

WHY COLLECT DATA ON SEXUAL ORIENTATION AND GENDER IDENTITY?

Lesbian, gay, bisexual, and transgender (LGBT) people are often “invisible” to their providers. Most clinicians do not discuss sexual orientation or gender identity (SO/GI) with patients routinely, and most health centers have not developed systems to collect structured SO/GI data. This invisibility masks disparities and impedes the provision of important health care services for LGBT individuals, such as appropriate preventive



Gathering SO/GI data will increase quality of care given to LGBT patients by allowing health centers to measure and track outcomes in these populations.

screenings, assessments of risk for sexually transmitted infections and HIV, and effective intervention for behavioral health concerns that may be related to experiences of anti-LGBT stigma.¹ Like all patients, LGBT people have behavioral as well as medical concerns, and want to discuss issues related to coming out, school, work, relationships, children, aging, and other issues that occur in different stages of life. An opportunity to share information about their sexual orientation and gender identity in a welcoming environment will facilitate important conversations with clinicians who are in a position to be extremely helpful.

Collecting SO/GI data in electronic health records (EHRs) is essential to providing high-quality, patient-centered care to LGBT individuals. SO/GI data collection has been recommended by both the Institute of Medicine^{1,2} and the Joint Commission³ as a way to learn about which populations are being served, and to measure quality of care provided to LGBT people. Gathering this data is therefore an important part of identifying and addressing LGBT health disparities in health centers and other health care organizations.

How do we collect this information?

We ask these questions of each new patient (as well as update this information annually) through our demographics form as well as the name listed with their insurance or coverage program and the name they go by:

Check all that apply:

Gender Identity:

- Woman
- Man
- Trans feminine (MTF)
- Trans masculine (FTM)
- Non-binary
- Genderqueer
- Agender
- Two-spirit
- Not Listed: _____
- Decline

Sex Assigned at Birth:

- Female
- Male
- Intersex
- Not Listed: _____
- Decline

Pronoun(s):

- She/her/hers
- He/him/his
- They/them/theirs
- Zie/hir/hirs
- Not Listed: _____

Sexual Orientation:

- Lesbian
- Gay
- Queer
- Bisexual
- Heterosexual
- Asexual
- Questioning
- Not Listed: _____
- Decline

Where do we save this demographic information in eClinical Works?

Open up the patient's chart to the chart's main "hub" and click "Info":

The screenshot shows the 'Patient Hub' for 'Test, Bex, (Phil)'. The 'Info' tab is selected and circled in red. The patient's information includes: Home: 802-377-8825, Work: 415-555-7222, Email: test@test.com, Partnership Healthplan of California, PCP: Gorton, Ryan, and Default Facility: Lyon Martin H... The interface features a grid of buttons for various actions such as 'New Appt', 'Print Label(s)', 'Billing Alert', 'Patient Docs', 'Letters', 'Encounters', 'Medical Summary', 'Rx', 'Progress Notes', 'eClniForms', 'Devices', 'Problem List', 'Medical Record', 'Send eMsg', 'Account Inquiry', 'Guarantor Bal.', 'Consult Notes', 'Letter Logs', 'Fax Logs', 'Action', 'New Web Enc', 'Flowsheets', 'Billing Logs', 'PL 9 to 10', 'ePrescription Logs', 'PHM Hub', and 'Dental Examination'. A right-hand panel shows a list of medical problems with codes like F45.21, E11.9, R53.82, Z30.41, F41.9, and I10.

The Info button brings you to the main demographics section of the patient's chart which looks like this:

Personal Info

Account No 39447 Prefix [] PCP Gorton,N,Ryan [] Clear
 Last Name* Test Suffix [] Referring Provider Gorton,N,Ryan [] Clear
 First Name Bex MI [] Rendering Provider/ Primary Care Giver Gorton,Ryan N []
 Previous Name Phil Preferred Name Phil Date Of Birth* 08/04/1993 Age: 27Y
 Address Line 1 1833 FILLMORE ST Gestational Age []
 Address Line 2 [] Sex* M [] Male [] S.O.G.I []
 City SAN FRANCISCO Validate Marital Status [] Preferred Sex []
 State CA Zip 94115-3 Country US Social Security 052-53-9200 Parent Info
 Home Phone 802-377-8825 Cell No 415-555-7222 Employer Name [] Clear
 Work Phone [] Ext [] Emp Status [] (None Selected)
 Student Status [] (None Selected)
 (statements will be addressed to responsible party) Family Hub | Select | Remove

Responsible Party* Select | Set Emergency Contact
 Name Test, Bex Emergency Contact Hi, Test
 Relation 1 [] Self - patient is the insured Acct Balance 0.00 Details Gr. Bal
 Last Appt 09/16/2020 03:20 PM Patient 0.00 Acc Inquiry
 Next Appt []

Insurances IE New Case
 Sliding Fee Schedule Fee Schedule 151% - 200% (2020) [] Self Pay [] Add [] Update [] Remove []

Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
P Partnership Healthplan of Ca	CA	12345678A	1	Test, Bex		

 Release of Information [N] [] Phil (he/him)// PHP c Solano Family Clinic, needs OONF 4/3/20-mm
 Rx History Consent [Y] [] Scan []
 Signature Date 02/03/2020
 Advance Directive GIVEN [] (03/25/2020)

Additional Info [] Alert [] Misc Info [] Options [] P.S.A.C [] OK [] Cancel []

Billing Name & Gender Marker

The name and gender marker listed with the patient's insurance company must be entered in the first and last name fields that have the asterisk and the sex field that has an asterisk. This is to ensure proper billing occurs on the back end. In order to change this, the patient will need to send an updated copy of their insurance card showing the updated name and gender marker.

Personal Info

Account No 39447 Prefix [] PCP Gorton,N,Ryan [] Clear
 Last Name* Test Suffix [] Referring Provider Gorton,N,Ryan [] Clear
 First Name Bex MI [] Rendering Provider/ Primary Care Giver Gorton,Ryan N []
 Previous Name Phil Preferred Name Phil Date Of Birth* 08/04/1993 Age: 27Y
 Address Line 1 1833 FILLMORE ST Gestational Age []
 Address Line 2 [] Sex* M [] Male [] S.O.G.I []
 City SAN FRANCISCO Validate Marital Status [] Preferred Sex []
 State CA Zip 94115-3 Country US Social Security 052-53-9200 Parent Info
 Home Phone 802-377-8825 Cell No 415-555-7222 Employer Name [] Clear
 Work Phone [] Ext [] Emp Status [] (None Selected)
 Student Status [] (None Selected)
 (statements will be addressed to responsible party) Family Hub | Select | Remove

Responsible Party* Select | Set Emergency Contact
 Name Test, Bex Emergency Contact Hi, Test
 Relation 1 [] Self - patient is the insured Acct Balance 0.00 Details Gr. Bal
 Last Appt 09/16/2020 03:20 PM Patient 0.00 Acc Inquiry
 Next Appt []

Insurances IE New Case
 Sliding Fee Schedule Fee Schedule 151% - 200% (2020) [] Self Pay [] Add [] Update [] Remove []

Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
P Partnership Healthplan of Ca	CA	12345678A	1	Test, Bex		

 Release of Information [N] [] Phil (he/him)// PHP c Solano Family Clinic, needs OONF 4/3/20-mm
 Rx History Consent [Y] [] Scan []
 Signature Date 02/03/2020
 Advance Directive GIVEN [] (03/25/2020)

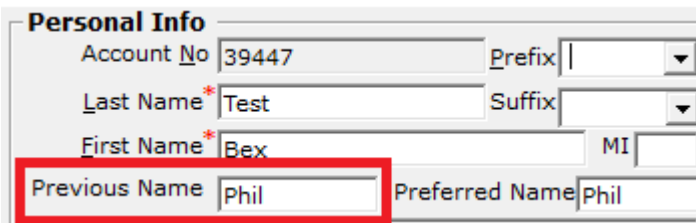
Additional Info [] Alert [] Misc Info [] Options [] P.S.A.C [] OK [] Cancel []

Chosen Name & Pronouns

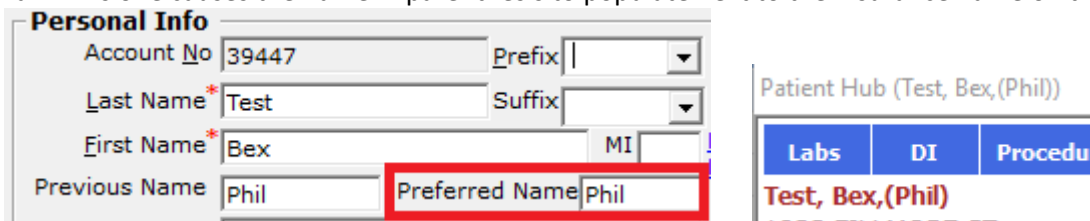
Often a patient will need to be referred as a name other than the name listed with insurance or coverage plan. While their name with their insurance or coverage needs to match the main name fields in eCW (indicated by an asterisk), there are ways we can ensure that we are using the correct name and pronouns with our patients.

To ensure that everyone who comes in contact with our patient’s information in eCW are alerted to the correct name and pronouns to use, we store this information in multiple areas of the patient’s chart. The information is initially collected on the demographics form and entered into eCW by the front desk, but names and pronouns can be updated at any time based on new information provided by the patient. While we need to see updated insurance cards to change the main name listed in eCW (indicated with the asterisks), no “proof” of any kind is needed to change the chosen name or pronoun fields.

1. ‘Info’ → Previous Name field—input chosen name
 - a. This one is important as it is a searchable field, meaning that we can look people up by the name that is entered here.



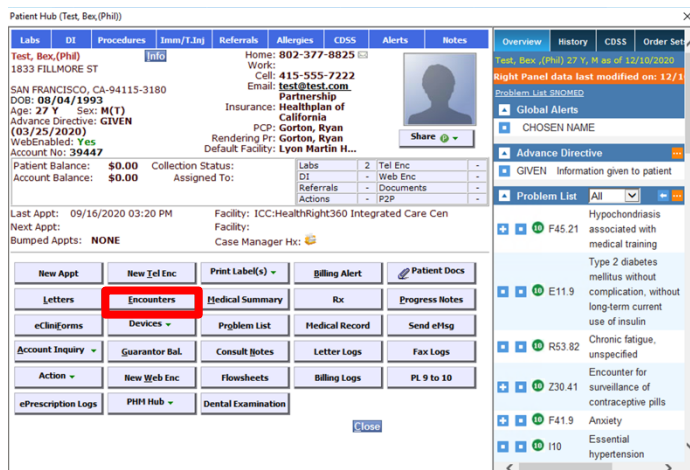
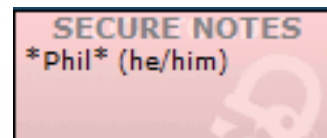
2. ‘Info’ → Preferred Name field—input chosen name
 - a. This one causes the name in parenthesis to populate next to the insurance name on the banner



3. ‘Info’ → General notes – input chosen name and pronouns
 - a. For easy input into the appointment general notes when running eligibility

Phil (he/him)// SFHP c LMHS 3/20/20-mm

4. Sticky Notes: Pink Secure Sticky – input chosen name and pronouns
 - a. Visible at top of banner when in progress notes or encounters

5. Global Alert - input chosen name and pronouns
 - a. Will pop up every time the chart is opened or an appointment or encounter is entered

Patient Information (Test, Bex, (Phil))

Personal Info

Account No 39447 Prefix [dropdown] PCP Gorton,N,Ryan [dropdown] Clear

Last Name Test Suffix [dropdown] Referring Provider Gorton,N,Ryan [dropdown] Clear

First Name Bex MI [dropdown] Referring Provider/Primary Care Giver Gorton,Ryan N [dropdown]

Previous Name Phil Preferred Name Phil Date Of Birth 08/04/1993 Age: 27Y

Address Line 1 1833 FILLMORE ST Gestational Age [dropdown]

Address Line 2 [dropdown] Sex M [dropdown] Male S.O.G.I [dropdown]

City SAN FRANCISCO Validate Marital Status [dropdown] Preferred Sex [dropdown]

State CA Zip 94115-3 Country US Social Security 052-53-9200 Parent Info [dropdown] Clear

Home Phone 802-377-8825 Cell No 415-555-7222 Employer Name [dropdown] Clear

Work Phone [dropdown] Ext [dropdown] Emp Status [dropdown] (None Selected)

(statements will be addressed to responsible party) Student Status [dropdown] (None Selected)

Responsible Party Select Set Emergency Contact Family Hub Select Remove

Name Test, Bex Emergency Contact Hi, Test Relation: Brother

Relation 1 Self - patient is the insured Acct Balance 0.00 Details Gr Bal

Last Appt 09/16/2020 03:20 PM Patient 0.00 Acc Inquiry

Insurances IE New Case

Sliding Fee Schedule Fee Schedule 151% - 200% (2020) Self Pay Add Update Remove

Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
P Partnership Healthplan of Ca	CA	12345678A	1	Test, Bex		

Release of Information N [dropdown] Phil (he/him)// PHP c Solano Family Clinic, needs OONF 4/3/20-mm

Rx History Consent Y [dropdown] Scan [dropdown]

Signature Date 02/03/2020

Advance Directive GIVEN [dropdown] (03/25/2020)

[Additional Info] Alert Misc Info Options R.S.A.C OK Cancel

Billing Alert for (Test, Bex)

Billing Alert *Global Alerts Insurance Alert *MU Alert

Show Global Alerts

Name	Notes
CHOSEN NAME	Phil (they/them)

View Notes Set Global Alerts Close

Set Global Alert Detail for (Test, Bex)

Global Alerts Selected List of Global Alerts

Appt & Billing Clinical Both

Type	Name	Notes
<input checked="" type="checkbox"/>	Appt & Billing	CHOSEN NAME Phil (they/them)

Global Alerts List:

- Extended visit
- Bad Phone Num
- WRONG PCP
- Update Pharmacy Info
- Quick Registration
- Patient Conduct Form
- Scheduling
- Transgender name prefer
- Bad Address
- Specialty Care Only
- Scheduling
- NEWS NAME NEEDED
- CHOSEN NAME
- Patient needs to be appt

New << >> Edit Notes View Logs OK Cancel

Sexual Orientation & Gender Identity (SO/GI) Data

The answers to the four SO/GI questions are stored in eCW in the patient's 'Info', under Additional Info > Structured.

Patient Information (Test, Bex, (Phil))

Personal Info

Account No 39447 Prefix [dropdown] PCP Gorton,N,Ryan [dropdown] Clear

Last Name Test Suffix [dropdown] Referring Provider Gorton,N,Ryan [dropdown] Clear

First Name Bex MI [dropdown] Referring Provider/Primary Care Giver Gorton,Ryan N [dropdown]

Previous Name Phil Preferred Name Phil Date Of Birth 08/04/1993 Age: 27Y

Address Line 1 1833 FILLMORE ST Gestational Age [dropdown]

Address Line 2 [dropdown] Sex M [dropdown] Male S.O.G.I [dropdown]

City SAN FRANCISCO Validate Marital Status [dropdown] Preferred Sex [dropdown]

State CA Zip 94115-3 Country US Social Security 052-53-9200 Parent Info [dropdown] Clear

Home Phone 802-377-8825 Cell No 415-555-7222 Employer Name [dropdown] Clear

Work Phone [dropdown] Ext [dropdown] Emp Status [dropdown] (None Selected)

(statements will be addressed to responsible party) Student Status [dropdown] (None Selected)

Responsible Party Select Set Emergency Contact Family Hub Select Remove

Name Test, Bex Emergency Contact Hi, Test Relation: Brother

Relation 1 Self - patient is the insured Acct Balance 0.00 Details Gr Bal

Last Appt 09/16/2020 03:20 PM Patient 0.00 Acc Inquiry

Insurances IE New Case

Sliding Fee Schedule Fee Schedule 151% - 200% (2020) Self Pay Add Update Remove

Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
P Partnership Healthplan of Ca	CA	12345678A	1	Test, Bex		

Release of Information N [dropdown] Phil (he/him)// PHP c Solano Family Clinic, needs OONF 4/3/20-mm

Rx History Consent Y [dropdown] Scan [dropdown]

Signature Date 02/03/2020

Advance Directive GIVEN [dropdown] (03/25/2020)

[Additional Info] Alert Misc Info Options R.S.A.C OK Cancel

Patient Information(Test, Bex)

Test, Bex Don't Send Statements Inactive
 Exclude From Collections

General Information **Structured**

Misc Info Clear All

Name	Value	Notes
<input type="checkbox"/> Veteran	* Yes	
<input type="checkbox"/> Seasonal	* No	
<input type="checkbox"/> Migrant	* No	
<input type="checkbox"/> Homeless	* No	
<input type="checkbox"/> Living Situation	Living in a car or van	
<input type="checkbox"/> Limited English Proficiency	No	
<input type="checkbox"/> Public Housing	No	
<input type="checkbox"/> Gender Identity:	* FtM (female to male), Non-Binary	
<input type="checkbox"/> HIV Positive	No	
<input type="checkbox"/> Sex assigned at birth?	Female	
<input type="checkbox"/> Date of first visit	12/10/2020	
<input type="checkbox"/> Pronoun Preference:	They/Them/Their	
<input type="checkbox"/> Sexual Orientation:	Queer, Bisexual	
<input type="checkbox"/> Formerly Known As		Bex Test
<input type="checkbox"/> I was referred to HR360 by:	Community organization	
<input type="checkbox"/> Are you in an active HR360 P		

Custom

Pharmacies Contacts Attorneys Case Manager Circle of Care Add Remove

E	M	P	Pharmacy Name	Address Line 1	City	State	Zip	Tel	Fax
<input checked="" type="checkbox"/>			Walgreens #04558	300 GOUGH ST	SAN FRAN	CA	94102	415-581-0600	415-581-0507

Patient Docs Consult Notes Adv Directive Add Student Info OK Cancel

If the patient has changed their name legally and updated their insurance, you can put their former name in the section as well under the "Formerly Known As" field. This can be important to track since records in their chart pre-dating the name change will have their previous name listed. Do not put it anywhere else in the chart. This structured data field is conveniently difficult to get to so as to protect this information as much as possible.

What about the built in SO/GI fields?

In the 'Info' section, click the SOGI button and check the box marked Transgender.

Test, Bex, 26yrs DOB: 04 Aug 1993 Account No. 39447

Birth Sex Male Female Unknown

Sexual Orientation

	Name	SNOMED
<input type="radio"/>	Lesbian, gay or homosexual	38628009
<input type="radio"/>	Straight or heterosexual	20430005
<input type="radio"/>	Bisexual	42035005
<input type="radio"/>	Do not know	UNK
<input type="radio"/>	Choose not to disclose	ASKU
<input type="radio"/>	Something else, please describe	OTH

Gender Identity

	Name	SNOMED
<input type="checkbox"/>	Male	446151000124109
<input type="checkbox"/>	Female	446141000124107
<input type="checkbox"/>	Female-to-Male (FTM) / Transgender Male/Trans Man	407377005
<input type="checkbox"/>	Male-to-Female (MTF) / Transgender Female/Trans Woman	407376001
<input type="checkbox"/>	Genderqueer, neither exclusively male nor female	446131000124102
<input type="checkbox"/>	Choose not to disclose	ASKU
<input type="checkbox"/>	Additional gender category or other, please specify	OTH

Transgender

We do not use the built in eCW SOGI button section for the rest of our SO/GI data because the structured data fields allow us to customize data fields that capture a more detailed array of terminology the trans community uses to describe themselves. The more detailed data pulled from the structured data fields are exported into Azara to create two reports: one that is filtered into these more basic and broad categories for federal UDS reporting purposes, and a second to create more a more accurate, detailed report representative of our diverse trans communities.