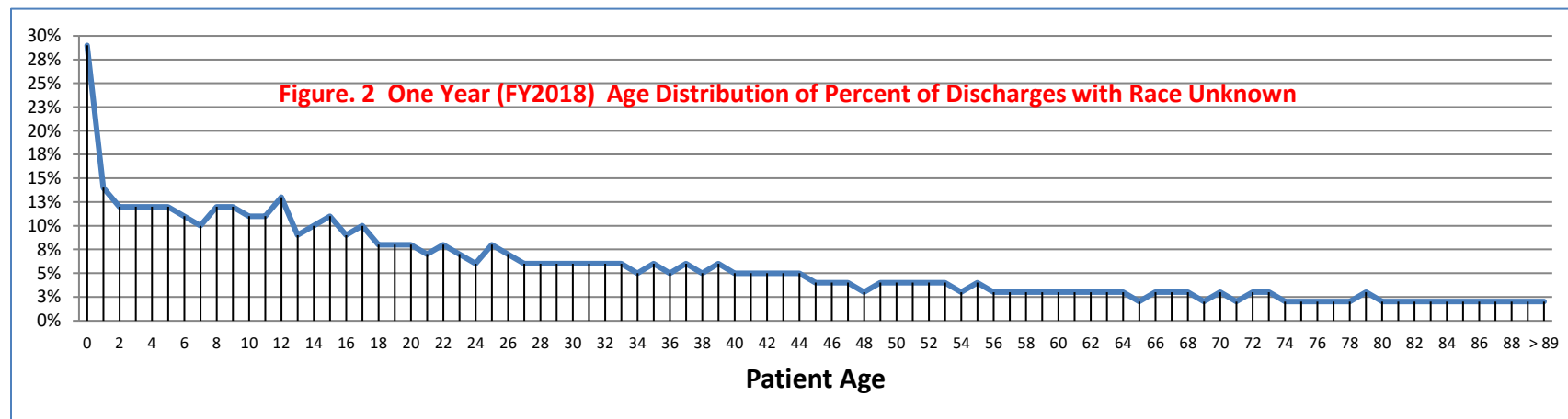
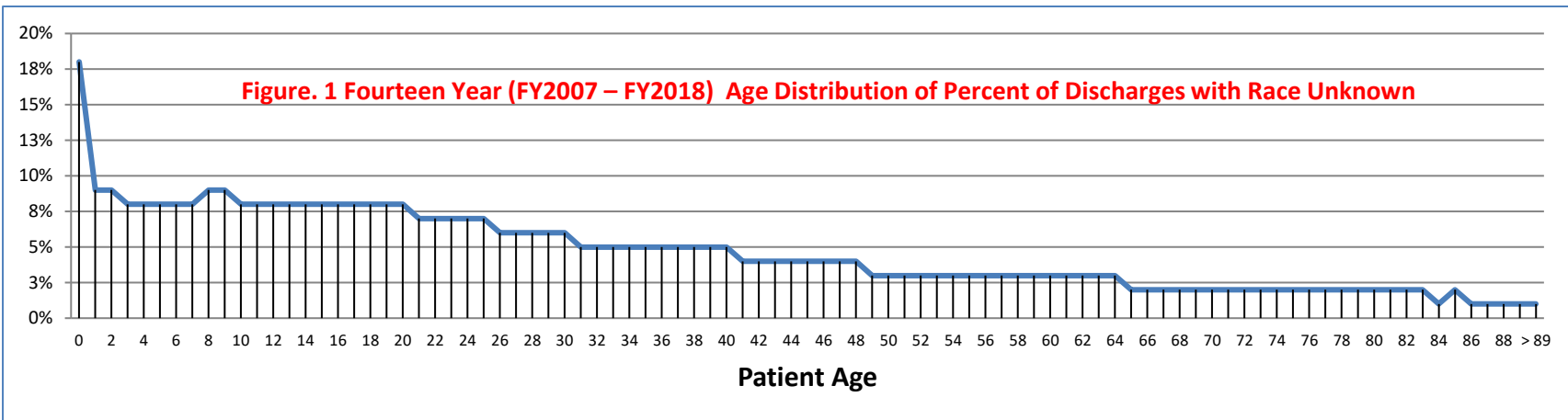


**Question:** Over the years, the percent of inpatient discharges with unknown race has increased. We rely on race data to evaluate disproportionately higher burden of diseases and disparities. Do you have any recommendations for handling unknowns?



**Answer:** In looking at the age distribution by percent of inpatient discharges with an unknown race over the past 14 years (FY2007 to FY2018), the highest proportion of unknowns tend to be in the pediatric population. **See Figure 1 below.** This age distribution of unknowns skewed towards the pediatric population became even more pronounced in the most recent FY2018 inpatient data. **See Figure 2 below.** Rather than pooling the data, stratifying by age would allow you to see more clearly any distorting effect unknowns will have on disparity metrics.



Answer Continued



**Answer (continued):** The encrypted UHIN can be used to determine within one year or across multiple years if a specific discharge record with unknown race had previously reported race as known during another episode of care. **In Figure 3 below,** 14 years of Inpatient Hospital Discharge data from FY2007 to FY2018 was used to determine if patients with unknown race and a valid encrypted UHIN had previously reported race as known for another inpatient episode of care. And yes, they had. By linking any encrypted UHIN with an unknown race to encrypted UHINs with a known race, the successful linkage of the discharge to their race data in a previous inpatient record led to a monthly average 33% reduction in the number of discharges with race unknown. It is important to note that over a 14-year period 52% of unknowns do not have valid encrypted UHINs and that the greatest reduction in unknowns is achieved in the adult population.

**Figure 3. Reduction in Unknown Race1 Discharges by UHIN Linkage to Other Episodes of Care**

