COLLECTION OF SEXUAL ORIENTATION & GENDER IDENTITY (SO/GI) DATA

COMPLIANCE Report
Fiscal Year 2019-2020

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

INTRODUCTION

This report outlines the steps the San Francisco Department of Public Health (DPH) has taken in the 2019-2020 fiscal-year to comply with City Ordinance 159-16. The ordinance requires tracking and reporting of services to San Franciscans who identify as lesbian, gay, bisexual, transgender (LGBT), or gender non-binary, or additional sexual or gender minority identities. The equitable delivery of quality services to residents of is an important part of the Department's mission to protect and promote the health of all San Franciscans. The report is divided into the following sections:

1. Continued updates to our electronic technology (IT) and data storage systems to better record and report SOGI data, including name and pronoun data (not required by ordinance);
2. List of DPH programs where SOGI data suggests that LGBTQ+ individuals are underserved;
3. Steps taken or planned to address under-epresentation of LGBTQ+ clients in DPH funded or operated services and programs.

KEY CONSIDERATIONS

The Department of Public Health (DPH) is comprised of the Population Health Division (PHD) and the San Francisco Health Network (SFHN). DPH's central administration functions such as finance, human resources, information technology, and policy and planning, support the work of DPH's two divisions and promote integration. These different areas of DPH provide different services and therefore collect, use and report data on demographic and social factors differently. Those differences impact the reporting in this document. In addition, significant events impacted the resources used to collect, analyze and report the data required for this report. Below is a review of these significant events and the features of the two DPH divisions for context

COVID-19 AND EHR CONVERSION

The resources and staffing deployed to respond to the COVID-19 pandemic posed a challenge for DPH in maintain services and functions. A large portion of IT and analyst resources have been dedicated to the pandemic activities, delaying some data delivery and reporting. In 2018-19, DPH underwent a major transition to a new, unified electronic medical record called Epic. This transition required the conversion of tens of thousands of records, retraining of thousands of clinical and non-clinical staff, and the commitment of a significant proportion of DPH IT resources. The data collection and analysis in this report was impacted heavily as will be described in more detail in Section 1.

POPULATION HEALTH DIVISION (PHD)

PHD addresses public health concerns, including consumer safety, health promotion and prevention, and the monitoring of threats to the public's health. PHD staff perform a wide variety of functions that protect and promote health across industries, communities and health conditions. These population or industry focused services often do not collect consistent demographic data on participants, and were not included in this report. The PHD clinical sites (eg. infectious disease clinics) have long collected SO/GI data and moved to comply with the unified department standard in FY 19-20.

SAN FRANCISCO HEALTH NETWORK (SFHN)

SFHN is the City-'s public system of medical and behavioral health care, and focuses primarily on uninsured, poor and low-income patients, homeless individuals. SFHN services at the ZSFG and Laguna Honda Hospitals as well as primary care for all ages, dentistry, maternal, child, and adolescent health services, behavioral health and substance use treatment, as well as jail health services. Currently, the SFHN has 93,185 members and serves more than 40 percent of San Francisco Health Plan's managed care members. SFHN services collect data as a function of service delivery. These services completed training and software upgrades needed for compliance in FY 18-19. In FY19-20 data collection continued, but evaluation and reporting were impacted by the EHR conversion

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[1] Graham, R., Berkowitz, B., Blum, R., Bockting, W., Bradford, J., de Vries, B., ... & Makadon, H. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: Institute of Medicine.

COMPLIANCE REPORT

In FY 19-20, SFHN successfully improved SO/GI data collection in Community Oriented Primary Care Sites, Specialty, Laguna Honda Hospital, Behavioral Health Services, PES and Jail Health Services. In Fiscal Year 19- 20, ZSFG Emergency Department will begin to collect SO/GI data. We expect these sites to benefit from the roll- out of enterprise EHR system which has required significant staff and technical resources through August 2019.

All SFHN sites continue to improve data collection efforts in order to reach at least 75% of our patient population with SO/GI complete for FY 19-20. As we approach this higher number, we'll start to examine health outcomes for disparities among minority orientations compared to heterosexual-identified patients and among gender expansive patients compared to cisgender patients. Armed with data for the first time, SFHN can begin to ensure health equity for LGBTQ patients.

SECTION 1: Continued updates to our electronic data storage systems (IT) to record and report SOGI data [§104.8 (b)(1)]

Implementation of enterprise EHR allows for one interoperability between sites live on Epic. SO/GI can be collected in registration and clinical workflows. SO/GI steering committee was able to inform Epic build including expanded categories to include non-binary gender identity options and legal sex options. Additionally, SO/GI steering recommended overwriting legal name any time a 'preferred name' field has a correct name for the patient. This override allows the correct name to be most prominent for clinic staff to improve opportunities to address patients correctly when their legal name is different from their correct name.

Epic combines scheduling and registration and all of the new "schegistration" (an integration of formerly separate scheduling and registration functions) workforce received updated SO/GI training and detailed instructions for using the new SO/GI fields along with name and pronoun fields in Epic.

Post go-live we assessed the status of SO/GI data migrated to Epic. Approximately 20% of our SO/GI data did not transition to our new EHR. Stabilization teams prioritized patient safety and clinical information (e.g. labs, diagnosis) over demographic data and we were not able to solve this issue and planned to recollect to bring our SO/GI complete % back to target. To prioritize patient experience, SO/GI champions reviewed existing list of patients with more than one recorded name and manually updated patient records to make sure the correct name would prominently display.

IT teams and report build resources have been impacted by both Epic implementation and Covid-19 response for the entire fiscal year. This has challenged SO/GI steering group capacity to optimize the increased capacity for SO/GI analysis Epic provides.

Due to limited bandwidth for report builds in Epic we have pulled the out of the box report displaying the current volume of patients with Sexual Orientation and Gender Identity stratified by identity.
(fig 1) Current Sexual Orientation data in Epic
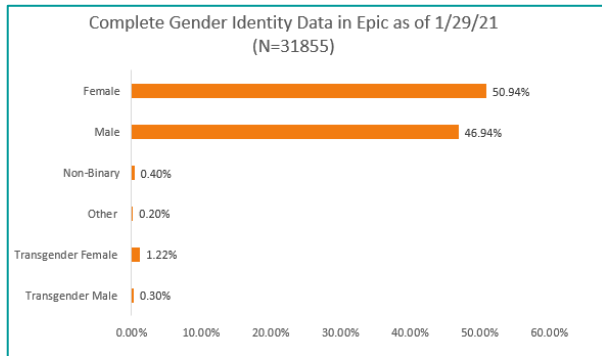(fig 2) Current Gender Identity data in Epic

FIGURE 1
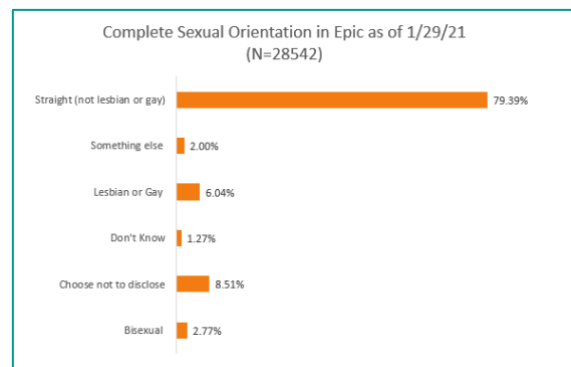
The SO/GI IT workgroup worked in partnership with the epic build and implementation teams to ensure alignment of SO/GI data collection and displays. Existing data migrated to epic. SO/GI steering members with permission to edit epic have manually

entered name (if different from legal name) for the gender minority population. Additionally, SO/GI training workgroup is developing a refresher for staff regarding correcting/updating SO/GI or name and pronoun fields in epic.

FIGURE 2

Complete Gender Identity Data in Epic as of 1/29/21
(N=31855)

Category	Percentage
Female	50.94%
Male	46.94%
Non-Binary	0.40%
Other	0.20%
Transgender Female	1.22%
Transgender Male	0.30%

SECTION 2: List of direct programs operated by Department or grantees, where SOGI data demonstrates LGBTQ+ individuals are underrepresented or underserved.

Due to the lack of complete data, there are no way to distinguish any disparities in service use or quality for SO/GI patients as compared to the general patient pool. In 2019, few measures me the internal threshold of 50% complete to ensure

statistical accuracy of any analysis. The expectation was that those criteria would be met in 2020. The unfortunate issues in data migration and the resource demands of the pandemic response have delayed that milestone. As resources become available to migrate and validate data, we will do the analysis to identify potential disparities.

SECTION 3: Steps taken or planned to address underrepresentation of LGBTQ+ clients in direct services and programs operated by, or funded by, Department.

Without the data analysis to define areas of underrepresentation, it isn't possible to direct efforts at correction. However, there are improvements to be made that will help prepare for that stage.

A process for data migration and validation will be possible perhaps as soon as late 2021. In the meantime, an audit of SO/GI data collection has been arranged in partnership with a researcher at UCSF. The evaluation will include observations of staff and patient interactions, as well as interviews with patients. Any deficiencies found will be addressed in targeted training. Best practices noted to improve collection will be integrated into future training.