

Improvements in the Documentation of Sexual Orientation and Gender Identity Information on Electronic Medical Records

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Background

In 2016, the Health Resources and Services Administration made reporting of sexual orientation and gender identity (SO/GI) information required in the Uniform Data System for their Health Center Programs¹.

https://healthcare.utah.edu/patient-family-services/sexual-orientation-gender-identity.php

This new federal data requirement was created with the intention of promoting culturally competent care and reducing health disparities among the LGBTQ+ community by allowing data collection to help identify specific disparities. Since its incorporation into electronic health records, it has been viewed as an equity tool for LGBTQ+ people, and several studies have identified a number of health disparities and been able to propose specific solutions to help mitigate these discrepancies², including:

- Transgender patients were less likely to have a documented breast or cervical cancer screening compared to cisgender women^{3,4}
- Individuals who did not disclose their gender identity were less likely to be vaccinated for hepatitis A or B than cisgender individuals⁴
- Transgender women in the age group 40-54 and 55-69 had significantly lower prostate screening rates⁵

Recent reports have shown that the actual documentation of such information by clinicians is neither adequate nor equitable.

Hypothesis

The aim of this study was to review the recent medical literature regarding the documentation of SO/GI information in electronic medical records (EMR) and evaluate its frequency.

Methods

A keyword search of medical literature using the search terms “sexual orientation”, “gender identity”, “electronic medical records”, and “LGBTQ patients” was performed. Relevant articles were reviewed and studies that evaluated the frequency of SO/GI information documentation in EMR by clinicians were included.

Results

The included studies from the literature search revealed that:

- >75% of patients were missing sexual orientation information from their records in the first year of required SO/GI data reporting¹
- ~60% were missing gender identity information¹
- Among the patients that did have this information, LGBTQ+ patients made up the smallest percentage¹
- In EMR of the Veterans Health Administration ~60% of SO/GI information was documented in mental health settings by mental health or social workers⁶
- Only ~10% of SO/GI information was documented in primary care settings by clinicians⁶

Conclusion

We found sufficient evidence showing the low rates and high variance in the documentation of SO/GI information by clinicians, supporting the need for culturally competent training for healthcare professionals and strategies for collecting sensitive patient information. The current findings suggest that although inclusion of SO/GI data has been required on electronic medical records, improvements in clinician documentation are needed to enhance and understand the benefits that recording such information can have on patient care. Having such information has the potential to help healthcare systems recognize the specific areas of improvement in LGBTQ+ patient care and reduce several health disparities among this community. Additionally, willingness of clinicians to have these conversations with their patients and use the information from their charts to correctly identify them would drastically improve patient-doctor relationships, which is its own barrier in healthcare for members of the LGBTQ+ community.

References

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