



CALIFORNIA ASSOCIATION of
**PUBLIC HOSPITALS
AND HEALTH SYSTEMS**



CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

COLLECTING SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) DATA FOR PRIME

May 17, 2017 12:00-1:00pm

Recording Link:

<https://safetynetinstitute.webex.com/safetynetinstitute/lsr.php?RCID=bc32c9554cd64050945dafd0cb3005d2>

Agenda

Topic	Facilitator
Welcome	Amanda Clarke Safety Net Institute
PRIME Sexual Orientation and Gender Identity Data Collection	Amy M. Sitapati, MD Chief Medical Information Officer, Population Health UC San Diego
Member Round Robin: SOGI Data Collection	All
Wrap-up	Amanda

*Special Guests

Dr. Sean Cahill, Director, Health Policy Research

Tim Wang, LGBT Health Policy Analyst

[The Fenway Institute](#)



PRIME Sexual Orientation and Gender Identity Data Collection

Amy M. Sitapati, MD

Chief Medical Information Officer, Population Health

May 2017

Agenda

- Current Pressures
- Approach
- Impact on Quality Metrics & Performance
- Future State & Lessons Learned



People



Process



Technology



Training



Reporting



Re-evaluation

University of California San Diego Health

Ranked #1 health System in San Diego for 6th consecutive year.



Hillcrest Hospital



Jacobs Medical Center



Sulpizio Cardiovascular Center



Academic facility dedicated to research, teaching and clinical care

- 808 beds over two campuses
- One of 2 Level I trauma centers in San Diego County
- Regional Burn Center
- 7500+ Employees
- Yearly Outpatient Visits: 700,456
- ED Visits: 76,996
- Annual Discharges: 28,719

Current HealthCare Pressure:



CMS Approves California's Medi-Cal 2020 Demonstration Waiver

Clinically Integrated Networks

Value Based P4P

Accountable
Care
Organizations

affiliation



PQRS
Physician Quality Reporting System



MACRA

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015



Trump's Actions on Sexual Orientation/Gender Identity Data Collection Send Ominous Message

New Rochelle, NY, May 8, 2017—The Trump/Pence Administration's recent removal of sexual orientation and gender identity (SOGI) questions from a national aging survey and omission of a sexual orientation category and a transgender identity field from a national disability survey threaten to set back years of advances in collecting and using SOGI data to understand and intervene in the health disparities experienced by LGBT people. A provocative article exploring these critical issues, entitled “If They Don't Count Us, We Don't Count: Trump Administration Rolls Back Sexual Orientation and Gender Identity Data Collection,” is published in ***LGBT Health***, a peer-reviewed journal from [Mary Ann Liebert, Inc., publishers](#). The article is available free on the [LGBT Health](#) website until June 8, 2017.

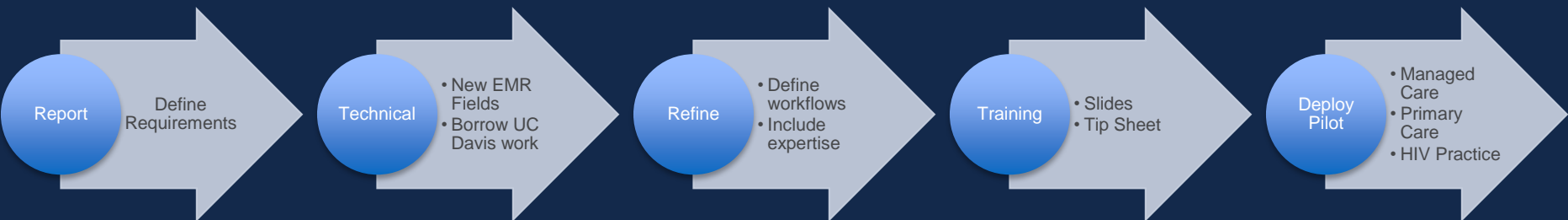
Sean Cahill, PhD, Fenway Health and **Harvey Makadon, MD**, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, discuss the potential threat to recent progress in collecting SOGI data in public health surveys and in healthcare and other clinical settings. SOGI data are essential to identify and understand LGBT disparities and inform the development of effective interventions to reduce and eliminate these disparities.

“This rollback affecting two particularly vulnerable populations, the aging and those with disabilities, is very disconcerting and could be the harbinger of future rollbacks under the current administration that will impact LGBT populations adversely. As Cahill and Makadon suggest in their article, those concerned about LGBT health should contact their elected representatives to weigh in on this critical issue,” says ***LGBT Health*** Editor-in-Chief **William Byne, MD, PhD**, Icahn School of Medicine at Mount Sinai, New York, NY.

Press: LGBT Health



The SOGI Approach:



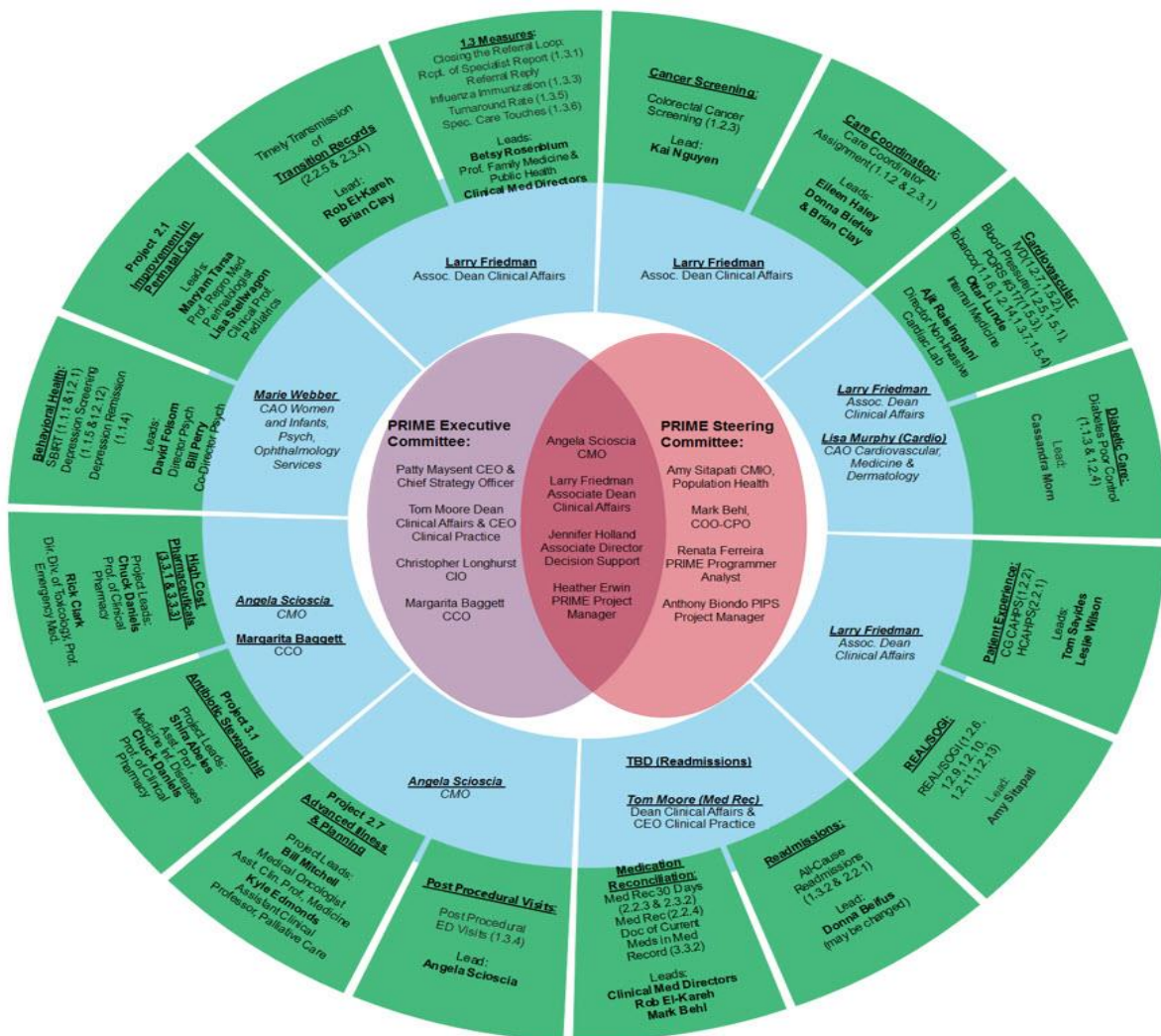
Governance Structure

PRIME Leads

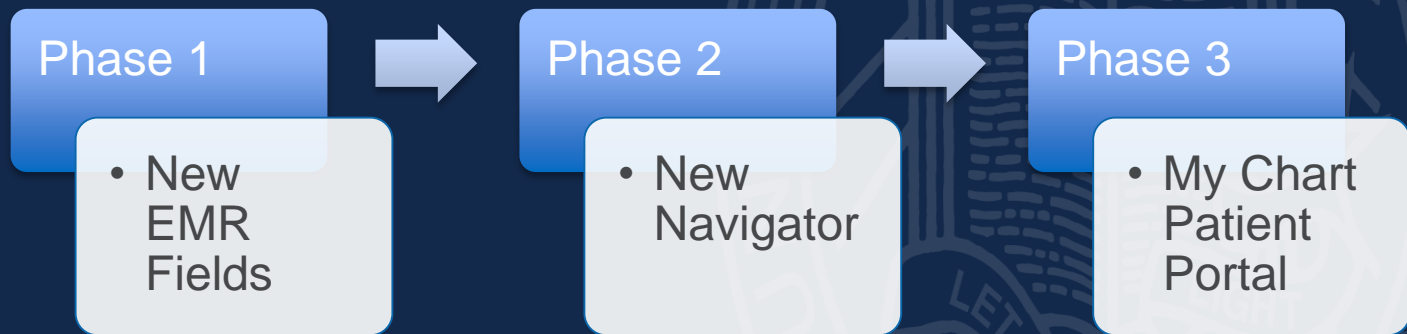
Executive Sponsors

PRIME Executive Committee

PRIME Steering Committee



Technical Approach



We decided to BRAND the effort as “REAL ME” to help co-locate key patient centered demographic information including preferred name, race/ethnicity/detail, sexual orientation and gender identity.

REAL ME ACTIVITY

(Smartform part 1)

REAL ME



Race, Ethnicity, Ethnic Background

Name

Preferred Name



Sexuality



Gender Identity

Race:

Hispanic:

Ethnic Background

Sexual orientation:

Lesbian or Gay

Straight

Bisexual

Something Else

Don't Know

Choose Not to Disclose

Gender Identity:

Female

Male

Transgender Female

Transgender Male

Other

Choose not to disclose

REAL ME



Gender Identity



Transgender Detail



Gender Identity:

Patient's sex assigned at birth

Female

Male

Unknown

Choose not to disclose

Uncertain

Intersex

Organs expected at birth to develop

Breast, cervix, ovaries, uterus, vagina

penis, prostate

testes

Organs hormonally enhanced:

Breasts

Organs surgically enhanced:

Breasts, vagina, penis

Shared Expertise

UC Davis – SOGI adoption

Pacific AIDS Education and Training Center

UC LGBT

Epic LGBTQ Team





Poll Question: Have you partnered with local non-profit or other organizations for cultural competency?

- (1) My organization's LGBTQ community
- (2) The AIDS Education and Training Center
- (3) Community LGBTQ center
- (4) Other Safety Net Organizations
- (5) Other
- (6) All of the above
- (7) None of the above

Overview of the SOGI Project

Review PRIME
specs



Build New SOGI Fields



Sexual Orientation
Gender Identity



Build New Navigator Section
"REAL ME"



Build MyChart



Start Pilot



Get feedback from early
adopters



Scripting and Training Materials - In development

We ask because we care.

We are all responsible for accurate collection of patient race, ethnicity, and sexual orientation and gender identity. We ask this information of all of our patients. Accurate collection of this information is becoming more important in helping us identify caring for a population to improve health outcomes.



Adapted: from UC Davis

Guiding Principles

Your efforts support the UC mission to enhance organizational, cultural and language needs in order to better monitor quality of care. This also helps to identify and address health disparities, and improves the clinical care for our diverse patient population.



Adapted: from UC Davis

Scripting for SOGI:

“Part of our demographic data collection includes questions regarding sexual orientation and gender identity. May I ask you these questions?”

If yes then ask “What is your gender identity?” and if there is hesitancy, follow up with “Possible options include....” and list the options.

If they ask “What is gender identity?” respond with “You sense of yourself in terms of your gender. Some possible options include woman, man, transgender, gender queer, trans woman...”

Then ask “What pronouns do you use?” and if there is hesitancy, follow up with “Possible options include....” and list the options.

Then ask “What is your sexual orientation?” and if there is hesitancy, follow up with “Possible options include....” And list the options.

If no, then skip this part.

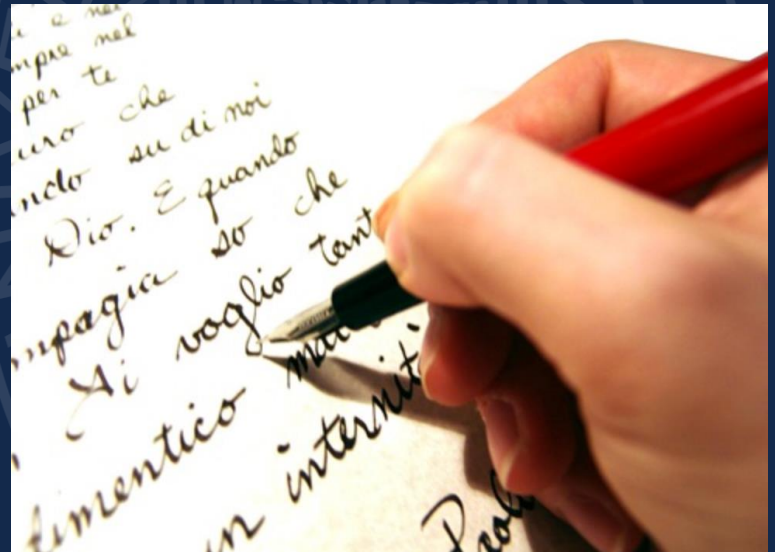


Scripting:

Here is a possible addition to the “Addressing Questions & Concerns”

Patient: “Why are you asking about this sex and gender stuff?”

Provider: “There are a number of health issues related to sexual orientation and gender identity, and we are trying to best serve our patients.”





Poll Question: Have you created training materials for staff and clinicians specific to SOGI?

- (1) Tip Sheet
- (2) Power Point presentations
- (3) Video
- (4) Patient education materials
- (5) Other
- (6) All of the above
- (7) None of the above

Incorporating Project Management and PDSA cycles for SOGI



The Teams:

PRIME Steering Committee
Executive Lead
Operational Clinical Champ
Clinical Work Team
Technical Team
Reporting Team

High Priority Projects: Project Management PDSA Tracking

Process Improvements	Status	Completion Date
Modify EMR to allow for capture of all REAL and SO/GI categories during patient registration and/or primary care appointment check-in.	Complete	2/9/2017
SOGI Implementation - Work with the University of California LGBT and greater San Diego communities to enhance the cultural sensitivity of our work for staff training and patient messaging.	In Progress	Deferred to August
Build and use PRIME registry as a resource for bulk-messaging to patients missing REAL/SOGI data.	Complete	3/14/2017
Utilize MyChart so patients can enter their own REAL information (specifically ethnic background)	Complete	4/17/2017
Develop a workbench report to facilitate pro-active bulk-messaging to patients to request missing data. Utilize PRIME registry to target patients or send to all patients?	In Progress	Technically feasible now as a one-off Needs more work to become a standard workflow
Track REAL and SO/GI completion rates using PRIME registry. Provide feedback to AmCare Clinics and Patient Registration staff.	In Progress	
Although it would definitely help the REAL metric completion rate to make the ethnic background a required registration data item, Pop Health has encountered resistance from Registration Keri Whitehead and ADT (Jeff Andrew). Need escalation if we wish to pursue this course of action.	HELD	



High Priority Projects: REAL/SOGI

Action Items	Who	By When
Build and use PRIME registry as a resource for bulk-messaging to patients missing REAL/SOGI data.	Barbara Berkovich	3/14/2017
Build MyChart demographics page for REAL data collection.	Barbara Berkovich/ Stacey Austin	Complete, 4/14
Ask permission from Angela Scioscia and Keri Whitehead to hard stop entry of REAL info during patient registration for all encounters. Registration reluctant to implement hard stop without expanding category mappings and REAL sensitivity training for all staff. Need escalation if we wish to pursue this course of action.	Amy Sitapati	Complete 4/21, but permission not given by Registration
Consider deriving ethnic background from place of birth and language data elements - see analysis below. Steering Committee would need to approve this approach	Barbara Berkovich/Steering Committee	Steering Committee Review
AmCare Operations and MyChart team to develop message and how to direct MyCharts users to update their ethnic background and demographics page. Steering Committee to make decision on E-mailing all MyChart users or patients in PRIME-eligible registry. – need to review message	Mark Behl, Yvonne Zazueta, Amy Sitapati, Barbara Berkovich, Jeff Engel (MyChart), Renata Ferreira or Jennifer Holland?	?
Develop bi-weekly progress report for high priority metrics: Target report dates: May 8, May 22, June 5, June 19	J. Holland, R. Ferreira	5/8
Provide performance feedback and education/training for front desk and registration staff members?	Not applicable if they're not entering	

ACTIVE ACTION ITEMS



Use of Healthy Planet Registries for PRIME

Active Registry Report for 1	
Registry Name	
ACTIVE PATIENT REGISTRY	
ACTIVE TOBACCO USER REGISTRY	
CARDIOVASCULAR DISEASE REGISTRY	
CASE MANAGEMENT REGISTRY	
CC SDSM REGISTRY	
CHRONIC CARE MANAGEMENT	
CHRONIC KIDNEY DISEASE REGISTRY	
COMMUNITY HEALTH GROUP REGISTRY	
PREDIABETES REGISTRY	
PRIME REGISTRY	
SLEEP APNEA REGISTRY	



**Creating a Registry
Architecture to support
different data collection
and action**

**SOGI into the PRIME
Registry**

Reporting considerations

Appreciate the sensitivity to patient level data

PRIME Registry helpful

Have not incorporated into SLICER Dicer real-time ad hoc reporting



Coming Soon!



- Patient Webportal entry of REAL ME
- iPad and/or Tablet entry of REAL ME in the waiting room at face to face visits





Poll Question: Have you adopted patient self entry of SOGI?

- (1) Paper questionnaire
- (2) Clinician entered into EMR
- (3) Patient webportal entry
- (4) Front desk tablet or ipad entry
- (5) All of the above
- (6) None of the above

LESSONS LEARNED

- Most staff and clinicians in the back office are not feeling prepared to ask these questions
- Soft roll out and creating local expertise and super users are likely valuable
- The cultural competencies requires local partnerships



Special Thanks!

UCSDH Barbara Berkovich (Technical Lead)

UC Davis: including Ryan Peck and Jeff Wajda

UCSD LGBT Resource Center: Shaun Travers

UCSDH Patient Access Team: Keri Whitehead

UCSDH Managed Care Team: Doris Johnson, Eileen Haley, Marilyn Obee, Steve Gilbody

UCSDH Reporting Team: Jennifer Holland, Renata Ferreira

UCSDH Information Services: Dean Pham, Jeff Engle

UCSDH Executive Team: Angela Scioscia, Larry Friedman, Chris Longhurst, Patty Maysent

The UCSDH & UC Irvine Population Health Team!

The UCSDH PRIME Team: including Heather Erwin and Anthony Biondo

The UCSDH Medical Group Quality Team





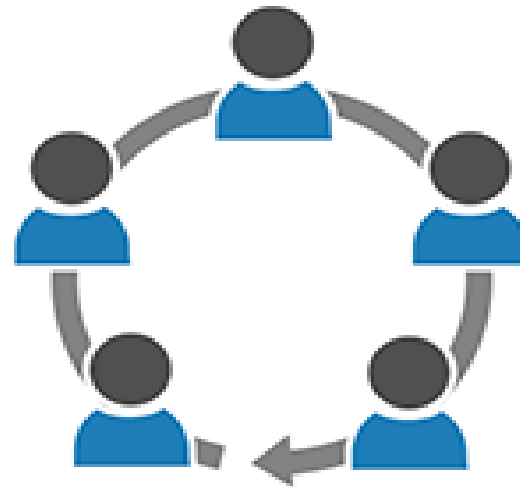
UC San Diego Health
Population Health
T: 858.249.0039

asitapati@ucsd.edu

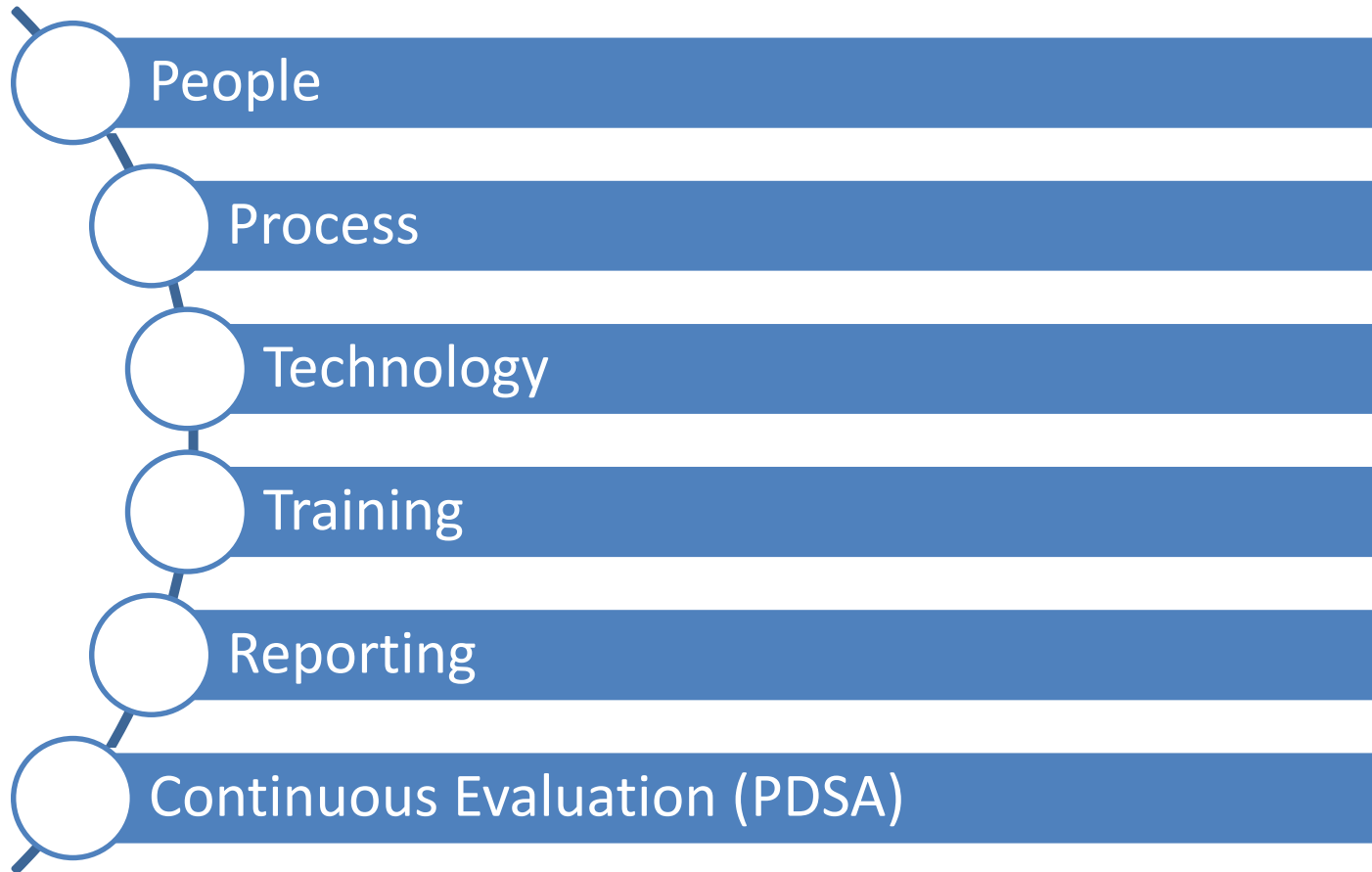


MEMBER ROUND ROBIN

SOGI Data Collection
for PRIME



Member Round Robin: SOGI Data



SNI Events

➤ Waiver Integration Team (WIT) Convening

In-Person – May 24, 9-3pm – Hilton Oakland Airport Hotel - [REGISTER](#)

➤ Ambulatory Care Redesign Workshop

In-Person – June 15, 9-4pm – Oakland Center – [REGISTER](#)

➤ Resource Stewardship and PRIME

Webinar – June 29 – 12-1pm - [REGISTER](#)

We're listening!

- Please take 3 minutes to share your feedback in the post-event pop-up.
- Do you have suggestions for future topics or content?



Thank you for attending this webinar.
Please take a moment to let us know how we did!

How would you rate this webinar? (1 Low, 5 High)

None ▼

Why did you give it that rating?

What is your key takeaway action item from this session?

Do you have suggestions for future topics or content?