

# Simple Strategies for Data Stratification

## Why it is Important

Stratifying data allows you to examine patient safety, quality, or outcome measures with an equity lens. It helps to determine if differences in patient outcomes exist, identify areas in need of quality improvement, and create targeted interventions.

Data stratification can only be as successful if the data is collected consistently. Therefore, before data stratification can begin, there must be a robust data quality process to ensure reliable data. This can include quality checks on the registration process, addressing technology barriers, and educating patients on the importance of collecting REAL Data. Refer to our Data Validation Summary for guidance.

Remember, this is a team effort, so include hospital leadership, hospital staff, and IT to discuss what outcomes to stratify and how to use technology systems to meet those goals.

## Action Items:

Use [CMS' Disparities Impact Statement tool](#) as a guide to identify health disparities and priority populations for your organization.

Explore [CMS' Mapping Medicare Disparities' tool](#) to explore health outcome measures at a national, state, or county level as a starting point to determining outcome measures for your health organization.

Review "Step 5" of [Equity of Care's Framework](#) to see examples of outcome measures to stratify.

## Basic and Intermediate Levels

Identify measures where the greatest disparities exist and prioritize which initiatives to pursue. Use REAL data to prioritize the plan for reducing inequalities.

In the beginning, the stratification effort should address certain basic clinical and patient satisfaction data. For example, when considering patient satisfaction,

one might start by analyzing HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores by ethnicity.

If there are already priority areas underway at your organization, explore if there is a difference based on REAL data. See the example below for guidance:

| Quality Metric   | Data Element to Stratify   |
|--|--|
| <b>Clinical</b> <ul style="list-style-type: none"><li>Hospital inpatient quality reporting (IQR) measures (i.e., "core measures")</li><li>30-day readmissions</li></ul> <b>Patient Satisfaction</b> <ul style="list-style-type: none"><li>HCAHPS scores</li></ul> <b>Cost and Efficiency</b> <ul style="list-style-type: none"><li>Medicare Spending per Beneficiary</li></ul> | <b>Demographics</b> <ul style="list-style-type: none"><li>Age</li><li>Gender</li><li>Race</li><li>Ethnicity</li><li>Language preference</li><li>Language proficiency</li></ul> |

Understand the demographic makeup of your specific patient population and develop tailored care plans. Consider disparities

that can exist during patient visits and look at what REAL data to stratify based on quality metrics and patient satisfaction indicators.

## Advanced

Use the basic/intermediate approach and expand the outcome measures to sexual orientation, gender, geographic location, and

other socioeconomic questions.

Ensure that the data collection methods are intact to ensure reliable data.

## Action Item:

Use [ADHRM's Equity of Care Assessment Tool](#) to help think about discovery questions that should be added. This tool can help guide the discussion on measures that should be included and potential outcomes that should be added to address sexual orientation/gender identity (SOGI).

Need help getting started? Ask your Quality Improvement Advisor for help.