

BOSTON PUBLIC HEALTH COMMISSION  
REGULATION

DATA COLLECTION REGULATION

Whereas; The Boston Public Health Commission is charged with protecting, preserving and promoting the health and well-being of all Boston residents, particularly those who are most vulnerable.

Whereas; Health disparities, the differences between populations in presence of disease, access to health care, use of health care services, and health outcomes, have been recognized within the city of Boston, and nationally, over the last several years. Racial and ethnic minorities, which account for more than half of Boston's population, are more likely to have high blood pressure, diabetes, HIV, prostate cancer, asthma, lead poisoning, and other serious health conditions.

Whereas; The Boston Public Health Commission's Disparities Project is charged with developing methods of reducing health disparities.

Whereas; Patient demographic information (race, ethnicity, primary language, and education level) can be used to identify differences in health care use and health outcomes, and to develop interventions to address identified disparities. Such information should be collected by all Boston hospitals through a standardized method provided by the Commission, to ensure that data is recorded and analyzed accurately.

Whereas; Collection of this information is a necessary pre-condition to strengthening internal quality improvement measures to address the needs of populations who face disparities. As such use increases and optimal internal action steps become clearer, future regulatory measures may be beneficial.

Whereas; The standardized collection of demographic data will enable hospitals and the City to learn more about health disparities, and to develop practical, effective activities that Boston's health care institutions can undertake to reduce disparities.

Therefore, The Boston Public Health Commission enacts the following regulation, to be adopted for the purpose of monitoring the health status of Boston's residents and developing initiatives that will eliminate the health disparities that exist in the city of Boston.

**Section 1.00 Definitions**

For the purposes of this regulation and its guidelines, the following terms shall be defined as follows:

Acute Care Hospitals - any hospital licensed under M.G.L. c.111 §51 which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by 105 CMR 130.026 and 130.601.

Commission – The Boston Public Health Commission.

Community Health Centers - defined as free-standing or hospital licensed community health centers licensed by the Massachusetts Department of Public Health pursuant to M.G.L. c.111 §51.

Disparities Project – A Boston Public Health Commission initiative comprised of short and long-term strategies aimed at reducing health disparities in Boston.

Education Level – Refers to the highest grade completed by the patient to-date. For children, this refers to the highest grade completed by the parent or guardian to-date.

Health Disparities - Differences between populations in presence of disease, access to health care, use and delivery of health care services, and health outcomes.

Hospital - Any institution within the City of Boston, however named, whether conducted for charity or for profit, which is licensed pursuant to M.G.L. c.111 §51 and advertised, announced, established or maintained for the purpose of caring for persons admitted thereto for diagnosis and/or medical, surgical or restorative treatment which is rendered within said institution.

Patient Registrar– The staff person(s) responsible for registering patients prior to a hospital or office visit.

Preferred Language – The language the patient prefers to speak.

Registration – The process through which patient information such as name, address, health insurance information, is documented prior to a hospital or provider appointment. It is also during this time that demographic data is collected. Registration may be conducted over the telephone or in person, depending on the health care institution.

## **Section 2.00 Institutional Commitment to Eliminating Health Disparities**

All hospitals, community health centers, and healthcare providers shall be committed to identifying and eliminating inequalities in health care.

## **Section 3.00 Acute Care Hospital Data Collection Requirements**

1. Using a template provided by the Commission, all acute care hospitals in the City of Boston shall collect information on each patient that includes at a minimum the following fields:

- a. Race
- b. Ethnicity
- c. Preferred Language
- d. Level of Education

2. Information shall be collected in a manner that ensures patient privacy, whether over the telephone or in person.

3. Using a template approved by the Commission, all acute care hospitals in the City of Boston shall submit to the Commission on a quarterly basis a report that aggregates data and eliminates individual patient identifiers showing the distribution of data on patients using at a minimum the following fields:

- a. Race
- b. Ethnicity
- c. Preferred Language
- d. Level of Education

4. Quarterly reports shall be made in an electronic format.

5. The Commission will endeavor to coordinate the data collection process with other Commission and State data collection requirements in order to minimize the administrative efforts of covered hospitals.

#### **Section 4.00 Quality Improvement**

1. All acute care hospitals shall develop and implement quality improvement efforts, designed to identify and address disparities in treatment. These improvement efforts shall include, but are not limited to, efforts to assess and compare by patient population:

- a. Utilization;
- b. Quality of care;
- c. Outcomes; and,
- d. Satisfaction/Patient Experiences with Care.

2. All acute care hospitals shall provide to the Commission, evidence that processes and policies have been implemented to address issues of disparities.

3. The Commission will schedule a periodic, public symposium which will serve as a forum for hospitals to share information and ideas related to quality improvement efforts aimed at eliminating health disparities.

**4. The Commission shall convene a committee made up of interested parties to encourage ongoing coordination among healthcare providers, the Commission and State Agencies regarding healthcare disparities.**

5. The provisions of this section do not amend, modify or otherwise relieve any hospital or community health center of any other regulatory, administrative or statutory reporting requirements.

#### **Section 5.00 Non-Acute Care Hospital and Community Health Center Data Collection Requirements**

1. Upon certification by the Executive Director of substantial compliance of all acute care hospitals with the requirements of Sections 3.00 and 4.00 of this regulation, the Executive

Director shall issue guidelines for the implementation of the provisions of Sections 3.00 and 4.00 of this regulation to all non-acute care hospitals and community health centers.

2. Such guidelines shall provide for an implementation period of at least six months.
3. The guidelines shall be publicly posted and subject to a 60 day comment period, during which time comments shall be received regarding the implementation of Sections 3.00 and 4.00 for non-acute care hospitals and community health centers.

### **Section 6.00 Guidelines**

1. The Executive Director of the Commission shall issue guidelines, setting forth the format for collecting and reporting procedures.

### **Section 7.00 Enforcement**

1. Authority to enforce this regulation shall be held by the Commission.
2. Any violation of this regulation may be enforced in the manner provided in M.G.L. c.111 §§ 31 and 187 by the Boston Public Health Commission, its subsidiary programs or designees.

### **Section 8.00 Severability**

If any provision, clause, sentence, paragraph or word of this regulation or the application thereof to any person, entity or circumstances shall be held invalid, such invalidity shall not affect the other provisions of this article which can be given effect without the invalid provisions or application and this end the provisions of this regulation are declared severable.

### **Section 9.00 Effective Date**

This regulation, except as provided for below, shall take effect July 1, 2006.

Within 120 days of the effective date, all acute care hospitals shall file with the Commission a plan for compliance with Sections 3.00 and 4.00.

Within 360 days of the effective date, all acute care hospitals shall comply with sections 3.00 and 4.00. If an acute care hospital can demonstrate a good faith effort to comply with the requirements of the regulation, the Executive Director may extend the period for compliance by up to 200 days.

All hospitals, acute care hospitals and community health centers licensed by the Commonwealth of Massachusetts after July 1, 2006, shall comply with all provisions within 360 days of licensing.

### **Section 10.00 Authority**

This regulation is promulgated pursuant to: M.G.L. c. 111, §§ 31 and 2-7(a)(15).