Using Granular Race, Ethnicity, and Language (REaL) Data in DRVS to Advance Health Equity

REaL Data in Group Admin

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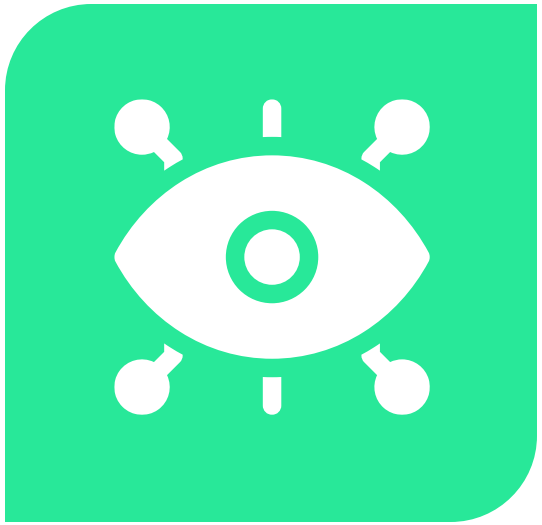
Agenda



OVERVIEW

Review purpose behind REaL groupings

Q&A

Answer anticipated questions related to REaL groupings

APPLYING GROUPS

Demonstrate how to apply REaL groupings throughout DRVS

USE CASES

Identify use cases for analyzing data using REaL groups to advance health equity

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CLINICAL TRANSFORMATION TEAM

LUANN KIMKER

Sr. Vice President,
Clinical Innovation

AMELIA FOX

Clinical Improvement
Specialist

Azara Healthcare

Our History

- Large investment in a formal partnership with Mass League (MA PCA)
- Specialty in large scale data reporting & analytics for safety net providers

Customers and Patients

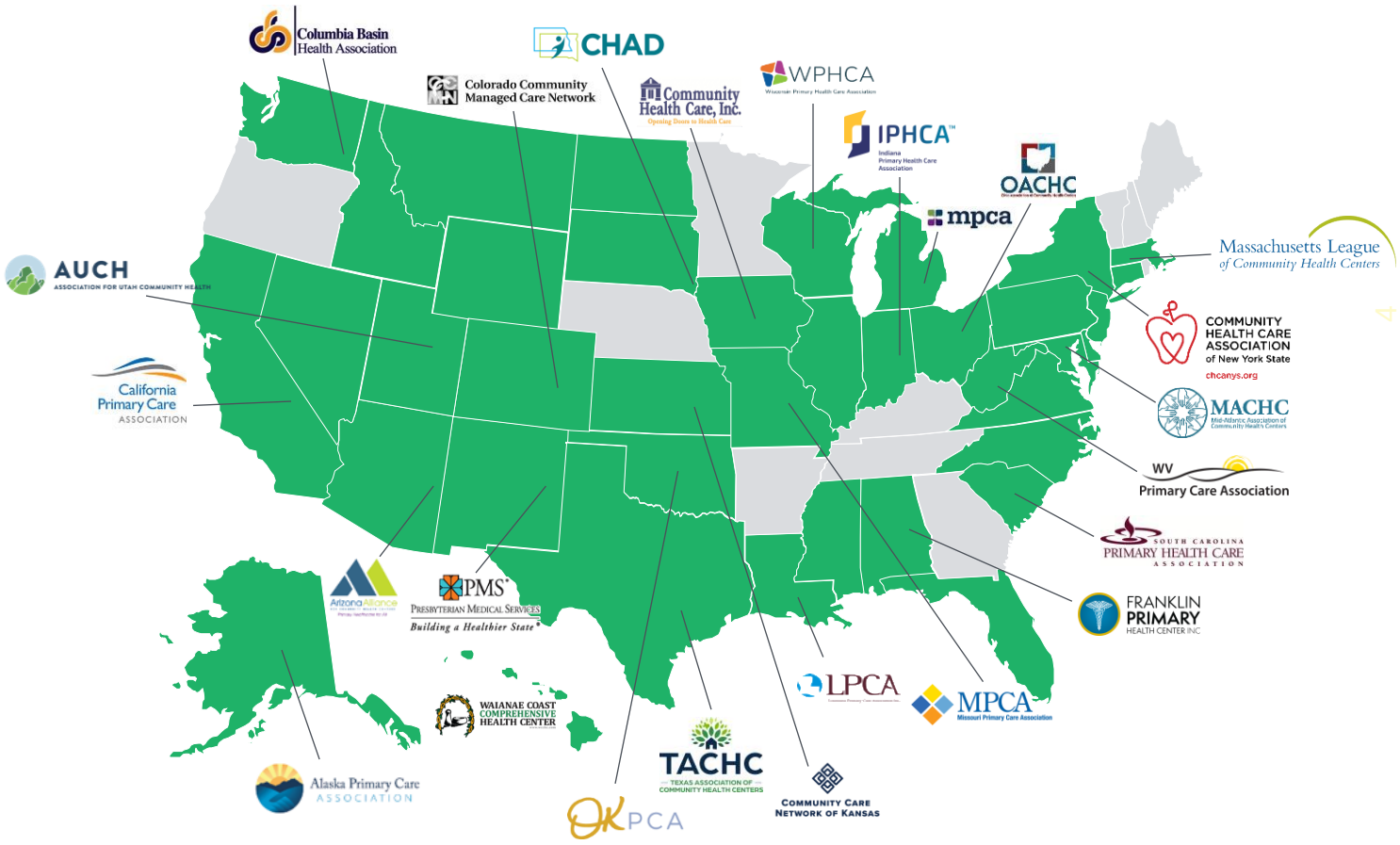
- Data on 25 million+ patients
- Over 500 FQHCs live

Key Relationships

- 19 PCAs
- 23 Networks
- 40 States

Focus on Safety Net Populations

- Set up specifically to deliver DRVS to the Safety Net marketplace using a Software as a Service (SaaS) model



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Data on a Mission

Make your data **work for you**

Create **efficiencies**

Implement **data-driven decisions** at all levels of organization

Provide **high-quality, evidence-based** patient care

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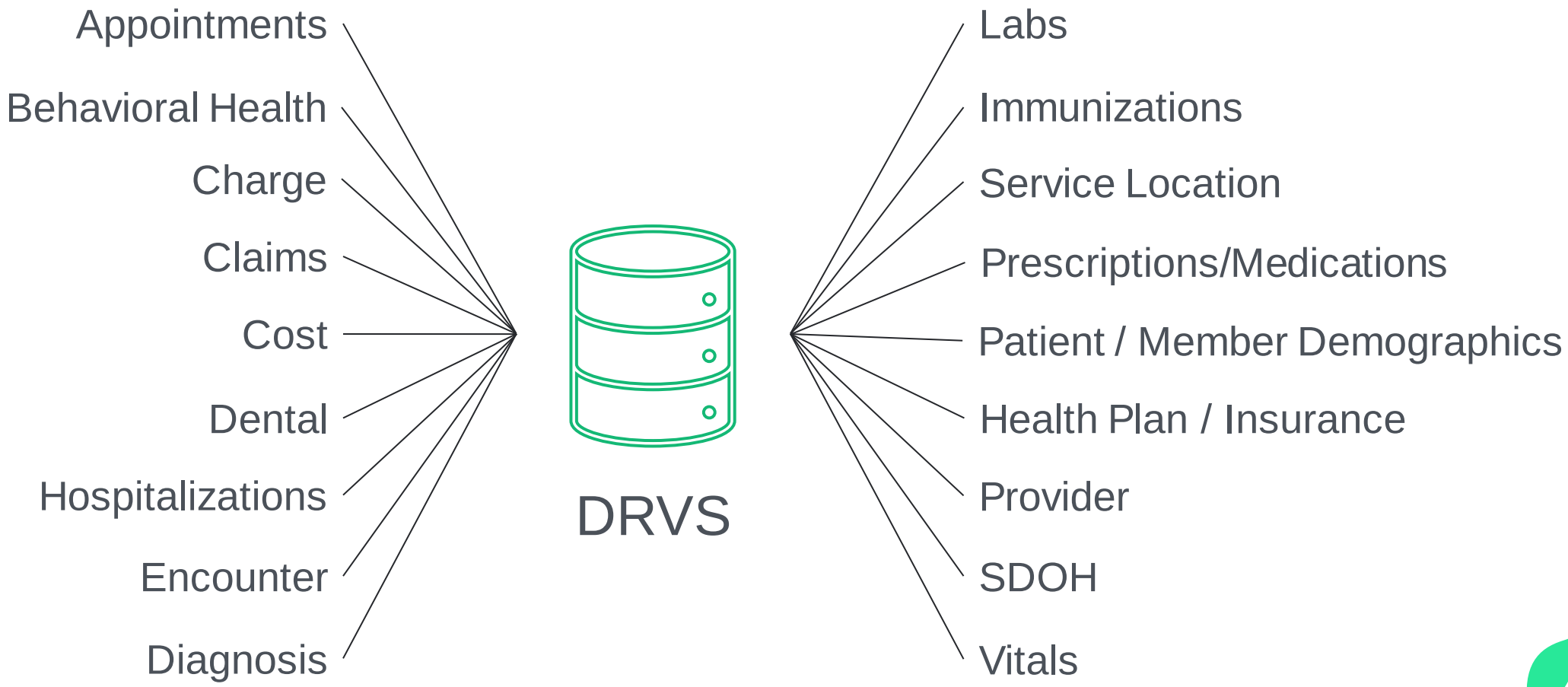
Data Available in Azara DRVS

Azara DRVS collects a wide range of patient data from multiple sources including Electronic Health Records, Payer Claims, and Health Information Exchange



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REaL Data: Purpose & Vision

Refers to **Race**, **Ethnicity**, and **Language** Data

Expanded functionality to offer **more granular perspective on health outcomes** by specific racial, ethnic, and linguistic factors.

REaL Groups will help the CHCANYS network and its practices better identify, understand, and address **health inequities**.

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What percentage of your patient population fall into the “Unreported/Choose Not to Disclose” Race category?

Patients with UDS Qualifying Encounters
MEASURE

FILTER

PERIOD: TY May 2023
CENTERS: All Centers
RENDERING PROVIDERS: All Rendering Provid...

+ Add Filter | Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Metrics *Last Processed 5/20/2023*

1,128,207
Numerator

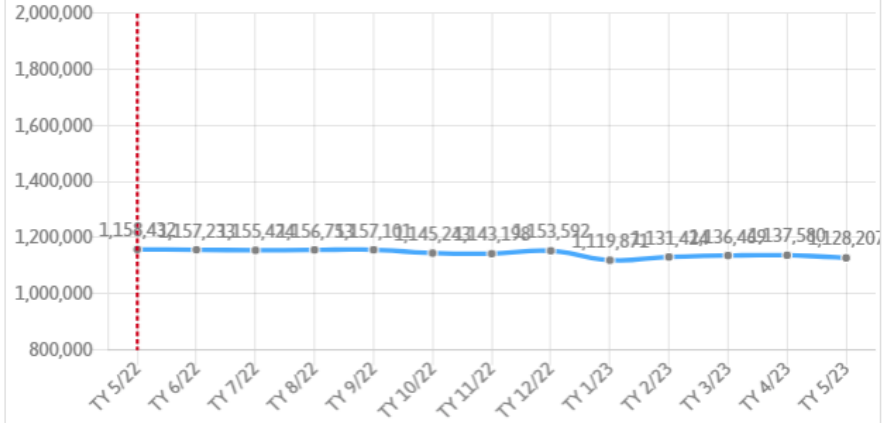
-30,225.0

TY 5/22

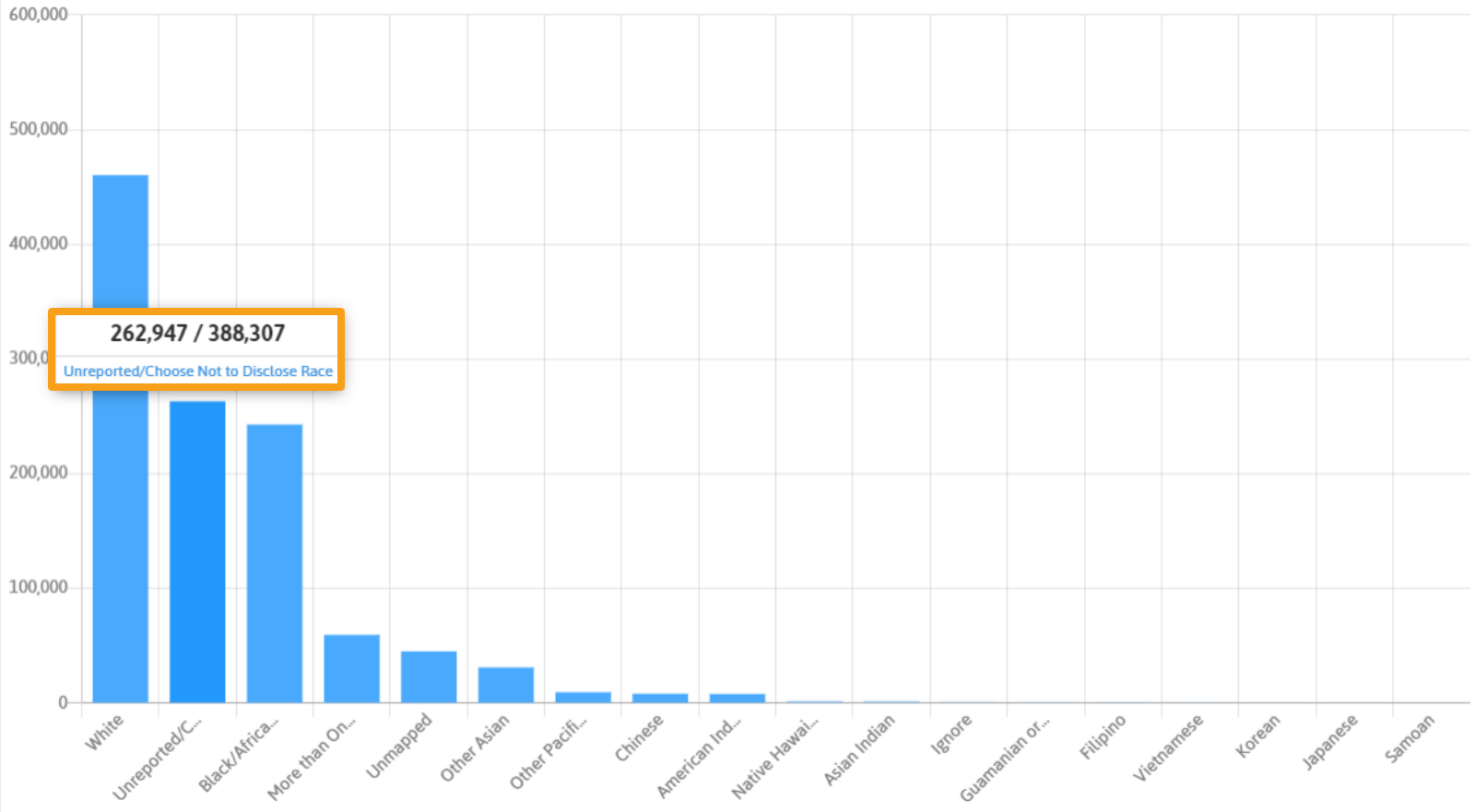
1,450,570

TARGET | Create Target

TY 5/23 GROUP BY: None



Comparison GROUP BY: Race | 2ND: None Selected



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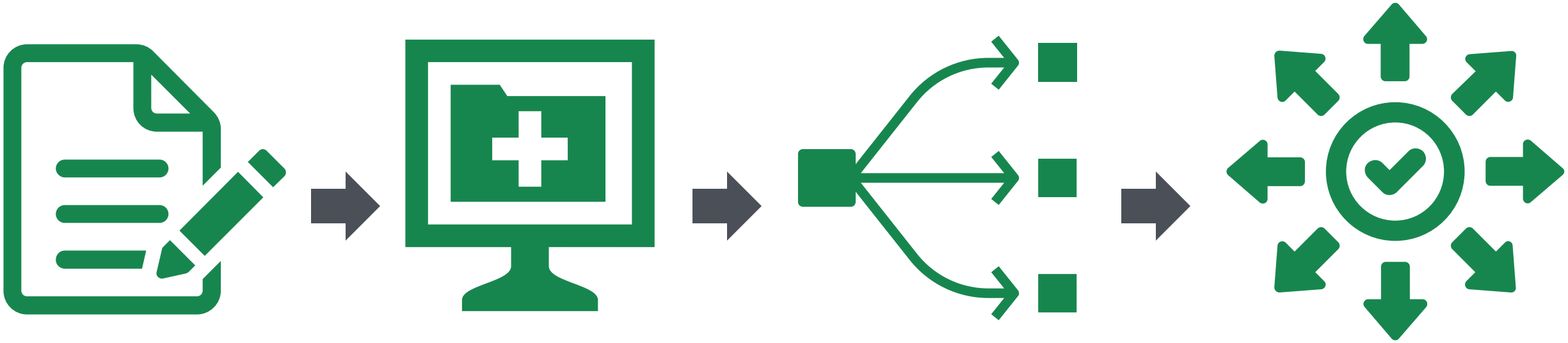
What barriers currently exist to collecting more accurate race, ethnicity, and language data?

Race, Ethnicity and Language Groups



CHCANYS REaL Roadmap

UDS Race & Ethnicity Updates

"Given more than 62% of patients who receive care services at HRSA supported health centers are R/E minorities, the ability to obtain more granular insights on subpopulations, will support health centers in providing more patient-centered and equitable care, as well as support BPHC and its Technical Assistance (TA) partner's efforts to advance health equity" – HRSA

Be sure to review your Race and Ethnicity Mappings in CPCI

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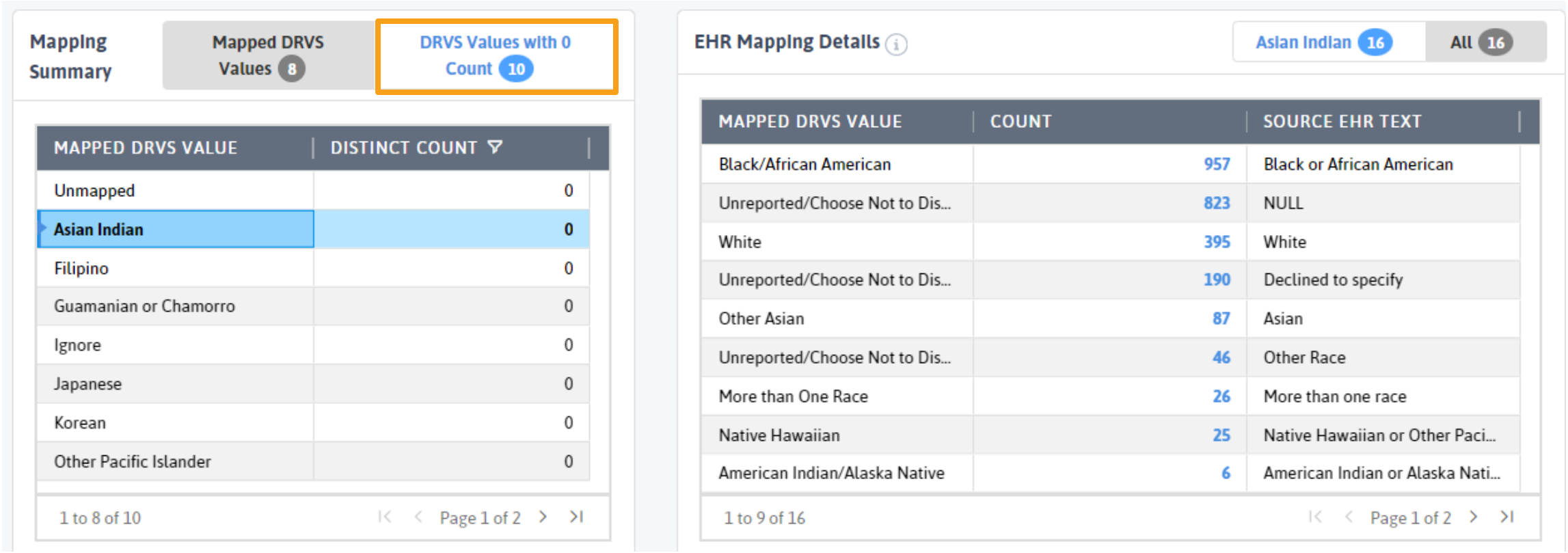
Check Your UDS Race & Ethnicity Mappings

Are there any mappings that need to be redistributed into the new Race & Ethnicity categories?



Mapping Summary

Mapped DRVS Values 8

DRVS Values with 0 Count 10

MAPPED DRVS VALUE	DISTINCT COUNT
Unmapped	0
Asian Indian	0
Filipino	0
Guamanian or Chamorro	0
Ignore	0
Japanese	0
Korean	0
Other Pacific Islander	0

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EHR Mapping Details

Asian Indian 16 All 16

MAPPED DRVS VALUE	COUNT	SOURCE EHR TEXT
Black/African American	957	Black or African American
Unreported/Choose Not to Dis...	823	NULL
White	395	White
Unreported/Choose Not to Dis...	190	Declined to specify
Other Asian	87	Asian
Unreported/Choose Not to Dis...	46	Other Race
More than One Race	26	More than one race
Native Hawaiian	25	Native Hawaiian or Other Paci...
American Indian/Alaska Native	6	American Indian or Alaska Nati...

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Evolution of REaL Data | Race

UDS 2022	UDS 2023	CHCANYS Race Groupings
American Indian/Alaska Native Asian Black/African American More than One Race Native Hawaiian Pacific Islander Unreported/Refused to Report Race White	**American Indian/Alaska Native** Asian Indian **Black/African American** Chinese Filipino Guamanian or Chamorro Japanese Korean **More than One Race** **Native Hawaiian** **Other Asian** **Other Pacific Islander** Samoan **Unreported/Chose Not to Disclose Race** Vietnamese **White**	Alaska Native American Indian American Indian and Alaska Native American Indian/Alaska Native Argentinean Asian Asian Indian Black or African American Black/African American Bolivian Chilean Chinese Colombian Costa Rican Cuban Dominican Ecuadorian Filipino Guamanian or Chamorro Guatemalan Honduran Japanese Korean Mexican More than One Race Native Hawaiian Native Hawaiian and Other Pacific Islander Nicaraguan Not Spanish/Hispanic/Latino Other Asian Other Central American' **And 16 others…**

Evolution of REaL Data | Ethnicity

UDS 2022	UDS 2023	CHCANYS Ethnicity Groupings
Hispanic/Latino Non-Hispanic/Latino Unreported/Refused to Report Ethnicity	Another Hispanic, Latino/a, or Spanish Origin Cuban **Hispanic/Latino** Mexican, Mexican American, Chicano/a **Non-Hispanic/Latino** Not Hispanic, Latino/a, or Spanish Origin Puerto Rican **Unreported/Choose Not to Disclose Ethnicity**	Afghan Alaska Native Anglo Another Hispanic, Latino/a, or Spanish Origin Antigua and Barbuda Appalachian Arab Arabic Argentinean Armenian Asian Asian Indian Assyrian Australian Austrian Bahamian Bangladeshi Barbadian Basque **And 219 others…**

Evolution of REaL Data | Language

Current	CHCANYS Language Groupings
Abkhaz	English
Afar	Afrikaans
Akan/Twi	Akan
Albanian	Albanian
Aleut	Aleut Languages
American Sign Language	American Sign Language
Amharic	Amharic
Arabic	Arabic
Armenian	Armenian
Athabaskan	Assyrian Neo-Aramaic
Azerbaijan	Bengali
Bahasa	Bosnian
Bambara	Braile
Bangla	Bulgarian
Bashkir	Burmese
Belarusian	Cantonese
Bengali	Cebuano
Bhutanese	Chaldean Neo-Aramaic
Bosnian	Chamorro
Braille	Cherokee
And many more…	**And 116 more…**

Opportunities for REaL Groupings

Each health center is serving a unique community and population. With these granular REaL groupings, you have the power to:

1. Sort your REaL values under the groupings defined by CHCANYS and evaluate your data using a more granular lens.

2. Stratify data by REaL groupings to compare health outcomes & better identify health disparities.

3. Apply REaL groupings to SDOH registries and dashboards to investigate upstream barriers to improved health outcomes.

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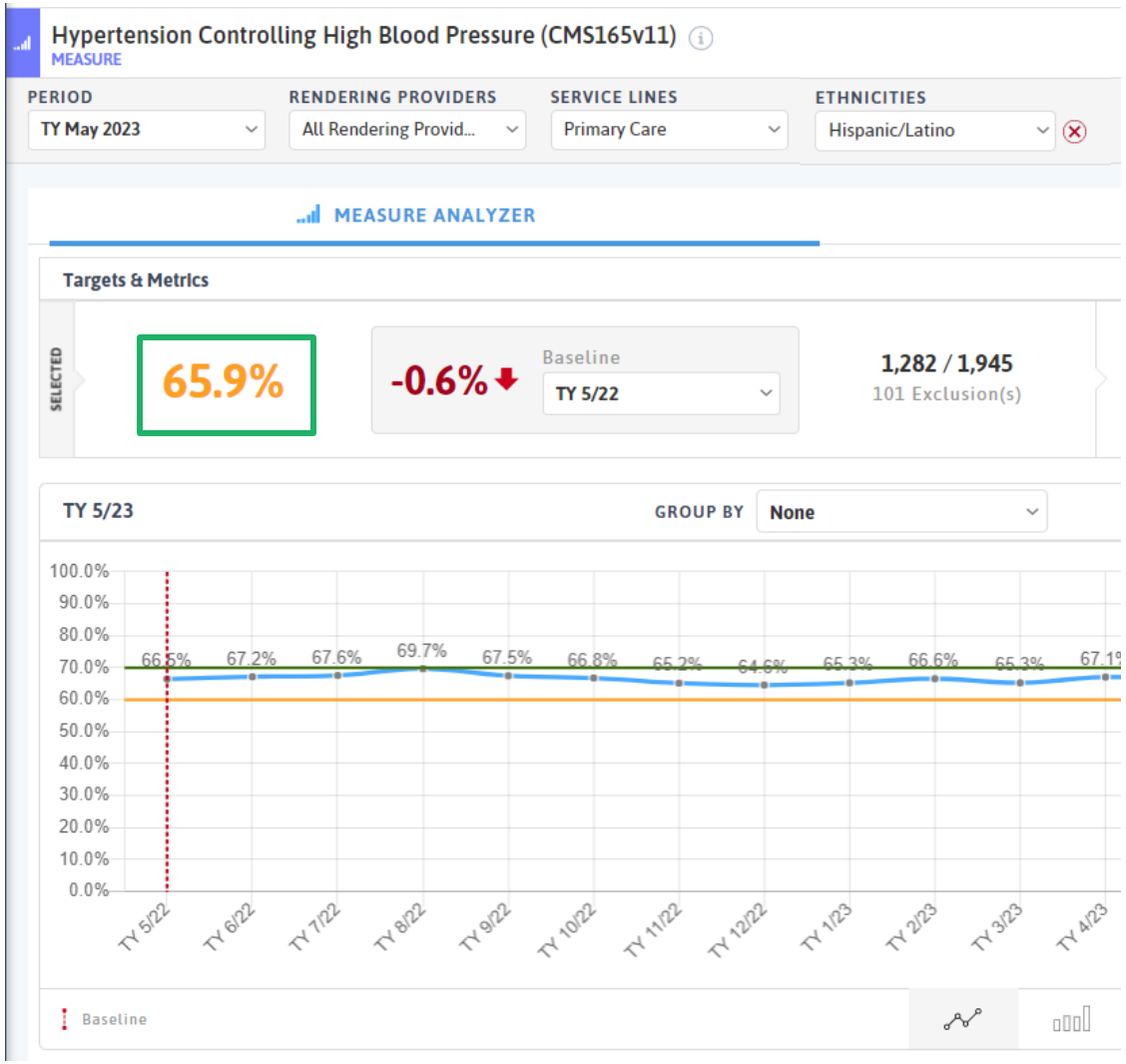
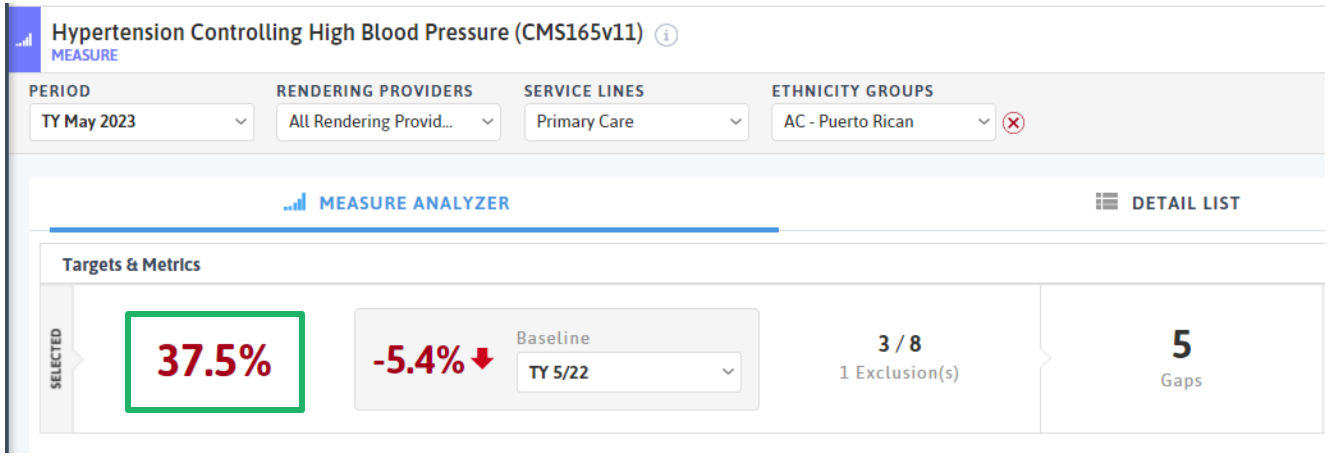
Utility of REaL Groups

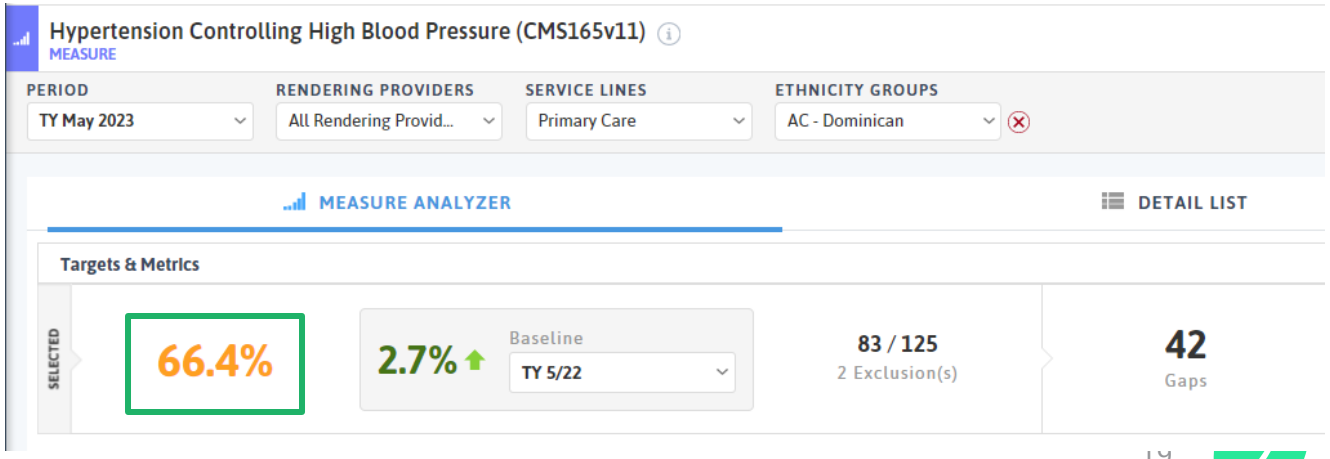
Hispanic/Latino



Puerto Rican



Dominican



REaL Groupings Q&A

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How were these groups created?

Answer:

CHCANYS identified REaL groups by reviewing NYS census data and selecting the groups that are meaningful to the state.

CHCANYS then looked at the raw values across the network and sorted the pilot health center's values into the appropriate REaL category.

Non-pilot health center values will be mapped in the near future.

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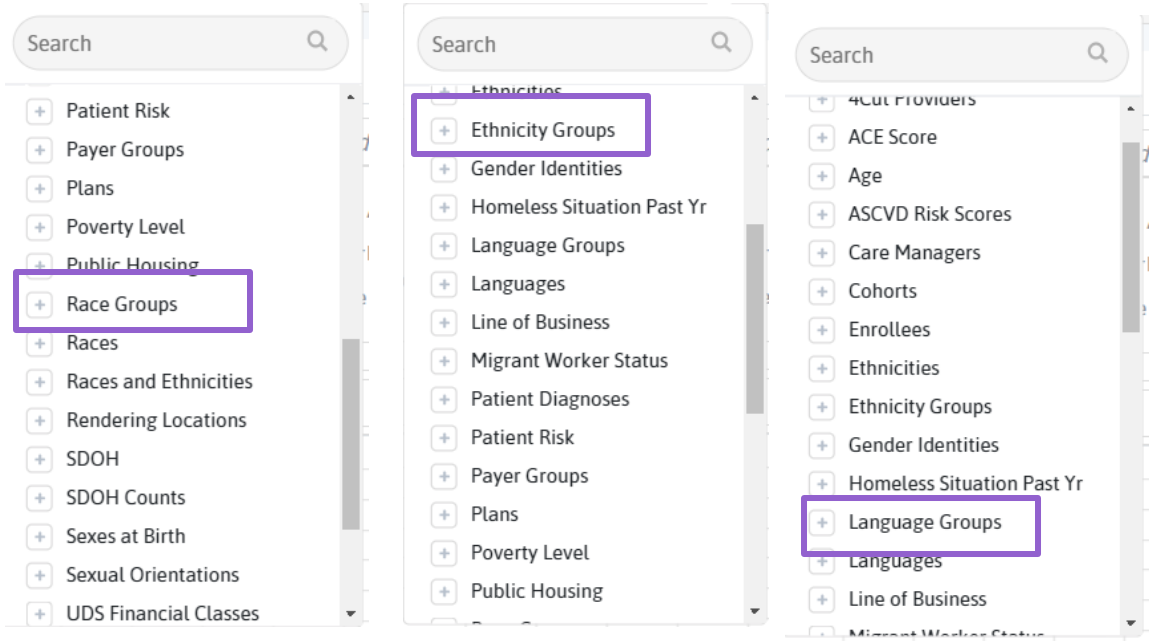
How do I use these groups?

Answer:

Health centers can select the REaL groupings from a filter. Filters can be found on all patient-based measures & functionality in DRVS (including Dashboards, Registries, and Scorecards)



Can I start using REaL groups now?

Answer:

CHCANYS and Azara are currently piloting the onboarding process of REaL data for three health centers.

The goal of the pilot is to:

- Identify roadblocks
- Iterate on the approach so that it is seamless for the remaining practices.

Following the pilot, Azara and CHCANYS will collaborate to onboard the remaining centers onto CPCI.

What if I want to create another REaL group or add raw values to an existing group?

Answer:

All REaL groups for CHCANYS will be created at the all-center level.

- Practices cannot map values to the all-center groups themselves.
- If you're interested in creating a new REaL group, reach out to CHCANYS to determine if an all-center group should be created.
- For pilot sites, if you have questions or concerns about your mappings, reach out to CHCANYS to determine next steps.
- The best process for adjusting mappings going forward for all centers will be evaluated as a part of this pilot and shared in the future.

Why are there raw values in my group admin that are not mapped / How can I figure out which REaL values *aren't* mapped?

Answer:

We could not map "bad data" (weird entries, incorrectly spelled values, etc.) or values that didn't clearly align with one of the CHCANYS all-center REaL groups.

Health centers should review their unmapped data and either,

1) correct the "bad data" in their EHRs or
2) 2) determine whether unmapped values should be mapped to an existing all-center grouping.

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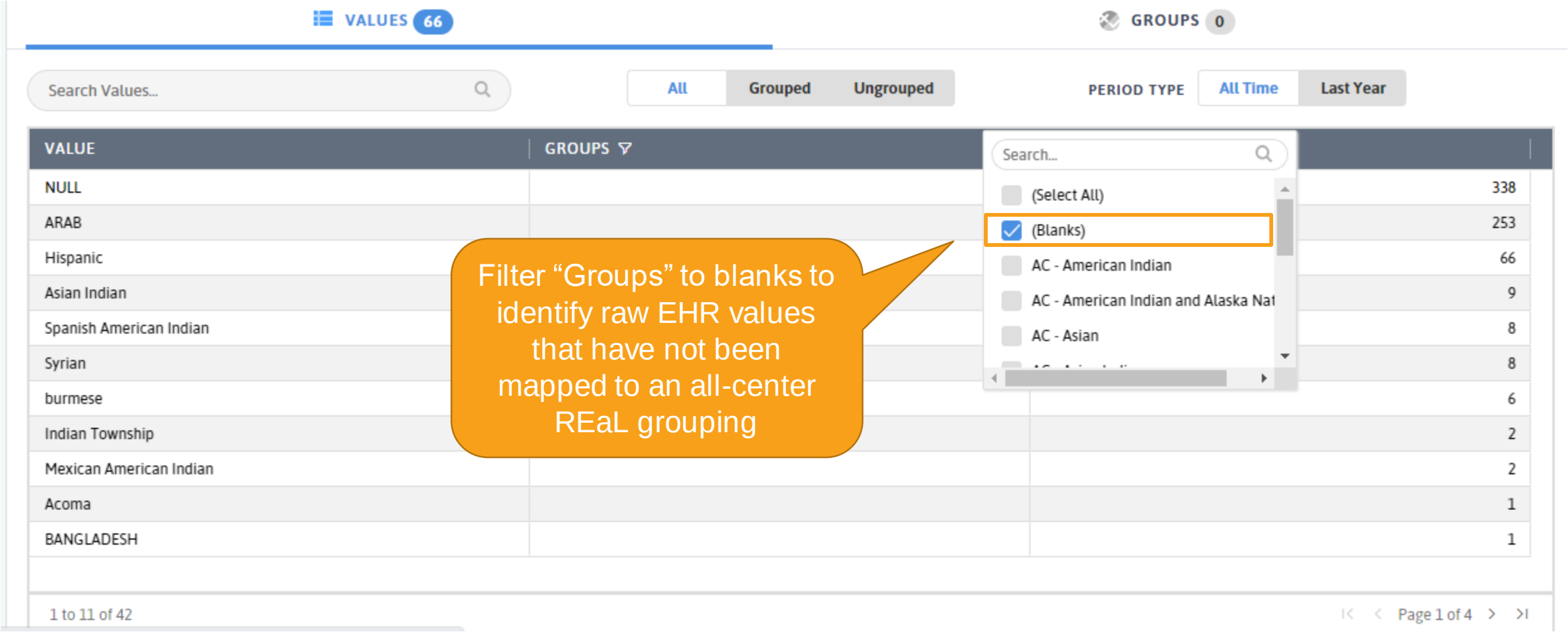
Reviewing Unmapped Values



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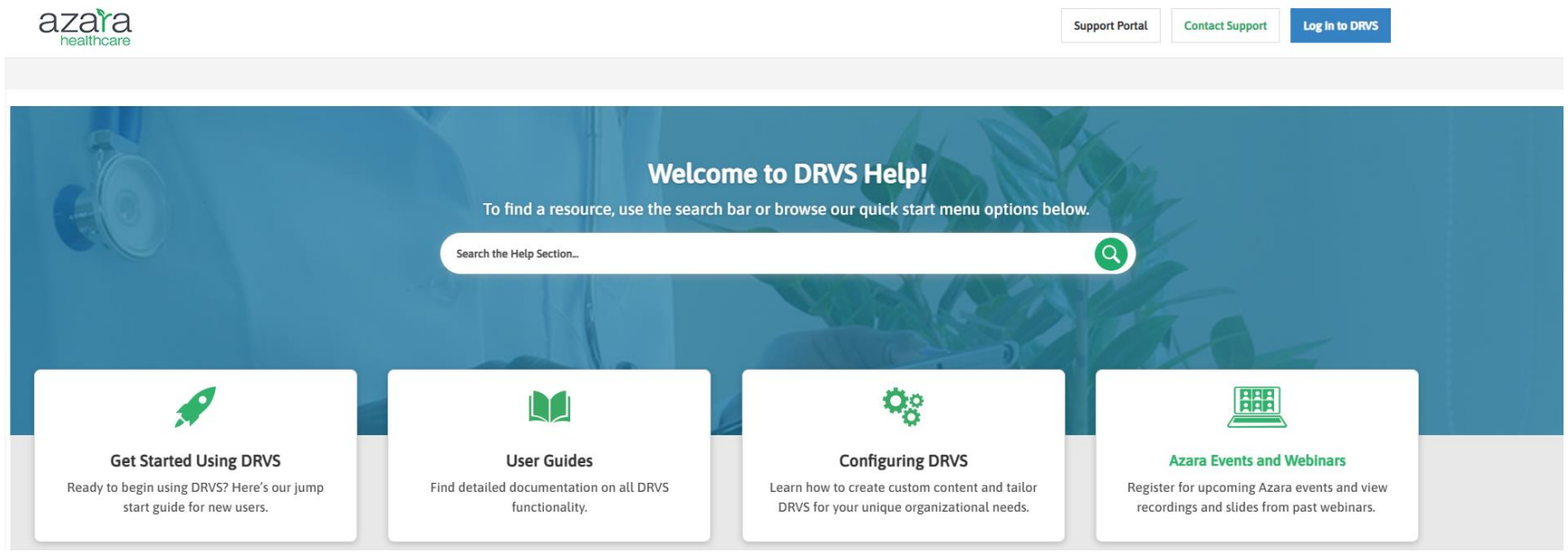
Where can I find the comprehensive list of the all-center REaL Groups available?

Answer:

DRVS Help Section! More information on where to find this **coming soon**.



Applying REaL Filters

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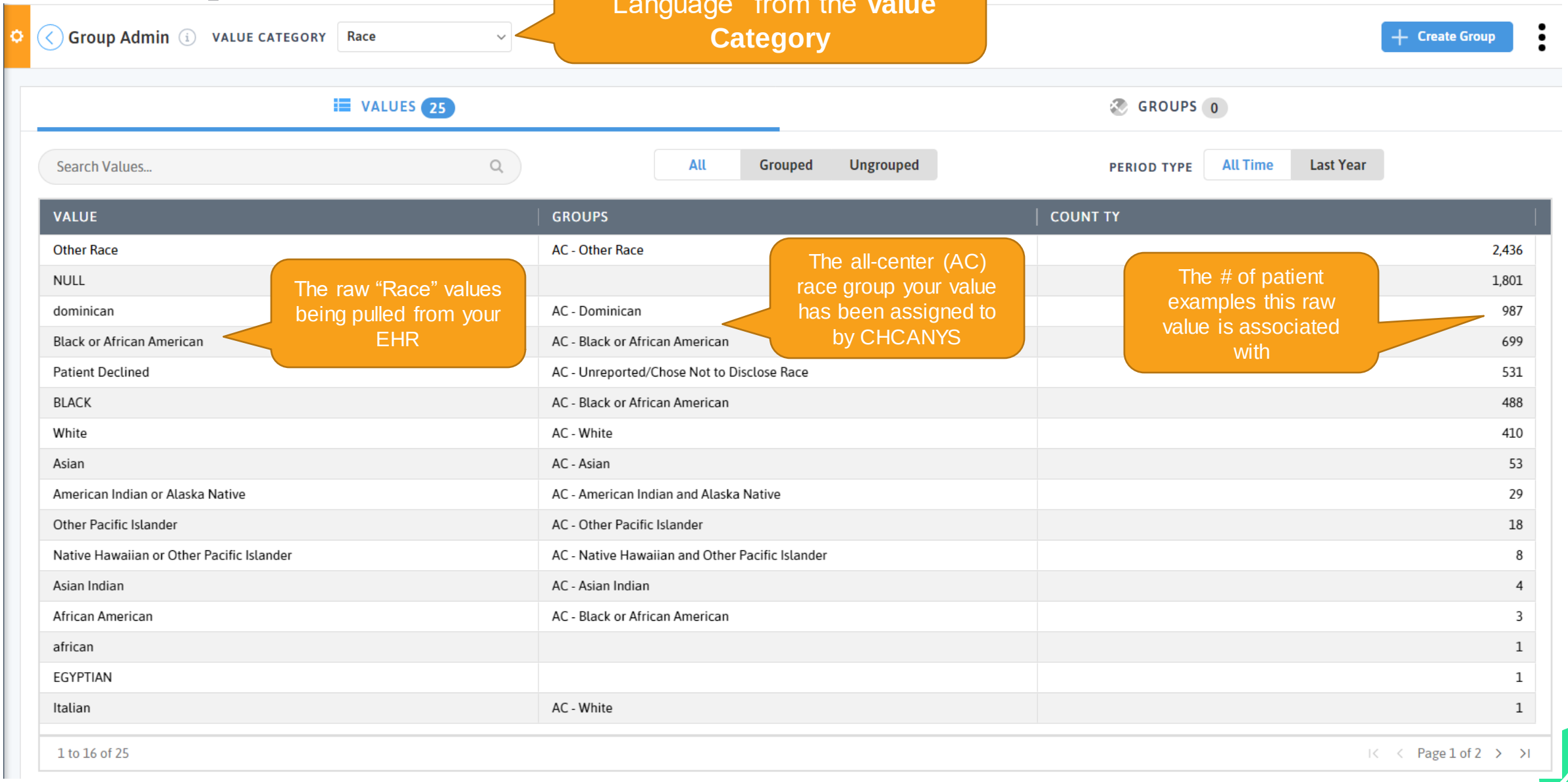
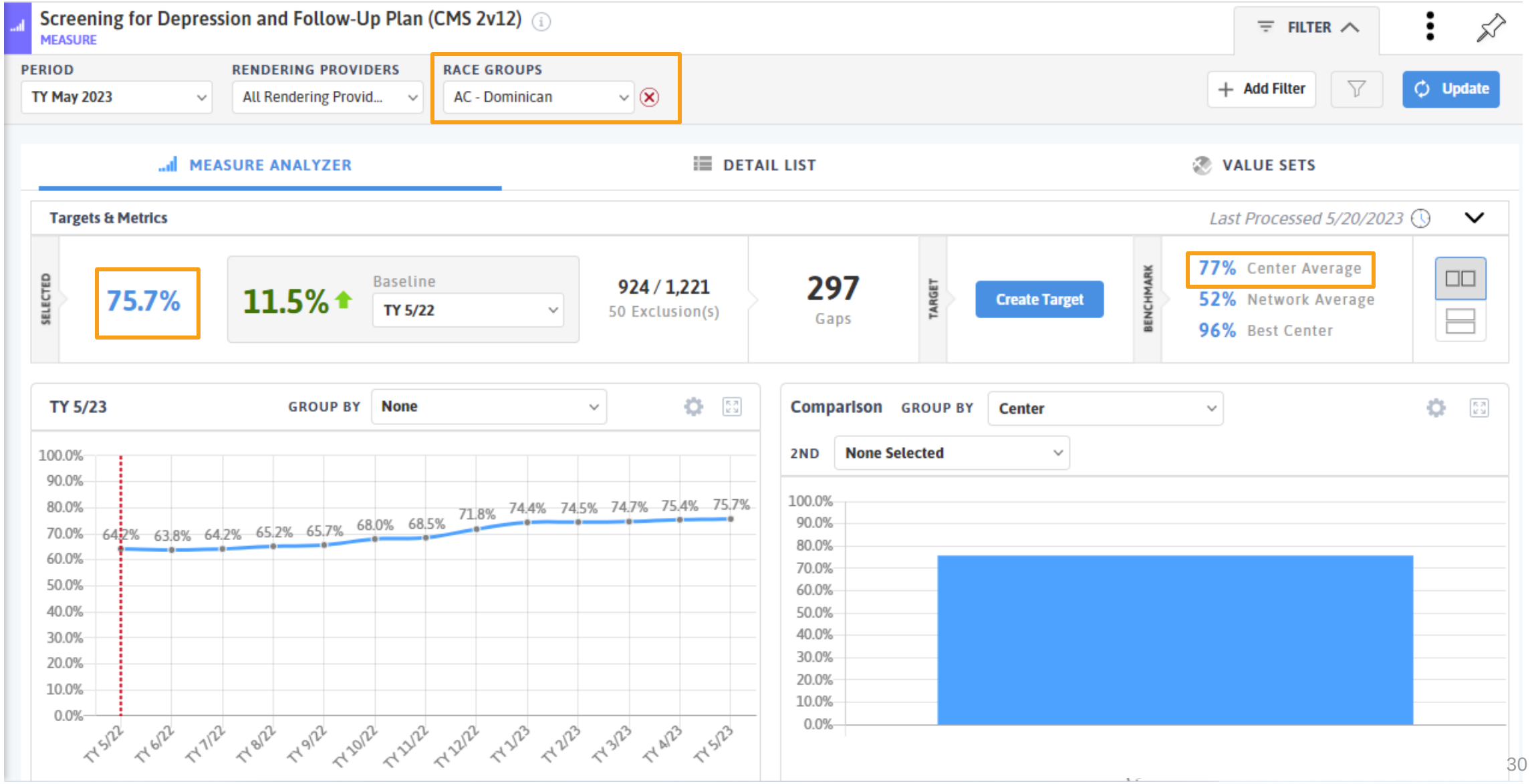
Group Admin

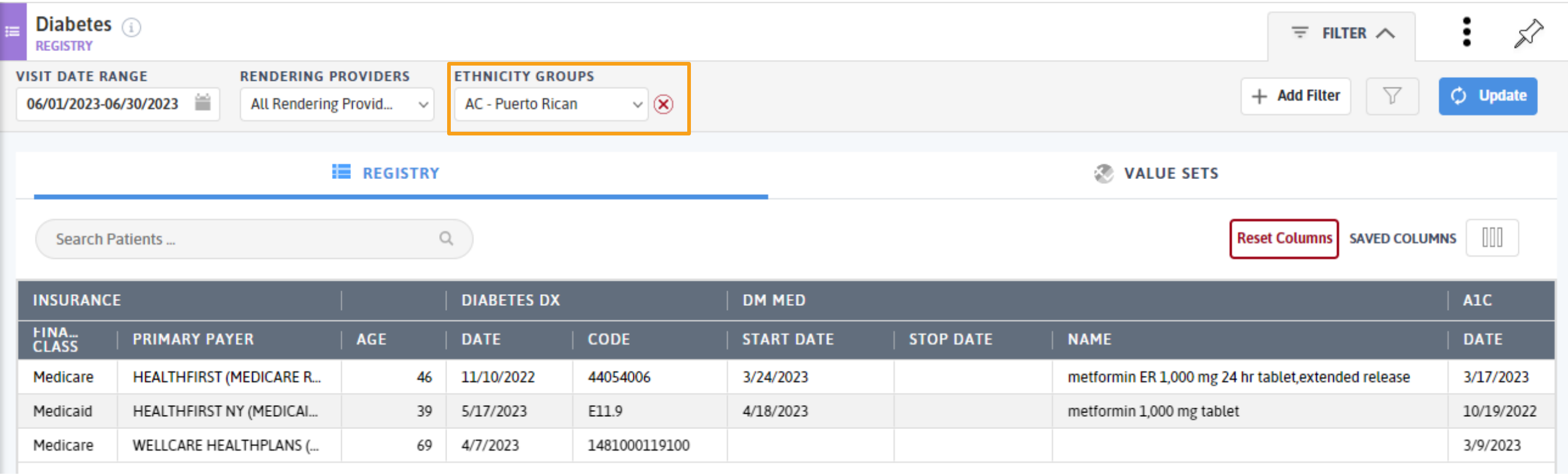


VALUE	GROUPS	COUNT TY
Other Race	AC - Other Race	2,436
NULL		1,801
dominican	AC - Dominican	987
Black or African American	AC - Black or African American	699
Patient Declined	AC - Unreported/Chose Not to Disclose Race	531
BLACK	AC - Black or African American	488
White	AC - White	410
Asian	AC - Asian	53
American Indian or Alaska Native	AC - American Indian and Alaska Native	29
Other Pacific Islander	AC - Other Pacific Islander	18
Native Hawaiian or Other Pacific Islander	AC - Native Hawaiian and Other Pacific Islander	8
Asian Indian	AC - Asian Indian	4
African American	AC - Black or African American	3
african		1
EGYPTIAN		1
Italian	AC - White	1

Apply to Measures



Apply to Registries



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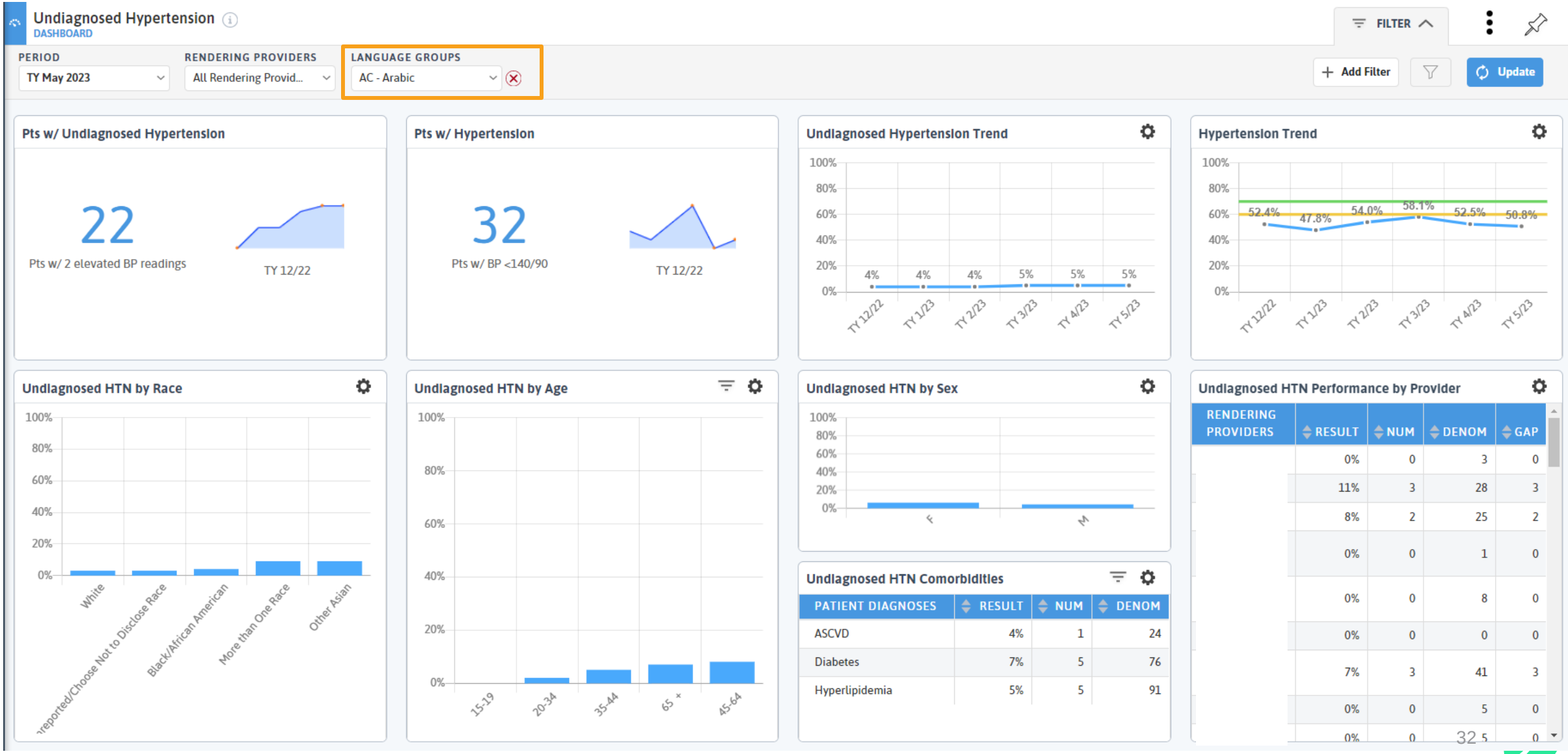
Apply to Dashboards



Tips & Tricks

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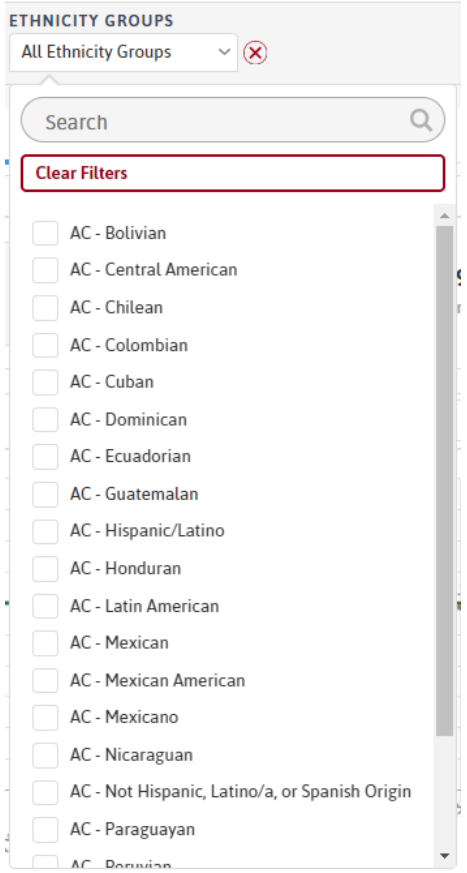
Filters

REaL filters will only display groups that have raw values mapped.

For a complete list of all the all-center REaL groups available, centers will be able to reference a document in our Help section **(coming soon)**.



E.g., Pilot site only has 24 groups in the Ethnicity groups dropdown. Other available ethnicity groups do not have any raw values mapped to them.

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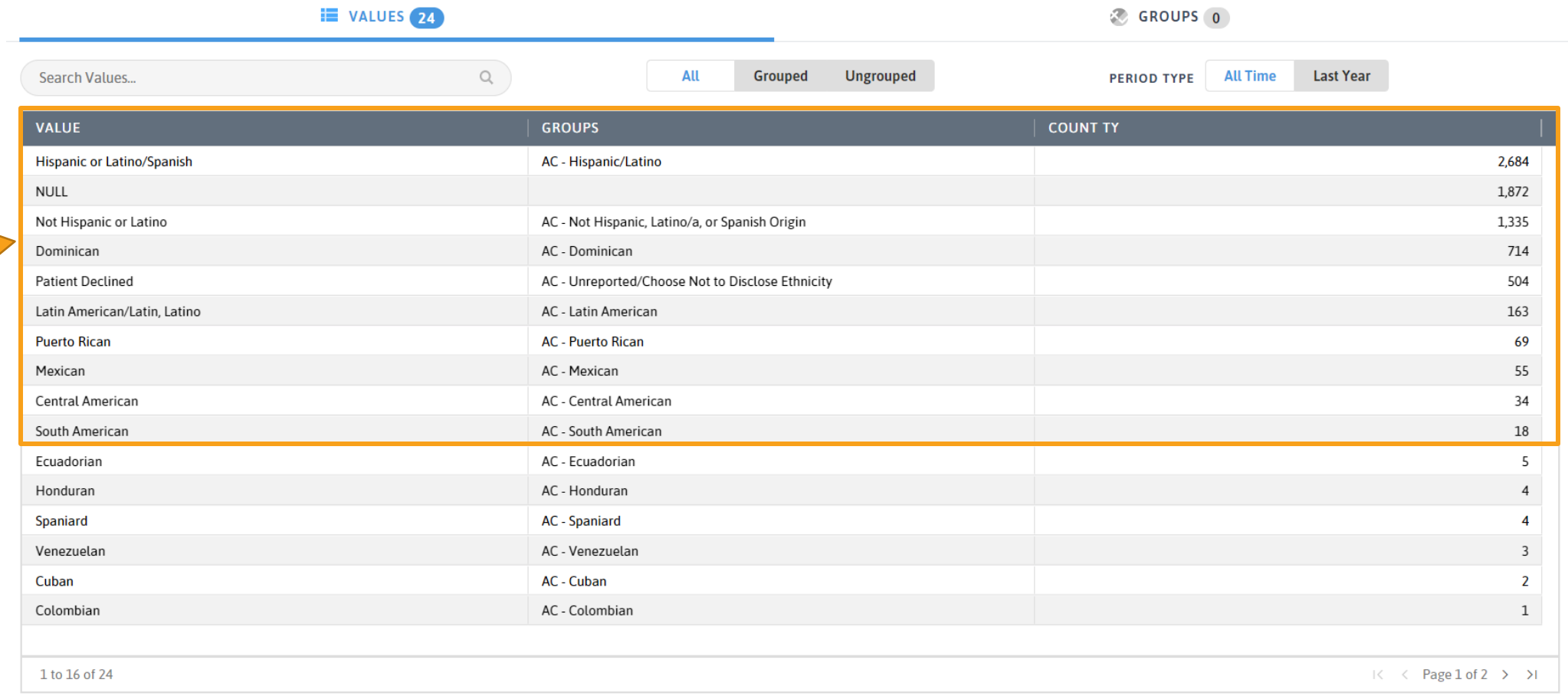
Tips & Tricks #1

Know which REaL groups contain values for your practice. This will help you navigate the filters more easily.

Understand the subset of groups you can meaningfully stratify the data by



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Tips & Tricks #2

Leverage the new search functionality in filters to identify specific groups.

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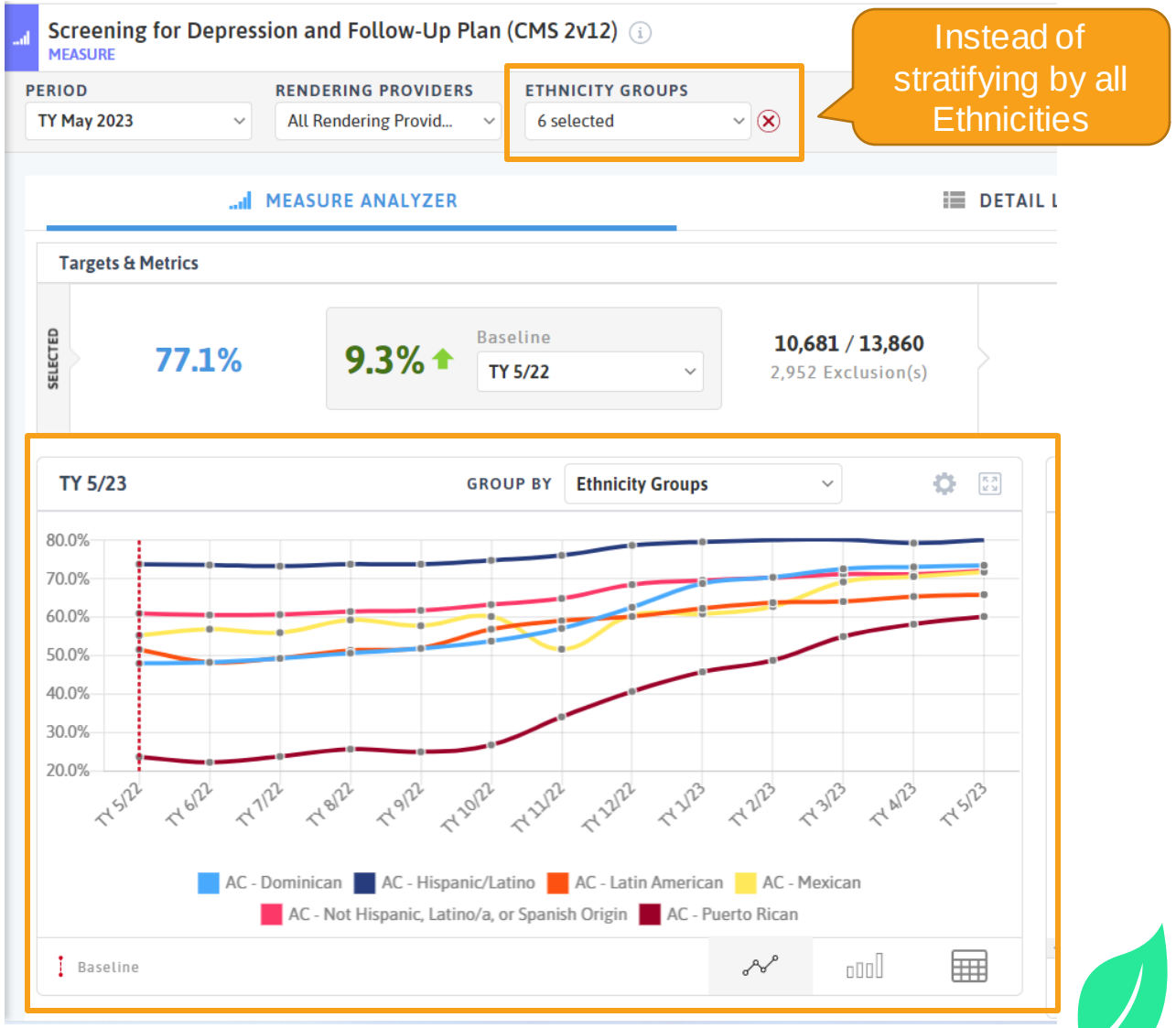
Tips & Tricks #3

Select the meaningful groups from your dropdown as opposed to looking at data across all groups.



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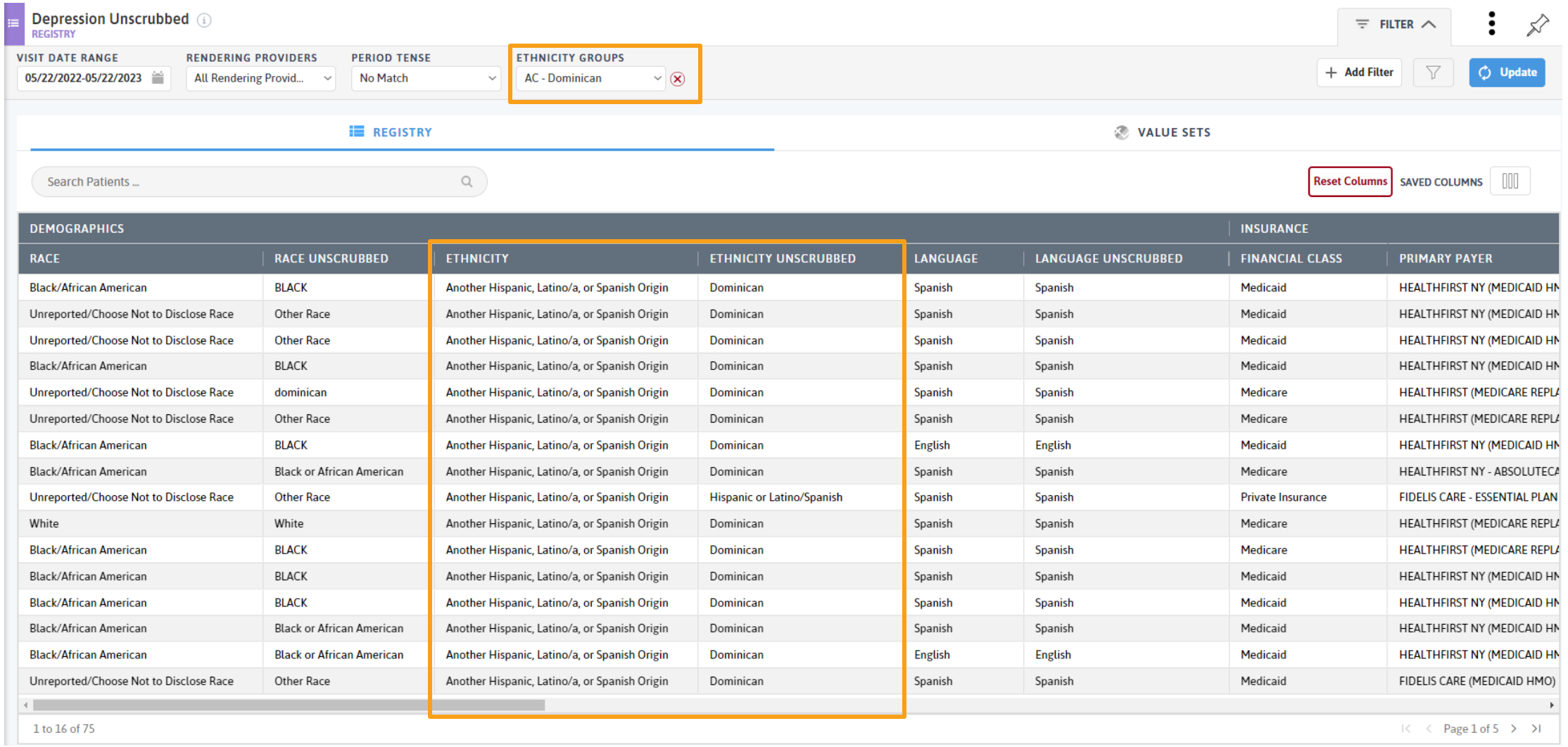
Unscrubbed Registry Data Elements

When applying a REaL Grouping filter to a registry, consider adding a “Unscrubbed Race” or “Unscrubbed Ethnicity” registry data element to identify the raw EHR value associated with the patient.



DEMOGRAPHICS						INSURANCE	
RACE	RACE UNSCRUBBED	ETHNICITY	ETHNICITY UNSCRUBBED	LANGUAGE	LANGUAGE UNSCRUBBED	FINANCIAL CLASS	PRIMARY PAYER
Black/African American	BLACK	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicaid	HEALTHFIRST NY (MEDICAID HM
Unreported/Choose Not to Disclose Race	Other Race	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicaid	HEALTHFIRST NY (MEDICAID HM
Unreported/Choose Not to Disclose Race	Other Race	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicaid	HEALTHFIRST NY (MEDICAID HM
Black/African American	BLACK	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicaid	HEALTHFIRST NY (MEDICAID HM
Unreported/Choose Not to Disclose Race	dominican	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicare	HEALTHFIRST (MEDICARE REPLA
Unreported/Choose Not to Disclose Race	Other Race	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicare	HEALTHFIRST (MEDICARE REPLA
Black/African American	BLACK	Another Hispanic, Latino/a, or Spanish Origin	Dominican	English	English	Medicaid	HEALTHFIRST NY (MEDICAID HM
Black/African American	Black or African American	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicare	HEALTHFIRST NY - ABSOLUTECA
Unreported/Choose Not to Disclose Race	Other Race	Another Hispanic, Latino/a, or Spanish Origin	Hispanic or Latino/Spanish	Spanish	Spanish	Private Insurance	FIDELIS CARE - ESSENTIAL PLAN
White	White	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicare	HEALTHFIRST (MEDICARE REPLA
Black/African American	BLACK	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicare	HEALTHFIRST (MEDICARE REPLA
Black/African American	BLACK	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicaid	HEALTHFIRST NY (MEDICAID HM
Black/African American	BLACK	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicaid	HEALTHFIRST NY (MEDICAID HM
Black/African American	Black or African American	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicaid	HEALTHFIRST NY (MEDICAID HM
Black/African American	Black or African American	Another Hispanic, Latino/a, or Spanish Origin	Dominican	English	English	Medicaid	HEALTHFIRST NY (MEDICAID HM
Unreported/Choose Not to Disclose Race	Other Race	Another Hispanic, Latino/a, or Spanish Origin	Dominican	Spanish	Spanish	Medicaid	FIDELIS CARE (MEDICAID HMO)

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Identifying Disparities Using a REaL Lens

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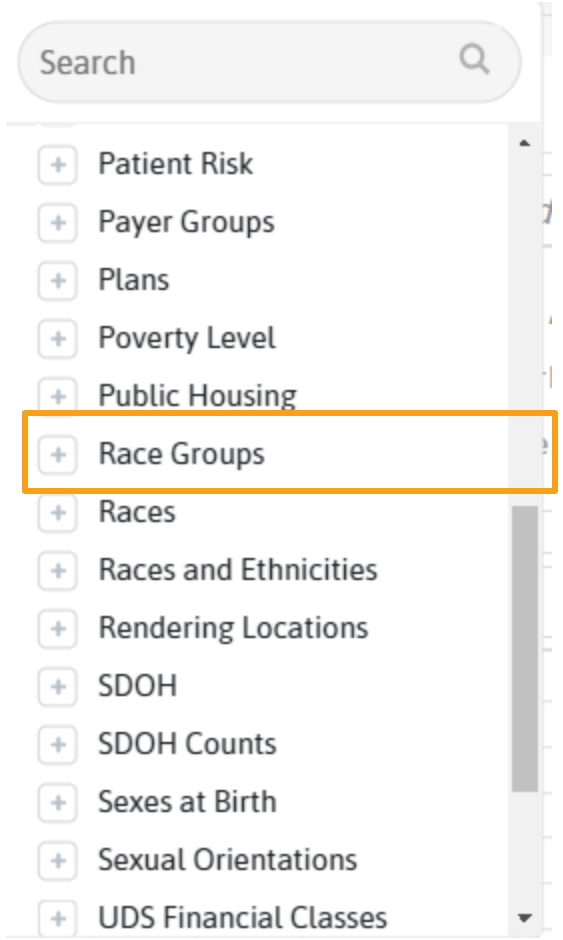
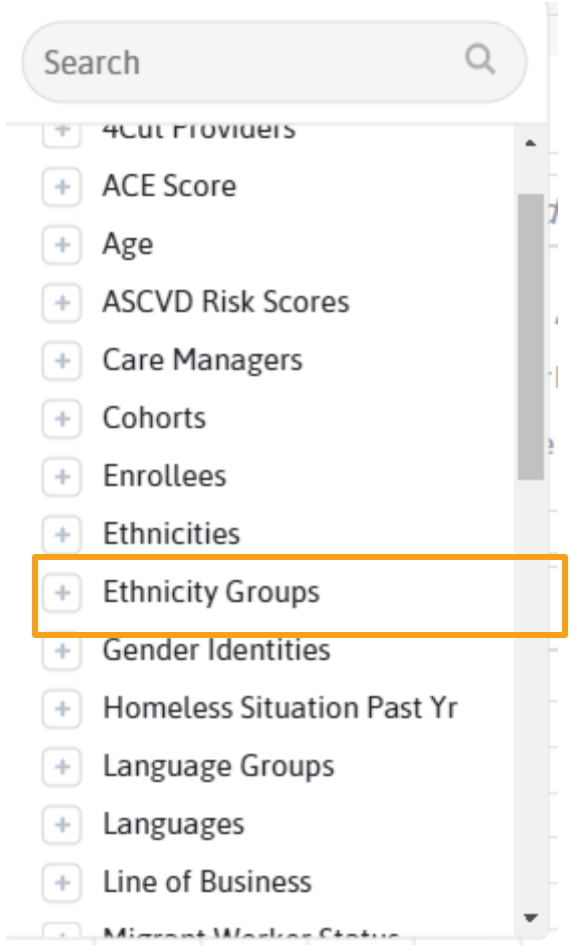
REAL Filters

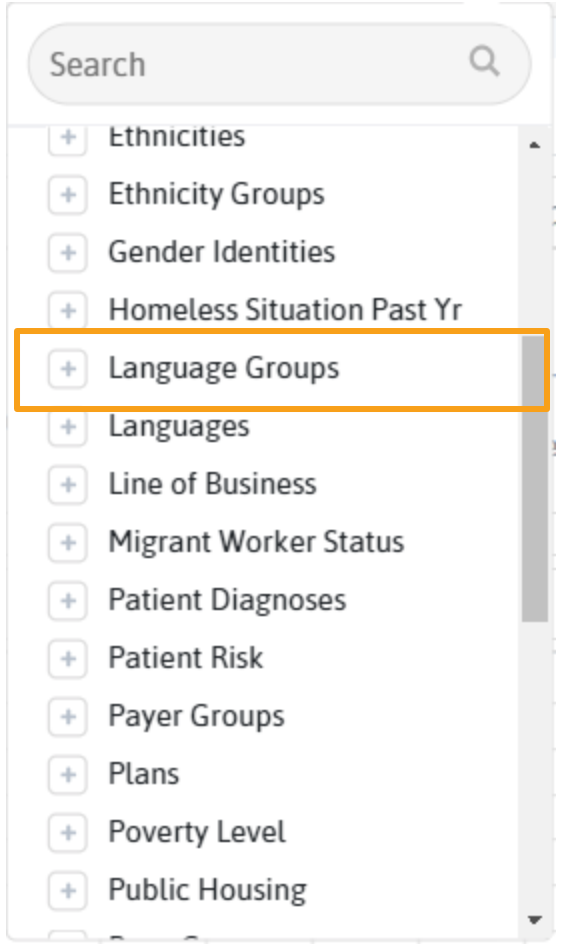
Race Group Filter



Ethnicity Group Filter



Language Group Filter



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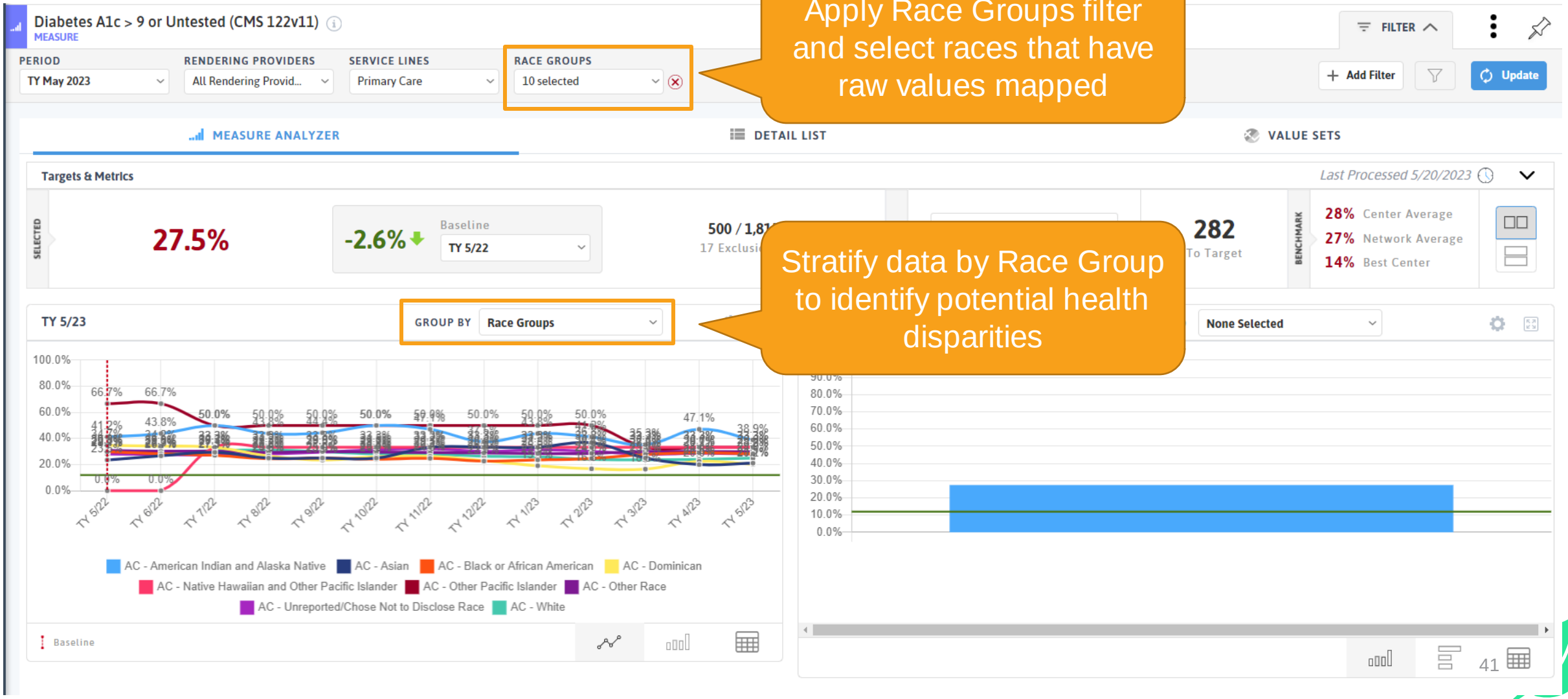
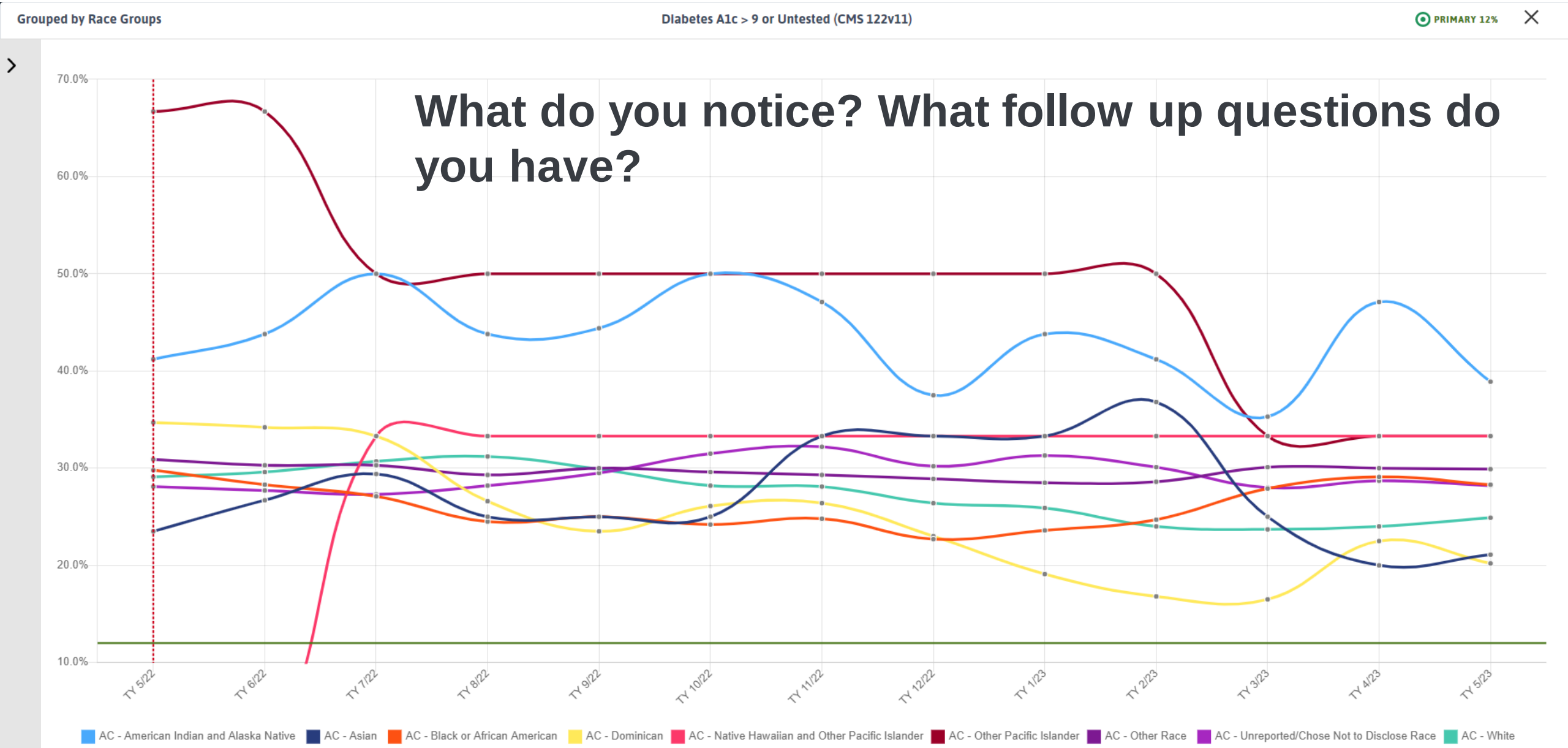
Use Case | Identifying Health Disparities

Diabetes A1c > 9 or Untested



Apply Race Groups filter and select races that have raw values mapped

Stratify data by Race Group to identify potential health disparities



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Always Be Mindful of Denominators!

Comparison GROUP BY Race Groups 2ND None Selected

RACE GROUPS	RESULT	CHANGE	NUM	DEN... ↑	EXCL
AC - Other Race	30%	- 1% ▼	181	605	7
AC - Black or African Ameri...	28%	- 1.5% ▼	132	467	5
AC - White	25%	- 4.2% ▼	113	454	3
AC - Unreported/Chose No...	28%	+ 0.1% ▲	40	142	1
AC - Dominican	20%	- 14.5% ▼	21	104	1
AC - Asian	21%	- 2.4% ▼	4	19	0
AC - American Indian and ...	39%	- 2.3% ▼	7	18	0
AC - Native Hawaiian and ...	33%	+ 33.3% ▲	1	3	0
AC - Other Pacific Islander	33%	- 33.4% ▼	1	3	0

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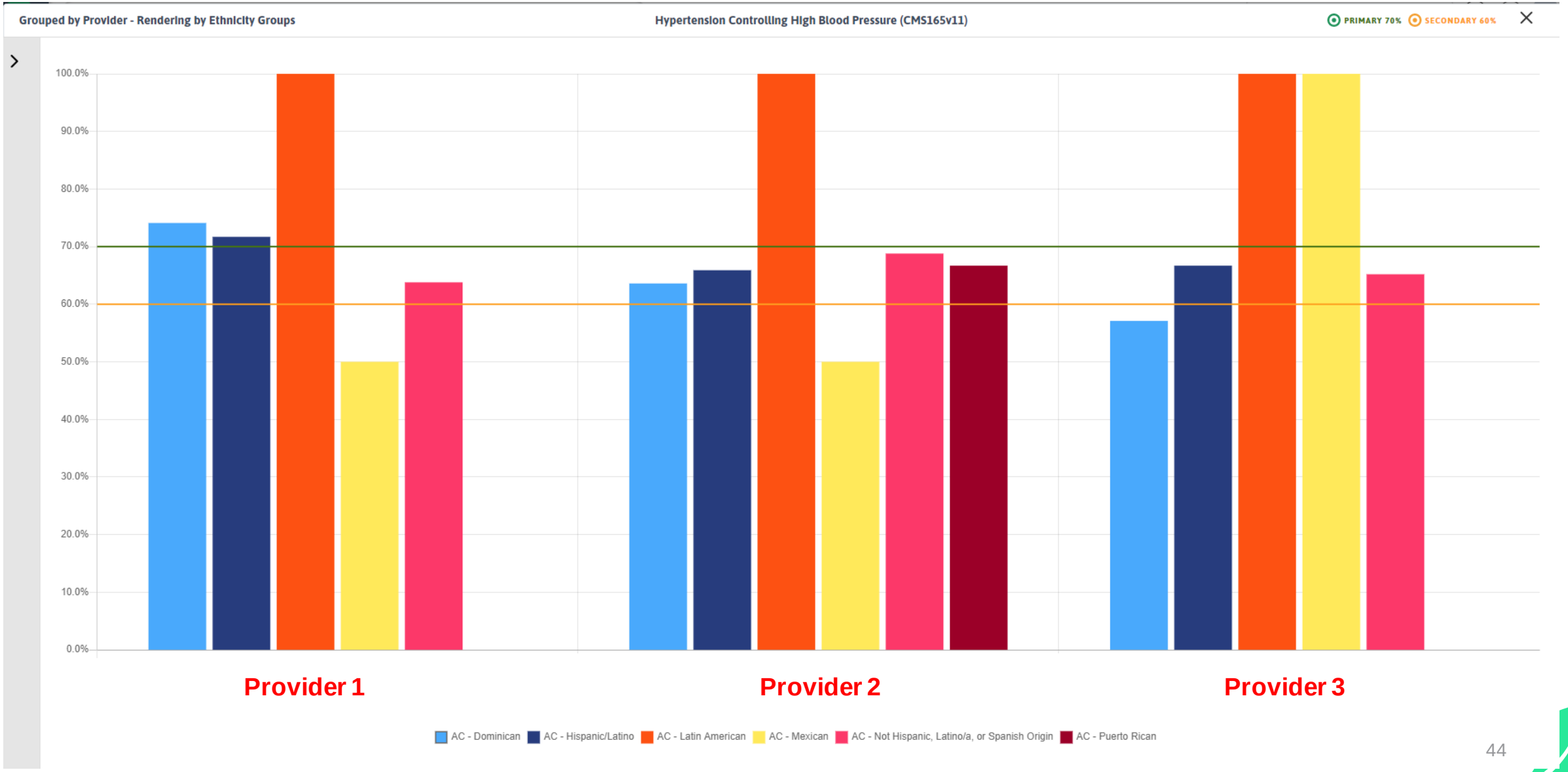
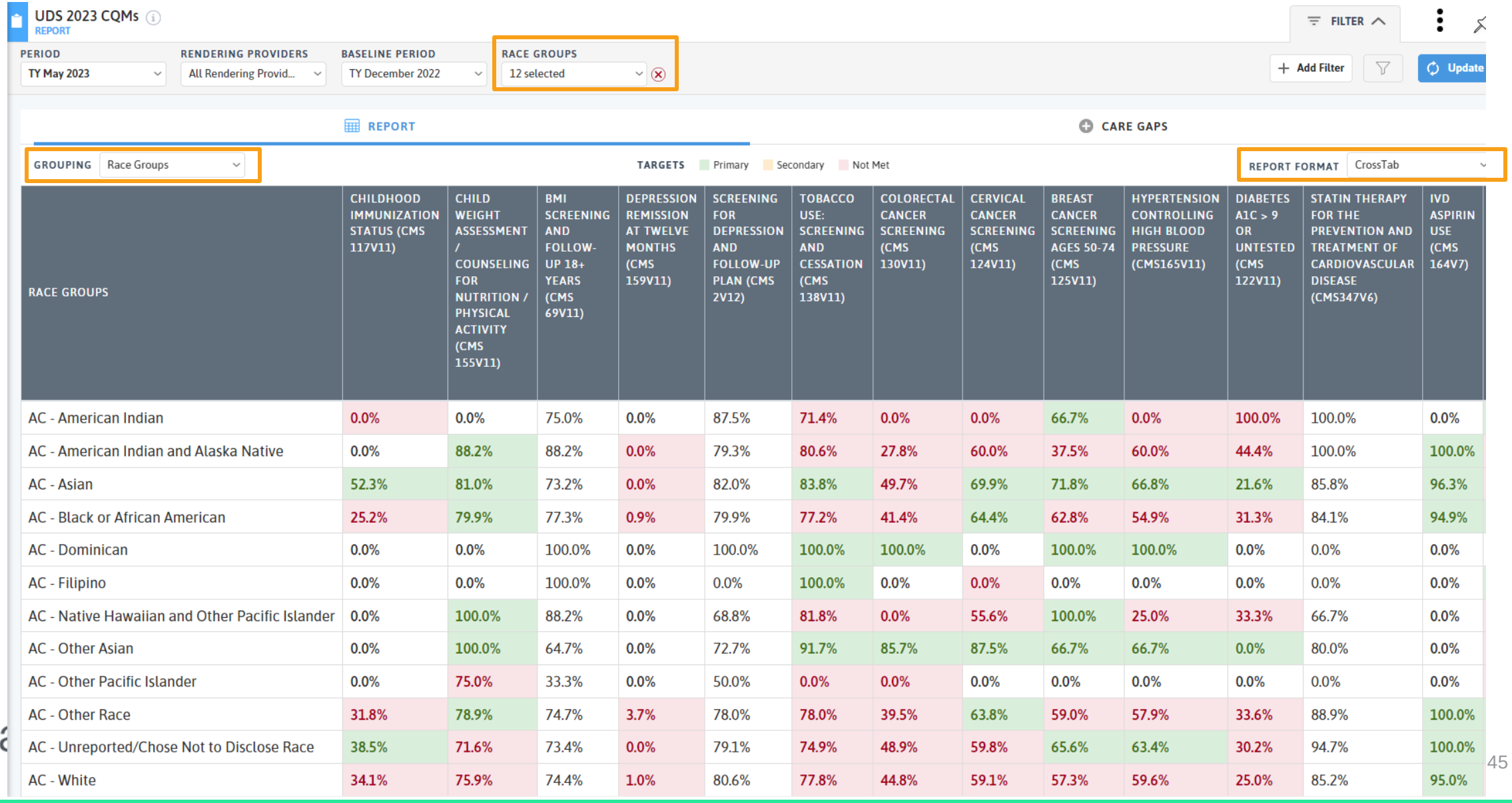
Use Case | REaL Data by Care Team

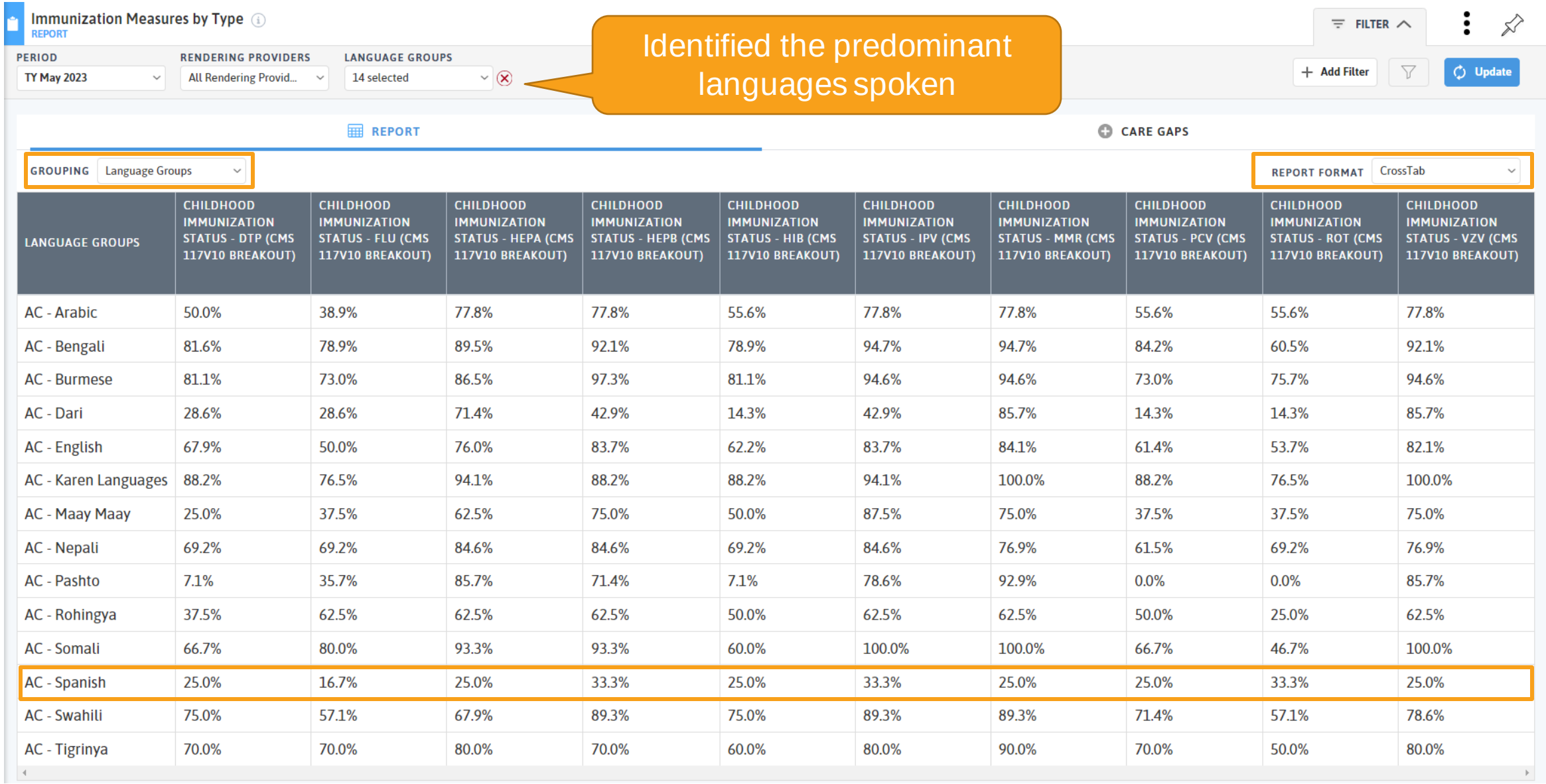


Use Case | Identifying Health Disparities



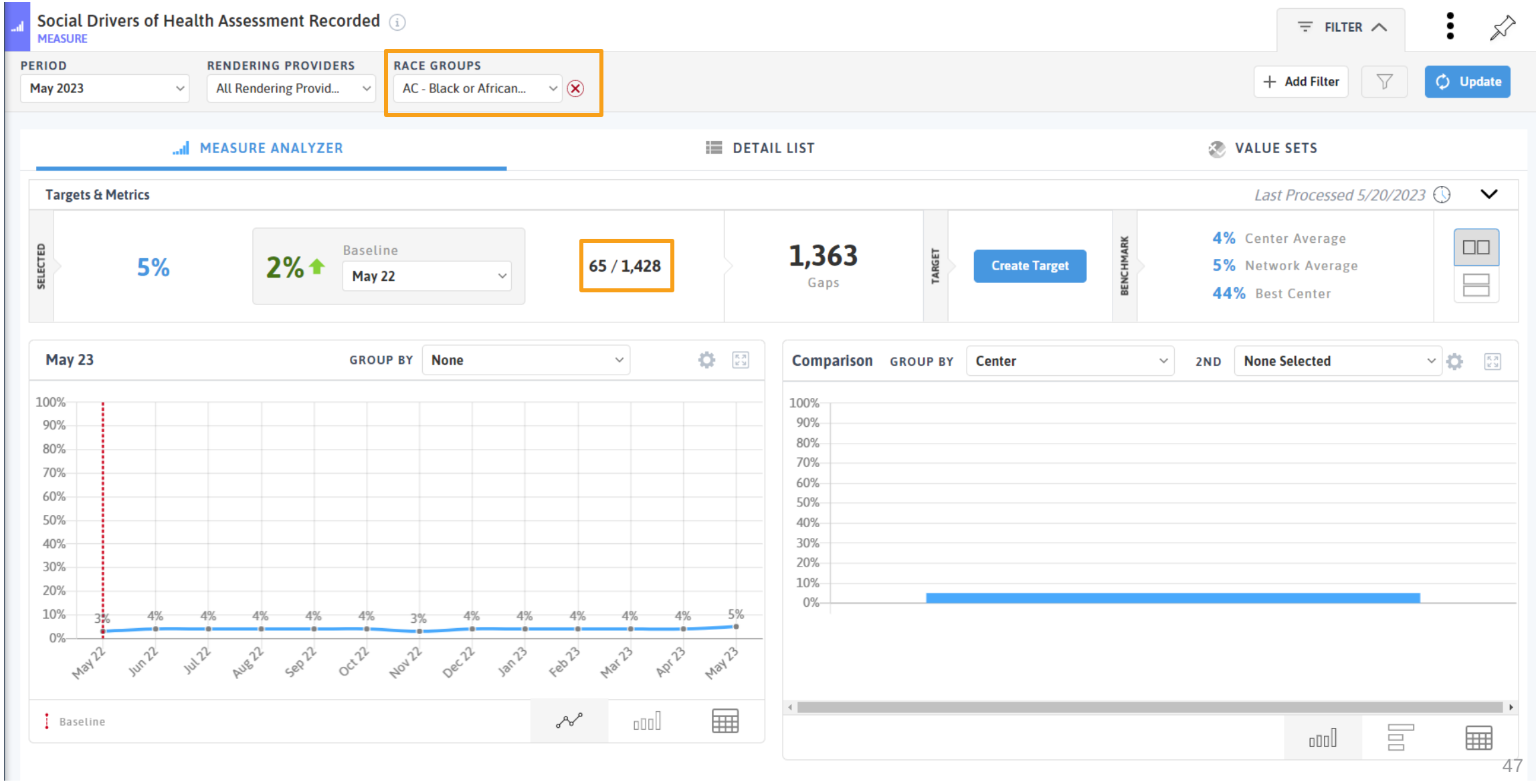
RACE GROUPS	CHILDHOOD IMMUNIZATION STATUS (CMS 117V11)	CHILD WEIGHT ASSESSMENT / COUNSELING FOR NUTRITION / PHYSICAL ACTIVITY (CMS 155V11)	BMI SCREENING AND FOLLOW-UP 18+ YEARS (CMS 69V11)	DEPRESSION REMISSION AT TWELVE MONTHS (CMS 159V11)	SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (CMS 2V12)	TOBACCO USE: SCREENING AND CESSATION (CMS 138V11)	COLORECTAL CANCER SCREENING (CMS 130V11)	CERVICAL CANCER SCREENING (CMS 124V11)	BREAST CANCER SCREENING AGES 50-74 (CMS 125V11)	HYPERTENSION CONTROLLING HIGH BLOOD PRESSURE (CMS165V11)	DIABETES A1C > 9 OR UNTESTED (CMS 122V11)	STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE (CMS347V6)	IVD ASPIRIN USE (CMS 164V7)
AC - American Indian	0.0%	0.0%	75.0%	0.0%	87.5%	71.4%	0.0%	0.0%	66.7%	0.0%	100.0%	100.0%	0.0%
AC - American Indian and Alaska Native	0.0%	88.2%	88.2%	0.0%	79.3%	80.6%	27.8%	60.0%	37.5%	60.0%	44.4%	100.0%	100.0%
AC - Asian	52.3%	81.0%	73.2%	0.0%	82.0%	83.8%	49.7%	69.9%	71.8%	66.8%	21.6%	85.8%	96.3%
AC - Black or African American	25.2%	79.9%	77.3%	0.9%	79.9%	77.2%	41.4%	64.4%	62.8%	54.9%	31.3%	84.1%	94.9%
AC - Dominican	0.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%
AC - Filipino	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
AC - Native Hawaiian and Other Pacific Islander	0.0%	100.0%	88.2%	0.0%	68.8%	81.8%	0.0%	55.6%	100.0%	25.0%	33.3%	66.7%	0.0%
AC - Other Asian	0.0%	100.0%	64.7%	0.0%	72.7%	91.7%	85.7%	87.5%	66.7%	66.7%	0.0%	80.0%	0.0%
AC - Other Pacific Islander	0.0%	75.0%	33.3%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
AC - Other Race	31.8%	78.9%	74.7%	3.7%	78.0%	78.0%	39.5%	63.8%	59.0%	57.9%	33.6%	88.9%	100.0%
AC - Unreported/Chose Not to Disclose Race	38.5%	71.6%	73.4%	0.0%	79.1%	74.9%	48.9%	59.8%	65.6%	63.4%	30.2%	94.7%	100.0%
AC - White	34.1%	75.9%	74.4%	1.0%	80.6%	77.8%	44.8%	59.1%	57.3%	59.6%	25.0%	85.2%	95.0%

Use Case | Identifying Barriers to Care

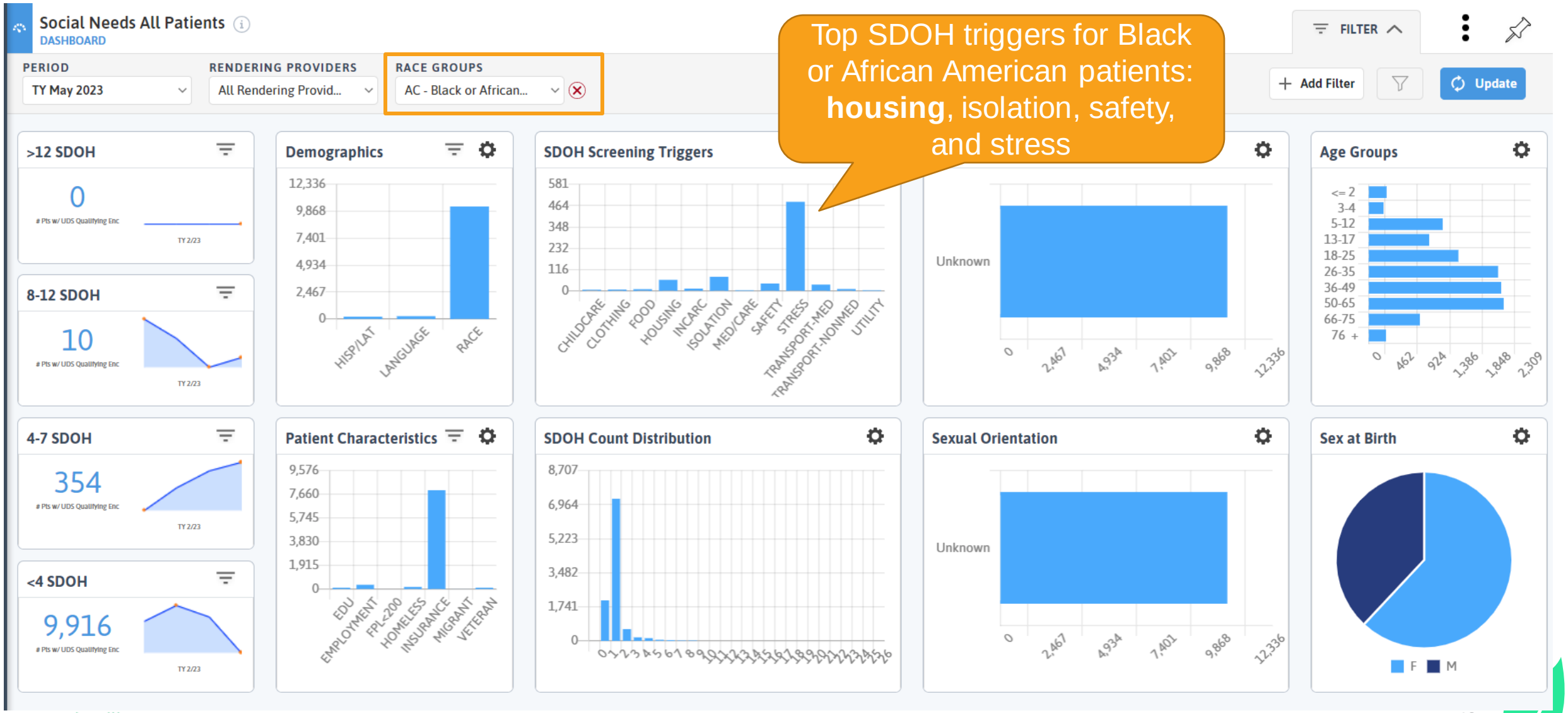


LANGUAGE GROUPS	CHILDHOOD IMMUNIZATION STATUS - DTP (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - FLU (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - HEPA (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - HEPB (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - HIB (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - IPV (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - MMR (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - PCV (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - ROT (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - VZV (CMS 117V10 BREAKOUT)
AC - Arabic	50.0%	38.9%	77.8%	77.8%	55.6%	77.8%	77.8%	55.6%	55.6%	77.8%
AC - Bengali	81.6%	78.9%	89.5%	92.1%	78.9%	94.7%	94.7%	84.2%	60.5%	92.1%
AC - Burmese	81.1%	73.0%	86.5%	97.3%	81.1%	94.6%	94.6%	73.0%	75.7%	94.6%
AC - Dari	28.6%	28.6%	71.4%	42.9%	14.3%	42.9%	85.7%	14.3%	14.3%	85.7%
AC - English	67.9%	50.0%	76.0%	83.7%	62.2%	83.7%	84.1%	61.4%	53.7%	82.1%
AC - Karen Languages	88.2%	76.5%	94.1%	88.2%	88.2%	94.1%	100.0%	88.2%	76.5%	100.0%
AC - Maay Maay	25.0%	37.5%	62.5%	75.0%	50.0%	87.5%	75.0%	37.5%	37.5%	75.0%
AC - Nepali	69.2%	69.2%	84.6%	84.6%	69.2%	84.6%	76.9%	61.5%	69.2%	76.9%
AC - Pashto	7.1%	35.7%	85.7%	71.4%	7.1%	78.6%	92.9%	0.0%	0.0%	85.7%
AC - Rohingya	37.5%	62.5%	62.5%	62.5%	50.0%	62.5%	62.5%	50.0%	25.0%	62.5%
AC - Somali	66.7%	80.0%	93.3%	93.3%	60.0%	100.0%	100.0%	66.7%	46.7%	100.0%
AC - Spanish	25.0%	16.7%	25.0%	33.3%	25.0%	33.3%	25.0%	25.0%	33.3%	25.0%
AC - Swahili	75.0%	57.1%	67.9%	89.3%	75.0%	89.3%	89.3%	71.4%	57.1%	78.6%
AC - Tigrinya	70.0%	70.0%	80.0%	70.0%	60.0%	80.0%	90.0%	70.0%	50.0%	80.0%

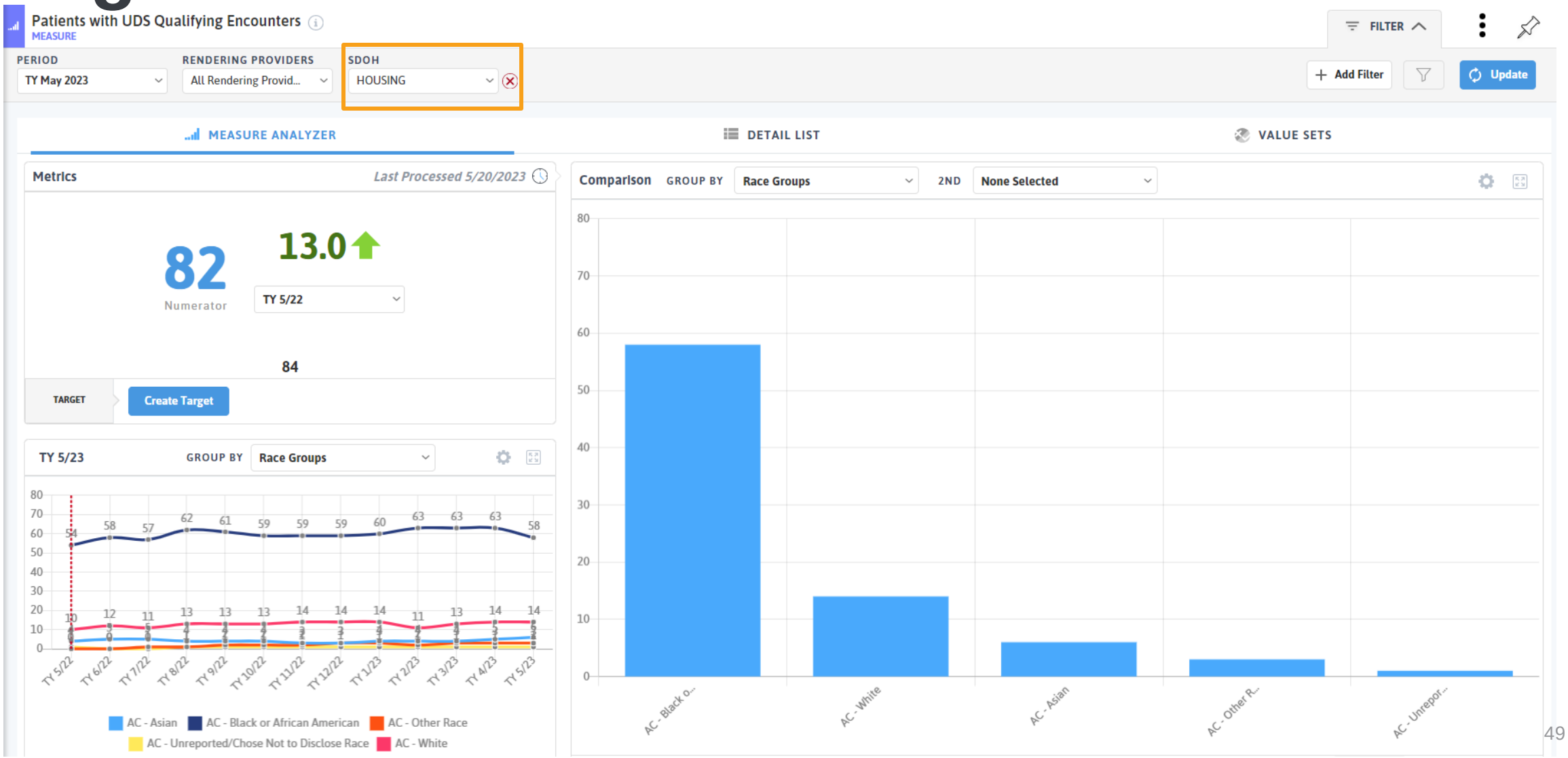
Assessing Barriers to Care



Upstream Barriers to Care | SDOH

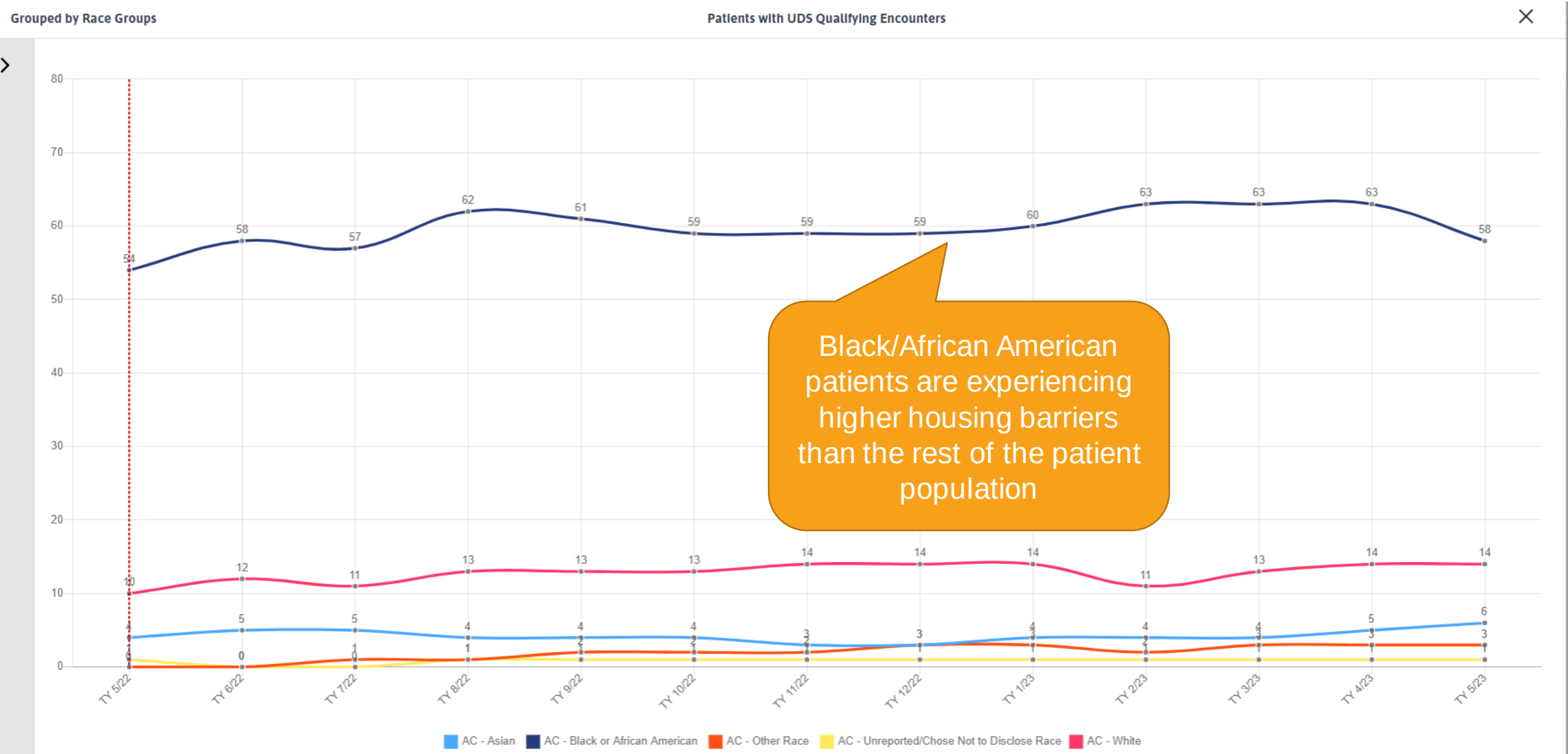


Are there patient populations experiencing higher barriers to care?



Grouped by Race Groups

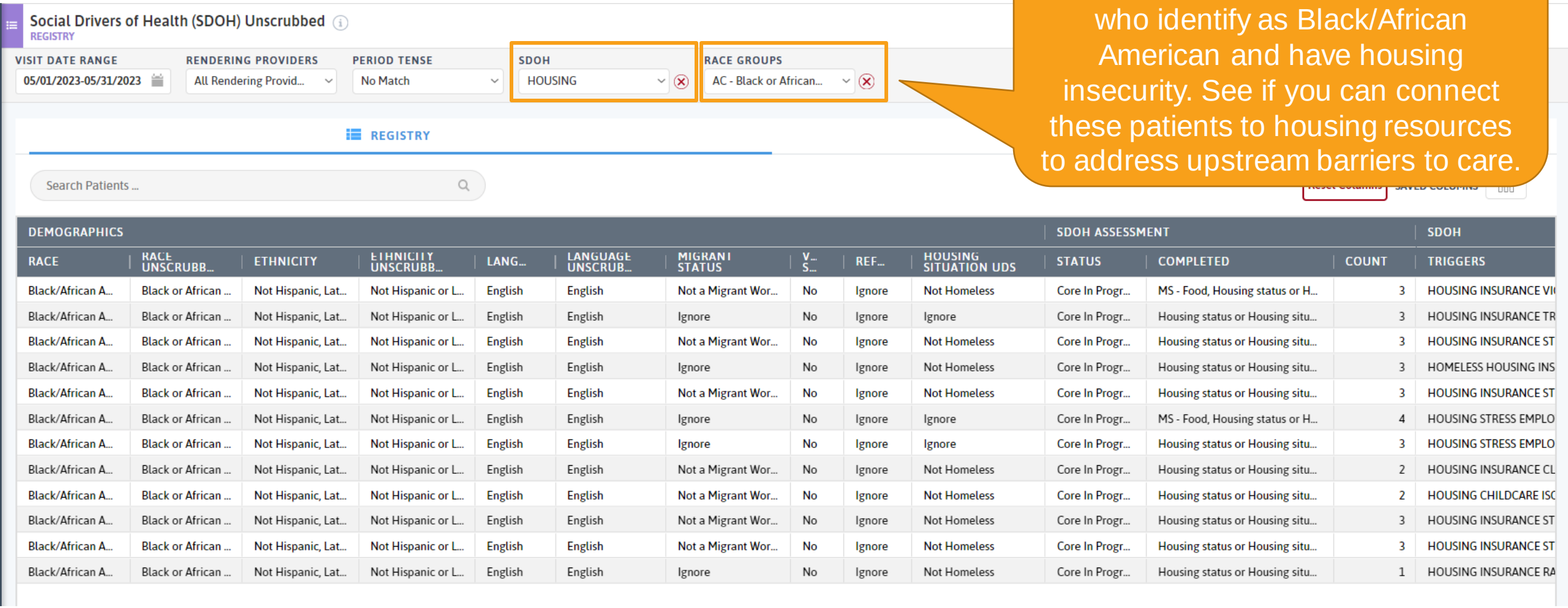
Patients with UDS Qualifying Encounters



Black/African American patients are experiencing higher housing barriers than the rest of the patient population

Move to Action

Identify patients coming in this month who identify as Black/African American and have housing insecurity. See if you can connect these patients to housing resources to address upstream barriers to care.



DEMOGRAPHICS										SDOH ASSESSMENT			SDOH
RACE	RACE UNSCRUBB...	ETHNICITY	ETHNICITY UNSCRUBB...	LANG...	LANGUAGE UNSCRUB...	MIGRANT STATUS	V... S...	REF...	HOUSING SITUATION UDS	STATUS	COMPLETED	COUNT	TRIGGERS
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Not a Migrant Wor...	No	Ignore	Not Homeless	Core In Progr...	MS - Food, Housing status or H...	3	HOUSING INSURANCE VI
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Ignore	No	Ignore	Ignore	Core In Progr...	Housing status or Housing situ...	3	HOUSING INSURANCE TR
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Not a Migrant Wor...	No	Ignore	Not Homeless	Core In Progr...	Housing status or Housing situ...	3	HOUSING INSURANCE ST
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Ignore	No	Ignore	Not Homeless	Core In Progr...	Housing status or Housing situ...	3	HOMELESS HOUSING INS
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Not a Migrant Wor...	No	Ignore	Not Homeless	Core In Progr...	Housing status or Housing situ...	3	HOUSING INSURANCE ST
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Ignore	No	Ignore	Ignore	Core In Progr...	MS - Food, Housing status or H...	4	HOUSING STRESS EMPLO
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Ignore	No	Ignore	Ignore	Core In Progr...	Housing status or Housing situ...	3	HOUSING STRESS EMPLO
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Not a Migrant Wor...	No	Ignore	Not Homeless	Core In Progr...	Housing status or Housing situ...	2	HOUSING INSURANCE CL
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Not a Migrant Wor...	No	Ignore	Not Homeless	Core In Progr...	Housing status or Housing situ...	2	HOUSING CHILDCARE ISC
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Not a Migrant Wor...	No	Ignore	Not Homeless	Core In Progr...	Housing status or Housing situ...	3	HOUSING INSURANCE ST
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Not a Migrant Wor...	No	Ignore	Not Homeless	Core In Progr...	Housing status or Housing situ...	3	HOUSING INSURANCE ST
Black/African A...	Black or African ...	Not Hispanic, Lat...	Not Hispanic or L...	English	English	Ignore	No	Ignore	Not Homeless	Core In Progr...	Housing status or Housing situ...	1	HOUSING INSURANCE RA

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Opportunities Moving Forward

You can use REaL data to…

Use data to **support hypotheses** about health disparities in your practice

Tailor interventions (e.g., interpreter services, stronger connections with community-based organizations, etc.)

Pursue programs and grant opportunities that align more closely with your patient population and the identified needs

What REaL elements are you hoping to report on? What insights are you eager to draw out?

Can I create a REaL group at a practice-level?

Answer:

The expectation is that practices will not create REaL groups in their group admin and instead will rely on the groups created by CHCANYS at the all-center level. If a practice would like to create a new REaL group, they can reach out to CHCANYS to determine whether a new all-center group should be created.

Next Steps

Pilots Centers:

1) Review new UDS mappings (look in EHR, then review in DRVS)
2) Review unmapped REaL values in DRVS and correct “bad data” in EHR
3) Review the REaL categories available and let CHCANYS know if there are additional groups that should be made available OR if you have unmapped values you’d like added to existing groups

Other CPCI Centers:

1) Review new UDS mappings (look in EHR, then review in DRVS)
2) Hang tight and wait for more updates!

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Upcoming Webinars

Preparing for UDS 2023: CQMs, Table Changes, UDS+, Oh My!

- Thursday, May 25th 2-3 pm ET, Register

2023 Azara Product Update

- Thursday, June 6th 2-3 pm ET, Register

Utilizing SOGI Data for Contraceptive Care Improvement

- Thursday, June 8th 2-3 pm ET, Register

I Have New Staff, Now What?!

- Thursday, June 22nd 2-3 pm ET, Register

Clinical Series: Enhancing Prediabetes Care

- Thursday, June 27th 2-3 pm ET, Register

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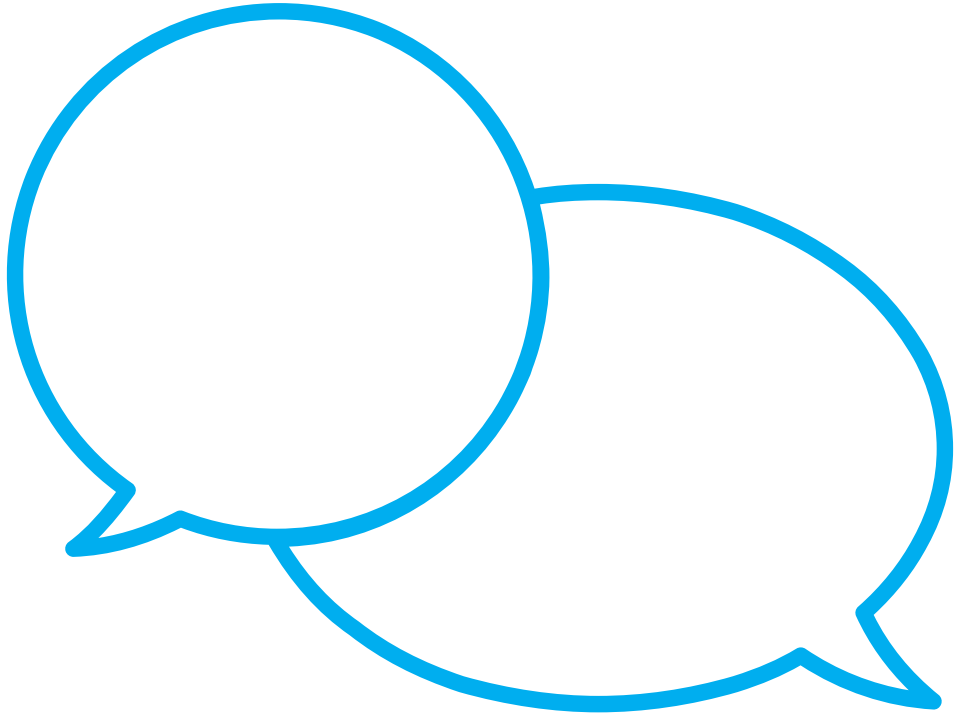
Questions?



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