



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Do Ask, Do Tell!

Collecting Data on Sexual Orientation and Gender Identity in Health Centers

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Chris Grasso MPH, Harvey Makadon MD

April 5, 2016

Continuing Medical Education Disclosure

- Program Faculty: Harvey Makadon, MD
- Current Position: Director of Education and Training, The Fenway Institute
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

- Program Faculty: Chris Grasso, MPH
- Current Position: Associate Director for Informatics & Data Services, The Fenway Institute
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

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Learning Objectives

1. Describe LGBT health disparities, concepts, and terms
2. Identify ways to provide a welcoming and inclusive health care environment to collect SO/GI data
3. Explain why collecting sexual orientation and gender identity (SO/GI) data is important for health centers and patient care
4. Access recommendations for collecting sexual orientation and gender identity data and entering it into electronic health records (EHR)

Questions for the Audience

- Does your health care organization collect patient data on sexual orientation?
 - a) Yes
 - b) Yes, but it is not collected consistently or across all sites and departments
 - c) No / Not yet
 - d) Not Sure
- Does your health care organization collect patient data on gender identity?
 - a) Yes
 - b) Yes, but it is not collected consistently or across all sites and departments
 - c) No / Not yet
 - d) Not Sure

Answer these questions on the right side of your screen and then hit “submit”



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PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: PAL 2016-02

DATE: March 22, 2016

DOCUMENT TITLE: Approved Uniform Data
System Changes for Calendar Year 2016

TO: Health Centers
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. BACKGROUND

This Program Assistance Letter (PAL) provides an overview of approved changes to the Health Resources and Services Administration's (HRSA) calendar year (CY) 2016 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in February 2017. Additional details regarding these changes will be provided in the forthcoming 2016 UDS Manual.

II. APPROVED CHANGES FOR CY 2016 UDS REPORTING

A. SEXUAL ORIENTATION AND GENDER IDENTITY (SO/GI) – TABLES 3A, 3B

Sexual orientation and gender identity are reported on Table 3A, 3B.

Rationale: Improving the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services is a priority of the Health Center Program. Sexual orientation and gender identity can play a significant role in determining health outcomes. Gaining a better understanding of populations served by health centers, including sexual orientation and gender identity, promotes culturally competent care delivery and contributes to reducing health disparities overall. In addition, adopting sexual orientation and gender identity (SO/GI) data collection in the UDS aligns with the 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. Alignment of UDS SOGI data elements with ONC certification criteria also reduces overall health center reporting burden.



Attachment 1: **Table 3B: Demographic Characteristics**

Reporting Period: January 1, 2016 through December 31, 2016

Line	Patients by Sexual Orientation	Number (a)
13.	Lesbian or gay	
14.	Straight (not lesbian or gay)	
15.	Bisexual	
16.	Something else	
17.	Don't know	
18.	Choose not to disclose	
19.	Total Patients (Sum Lines 13 to 18)	

Line	Patients by Gender Identity	Number (a)
20.	Male	
21.	Female	
22.	Transgender Male/ Female-to-Male	
23.	Transgender Female/ Male-to-Female	
24.	Other	
25.	Choose not to disclose	
26.	Total Patients (Sum Lines 20 to 25)	

Healthy People 2020



The Health of Lesbian, Gay, Bisexual, and Transgender People

Building a Foundation for Better Understanding

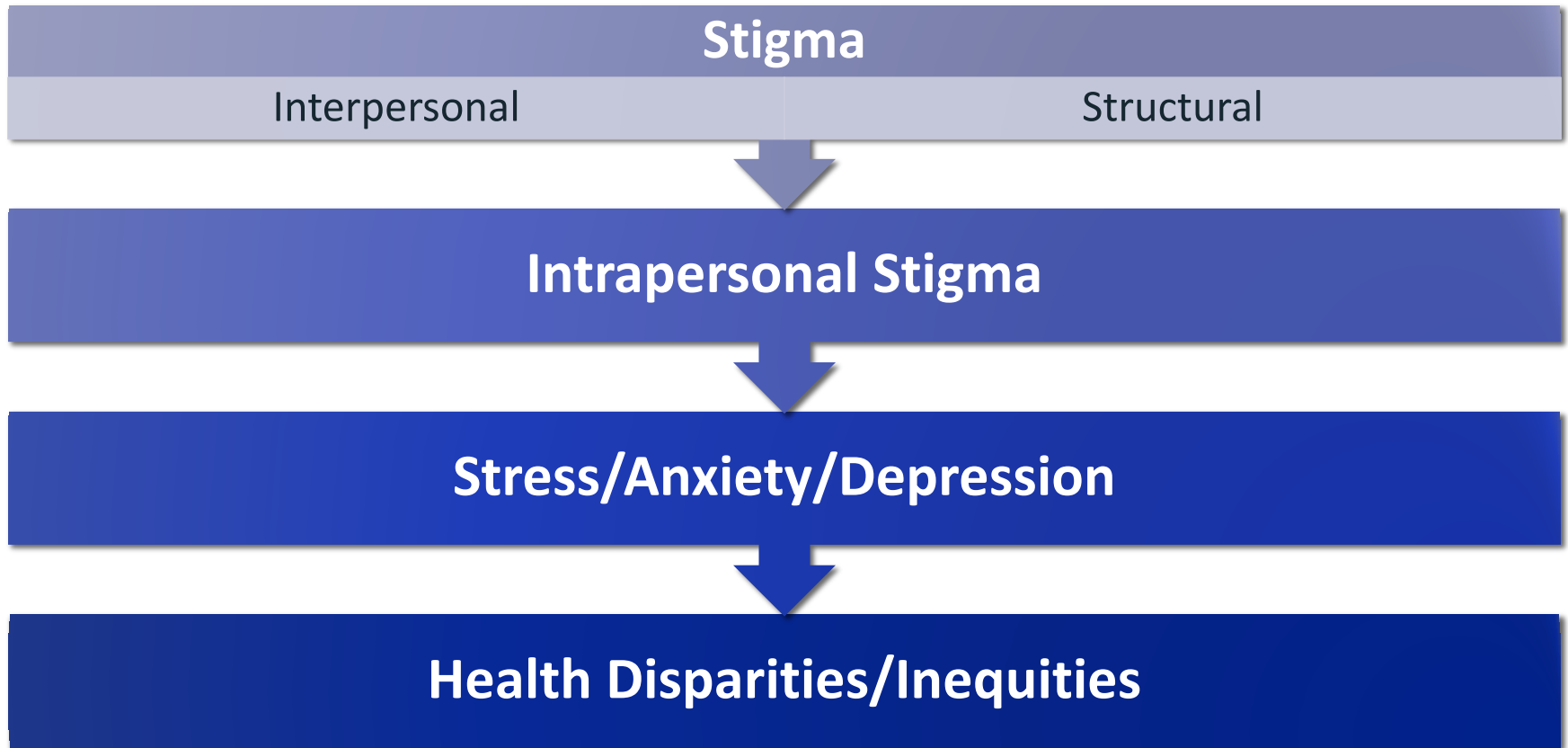
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Introduction

- Lesbian, gay, bisexual, and transgender (LGBT) patients have unique health needs and experience **numerous health disparities**
- They are an underserved population that is largely **invisible** in the health care system
- Routine and standardized collection of sexual orientation and gender identity (SOGI) information in electronic health records (EHRs) will help assess **access, satisfaction with, quality of care, inform the delivery of appropriate health services**, and begin to **address health disparities**



Stigma, Discrimination and Health

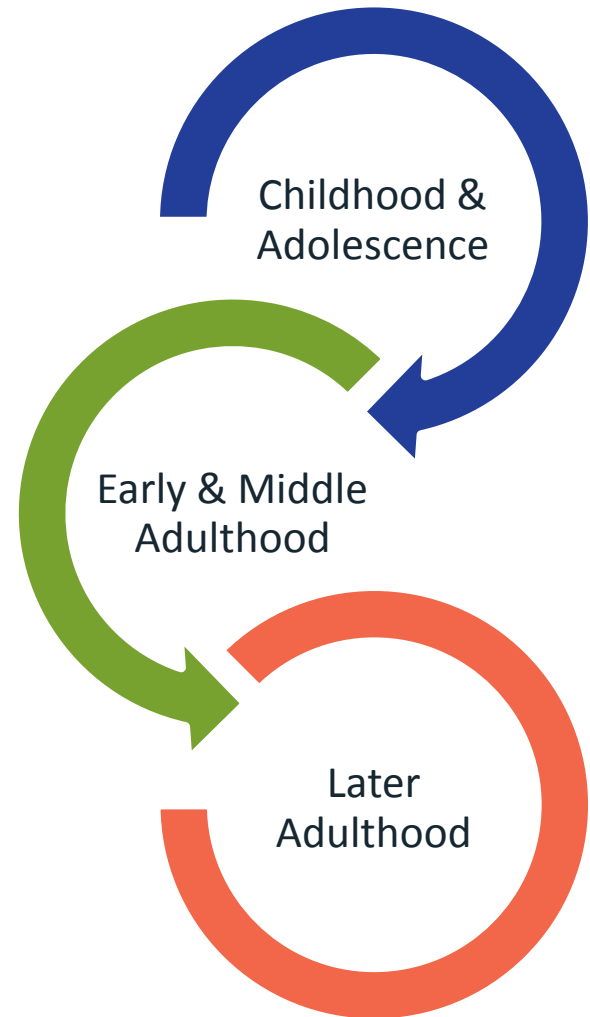


Hatzenbuehler, ML, Link, BG. 2014

Effects of Stigma on Health

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008)
- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 FTM trans masculine people. (Reisner et. al. 2015)

Health Issues Throughout the Life Course



LGBT Disparities: Healthy People 2020

- LGBT youth
 - 2 to 3 times more likely to attempt suicide
 - More likely to be homeless (20-40% are LGBT)
 - Risk of HIV, STIs
- MSM are at higher risk of HIV/STIs, especially among communities of color
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
- Lesbians and bisexual women are less likely to get preventive screenings for cancer

LGBT Disparities: Healthy People 2020

- Transgender individuals experience a high prevalence of HIV/STIs, hate crimes, behavioral health issues, and suicide
 - They are also less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services

Who are LGBT People?



Understanding LGBT People

- It is important for health care providers to understand who are LGBT people and to have a common understanding of terms and definitions
- This allows for effective and respectful communication and the delivery of culturally competent care
- Health care providers will be better equipped to serve their patients and LGBT communities
- L,G,B,T people are a very diverse group with many unique issues, and many common bonds

What's in a Word?



Sexual Orientation and Gender Identity are Not the Same

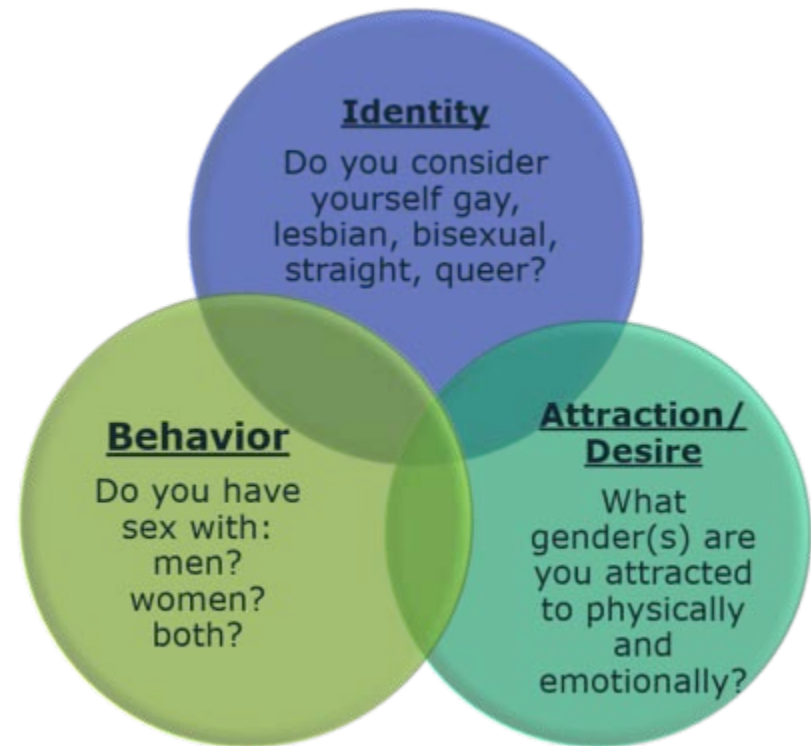
- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity ≠ Sexual Orientation



Sexual Orientation

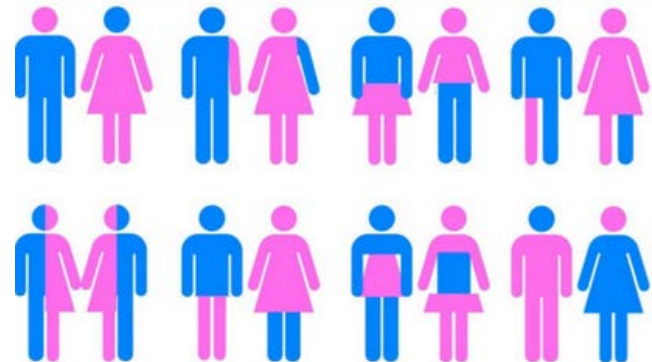
- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
 - Same sex attraction
- Behavior:
 - Men who have sex with men-MSM (MSMW)
 - Women who have sex with women-WSW (WSWM)
- Identity:
 - Straight, gay, lesbian, bisexual, queer--other

Dimensions of Sexual Orientation:



Gender Identity and Gender Expression

- Gender identity
 - A person's internal sense of their gender (do I consider myself male, female, both, neither?)
 - All people have a gender identity
- Gender expression
 - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
 - May be on a spectrum



WHAT PEOPLE
ASSUME GENDER IS



WHAT GENDER
ACTUALLY IS



12

The T in LGBT: Transgender

- Transgender
 - Gender identity not congruent with the assigned sex at birth
 - Alternate terminology
 - Transgender woman, trans woman, male to female (MTF)
 - Transgender man, trans man, female to male (FTM)
 - Trans feminine, Trans masculine
 - Non-binary, genderqueer
 - Gender identity is increasingly described as being on a spectrum



Reviewing Terminology

Sexual Orientation

- Whom you are physically and emotionally attracted to
- Whom you have sex with
 - How you identify your sexuality

Gender Identity

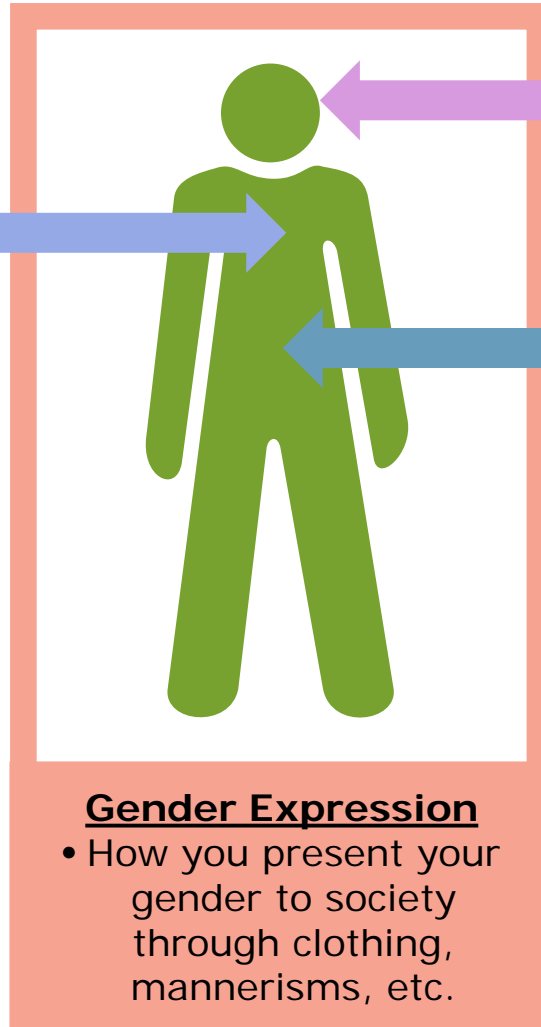
- What your internal sense tells you your gender is

Sex

- Refers to the presence of specific anatomy. Also may be referred to as 'Assigned Sex at Birth'

Gender Expression

- How you present your gender to society through clothing, mannerisms, etc.



Creating a Welcoming and Inclusive Environment for Caring, Working and Learning



Creating a Caring and Inclusive Environment

- Does your center have a non discrimination policy that includes sexual orientation, gender identity and gender expression?
- Are clinicians and staff taught about the health needs of LGBT people?
- Do LGBT employees feel respected and safe at work?
- Do forms reflect the full range of sexual and gender identity and expression?



Avoiding Assumptions


- You cannot assume someone's gender or sexual orientation based on how they look or sound
- To avoid assuming gender or sexual orientation with new patients:
 - Instead of: *"How may I help you, sir?"*
 - Say: *"How may I help you?"*
 - Instead of: *"He is here for his appointment."*
 - Say: *"The patient is here in the waiting room."*
 - Instead of: *"Do you have a wife?"*
 - Say: *"Are you in a relationship?"*
 - Instead of: *"What are your mother and fathers' names?"*
 - Say: *"What are your parents' names."*

Do Ask, Do Tell: Talking to your provider about being LGBT

Do Ask, Do Tell:
Talking to your health care provider about being LGBT




Do Ask, Do Tell



Let your provider know if you are LGBT.
Your provider will welcome the conversation.
Start today!

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Pregunte y dígalo



Deje que su proveedor sepa si usted es LGBT.
Su proveedor apreciará la conversación.
¡Comience hoy!

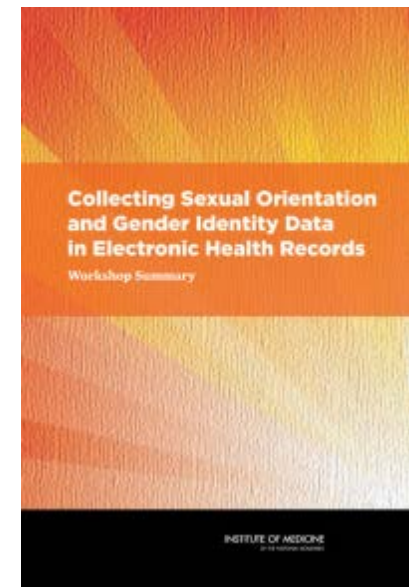
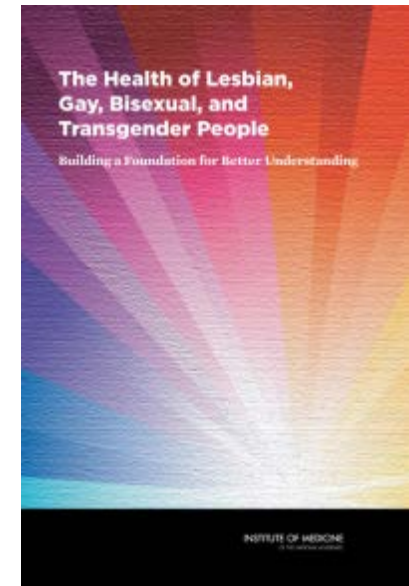
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Collecting SOGI Data in EHRs

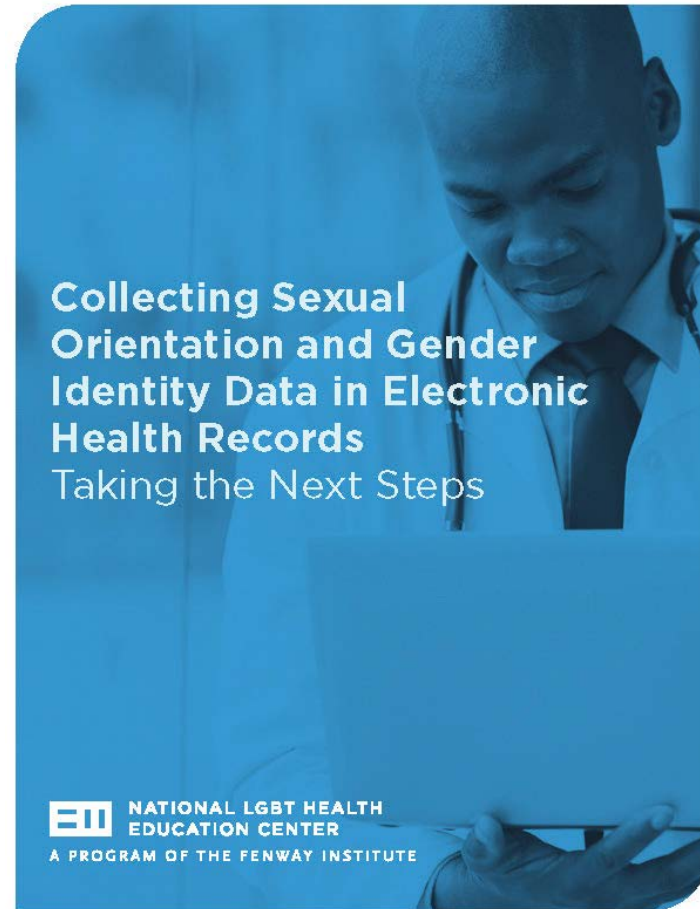


IOM Reports

- *The Health of LGBT People: Building a Foundation for Better Understanding* (2011): “Data on sexual orientation and gender identity should be collected in electronic health records.”
- *Collecting SOGI Data in Electronic Health Records* (2013): “...data collection should start now to better understand the health care issues experienced by LGBT people.”



Collecting SOGI Information



www.lgbthealtheducation.org/topic/sogi/

Questions for the Audience

- How does your health care organization collect sexual orientation and/or gender identity data?
 - a) Registration form
 - b) Provider asks the patient
 - c) Non-provider staff ask the patient
 - d) Patient portal
 - e) Electronic survey on a tablet
 - f) Other
 - g) Not applicable (we don't collect this data yet)
- Which EHR does your health care organization use?
 - a) athenahealth
 - b) eClinical Works
 - c) Epic
 - d) GE Centricity
 - e) Greenway
 - f) NextGen
 - g) Other
 - h) Not sure

Answer these questions on the right side of your screen and then hit “submit”



Federal Regulatory Developments

- Stage 3 Meaningful Use Guidelines
 - According to CMS and ONC, SOGI data fields must be incorporated in EHR software certified under the Meaningful Use Incentive Program
- HRSA: Changes for CY 2016 UDS Reporting
 - Improving the health of the nation's underserved...is a priority of the Health Center Program
 - Sexual orientation and gender identity can play a significant role in determining health outcomes
 - Sexual Orientation and Gender Identity are reported on UDS Tables 3A, 3B

Federal Regulatory Developments

- CMS Equity Plan

- “Collection of standardized...data...is an important first step towards improving population health.”
- “Comprehensive patient data, including...sexual orientation, gender identity...are required to plan for quality improvements, and to address changes among the target populations over time.”

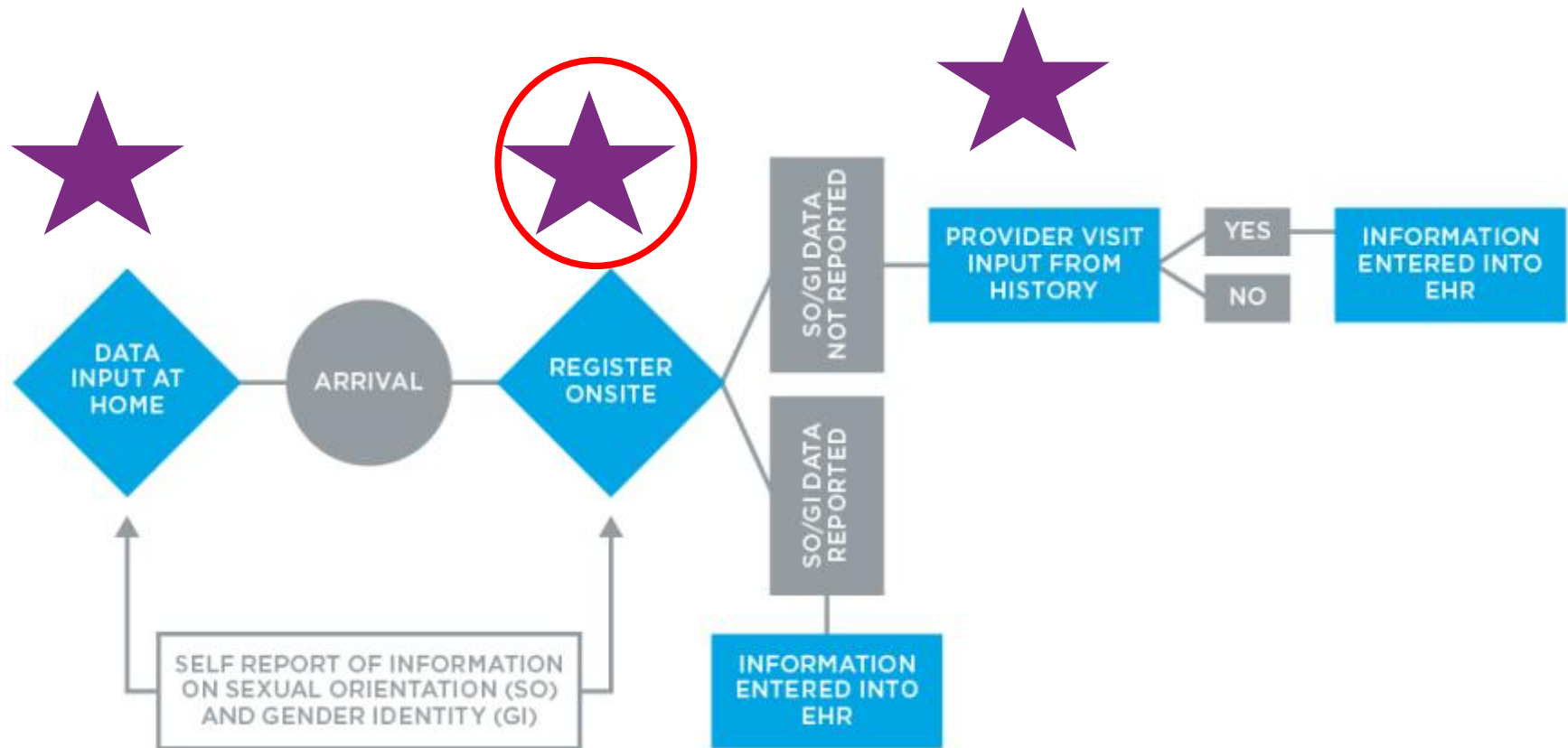
Preparation for Collecting Data in Clinical Settings

- **Clinicians:** Need to learn about LGBT health and the range of expression related to identity, behavior, and desire. Staff needs to understand concepts
- **Non-clinical staff:** Front desk and patient registration staff must also receive training on LGBT health, communicating with LGBT patients, and achieving quality care with diverse patient populations
- **Patients:** Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately

How to Ask SOGI questions

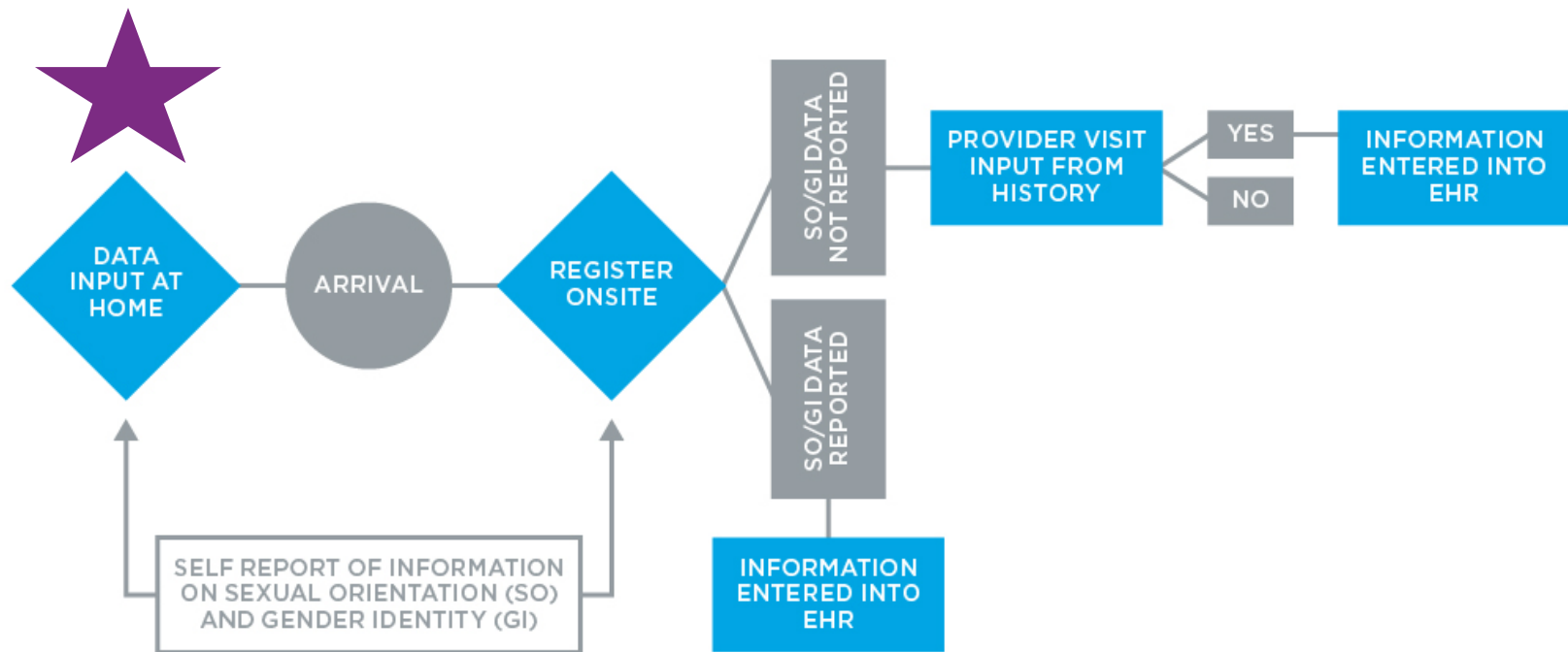
- There are various ways SOGI information can be incorporated into the EHR and there is no single system to achieve this
 - SOGI questions can be asked on registration forms in the demographics section
 - Providers ask SOGI questions during patient visit
 - Answers can be entered into an EHR directly by a patient or member of the clinical staff, or transcribed at registration

Gathering LGBT Data During the Process of Care



Concept: Harvey Makadon, M.D. **Created by:** Komal Basra

Collecting SOGI Information Prior to Arrival

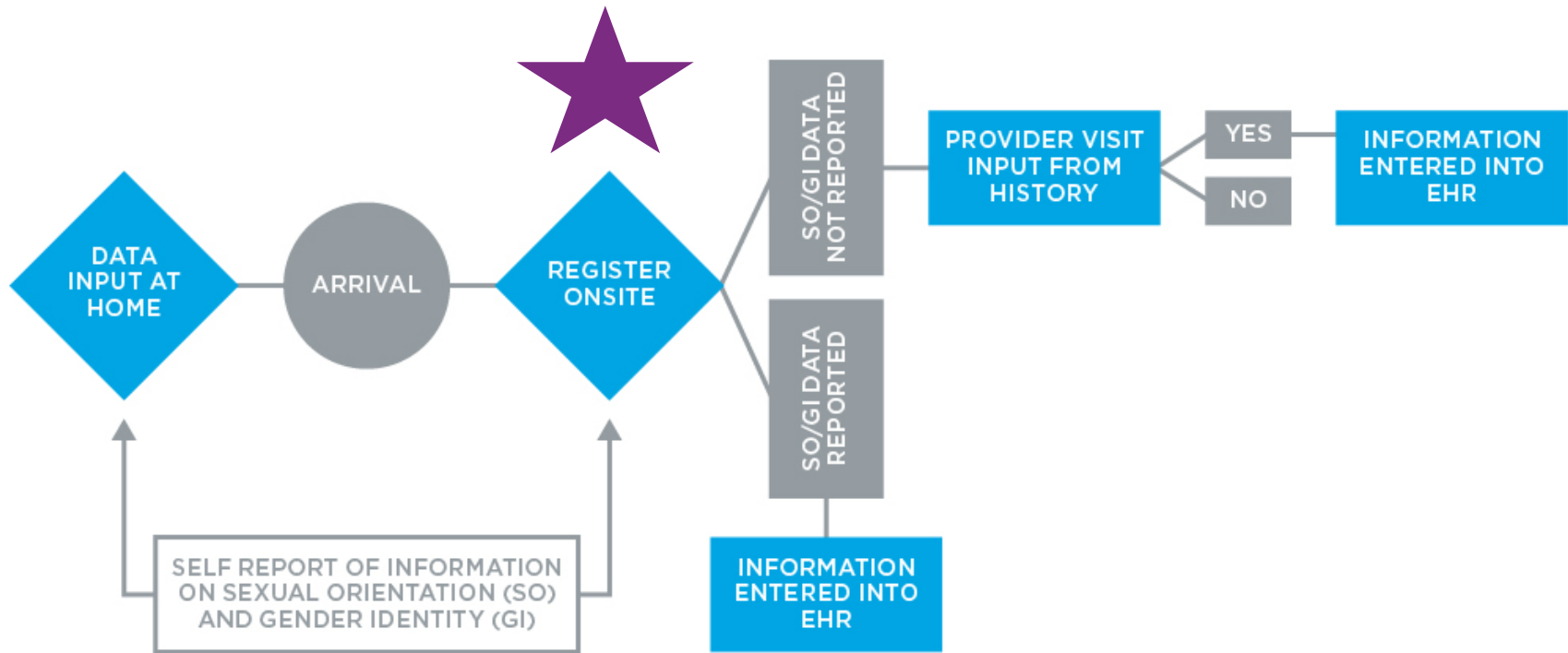


Concept: Harvey Makadon, M.D. **Created by:** Komal Basra

Self-Administered Computer-Based Questionnaires

- SOGI information can be entered into the EHR directly by the patient through an online portal/mobile device
 - This can occur at home prior to office visit
 - There is the added benefit of additional privacy in answering SOGI questions at home
- Self-administered Computer-based questionnaires can be used to gather patient reported data
 - Have the potential to elicit more accurate responses to sensitive questions

Asking SOGI information on patient registration (intake) forms



Concept: Harvey Makadon, M.D. **Created by:** Komal Basra

Collecting SOGI Data During Onsite Registration

- Patients should be asked standardized SOGI questions as part of the demographic section on registration
- Questions can be included alongside other demographic questions (i.e. race, ethnicity, language)
- Patients should be informed that information will help health care providers to deliver appropriate prevention, screening, and treatment services
 - SOGI information should be updated as needed on an ongoing basis for both new and returning patients
- Patients must be assured information will be kept confidential

Collecting Demographic Data on Sexual Orientation (Example)

1. Which of the categories best describes your current annual income? Please check the correct category: <input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,000–14,999 <input type="checkbox"/> \$15,000–19,999 <input type="checkbox"/> \$20,000–29,999 <input type="checkbox"/> \$30,000–49,999 <input type="checkbox"/> \$50,000–79,999 <input type="checkbox"/> Over \$80,000	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"/> Other _____	3. Racial Group(s): <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi racial <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 5. Country of Birth: <input type="checkbox"/> USA <input type="checkbox"/> Other _____
6. Language(s): <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский	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	8. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____ 8. Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Not a veteran	1. 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 Worker/School <input type="checkbox"/> Other _____

Collecting Data on Gender Identity

- What is your current gender identity?
 - ☐ Male
 - ☐ Female
 - ☐ Transgender Male/Trans Man/FTM
 - ☐ Transgender Female/Trans Woman/MTF
 - ☐ Gender Queer
 - ☐ Additional Category (please specify)

- What sex were you assigned at birth?
 - ☐ Male
 - ☐ Female
 - ☐ Decline to Answer

- What is your preferred name, and what pronouns do you use (e.g. he/him, she/her, they/them)?



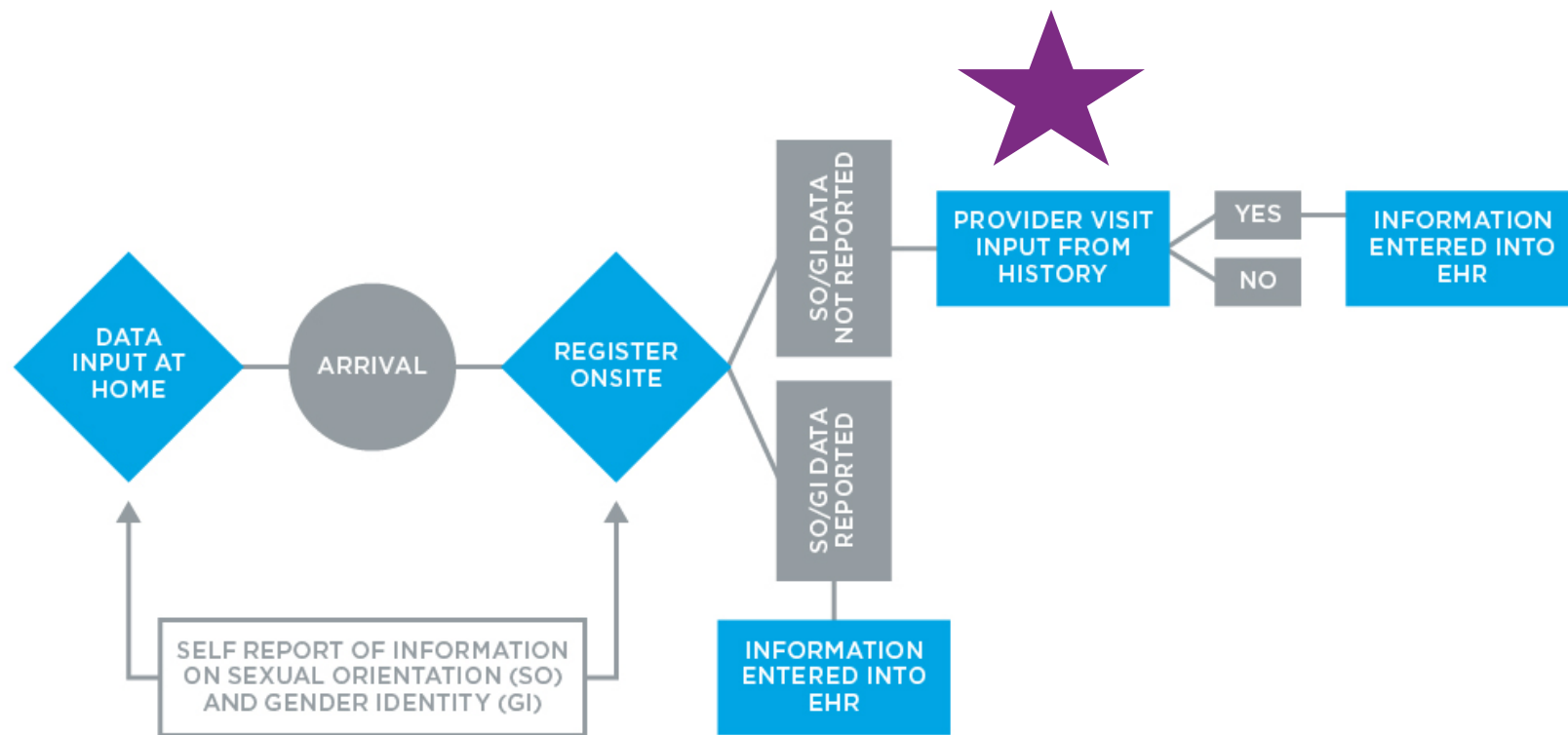
Preferred Name and Pronouns

- What is your preferred name
- What are your pronouns (e.g. he/him, she/her, they/them)?

- It is important to ask patients to include their preferred name and their pronouns on registration forms
- Many transgender patients may have identification documents and insurance forms that do not reflect their current name and gender identity
- Some patients may have a non-binary gender identity and use pronouns such as “they” or “ze”, which may be unfamiliar to some providers



Asking SOGI Questions During the Clinical Encounter



Concept: Harvey Makadon, M.D. **Created by:** Komal Basra

Directly Asking SOGI Questions

- If patients leave SOGI questions unanswered on registration forms, health care providers should re-ask these questions during the clinical encounter
- Sexual orientation, sexual behavior, gender identity, name and pronouns questions should be asked during the first clinical visit and on an ongoing basis as indicated



How Providers Can Ask SOGI Questions

- Open-ended questions can allow patients to feel comfortable to disclose SOGI information
 - “Tell me a little bit about yourself”
 - “Do you have any concerns or questions about your sexual orientation, sexual desires, or gender identity?”
- SOGI questions can also be asked during the social or sexual history during history taking
 - Providers can normalize this process by saying “this is something I ask all of my patients”

Challenges Associated with Asking SOGI Questions

- Patient concerns regarding privacy and confidentiality
 - This may limit patient disclosure of SOGI information
 - Critical to develop adequate standards for encoding medical information and computer infrastructure to manage threats to privacy
- Provider-reported concerns regarding lack of comfort in asking SOGI questions
- Time constraints during the clinic visit
 - Despite concerns regarding time constraints, it is important for providers to discuss these issues to adequately care for LGBT patients

Beyond Data Collection: Systems that Facilitate Getting it Right

- Decision Support
- Coding
- Reimbursement

The screenshot shows a software window titled "Protocol Results". It contains two sections of medical protocols. The first section is for "USPS Ages 50-64 Females" and lists various tests and their schedules. The second section is for "Colonoscopy" and lists the criteria for patients. At the bottom, there are radio buttons for "All" and "Due Only", and a "Close" button.

Protocol Results

Protocol "USPS Ages 50-64 Females" :
Female patients with an age of greater than 50 years, and less than 65 years.
Should have the following:

Test Due	Schedule	Last Done	Last Rslt
TD BOOSTER or TDAP or ADACELAD or BOOSTRIXAD	Every 10 years		
BP DIASTOLIC	Every 24 months		
BP SYSTOLIC	Every 24 months		
CHOLESTEROL	Every 5 years		
MAMMOGRAM	Every 24 months		
BREAST PALP	Every 24 months		

Comment: "Height and weight are recommended as part of the periodic health examination. Assessment for problem drinking is recommended. Fecal occult blood test and/or sigmoidoscopy to be done annually."

Protocol "Colonoscopy" :
Patients of either sex with an age of greater than 50 years, and less than 75 years.
Should have the following:

Test Due	Schedule	Last Done	Last Rslt
----------	----------	-----------	-----------

☐ All ☒ Due Only

Close

Preventive Health Screenings

- Charles M is a 35-year-old male who presents with symptoms of burning on urination and urethral discharge
- At first he said he is straight, but on further questioning, he said he occasionally has unprotected sex with other men
- Given history, he will need repeat HIV testing, assessment of risk behaviors and STI screening



Appropriate Screening: Jake R's Story

- Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from a unknown primary cancer
- Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer



Louise M

- Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy
- No one asked her about her gender identity or knew she was transgender
- She had never had prostate screening



Decision Support

- Decision support in the form of alerts and reminders must be built into the EHR system in order to remind HCPs to conduct indicated preventive screenings
- Decision support systems for transgender patients should be based on assigned sex at birth and an up-to-date anatomical inventory
 - For example, a transgender man may retain his cervix and may need a Pap test

Transgender Patients: Organs for Inventory

- It is important for clinicians to maintain an up-to-date anatomical inventory, which will direct any indicated preventive screenings

- ▶ Penis
- ▶ Testes
- ▶ Prostate
- ▶ Breasts
- ▶ Vagina
- ▶ Cervix
- ▶ Uterus
- ▶ Ovaries

Coding and Reimbursement



Transgender Health and Coding

- A transgender man may be registered in the EHR system under a male name and gender
 - If the patient has a cervix, uterus, and ovaries, providers will require the ability to enter gynecological history and pelvic physical exam findings
 - May need to order a Pap test through the EHR system
- EHR templates that use pre-populated fields may prevent providers from entering a gynecological history and physical exam findings
- This ultimately may create billing difficulties and a failure to be reimbursed for the provision of indicated health services

Addressing Coding and Reimbursement Issues

- Adequate EHR coding mechanisms must be in place to accurately document LGBT health information and bill for health services
- Must engage health insurance providers about LGBT standards of care
 - Necessary so that indicated health services are routinely covered by insurance providers
- The lack of transgender specific health codes often results in inappropriate denials of services rendered

Challenges in Coding: Transgender Health

	ICD-10	ICD-11
Gender Dysphoria- Adults/Adolescents	F64.1	
Gender Dysphoria- Children	F64.2	
Hormone Disturbance NOS	E34.9	
Preventive Health: PAP, Prostate, Breast, Etc.	With or without change in legal gender?	
Gender/Body Divergence Vs. Gender Incongruence	Consideration but must be removed from mental health chapter	?

Where the rubber meets the road: Our experiences



Starting the Process

- Create your Team
 - Include key staff who can be champions and provide feedback
 - Management/Department Directors, Clinical Staff, Non-Clinical Staff, HIT Staff
 - Senior Management Support
- Training
 - Clinical Staff (e.g. MD, Medical Assistants, Nurses, Optometrists, Dentists)
 - Non-Clinical staff (e.g. Front desk/Patient Services, Billing)
 - Don't neglect non-clinical staff
 - Privacy and Confidentiality
- Pilot the process
 - Start with one location or floor
 - Start with one department
 - Choose front desk/patient services staff who are champions
 - Frequent check-ins with staff piloting the process
 - PDSA
 - Consider using this process to implement and monitor data collection

Starting the Process (cont'd)

■ EHR Customization

- Create structured and discrete data fields
- Limit ability to free text responses into the field
- Differentiate between default values and missing/unknown values
- Placement of data fields and how data will be stored/entered
- Incorporate necessary elements of a data collection (i.e. response categories, data fields, decision support)
- Access to SOGI information
 - Does staff have EHR permission to enter , modify or view data?
- Creating or editing new templates/intake forms

Providing Information to Patients

Fenway Health Patient Registration Information

Why is my demographic information needed?

Fenway Health realizes that every patient has a unique set of health needs. We feel that it is most important to respect an individual's choice about how to identify. These questions are asked of all our patients and most are completely voluntary.

How do I choose the correct information?

There are no right or wrong answers. If you don't find an answer that exactly fits, choose one that comes closest. This information will help us give you the best care possible.

Who will see this information?

Your provider will see this information, and it will become part of your medical record. In addition to your provider, limited Fenway staff have access to this information. Your information is confidential and protected by law just like all of your other health information.

Thank you for taking the time to complete the registration form.

Sample Registration Intake Form

- Legal Name
- Preferred Name
- Pronouns Used
- Legal Sex
- Sexual Orientation
- Gender Identity
- Assigned Sex at Birth

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 # (For office use only)
Client Registration					
Last Name		First Name		Middle Initial	
Preferred name:			Preferred pronouns:		
Legal Sex (please check one)* <input type="checkbox"/> Female <input type="checkbox"/> Male <small>*While Fenway recognizes a number of genders and sexes, many insurance companies and legal entities unfortunately do not. Please be aware that your legal 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 those on your insurance, please let us know.</small>					
Date of Birth		Month / Day / Year		Social Security #	
				State ID # or License #	
Your answers to the following questions will help us reach you quickly and discreetly with important information.					
Home Phone		Cell Phone		Work Phone	
() - () - () - () - () - ()		() - () - () - () - () - ()		() - () - () - () - () - ()	
Local Address		City		State ZIP	
Billing Address (if different from above)		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 19, the Department of Public Health requires that you provide parent/guardian contact information.</small> Parent/Guardian Name Phone Number Relationship to you					
May Fenway Health send mail to your local address (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>This question only refers to mail for purposes other than billing. Payment is expected at the time of your visit.</small>					
This information is for demographic purposes only and will not affect your care.					
1.) Which of the categories best describes your current annual income? Please check the correct category: <input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$10,000 - 14,999 <input type="checkbox"/> \$15,000 - 19,999 <input type="checkbox"/> \$20,000 - 29,999 <input type="checkbox"/> \$30,000 - 49,999 <input type="checkbox"/> \$50,000 - 79,999 <input type="checkbox"/> Over \$80,000		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"/> Other _____		3.) Racial Group(s) <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi racial <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> 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		5.) Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____			
6.) Language(s) <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский <input type="checkbox"/> 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		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 _____			
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 at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male		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 					



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Interdepartmental Communication

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

Task and Workflow Issues

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

Pronoun Color Code



Female Pronouns, e.g. She/Her/Hers



Male Pronouns, e.g. He/Him/His



Non-binary Pronouns, e.g. They/Them/Their

Current Practice: CPS Registration Screen

Patient Registration - Marsha Test (593695)

File Edit View Options Help

CHC Registration Authorizations Immunizations SFS History Missing Information

ACS Guarantor Account

Patient Guarantor Additional Insurance Contacts Appointments Financial Payment Plan Historical

Title: *First: Middle: *Last: Suffix: Preferred: Marsha Test Marsha

*Birth Date: 12/19/1949 Birth Time: : M ☒ Patient Same As Guarantor Marital Status:

Age: 65 Years

*Sex: Female

SSN: - -

Patient ID: 593695

MRN: 593695

Resp. Provider: Not Primary Care

Referring:

Primary Care:

*Home Location: FENWAY

Facility: 1340 Boylston - Medical

Language:

Race: ☐ Asian ☐ Chinese ☐ Filipino

Items selected: 0

Ethnicity:

☐ Sensitive Patient

No users denied access

User Specific Chart Access...

*Patient Status: Active

Date of Death: / /

Get Photo Remove Photo

Addresses

☒ Primary ☐ Alternate Swap

*Address: 1340 Boylston st apt 12

*City/State: Dorchester MA ZipCode: 02121

County: Address Type:

Country:

Subdivision:

Phone: (617) 927-6000 [] Cellphone () - [] () - []

Email: prepemailtest@gmail.com

Contact by:

☐ Quick Entry Mode (this session only)

Save & Exit Save Cancel

1340 Boylston - Medical Get Driving Directions Send E-mail

Done

grasso 10:39 AM

Current Practice Registration Screen

CHC Patient Registration - Test, Apple Pie (573629)

☒ Patient ☐ Guarantor

☒ Patient Same as Guarantor

Prefix First Middle Last Suffix
Apple Pie Test

Address 1340 boylston Street

City/State Boston MA 02215

Country

Homeless ☐ Effective Date 12/13/2012

Status Not Homeless

Phone 1 (617) 927-6000 [] Work

Phone 2 [] - []

Birthdate 12/31/1988 25 Yrs SSN . .

Marital Status (None)

Gender Female Occup.

Employer

Status (None) Date / /

Last Modified syue 11/03/2014

OK Cancel

Mini Registration Additional Contact Info Notes Other Pt Info

Do you think of yourself as (sexual orientation): Lesbian, Gay, or H

What is your gender? Female

What was your sex at birth? Male

Do you identify as Transgender or Transsexual? Yes

Current Practice: Modified Chart View

The screenshot displays a medical chart interface for a patient named Chris Test. The interface includes a top navigation bar with options like 'Go', 'Actions', 'Options', and 'Help'. A sidebar on the left contains a 'Chart' menu and a 'Chart Summary' section with links to Problems, Medications, Allergies, Directives, and Alerts / Flags. The main content area is divided into sections for Problems, Medications, Allergies, and Alerts / Flags. A 'Care Alert Warning' popup is visible in the center, indicating a message about preferred pronouns. Annotations 1, 2, and 3 highlight specific elements: 1 points to the patient's name 'Chris Test', 2 points to the 'Preferred Name: Chrissy' field, and 3 points to the 'Problems' section.

Annotations:

- 1:** Points to the patient's name 'Chris Test' in the top right header.
- 2:** Points to the 'Preferred Name: Chrissy' field in the top right header.
- 3:** Points to the 'Problems' section in the left sidebar.

Problems Table:

Description	Code	Onset Date
DIABETIC AUTONOMIC NEUROPATHY	ICD-337.1	15-Jan-2014
ANKLE PAIN	ICD-719.47	19-Nov-2013
THP	THP	14-Feb-2013
HIV/AIDS	ICD-042	04-Jan-2013
ASC-US, ABNORMAL PAP, ANAL		
COMFORT VISIT		

Medications Table:

Description	Instructions
BACTRIM DS TAB 800-160	1 tab po 3 times a week
ACYCLOVIR TAB 400MG	1 tab po tid
ACYCLOVIR TAB 400MG	1 tab po tid
ASPIRIN BUFFERED 325 MG TABS	1 tab po daily
ASPIRIN BUFFERED 325 MG TABS	1 tab po tid

Allergies Table:

Substance	Reaction
PENICILLIN	Severe

Care Alert Warning:

You have 1 Popup(s) about Chris Test.

Message	Location
Preferred pronouns is She/Her	FENWAY

Buttons: View Details, Remove, Close

Custom Forms

Update - Chris Tester -- One visit at PCN on 10/23/2013 7:04:...

Summary: << Orders Medications Problems + Medication + Problem End...

Interactions: !

Forms Text

Forms Add...

Transgender Medical Intake

Attachments Add...

Favorites Add

Blank image

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

☐ Genital reconstruction
☐ Non-genital surgeries
☐ Other

5. Recommendation for Hormone Therapy

Select all that apply and include whether there are other things the client is recommended or required to do prior to or concurrent with starting hormones, such as therapy for 3 months for support, substance abuse treatment, etc.)

☐ Cleared to initiate/continue hormone treatment
☐ Refer to BH evaluation
☐ Refer to substance abuse evaluation
☐ Continue current BH treatment
☐ Other recommendations

6. Are these recommendations to be...

☐ Concurrent with hormone treatment
☐ Prior to hormone treatment

SECTION V: LABS AND DOSING RECOMMENDATIONS

1. General dosing recommendations:

Click to print consent forms:

FTM (Masculinizing Treatment) Consent MTF (Feminizing Treatment) Consent

FTM (Masculinizing Treatment) labs to order:

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)

MTF (Feminizing Treatment) labs to order:

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)

Additional Customizations

- 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
- Added preferred 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



Understanding Your Data: Data (DSI)

- Does it look like what you assumed?
- Has something changed?
- What are the sources of the data?
 - Manual data entry
 - Collected electronically
- Data Interpretation- the data is useless if we don't know all of the rules behind the data
- Data Usability - Can you get the answer from the available data
 - Relevant data is missing

Data Integrity and Quality Checks

- **Validate** – assessing the correctness and reasonableness of the data
 - Compare completed registration form against data entered in patient's chart
 - Start with 100% QC
 - Taper off process as errors decrease but continue random checks
 - Missing values and defaults should be distinguishable
 - Check to make sure values are not truncated
- **Completeness** – no data or very little data
 - Compare and investigate missing values
 - How does completeness compare to other demographic data?
 - Errors of omission - Check if data are missing randomly or are localized in some way
 - Look for patterns of incorrect/incomplete/missing data by staff

Data Integrity and Quality Checks (cont'd)

- **Accuracy – check for abnormal values**
 - Does the data make sense?
 - Outliers
 - Are the outliers legitimate or expected?
 - Are there response categories that don't belong in that field?
 - For example: Sexual Orientation field has a response recorded as 'Male to Female Transgender'
- **Adjudicating Data – confirming data based on other data**
 - Frequently used for clinical data but methodology can be used for SOGI
 - For example: Compare GI questions against other data in your system

Quality Reports: Transgender Dashboard

	Previous Calendar Year: 2013	Calendar Year to Date: 2014		CY'14 Q1 (1/1/14- 3/31/14)	CY'14 Q2 (4/1/14- 6/30/14)	CY'14 Q3 (7/1/14- 9/30/14)	CY'14Q4 (10/1/14- 12/31/14)
AGE							
<18							
18-19							
20-29							
30-39							
40-49							
50-59							
60-69							
70+							
SEXUAL ORIENTATION							
Bisexual							
Heterosexual or Straight							
Lesbian, Gay, or Homosexual							
Something Else							
Don't know							
Not reported							
Missing							
HORMONES							
Male on insurance							
% on hormones							
Female on insurance							
% on hormones							
Sex on insurance unknown							
% on hormones							
DEPARTMENT & LOCATION							
(unduplicated count of patients accessing services in the time period)							
Medical Patients: 1340							
BH Patients: 1340							
Medical Patients: South End							
BH Patients: South End							
Medical Patients: Borum							
BH Patients: Borum							
Opt Patients							
Dental Patients							
COMORBIDITIES							
HIV+							
Diabetic							
Depression/Mood Disorders							
Anxiety disorders including PTSD							

Ongoing Monitoring

- **System Glitches = Data Glitches**

- Are staff using the correct registration forms?
- System issues external to the process
 - Is the EHR software installed and working correctly?

- **Run Regular Reports**

- Provide feedback to key staff
- Create crosstabs of each question
- Identify glitches
- Look at trends over time
 - For example: Is there a sudden drop or spike?

- **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 Monitoring (cont'd)

- **Create Standard Operating Procedures (SOP's) and Training Materials**

Should include:

- Clear definitions for each data element
- Ensure the data capture provides specific instructions to the end user on how to properly populate the data field
- Identical steps for each process
- Document issues and resolutions

- **Ongoing Training for staff**

- Staff turnover
- Incorporate into new staff orientation
- Include as part of annual trainings

Question for the Audience

- Which issues are most important to you as you move forward in collecting SOGI data? (Select your top 3)
 - a) Creating fields in your electronic health record
 - b) Ensuring patient confidentiality
 - c) Training staff to collect data and communicate with patients
 - d) Updating registration forms
 - e) No additional help needed

Answer this question on the right side of your screen and then hit “submit”



Getting Started!!!

- Do you ask questions regarding SO/GI?
- Does your EHR have fields to allow necessary questions?
- EHR development takes a long time, what can you do while developing systems and work flows?
- What can you do outside an EHR that builds toward the goal?

Getting Started

Preferred Name	Pronouns
Anthony Marks	They, Them, Theirs

- Changes in an EHR make take a long time to develop!
- Could you start on paper or with a sticker as above for the front of the chart?
- What would be advantages?
- How will you proceed to ask SO/GI?

Resources

SOGI Resources can be found on our website:

www.lgbthealtheducation.org/topic/sogi/

Includes:

- Archive of this webinar
- Publications:
 - Collecting Sexual Orientation and Gender Identity Data in EHRs: Taking the Next Steps
 - Glossary of LGBT terms
 - Providing Inclusive Services and Care to LGBT People: A Guide for Health Care Staff





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Announcing SO/GI Office Hours

A regularly scheduled opportunity to ask questions about collecting SO/GI data.

- Faculty: Dr. Harvey Makadon and Chris Grasso
- Launch: Wednesday, May 4th 2016: 12:00-2:00pm
- Format: Drop-in, registration preferred

Register: bit.ly/sogiofficehours