VITL

Methodology for Race, Ethnicity, and Language Data Quality Indicator Reports

The following is information about the methodology used to develop the race, ethnicity, and language data quality indicator reports that were distributed to data contributing organizations in June of 2024. If you have questions about these reports in general or about your organization's report, please reach out to us at support@vitl.net.

Approach

VITL's analysis focused on the most recent demographic information provided for an individual by each data contributing organization, in accordance with the HL7 interface standards. Specifically, we concentrated on the data related to race, ethnicity, and language (REL).

Timeframe

VITL analyzed data received from Health Care Organizations (HCOs) from January 1st, 2019, through December 31st, 2023.

Definition of an Individual

An "individual" in this context refers to a unique patient medical record originating from an HCO. Each patient's medical record constitutes a distinct entity for the analysis.

Total Number of Individuals with Health Data in VITL

The "Total Number of Individuals with Health Data in VITL" is the total number of individuals with any data submitted from your organization during the assessment period.

Presence of Race, Ethnicity, and Language Data

We determined the presence of race, ethnicity, and language data for individual patients by assessing whether their most recent demographic update contained any race, ethnicity, and language values. If values were present, the data was considered populated; otherwise, it was deemed missing. This assessment is expressed as a percentage.

Calculation: Percentage of population with race data present = number of individuals with race data in their most recent demographic update from your organization / number of individuals from your organization

Race, Ethnicity, and Language Data Standardization and Usability Comment

To assess the usability of the race, ethnicity, and language data, we focused on identifying data that deviated from standardized values or where the value entered was “unknown.” This deviation could impact the reliability and utility of the data. This assessment is expressed as a percentage given in the race, ethnicity, or language standardization and usability comment. with data from your organization.

Note that some organizations where providers and staff record race, ethnicity, or language using non-standard values have worked with VITL to map their organization’s terminology to standard values. This analysis does not differentiate between data that is standardized at the source and data that has been mapped to standard values.

Calculation: Percentage of individuals with a race value that is “unknown” or not standardized = number of individuals with nonstandard or “unknown” race data / number of individuals from your organization

Data Types Your Organization Sends to VITL

This is a list of the types of data transmitted from your organization to VITL, via data sharing connections (“interfaces”).

References:

To gauge the usability of the race, ethnicity, and language data, we referred to the United States Core Data for Interoperability (USCDI) standards, which outline the recommended code systems for electronic health records (EHRs). Additionally, we consulted the Distribution System (VADS) to guide our evaluation process. PHIN VADS, a vocabulary server utilized by Centers for Disease Control and Prevention (CDC) programs and public health partners, provides essential vocabularies necessary for public health surveillance.

- **Race:** CDC value set for race data
- **Ethnicity:** CDC value set for ethnicity
- **Language:** We utilized the ISO 639-2 standard for language codes, encompassing both two- and three-character codes.