Collecting Sexual Orientation and Gender Identity (SO/GI) Data in Electronic Health Records

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The National LGBT Health Education Center at The Fenway Institute
The Fenway Institute

Fenway Health
- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health

The Fenway Institute
- Research, Education, Policy
LGBTQ Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender and queer (LGBTQ) people.

- Training and Technical Assistance
- Grand Rounds
- ECHO Programs
- On Line Learning
  - Webinars and Learning Modules
  - CE, and HEI Credit
- Resources and Publications
  - www.lgbthealtheducation.org
Why Programs for LGBT People
L,G,B,T Concepts
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
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

A complete glossary of terms is available at www.lgbthealtheducation.org/publication/lgbt-glossary/
In a 2013 community-based survey of 452 transgender adults, 40.9% of respondents described themselves as having a “non-binary gender identity.”

1 www.lgbthealtheducation.org
The T in LGBT: 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)
- Non-binary, genderqueer
  - Genderqueer person
- Transmasculine, Transfeminine
- Gender identity is increasingly described as being on a spectrum
Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others

- Desire

- 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?

- **Behavior**
  - Do you have sex with: men? women? both?

- **Attraction/Desire**
  - What gender(s) are you attracted to physically and emotionally?
What Does ‘Q’ Stand For?

- ‘Q’ may reflect someone who is ‘questioning’ their sexual orientation, attraction to men, women, both, or neither.
- ‘Q’ may stand for ‘queer,’ a way some people identify to state they are not straight but also don’t identify with gay, lesbian or bisexual identities. The term queer is particularly commonly used among younger people, and also used by people of all ages.
LGBT People May Be Invisible but Experience Stigma
Stigma, Discrimination and Health

Interpersonal Stigma

Structural Stigma

Intrapersonal Stigma

Stress/Anxiety/Depression

Health Disparities/Inequities

Interpersonal Stigma
Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.
Intrapersonal Stigma

“...And to the degree that the individual maintains a show before others that he himself does not believe, he can come to experience a special kind of alienation from self and a special kind of wariness of others.”
Health Issues Throughout Life

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood
Health Disparities

- **Youth**
  - 2 to 3 times more likely to attempt suicide
  - More likely to be homeless (20-40% are LGBTQ)
  - Risk of HIV, STDs

- Despite an overall decrease in HIV incidence from 2008-2014 reported for the first time in 2017, incidence remains high and stable among black MSM, and is now increasing among gay and bisexual Latino men (20%) and those ages 25-34 (35%).
Health Disparities

- LGBTQ populations have the highest rates of tobacco, alcohol, and other drug use.
- Lesbian women and bisexual women are less likely to get preventive services for cancer.
- The 2011 National Transgender Discrimination Survey found that:
  - 26% used drugs/alcohol to cope with discrimination
  - 30% smoked cigarettes daily or occasionally (compared to 20% of US adults)
Health Disparities

The 2015 U.S. Transgender Survey found that:

- 33% had at least one negative experience with a health care provider such as being verbally harassed or refused treatment because of gender identity
- 23% of transgender people report not seeking needed health care in the past year due to fear of gender-related mistreatment
- 33% did not go to a health care provider when needed because they could not afford it
Overcoming Barriers
Ending LGBTQ Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?
Appropriate Screening: Jake R’s Story

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

New Sexual Orientation and Gender Identity Questions:
Information for Patients

Thank you for taking the time to complete these questions. If you have additional questions, we encourage you to speak with your provider.

We recently added new questions about sexual orientation and gender identity to our registration forms.

Our health center thinks it is important to learn this information from our patients. Inside are some frequently asked questions about why we are asking these questions and how the information will be used.
Gathering LGBT Data During the Process of Care
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>
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<tbody>
<tr>
<td>□ &lt;$10,000</td>
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<tr>
<td>□ $10,000–14,999</td>
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<td>□ $15,000–19,999</td>
</tr>
<tr>
<td>□ $20,000–29,999</td>
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<td>□ $30,000–49,999</td>
</tr>
<tr>
<td>□ $50,000–79,999</td>
</tr>
<tr>
<td>□ Over $80,000</td>
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<table>
<thead>
<tr>
<th>2. Employment Status:</th>
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</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>
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</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</td>
</tr>
<tr>
<td>□ Native/Inuit</td>
</tr>
<tr>
<td>□ Pacific Islander</td>
</tr>
<tr>
<td>□ Other ________________________</td>
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</table>

<table>
<thead>
<tr>
<th>4. Ethnicity:</th>
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</thead>
<tbody>
<tr>
<td>□ Hispanic/Latino/Latina</td>
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<tr>
<td>□ Not Hispanic/Latino/Latina</td>
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<table>
<thead>
<tr>
<th>5. Country of Birth:</th>
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<tbody>
<tr>
<td>□ USA</td>
</tr>
<tr>
<td>□ Other ________________________</td>
</tr>
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</table>

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<tr>
<th>6. Language(s):</th>
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<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>
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</table>

<table>
<thead>
<tr>
<th>7. Do you think of yourself as:</th>
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</thead>
<tbody>
<tr>
<td>□ Lesbian, gay, or homosexual</td>
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<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>
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<table>
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<th>8. Marital Status:</th>
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<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?
  - Male
  - Female
  - Transgender Male/Trans Man/FTM
  - Transgender Female/Trans Woman/MTF
  - Gender Queer
  - Additional Category (please specify)
    __________

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

- What is the name you use?

- What are your pronouns (e.g. he/him, she/he, they/them)?
Collecting SO/GI Data During Onsite Registration

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

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Directly Asking SO/GI Questions

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

- As part of your history, generally as part of social history or filling in blanks left at registration, you might simply say, “We have begun asking patients about their sexual orientation and gender identity so we can provide affirmative care.”
- Another example might be, “I see you left these questions blank at registration, and I was wondering if you had questions, and whether we might talk about how you think about yourself in this regard?”
Collecting SO/GI Information

www.lgbthealtheducation.org/topic/sogi/
Anticipating and Managing Expectations

- LGBTQ people have a history of experiencing stigma and discrimination in diverse settings.
- Don’t be surprised if a mistake, even an honest one, results in an emotional reaction.

- Don’t personalize the reaction.
- Apologizing when patients have uncomfortable reactions, even if what was said was well-intentioned, can help defuse a difficult situation and re-establish a constructive dialogue.
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 next person is waiting in the reception area”
  - *Instead of:* “Do you have a wife?”
  - *Say:* “Are you in a relationship?”
  - *Instead of:* “What are your mother and fathers’ names?”
  - *Say:* “What is your parent’s or guardian’s name.”
Pronouns

- People may use a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears).

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>He is in the waiting room. The doctor is ready to see him. That chart is his.</td>
</tr>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>She is in the waiting room. The doctor is ready to see her. That chart is hers.</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>They are in the waiting room. The doctor is ready to see them. That chart is theirs.</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir</td>
<td>Hirs</td>
<td>Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.</td>
</tr>
</tbody>
</table>
Keeping Up with Terminology

- Obvious “don’ts” include:
  - Use of any disrespectful language
  - Gossiping about a patient’s appearance or behavior
  - Saying things about someone not necessary for their care
    - “You look great, you look like a real woman/real man.”
    - “You are so pretty I cannot believe you are a lesbian.”
Putting What You Learn into Practice....

- If you are unsure about a patient’s name or pronouns:
  - “I would like to be respectful—what name and pronoun would you like me to use?”

- If a patient’s name doesn’t match insurance or medical records:
  - “Could your chart/insurance be under a different name?”
  - “What is the name on your insurance?”

- If you accidentally use the wrong term or pronoun:
  - “I’m sorry. I didn’t mean to be disrespectful.”
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
Adding Affirmative Imagery and Content to Education and Marketing Materials
Do Ask, Do Tell: Talking to your Provider about being LGBT

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

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

Pregunte y dígalo
Hable con su proveedor sobre ser LGBTQ. Su proveedor recibirá bien la conversación. ¡Comience hoy!
Where the rubber meets the road: Our experiences
You don’t have to be LGBTQ to do this well, and don’t assume LGBTQ people don’t need training too!
Starting the Process

- **Create your Team**
  - Include key staff who can be champions and provide feedback
    - Management/Department Directors, Clinical Staff, Non-Clinical Staff, HIT Staff
  - Senior Management Support

- **Training**
  - Clinical Staff (e.g. MD, Medical Assistants, Nurses, Optometrists, Dentists)
  - Non-Clinical staff (e.g. Front desk/Patient Services, Billing)
    - Don’t neglect non-clinical staff

- **Privacy and Confidentiality**
  - HIPAA/Legal Protections
  - Assure patients that it will be used appropriately
Starting the Process (cont’d)

- **Pilot the process**
  - Start with one location or floor
  - Start with one department
  - Choose front desk/patient services staff who are champions
  - Frequent check-ins with staff piloting the process
  - PDSA
    - Consider using this process to implement and monitor data collection

- **EHR Customization**
  - Create structured and discrete data fields
  - Limit ability to free text responses into the field
  - Differentiate between default values and missing/unknown values
  - Placement of data fields and how data will be stored/entered
    - Staff have EHR permission to enter, modify or view data?
  - Creating or editing new templates/intake forms
Sample Registration Intake Form

- Legal Name
- Name Used
- Pronouns Used
- Legal Sex
- Sexual Orientation
- Gender Identity
- Assigned Sex at Birth
SOGI Reporting For Pediatric Patients

- How to deal with Pediatric patients?
- At what age do you start asking these questions?
  - Recommend asking GI early
  - Recommend asking SO from 13+ years old
- At what age do you start reporting these data?
  - Are parents answering these questions?
  - Potential bias
Managing Challenges and Problems

- How do you respond to patients who do not want to disclose SO, GI, or sex assigned at birth?
  - Patients who have a primary language other than English or different cultural backgrounds?
- What kinds of communication problems occur (e.g., misgendering/pronouns, etc.), and how do you deal with mistakes?
- How else do you handle patient complaints?
  - e.g., working with transgender patient navigator, clinical staff
## Interdepartmental Communication and Workflow

<table>
<thead>
<tr>
<th>Medical Dept</th>
<th>Lab</th>
<th>Pharmacy</th>
<th>Patient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Dept</strong></td>
<td><strong>Lab</strong></td>
<td><strong>Pharmacy</strong></td>
<td><strong>Patient Services</strong></td>
</tr>
<tr>
<td>- Add preferred name to printed materials</td>
<td>- Add preferred name to the label to order</td>
<td>- Send preferred Name in &quot;Note To Pharmacy&quot; field within script. Would need to do this for scripts sent to Fenway only</td>
<td>- Increase font size and prominence of preferred name on the Patient Profile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Need to add preferred name to scripts sent to outside pharmacy</td>
<td>- Add preferred name on label or electronic submission for referral services</td>
</tr>
</tbody>
</table>
**Pronoun Color Code**

- **Female Pronouns**, e.g. She/Her/Hers
- **Male Pronouns**, e.g. He/Him/His
- **Non-binary Pronouns**, e.g. They/Them/Their
Custom Forms: Transgender Intake

5. Recommendation for Hormone Therapy
Select all that apply and include whether the client is recommended or required to do prior to or concurrent with starting hormones, such as therapy for 3 months for support, substance abuse treatment, etc.

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

6. Are those recommendations to be...
- Concurrent with hormone treatment
- Prior to hormone treatment

SECTION V: LABS AND DOSING RECOMMENDATIONS

1. General dosing recommendations:

Click to print consent forms:

FTM (Masculinizing Treatment) Consent

FTM (Masculinizing Treatment) labs to order:
- CBC
- Lipids
- Urine HCG (if pregnancy is a possibility)
- Glucose (if history or exam suggests PCOS)
- LFTs (if history or exam suggests PCOS)

MTF (Feminizing Treatment) Consent

MTF (Feminizing Treatment) labs to order:
- BMP
- Lipids
- Serum prolactin (if patient has been on BH-prescribed hormones for a year or more, or if taking antipsychotic medications)
- Serum testosterone (if history or exam suggests that the patient may be hypogonadal)
- AST (if patient has history of hepatic illness)
- ALT (if patient has history of hepatic illness)
Additional Customizations

- Custom Clinical Forms
- Clinical Decision Support/Protocols
- All letter templates updated to exclude salutations (e.g. Mr., Miss, Ms.)
  - Changed to ‘Dear Fenway Patient’
  - Clinicians can still edit the letters as needed
  - Note: changes were made as legally permitted
- Added preferred name to other documents such as:
  - Patient Instructions
  - Internal labels
  - Chart Summary
- Bulk mailings are reviewed to determine the correct name
  - Consideration given to name patient uses outside of organization

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You’ve Built it Now What?
Data Reporting and Quality Checks
“If you do not know how to ask the right question, you discover nothing.”

- W. Edward Deming
Opportunities to Monitor, Use and Report Data on LGBTQ Patients

- Develop Summary Reports
- Develop Dashboards
- Incorporate into existing reports or workgroups
- Presentations to Senior Management or All Staff Meetings
Data Quality, Improvement and Integrity: Staff Roles

- **Front Desk/Patient Registration Staff**
  - Quality checks of paper registration forms against data in HER
  - Provide feedback on challenges (e.g. language barriers)

- **Data Analyst/Programming Staff**
  - Create reports
  - Analyze and interpret results
  - Identify problem areas

- **Quality Control Staff**
  - Incorporate into existing workgroups for monitoring
  - Help develop changes in workflow

- **IT Staff**
  - Create checklists and confirm all components are installed after upgrades

- **Clinical Staff**
  - Provide guidance on how they document info in the EHR
  - Provide guidance on quality measures (e.g. who should be in a denominator)
Evaluating EHR Data

- Identify problems early
- Using two of the more common metrics of data quality – completeness and accuracy
  - Data that is both 100% accurate and 100% complete is not always achievable, particularly in clinical settings
  - Sometimes you need to sacrifice one for the other
    - For example, when there is a data error, we need to decide whether completeness is more important, in which case we may include the record with an error, or whether accuracy is more important, in which case we may omit the record.
- Don’t just look at the data from the query – look at how the data appears in the EHR too.....and vice versa
- Trace the data throughout your system
  - Use a test patient
  - Enter data into your EHR fields
PCMH Missing Demographic Data Report

Total Appointments in June: 2,510

<table>
<thead>
<tr>
<th>Fields with Missing Value</th>
<th>Total # missing</th>
<th>% Missing</th>
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</thead>
<tbody>
<tr>
<td>Email</td>
<td>63</td>
<td>3%</td>
</tr>
<tr>
<td>Sex</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Language</td>
<td>16</td>
<td>1%</td>
</tr>
<tr>
<td>Race</td>
<td>4</td>
<td>0%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>17</td>
<td>1%</td>
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<tr>
<td>Income</td>
<td>664</td>
<td>26%</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>700</td>
<td>28%</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>715</td>
<td>28%</td>
</tr>
<tr>
<td>Sex assigned at birth</td>
<td>700</td>
<td>28%</td>
</tr>
</tbody>
</table>

Total Missing ÷ Total Appts = % Missing
Differentiating Between SO and GI in Data Analysis

- Sexual Orientation ≠ Gender Identity
  - Everyone has both a Sexual Orientation and Gender Identity
- Be careful not to lump all LGBTQ people into every denominator or numerator for every question
- Important to differentiate between the two in data quality checking
- You will need to use **BOTH Sex Assigned at Birth and Current Gender Identity** to identify your Transgender/GenderQueer/Non-Binary Patients
Using Gender Identity and Sex Assigned at Birth Questions

1. What is your current gender identity?
   - Male
   - Female
   - Transgender Male/Trans Man/FTM
   - Transgender Female/Trans Woman/MTF
   - GenderQueer
   - Additional Category (please specify) ________

2. What sex were you assigned at birth?
   - Male
   - Female
   - Decline to Answer
Example: Identifying Transgender/GenderQueer/Gender Non-conforming Patients using a Crosstab with Gender Identity and Sex Assigned at Birth

<table>
<thead>
<tr>
<th>Sex Assigned at Birth</th>
<th>Female</th>
<th>Male</th>
<th>Transgender Male/Trans Man/FTM</th>
<th>Transgender Female/Trans Woman/MTF</th>
<th>GenderQueer or not exclusively male or female</th>
<th>Not Reported</th>
<th>Default</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>2413</td>
<td>156</td>
<td>200</td>
<td>250</td>
<td>84</td>
<td>6</td>
<td>60</td>
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<td>Male</td>
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<td>150</td>
<td>100</td>
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<td>1</td>
<td>73</td>
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<tr>
<td>Not Reported</td>
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<td>4</td>
<td>20</td>
<td>15</td>
<td>0</td>
<td>500</td>
<td>0</td>
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<td>42</td>
<td>30</td>
<td>50</td>
<td>4</td>
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<td>1997</td>
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### Example: PCMH Cancer Screening Report

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<th>MRN</th>
<th>Patient first</th>
<th>Patient last</th>
<th>Provider</th>
<th>Chart Sex</th>
<th>Age</th>
<th>Cervical Pap Screening</th>
<th>Breast Cancer Screening</th>
<th>Cervical Pap Screening</th>
<th>Breast Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111</td>
<td>Donald</td>
<td>Test</td>
<td>Smith MD, Joseph</td>
<td>M</td>
<td>45</td>
<td>Non-Compliant</td>
<td>Non-Compliant</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>5555</td>
<td>Genny</td>
<td>Test</td>
<td>Smith MD, Jane</td>
<td>F</td>
<td>31</td>
<td>Non-Compliant</td>
<td>Non-Compliant</td>
<td>Non-Compliant</td>
<td>Non-Compliant</td>
</tr>
<tr>
<td>5555</td>
<td>Kathy</td>
<td>Test</td>
<td>Smith MD, Jane</td>
<td>Female</td>
<td>31</td>
<td>Non-Compliant</td>
<td>Non-Compliant</td>
<td>Non-Compliant</td>
<td>Non-Compliant</td>
</tr>
<tr>
<td>3333</td>
<td>Paul</td>
<td>Test</td>
<td>Smith MD, Jane</td>
<td>M</td>
<td>60</td>
<td>Non-Compliant</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>8888</td>
<td>Maddie</td>
<td>Test</td>
<td>Smith MD, Jane</td>
<td>Male</td>
<td>56</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>9999</td>
<td>Sammy</td>
<td>Test</td>
<td>Smith MD, Jane</td>
<td>F</td>
<td>49</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
# Quality Reports: Rates of Cervical Cancer Screening Among Patients By Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Cervical Cancer Screen Completed?</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian/Gay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straight/Heterosexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Something Else</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Quality Reports: Rates of HIV Testing Stratified by Ethnicity and Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Hispanic/Latino/Latina/Latinx # (%)</th>
<th>Non Hispanic/Latino/Latina/Latinx # (%)</th>
<th>Unknown # (%)</th>
<th>Total # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian/Gay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td></td>
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<td>Something Else</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Don't Know</td>
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</tr>
<tr>
<td>Missing</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ongoing Monitoring: Beginning Not an End

- **System Glitches = Data Glitches**
  - Are staff using the correct registration forms?
  - System issues external to the process

- **Run Regular Reports**
  - Identify glitches
  - Look at trends over time
    - For example: Is there a sudden drop or spike?
  - Standard Operating Procedures (SOP’s)

- **Include in other quality reports and initiatives**
  - For example: PCMH, Meaningful Use both monitor demographics – add SOGI as an internal part of the monitoring process

- **Ongoing Training for staff**
  - Staff turnover
  - Incorporate into new staff orientation
  - Include as part of annual trainings
The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

The Education Center is a part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers.

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