Using the Electronic Health Record (EHR) to Address LGBT Disparities in Primary Care

Harvey Makadon MD
October 6, 2016
www.lgbthealtheducation.org
Introduction

- Lesbian, gay, bisexual, and transgender (LGBT) patients have unique health needs and experience numerous health disparities.
- They are an underserved population that is largely invisible in the health care system.
- Routine and standardized collection of sexual orientation and gender identity (SO/GI) information in electronic health records (EHRs) will help assess access, satisfaction with, quality of care, inform the delivery of appropriate health services, and begin to address health disparities.
I. BACKGROUND

This Program Assistance Letter (PAL) provides an overview of approved changes to the Health Resources and Services Administration’s (HRSA) calendar year (CY) 2016 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in February 2017. Additional details regarding these changes will be provided in the forthcoming 2016 UDS Manual.
II. **APPROVED CHANGES FOR CY 2016 UDS REPORTING**

A. **SEXUAL ORIENTATION AND GENDER IDENTITY (SO/GI) – TABLES 3A, 3B**

Sexual orientation and gender identity are reported on Table 3A, 3B.

Rationale: Improving the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services is a priority of the Health Center Program. Sexual orientation and gender identity can play a significant role in determining health outcomes. **Gaining a better understanding of populations served by health centers, including sexual orientation and gender identity, promotes culturally competent care delivery and contributes to reducing health disparities overall.** In addition, adopting sexual orientation and gender identity (SO/GI) data collection in the UDS aligns with the 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. Alignment of UDS SOGI data elements with ONC certification criteria also reduces overall health center reporting burden.
Table 3A: Sex Assigned at Birth

<table>
<thead>
<tr>
<th>LINE</th>
<th>AGE GROUPS</th>
<th>MALE PATIENTS (a)</th>
<th>FEMALE PATIENTS (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Under age 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Age 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Age 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Age 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Age 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Age 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Age 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Attachment 1: Table 3B: Demographic Characteristics

**Reporting Period:** January 1, 2016 through December 31, 2016

<table>
<thead>
<tr>
<th>Line</th>
<th>Patients by Sexual Orientation</th>
<th>Number (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Lesbian or gay</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Straight (not lesbian or gay)</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Bisexual</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Something else</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Choose not to disclose</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td><strong>Total Patients</strong>&lt;br&gt;(Sum Lines 13 to 18)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Patients by Gender Identity</th>
<th>Number (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Transgender Male/ Female-to-Male</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Transgender Female/ Male-to-Female</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Choose not to disclose</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td><strong>Total Patients</strong>&lt;br&gt;(Sum Lines 20 to 25)</td>
<td></td>
</tr>
</tbody>
</table>
Why Programs for LGBT People
Stigma, Discrimination and Health

Stigma

Interpersonal  Structural

Intrapersonal Stigma

Stress/Anxiety/Depression

Health Disparities/Inequities

Hatzenbuehler, ML, Link, BG. 2014
Health Issues Throughout the Life Course

- Childhood & Adolescence
- Early & Middle Adulthood
- Later Adulthood

www.lgbthealtheducation.org
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, STIs

- MSM are at higher risk of HIV/STIs, especially among communities of color

- LGBT populations have the highest rates of tobacco, alcohol, and other drug use

- Lesbians and bisexual women are less likely to get preventive screenings for cancer
LGBT Disparities: Healthy People 2020

- Transgender individuals experience
  - a high prevalence of HIV/STIs, hate crimes, behavioral health issues, and suicide,
  - difficult access to preventive and urgent care,
  - 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
Understanding LGBT People

- It is important for health care providers to understand who are LGBT people and to have a common understanding of terms and definitions.
- This allows for effective and respectful communication and the delivery of culturally competent care.
- Health care providers will be better equipped to serve their patients and LGBT communities.
- L,G,B,T people are a very diverse group with many unique issues, and many common bonds.
What's in a Word?
Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
  - How people identify can change
  - Terminology varies
- Gender Identity ≠ Sexual Orientation
Sexual Orientation

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

- Desire
  - Same sex attraction

- Behavior:
  - Men who have sex with men - MSM (MSMW)
  - Women who have sex with women - WSW (WSWM)

- Identity:
  - Straight, gay, lesbian, bisexual, queer--other
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 2013 community-based survey of 452 transgender adults in Massachusetts, 40.9% of respondents described themselves as having a “non-binary gender identity.

The T in LGBT: Transgender

- Transgender
  - Gender identity not congruent with the assigned sex at birth
  - Alternate terminology
    - Transgender woman, trans woman, male to female (MTF)
    - Transgender man, trans man, female to male (FTM)
    - Trans feminine, Trans masculine
  - Non-binary, genderqueer
    - Gender identity is increasingly described as being on a spectrum
Collecting SO/GI Data in EHRs
Collecting SO/GI Information

www.lgbthealtheducation.org/topic/sogi/
Preparation for Collecting Data in Clinical Settings

- **Clinicians**: Need to learn about LGBT health and the range of expression related to identity, behavior, and desire. Staff needs to understand concepts.

- **Non-clinical staff**: Front desk and patient registration staff must also receive training on LGBT health, communicating with LGBT patients, and achieving quality care with diverse patient populations.

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

www.lgbthealtheducation.org
How to Ask SO/GI questions

- There are various ways SO/GI information can be incorporated into the EHR and there is no single system to achieve this
  - SO/GI questions can be asked on registration forms in the demographics section
  - Providers ask SO/GI questions during patient visit
  - Answers can be entered into an EHR directly by a patient or member of the clinical staff, or transcribed at registration

www.lgbthealtheducation.org
Collecting SO/GI Information Prior to Arrival

Concept: Harvey Makadon, M.D. Created by: Komal Basra

www.lgbthealtheducation.org
Asking SO/GI information on patient registration (intake) forms

Concept: Harvey Makadon, M.D. Created by: Komal Basra
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
  - SOGI 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

www.lgbthealtheducation.org
Collecting Demographic Data on Sexual Orientation (Example)

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
   - Over $80,000

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

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 ___________

8. Veteran Status:
   - Veteran
   - Not a veteran

1. Referral Source:
   - Self
   - Friend or Family Member
   - Health Provider
   - Emergency Room
   - Ad/Internet/Media/Outreach Worker/School
   - Other ___________
Collecting 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 name do you use?
- What are your pronouns (e.g. he/him, she/her, they/them)?
Preferred Name and Pronouns

- What name do you use?
- What are your pronouns (e.g. he/him, she/her, they/them)?

- It is important to ask patients to include the name they use and their pronouns on registration forms.
- Many transgender patients may have identification documents and insurance forms that do not reflect their current name and gender identity.
- Some patients may have a non-binary gender identity and use pronouns such as “they” or “ze”, which may be unfamiliar to some providers.

www.lgbthealtheducation.org
Asking SO/GI Questions During the Clinical Encounter

Concept: Harvey Makadon, M.D. Created by: Komal Basra
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.

www.lgbthealtheducation.org
Gathering LGBT Data During the Process of Care

Concept: Harvey Makadon, M.D. Created by: Komal Basra
Beyond Data Collection:
Systems that Facilitate Getting it Right:
Decision Support and Coding
Decision Support

Decision support in the form of alerts and reminders must be built into the EHR system in order to remind providers to conduct indicated preventive screenings.
Transgender Patients: Organs for Inventory

- It is important for clinicians to maintain an up-to-date anatomical inventory, which will direct any indicated preventive screenings

- **Penis**
- **Testes**
- **Prostate**
- **Breasts**
- **Vagina**
- **Cervix**
- **Uterus**
- **Ovaries**
Coding and Reimbursement
Transgender Health and Coding

- A transgender man may be registered in the EHR system under a male name and gender
  - If the patient has a cervix, uterus, and ovaries, providers will require the ability to enter gynecological history and pelvic physical exam findings
  - May need to order a Pap test through the EHR system
- EHR templates that use pre-populated fields may prevent providers from entering a gynecological history and physical exam findings
- This ultimately may create billing difficulties and a failure to be reimbursed for the provision of indicated health services
Addressing Coding and Reimbursement Issues

- Adequate EHR coding mechanisms must be in place to accurately document LGBT health information and bill for health services
- Must engage health insurance providers about LGBT standards of care
  - Necessary so that indicated health services are routinely covered by insurance providers
- Can use of Z codes be promoted to indicate a reason for a visit and care without giving a psychiatric or medical diagnosis, e.g., counseling to support gender identity
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning

www.lgbthealtheducation.org
Avoiding Assumptions

- You cannot assume someone’s gender or sexual orientation based on how they look or sound.
- To avoid assuming gender or sexual orientation with new patients:
  - *Instead of:* “How may I help you, sir?”
  - *Say:* “How may I help you?”
  - *Instead of:* “He is here for his appointment.”
  - *Say:* “The patient is here in the waiting room.”
  - *Instead of:* “Do you have a wife?”
  - *Say:* “Are you in a relationship?”
  - *Instead of:* “What are your mother and fathers’ names?”
  - *Say:* “What are your parents’ names.”
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
Deje que su proveedor sepa si usted es LGBT.
Su proveedor apreciará la conversación.
¡Comience hoy!
Where the rubber meets the road: Our experiences
Feeling Stuck with your EHR?
Short Term Solutions for Data Capture

- Begin data collection on paper and enter when fields are available
- Enter in a different field in your EHR
- Create fields in your EHR
- Create custom form/template in you EHR
- Utilize EHR knowledgebase (customer information sharing)
- Begin capturing through your portal
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
    - Access to SOGI information
    - Does staff have EHR permission to enter, modify or view data?
  - Creating or editing new templates/intake forms
Registration (Check-in) Process

- Both new and existing patients review and complete a registration form
- All patients check-in with a Patient Services Staff regardless of department or location
- Insurance information is requested at check-in/registration
- Patient Services staff enters information into our EHR
- Patient remains in waiting room until called by clinical staff (e.g. Medical Assistant, Behavioral Health Therapist)
Providing Information to Patients

Fenway Health Patient Registration Information

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.
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.
Providing Information to Patients

Q: WHY AM I BEING ASKED ABOUT MY SEXUAL ORIENTATION AND GENDER IDENTITY?
Every patient has unique health needs. Research shows that lesbian, gay, bisexual, and transgender (LGBT) people have health needs that differ from the rest of the population. They also experience higher rates of certain health issues compared to others. Learning about sexual orientation and gender identity will help us to deliver appropriate health services and culturally sensitive care to LGBT patients as well as all of our patients.

Q: WHAT IS GENDER IDENTITY?
Gender identity is a person's inner sense of their gender. For example, a person may think of themselves as male, as female, as a combination of male and female, or as another gender.

Q: WHAT DOES TRANSGENDER MEAN?
Transgender people have a gender identity that is not the same as their sex at birth.

- Transgender man (FTM) describes someone assigned female at birth who has a male gender identity.
- Transgender woman (MTF) describes someone assigned male at birth who has a female gender identity.
- Genderqueer describes someone who has a gender identity that is neither male nor female, or is a combination of male and female.

Q: WHAT IS SEXUAL ORIENTATION?
Sexual orientation is how a person describes their emotional and sexual attraction to others.

- Heterosexual (straight) describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.
- Gay describes a person who is emotionally and sexually attracted to people of their own gender. It is most commonly used when talking about men.
- Lesbian describes a woman who is emotionally and sexually attracted to other women.
- Bisexual describes a person who is emotionally and sexually attracted to women and to men.

Q: HOW DO I CHOOSE THE CORRECT INFORMATION?
A: There are no right or wrong answers. If you don't find an answer that fits, you can choose "Something else" or "Other," or you can talk with your provider.

Q: WHO WILL SEE THIS INFORMATION?
A: Your provider(s) will see this information, and it will become part of your medical record. In addition, a few other staff will have access to this information. Your Information is confidential and protected by law, just like all of your other health information.

Q: WHAT IF I DON'T WANT TO SHARE THIS INFORMATION?
A: You have the option to check the box “Choose not to disclose.” Later, your provider may ask you these questions privately during your visit. You can choose whether to share this information at that point, or you can ask your provider more questions.

Q: HOW WILL THIS INFORMATION BE USED?
A: Your provider(s) will use this information to help meet your health care needs. In addition, gathering this information from all patients allows the health center to see if there are gaps in care or services across different populations. Learning this tells us if we need to improve the care we give to our patients.
Sample Registration Intake Form

- Legal Name
- Name Used
- Pronouns
- Legal Sex
- Parent/Guardian
- Sexual Orientation
- Gender Identity
- Assigned Sex at Birth

![Sample Registration Intake Form](image-url)
Privacy and Confidentiality

- How do you keep SO/GI information private and confidential?
  - In the EHR?
    - Auditing
    - Patients have a right to know who has viewed their record
    - Some EHR’s allow for sensitivity tags or restrictions on who can view their records
  - In conversations?
    - HIPAA
  - In small communities?
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
Managing Challenges and Problems (cont.)

- What other problems should you anticipate and how do you deal with it? e.g.,
  - Patient’s name doesn’t match their insurance card
  - When a provider changes name/gender on EHR, and it does not match the insurance information?
  - Using the most updated registration form
    - Discard older versions
    - Keep a laminated copy in Patient Services Manual
- How do you deal with searching for a patient in the EHR?
- How do you check for quality/ and fix issues of the registration data?

www.lgbthealtheducation.org
## Interdepartmental Communication

<table>
<thead>
<tr>
<th>Medical Dept</th>
<th>Lab</th>
<th>Pharmacy</th>
<th>Patient Services</th>
</tr>
</thead>
<tbody>
<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. Need to add preferred name to scripts sent to outside pharmacy</td>
<td>Increase font size and prominence of preferred name on the Patient Profile. Add preferred name on label or electronic submission for referral services</td>
</tr>
</tbody>
</table>

---

www.lgbthealtheducation.org
## Task and Workflow Issues

<table>
<thead>
<tr>
<th></th>
<th>Patient Search</th>
<th>Phone Calls</th>
<th>Schedule</th>
<th>Chart Summary</th>
<th>Patient Banner</th>
<th>Labels</th>
<th>Letters/Bills/Emails</th>
<th>Other</th>
</tr>
</thead>
</table>
| **Medical Dept.**| *Only able to search by first and last name. Cannot search by preferred name*  
^△ Add preferred name to the search mechanism | *Nurse Call center  
^search feature – which is the correct name to use when contacting the patient* | *Only able to see Patient’s first and last name  
^△ Add preferred name to the schedule* | *First and Last Name  
^Add preferred name* | *Has Patient’s first, last and preferred name  
^Increase size of preferred name in the Banner* | *Only Patient’s first and last name  
^Add preferred name to the label* | *Use Chart name  
^Would need to have a mechanism to indicate the correct name on correspondence; drop salutation (Mr/Miss)  
^DPH forms – uses Chart name* | *Patient profile has first, preferred and last name  
^Increase the font size for preferred name on Patient profile* |
| **BH Dept.**     | *Only able to search by first and Last name. Cannot search by preferred name*  
^△ Add preferred name to the search mechanism | *Acupuncture – patient’s sign in and introduce themselves  
^Only able to see Patient’s first and last name  
^△ Add preferred name to the schedule* | *Has Patient’s first, last and preferred name  
^Increase size of preferred name in the Banner* | *no mechanism to indicate which name should be used in correspondence* | *Can include preferred name on HDAP forms* |
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
Current Practice: CPS Registration Screen
Current Practice 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: Modified Chart View
Additional Customizations

- Custom Clinical Forms
- 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 name used 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
You’ve Built it Now What?
Data Reporting and Quality Checks
**Data Integrity and Quality Checks**

- **Validate** – assessing the correctness and reasonableness of the data
  - Compare completed registration form against data entered in patient’s chart
    - Start with 100% QC
    - Taper off process as errors decrease but continue random checks

- **Completeness** – no data or very little data
  - Compare and investigate missing values
  - How does completeness compare to other demographic data?
  - Errors of omission - Check if data are missing randomly or are localized in some way
    - Look for patterns of incorrect/incomplete/missing data by staff

- **Accuracy** – check for abnormal values
  - Does the data make sense?
  - Outliers
    - Are the outliers legitimate or expected?
  - Are there response categories that don’t belong in that field?
    - For example: Sexual Orientation field has a response recorded as ‘Male to Female Transgender’
Ongoing Monitoring: Beginning Not an Ending

- **System Glitches = Data Glitches**
  - Are staff using the correct registration forms?
  - System issues external to the process
    - Is the EHR software installed and working correctly?

- **Run Regular Reports**
  - Identify glitches
  - Look at trends over time
    - For example: Is there a sudden drop or spike?

- **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
### Quality Reports: Rates of Cervical Cancer Screening Among Patients By Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian/Gay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straight/Heterosexual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Something Else</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>