CRISP DC

Use Case:

Inclusion of R/E Data in DC PopHealth

Overview:

Race and ethnicity (R/E) data plays a crucial role in understanding health disparities. Unfortunately, many datasets lack complete R/E information. During the COVID-19 pandemic, CRISP MD collaborated with the Maryland Department of Health (MDH) to enhance COVID-19 testing and immunization data by adding R/E data obtained from clinical data shared with CRISP. This effort significantly improved the availability of race information for MD-confirmed cases, going from 0% to 90%, and for immunization records, from 83% to 92%. Recognizing the significance of R/E data and the success of this approach in Maryland, CSS has expanded the use of R/E data enrichment to other CSS-affiliated organizations, extending beyond COVID-19. These include initiatives such as the West Virginia Cancer Registry, the Maryland Prescription Drug Monitoring Program, and metrics for Alaska Medicaid, among others.

As discussed in the last Clinical Committee meeting, CRISP DC will be leveraging R/E data from clinical data to hydrate our DC PopHealth reporting. In our capacity as CRISP DC, our approach aims to capture unique counts of how often an individual self-identifies their race and ethnicity. We believe that this methodology eliminates biases and provides a more accurate representation of data by avoiding data

Requesting Stakeholder:

CRISP DC Clinical Committee

Source(s) of Data:

- Clinical data shared with CRISP
- Maryland Department of Health (MDH) COVID-19 testing and immunization data
- CSS-affiliated organizations, including:
    - West Virginia Cancer Registry
    - Maryland Prescription Drug Monitoring Program
    - Alaska Medicaid metrics

Display Method and Location:

The enriched Race and Ethnicity (R/E) data will be incorporated and displayed within DC PopHealth reporting. This integration enables enhanced demographic insights and supports more accurate population health analysis through CRISP DC's reporting platform