OHS CONNECTICUT Office of Health Strategy

REL Data Collection Implementation Plan
Version 3.0

For Provider Organizations, State Agencies, Contractors, Boards, Commissions, and Contractors

Definitions and Descriptions

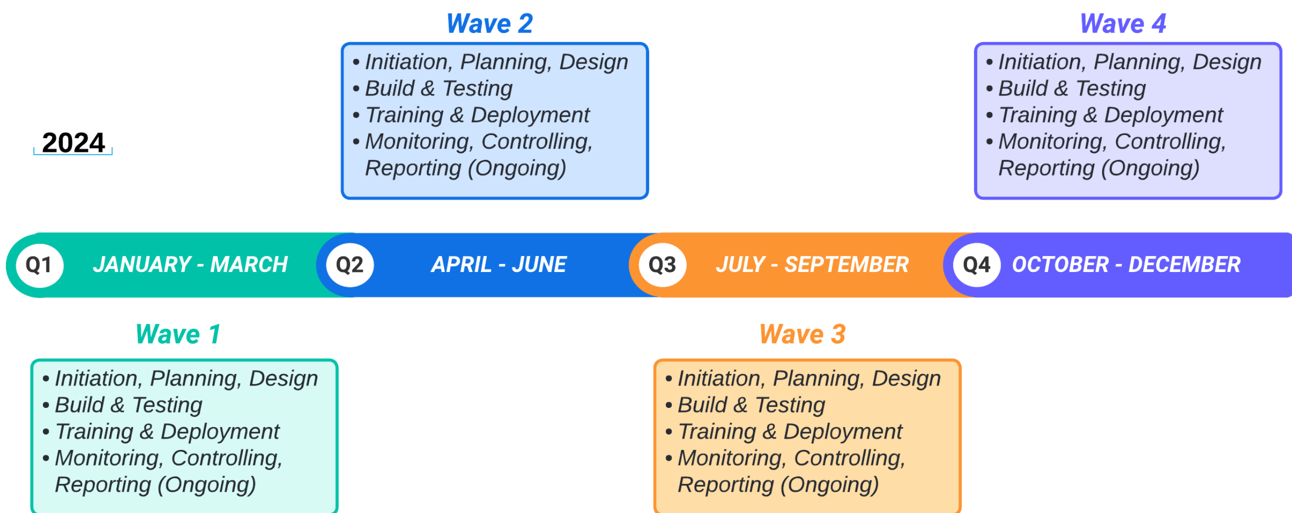
- **Race:** A social construct linked to perceived biological differences demarcated by characteristics, such as skin color, hair type, eye shape. OMB requires five minimum categories: American Indian or Alaska Native, Asian, Black, or African American, Native Hawaiian or Other Pacific Islander, and White. Both the OMB and CCIP standards emphasize self-identification and the ability to select multiple races. The CCIP standard also expands the race subcategories and includes the options to write in a race(s), "Other" and "Decline to Identify," and hierarchical mapping of race aligned with the OMB minimum standard.
- **Ethnicity:** Shared beliefs, culture, ancestry, and language closely and uniquely relevant to an individual, group or population. OMB requires two minimum categories: Hispanic or Latino and non-Hispanic or not-Latino. Both the OMB and CCIP standards emphasize self-identification and the ability to select multiple races. The CCIP standard expands the ethnicity subcategories, includes the options to write in one or more ethnicities, "other" and "decline to identify," and defines hierarchical mapping of ethnicity aligned with the OMB minimum standard.
- **Race/Ethnicity:** While OMB requires and explicitly prefers mutually exclusive formats for collecting race and Hispanic ethnicity with two separate questions, OMB provides the ability to combine the two in a single question, but ethnicity must be asked first. In recognition of this and that some current REL data collection may be to information systems that collect race/ethnicity in a single field, the REL data collection standards document provides the crosswalk to facilitate that collection in alignment with the CCIP standard.
- **Language:** A system of conventional spoken, manual (signed), or written symbols by means of which members of a social group and participants in its culture, express themselves. The rationale for collecting primary language is for English proficiency measurement, as health disparities have been associated with limited English language proficiency. Collection of English proficiency and the specific language spoken is appropriate for the point of health care delivery.

Comprehensive language is the appropriate standard used ‘in the context of health care or for the provision or receipt of health care services or for any public health purpose. Many individuals may not have a spoken language, for example, individuals with speaking disabilities or using an alternative communications device. In such cases, sign language or alternative communication devices may be written in on the data collection form or media. The International Organization for Standards (ISO) has designated the Library of Congress ISO 639 Joint Advisory Committee (ISO 639/JAC) to maintain the alpha-3 language code standard. Connecticut has adopted the REL the ISO 639-2/639-5 for language data collection standards. The standard uses ISO country codes to identify the likely nationality and languages spoken by populations of "foreign-born"

Connecticut residents identified through the US Census Bureau 2013 American Community Survey, as speaking English "less than well."

Timeline

Implementors of the REL data collection framework are encouraged to plan their project resourcing to begin during the earliest calendar quarter that is feasible during 2024. To foster a supportive and collaborative environment among implementors, OHS recommends for project plans to generally be aligned with the suggested activity domains per the accompanying timeline. Detailed descriptions of the domains are described below.



Activity Domains and Tasks for Implementing REL Standards

The organizations impacted by PA 21-35 include “any state agency, board or commission that directly, or by contract with another entity, collects demographic data concerning the ancestry or ethnic origin, ethnicity, race or primary language of residents of the state in the context of health care or for the provision or receipt of health care services or for any public health purpose…[and] Each health care provider with an electronic health record system capable of connecting to and participating in the Statewide Health Information Exchange as specified in section 17b-59e of the general statutes.” Every organization will have different resource availability in terms of skillsets and bandwidth, and many organizations will have dependencies on the availability of a resource from their EHR vendor or other information technology solution provider that will need to make changes to the system to accommodate the REL collection and any associated development needs, (i.e., prompts, scripts, screens, reports, etc.) that may be needed or desired by the provider organization or state agency. The following activity domains with associated tasks are intended as guides for implementors’ planning purposes.

Planning Activity Domain

Any project requiring organizational change must have executive-level support and a clear understanding of the project roles, the anticipated timeline, and the budget required for the project to be successful. The REL implementation team for any provider organization or agency should begin with a kick-off meeting to ensure shared understandings and the commitment of a project sponsor with executive oversight of the team's progress. It is recommended to begin with a draft project charter at the kick-off stage, and to consider the project planning domain work to be concluded once a detailed project plan has been approved, resources have been assigned and budget has been allocated.

Planning Tasks

- Develop a project charter
- Create a Roles and Responsibilities Matrix for Implementation Project Team (example below).
- Set project team meeting schedule
- Identify impacted systems that contain REL data
- Identify and define REL data model changes to impacted systems
- Determine resources needed for REL implementation
- Identify security and privacy requirements
- Identify all staff who work with REL data and responsibility regarding REL data
- Identify staff training needs
- Identify workflow changes to facilitate REL data collection according to new standards
- Create budget for implementation cost to update systems, workflow changes, and training on REL standards
- Create a project plan

Recommended Roles for a REL Implementation Project Team

Role	Name	Expected Weekly Time Commitment	Email, Slack, Teams etc. Contact Info
Executive Sponsor			
Project Manager			
Business/Systems Analysts			
Database Manager			
Developers			
Security/Compliance Officer			
Testers			
Implementation Manager			
Trainer			

Design Activity Domain

The design domain will most likely require the participation of a technical resource from the EHR or data system vendor to create many of the documents listed below, with participation of the REL Implementation Project Team to help inform system requirements and to conduct thorough reviews of all vendor-developed documents prior to signing of on any technical decisions. This is domain when a user focus group may be useful to review options for the user interface (UI). This is also the time to consider the organization's reporting needs associated with the REL data collection, so reports can be produced without special effort, if possible.

Design Tasks

- Design solution to address security and privacy requirements
- Design database monitoring tools
- Design updates to data model to accommodate new values for REL standard compliance
- Design solutions to satisfy data integration of the REL Data Collection Standards as specified in Version 3.0; harmonize changes if an earlier version of REL Data Standards was previously implemented
- Design new documentation for data model, data protocols etc.
- Design document management protocol pertaining to REL updates
- Update operational reporting requirements impacted by new REL standards
- Design data quality strategy
- Design user interface mock-up
- Design acceptance criteria based on design requirements

Build and Test Activity Domain

The build and test domain will likely involve the EHR or data system vendor to build the REL Data Collection Standards into the patient/client registration and/or intake workflows. It is important to conduct rigorous testing (likely automated test scripts and user acceptance testing) before moving any new system code into the production environment. If the provider organization is fully connected to Connie's HIE infrastructure and sending data on an automated schedule, it will be important to include testing for REL data submission to Connie. If possible, make a point to schedule this step well in advance of the system upgrade, to ensure a resource is available to assist from Connie.

Build and Test Action Steps

- Build updates to data model
- Build pre- and post-production environments
- Build new documentation for data model, data protocols, etc.
- Build document management protocol

- Build protocol for REL Data Collection Standards as specified in Version 3.0; harmonize changes if an earlier version of REL Data Standards was previously built
- Build data quality strategy including building controls

Training and Deployment Activity Domain

The solution should not be deployed in the production environment until training has been completed by all relevant staff. In a large organization, it is recommended to identify a couple of "super users" in each department or staff unit who can help trouble user-related issues. It is a best practice to have a single unit be trained on new workflows related to the collection of REL data prior to launching a training protocol across the enterprise. This will help to ensure that the training materials are easy to understand and to adjust training documentation if needed. This step is impractical in small organizations. For organizations where some or all of the REL data collection will take place outside of an organization's physical location, such as a home health provider organization, it would be optimal to hold an informal check-in meeting for staff after a couple of weeks requesting REL data from patients/clients. This would provide a forum for staff to share their experiences asking for REL data and allow for peer-to-peer learning to increase staff confidence in managing patient or client questions or concerns.

Training and Deployment Action Steps

- Identify cohorts to be trained, e.g., social workers, physicians, medical support personnel
- Identify training delivery method (Train-the-Trainer, recorded video, online content, printed content, proficiency checks); create training content
- Set training schedule
- Develop training report (a spreadsheet may suffice) with names and dates of completed training
- Incorporate training into new employee onboarding and training processes

Monitoring, Maintenance, and Reporting Activity Domain: Ongoing

It is important for organizations to have an assigned "owner" for monitoring adherence to new data collection protocols and to take steps to remediate data quality issues, if found. Shortly after the upgraded system goes live, a check with Connie should be done to make sure the REL data is being received by the HIE as expected (and hopefully, as testing had confirmed previously). Ongoing monitoring for consistency of REL data collection should be an assigned role for every organization, Positive feedback (verbal or written acknowledgement, or some type of gamification with small rewards) may be helpful for staff to develop the habit of asking patients and clients for their self-reported REL data.

Monitoring, Maintenance, and Reporting Action Steps

- Develop a framework for assessing REL data quality
- Developing a data quality assessment
- Perform root cause analysis for data quality issues identified
- Identify current challenges to collecting REL data after solution deployment
- Measure and monitor data quality
- Identify, deliberate, and execute remedies/improvements
- Adherence to new workflow and standards
- Develop data validations
- Develop validation to ensure that the data is self-reported
- Sending REL data, disability, and insurance status to the HIE where applicable