Yes, provider groups <u>may</u> pause REALD portal reporting while in process to establish CSV reporting as follows:

- To be considered "in process" for establishing CSV reporting, a provider group must have received permission from OHA to do so
  - Onboarding of CSV reporting for REALD is expected to take 1 week or less (if an SFTP data exchange process is already in place for the submitter)

- It is incumbent upon the provider group to continue to collect REALD data and proceed promptly with the steps to establish CSV reporting
  - If there is an issue that impedes timeliness, OHA may require provider group to enter REALD data in the portal

- This does not pause any other COVID reporting requirement (i.e., cases, test results, hospitalizations, deaths or MIS-C)

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Future: Electronic Lab Reporting (ELR) or Electronic Case Reporting (ECR)

OHA is exploring ELR and ECR options for REALD

- Codes will need to be created for Oregon's REALD standards in conjunction with HL7 experts
  - ELR: Jurisdiction-specific fields can be added in Ask on Order Entry (AOE) segments
  - ECR: There are no easy ways to add jurisdiction-specific fields to the EICR specification. Coding would need to be proposed/balloted with the international HL7 organization, which could take multiple years
- After coding is created, OHA would need to create specification and vendors would need to update lab/EHR systems

Technical Coordination on Implementation

- OHA Technical Workgroup for coordinating REALD implementation approaches (October-December)
  - EHR implementation - system updates to incorporate REALD
  - Reporting to OHA/Public Health – options for electronic reporting
  - All Phase 1 organizations are welcome to join
- OHA Tiger team to align REALD data to existing data reporting requirements (e.g., CEHRT, HRSA and NIH) and structures
- Epic coordination supported through single Epic technical coordinator

Contact Susan.Otter@dhsoha.state.or.us or Karen.Hale@dhsoha.state.or.us for more information about the workgroup

Questions?
(use Chat box)

Stakeholder Perspectives

Kate McCobb, OCHIN

Other Resources

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REALD Resources

For more information:

- HB 4212 and REALD: https://www.oregon.gov/OHA/OEI/Pages/REALD-Providers.aspx
- COVID-19 Reporting Portal - healthoregon.org/howtoreport
- CSV File Specifications are available at the Electronic Case Reporting page.

Contacts:

- REALD: Marjorie McGee at marjorie.g.mcgee@dhsoha.state.or.us
- HB 4212 requirements: Belle.Shepherd@dhsoha.state.or.us
- To establish CSV reporting: ELR.project@dhsoha.state.or.us
- Technical Workgroup: Susan.Otter@dhsoha.state.or.us, Karen.Hale@dhsoha.state.or.us