



**Revised Guidelines for the Implementation, Interpretation, and Enforcement  
of the Boston Public Health Commission's  
Data Collection Regulation**

A handwritten signature in black ink, appearing to read "Rita L. Nieves".

APPROVED:

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**Section I. Purpose**

In recent years, there has been growing recognition of the healthcare inequities and health disparities experienced by people of color nationwide when compared to the health outcomes of white populations. To address this issue, the Boston Public Health Commission (BPHC) launched the Disparities Project. A major initiative of this project was the enactment of the Data Collection Regulation (heretofore, the “Regulation”) on July 1, 2006.

The Regulation requires acute care hospitals and community health centers in Boston to collect demographic information on all inpatient, outpatient observation, and emergency department visits during the registration process. The Regulation also requires the calculation of healthcare quality metrics. These metrics, known as the Boston Health Equity Measure Set (BHEMS), will be generated using clinical and administrative data submitted by Boston hospitals and community health centers. The demographic data and BHEMS will enable these institutions and BPHC to improve data collection, to learn more about the patient populations they serve, to identify the health disparities that exist among these populations, and to implement quality improvement activities to reduce these health disparities. BPHC is also permitted to collect and use health data for public health purposes as Public Health Authority under 45 CFR 164.512(b).

The Regulation requires the Executive Director of BPHC to issue guidelines, setting forth the format for collecting and reporting procedures. This document provides the standards for the demographic data collection and identifies the quality metrics included in BHEMS. Whenever possible, these standards are aligned with other existing regulatory requirements. These standards may be adjusted at any time to reflect modifications to these regulatory requirements.

**Section II. Authority**

These guidelines are promulgated by the Executive Director of the BPHC, pursuant to the BPHC’s Data Collection Regulation, an initiative of the Disparities Project. The Executive Director of the Boston Public Health Commission may revise the Data Collection Regulation Guidelines at any time.

### **Section III. Institutional Data Collection Regulation Implementation Plan**

All Boston acute care hospitals and community health centers shall submit an implementation plan describing how the institution intends to fully implement the Regulation. This plan will include but is not limited to:

- A. Technology-** describing the infrastructure that exists within the organization to support the standardized data collection and identifying the clinical source systems that will generate the data required for BHEMS;
- B. Operations-** describing the quality assurance measure(s) that will be taken to ensure that the demographic data is being documented and reported correctly and consistently;
- C. Timeline-** an internal timeline for implementation of the regulation.

### **Section IV. Demographic Data Collection Requirements**

- A. Standards-** using the demographic data standards shown in the Appendix A, as it may be amended by the Executive Director, acute care hospitals and community health centers in the city of Boston shall collect demographic information for all inpatient, outpatient observation, and outpatient emergency department visits at the time of registration which includes, at a minimum, the following fields: address, age, race, ethnicity, language spoken at home, highest level of education, sex, gender identity and sexual orientation. Detailed response categories for each data element are provided in Appendix B, as it may be amended by the Executive Director.
- B. Collection-** acute care hospitals shall train patient registrars to administer the survey over the phone or in person and in a manner that ensures patient privacy. All demographic data shall be self-reported. Registrars may help the patient better interpret the questions and answer any questions they may have but they shall not alter, suggest, or assume any answer for the patient.

### **Section V. Data Reporting Requirements**

- A. Data Management-** BPHC will approve a third party vendor or vendors to establish and operate a Quality Data Center (QDC) on behalf of BPHC.

#### **B. Data Submission**

1. All acute care hospitals in Boston licensed by the Commonwealth of Massachusetts on April 8, 2017, shall comply with sections 3.00 and 4.00 of the Data Collection Regulation. Community health centers covered by the Regulation are exempt from the current phase of submission. A community health center wishing to voluntarily submit in this phase may do so following the submission process outlined here.
2. Acute care hospitals shall submit required encounter-level clinical and demographic data for all patients to the QDC operated by the approved third party vendor or vendors; for the purposes of this Regulation, data shall not be directly submitted to BPHC.
3. Acute care hospitals shall identify the clinical source systems that will generate and securely export clinical and demographic data required by the Regulation to the QDC. BPHC will

provide a Consolidated Clinical Document Architecture (C-CDA) specification that is compliant with BHEMS.

4. Acute care hospitals must submit data on at least, but not limited to, a monthly basis on the first day of the month, beginning no later than January 1, 2018.

### **C. Data Reporting**

1. The BHEMS quality measures are presented in Appendix C, as it may be amended by the Executive Director.
2. The approved third party vendor or vendors shall pseudonymize the clinical and demographic data submitted to the QDC by acute care hospitals and community health centers and provide BPHC with pseudonymized data and reports including, but not limited to, BHEMS stratified by demographic variables.
3. Each acute care hospital and community health center shall be able to view the BHEMS calculated from the data they have submitted to the QDC.

### **Section VI. Quality Improvement**

On a periodic basis, acute care hospital, community health center, and city representatives will be invited to participate in a Health Equity Committee organized by the BPHC to discuss and report the quality improvement initiatives taken by their institution. The committee will share best practices and lessons learned around the quality improvement measures they have undertaken.

### **Section VII. Enforcement**

The BPHC has the authority to enforce the Data Collection Regulation and its implementing Guidelines. Failure to comply with the Regulation and these Guidelines will prompt action by the Boston Public Health Commission. For any violation, the Commission or its designee may order a covered institution to appear and/or enter into a binding corrective action plan to address deficiencies in compliance and prevent future noncompliance. Failure to comply may be subject to penalties consistent with M.G.L. c 111 §§ 31 and 187.

### **Section VIII. Exemptions**

If an acute care hospital or community health center can demonstrate a good faith effort to comply with the Regulation implementing Guidelines, herein, the Executive Director of the Boston Public Health Commission may, at his or her discretion, issue a waiver granting an extension of not more than one year at a time, for the implementation of one or more provisions of these Guidelines.

**Boston Public Health Commission  
Data Collection Standards  
Appendix A**

Standard	Question	Response Options	Requirements
<p><b>Hispanic/Latino ethnicity:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p>Source: Office of Management and Budget Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, 1997, § 170.207(f)</p>	<p>“Are you Hispanic, Latino/a or of Spanish origin?”</p> <p>Sources: Office of Management and Budget Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, 1997, § 170.207(f)</p> <p>HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity Sex, Primary Language, and Disability Status, 2011</p> <p><a href="http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53">http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53</a></p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> <li>• Decline to answer</li> </ul> <p>Source: Office of Management and Budget Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, 1997, § 170.207(f)</p>	<ol style="list-style-type: none"> <li>1. For this field, Hispanic/Latino/Spanish ethnicity must be collected and reported using the format presented in this document.</li> <li>2. The patient shall identify himself or herself as Hispanic/Latino/Spanish origin.</li> <li>3. If the registrar is unable to collect the Hispanic/Latino/Spanish ethnicity of the patient because the patient is unconscious or otherwise incapacitated and not able to respond to the question, the registrar shall select “Unknown.” If the patient cannot identify his or her Hispanic/Latino/Spanish ethnicity status, the registrar or patient shall select “Unknown.”</li> <li>4. If the patient declines to provide his or her Hispanic/Latino/Spanish ethnicity status, the registrar or patient shall select “Decline to answer.”</li> <li>5. If the patient is under 18 years of age, the Hispanic/Latino/Spanish ethnicity information of the child shall be answered by the parent/guardian/primary caregiver.</li> <li>6. The information shall be self-reported by the patient and not in any way directed, suggested or assumed by the registrar.</li> </ol>

Standard	Question	Response Options	Requirements
<p><b>Race:</b> An individual’s response to the race question is based upon self-identification. The racial categories reflect a social definition of race recognized in this country and not an attempt to define race biologically, anthropologically, or genetically.</p> <p><b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p><b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.</p> <p><b>Black or African American:</b> A person having origins in any of the black racial groups of Africa.</p> <p><b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</p> <p>Source: United States Census Bureau:  <a href="http://www.census.gov/topics/population/race/about.html">http://www.census.gov/topics/population/race/about.html</a></p>	<p>“What is your race?”</p> <p>Sources: HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity Sex, Primary Language, and Disability Status, 2011  <a href="http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53">http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53</a></p> <p>2015 Edition Health Information Technology (Health IT) Certification Criteria  <a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-225">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-225</a></p>	<ul style="list-style-type: none"> <li>• American Indian or Alaska Native</li> <li>• Asian</li> <li>• Black or African American</li> <li>• Native Hawaiian or other Pacific Islander</li> <li>• White</li> <li>• Other race (please specify)</li> <li>• Unknown</li> <li>• Decline to answer</li> </ul> <p>Source: Office of Management and Budget Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, 1997, § 170.207(f)</p>	<ol style="list-style-type: none"> <li>1. For this field, race must be collected and reported using the format presented in this guidance document.</li> <li>2. The patient may identify more than one category.</li> <li>3. For this field, a choice of 5 race response categories is given.</li> <li>4. If the patient identifies a race not listed, the registrar or patient shall select and complete the free text category under “Other race (please specify).”</li> <li>5. If the registrar is unable to collect the race of the patient because the patient is unconscious or otherwise incapacitated and not able to respond to the question, the registrar shall select “Unknown.” If the patient is unable to identify his/her race, the registrar or patient shall select “Unknown.”</li> <li>6. If the patient declines to identify a specific race, the registrar or patient shall select “Decline to answer.”</li> <li>7. If the patient is under 18 years of age, the race of the child will be provided by the parent/guardian/primary caregiver.</li> <li>8. The information shall be self-reported by the patient and not in any way directed, suggested, or assumed by the registrar.</li> </ol>

Standard	Question	Response Options	Requirements
<p><b>Ethnicity:</b> Ethnicity is a socially defined category of people who identify with each other based on common ancestry, social, cultural or national experience.</p> <p>The categories represent a social-political construct designed for collecting data on the race and ethnicity of broad population groups in this country, and are not anthropologically or scientifically based.</p> <p><i>Source: Oxford Dictionary, Oxford University Press and Office of Management and Budget Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, 1997, § 170.207(f)</i></p>	<p>“What is your ethnicity? “</p>	<p>Use response categories from PHIN SYSTEM LIST adopted in 2015 MU Certification Criteria. See Appendix B.</p> <p><i>Source: “Race &amp; Ethnicity—CDC” PHIN Vocabulary Access and Distribution System (VADS), Release 3.3.9</i></p> <p><a href="https://phinvads.cdc.gov/vads/ViewCodeSystem.action?id=2.16.840.1.113883.6.238">https://phinvads.cdc.gov/vads/ViewCodeSystem.action?id=2.16.840.1.113883.6.238</a></p> <p><i>2015 Edition Health Information Technology (Health IT) Certification Criteria</i></p> <p><a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-225">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-225</a></p>	<ol style="list-style-type: none"> <li>1. For this field, a choice of 34 response categories is given. Many of the main ethnic categories are broken down further into subcategories as the patient may provide more detailed information regarding their ethnicity.</li> <li>2. The registrar is to ask the patient their ethnicity and record the patient’s response(s) or provide the patient with a list of ethnicities.</li> <li>3. The patient may provide as many ethnicities and subcategories of ethnicities with which he or she identifies.</li> <li>4. If the patient does not identify with any of the given ethnicities and/or subcategories, he or she may define his or her ethnicity. The registrar or patient shall select and complete the free-text category under “Other ethnicity (please specify).”</li> <li>5. If the registrar is unable to collect the ethnicity of the patient because the patient is unconscious or otherwise incapacitated and not able to respond to the question, the registrar shall select “Unknown.” If the patient cannot identify his or her ethnicity the registrar or patient shall select “Unknown”.</li> <li>6. If the patient declines to identify his or her ethnicity, the registrar or patient shall select “Decline to answer”.</li> <li>7. If the patient is under 18 years of age, the ethnicity information of the child shall be answered by the parent/guardian/primary caregiver.</li> <li>8. The information must be self-reported and cannot be directed, suggested or assumed, or by the registrar.</li> </ol>

Standard	Question	Response Options	Requirements
<p><b>Sex:</b> Sex refers to a person’s biological sex.</p> <p>Source: 2015 Edition Health Information Technology (Health IT) Certification Criteria</p> <p><a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-222">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-222</a></p>	<p>“What is your sex?”</p> <p>Source: HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity Sex, Primary Language, and Disability Status, 2011  <a href="http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53">http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53</a></p> <p>2015 Edition Health Information Technology (Health IT) Certification Criteria  <a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-222">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-222</a></p>	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Unknown</li> </ul> <p>Source: HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity Sex, Primary Language, and Disability Status, 2011  <a href="http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53">http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&amp;lvlid=53</a></p> <p>2015 Edition Health Information Technology (Health IT) Certification Criteria  <a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-222">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-222</a></p>	<ol style="list-style-type: none"> <li>1. For this field, a choice of male, female, or unknown is given.</li> <li>2. If the registrar is unable to collect the sex of the patient because the patient is unconscious or otherwise incapacitated and not able to respond to the question, the registrar shall select “Unknown.” If the patient cannot identify his or her sex, the registrar or patient shall select “Unknown”.</li> <li>3. The information must be self reported and cannot be directed, suggested or assumed by the registrar.</li> <li>4. If the patient is under 18 years of age, the sex information of the child shall be answered by the parent/guardian/primary caregiver.</li> </ol>

Standard	Question	Response Options	Requirements
<p><b>Language:</b> Language is a measure of primary language spoken at home.</p>	<p>“What is the primary language spoken in your home? “</p>	<p>For the field of primary language, please see Appendix B for response categories.</p> <p><i>Source: 2015 Edition Health Information Technology (Health IT) Certification Criteria</i></p> <p><a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-229">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-229</a></p> <p><i>Internet Engineering Task Force (IETF) Request for Comments (RFC) 56</i></p> <p><a href="https://www.rfc-editor.org/rfc/pdf/rfc5646.txt.pdf">https://www.rfc-editor.org/rfc/pdf/rfc5646.txt.pdf</a></p>	<ol style="list-style-type: none"> <li>1. For this field, primary language must be reported using format presented in this document.</li> <li>2. For the field of preferred language, Appendix B provides 25 possible categories.</li> <li>3. The patient shall provide only one language.</li> <li>4. If the patient identifies a language not listed in Appendix B, the registrar or patient shall select and complete the free text category under “Other language (please specify).”</li> <li>5. If the registrar is unable to collect the language of the patient because the patient is unconscious or otherwise incapacitated and not able to respond to the questions, the registrar shall select “Unknown.” If the patient is unable to identify his/her preferred language, the registrar or patient shall select “Unknown.”</li> <li>6. If the patient declines to identify his/her primary language, the registrar or patient shall select “Decline to answer”.</li> <li>7. If the patient is under 18 years of age, the preferred language information for the child shall be provided by the parent/guardian/primary caregiver.</li> <li>8. The information shall be self –reported by the patient and not in any way directed, suggested, or assumed by the registrar.</li> </ol>



Standard	Question	Response Options	Requirements
<p><b>Educational attainment:</b> The highest grade or year of school completed by the patient, or in the case of children under age 18, by the parent/guardian/primary caregiver. Individuals educated outside the United States should estimate the category equivalent to being educated in the United States.</p>	<p>“What is the highest degree or level of school you have completed?</p> <p>If you reached your highest level of education outside of the United States, please select the category that is the closest to your highest level so far.”</p> <p>Source: American Community Survey, U.S. Census Bureau</p> <p><a href="http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2015/quest15.pdf">http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2015/quest15.pdf</a></p>	<ul style="list-style-type: none"> <li>• I did not attend school</li> <li>• 8<sup>th</sup> grade or less</li> <li>• Some high school</li> <li>• Graduated high school or obtained my GED</li> <li>• Some college/ vocational/ technical program</li> <li>• Graduated from college</li> <li>• Some graduate school or or graduate degree</li> <li>• Other education</li> <li>• Unknown</li> <li>• Decline to answer</li> </ul> <p>Source: American Community Survey, U.S. Census Bureau</p> <p><a href="http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2015/quest15.pdf">http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2015/quest15.pdf</a></p>	<ol style="list-style-type: none"> <li>1. For educational attainment, the standard is the highest level of education completed. If the individual was educated outside the United States, he/she should estimate the category equivalent to being educated in the United States.</li> <li>2. For this field, a choice of 7 response categories is given.</li> <li>3. If the patient identifies another level of education not listed, the registrar or patient shall select “Other education.”</li> <li>4. If the registrar is unable to collect the educational level of the patient because the patient is unconscious or otherwise incapacitated and not able to respond to the question the registrar shall select “Unknown.” If the patient is unable to identify his/ her highest level of educational attainment, the registrar or patient shall select “Unknown”.</li> <li>5. If the patient declines to identify a specific level of educational attainment, the registrar or patient shall select “Decline to answer.”</li> <li>6. If the patient is under 18 years of age, education information for the child shall be provided by the parent/guardian/primary caregiver.</li> <li>7. The information shall be self-reported by the patient and not in any way directed, suggested, or assumed by the registrar.</li> </ol>

Standard	Question	Response Options	Requirements
<p><b>Gender Identity:</b> Gender identity refers to one’s sense of oneself as male, female, or transgender</p> <p>Source: American Psychological Association  <a href="http://www.apa.org/pi/lgbt/resources/guidelines.aspx">http://www.apa.org/pi/lgbt/resources/guidelines.aspx</a></p>	<p>“What is your current gender identity? You can choose more than one.”</p> <p>Source: 2015 Edition Health Information Technology (Health IT) Certification Criteria</p> <p><a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-251">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-251</a></p>	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Transgender male/Trans man/Female-to-male</li> <li>• Transgender female/Trans woman/Male-to-female</li> <li>• Genderqueer, neither exclusively male nor female</li> <li>• Other gender category</li> <li>• Unknown</li> <li>• Decline to answer</li> </ul> <p>Source: 2015 Edition Health Information Technology (Health IT) Certification Criteria</p> <p><a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-251">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-251</a></p>	<ol style="list-style-type: none"> <li>1. For this field, a choice of 5 gender identity categories is given.</li> <li>2. If the patient does not identify with any of the given identities he/ she may define his/her identity. The registrar or patient shall select “Other gender category.”</li> <li>3. If the registrar is unable to collect the gender identity of the patient because the patient is unconscious or otherwise incapacitated and not able to respond to the question, the registrar shall select “Unknown.” If the patient cannot identify his/ her own gender identity, the registrar or patient shall select “Unknown”.</li> <li>4. If the patient declines to identify his/ her gender identity, the registrar or patient shall select “Decline to answer”.</li> <li>5. If the patient is under 18 years of age, the gender identity information of the child shall be provided by the child or parent/guardian/primary caregiver.</li> <li>6. The information must be self-reported and cannot be directed, suggested or assumed by the registrar.</li> </ol>

Standard	Question	Response Options	Requirements
<p><b>Sexual Orientation:</b> Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted.</p> <p>Source: American Psychological Association  <a href="http://www.apa.org/pi/lgbt/resources/guidelines.aspx">http://www.apa.org/pi/lgbt/resources/guidelines.aspx</a></p>	<p>“Do you think of yourself as: ”</p> <p>Source: 2015 Edition Health Information Technology (Health IT) Certification Criteria  <a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-245">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-245</a></p>	<ul style="list-style-type: none"> <li>• Straight or heterosexual</li> <li>• Lesbian, gay, or homosexual</li> <li>• Bisexual</li> <li>• Other orientation</li> <li>• Unknown</li> <li>• Decline to answer</li> </ul> <p>Source: 2015 Edition Health Information Technology (Health IT) Certification Criteria  <a href="https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-245">https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-245</a></p>	<ol style="list-style-type: none"> <li>1. For this field, a choice of 3 sexual orientations is given.</li> <li>2. If the patient does not identify with any of the given orientations, he/ she may define his/her orientation. The registrar or patient shall select “Other orientation.”</li> <li>3. If the registrar is unable to collect the sexual orientation of the patient because the patient is unconscious or otherwise incapacitated and not able to respond to the question, the registrar shall select “Unknown.” If the patient cannot identify his/ her sexual orientation the registrar or patient shall select “Unknown”.</li> <li>4. If the patient declines to identify his/ her sexual orientation the registrar or patient shall select “Decline to answer”.</li> <li>5. If the patient is under 18 years of age, the sexual orientation information of the child shall be provided by the child or parent/guardian/primary caregiver.</li> <li>6. The information must be self-reported and cannot be directed, suggested or assumed by the registrar.</li> </ol>

**Appendix B**  
**BHEMS Demographic Data Dictionary:**

Address	Full address (number, street, city, state, zip)
Date of birth	Date of Birth (MM/DD/YYYY)

Patient Hispanic Indicator	
Y	Patient is Hispanic/Latino/Spanish
N	Patient is not Hispanic/Latino/Spanish
UNKNOW	Unknown
DECLIN	Decline to answer

Race Code	Patient Race Definition
R1	American Indian/Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or other Pacific Islander
R5	White
R9	Other race (please specify)
UNKNOW	Unknown
DECLIN	Decline to answer

Ethnicity Code	Ethnicity Definition	Subcategories Included within Category with Codes
2182-4	Cuban	
2184-0	Dominican	
2148-5	Mexican, Mexican American, Chicano	
2180-8	Puerto Rican	
2161-8	Salvadoran	
2155-0	Central American	Belizean Central American Indian 2162-6 Costa Rican 2156-8 Nicaraguan 2159-2 Panamanian 2160-0
2165-9	South American	Argentinean 2166-7 Bolivian 2167-5 Chilean 2168-3 Criollo 2176-6 Ecuadorian 2170-9 Guyanan GUYANA Paraguayan 2171-7 Peruvian 2172-5 Uruguayan 2173-3 Venezuelan 2174-1 South American Indian 2175-8
2060-2	African	Ethiopian 2062-8 Ghanian GHANA Liberian 2063-6 Nigerian 2065-1

		Sierra Leonian SLEONE Somalian SOMALI
2058-6	African American	
AMERCN	American	
2028-9	Asian	Bangladeshi 2030-5 Bhutanese 2031-3 Burmese 2032-1 Hmong 2037-0 Iwo Jiman 2048-7 Indonesian 2038-8 Madagascar 2052-9 Malaysian 2042-0 Maldivian 2049-5 Nepalese 2050-3 Okinawan 2043-8 Pakistani 2044-6 Singaporean 2051-1 Sri Lankan 2045-3 Taiwanese 2035-4 Thai 2046-1
2029-7	Asian Indian	
BRAZIL	Brazilian	
2033-9	Cambodian	
CVERDN	Cape Verdean	
CARIBI	Caribbean Island	Barbadian 2068-5 Dominica Islander 2070-1 Jamaican 2072-7 Trinidadian 2074-3 Tobagoan 2073-5 West Indian 2075-0
2034-7	Chinese	
2169-1	Columbian	
2108-9	European	English 2110-5 French 2111-3 German 2112-1 Greek GREEK Irish 2113-9 Italian 2114-7 Scottish 2116-2 Spanish 2137-8
2036-2	Filipino	
2157-6	Guatemalan	
2071-9	Haitian	
2158-4	Honduran	
2039-6	Japanese	
2040-4	Korean	
2041-2	Laotian	
2118-8	Middle Eastern	Assyrian 2119-6 Egyptian 2120-4 Iranian 2121-2

		Iraqi 2122-0 Lebanese 2123-8 Palestinian 2124-6 Syrian 2125-3 Afghanistani 2126-1 Israeli 2127-9
PORTUG	Portuguese	
RUSSIA	Russian	
EASTEU	Eastern European	Albanian ALBANI Armenian 2109-7 Bosnian BOSNIA Croatian CROATI Polish 2115-4 Ukranian UKRAIN
2047-9	Vietnamese	
Other Eth	Other ethnicity (please specify)	
UNKNOW	Unknown	
DECLIN	Decline to answer	

Sex Code	Definition
M	Male
F	Female
U	Unknown

Language Code	Language Definition
799	African Languages (Please Specify)
777	Arabic
708	Chinese (Please Specify)
601	Cape Verdean Creole
600	English
620	French
607	German
637	Greek
623	Haitian Creole
778	Hebrew
663	Hindi
619	Italian
723	Japanese
724	Korean
656	Persian
645	Polish
629	Portuguese
639	Russian
625	Spanish
742	Tagalog
671	Urdu
728	Vietnamese
997	Other language (please specify)
998	Unknown
999	Decline to answer

Education Code	Education Definition
1	I did not attend school
2	8 <sup>th</sup> grade or less
3	Some high school

4	Graduated from high school or obtained my GED
5	Some college/vocational/technical program
6	Graduated from college
7	Some graduate school or graduate degree
8	Other education
9	Unknown
10	Decline to answer

<b>Gender Identity Code</b>	<b>Gender Identity Definition</b>
1	Male
2	Female
3	Transgender male/Trans man/Female-to-male
4	Transgender female/Trans woman/Male-to-female
5	Genderqueer, neither exclusively male nor female
6	Other gender identify
7	Unknown
8	Decline to answer

<b>Sexual Orientation Code</b>	<b>Sexual Orientation Definition</b>
1	Straight or heterosexual
2	Lesbian, gay, or homosexual
3	Bisexual
4	Other sexual orientation
5	Unknown
6	Decline to answer

## Appendix C

### BHEMS Measures:

Ambulatory Care Measures				
Measure Name / Description	BPHC Category	CMS#	NQF #	PQRS #
Controlling High Blood Pressure	Cardiovascular Disease	165	18	236 GPRO HTN-2
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Obesity	155	24	239
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Tobacco	138	28	226 GPRO PREV-10
Breast Cancer Screening	Cancer screening	125	31	112 GPRO PREV-5
Chlamydia Screening for Women	Preventative Health	153	33	310
Colorectal Cancer Screening	Cancer screening	130	34	113 GPRO PREV-6
Use of Appropriate Medications for Asthma	Asthma	126	36	311
Childhood Immunization Status	Immunizations	117	38	240
Preventative Care and Screening: Influenza Immunization	Immunizations	147	41	110 GPRO PREV-7
Diabetes: Hemoglobin A1c Poor Control	Diabetes	122	59	1 GPRO DM-2
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Preventative Health	2	418	134 GPRO PREV-12
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Obesity	69	421	128 GPRO PREV-9



Hospital Measures			
Measure Name / Description	BPHC Category	CMS#	NQF #
<b>Aspirin Prescribed at Discharge</b> Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge	Cardiovascular Disease	100v2	142
<b>Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver</b> Description: An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.	Asthma	26v1	338
<b>Discharged on Antithrombotic Therapy</b> Description: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge	Cardiovascular Disease	104v2	435
<b>Thrombolytic Therapy</b> Description: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.	Cardiovascular Disease	91v3	437
<b>Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients</b> Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	ED Utilization	55v2	495
<b>ED-3-Median time from ED arrival to ED departure for discharged ED patients.</b> Description: Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department.	ED Utilization	32v3	496
<b>Discharged on Statin Medication</b> <b>Description:</b> Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	Cardiovascular Disease	105v2	439