UC San Diego Health

2019 Sautter Award Application
UC San Diego Health Information Services

Project title:

Improving Inclusion at UC San Diego Health through Documentation of Sexual Orientation and Gender Identity

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Short statement

UC San Diego Health implemented new health care provider training, patient education, patient documentation in the electronic health portal, and EHR-based documentation, which resulted in improved LGBTQ cultural competency, sexual orientation and gender identity documentation (SO/GI), and patient experience. In one year, the workgroup lifted the documentation of SO/GI from less than 10% to more than 50%.

Project narrative

Creating systems of care that are inclusive of the lesbian, gay, bisexual, transgender, and genderqueer/non-binary (LGBTQ) community helps to improve engagement in care and address health disparities. At UC San Diego Health (UCSD Health), we recognized that technology – primarily, through the use of our electronic health record (EHR) system and webinars for training – could be utilized to improve our inclusiveness of the LGBTQ community. We pulled together a broad workgroup including team members from UC San Diego campus, the Pacific AIDS Education and Training Center (PAETC), Registration, Health Information Management, Clinical Applications, Population Health, Information Services Analytics, Admissions, Ambulatory Care Operations, Human Resources, as well as UC Irvine Quality and Physicians. This diverse and empowered workgroup set forth to devise a scalable improvement in patient experience.

One of our first steps was to develop training for health care providers across UCSD Health. With permission, we modified content from UC Davis as well as the Fenway Center, a Boston-based federally qualified community health center, to target the needs of UCSD Health staff. We created a webinar (crafted as a recorded video) that was available upon demand from our internal learning center. As a result of our partnership with Human Resources, we were able to train 3,490 health care staff across our enterprise in one year. A key part of this cultural competency training was defining salutations and terminology that were more inclusive. For example, we encouraged staff to use non-binary terms by teaching them how to greet patients – i.e., greeting a patient as 'Chris' without using Mr. or Mrs. Complementing the webinar, we also provided in-person training, upon request, to health teams such as those working in mental health and primary care.

Health care providers were provided with new workflows in the EHR. These workflows enabled documentation of patients' preferred name, race and ethnic background, gender identity, sexual orientation, sex assigned at birth, preferred pronouns, and any steps that the patient has taken in transition. The most common workflow that we implemented occurred in the ambulatory setting where the back office medical assistant or licensed vocational nurse completes the form with the patient during rooming. Our registration staff also incorporated optional documentation of preferred name and SO/GI status so that patients calling in for help could let us know how to be more inclusive and respectful of them. To relieve some of the documentation burden, a brief version of this questionnaire was activated in our patient web portal, called MyUCSDChart. Here, either as part of electronic check-in or by updating questionnaires, patients were empowered to provide these details for use by their health care team.

Next, we looked to expand our patient education materials. The PAETC worked with the patient education committee locally to update these materials in both English and Spanish. We also looked to modify the post-visit Press Ganey mail (used by UCSD Health to gauge patient experience) to be respectful of the fact that patients have legal names that they may consider dead and disrespectful.

Our efforts for greater inclusivity of the LGBTQ community were well received: The most moving examples of the benefit we provided were emails from employees who expressed their gratitude for our work.

We also measured the impact of our work on patient experience using Press Ganey data. We now include and share with UCSD Health leaders metrics related to SO/GI. Our completion rate for documentation of SO/GI increased from less than 10% to more than 50% in one year, based on measure specifications from the PRIME Centers for Medicare & Medicaid Services (CMS) waiver program. We also have been able to

stratify eight quality health measures by SO/GI detail, including the categories of Tobacco Assessment and Counseling, Controlling Blood Pressure, Alcohol and Drug Misuse, HbA1c Poor Control, Screening for Clinical Depression and Follow-Up, Colorectal Cancer Screening, Prevention Quality Overall, and Ischemic Vascular Disease.

With pride, the team has formally applied for two designations, the Equality Business Association's LGBT Friendly status and Health Equity Index Survey. These designations would improve UCSD Health's recognition as an LGBT-friendly facility with both cultural and medical competencies.

Next, we hope to accelerate our adoption of non-binary as a legal sex as mandated via Senate Bill 179 in California. Our current workgroup has continued to move forward with this work, identifying opportunities and challenges in domains such as laboratory interface, federally mandated reporting, patient identification, and other system interfaces. During the past six months, we have continued to work toward a goal of incorporating non-binary in the documented legal sex field.

In summary, these efforts have represented the dedication of an expansive team across separate domains aligned to the vision of improved cultural and medical care for the LGBTQ community. Since the launch of our efforts in February 2018 and in just over a year's time, we have increased our documentation of key data, sexual orientation and gender identity, from less than 10% to more than 50%; we have improved provider training, patient education, patient survey, patient participation in their web portal, provider documentation, and application for recognition; and we can measure and stratify quality performance in eight domains.

See key statistics on next page.

Relevant screenshots or URLs

See figures 1 and 2 below.

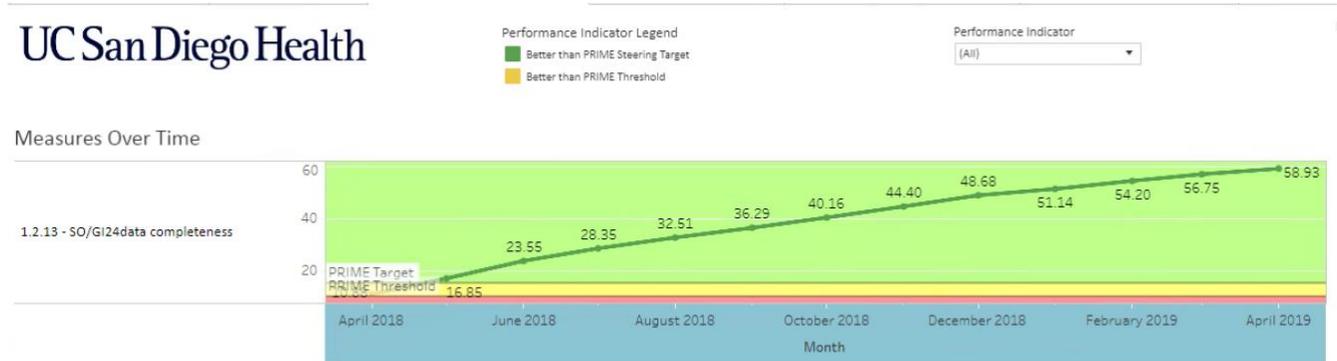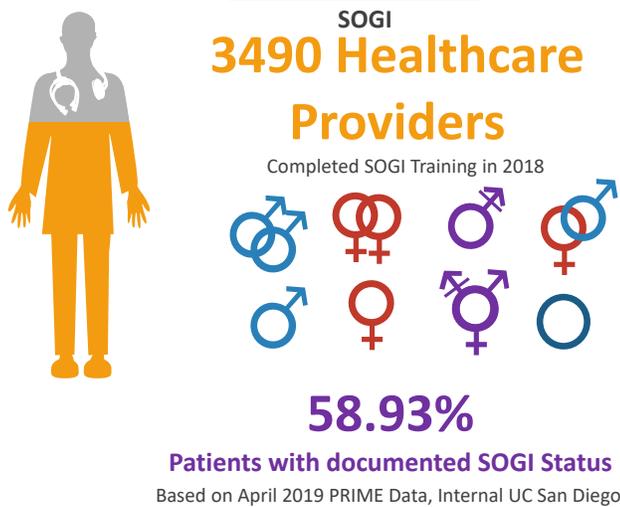Figure 1: Demonstration of increase in performance in the SO/GI detail from April 2018 to April 2019.

Figure 2: Infographic showing increase in health provider training as well as the percentage of patients with SO/GI data 2018-2019