

SOGI best practices

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Agenda

- **Introductions**
 - HANYS AHEI team
 - AHEI faculty
- **Our partners**
- **Session 3:**
 - SOGI best practices
- **Upcoming sessions**

HANYS AHEI team



Kathleen Rauch, RN, MSHQS, BSN, CPHQ

Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care



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Kira Cramer, MBA

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HANYS faculty



Julia E. Iyasere, MD, MBA

Executive Director, *Dalio Center for Health Justice, NewYork-Presbyterian*
Senior Vice President, *Health Justice and Equity, NewYork-Presbyterian*
Assistant Professor, *Medicine, Columbia University Irving Medical Center*



Theresa Green, PhD, MBA

Director, *Community Health Policy and Education, Center for Community Health and Prevention, University of Rochester Medical Center*

Our funder and partner



Our funder

Funding from the [Mother Cabrini Health Foundation](#) allows HANYS to expand its capacity to provide education, direct support, tools and data to our members in a strategic way. With this learning collaborative, we strive to effect lasting change in health equity at the local level by engaging providers and community stakeholders to address health disparities.



Our partner

[DataGen](#) develops custom analytics for participants to help them understand how and where communities are affected by health disparities so they can develop tailored interventions.

Presenter



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Preferred/Current Name and Pronoun in Registration and SOGI in EPIC at Mount Sinai Health System

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**Mount
Sinai**

Snapshot of Mount Sinai Health System

- An integrated health care system encompassing the Icahn School of Medicine and 8 hospital campuses in the New York metropolitan area and Mount Sinai South Nassau, Long Island.
- 400+ ambulatory practice locations throughout the five boroughs of New York City, Westchester, and Long Island.
- 45,000 employees, which includes more than 7,200 physicians, including general practitioners and specialists, and 13 free-standing joint-venture centers.
- LGBTQ+ specialty practices including 5 clinics within the Institute for Advanced Medicine and the Center for Transgender Medicine and Surgery

Why

1. Eliminate Disparities
2. Improve Health Outcomes
3. Ethical Responsibility and Legal Compliance
4. **Medical and Allied Health Students and Workforce Demand**
5. Funding and Revenue
 - Commercial Insurance
 - CMS and Medicaid Coverage
 - Grant Funding Compliance and Opportunities
 - **CMS EHR Rule Changes**

RESPECT

Challenges to Patient SOGI Data Collection Implementation

- Different registration systems that did not interface.
- Different EHRs at different sites that did not interface.
- Paper patient intake forms, inconsistent across system, scanned into patient record.
- Legal names versus preferred names for identification, procedure verification and billing.
- Need for employee training on best practices in collecting, documenting and using preferred/current names, pronouns and SOGI data.
- Current political anti-LGB/TGD climate, state laws, threats and health information exchange technology

Challenges to Employee/Provider SOGI Data Collection Implementation

**NYS DOH and NYS DOE
regulations in conflict with
NYS GENDA and NYC
LGB/TGD human rights
protections and regulations**

Assets and Resources within MSHS to Implement

- Providers with clinical expertise in LGBTQ+ healthcare
- Faculty educational and training expertise
- LGBTQ+ inclusive institutional policies and HEI leadership
- Growing reputation for LGBTQ+ excellence
- Ability to offer an integrated system of care to transgender and gender diverse patients: primary, ambulatory and behavioral health services, across 3 boroughs
- MSHS and ISSM research capacity and capability

Mount Sinai Beth Israel



375

4757 FL
OFFICE DEPOT
PROOF 3
5/24/18

AMBULATORY PATIENT SELF ASSESSMENT

Date _____

What is your current or preferred name? _____

What gender pronoun do you use? She He They Something Else _____

Please do your best to answer all the questions. If you do not understand a question, your doctor or nurse can explain it. What brings you in today? _____

Past Medical History:

Have you ever had any of the following:

Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liver Disease or Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

MD's Comments: _____

Have you ever been hospitalized? _____

If yes, list when and why: _____

Have you had any surgery? _____

If yes, list the type of surgery and when: _____

Have you ever had a blood transfusion? Yes No

Family History:

Do any of your family members have or did they have in the past?

Alcoholism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glaucoma/Blindness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

MD's Comments: _____

List all your medications and doses below (include any vitamins, herbs or supplements):

Name of Medication:	Dose	How often do you take it	For Physician only: Reconcile Medication	
1)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
2)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
3)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
4)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
5)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
6)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
7)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
8)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
9)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
10)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue

Allergies: Do you have allergies to medications and/or food? Yes No If yes, what? _____

Social History:

- Do you smoke? Current Former Never
- Do you drink alcohol? Current Former Never
- Do you have any religious or cultural beliefs that your doctor should know about before beginning medical treatment? Yes No
- Do you think of yourself as: Lesbian, gay or homosexual Straight or heterosexual Bisexual
 Other _____
- Gender Identity: Male Female Transgender Man (assigned female at birth)
 Transgender woman (assigned male at birth) Other _____
- Sex assigned at birth or on your birth certificate: Male Female
- Do you have a Health Care Proxy or Living Will? Yes No
- Has anyone ever hurt you emotionally, physically or sexually? Yes No

Screenshot SOGI in EPIC

The screenshot displays the EPIC patient chart for a patient named Test, June, a 27-year-old female born on 04/12/1988 with ID 7930426. The chart is viewed in the 'Rooming' section. The 'Sexual Orientation/Gender Identity' section is expanded, showing the following information:

- How do you describe your sexual orientation? **Heterosexual or Straight** (selected), Gay, Lesbian or Homosexual, Bisexual, Queer, Something else, Declined to answer.
- How do you describe your current gender identity? **Female** (selected), Male, Female-to-Male spectrum(FTM)/Transgender Male/Trans Man, Male-to-Female spectrum(MTF)/Transgender Female/Trans Woman, Something else, Declined to answer.
- What was the sex written on your original birth certificate? **Female** (selected), Male, Declined to answer.
- What are the genders of your sexual partners?
 - Female: **Yes** (selected), No
 - Male: **Yes** (selected), No
 - Female-to-Male spectrum(FTM)/Transgender Male/Trans Man: Yes, No
 - Male-to-Female spectrum(MTF)/Transgender Female/Trans Woman: Yes, No
 - Something else: Yes, No

At the bottom of the section, there are buttons for 'Mark as Reviewed' and 'Never Reviewed'. The right-hand pane shows various order and advisory lists, including 'Orders to be Acknowledged', 'Lab Add On Orders', 'Administrations with Cosign Requests', 'Admission/Transfer Signed and Held Orders', 'Other Signed and Held Orders', 'Orders', 'Orders Needing Additional Information', 'Orders Needing Specimen Collection', 'BestPractice Advisories', 'Quick View', and 'Medications'.

Actual SOGI Questions	Purpose of SOGI Questions	Response Options
<p>“How would you describe your sexual orientation?”</p>	<p>Asking separately from sexual practice will help strategize for counseling conversations about risk reduction.</p>	<p>Ask patient to select one best response:</p> <ul style="list-style-type: none"> · Heterosexual/Straight · Gay, Lesbian, or Homosexual · Bisexual · Queer · Something Else · Decline to Answer
<p>“How would you describe your current gender identity?”</p>	<p>This question may start a conversation with the client about their medical history, if relevant, around a gender identity transition.</p>	<p>Ask patient to select one best response:</p> <ul style="list-style-type: none"> · Male · Female · Transgender Male · Transgender Female · Something Else · Decline to Answer
<p>“What are the genders of your sexual partners?”</p>	<p>This question will also start a conversation about sexual practices and reproductive health. There are patients who may have sexual relationships with transgender people.</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> · Male · Female · Transgender Male · Transgender Female · Something Else · Decline to Answer
<p>“What is the sex on your original birth certificate?”</p>	<p>This question helps elicit further gender history.</p>	<p>Ask patient to select one best response:</p> <ul style="list-style-type: none"> · Male · Female

Asking and Using Sexual Orientation and Gender Identity Questions in EPIC

Who, what, when, where	How
Who should be asking patients about their sexual orientation and gender identity (SOGI)?	Any clinician who has access to the fields in the patient chart. This will depend on site specific workflow.
Who should be asked SOGI?	Every patient.
When should SOGI be asked/be updated?	SOGI should be collected as soon as possible for existing patients, at the initial appointment for new patients, and updated annually.
Where are the SOGI questions located?	The questions can be found under the social history section in the visit navigator within EPIC.
What are the questions? How should they be asked? (See next slide for SOGI fields)	The questions are based on research on best practices and should be asked exactly as they are stated in EPIC. They are asked in an open-ended style to avoid influencing or assuming responses from the patient.

EPIC Documentation

1. Technical: where fields are, access to fields, documentation issues.
2. SOGI data in history section of visit navigator
3. Added within an existing section, scrolled down to complete
4. Complete in initial visit
5. Follow up annually
6. For all new and existing patients

Epic Storyboard with SOGI, Preferred Name and Pronoun

The screenshot displays the Epic Storyboard interface for a patient named Leah Zztest. The interface is viewed through a Citrix Viewer window. The top navigation bar includes the Epic logo and various menu items like Home, Schedule, My Dashboards, Schedules, In Basket, Chart, Telephone Call, and Patient Lists. A search bar at the top right contains the text 'Zztest,Amol'. The main content area is divided into several sections:

- Left Sidebar:** Contains the patient's name 'Leah Zztest', legal name 'Legal: Amol Zztest', gender 'Female', age '41 y.o.', birth date '1/28/1980', pronoun 'Pronoun: She', MRN 'MRN: 5700052', and code status 'Code Status: Not on file'. It also includes a search bar and care team information.
- Top Navigation:** A horizontal bar with buttons for 'SnapShot', 'Chart Review', 'Review Flow...', 'Results', 'Allergies', 'History', and 'Problems'.
- Implants Section:** A large panel titled 'Implants' with a 'New Implant' button. It displays the following information:
 - Leah Zztest (Preferred Name)**
 - Amol Zztest (Legal Name)**
 - Pronouns: She**
 - 41 y.o., 1/28/1980**
 - Gender identity: Transgender Female / Male-to-Female**
 - Legal sex: Male**
 - Sex assigned at birth: Male**
 - Marital status: DIVORCED**
 - Race: OTHER**
 - Preferred language: ENGLISH**
 - Employer: N/A**
 - Occupation: N/A**
 - MRN: 5700052**
 - Address:** 123 MAIN ST, 1, NEW YORK NY 10031
 - Phone:** 999-999-8888 (Home Phone), 917-777-6432 (Mobile)

Where to Identify Patient Names and Pronouns

- ▶ EPIC Electronic Medical Record
- ▶ Chart Notations
- ▶ Registration
- ▶ My Chart/My Mount Sinai
- ▶ Face Sheet
- ▶ Patient Room White Board
- ▶ Double White Patient ID Bracelet
- ▶ Paper Intake Forms
- ▶ **ASK and DO A WARM HANDOFF**

MSHS Health Equity Data Assessment (HEDA) Committee

System-wide hub for data integrity, reporting and analytics



ODI

Establish data integrity and set data collection best practices to support the delivery of high-quality and uniform clinical and non-clinical data sets



Enterprise Reporting and Data Stewardship

Provide clinical and administrative reporting tools to identify variances and support regulatory requirements



Research (IHER)

Provide analytic, methodologic, and technical support to practices, providers and facilities as they identify and address disparities in health care



Clinical Care

Identify processes and clinical outcomes for intervention to mitigate disparities

Stewardship, Oversight, and Governance

HEDASOGI DATA Totals

2021 – 2022 Sexual Orientation (Not Identified with Gender Affirming Care)

The table below details the distinct patient counts and percentages across the health system within each Sexual Orientation

Year of Discharge Date	Null		STRAIGHT (NOT LESBIAN OR GAY)		LESBIAN OR GAY		CHOOSE NOT TO DISCLOSE		BISEXUAL		DON'T KNOW		QUEER		SOMETHING ELSE		Grand Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
2021	933,859	80.0%	196,164	16.8%	17,931	1.5%	9,437	0.8%	6,291	0.5%	1,236	0.1%	2,392	0.2%	637	0.1%	1,167,947	100.0%
2022	736,584	76.6%	187,737	19.5%	17,190	1.8%	9,251	1.0%	6,263	0.7%	1,086	0.1%	2,378	0.2%	588	0.1%	961,077	100.0%
Grand Total	1,259,078	81.1%	246,185	15.9%	21,778	1.4%	12,008	0.8%	8,285	0.5%	1,519	0.1%	3,220	0.2%	795	0.1%	1,552,868	100.0%

2021 – 2022 Sexual Orientation (Identified with Gender Affirming Care)

The table below details the distinct patient counts and percentages across the health system within each Sexual Orientation

Year of Discharge Date	Null		STRAIGHT (NOT LESBIAN OR GAY)		LESBIAN OR GAY		CHOOSE NOT TO DISCLOSE		BISEXUAL		DON'T KNOW		QUEER		SOMETHING ELSE		Grand Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
2021	1,957	38.9%	918	18.3%	479	9.5%	207	4.1%	574	11.4%	107	2.1%	569	11.3%	218	4.3%	5,029	100.0%
2022	1,847	39.8%	775	16.7%	453	9.8%	193	4.2%	547	11.8%	99	2.1%	545	11.7%	183	3.9%	4,642	100.0%
Grand Total	2,720	42.2%	1,070	16.6%	590	9.2%	251	3.9%	721	11.2%	124	1.9%	709	11.0%	253	3.9%	6,438	100.0%

Current Changes in Progress to the Patient Information Dashboards

Capture Rate on all tabs

- Update capture rate to be represented by distinct patients rather than encounters.

Gender Identity tab

- Create a synthesized view of the Gender Identity and Sex Recorded on the Original Birth Certificate table. For example, for Female Gender Identity and Female Sex Recorded On the Original Birth Certificate would be Cis Female, Transgender Female Identity and Male Sex respectively would be Transgender Female – once the two fields are synthesized, we will share an update to confirm that they are synthesized correctly.
- Create a bar-within-bar view using Gender Affirming Care Yes and No to see the comparison of nulls easier. This bar graph can replace the breakdown by Gender Identity table or be an additional view.

NYC Neighborhood tab

- Change Outside of NYC to New York (Outside of NYC) to represent patients living within New York, but outside of the 5 boroughs.
- Add New Jersey and Connecticut as part of the key areas summarized at the top of the tab.
- Add Outside of Tri-State Area to represent patients living outside of New Jersey, Connecticut, and New York.

Goal: Learn how to welcome and affirm the patient and their gender identity when you are unsure, don't have access to, or do not see that information, and when the patient is upset about being mis-gendered previously.

Good morning. I'm Dr. Florence Jones. I use she and her pronouns. May I ask how you would like to be addressed?



My name is on my chart. I hope it's the right name this time. Last time I was here everyone kept using my dead name.



I am so sorry that we got it wrong last time. That is why I always check in with all our patients, I will let the registrar know that we need to have your correct name listed at the desk and on your record.



OK. My name is A.J. Greene. Call me AJ and my pronouns are they and them.



Thanks AJ. I will let your nurse and care team know. Please let me know if there is anything I can do to make your visit more comfortable.

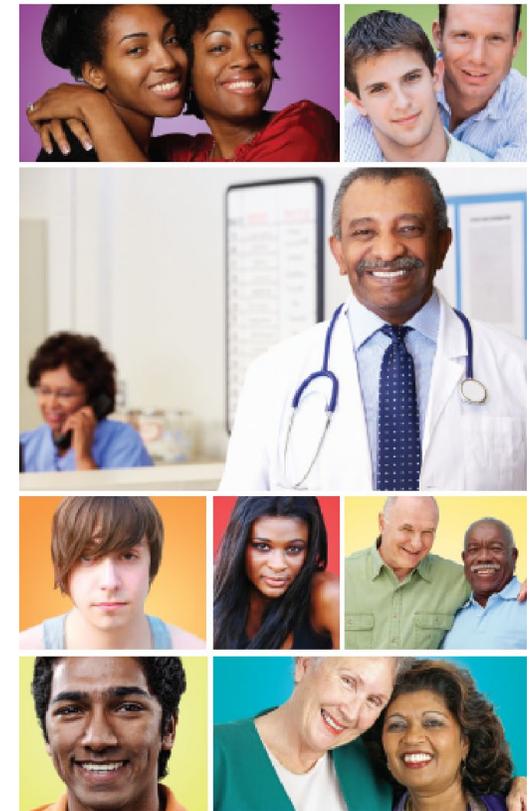
Do Ask, Do Tell: A Resource for Patients and Providers

- ▶ If any patients question why you are asking them for this information, best answer is (or in your own words):

“We are asking all of our patients their sexual orientation, current gender identity and assigned sex at birth, so we can make sure that you get the healthcare you need. We don’t want anyone to feel uncomfortable; I just like to let my patients know they can bring their full selves to our clinic. Whatever questions or healthcare needs you have, I am ready to try to help.”*

- ▶ **“Do Ask, Do Tell”** brochure for LGBT patients with questions

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



*Great UCSF Transgender Training resource from UCSF <http://transhealth.ucsf.edu/video/story.html>

Engaging Patients and Improving Health Outcomes

✚ Recording and using preferred/current name and pronouns can suggest to transgender individuals an inclusive and affirming clinical environment.

✚ Using someone's preferred/current name and pronoun enables us to address people with the dignity and respect everyone deserves, and to deliver the highest quality patient experience.

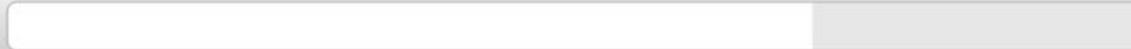


Quality and Safety Challenge for Procedure Verification

Using the Preferred Name Safely



Preferred name and pronoun should be used in all interpersonal interactions with patients and when referring to the patient in communications with other staff and clinicians.



◀ PREV

NEXT ▶

Using the Preferred Name Safely



Legal Name must be used when verification of patient identification is needed before administering treatments and performing tests.



Accurate patient identification requires the use of:

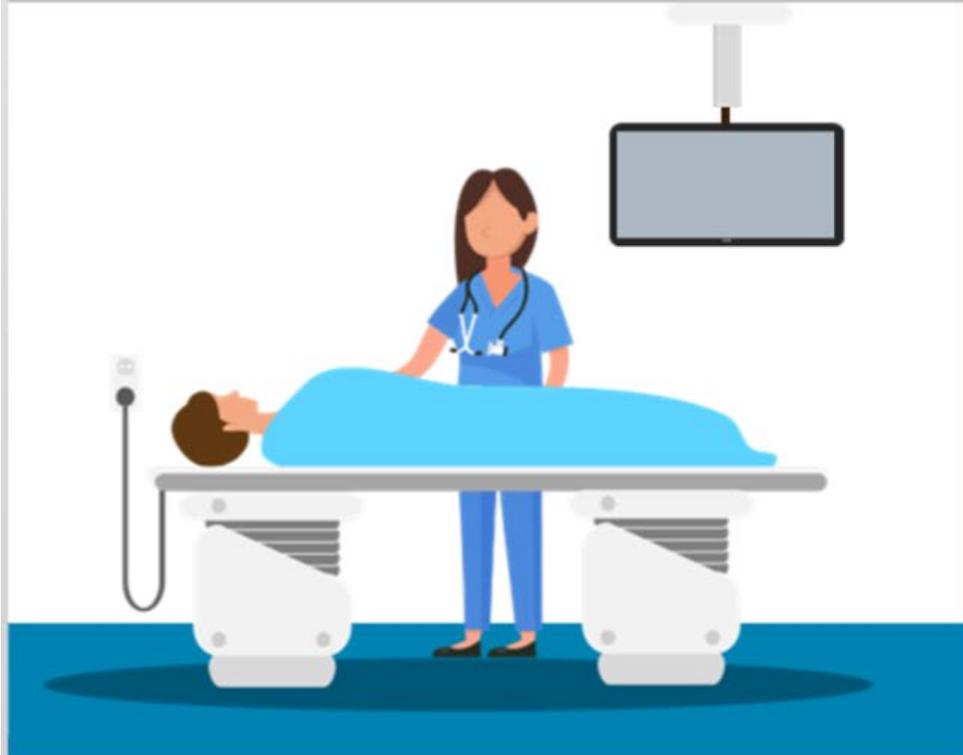
Legal Name and Date of Birth

And should be used with
...

- ✓ Blood Draws
- ✓ Medication and IV administration
- ✓ Surgical and other invasive procedures
- ✓ Blood product transfusions
- ✓ Radiological studies
- ✓ Food service deliveries
- ✓ *Any other medical interventions*



Sensitivity Tips for TGNB Patients



How Can We Verify
The Legal Name
and also Respect The
Patient?



◀ PREV

NEXT ▶

Sensitivity Tips for TGNB Patients



If a person's legal first name is *different* than their preferred or chosen first name, we need to explain that we are required to verify the legal name of record for safety reasons.



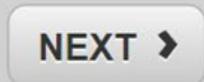
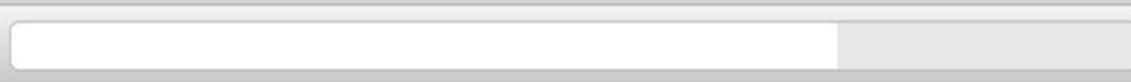
When within earshot of other staff or patients, for confidentiality, it is important to speak softly in making that request.



In inpatient settings where the patient is wearing a hospital ID bracelet, it is acceptable to ask the patient to show you their bracelet and verify that the name on their bracelet is their legal name of record, without the patient having to say the former name aloud.



In an ambulatory setting, in the privacy of the exam room, you may show the patient the legal name on the label you are printing or on the medical record on the computer screen, and ask them to verify it without their having to say it aloud.

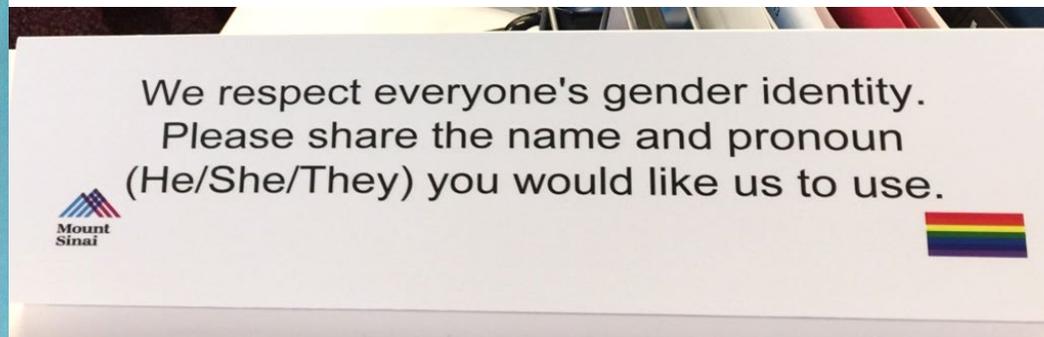
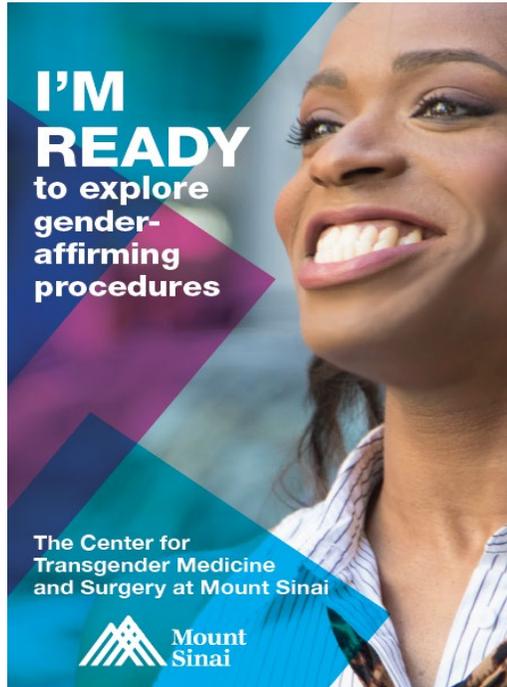


**NOW
AVAILABLE**

**Employee
Pronoun
Stickers for
Mount Sinai
ID Badges**



Creating A Welcoming and Safe Environment



Resources

For the resources referenced in the presentation please contact:

barbara.warren@mountsinai.org

Upcoming sessions

Tuesday, April 23 | 11 a.m. to noon.

Collecting and reporting SDoH data

In this session, Lyndsey Allen from Lewis County Health System will share her hospital's experience collecting social determinants of health data and discuss successes, challenges and lessons learned.

Sessions will be held on the following Tuesdays from 11 a.m. to noon:

- April 30 | Establishing referral processes with SDoH data
- May 7 | Using data to identify disparities (1/2)
- May 14 | Using data to identify disparities (2/2)
- May 21 | Community partnerships
- May 28 | Patient and family engagement

Register [here](#).



ADVANCING HEALTHCARE
EXCELLENCE AND INCLUSION

Questions?

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