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:	Sex Assigned at Birth:	Sexual Orientation:
🗆 Woman	Female	🗆 Lesbian
🗆 Man	Male	🗆 Gay
Trans feminine (MTF)	Intersex	🗆 Queer
Trans masculine	Not Listed:	Bisexual
(FTM)	Decline	Heterosexual
Non-binary		Asexual
Genderqueer	Pronoun(s):	Questioning
Agender	She/her/hers	Not Listed:
Two-spirit	He/him/his	Decline
Not Listed:	They/them/theirs	
Decline	Zie/hir/hirs	
	Not Listed:	

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":

Patient Hub (Test, Bex,(Phil)) X										
Labs DI P	rocedures Imm/T.I	nj Referrals All	ergies CDSS	Alerts Notes	0	verview	History	CDSS	Order Se	t 🔨
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DOB: 08/04/1993 Age: 27 Y Sex: I Advance Directive: 0 (03/25/2020)	M(T) GIVEN	Pa Insurance: Ho Ca PCP: Go Rendering Pr: Go	artnership ealthplan of alifornia orton, Ryan orton, Ryan	Share @ •		Global CHOS	Alerts EN NAM	1E		
Account No: 39447	,	Default Facility: Ly	on Martin H			Advand	ce Direc	tive		
Patient Balance: Account Balance:	\$0.00 Collection \$0.00 Assid	Status: ned To:	Labs 2 DI -	Tel Enc - Web Enc -		GIVEN	Informa	ation given to	patient	
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The Info button l	brings you to the	main demographi	ics section of the i	patient's chart	which looks like this:
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Patient Informat	ion (Test. Bex. (Phil.))					×
- Personal Info						~
Account No	39447	Prefix	•	PCP	Gorton,N,Ryan	Clear
Last Name*	Test	Suffix	-	Referring Provider	Gorton,N,Ryan	Clear
<u>F</u> irst Name*	Bex		MI	Rendering Provider/	Gorton,Ryan N	•
Previous Name	Phil Prefe	rred Nam	e Phil	Date Of Birth *	08/04/1993	Age: 27Y
Address Line 1	1833 FILLMORE ST			(mm/dd/yyyy) Gestational Age		
Address Line 2				Se <u>x</u> *	M Male	S.O.G.I
City	SAN FRANCISCO		Validate	Marital Status	▼ Prefer	rred Sex
State	CA ▼ Zip 941:	15-3: Col	untry US	<u>S</u> ocial Security	052-53-9200	Parent Info
Home Phone	802-377-8825 Cel	l No 415	-555-7222	Emplo <u>v</u> er Name		Clear
Work Phone		<u>E</u> xt		Emp Status	(None Se	lected)
(statements wil	I be addressed to res	ponsible	party)	Student Status	(None Se	lected)
Responsible P	arty* Select Set	Emergen	cy Contact]	Family Hub	Select Remove
Name	Test, Bex			Emergency Contact	Hi, Test Relation: Brother	0
				Acct Balance	Home: 555-555-55	Dotaile Cr. Bal
Relation	1 Self - patien	t is the in	sured	Patient	0.0	
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		12040010		T Coc, Don		
						-
Release of Inform	mation N	P	hil (he/him)	// PHP c Solano Family	/ Clinic, needs OONF	4/3/20-mm
Rx History Co	nsent [*] Y Scar					
Signature	Date 02/03/2020	-				~
Advance Dir	ective GIVEN	03/25/2	020)			
Additional Info	• Alert	Misc Info	Ontion	- PSAC		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.

Account No.	20447	Prefix	-	PCP	Gorton,N,Rvan		Clea
Last Name*	Test	Suffix		Referring Provider	Gorton,N,Ryan		Clea
Eirst Name*	Bex		MI	Rendering Provider/	Gorton Ryan N		
Previous Name	11111	Preferred Nam	e Phil	Primary Care Giver Date Of Birth *	08/04/1003	Ace: 27	
Address Line 1	1833 FILLMOR	E ST	,	(mm/dd/yyyy)	08/04/1993	Age: 271	
Address Line 2				Gestational Age	Male	500	3.1
City	SAN FRANCIS	0	Validate	Marital Status		Formed Sou	<u></u>
State	CA ▼ Zip	94115-3; Cou	untry US	Social Security		erreu Sex	1
Home Phone	802-377-8825	Cell No 415	-555-7222	Employer Name	052-53-9200	P	arent Int
- Work Phone		Ext		Emp Status		elected)	
(statements wil	be addressed	to responsible	party)	Student Status	(None S	elected)	
Responsible P	arty* Select	Set Emergen	cv Contact		Family H	ub Select	t Remov
Name	Test, Bex			Emergency Contact	Hi, Test Relation: Brother		
				Acct Balance	0.	00 Detail	s Gr. B
Relation	1 Self - p	patient is the in	sured	Patient	0.	00 Acc 1	Inguiry
Last Appt	09/16/2020 03	:20 PM		Next Appt			
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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.

Personal Info			
Account No	39447	<u>P</u> refix	-
<u>L</u> ast Name [*]	Test	Suffix	-
<u>F</u> irst Name*	Bex		MI
Previous Name	Phil	Preferred Name	Phil

- 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' \rightarrow 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

Patient Hub (Test, Bex, (P	hil))										>
Labs DI Pi	ocedures Imm/T.In	j Referrals /	llergies	CDSS	Alerts	Notes	Over	view	History	CDSS	Order Set
Test, Bex, (Phil) 1833 FILLMORE ST SAN FRANCISCO, CA DOB: 08/04/1993 Age: 27 Y Sex: h davance Directive: C (03/25/2020) WebEnabled: Yes Account No: 39447 Patient Balance: Account Balance:	94115-3180 ((T) IVEN \$0.00 Collection : \$0.00 Assign	Home: Work: Cell: Email: Insurance: PCP: Rendering Pr: Default Facility: Status: ned To:	802-377 415-555 test@tess Partners Healthpli Californi Gorton, F Gorton, F Lyon Mar Labs DI Refer	7-8825 ₪ 5-7222 t.com hip an of a Ryan Ryan rtin H 2 - rais -	Sh Tel Enc Web Enc Document P2P	are () -	Test, Right Proble	Bex ,(P Panel (m List) Global , CHOSI Advanc GIVEN Problem	hil) 27 Y, data last snomeo Alerts EN NAME e Directi Informati n List	M as of 12 modified ve ion given to	/10/2020 i on: 12/1 o patient
ast Appt: 09/16/2 Next Appt: Bumped Appts: NO	020 03:20 PM	Facility: ICC:H Facility: Case Manage	lealthRigh	ht360 Integ	rated Car	e Cen		0 F	F45.21 a	Hypochond Issociated medical tra	Iriasis with ining
New Appt	New <u>T</u> el Enc <u>Encounters</u> Devices •	Print Label(s) + Medical Summary	<u>B</u> i	lling Alert Rx	Progr	ress Notes		0 E	T r E11.9 c	Type 2 dial mellitus wit complicatio ong-term c use of insu	betes shout on, without surrent lin
Account Inquiry +	Guarantor Bal.	Consult Notes	Le	etter Logs	Fa	ix Logs	0.0	1 🛈 F	R53.82	Chronic fat	igue,
Action -	New <u>W</u> eb Enc	Flowsheets	В	illing Logs	PL	9 to 10	0 0	0 z	E Z30.41 s	Encounter	for e of
ePrescription Logs	PHM Hub +	Dental Examinatio	n	Clos	e				-41.9 / 10 E	contracepti Anxiety Essential hypertensio	ve pills

S *P	SEC	CUR (he	E /hi	NO m)	TE	S	
				- 5		2	

- 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 PCP Gorton,N,Ryan Clear	
Last Name [*] Test Suffix - Referring Provider Gorton,N,Ryan Clear	
Eirst Name [*] Bex MI Rendering Provider/ Gorton,Ryan N	
Previous Name Phil Preferred Name Phil Date Of Birth * 08/04/1993 Age: 27Y	🖏 Billing Alert for (Test, Bex)
Address Line 1 1833 FILLMORE ST (mm/dd/yyyy)	Billing Alert *Global Alerts Insurance Alert *MU Alert
Address Line 2 Sex*Im Male S.O.G.I	Show Global Alerts
City SAN FRANCISCO Validate Marital Status Preferred Sev	-
State CA V Zip 94115-3: Country US Social Security 052-52-0200	Name Notes CHOSEN NAME Phil (they/them)
Home Phone 802-377-8825 Cell No 415-555-7222 Employer Name	
Work Phone Ext Emp Status (None Selected)	
(statements will be addressed to responsible party) Student Status (None Selected)	
Responsible Party* Select Set Emergency Contact Family Hub Select Remove	
Name Test, Bex Emergency Contact Hi, Test	
Home: SCS_SCS_SCS	
Acct Balance 0.00 Details Gr. Bal	
Patient 0.00 Acc Inguiry	
Last Appt 09/16/2020 03:20 PM Next Appt	View Notes Close
Insurances IE New Case	
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Release of Information N Phil (he/him)// PHP c Solano Family Clinic, needs OONF 4/3/20-mm	Global Alerts Selected List of Global Alerts
Rx History Consent Y Scan	Appt & Billing C Clinical C Both Type Name Notes
Adverse Directive C27/03/2020	Appt & Billing CHOSEN NAME Phil (they/them)
Advance Directive GIVEN (03/25/2020)	Name Extended visit
Additional Info Alert Misc Info Options V P.S.A.C	Bad Phone Num
	WRONG PCP
	Update Pharmacy Info
	Scheduling
	Transgender name prefere
	Bad Address
	Scheduling
	CHOSEN NAME
	Patient needs i/ d appt
	Now Television Fight Nation View Land
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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.

Personal Info						
Account No	39447	Prefix	-	PCP	Gorton,N,Ryan	Clea
Last Name	Test	Suffix	-	Referring Provider	Gorton,N,Ryan	Clea
<u>F</u> irst Name	Bex	N	11	Rendering Provider/	Gorton,Ryan N	-
Previous Name	Phil Prefer	red Name Phi	il	Date Of Birth *	08/04/1993	Age: 27Y
Address Line 1	1833 FILLMORE ST			(mm/dd/yyyy) Gestational Age		
Address Line 2				Se <u>x</u> *	M Male	S.O.G.I
City	SAN FRANCISCO	Valio	late	Marital Status	▼ Pr	eferred Sex
State	CA ▼ Zip 9411	5-3: Country	US	Social Security	052-53-9200	Parent Inf
Home Phone	802-377-8825 Cell	No 415-555	-7222	Employer Name		Cle
Work Phone	!	Ext 🗌		Emp Status	(None	Selected)
(statements wil	I be addressed to resp	oonsible party	()	Student Status	(None	Selected)
Responsible P	arty* Select Set	Emergency C	ontact		Family	Hub Select Remo
Name	Test, Bex			Emergency Contact	Hi, Test Relation: Brothe	er
	I			Acct Balance		0.00 Details Gr. B
Relation	1 Self - patient	is the insure	d	Patient		0.00 Acc Inguiry
Last Appt	09/16/2020 03:20 PM	1		Next Appt		
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az r - praimeisnip	neampanor caj ca ji	20400764		Test, Bex		
elease of Inforr Rx History Co Signature	nation [*] N nsent [*] Y Scan 2 Date 02/03/2020	Phil (h	ie/him)/,	/ PHP c Solano Family	r Clinic, needs OG	DNF 4/3/20-mm

B. Patient Information(Test, Bex)								
Test, Bex General Information Structured		Don't Send Statement	s [ons	Inactive				
Misc Info					Clea	r All		
Name		Value		Notes				
🔲 🔲 Veteran	*	Yes	X			X		
Seasonal	*	No	X			X		
Migrant	*	No	X			X		
Homeless	*	No	X			X		
Living Situation	<u> </u>	Living in a car or van	X			X		
Limited English Proficiency	<u> </u>	No	X			X		
Public Housing	ļ	No	N			<u>X</u>		
Gender Identity:	1.	FtM (female to male), Non-Binary	N			<u>X</u>		
		No	$\mathbf{\hat{>}}$			$\mathbf{\tilde{\mathbf{v}}}$		
Sex assigned at birth?	-	Female	\odot			\sim		
	-	12/10/2020	\odot			\diamond		
Pronoun Preference:		They/Them/Their	\odot			\bigcirc		
Sexual Orientation:		Queer, Bisexual	\odot	Days Talah		\odot		
Formerly Known As	-	Community and simplify	\odot	Bex lest		\odot		
I was referred to HR360 by:	-		ᢒ			\odot		
	Are you in an active HR360 P							
Custom								
Pharmacies Contacts	Α	ttorneys Case Manager Cir	cle	of Care	Add	Remove		
E M P Pharmacy Name Add Walgreens #04558 300	res G(S Line 1 City State Z DUGH ST SAN FRAN CA 94	ip 410	Tel Fa 02 415-581-0600 41	x 15-581-050	7		
& Patient Docs Consult Notes	s	Adv Directive Addl	Stu	udent Info	<u>о</u> к	<u>C</u> ancel		

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.

Patient Information (Test, Bex ,(Place))	nil))			X
- Personal Info				
Account No 39447	<u>P</u> refix	-	PCP	Gorton,N,Ryan Clear
Last Name [*] Test	Suffix	-	Referring Provider	Gorton,N,Ryan Clear
<u>F</u> irst 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		(mm/dd/yyyy) Gestational Age	
Address Line 2			Se <u>x</u> *	M Male S.O.G.I
City SAN FRANCISC		Validate	Marital Status	Preferred Sex
State CA 🚽 Zip	94115-3: Cou	intry US	<u>Social Security</u>	052-53-9200 Parent Info
Home Phone 802-377-8825	Cell No 415-	555-7222	Emplo <u>y</u> er Name	Clear
Work Phone	<u>E</u> xt		Emp Status	(None Selected)
(statements will be addressed t	o responsible p	party)	Student Status	(None Selected)
Responsible Party* Select	Set Emergen	cy Contact]	Family Hub Select Remove
Name Test, Bex			Emergency Contact	Hi, Test
			Acct Balance	0.00 Details Gr. Bal
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Last Appt 09/16/2020 03:	20 PM		Next Appt	
Insurances IE New Sliding Fee Schedule Fee Sch	Case	200% (202	20) 💌 🔽 Self F	PayAdd ▼Update _ Remove
Name S R Pathership Healtholan of Ca	tate Subscriber 1	No Ri	el Insured	Co Pay Group No
	<u>en pizotorian</u>		Tost, Don	
				<u> </u>
Release of Information N	Ph	nil (he/him),	// PHP c Solano Family	y Clinic, needs OONF 4/3/20-mm
Rx History Consent Y	Scan			
Signature Date 02/03/2	020			~
Advance Directive GIVEN	(03/25/20	020)		
Additional Info	Misc Info	Op <u>t</u> ion	ns▼ P.S.A.C	<u>O</u> K <u>C</u> ancel

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

Birth Sex O Male O Female O Unknown

Sexual Orientation

	Name	SNOMED
0	Lesbian, gay or homosexual	38628009
0	Straight or heterosexual	20430005
0	Bisexual	42035005
0	Do not know	UNK
0	Choose not to disclose	ASKU
0	Something else, please describe	отн

Gender Identity

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

🗹 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.