Reviewer's report

Title: Responses of Massachusetts Hospitals to a State Mandate to Collect Race, Ethnicity and Language Data from Patients: A Qualitative Study

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Reviewer: Marsha Regenstein

Reviewer's report:

The article provides qualitative data about the experiences of Massachusetts hospitals in implementing state regulations requiring the uniform collection of race, ethnicity and preferred language of patients. The study uses data from semi-structured interviews of hospital executives from a sample of hospitals "reasonably" representative of acute care hospitals in the state. The findings indicate that collection of these data is feasible and that the state requirement served as a fairly effective lever in moving data collection efforts forward. This information is relevant and timely and can add to the field's understanding of data collection as a necessary first step toward disparities identification and reduction. Several modifications could strengthen the manuscript. They are all in the category of discretionary revisions.

1. Additional details about the regulation would be helpful. The paper mentions that one respondent said that the regulation did not go far enough in that ambulatory care patients were not included. Other information in the paper addresses the use of the information -- a bit more detail about the regulation itself might be useful to put these findings in context.

2. The CEOs identified up to three individuals to participate in the interviews. I am curious whether IT and finance people responded differently than others. Likewise, 4 DSH hospitals responded and I am curious whether the was a greater sense of need for resources for IT in these hospitals. More linkage between findings and respondents (to the extent this is feasible given confidentiality) would be interesting.

3. The paper says that the data were used to "refine" interpreter services. Not sure what this means.

4. I would have liked to see more information on specifically how hospitals are using the data for quality purposes and, if the information was available, how the hospitals reacted to this new ability in terms of stratifying quality data. Getting at some of this would yield new information that could be of use to other hospitals getting into disparities-related QI work.

5. This gets to the same point. The paper says: "Our study suggests that the regulation had a significant impact on whether and how hospitals were collecting and using race, ethnicity and language data. Over half of hospitals are now utilizing patient race and ethnicity data to identify disparities in quality performance measures for a variety of clinical processes and outcomes and to
develop patient services and community outreach programs based on findings from these data." For me, that's the big contribution of this paper and I think bringing in more information about these services and programs would be great. The largest parts of the paper address the process of data collection and most of the quotes also address process and challenges.

6. The term "meaningful use" is used once in the manuscript, although there are some substantial lessons here for meaningful use moving forward. A more focused discussion of the relevance of this work for meaningful use would be helpful.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.