Example of a policy: Patient Demographic Data Protocol for Adult Patients – Milestone 5 (requirements C & E)

Primary Care

Policy: [practice name] collects patient-reported demographic data including (SPECIFY: race/ethnicity, primary language, disability status, zip code, sex assigned at birth, gender identity, and sexual orientation) using statewide data standards provided by AHCCCS.[[1]](#footnote-2) The data is documented in the patient EHR.

Process: All patients are asked to complete the patient intake form that includes questions regarding the person’s self-identified response to (e.g. primary language, race/ethnicity, other specified) demographic questions no less than annually. Each of the demographic questions include multiple choice options including a “prefer not to answer” response.

The medical assistant (MA) reviews the intake form with the patient, clarifies responses, and explains the reason for data collection if the patient has chosen not to answer some or all demographic questions. Patient responses to the MA inquiries are included in the documentation and available to the provider at the time of the patient encounter.

[*Practice name’s*] EHR can store and retrieve individual level data on (*ID applicable categories: race/ethnicity, language, disability status, etc.*). A (*quarterly, other*) report detailing aggregate demographic data is prepared by (*Recommend: the practice’s Health Systems Director*) for leadership review. Individual demographic data is regularly updated as additional information is collected. The updates are longitudinally dated.

Health Inequities: [*Practice name*] regularly monitors, assesses, and employs performance improvement processes for the following patient quality measures: [*measures already monitored*]. To best identify and understand potential health inequities, measure data is stratified by the available member reported demographic categories. This analysis informs the practice concerning disparate outcomes on the same measure for each of the quality measures.

HRSN patient data is collected through administering the [*insert name*] HRSN screening tool, Community Cares, and other data sources. Aggregate HRSN data is regularly analyzed and stratified by the available member reported demographic categories. This analysis informs the practice concerning disparate outcomes on each identified HRSN domain.

Results from [*quality measure, HRSN, or both*] analysis are reviewed with [*practice leadership*] and used as appropriate to establish performance improvement strategies such as root cause analysis.

1. AHCCCS data standards will be available in Summer of 2024. Sign up for AHCCCS TI Newsletter to keep abreast of updates. [↑](#footnote-ref-2)