

April 12, 2023

Submitted electronically via: www.regulations.gov

Karin Orvis
Chief Statistician
Office of Management and Budget
1800 G St
9th Floor
Washington, DC 20503

Re: Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards (2023-01635)

Dear Dr. Orvis,

Vizient, Inc. appreciates the opportunity to respond to the Office of Management and Budget's (OMB) notice on Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards (hereinafter, "Notice"). We appreciate the opportunity to provide feedback on this notice as well as by participating in the listening sessions OMB hosted in Fall 2022. Vizient applauds OMB for considering stakeholder feedback in initial proposals to update Statistical Directive 15.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality, and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than \$130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Recommendations

Vizient appreciates OMB's efforts to update Statistical Policy Directive 15 (SPD 15), including by issuing the Notice. SPD 15 sets the minimum federal standards for Federal agencies, such as the Center for Medicare and Medicaid Services (CMS), that collect race and ethnicity data. In healthcare, SPD 15 is also relied upon by the Office of the National Coordinator for Health Information Technology, since it is used for race and ethnicity fields in the United States Core Data for Interoperability, which sets the standards for nationwide, interoperable health information exchange. Thus, new standards in SPD 15 will impact healthcare providers in many ways, such as driving how and what information is collected from patients, altering screening tools used for identifying social needs, and the content of electronic health records.

As the OMB SPD 15 standards must be applied across all Federal datasets, ensuring compatibility among agencies and the different sectors they represent is the primary goal of this directive. With that said, Vizient's comments are specific to the healthcare sector, but we do understand that the eventual standards must be more broadly applicable. Vizient appreciates OMB's effort to receive broad stakeholder input as it considers policies that will have far-reaching consequences.

Collecting Race and Ethnicity Data Using One Combined Question

As provided in the Notice, OMB proposes to collect race and ethnicity data through a single question instead of the current two-question format, which is currently divided by a question relating to race and a question relating to ethnicity. Although OMB does not propose alternative language for a single question, Vizient agrees with OMB that the two-question format confuses many respondents, resulting in a higher number of respondents selecting the "some other race" or not reporting a race. In the healthcare setting, detailed race and ethnicity data can help providers create a patient-centered care plan, accounting for a patient's preferred language and customs, among other factors that may be relevant to patient care. Vizient's Clinical Database¹ (CDB) insights, as shown below in Images 1 and 2, demonstrate that health record data is showing an increased number of patients selecting "some other race" or "unknown." Vizient encourages OMB to consider how race and ethnicity data is collected to increase accuracy and reduce burden, including by changing the question format (e.g., single question).

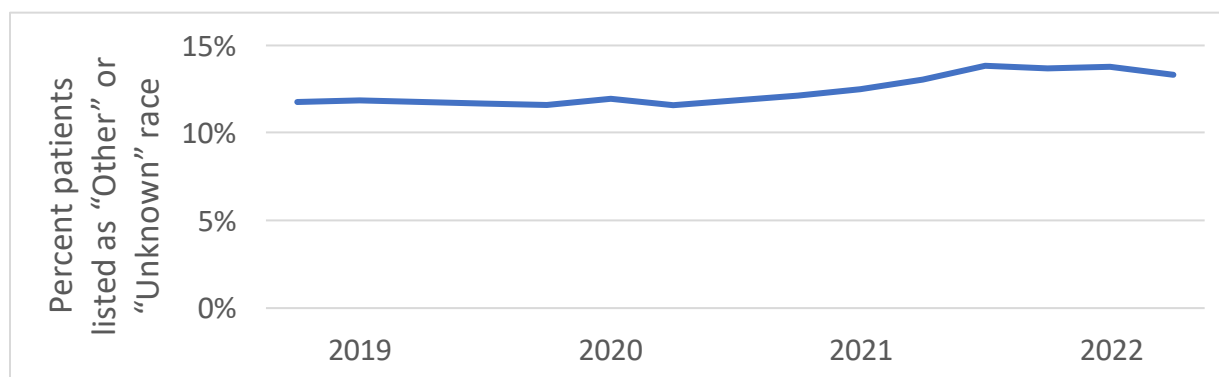


Image 1. Vizient Clinical Database (CDB), October 2018 – June 2022, data showing distinct patients of any age or site of care listing "other" or "unknown" race – there has been a 13% relative increase since 2018.

¹ The Vizient Clinical Data Base includes data from more than 1000 hospital facilities, leveraging the platform's outcomes data to benchmark against peers to reduce variation and identify and sustain performance improvements. More information is available [here](#).

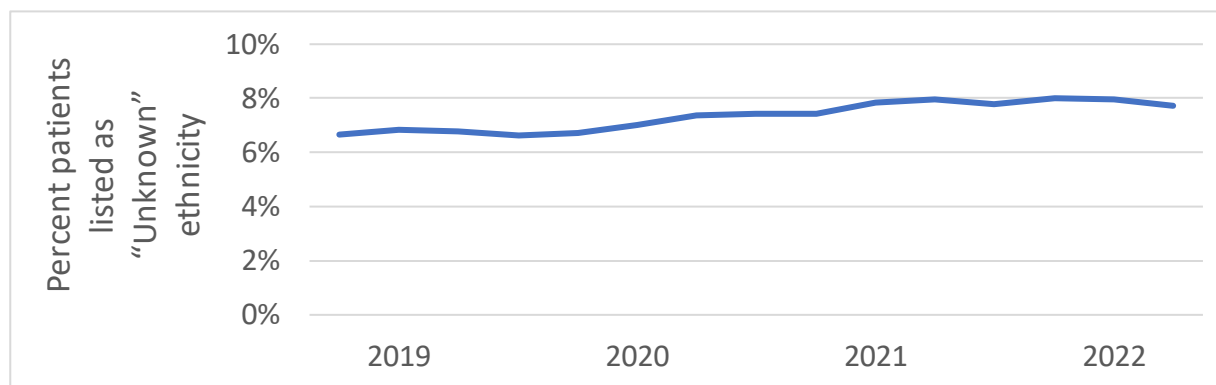


Image 2. Vizient CDB, October 2018 – June 2022, data showing distinct patients of any age or site of care not reporting ethnicity – there has been a 16% relative increase since 2018.

Adding “Middle Eastern or North African” (MENA) As a New Minimum Category

Another initial proposal that OMB provides for public comment is adding MENA as a new minimum reporting category. Although OMB [proposed](#) disaggregating the white race category and adding MENA as a standard minimum category in 2016, this proposal, along with the proposal more broadly, was not finalized. [Research](#) continues to suggest that significant health inequities exist for individuals living in the United States who are of MENA descent that are distinct from disparities present in the broader community that identifies as “White.” However, the evidence is limited, partially due to a lack of robust data collection efforts for the MENA population.

Vizient supports OMB’s efforts to build from its previous proposals and include MENA as a minimum category in SPD 15. Adding MENA as a category in the race and ethnicity question will produce better data on the MENA population and potentially reduce the number of individuals who skip the question or choose “some other race.”

Detailed Race and Ethnicity Data

Vizient supports OMB’s efforts to require the collection of detailed race and ethnicity data by updating SPD 15. The collection of “granular ethnicity” – a recommendation shared by the Agency for Healthcare Research and Quality (AHRQ) in a [report](#) issued in 2010 – gives data collectors a more thorough understanding of the individual’s background, which can provide key insights important for developing care plans or sharing resources. The AHRQ report distinguished “granular ethnicity” from the ethnicity question already asked by OMB by aligning it with the Census Bureau’s definition of ancestry.² Figure 2 in the Notice provides a good example of the structure of a combined race and ethnicity question form that captures more detailed data by expanding the listed options of ethnicities, giving an individual the ability to write-in an answer if an ethnicity is not represented, and by guiding the individual with answers that may not be listed. Vizient believes this expansion of ethnicity categories

² “Therefore, the subcommittee determines that ancestry, which the Census Bureau defines as “a person’s ethnic origin or descent, ‘roots,’ or heritage, or the place of birth of the person or the person’s parents or ancestors before their arrival in the United States,” is the ethnicity concept most encompassing of the detail necessary in health care settings (U.S. Census Bureau, 2008). To distinguish the definition of ethnicity adopted by OMB (i.e., Hispanic ethnicity) from this more encompassing definition, the subcommittee refers to the latter concept as *granular ethnicity*.” <https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata3a.html>

would provide more actionable data for data collectors while also promoting better data interoperability between agencies. Vizient welcomes the opportunity to comment on future iterations of a question format that incorporates granular ethnicity categories.

The AHRQ report encouraged providers to collect granular ethnicity data using locally relevant choices from several available lists and include a response of “other; please specify.” This allows data collectors to collect information from patients by providing an inclusive but not overly burdensome list of granular ethnicity categories.³ Vizient encourages OMB to consider making the race and ethnicity question format more flexible (e.g., allowing alternative fields based on the geographic area), to help support more granular data collection. This data can also be used to address disparities in a community by, for example, providing appropriate cultural and linguistic tools to providers and patients.

Guidance for Data Collection

As OMB finalizes its requirements and other federal agencies adjust their guidance, Vizient urges the agencies to provide training, education, and resources to help a range of data collectors adjust their data collection practices to the new guidelines. For example, [research](#) suggests that ensuring an individual’s privacy is vital to the data collection process but it is unclear whether OMB is also considering additional data collection guidance regarding privacy. Also, Vizient encourages OMB to consider how guidance can be flexible to allow questions to be posed in a person-centered and culturally and linguistically appropriate manner. When asking these questions, data collectors, which could include those working in a healthcare setting, should provide clear information on how the race and ethnicity data is going to be used, illustrating how it will benefit the individual.

In addition, Vizient encourages OMB and other federal agencies to provide appropriate resources to help different types of data collectors—such as healthcare providers—transition any systems or forms they are using, and to train personnel who will be collecting race and ethnicity data, even if such collection is not for federal purposes but federal standards are relied upon.

Vizient encourages OMB to also consider data use. For example, OMB can play a role in compiling data and convening stakeholders to better understand how data is being used and how this information can be shared with individuals when collected. In addition, Vizient encourages data collection guidance to help support public communications regarding such collection and, if possible, the impact on health disparities.

Lastly, Vizient discourages OMB from providing guidance that would support agencies imputing race and ethnicity data. Instead, Vizient recommends additional efforts be made to build trust, including careful consideration of how questions are asked and the need to collect such information.

³ Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Content last reviewed April 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/research/findings/final-reports/iomracereport/index.html>. Available lists can be found here <https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldataaptabe1.html>.

Interoperability

Vizient encourages OMB to work across federal agencies to develop systems and processes to ensure collected information is interoperable, particularly if granular ethnicity data is collected differently by different agencies. Ensuring interoperable data would reduce the burden on entities, such as healthcare providers that have several different reporting requirements from different agencies, as well as on individuals who may qualify for multiple federal programs and be asked to fill out multiple forms. Vizient urges OMB to provide guidance on how to adopt the data standards in an interoperable manner and whether opportunities exist to share data to reduce reporting and data collection burden.

Conclusion

Vizient thanks OMB for the opportunity to comment on these proposals, which would be one step towards more meaningful race and ethnicity data standards. We urge OMB to carefully consider the different uses of race and ethnicity data and consider how such standards could be adapted, including made more granular, depending on such use. Further, we encourage OMB to also consider how data collection processes can be streamlined and made more interoperable. From the healthcare perspective, accurately collecting race and ethnicity data is important to inform patient care decisions. However, current data standards lack the granularity and data collection steps to make acquiring this information clearly applicable to care.

Vizient's membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. Additionally, many are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top healthcare providers. In closing, on behalf of Vizient, I would like to thank OMB for providing us the opportunity to comment on these important proposals. Please feel free to contact me or Emily Jones at Emily.Jones@vizientinc.com if you have any questions or if Vizient may provide any assistance as you consider these issues.

Respectfully submitted,



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