



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



# Collecting Sexual Orientation and Gender Identity (SO/GI) Data In Electronic Health Records

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# Learning Objectives

This presentation will enable you to:

- 1) Summarize how to incorporate SOGI data collection into your workflow using your EHR, and quality improvement techniques to improve communication, quality care, and data and quality management activities.
- 2) Identify at least one method to actively engage and educate staff on the importance of collecting and using SOGI data, how to do so, the data's impact on health disparities, and how SOGI can be used to direct education and clinical practice.
- 3) Identify at least one training, tool, or other resource to assist your health center in collecting and using SOGI data.

# Data Collection Toolkit



# Collecting GI Information in EHRs



[www.lgbthealtheducation.org/topic/sogi/](http://www.lgbthealtheducation.org/topic/sogi/)

# Are Patients Likely to be Offended by SO/GI Questions?

- A study of 301 randomly selected patients from four racially and geographically diverse U.S. health centers found high acceptability by patients of routine SO/GI data collection: most expressed believing the questions are important and reported they would answer these again in the future (Cahill, et al., 2014).
- 78% of clinicians nationally believe patients would refuse to provide sexual orientation, however only 10% of patients say they would refuse to provide sexual orientation (Haider et al., 2017).
- No difference in patient attitudes toward registration forms that include SOGI questions vs. forms that do not; only 3% of patients reported being distressed, upset or offended by SOGI questions (Rullo et al., 2018).

# Where the rubber meets the road: Our experiences



# Getting Started....

You don't have to be LGBTQ to do this well, and don't assume LGBTQ people don't need training too!

# Starting the Process

- **Create your Team**

- Include key staff who can be champions and provide feedback
- Senior Management Support/Executive Champion

- **Training**

- Clinical Staff (e.g. MD, Medical Assistants, Nurses, Optometrists, Dentists) and Non-Clinical staff (e.g. Front desk/Patient Services, Billing)

- **Privacy and Confidentiality**

- HIPAA/Legal Protections
- Assure patients that it will be used appropriately

- **EHR Customization**

# Gathering Gender Identity Data During the Process of Care

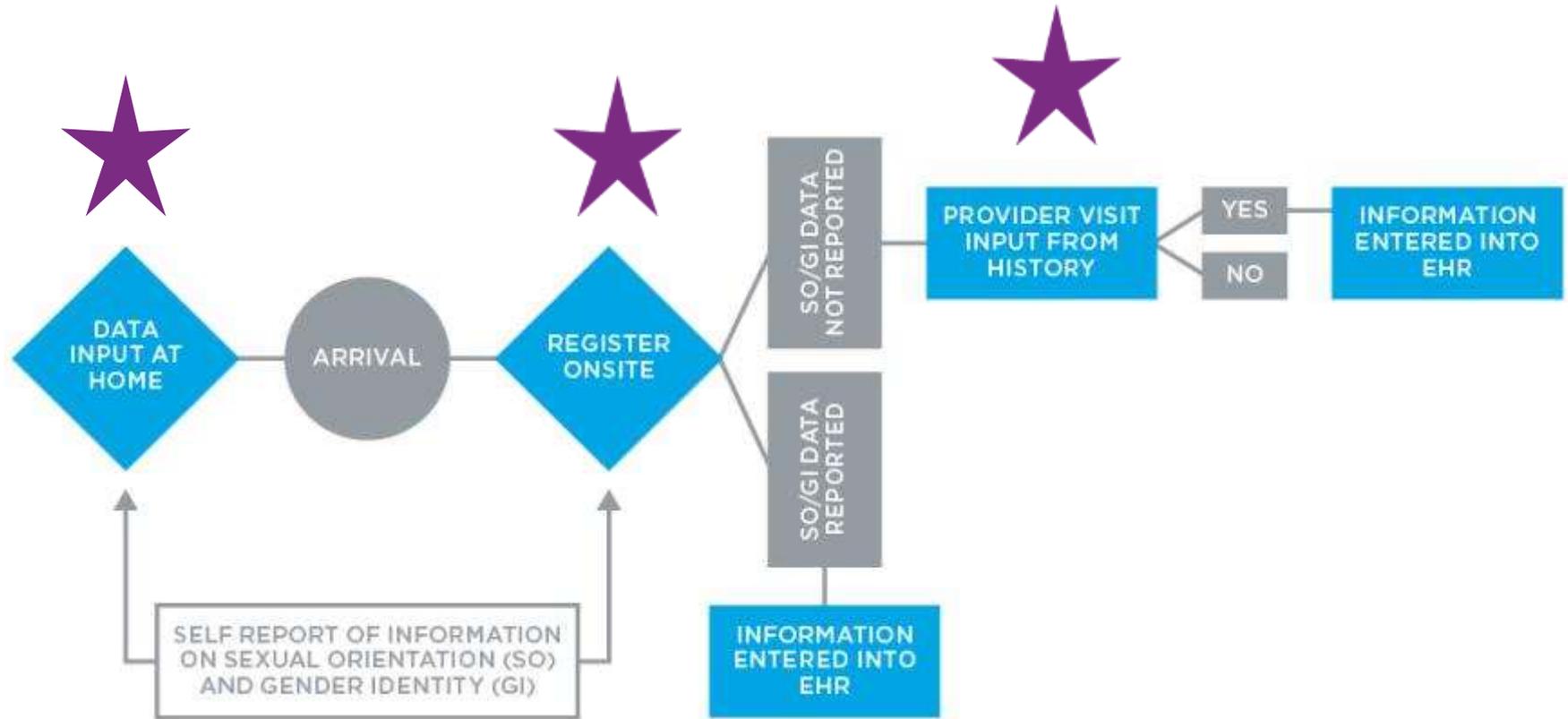


Fig. 2. Diagram from "Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health."<sup>13</sup>

# Sample Registration Form

- Legal Name
- Name
- Pronouns
- Insurance/Legal Sex
- Gender Identity
- Assigned Sex at Birth
- Sexual Orientation
- Parent/Guardian

FENWAY  HEALTH			The information in your medical record is confidential and is protected under Massachusetts General Laws Ch. 111, Sec 70. Your written consent will be required for release of information except in the case of a court order.		Medical Record # <i>(For office use only)</i>		
<b>Client Registration</b>							
Legal Name* Last		First		Middle Initial		Name used:	
Legal Sex (please check one)* <input type="checkbox"/> Female <input type="checkbox"/> Male		Pronouns:					
<small>*While Fenway recognizes a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know.</small>							
Date of Birth Month / Day / Year		Social Security #		State ID # or License #			
<i>Your answers to the following questions will help us reach you quickly and discreetly with important information.</i>							
Home Phone ( ) ( )		Cell Phone ( ) - ( )		Work Phone ( ) ( )		Best number to use: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Ok to leave voicemail? Yes No -		Ok to leave voicemail? Yes No -		Ok to leave voicemail? Yes No -			
Address			City		State		ZIP
Email address:							
Occupation			Employer/School Name		Are you covered under school or employer's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact's Name			Phone Number		Relationship to you		
<small>If you are under 18, the Department of Public Health requires that you provide parent/guardian contact information.</small>							
Parent/Guardian Name			Phone Number		Relationship to you		
Fenway Health will send certain correspondence, such as bills, to your mailing address. How would you prefer to receive other types of written correspondence? (check one) <input type="checkbox"/> Secure Email (MyFenway) <input type="checkbox"/> Letter <input type="checkbox"/> Other							
<i>This information is for demographic purposes only and will not affect your care.</i>							
1.) What is your annual income? <input type="checkbox"/> No income		2.) Employment Status <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____		3.) Racial Group(s) (check all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native American / Alaskan Native / Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____		4.) Ethnicity <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina	
1a.) How many people (including you) does your income support? _____		6.) Preferred Language (choose one): <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский Other _____		7.) Do you think of yourself as: <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know		5.) Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____	
11.) What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer or not exclusively male or female		12.) What was your sex assigned at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male		8.) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____		9.) Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	
				10.) Referral Source <input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media/Outreach <input type="checkbox"/> Worker/School <input type="checkbox"/> Other _____		13.) Do you identify as transgender or transsexual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Please turn over 							



W

# SOGI Reporting For Pediatric Patients

- How to deal with Pediatric patients?
- At what age do you start asking these questions?
  - Recommend asking GI early
  - Recommend asking SO from 13+ years old
- At what age do you start reporting these data?
  - Are parents answering these questions?
  - Potential bias

# Managing Challenges and Opportunities

- How do you respond to patients who do not want to disclose SO, GI, or sex assigned at birth?
  - Patients who have a primary language other than English or different cultural backgrounds?
- What kinds of communication problems occur (e.g., misgendering/pronouns, etc.), and how do you deal with mistakes?

# Managing Challenges and Problems

- What other problems should you anticipate and how do you deal with them? For example:
  - Patient's name doesn't match their insurance card
  - Provider changes name/gender in EHR and it no longer matches the insurance information?

# Privacy and Confidentiality

- How do you keep SO/GI information private and confidential?
  - In the EHR?
    - Auditing
    - Patients have a right to know who has viewed their record
    - EHR's allow for restrictions on who can view patient records
  - In conversations?
    - HIPAA
  - In small communities?

# Interdepartmental Communication and Workflow

	<b>Medical Dept</b>	<b>Lab</b>	<b>Pharmacy</b>	<b>Patient Services</b>
<b>Medical Dept</b>	<ul style="list-style-type: none"> <li>• Add preferred name to printed materials</li> </ul>	<ul style="list-style-type: none"> <li>• Add preferred name to the label to order</li> </ul>	<ul style="list-style-type: none"> <li>• Send preferred Name in "Note To Pharmacy" field within script. Would need to do this for scripts sent to Fenway only</li> <li>• Need to add preferred name to scripts sent to outside pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Increase font size and prominence of preferred name on the Patient Profile</li> <li>• Add preferred name on label or electronic submission for referral services</li> </ul>

# Task and Workflow Issues

	Patient Search	Phone Calls	Schedule	Chart Summary	Patient Banner	Labels	Letters/Bills/Emails	Other
<b>Medical Dept</b>	<p><b>*Only able to search by First and Last name. Cannot search by preferred Name</b></p> <p>^□ Add preferred name to the search mechanism</p>	<p><b>* Nurse Call center</b></p> <p>^search feature – which is the correct name to use when contacting the patient</p>	<p><b>*Only able to see Patient's first and last name</b></p> <p>^□ Add preferred name to the schedule</p>	<p><b>*First and Last Name</b></p> <p>^Add preferred name</p>	<p><b>*Has Patient's first, last and preferred name</b></p> <p>^Increase size of preferred name in the Banner</p>	<p><b>*Only Patient's first and last name</b></p> <p>^Add preferred name to the label</p>	<p><b>*Use Chart name</b></p> <p>^ Would need to have a mechanism to indicate the correct name on correspondence; drop salutation (Mr/Miss)</p> <p><b>*DPH forms – uses Chart name</b></p>	<p><b>*Patient profile has first, preferred and last name</b></p> <p>^Increase the font size for preferred name on Patient profile</p>
<b>BH Dept</b>	<p><b>*Only able to search by First and Last name. Cannot search by preferred Name</b></p> <p>^□ Add preferred name to the search mechanism</p>		<p><b>*Acupuncture – patient's sign in and introduce themselves</b></p> <p><b>*Only able to see Patient's first and last name</b></p> <p>^□ Add preferred name to the schedule</p>		<p><b>*Has Patient's first, last and preferred name</b></p> <p>^Increase size of preferred name in the Banner</p>		<p><b>*no mechanism to indicate which name should be used in correspondence</b></p>	<p><b>*Can include preferred name on HDAP forms</b></p>

# Pronoun Color Code



She

Use this pronoun color block when patient pronouns are always She series



none

Use this pronoun color block when patient does not want any pronouns used



He

Use this pronoun color block when patient pronouns are always He series



He or  
She

Use this pronoun color block when patient pronouns are either He or She based on gender presentation at the time of the visit



They

Use this pronoun color block when patient pronouns are always They series



He or  
They

Use this pronoun color block when patient pronouns are fluid and He or They are okay



Ask

Use this pronoun color block when patient pronouns are fluid or not He/She/They series



She or  
They

Use this pronoun color block when patient pronouns are fluid and She or They are okay

# Current Practice: CPS Registration Screen

Patient Registration - Chris Test (34T)

File Edit View Options Help

Behavioral Health Patient Payment CHC Registration Authorizations Immunizations SFS History Missing Information Alias Tracking

Register Patient Portal

Patient Guarantor Additional Insurance Contacts Appointments Financial Payment Plan Historical D

Title: First Name: Middle Name: Last Name: Suffix: Preferred: Sensitive Patient

Chris Test Chroy

\*Birth Date: 01/05/1965 Birth Time: M Sex: Male Sensitive Patient

Age: 54 Years Gender Identity: Identifies as Male No users denied access

Patient Same As Guarantor Marital Status: Single Sexual Orientation: User Specific Chart Access

Addresses: Primary Alternate Swap

\*Address: 1340 Boylston Street

\*City/State: Boston MA Zip Code: 02215

Country: Address Type:

Country:

Subdivision:

Phone: (617) 927-6018 Home

SSN: Patient ID: 34T

MRN: 513021

Resp. Provider: Primary Care, Not

Referring:

Primary Care: Primary Care, Not

\*Home Location: FENWAY

Facility: South End - Medical

Language: English

Race: White Race2:

Ethnicity: Not Hispanic or Latino Ethnicity2:

Get Photo Remove Photo

Quick Entry Mode (this session only)

Save & Exit Save Cancel

South End - Medical Get Driving Directions

http://fchc-jboss:9080/centricitycps/patient\_registration.jsp?Hub=31734&View=2&NotUsingViews=0#

grasso 2:20 PM

# Current Practice: Modified Chart View

2

**Chris Test** Name used: **Chrissy** MRN: 513021 SSN: Home: (617) 927-6018 Cell: None Work: None Email: [redacted] She

54 Years Old Male (DOB: 01/05/1965) Resp. Provider: Not Primary Care Insurance: RYAN WHITE MEDICAL Contact By: Number: 000-00-0000 Pref. Language: [redacted]

**Problems**

Description	ICD-9	ICD-10	Onset Date	End
Breast implant status	V43.82	Z98.82	04-Feb-2019	
Breast implant status	V43.82	Z98.82	04-Feb-2019	
THP	THP		14-Feb-2013	
Diabetes mellitus type 2 uncontrolled -- Reluctant to start insulin, recommending out metformin	E11.9	E11.9	12-Sep-2016	

**Medications**

Description	Instructions	Route	Last Rx
BACTRIM DS 800-160...	1 tab po daily	ORAL	22-Dec-2016
ATRIPLA 600-200-300...	1 tab PO daily	ORAL	22-Dec-2016
ANDROGEL 50 MG/5G...	apply to skin on upper torso q am	TRANSDERMAL	22-Dec-2016
MG O...	1 tab po tid	ORAL	22-Dec-2016
MG O...	1 tab po tid		18-Jun-2013
D 22	1 tab po daily		17-Mar-2014

**Care Alert Warning**

You have 1 PopUp(s) about Chris Test.

Message: Pronouns are She/Her/Hers Location: FCH

View Details, Remove, Close

**Alerts / Flags**

- Keneth Levi... see update dated 6/28/2018
- Keneth Levi... Hi all See today's document for the ap Ken
- Chris Gra... Pronouns are She/Her/Hers

3

1

1

She

# Forms: Transgender Intake

Gender Identity Information    Health History    Social Supports:HEADS    Recommendations for HRT

## TRANSGENDER MEDICAL INTAKE FORM

### SECTION V: LABS AND DOSING RECOMMENDATIONS

1. General dosing recommendations:

Click to print consent forms:

FTM (Masculinizing Treatment) Consent	MTF (Feminizing Treatment) Consent
<b>FTM (Masculinizing Treatment) labs to order:</b> CBC Lipids Urine HCG (if pregnancy is a possibility) Glucose (if history or exam suggests PCOS) LFTs (if history or exam suggests PCOS) Testosterone (if history or exam suggests PCOS)	<b>MTF (Feminizing Treatment) labs to order:</b> BMP Lipids Serum prolactin (if patient has been on self-prescribed hormones for a year or more, or if taking antipsychotic medications) Serum testosterone (if history or exam suggests that the patient may be hypogonadal) AST (if patient has history of hepatic illness) ALT (if patient has history of hepatic illness)

5c. What did/do you take? How much of each medication?

5d. How long have/did you take these?     <6 mos     7-12 mos     13-24 mos     >24 mos

# EHR Form: Organ Inventory

## Organ Inventory

### BREAST

[Congenital Absence](#)

[Chest Reconstruction](#)

[Bilateral Mastectomy](#)

[Unilateral Mastectomy, R](#)

[Unilateral Mastectomy, L](#)

[Breast Augment/Implant\(s\)](#)

### CERVIX

[Congenital Absence](#)

### OVARY

[Bilateral Salpingo-Oophorectomy](#)

[Unilateral Salpingo-Oophorectomy, R](#)

[Unilateral Salpingo-Oophorectomy, L](#)

### PENIS

[Phalloplasty/Metoidioplasty/Penile Transplant](#)

[Erectile Device](#)

### PROSTATE

[Prostatectomy](#)

### TESTIS

[Testicular Implant\(s\)](#)

### URETHRA

[Urethral Lengthening](#)

### UTERUS

[Hysterectomy - Cervix Removed](#)

[Hysterectomy - Cervix Remains](#)

### VAGINA

[Colpocleisis - Closure of the Vagina](#)

[Vaginoplasty](#)

Prev Form (Ctrl+PaUp)

Next Form (Ctrl+PaDn)



# Custom Forms: PrEP

**General** | Discussion | Initiation | First Maint | Maintenance | Termination

Prior nPEP History  None  
 Rx outside Fenway  
 Study outside Fenway  
 Rx at Fenway  
 Study at Fenway  
 from another's prescription

Primary Reason for visit: HIV/STI evaluation

Does patient receive primary care elsewhere than Fenway?  Yes  No

Is this patient's first primary care visit at Fenway?  Yes  No

Is this patient's first primary care visit at Fenway in the last year?  Yes  No

Prior PrEP History  None  
 Rx outside Fenway  
 Study outside Fenway  
 Rx at Fenway  
 Study at Fenway  
 from another's prescription

Is patient presently homeless?  Yes  No

Is patient presently in an insecure housing situation?  Yes  No

Has patient been a sex worker in the last 12 months?  Yes  No

Level of PrEP knowledge: Basic

PrEP Status: Taking

PREP Risk Group:  MSM  
 IDU  
 Heterosexual sex

**Sexual Behaviors**

Receptive oral intercourse:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Insertive oral intercourse:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Receptive anal intercourse:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Insertive anal intercourse:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Receptive vaginal intercourse:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Insertive vaginal intercourse:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall

Condom use for anal/vaginal sex with casual partners: Inconsistent (Less than 100%)

Condom use for anal/vaginal sex with primary partner: Consistent (100%)

Notes

Relationship status: Partnered (not living together)

Monogamy status: Non-monogamous

Gender of partner: Male

Notes

Is patient in an HIV serodiscordant relationship with a spouse, partner or regular sexual partner?  Yes  No

Is HIV positive partner on ART?  Yes  No  Unknown  Not Documented

If partner on ART, for how long?  Less than 1 mon  1 month or more  Unknown

If partner on ART, what is their adherence level?  no missed doses  one missed dose per week or less

# Clinical Decision Support (CDS)/ Health Maintenance

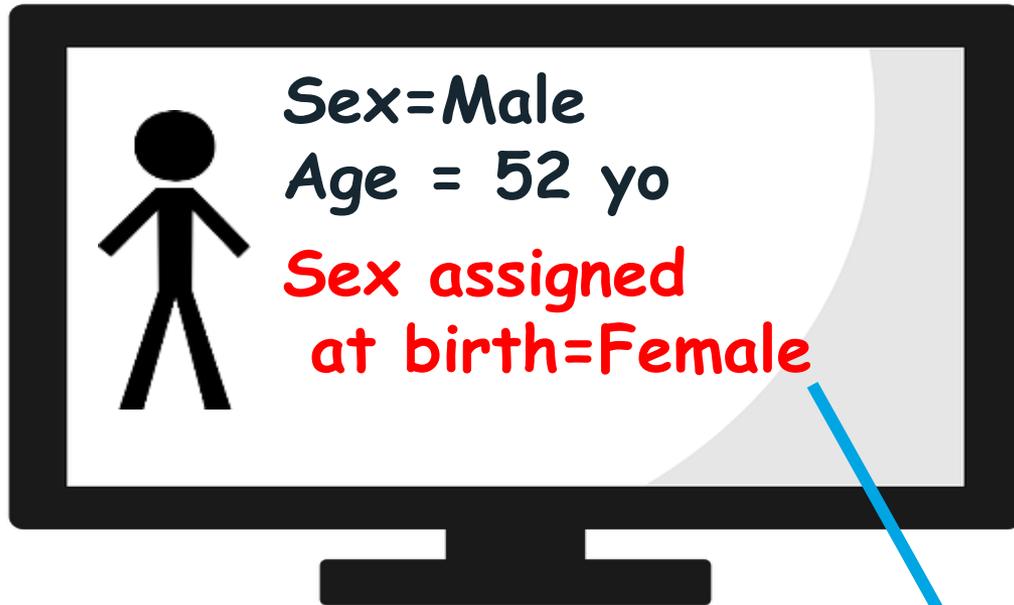
## Current Variables:

- Sex
- Age
- Problems/Disease Conditions
  - e.g. Diabetes
- Medications
  - e.g. Coumadin
- Observations
  - e.g. Blood Pressure > 220

## Recommended Additional Variables:

- Sexual Orientation
- Gender Identity
- Sex Assigned at Birth
- Anatomical Inventory

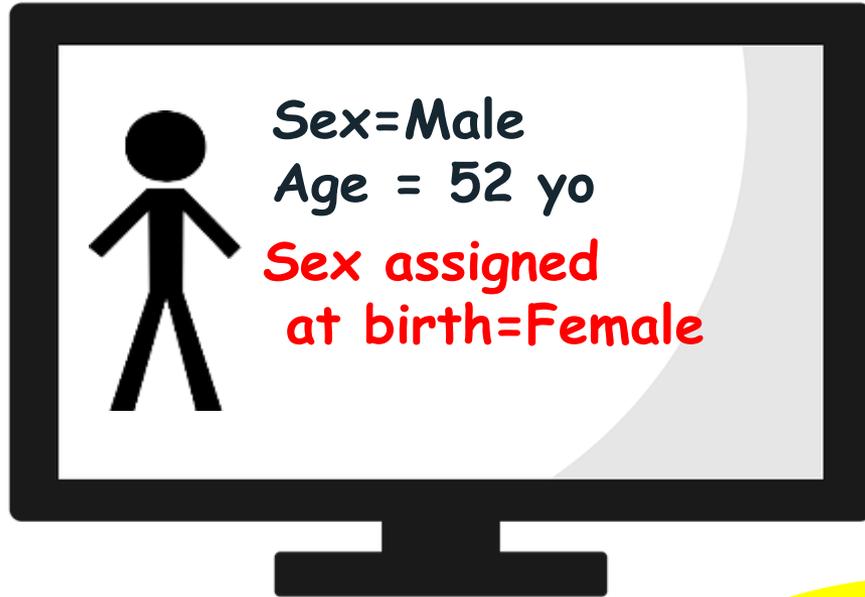
# Decision Support/Health Maintenance



## ■ Patient Due For:

- LDL
- HDL
- TRIGLYCERIDE
- CHOLESTEROL
- HGBA1C
- STD
- HEP C
- ????????

# Decision Support/Health Maintenance



**Patient Due For:**

- Cervical Pap Smear
- Mammogram
- ??????????

# Additional Customizations

- Custom Clinical Forms
- Clinical Decision Support/Protocols
- All letter templates updated to exclude salutations (e.g. Mr., Miss, Ms.)
  - Changed to 'Dear Fenway Patient'
  - Clinicians can still edit the letters as needed
  - Note: changes were made as legally permitted
- Add name to other documents such as:
  - Patient Instructions
  - Internal labels
  - Chart Summary
- Bulk mailings are reviewed to determine the correct name
  - Consideration given to name patient uses outside of organization

# You've Built it Now What? Data Reporting and Quality Checks



# Opportunities to Monitor, Use and Report Data on LGBTQ Patients

- **Develop Summary Reports**
- **Develop Dashboards**
- **Incorporate into existing reports or workgroups**
  - **UDS**
  - **Diabetes/Hypertension**
  - **Intimate Partner Violence**
  - **Social Determinants of Health**
- **Presentations to Senior Management or All Staff Meetings**

# Differentiating Between SO and GI in Data Analysis

- Sexual Orientation ≠ Gender Identity
  - Everyone has both a Sexual Orientation and Gender Identity
- Be careful not to lump all LGBTQ people into every denominator or numerator for every question
- Important to differentiate between the two in data quality checking
- You will need to use **BOTH Sex Assigned at Birth and Current Gender Identity** to identify your Transgender/GenderQueer/Non-binary patients

# Using Gender Identity and Sex Assigned at Birth Questions

## 1. What is your current gender identity?

Male

Female

Transgender Male/Trans Man/FTM

Transgender Female/Trans Woman/MTF

GenderQueer

Additional Category (please specify) \_\_\_\_\_

## 2. What sex were you assigned at birth?

Male

Female

Decline to Answer

# PCMH Missing Demographic Data Report

$$\text{Total Missing} \div \text{Total Appts} = \% \text{ Missing}$$

Total Appointments in June: 2,510

Fields with Missing Value	Total # missing	% Missing
Email	63	3%
Sex	0	0%
Language	16	1%
Race	4	0%
Ethnicity	17	1%
Income	664	26%
<b>Sexual Orientation</b>	<b>700</b>	<b>28%</b>
<b>Gender Identity</b>	<b>715</b>	<b>28%</b>
<b>Sex assigned at birth</b>	<b>700</b>	<b>28%</b>

# Quality and Integrity Checking

## Examples of Stratification by other Socio-Demographic Data

- Gender Identity by:

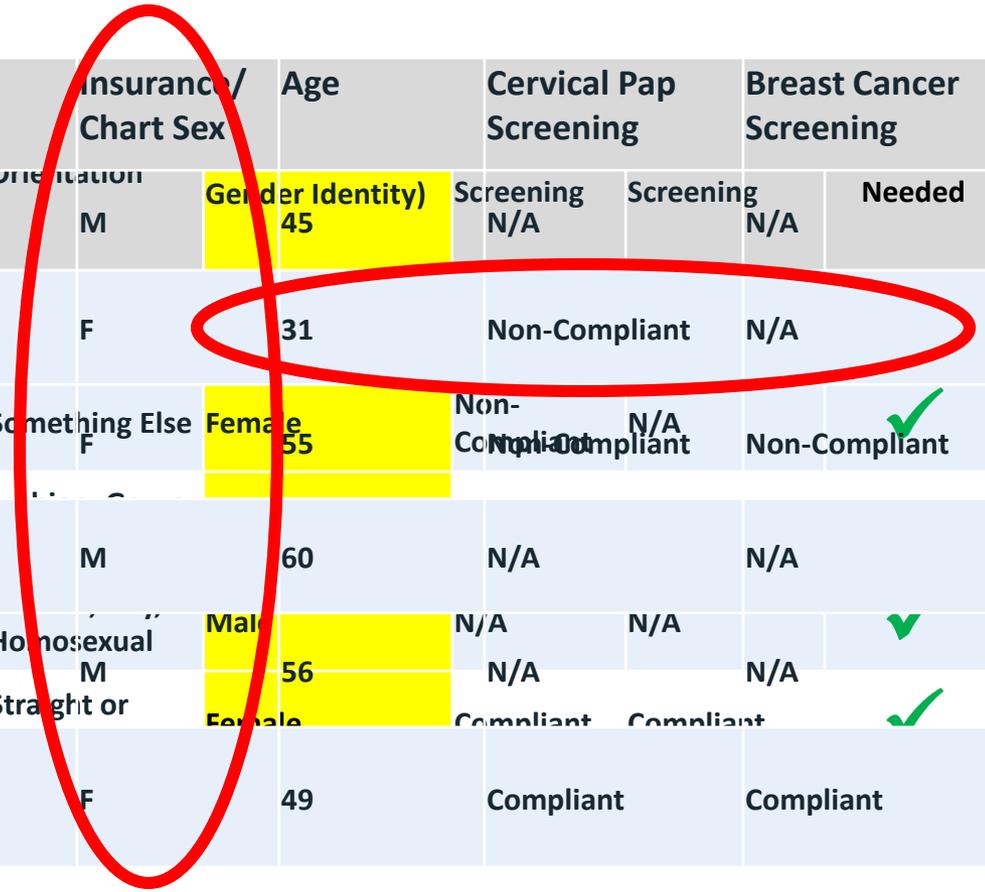
- Country of birth
- Age group
- New medical patients
- Social determinants of health

**Compare data proportionally and within categories to identify problem areas**

Country of Birth	Transgender Male/Trans Man/FTM	Transgender Female/Trans Woman/MTF	Female	Male	Gender-queer/Gender Expansive	Missing	Total
US Born	300 (54%)	65 (12%)	85 (15%)	50 (9%)	20 (4%)	40 (7%)	560
Born outside of US	35 (35%)	10 (10%)	4 (4%)	1 (1%)	5 (5%)	45 (43%)	100
Missing	32 (64%)	5 (10%)	5 (10%)	1 (2%)	5 (10%)	2 (4%)	50
Total	367 (52%)	80 (11%)	94 (13%)	52 (7%)	30 (4%)	87 (12%)	710

# Quality Report Example: Cancer Screening

MRN	Patient first	Patient last	Provider	Insurance / Chart Sex	Age	Cervical Pap Screening	Breast Cancer Screening
1111	Donald	Test	Smith MD, Joseph	M	45	N/A	N/A
5555	Genny	Test	Smith MD, Jane	F	31	Non-Compliant	N/A
5555 4444	Genny Kathy	Test Test	Smith MD, Jane Smith MD, Jane	Female Female	31 55	Non-Compliant Compliant	N/A Compliant
3333	Paul	Test	Smith MD, Jane	M	60	N/A	N/A
3333	Paul	Test	Smith MD, Jane	Male	60	N/A	N/A
8888	Maddie	Test	Smith MD, Joseph	M	56	N/A	N/A
0000	Sammy	Test	Smith MD, Jane	Female	49	Compliant	Compliant
9999	Sammy	Test	Smith MD, Jane	F	49	Compliant	Compliant



# Quality Reports: Rates of Cervical Cancer Screening Among Patients By Sexual Orientation

## Cervical Cancer Screen Completed?

Sexual Orientation	Yes (%)	No (%)	Total (%)
Lesbian/Gay			
Bisexual			
Straight/Heterosexual			
Something Else			
Don't Know			
Missing			
Total			

# Quality Reports: Rates of HIV Testing Stratified by Ethnicity and Sexual Orientation

<b>Sexual Orientation</b>	<b>Hispanic/Latino/ Latinx # (%)</b>	<b>Non- Hispanic/Non- Latino/ Non-Latinx # (%)</b>	<b>Unknown # (%)</b>	<b>Total # (%)</b>
<b>Lesbian/Gay</b>				
<b>Bisexual</b>				
<b>Straight/Heterosexual</b>				
<b>Something Else</b>				
<b>Don't Know</b>				
<b>Missing</b>				
<b>Total</b>				

# Stratifying UDS Measures by SOGI

*Key UDS Measures by SO/GI Category*

	Sexual Orientation Categories						Gender Identity Categories					
	Lesbian/ Gay	Bisexual	Straight or Heterosexual	Something Else	Don't Know	Not Disclosed / Unknown	Cis Women	Cis Men	Trans Men	Trans Women	Other (Genderqueer)	Not Disclosed / Unknown
HIV test												
Mammogram												
Screening, Brief Intervention, and Referral to Treatment (SBIRT)												
Cervical Cancer Screening - Patients Aged 23 through 64												
Tobacco Use: Screening and Cessation Intervention												
Screening for Clinical Depression and Follow-Up Plan - Total Patients Aged 12 and Older												

# Quality Reports: Transgender Dashboard

- Depression
- Age
- Anxiety
- Race
- Preventative
- Screenings
- Sexual
- All comorbidities
- Orientation
- Drug
- Federal poverty level
- Insurance
- New/Returning
- Location of care

		Previous Year: 2017		YTD: 2018		Q1 (JAN-MAR)		Q2 (APR-JUN)		Q3 (JUL-SEP)		Q4 (OCT-DEC)	
<b>Total in Panel</b>		3454		2179		2179							
<b>AGE</b>		n	%	n	%	n	%						
<18	Not screened				34	2179					2179		
18-19	Mild/Risky Use												
<b>HORMONES by Type</b>													
20-29	Moderate/Problematic Use												
30-39	Severe/Disruptive Use												
30-39	# on any hormones												
40-49	Not screened												
40-49	% on feminizing hormones												
50-59	% on feminizing hormones												
60-69	Mild/Risky Use												
70+	% on both hormones												
70+	Moderate/Problematic Use												
<b>RACE</b>													
American Indian or Alaskan	Not screened												
Native Hawaiian	PHQ 9 (Depression)												
Asian	# Patients 23 and older												
Black	Mild Depression or African American PAP within last 3 years												
Hispanic	Moderate/Severe Depression												
Multi-racial	Anal PAP within last 3 years												
Native Hawaiian	Sexual health specific Cervical PAP within last 3 years												
Island	Not screened												
Other	GAD 7 (Anxiety)												
Unknown	Low Anxiety												
White	Mild Anxiety												
<b>ETHNICITY</b>													
Hispanic	Depression/Mood Disorders												
Non-Hispanic/non-Latinx	Not screened												
<b>SEXUAL ORIENTATION</b>													
Bisexual	Control												
Heterosexual or Straight	Isolation												
Lesbian, gay, or	Patients with an active PrEP												
Homosexual	Prescription during the reporting period												
Some not screened	Not screened												
Don't know													
Unknown													



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# Ongoing Monitoring: Beginning Not an End

- **System Glitches = Data Glitches**
  - Are staff using the correct registration forms?
  - System issues external to the process
- **Run Regular Reports**
  - Identify glitches
  - Look at trends over time
    - For example: Is there a sudden drop or spike?
  - Standard Operating Procedures (SOP's)
- **Include in other quality reports and initiatives**
  - For example: PCMH, Meaningful Use both monitor demographics – add SOGI as an internal part of the monitoring process
- **Ongoing Training for staff**
  - Staff turnover
  - Incorporate into new staff orientation
  - Include as part of annual trainings

# Next Steps

- **Better integration of the anatomical inventory, gender and sexual orientation fields into clinical decision support**
- **Changes to HEDIS/NCQA Quality Measures and USPSTF to be more inclusive**
- **Name and pronoun fields collected in structured fields used throughout EHR**
  - **Available in Name search mechanisms**
  - **Available in schedule views for registration staff**
- **Transmit name, pronoun and gender information between HIT systems (ie. C-CDA/HL7)**
- **Insurance/Billing Forms**

