Collecting Data on Sexual Orientation and Gender Identity in the Electronic Health Record: Why and How

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The Fenway Institute, Fenway Health
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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  - **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

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Learning Objectives

By the end of this session, learners will be able to:

1. Explain evidence-based reasons to collect sexual orientation and gender identity data
2. Identify culturally-sensitive sexual orientation and gender identity questions that can be used in health care settings
3. List strategies to incorporate sexual orientation and gender identity questions into an existing electronic health record
Key Points

- Knowledge of SO and GI driven by known disparities
- Clinicians rarely discuss sexual health, sexual orientation or gender identity
- Health systems need knowledge of population health at both the community and the practice levels
- The EHR is an important tool for managing quality for populations
- Beyond asking about SO and GI: Decision Support and Coding
- How to make it work for your practice and your patients
The Impact of Stigma and Discrimination
Health Issues Throughout the Life Course

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood
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, STD’s
- MSM are at higher risk of HIV/STDs, especially among communities of color
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
- Lesbians are less likely to get preventive services for cancer
Transgender individuals experience a high prevalence of HIV/STI’s, victimization, mental 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
...But LGBT people are largely invisible to health care providers
Learning by Example

Eliminating Disparities: Why It’s Essential and How to Get It Done

Hospitals Must Take the Lead in Eliminating Disparities in Care
By Rich Umbdenstock, AHA President and CEO and Kevin E. Lofton, CEO of Catholic Health Initiatives, Past Chair, AHA Board of Trustees and Chairman of the AHA’s Special Advisory Group on Improving Hospital Care for Minorities
“Measures of outcomes have become increasingly important for demonstrating effectiveness of care…”

“Disparities in health care can be addressed through a quality of care framework if data on race, ethnicity, and primary language are available”

“According to the report ‘The Right to Equal Treatment’ issued by Physicians for Human Rights, data collection has long been central to the quality assurance process.”

“It also helps ensure nondiscrimination in access to care.”
Ending LGBT Invisibility in Health Care

- Has a clinician ever talked with you about your sexual health history?
- Has a clinician ever asked about your sexual orientation?
- Has a clinician ever asked about your gender identity?
Proportion of Physicians Discussing Topics with HIV-Positive Patients

<table>
<thead>
<tr>
<th>Topic</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to ART</td>
<td>84%</td>
</tr>
<tr>
<td>Condom use</td>
<td>16%</td>
</tr>
<tr>
<td>HIV transmission and/or risk reduction</td>
<td>14%</td>
</tr>
</tbody>
</table>

(From AmJPublicHealth, 2004;94:1186-92)
Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

The Hidden Epidemic
Institute of Medicine, 1997
Taking a History of Sexual Health

http://www.lgbthealtheducation.org/publications/
IOM Recommendation: Data on Sexual Orientation and Gender Identity Should be Collected in Electronic Health Records

- Recognition of Challenges and Barriers
  - Confidentiality
  - Reluctance/Desire to Share
  - Need for Provider Education

- Direct benefit to individual patients, insuring quality, and evaluation of disparities at practice level to learn about educational needs for clinicians and staff.

- Critical to doing effective population health as part of patient centered medical homes or health homes.
Prevention: Improve Access, Quality, and Outcomes

- IOM: Lesbians and bisexual women may use preventive health services less frequently than heterosexual women.
  - How can we insure adequate care if we don’t routinely gather data that from individuals that is population specific?
  - How can we help clinicians and consumers learn more about optimizing care if we don’t gather information and use what we learn as teachable moments?
Quality Preventive Care for Lesbians, Bisexual Women, and Transgender Men
Cancer Prevention for Lesbians and Bisexual Women: Cervical Cancer & Breast Cancer

- Rates of cervical cancer are as high for lesbians and bisexual women as for heterosexual women
- Studies have found that lesbians have significantly lower cervical cancer screening rates (Charlton, J Adolesc Health, 2011)
- A recent study from NYC indicates that lesbian/bisexual women over 40 are significantly less likely to have had a mammogram than heterosexual women (2013, Empire State Pride Agenda Foundation)
- Educational programs should emphasize the need for women who exclusively have sex with women, and bisexual women, should be screened according to usual guidelines
Transgender Men and Cervical Cancer Screening

- The majority of transgender men do not undergo complete sex reassignment surgery and still retain a cervix if a total hysterectomy is not performed.
  - Cancers of female natal reproductive organs are still possible in these individuals, and cervical cancer has been documented in a male transgender patient.

- Transgender men with a cervix should follow the same screening guidelines as natal females.
  - Pap tests can be difficult for transgender men for a number of reasons.

- Sensitivity to these unique barriers is important while still emphasizing the importance of regular screening.
Clinical Care of Transgender People Requires Knowledge of Gender Identity and Sex Assigned at Birth
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 an 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.
Quality Care for Transgender People: Louise M’s Story

- 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.
Getting to Know Patients in Clinical Settings
Gathering LGBT Data During the Process of Care

DATA INPUT AT HOME

ARRIVAL

REGISTER ONSITE

SO/GI DATA NOT REPORTED

PROVIDER VISIT INPUT FROM HISTORY

YES

INFORMATION ENTERED INTO EHR

NO

INFORMATION ENTERED INTO EHR

SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)
## Collecting Demographic Data on Sexual Orientation (Example)

<table>
<thead>
<tr>
<th>1. Which of the categories best describes your current annual income? Please check the correct category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &lt;$10,000</td>
</tr>
<tr>
<td>□ $10,000–14,999</td>
</tr>
<tr>
<td>□ $15,000–19,999</td>
</tr>
<tr>
<td>□ $20,000–29,999</td>
</tr>
<tr>
<td>□ $30,000–49,999</td>
</tr>
<tr>
<td>□ $50,000–79,999</td>
</tr>
<tr>
<td>□ Over $80,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Employment Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Employed full time</td>
</tr>
<tr>
<td>□ Employed part time</td>
</tr>
<tr>
<td>□ Student full time</td>
</tr>
<tr>
<td>□ Student part time</td>
</tr>
<tr>
<td>□ Retired</td>
</tr>
<tr>
<td>□ Other _____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Racial Group(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ African American/Black</td>
</tr>
<tr>
<td>□ Asian</td>
</tr>
<tr>
<td>□ Caucasian</td>
</tr>
<tr>
<td>□ Multi racial</td>
</tr>
<tr>
<td>□ Native American/Alaskan Native/Inuit</td>
</tr>
<tr>
<td>□ Pacific Islander</td>
</tr>
<tr>
<td>□ Other _____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hispanic/Latino/Latina</td>
</tr>
<tr>
<td>□ Not Hispanic/Latino/Latina</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Country of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ USA</td>
</tr>
<tr>
<td>□ Other _____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Language(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ English</td>
</tr>
<tr>
<td>□ Español</td>
</tr>
<tr>
<td>□ Français</td>
</tr>
<tr>
<td>□ Portugês</td>
</tr>
<tr>
<td>□ Русский</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Do you think of yourself as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Lesbian, gay, or homosexual</td>
</tr>
<tr>
<td>□ Straight or heterosexual</td>
</tr>
<tr>
<td>□ Bisexual</td>
</tr>
<tr>
<td>□ Something Else</td>
</tr>
<tr>
<td>□ Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Married</td>
</tr>
<tr>
<td>□ Partnered</td>
</tr>
<tr>
<td>□ Single</td>
</tr>
<tr>
<td>□ Divorced</td>
</tr>
<tr>
<td>□ Other ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Veteran Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Veteran</td>
</tr>
<tr>
<td>□ Not a veteran</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Referral Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self</td>
</tr>
<tr>
<td>□ Friend or Family Member</td>
</tr>
<tr>
<td>□ Health Provider</td>
</tr>
<tr>
<td>□ Emergency Room</td>
</tr>
<tr>
<td>□ Ad/Internet/Media/Outreach Worker/School</td>
</tr>
<tr>
<td>□ Other _____________</td>
</tr>
</tbody>
</table>
Collecting Demographic Data on Gender Identity

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

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

- What sex were you assigned at birth? (Check One)
  - Male
  - Female
  - Decline to Answer
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.

- **Patients**: Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately.

- **Data Collection**: Critical, and has to be done sensitively without assumptions, routinely on all, along with other demographic data.
Patient Acceptance: The Community Health Applied Research Network (CHARN) Study

- CHARN seeks to build capacity to conduct meaningful and rigorous multi-site Patient Centered Outcomes Research (PCOR) that will lead to better patient care at federally-supported community health clinics with underserved patient populations

- Study Objectives:
  - Objective 1: Collaborate with existing CHC research network infrastructures to conduct patient surveys that **assess the patient experience of and satisfaction with existing SOGI questions**
  - Objective 2: **Recommend a set of SOGI questions in clinical settings** that can be tested in future research projects involving larger patient populations and greater diversity of CHCs and other health care organizations

www.lgbthealtheducation.org
Background

- 251 total responses from four sites:
  - Beaufort Jasper Hampton Comprehensive Health Services in rural South Carolina
  - Chase Brexton Health Center in Baltimore and Columbia, Maryland
  - Fenway Health in Boston
  - Howard Brown Health Center in Chicago

www.lgbthealtheducation.org
Method

- One-time, 5-minute survey
- Answer a question about sexual orientation
  - Developed at the Fenway Institute
- Answer a two-step gender identity and birth sex question
  - Endorsed by leading transgender researchers in the U.S. and globally

www.lgbthealtheducation.org
Survey Questions

SEXUAL ORIENTATION

9. Which of the following do you identify most closely with?
   □ Lesbian, gay or homosexual
   □ Straight or heterosexual
   □ Bisexual
   □ Something else, Please describe____________________
   □ Don’t know
GENDER IDENTITY

13. What is your current gender identity?  
(Check all that apply)

☐ Male

☐ Female

☐ Female-to-Male (FTM)/Transgender Male/ Trans Man

☐ Male-to-Female (MTF)/Transgender Female/Trans Woman

☐ Genderqueer, neither exclusively male nor female

☐ Additional Gender Category/(or Other), please specify ______________________

☐ Decline to Answer, please explain why ______________________

14. What sex were you assigned at birth on your original birth certificate?  
(Check one)

☐ Male

☐ Female

☐ Decline to Answer, please explain why ______________________
### Question 7: As part of a written registration form, do you think it is important to ask patients about sexual orientation when they register at the health center?

<table>
<thead>
<tr>
<th></th>
<th>Beaufort n=50 (20%)</th>
<th>Chase Brexton n=67 (27%)</th>
<th>Fenway n=101 (40%)</th>
<th>Howard Brown n=33 (13%)</th>
<th>Total n=251</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>33</td>
<td>50</td>
<td>76</td>
<td>24</td>
<td>183 (73%)</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>16</td>
<td>25</td>
<td>7</td>
<td>64 (25%)</td>
</tr>
<tr>
<td>Missing answer</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>4 (2%)</td>
</tr>
</tbody>
</table>

### Question 8: As part of a written registration form, do you think it is important to ask patients about gender identity when they register at the health center?

<table>
<thead>
<tr>
<th></th>
<th>Beaufort n=50 (20%)</th>
<th>Chase Brexton n=67 (27%)</th>
<th>Fenway n=101 (40%)</th>
<th>Howard Brown n=33 (13%)</th>
<th>Total n=251</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>39</td>
<td>55</td>
<td>83</td>
<td>28</td>
<td>205 (82%)</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>12</td>
<td>18</td>
<td>3</td>
<td>44 (17%)</td>
</tr>
<tr>
<td>Missing answer</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2 (1%)</td>
</tr>
</tbody>
</table>
Qualitative Responses

- Regarding the sexual orientation question:
  - “I really like that I got to check all that apply. Too many times this type of question allows only one response.”

- Regarding the “genderqueer” response option:
  - “I’ve never heard of ‘genderqueer’ and do not know what it means.”
  - Another raised concerns that offering this term as an option on the gender identity questions could lead to “risk of derogatory interpretation.”
Qualitative Responses

- “Though I understand the importance of knowing birth sex when dealing with trans medical issues, it’s still a very sensitive question that most [transgender people] would probably not want to answer.”

- “I think it is important to not only know this info but to educate all staff on what it means. This would put patients at ease.”
Meaningful Use of LGBT Data in EHRs
HITPC Stage 3 Recommendations (March 2014)

Updated Stage 3 Objective

- Certification criteria
- CEHRT provides the functionality to capture
  - Patient preferred method of communication (e.g., online, telephone, letter)
  - Occupation and Industry codes
  - Sexual orientation, gender identity (SOGI)
  - Disability status
Beyond Data Collection: Systems that Facilitate Getting it Right

- Decision Support
- Coding
# Alerts and Reminders

<table>
<thead>
<tr>
<th>Screening tests</th>
<th>Ages 18–39</th>
<th>Ages 40–49</th>
<th>Ages 50–64</th>
<th>Ages 65 and older</th>
</tr>
</thead>
</table>
| Blood pressure test              | Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).  
                                     Get tested once a year if you have blood pressure between 120/80 and 139/89.  
                                     Discuss treatment with your doctor or nurse if you have blood pressure 140/90 or higher. | Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).  
                                     Get tested once a year if you have blood pressure between 120/80 and 139/89.  
                                     Discuss treatment with your doctor or nurse if you have blood pressure 140/90 or higher. | Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).  
                                     Get tested once a year if you have blood pressure between 120/80 and 139/89.  
                                     Discuss treatment with your doctor or nurse if you have blood pressure 140/90 or higher. | Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).  
                                     Get tested once a year if you have blood pressure between 120/80 and 139/89.  
                                     Discuss treatment with your doctor or nurse if you have blood pressure 140/90 or higher. |
| Bone mineral density test (osteonarosis screening) | Discuss with your doctor or nurse.                                      | Get this test at least once at age 65 or older.  
                                     Talk to your doctor or nurse about repeat testing. | Get this test at least once at age 65 or older.  
                                     Talk to your doctor or nurse about repeat testing. | Get this test at least once at age 65 or older.  
                                     Talk to your doctor or nurse about repeat testing. |
| Breast cancer screening (mammogram) | Discuss with your doctor or nurse.                                      | Starting at age 50, get screened every 2 years.                           | Get screened every 2 years through age 74.  
                                     Age 75 and older, ask your doctor or nurse if you need to be screened. | Get screened every 2 years through age 74.  
                                     Age 75 and older, ask your doctor or nurse if you need to be screened. |
| Cervical cancer screening (Pap test) | Get a Pap test every 3 years if you are 21 or older and have a cervix.  
                                     If you are 30 or older, you can get a Pap test and HPV test together every 5 years. | Get a Pap test and HPV test together every 5 years if you have a cervix. | Get a Pap test and HPV test together every 5 years if you have a cervix. | Ask your doctor or nurse if you need to get a Pap test. |

[www.womenshealth.gov](http://www.womenshealth.gov)
### Decision Support: Alerts and Reminders

**Table: Recommended screening and immunization practices for MSM**

<table>
<thead>
<tr>
<th></th>
<th>CDC Recommendations</th>
<th>USPSTF/ACIP Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Screen at least annually for all sexually active MSM</td>
<td>Screen all sexually active MSM* (&quot;A&quot; recommendation)</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Screen at least annually for all sexually active MSM</td>
<td>Screen individuals with high-risk sexual behavior* (&quot;A&quot; recommendation)</td>
</tr>
<tr>
<td>Gonorrhea/Chlamydia</td>
<td>Screen for urethral gonorrhea and chlamydia at least annually with NAAT for all MSM having insertive intercourse Screen for rectal gonorrhea and Chlamydia at least annually with NAAT for all MSM having receptive anal intercourse Screen for pharyngeal gonorrhea at least annually with NAAT for all MSM having receptive oral intercourse</td>
<td>Screening not recommended (&quot;I&quot; recommendation)</td>
</tr>
<tr>
<td>Hepatitis A/B</td>
<td>Immunization recommended for all MSM</td>
<td>Immunization recommended for all MSM</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Screen newly HIV-positive MSM Screen for unexplained ALT elevation in HIV-positive MSM Consider routine screening for HIV-positive MSM with high-risk sexual behaviors or ulcerative STDs</td>
<td>Screening not recommended (&quot;I&quot; recommendation)</td>
</tr>
<tr>
<td>HPV-related AIN</td>
<td>Consider screening for AIN in HIV+ MSM</td>
<td>Screening not addressed. HPV vaccination recommended for boys 11-12, with catch-up vaccination up to age 21</td>
</tr>
</tbody>
</table>
If one is seeing someone who is identified as a transgender woman based on answering the two step question described above, a clinical reminder will be necessary so that clinicians keep in mind the need to do prostate screening.
Decision Support

- Anatomy can vary among transgender men, some of whom may not have had a total hysterectomy and may have a cervix in place.
- In such a case a routine PAP smear should be offered according to routine screening guidelines.
- Reimbursement is not reliable
- The importance of gathering a history of affirmation (transition) procedures, and then as appropriate a reminder to do a cervical Pap consistent with all for whom this is indicated
- Can we develop codes appropriate for the clinical situations for transgender men and women?
## Challenges in Coding: Transgender Health

<table>
<thead>
<tr>
<th></th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Dysphoria-Adults/Adolescents</td>
<td>302.85</td>
<td>F64.1</td>
</tr>
<tr>
<td>Gender Dysphoria-Children</td>
<td>302.6</td>
<td>F64.2</td>
</tr>
<tr>
<td>Home Disorder Imbalance/Unspec</td>
<td>259.9</td>
<td>E34.9</td>
</tr>
<tr>
<td>MTF: Prostate</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>FTM: PAP</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>
The diagnosis of gender dysphoria could improve access to trans specific services.

But why is transgender identity not enough?

Best to avoid work-arounds, and directly bill for affirmative care for:

- Behavioral health
- Cross hormone treatment
- Affirmation surgery

Reimbursement for care should be based on age, gender identity, sex assigned at birth, anatomy, and behavior
Organs to Inventory: Preventive Screenings and Treatment

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

Common Treatments and Procedures

- Cross-sex hormone therapy
  - Current user
  - Past user
- Surgical procedures
  - Vaginoplasty, penile inversion
  - Vaginoplasty, colon graft
  - Phalloplasty, abdominal flap
  - Phalloplasty, free flap
  - Metoidioplasty
  - Scrotoplasty
  - Urethroplasty
- Surgical procedures (cont’d)
  - Scalp advancement
  - Forehead reconstruction
  - Reduction thyrochondroplasty
  - Laryngeal feminization surgery
  - Soft tissue filler injections
  - Bilateral total reduction mammoplasty
  - Voice surgery
  - Other surgical procedures

Implementing Change

- Defining Needs
- Learning from Your Patients
- Working with your Vendor
Collecting Sexual Orientation and Gender Identity: The Fenway Experience
Fenway Community Health Center

- 3 Clinic Locations
- Ryan White Grantee
- Federally Qualified Health Center
- Specializing in LGBT Health and HIV
- > 23,000 patients annually
- > 120,000 annual visits
- ~2,000 HIV-infected patients
- > 1,400 Transgender Patients
- ~50% identify as LGB
Sexual Orientation and Gender Identity Collection in Fenway’s EMR

- The GE® Centricity EMR system has been in place since 1997
- Sexual orientation (including identity & sex of partners) and gender identity information has been collected in clinical encounters and recorded visit notes from the start.
- In 2002, we initiated a patient survey, collected at registration, to gather information about characteristics and health disparities
- In 2010, we began developing and testing best ways to include SO/GI questions on patient registration forms.
2010: Process for Developing Sexual Orientation and Gender Identity Measures

- Pilot process at registration
- Involved providers, patients, researchers, data systems & management staff
- For sexual orientation identity, pilot tested two versions (one with write-in option and one without)
  - All clinic sites participated
  - Targeted new patients
  - Collected > 1,000 responses
- For gender identity, convened a patient advisory committee and surveyed transgender patients on their preferences

www.lgbthealtheducation.org
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.
Current Practice: CPS New Patient Registration

Client Registration

Legal Name
Last
First
Middle Initial

Preferred name:
Preferred pronouns:

Legal Sex (please check one)
□ Female
□ Male

While Fenway recognizes a number of genders/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 sex do not match the information on your insurance card, please provide a letter from your doctor or court order.

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

Best number to use:
□ Home
□ Cell
□ Work

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?
□ Yes
□ No

Emergency Contact’s Name
Phone Number
Relationship to you

If you are under 19, the Department of Public Health requires that you provide parent/guardian contact information.
Parent/Guardian Name
Phone Number
Relationship to you

May Fenway Health send mail to your local address (check one)
□ Yes
□ No

This question only refers to mail for purposes other than billing. Payment is expected at the time of your visit.

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:
□ <$10,000
□ $10,000 - $14,999
□ $15,000 - $19,999
□ $20,000 - $29,999
□ $30,000 - $49,999
□ $50,000 - $79,999
□ $80,000 or above

2.) Employment Status
□ Employed full time
□ Employed part time
□ Student full time
□ Student part time
□ Retired
□ Other

3.) Racial Group(s)
□ African American/Black
□ Asian
□ Caucasian
□ Multi racial
□ Native American/Alaskan Native/Inuit
□ Pacific Islander
□ Other

4.) Ethnicity
□ Hispanic/Latino/Latina
□ Not Hispanic/Latino/Latina

5.) Country of Birth
□ USA
□ Other

6.) Language(s)
□ English
□ Español
□ Français
□ Português
□ Русский
□ Other

7.) Do you think of yourself as:
□ Lesbian, gay, or homosexual
□ Straight or heterosexual
□ Bisexual
□ Something else
□ Don’t know

8.) Marital Status
□ Married
□ Partnered
□ Single
□ Divorced
□ Other

9.) Veteran Status
□ Veteran
□ Not a Veteran

10.) Referral Source
□ Self
□ Friend or Family Member
□ Health Provider
□ Emergency Room
□ AID/HIV/AIDS/Media Outreach
□ Worker
□ School

11.) What is your gender?
□ Female
□ Male
□ Genderqueer or not exclusively male or female

12.) What was your sex at birth?
□ Female
□ Male

13.) Do you identify as transgender or transsexual?
□ Yes
□ No
□ Don’t know

Please turn over
Current Practice: CPS Registration Screen

- 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: Patient Profile (for returning patients)
Standard CPS Chart View
Current Practice: CPS Chart View

1. Care Alert Warning
2. Chart View
3. Query View
Current Practice: Written Prescription

<table>
<thead>
<tr>
<th>Patient Name &amp; Address:</th>
<th>Date:</th>
<th>DOB:</th>
</tr>
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<tbody>
<tr>
<td>Chris Test</td>
<td>12/01/2014</td>
<td>01/01/1980</td>
</tr>
<tr>
<td>(Preferred Name: Chrissy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1340 Boylston Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston, MA 02215</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph: (617) 927-6018 (Home)</td>
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<table>
<thead>
<tr>
<th>Insurance:</th>
<th>Sex:</th>
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<tbody>
<tr>
<td>1-Sliding Fee Scale</td>
<td>Female</td>
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<tr>
<td>2-MASSHEALTH ID:100051336871</td>
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<table>
<thead>
<tr>
<th>Rx</th>
<th>ASPIRIN BUFFERED 325 MG TABS</th>
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</thead>
<tbody>
<tr>
<td>1 tab po daily</td>
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<table>
<thead>
<tr>
<th>Generic:</th>
<th>Quantity:</th>
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<tbody>
<tr>
<td>ASPIRIN BUFF(MGCARB-ALAMINOAC)</td>
<td></td>
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</table>
Additional Customizations

- Established a workgroup to investigate EHR and workflow issues needing to be improved/modified in order to significantly reduce the occurrence of incorrect names, pronouns and gender marker errors.

- Modification was made to CPS Banner to include preferred name and increase the font size of preferred name.

- All letter templates updated to remove salutations (eg. 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:
  - Internal labels
  - Patient Registration forms
  - Chart Summary
  - Prescriptions

- Bulk mailings are reviewed to determine the correct name

- Notifications sent to all department directors regarding these changes
# Quality Reports: Transgender Dashboard

<table>
<thead>
<tr>
<th>AGE</th>
<th>Previous Calendar Year: 2013</th>
<th>Calendar Year to Date: 2014</th>
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<tbody>
<tr>
<td>&lt;18</td>
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<tr>
<td>18-19</td>
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<tr>
<td>20-29</td>
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<td>30-39</td>
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<td>40-49</td>
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<td>50-59</td>
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<td>60-69</td>
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<tr>
<td>70+</td>
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<tr>
<td>Bisexual</td>
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<tr>
<td>Heterosexual or Straight</td>
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<tr>
<td>Lesbian, Gay, or Homosexual</td>
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<tr>
<td>Something Else</td>
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<tr>
<td>Don’t know</td>
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</tr>
<tr>
<td>Not reported</td>
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<tr>
<td>Male on insurance</td>
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<td></td>
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<tr>
<td>% on hormones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female on insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% on hormones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex on insurance unknown</td>
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<td></td>
</tr>
<tr>
<td>% on hormones</td>
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<table>
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<tr>
<td>(unduplicated count of patients accessing services in the time period)</td>
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<tr>
<td>Medical Patients: 1340</td>
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<tr>
<td>BH Patients: 1340</td>
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<td></td>
</tr>
<tr>
<td>Medical Patients: South End</td>
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<td></td>
</tr>
<tr>
<td>BH Patients: South End</td>
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<td></td>
</tr>
<tr>
<td>Medical Patients: Borum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH Patients: Borum</td>
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<tr>
<td>Opt Patients</td>
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<tr>
<td>Dental Patients</td>
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<tbody>
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<td>HIV+</td>
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<tr>
<td>Diabetic</td>
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<td></td>
</tr>
<tr>
<td>Depression/Mood Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety disorders including PTSD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We are here to help you!

Harvey Makadon, Adrianna Sicari, Hilary Goldhammer, Scott Lundgren

☎ 617.927.6354
✉ lgbthealtheducation@fenwayhealth.org
🌐 www.lgbthealtheducation.org