Collecting and Reporting Sexual Orientation and Gender Identity Data: Stories from the Field

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Nick Payne, MPH, Project Coordinator, Community-Centered Health Home, Crescent Care
Continuing Medical Education Disclosure

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  - **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

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  - **Current Position:** Pediatrician, El Rio Community Health Center
  - **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

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  - **Current Position:** Director of Information Technology, El Rio Community Health Center
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  - **Current Position:** Project Coordinator, Community-Centered Health Home, Crescent Care
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It is the policy of The National LGBT Health Education Center, Fenway Health that all CME planning committee/faculty/authors/editors/staff disclose relationships with commercial entities upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.
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 (SO/GI) 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

Stigma

- Interpersonal
- Structural

Intrapersonal Stigma

Stress/Anxiety/Depression

Health Disparities/Inequities

Hatzenbuehler, ML, Link, BG. 2014
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
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:

- Identity
  - Do you consider yourself gay, lesbian, bisexual, straight, queer?
- Attraction/Desire
  - What gender(s) are you attracted to physically and emotionally?
- Behavior
  - Do you have sex with: men? women? both?
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
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
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
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.

www.lgbthealtheducation.org
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.”
PROGRAM ASSISTANCE LETTER

DATE: March 22, 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.
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.

www.lgbthealtheducation.org
Our Health Center

• Recently designated FQHC in New Orleans with 30 year history as an HIV/AIDS service agency
• 3 clinical sites
• Services include primary care, HIV specialty care, dental care and an array of social support and outreach services
Building a Health Home for LGBT Patients

- Providing high-quality, holistic patient-centered care
- Setting norms for equity and inclusion
- Building data systems to support evidence-based service planning and community-level advocacy
SOGI Timeline

MAY—AUG 15: Literature review and research

SEP 15: Proposal submitted to Senior Leadership

OCT—DEC 15: Implementation planning

JAN 16: Process mapping

FEB 16: HIT modification and frontline staff training

MAR 16: New SOGI-inclusive intake form implemented across all locations

JUL 16: 1st comprehensive data report produced
Key Resources

- DoAskDoTell.org
- “How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings,” The Fenway Institute, 2012
## SOGI Measures

<table>
<thead>
<tr>
<th>Do you consider yourself to be:</th>
<th>Current Gender Identity:</th>
<th>Sex Assigned at Birth:</th>
<th>Gender Pronoun:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✧ Straight or heterosexual</td>
<td>✧ Male</td>
<td>✧ Male</td>
<td>✧ He/him</td>
</tr>
<tr>
<td>✧ Lesbian, gay or homosexual</td>
<td>✧ Female</td>
<td>✧ Female</td>
<td>✧ She/her</td>
</tr>
<tr>
<td>✧ Bisexual</td>
<td>✧ Transgender Female (Male to Female)</td>
<td>✧ Transgender Male (Female to Male)</td>
<td>✧ They/them</td>
</tr>
<tr>
<td>✧ Don’t know</td>
<td>✧ Something else:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✧ Something else:</td>
<td>✧ Male</td>
<td>✧ Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✧ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✧ Transgender Female (Male to Female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✧ Transgender Male (Female to Male)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✧ Something else:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SOGI Data Collection Process

Patient provided intake form at registration; on annual basis.

Providers can modify SO/GI data within EHR throughout the year.

Patient chooses to self-report or declines to answer SO/GI measures.

Intake staff input data from form into structured fields within EHR.
Staff Role and Education

- Prior to implementation, our HIT staff facilitated several frontline staff trainings and disseminated a Quick Reference Guide to all staff.
- Concurrent with implementation, frontline staff attended a 1-hour training on gender-affirming communication.
- From May to June, all frontline staff attended an all-day training on LGBTQ sensitivity and social justice issues led by a local advocacy organization.
Patient Role and Education

- Patients can choose to self-report SOGI data on the intake form during registration
- Pamphlets on the importance of discussing SOGI with medical providers are available for patients at all front desk locations
COMING OUT TO YOUR PROVIDER

Coming out to your health care provider is an important step to being healthy. Many people are not aware that lesbian, gay, bisexual and transgender (LGBT) people face unique health risks, such as higher smoking rates, a greater risk of suicide attempts, and a higher chance of getting certain sexually transmitted diseases. Talking with your provider can help you overcome these issues and access the care you need most. Being open about your sexual orientation, sexual behavior, and gender identity not only helps your provider, it helps you!

Reasons to come out:
- Your provider can offer care that is personalized and most relevant to you.
- Your provider can offer referrals to specialists, like behavioral health providers and other wellness providers, who are welcoming to LGBT people.
- Your provider can be sensitive to current health trends that affect LGBT people.
- Health care is about the whole person. By being open with your provider, you allow him/her to provide you with comprehensive care that supports your mind, body and spirit.

BEHAVIORAL AND PHYSICAL HEALTH

LGBT people often experience prejudice, stereotyping, and harassment or bullying by others. This kind of discrimination can be very stressful, which can put you at risk for depression, anxiety, substance abuse, feelings of loneliness, and even suicide. Being open not only about your sexual orientation and gender identity, but also about any substance use or mental health needs, allows your provider to give you the best possible care.

Exercise and healthy eating are important components of wellness for everyone. Physical health plays an important role in feeling emotionally healthy, too! Research has shown that LGBT people are more likely to smoke, lesbians are at higher risk for obesity, and some gay men struggle with poor body image. If you discuss these issues with your health care providers, they can advise you on healthy diets and self-image, smoking cessation, and exercise routines.

Lesbians, bisexual women, and some transgender people should also make sure they are getting routine gynecologic screenings, including Pap smears, and routine breast cancer screening.

SEXUAL AND REPRODUCTIVE HEALTH

Talking to your provider about your sexual health isn’t easy. However, there are many benefits to discussing your sexual function and behaviors with a provider. Each person’s needs will differ, but some of the sexual health issues that may be important to discuss are:
- Screening for STDs and HIV
- Getting vaccinated for HPV and hepatitis A and B
- Using condoms or other barrier methods
- Safer sex education and counseling
- Problems with sexual function or satisfaction
- Plans to adopt or conceive children

All LGBT people should feel comfortable talking to providers about family life issues, such as partner abuse (feeling safe at home), and living wills.
Practice Change to Support SOGI

- Ensured that non-discrimination policies are inclusive of LGBT patients
- Fostered environment that is inclusive of LGBT patients
- Promoted cultural competence and sensitivity among staff
- Made available resource directories that are specific to the needs of LGBT patients
Leadership and Drivers

- “Our mission is to offer comprehensive health and wellness services to the community, to advocate empowerment, to safeguard the rights and dignity of individuals, and to provide for an enlightened public.”
- Senior Leaders demonstrated ongoing commitment to LGBT inclusion via organizational efforts to provide more culturally competent care, building capacity for SOGI implementation among staff
- Senior Leaders identified and empowered passionate staff champions to oversee organizational efforts for promoting LGBT health equity
Our Patients (18+) by Sexual Orientation

Enterprise-Wide, March 1\textsuperscript{st}—August 1\textsuperscript{st}, 2016

- Straight or Heterosexual: 60.10%
- Lesbian or Gay: 39.90%
- Bisexual: 6.40%
- Other: 2.10%
- Other: 1.40%
Our Patients (18+) by Gender Identity

Enterprise-Wide, March 1\textsuperscript{st}—August 1\textsuperscript{st}, 2016

- Male: 63.90%
- Female: 33.50%
- Trans* or Non-Binary: 2.55%

A total of 99 trans* patients received care between March 1\textsuperscript{st} and August 1\textsuperscript{st}, 2016.
Moving Forward

- Develop decision support in EHR system (e.g. indicating preventive screenings for trans* patients according to assigned sex at birth, etc.)
- Identify social risk factors for LGBT patients to inform service planning and funding proposals
- Analyze alongside clinical data to assess quality of care alongside standardized benchmarks
- Inform strategic planning to address health disparities among LGBT community
THANK YOU!
El Rio Community Health Center
Tucson, Arizona
Our Practice

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Patients Served</td>
<td>92,157</td>
</tr>
<tr>
<td>Total Number of Patient Visits</td>
<td>377,613</td>
</tr>
<tr>
<td>Percent of Patients $\leq$ 100% FPL</td>
<td>54.3%</td>
</tr>
<tr>
<td>Percent of Patients Uninsured</td>
<td>16.4%</td>
</tr>
<tr>
<td>Percent of Patients Female</td>
<td>58.1%</td>
</tr>
<tr>
<td>Percent of Patients $\leq$ 17 Years Old</td>
<td>36.7%</td>
</tr>
<tr>
<td>Number of Employees</td>
<td>1,282</td>
</tr>
<tr>
<td>Number of Clinical Sites</td>
<td>9</td>
</tr>
</tbody>
</table>
Our Patients

El Rio Patients By Race/Ethnicity
2015

30.0% best served in a language other than English

- White: 62.6%
- Other/Unreported: 21.9%
- American Indian: 6.9%
- African American: 4.3%
- Hispanic/Latino: 4.3%
Our Patients

El Rio Patients By Insurance Source (2015 Data)

- Medicaid (AHCCCS): 53.7%
- Private: 24.6%
- Medicare: 15.3%
- Uninsured: 16.5%
SOGI Timeline: Drivers

- 10/2014: Adult transgender medicine
  - Patient complaint → Focus group
  - Establish Transgender Health Committee
- 11/2014: Pediatric transgender medicine
  - Identify a Need → Outreach to Community
- Key to Success: C-Suite support, Passion
SOGI Timeline: Education 10/14-2/16

- Community: SAGA, Consultant, Rainbow Families
- Conferences: Gender Spectrum, Gender Odyssey
- On-line resources: Fenway, UCSF Primary Care Guidelines
- On-site: Fenway LGBTQ In-Service, Denver PTC Transgender 201, CHLA Center for Transyouth Health and Development
- HEI Certification
SOGI Timeline: Implementation 3/16-Present

- 1 Provider, 1 Site PDSA Cycle
  - Expand to 1 Site All Adult Patients
    - Repeat at 2nd Site (2 hours, one day)
      - Expand to 2nd Site All Adult Patients
      - All Sites Implemented by October.

- Continuing Education: Culture Shift and Data Collection
  - C-Suite, Providers, Clinic Management, MOR’s, HR Trainers
Partnership with IT

- IT had been working with clinicians and other stakeholders to design and develop workflow to collect SOGI data for UDS, as well as for the collaborative/QI project.

- Final design – data needed to be viewable by all: registration, clinicians and staff who made appointments, etc.
Design in Practice Management

Nickname field will be utilized for Preferred Name
EXAMPLE ALERT

- This is seen in the EMR and practice and billing system.
Viewing Data in the EHR

- The information is also viewable in EHR from the Demographics template as Read-Only.
Adopting Good Data Collection

- Provide education on terminology
- Give examples and best practices
- Staff can work together
- Utilize the data that was collected when addressing the patient.
- Culture/environment of accountability
- Data analytics/metrics to review compliance
# Sample Report

<table>
<thead>
<tr>
<th>Date of Encounter</th>
<th>Checkin MOR</th>
<th>Provider</th>
<th>Location</th>
<th>Gender Identity</th>
<th>Preferred Pronoun</th>
<th>Sex at Birth</th>
<th>Sexual Orientation</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/23/2016</td>
<td>Gomez, Norma</td>
<td>Potter FNP, Danielle</td>
<td>El Pueblo Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>7/23/2016</td>
<td>Gomez, Norma</td>
<td>Shields FNP, Adrianne</td>
<td>El Pueblo Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>7/23/2016</td>
<td>Gomez, Norma</td>
<td>Carter FNP, Sarah</td>
<td>El Pueblo Clinic</td>
<td>Female</td>
<td>She</td>
<td>Female</td>
<td>Straight Or Heterosexual</td>
<td>100%</td>
</tr>
<tr>
<td>7/23/2016</td>
<td>Gomez, Norma</td>
<td>Williams MD, Linda</td>
<td>El Pueblo Clinic</td>
<td>Male</td>
<td>He</td>
<td>Male</td>
<td>Straight Or Heterosexual</td>
<td>100%</td>
</tr>
<tr>
<td>7/23/2016</td>
<td>Gomez, Norma</td>
<td>Carter FNP, Sarah</td>
<td>El Pueblo Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
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<td></td>
<td></td>
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</tr>
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<td>El Pueblo Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>7/23/2016</td>
<td>Gomez, Norma</td>
<td>Shields FNP, Adrianne</td>
<td>El Pueblo Clinic</td>
<td>Female</td>
<td>She</td>
<td>Female</td>
<td>Bisexual</td>
<td>100%</td>
</tr>
<tr>
<td>7/23/2016</td>
<td>Gomez, Norma</td>
<td>Carter FNP, Sarah</td>
<td>El Pueblo Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>7/23/2016</td>
<td>Gomez, Norma</td>
<td>Potter FNP, Danielle</td>
<td>El Pueblo Clinic</td>
<td>Female</td>
<td>She</td>
<td>Female</td>
<td>Straight Or Heterosexual</td>
<td>100%</td>
</tr>
<tr>
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<td>Williams MD, Linda</td>
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<td>Female</td>
<td>She</td>
<td>Female</td>
<td>Straight Or Heterosexual</td>
<td>100%</td>
</tr>
<tr>
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<td>Potter FNP, Danielle</td>
<td>El Pueblo Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>
Data Collection Terminology

- Preferred Name and Pronouns

- It is important to use patient’s preferred name and pronouns when talking about the patient.
  - For example, most transgender women prefer “she” or “her” when talking about them. Trans men generally prefer “he” or “him”
  - Some people may use words or pronouns that are unfamiliar to you, such as “ze”, “they” when they do not want to identify with either he/she
## Data Collection Form

<table>
<thead>
<tr>
<th>Homeless Status?</th>
<th>Do you speak English?</th>
<th>Any Tribal Affiliation?</th>
<th>Are You a Veteran?</th>
<th>Are you Hispanic or Latino/Latina?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Doubling-Up</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Hispanic</td>
</tr>
<tr>
<td>□ Shelter</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ Hispanic – Mexican, Mexican/American, Chicano/a</td>
</tr>
<tr>
<td>□ Street</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Hispanic – Puerto Rican</td>
</tr>
<tr>
<td>□ Transitional</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ Hispanic – Cuban</td>
</tr>
<tr>
<td>□ Not Homeless</td>
<td></td>
<td></td>
<td></td>
<td>□ Hispanic – Another Hispanic, Latino/a or Spanish Origin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your Race? (Check All that apply)</th>
<th>What is your current gender identity?</th>
<th>Do you think of yourself as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ American Indian/Alaska Native</td>
<td>□ Male</td>
<td>□ Straight</td>
</tr>
<tr>
<td>□ Asian</td>
<td>□ Female</td>
<td>□ Lesbian or gay</td>
</tr>
<tr>
<td>□ Asian: Chinese</td>
<td>□ Transgender male/ Trans man/ Female-to-male (FTM)</td>
<td>□ Bisexual</td>
</tr>
<tr>
<td>□ Asian: Filipino</td>
<td>□ Transgender female/Trans woman/ Male-to-female (MTF)</td>
<td>□ Something else</td>
</tr>
<tr>
<td>□ Asian: Japanese</td>
<td>□ Genderqueer, neither exclusively male nor female</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>□ Asian: Korean</td>
<td>□ Other</td>
<td>□ Choose not to disclose</td>
</tr>
<tr>
<td>□ Asian: Vietnamese</td>
<td>□ Choose not to disclose</td>
<td></td>
</tr>
<tr>
<td>□ Asian: Other Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Black/African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Native Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ NH/PI: Native Hawaiian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ NH/PI: Guamanian or Chamorro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ NH/PI: Samoan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ NH/PI: Other Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What sex were you assigned at birth?</th>
<th>How would you like to be referred to?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Male</td>
<td>□ He</td>
</tr>
<tr>
<td>□ Female</td>
<td>□ She</td>
</tr>
<tr>
<td>□ Unknown</td>
<td>□ They</td>
</tr>
<tr>
<td>□ Choose not to disclose</td>
<td>□ Ze</td>
</tr>
<tr>
<td></td>
<td>□ Sie or Zie</td>
</tr>
</tbody>
</table>
Future HIT Improvements

- Current Workflow: data collection done at registration and flows into EMR
- Future Enhancements: data collection in EMR and will flow back to practice management system
- All staff will continue to see same information and same alerts
Key Challenges

- We need UDS data for all patients
- We need to collect SOGI data on all patients 13+
- 13-18: Patients don’t know UDS data, but parents may not share accurate SOGI data

Solution

- 18+: Collect with UDS forms
- 13-18: Providers collect SOGI information
Success Story
IT Creates Clinical/Practice Management Partnership

- Improved SOGI data collection
  - Baseline Chart Review 5% of patients 18+ with SO/GI Data in Chart
  - As of September 1, actively collecting data with UDS at 9 of 10 sites
  - April-August reports showed SO/GI data collected on 4,839 patients, or 59% of the 8225 patients 18+ registered at sites collecting data

- Case Study: Data Collection’s Impact on a Patient
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