Registering Transgender Patients
A Roundtable on Developing Modern Policies and Processes
Instructions for Attendees

• To join the webinar, please follow the link you received from WebEx via email after you registered for the conference. As noted in the email, the event password is RCAvconf.
  
  – When dialing into the conference, use the following phone number and access code:
    • Call-in number: 1-415-655-0001
    • Access code: 661 076 881
  
  – If you would like to ask a question during the call, please type your question in the space provided after joining the webinar
  
  – As always, all registered attendees will receive a copy of the presentation by email within the next couple of days
  
  – For personal assistance, please call The Academy at 888.700.5223
Overview

This month’s conference will highlight healthcare providers who are innovating their data collection practices to include gender identity data, which may help improve health outcomes and the patient financial experience for transgender patients. Join industry leaders from Mount Sinai Health System, Oregon Health & Science University, and the University of California Davis Medical Center for a roundtable on the strategies for and importance of accurately registering transgender patients.

Learning Objectives

After the conference, learners will be able to:

- Identify front-end methods to collect gender identity, sex assigned at birth, preferred names, and more data elements that promote a positive transgender patient experience
- Support high customer service standards with culturally competent communication for staff to engage transgender patients with respect
- Examine the electronic health record configurations providers have deployed to capture and disseminate pertinent information about transgender patients securely and accurately

CPE Credits 1.0 (those seeking credit must register individually)
Field of Study Management Advisory Services
Prerequisites General working knowledge of the healthcare revenue cycle
Advance Preparation None required
Course Level Intermediate
Pre-Conference Survey Results

Attendees’ Confidence Level in Organization’s Ability to Register Transgender Patients Effectively and Respectfully

<table>
<thead>
<tr>
<th>Confidence Level</th>
<th>For clinicians only</th>
<th>For patient access/customer service staff only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Confident</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Somewhat Confident</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Somewhat Unconfident</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Not confident at all</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

% of Organizations with Staff Training/Scripting for Culturally Competent Interactions with Transgender Patients

Another 64% of organizations reported they plan to implement training within the next 12 months, but 5% of organizations do not have training and do not intend to implement it.

Staff Member Responsible for Collecting Gender Identity, Sex Assigned at Birth, & Preferred Name

<table>
<thead>
<tr>
<th>Emergency Department</th>
<th>Outpatient &amp; Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>71% Registrar</td>
<td>71%</td>
</tr>
<tr>
<td>41% (Triage*) Nurse or Case Manager</td>
<td>38%</td>
</tr>
<tr>
<td>18% Patient’s Physician</td>
<td>19%</td>
</tr>
<tr>
<td>8% Other</td>
<td>8%</td>
</tr>
</tbody>
</table>

In the ED, 5% of respondents do not plan to designate this responsibility, and 21% plan to do so within 12 months; contrast this with the outpatient/inpatient setting, where 4% have no plans to create this role; and 29% plan to do so in 12 months.

*Triage only applies to the emergency department.
Methods Organizations Use to Collect Data Related to Transgender Patient Identity

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the Phone</td>
<td>45%</td>
</tr>
<tr>
<td>Online Form</td>
<td>16%</td>
</tr>
<tr>
<td>Electronic Kiosk</td>
<td>8%</td>
</tr>
<tr>
<td>Paper Form</td>
<td>30%</td>
</tr>
</tbody>
</table>

*38% said they intend to collect some or all of these data points within 12 months and 20% do not intend to collect this data.

Data Elements Providers Collect Upfront

- **Gender Identity:** 21%
- **Sex Assigned at Birth:** 38%
- **Preferred Pronouns:** 11%
- **Preferred Name:** 52%
- **Legal Name:** 93%
- **Legal Sex:** 74%

% of Organizations with Designated EHR Fields for Transgender Identity Data

- Yes: 52%
- No: 39%
- Plan to Within 12 Months: 9%
Organizational Spotlight – UC Davis Medical Center

UC Davis Medical Center is the flagship hospital of the UC Davis Health System, which admits more than 40,600 patients annually and treats more than 1 million outpatients in its clinics, medical group practice offices, and emergency department annually. As an academic institution, UC Davis’ teaching entities have more than 800 students and nearly 900 residents and fellows.

Today’s Speaker

Ed Callahan
Associate Vice Chancellor Emeritus

Edward J. Callahan, Ph.D. is a clinical psychologist who has recently retired from a career at the interface of psychology and medicine. He has worked as a clinician around issues of sexuality in medicine throughout his career. He is currently associate vice chancellor for academic personnel emeritus for the Schools of Human Health Sciences and professor of family and community medicine emeritus in the School of Medicine, University of California, Davis. He led the effort in which the University of California, Davis became the first academic health center in the nation to incorporate sexual orientation and gender identity in its electronic health record. He serves as chair elect of the Group on Diversity and Inclusion of the American Association of Medical Colleges (AAMC).

Organization Overview

| Hospitals | 1 |
| Staffed Beds | 627 |
| Net Patient Revenue | $1.5B+ |
| Employed Physicians | 1,000+ |
| Employees | 10,300+ |

UC Davis Medical Center was named a 2016 Leader in LGBT Healthcare Equality by the Human Rights Campaign.
Efforts at UC Davis Medical Center

Background

Promoting Self-Reporting of Demographic Data

Developing Inclusive Policies

Forecasting Influential Change
Background

- Transgender patients experience some of the most severe healthcare disparities, often due to a lack of understanding about their needs
  
  - According to a 2016 study\(^1\), transgender individuals make up about 0.5% of the population, though that is likely low because as many as 71%\(^2\) of transgender individuals do not self-identify
  
  - Because of the unique and extensive challenges transgender patients face, revenue cycle staff can significantly affect their experiences

By training frontline staff and providing them respectful policies and procedures to follow, healthcare organizations could promote a better patient experience for transgender individuals and ensure they feel comfortable seeking treatment.

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To combat some of those industry-wide challenges, UC Davis wanted to create a process to store **gender identity** and **sexual orientation** information within the electronic health record (EHR) system.

In 2009, a taskforce began working with patients and industry leaders to identify the best questions and phrasing.

In 2013, UC Davis rolled out the questions and began clinician education to enter data in “smart forms” within the EHR because a permanent home for the information had not yet been developed.*

Patients now also can self-report the information through the EHR’s patient portal, and UC Davis is working to include registrars and nurses in data collection and verification.

* UC Davis is working on a custom build for its EHR to allow the data to be stored permanently and prominently.
In the portal, patients are first asked to report their gender identity, with the option to offer further clarification, though they are allowed to decline to answer:

- Female
- Male
- Trans Female to Male
- Trans Male to Female
- Queer
- Questioning/Unsure
- Other
- Decline to State

Options:

Image courtesy of UC Davis
Promoting Self-Reporting of Demographic Data (cont.)

- Next, patients are asked to report their sex assigned at birth and are again given the options to add details or to decline to answer.

Options:
- Female
- Male
- Intersex
- Other
- Decline to State

As UC Davis continues internal education efforts, increasing numbers of patients are self-reporting data through the portal and more providers are gathering data during service.
Developing Inclusive Policies

- To build on the success of the EHR and patient portal initiative, UC Davis leadership has developed multiple policies designed to create a welcoming environment for transgender patients and visitors.

  - The organization has prominently identified unisex bathrooms throughout the system’s facilities.

  - Leaders are working to increase inclusivity in medical education, both regarding training to meet transgender patients’ needs and ensuring transgender students have a positive learning environment.

  - UC Davis developed a policy for housing transgender patients and assuring their privacy and confidentiality while in the hospital.
Those efforts continue to evolve as the organization identifies other areas for improvement to ensure equal access to care and a positive patient experience for all.

Another policy allows each patient to identify their preferred name in the EHR, which is used most often by non-transgender patients but is appreciated by all.

Work is ongoing to ensure that the correct gender marker appears on patients’ wristbands while in the hospital.

Leaders also are developing processes to improve clinical documentation for transgender patients so clinicians can easily determine which organs are present and which prescribed hormones could affect laboratory test results.
Finally, while the challenges transgender patients face are significant, it is also important to ensure that data collected from any patient is used to improve care

- It is critical that self-identified sexual orientation influence physician-patient interactions for nontransgender patients as well
- For example, this prevents lesbians from being asked to justify why they are not using birth control and helps physicians identify any patient at risk for disease, depression, anxiety, or substance abuse so they may receive appropriate prevention efforts and counseling

**Don’t Be Afraid to Ask**

After introducing sexual orientation and gender identity demographics to questionnaires completed by medical students nationally, the most common reaction received was students saying “It is a relief to be asked” and “Why weren’t these questions asked before?”

**Mistakes Will Happen**

Everyone is vulnerable to errors in identifying a person’s gender and pronouns as a patient transitions; trans people are very comfortable accepting a quiet apology about the mistake and continuing to work with the provider or staff member.
With all that in mind, a key measure to create a positive, healing environment for transgender patients is to demonstrate a commitment to gathering data and honoring preferences.

Key Lessons in Serving Transgender Patients

✓ Always ask a patient about their preferred gender pronouns and name
✓ Ensure those preferences are respected during every interaction

Questions?
Organizational Spotlight – Oregon Health & Science University

As Oregon’s only academic health center, OHSU prides itself on the education of future clinicians as well as the communities it services. It is headquartered in Portland with locations across the state and is nationally ranked as a leader in cancer care, cardiology, pediatrics, and more. For the sixth year in a row, OHSU was ranked Oregon’s best hospital in 2016 by U.S. News and World Report.

Organization Overview

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>2</td>
</tr>
<tr>
<td>Staffed Beds</td>
<td>553</td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>$1.4B+</td>
</tr>
<tr>
<td>Employed Physicians</td>
<td>1,240</td>
</tr>
<tr>
<td>Employees</td>
<td>15,000</td>
</tr>
</tbody>
</table>

Today’s Speaker

Mela Gant

Director of Patient Access

Mela has worked at OHSU for 33 years in a variety of physician practice and management roles. As director of patient access, she has responsibility for a number of front-end revenue cycle functions, including admitting, emergency department registration, outpatient registration, patient financial assistance and Medicaid enrollment, centralized prior authorizations for inpatient and outpatient services, patient liability estimates, and point of service collections.

Oregon Health & Science University Hospital was named a 2016 Leader in LGBT Healthcare Equality by the Human Rights Campaign.
OHSU Front-End Processes

Background

Updating EHR Parameters

Collecting Gender Identity Data

Crafting Example Scripting

Forecasting Influential Change
OHSU launched the Transgender Health Program (THP) in 2015 to help patients navigate the health system to obtain care.

**Supporting Quality Care Outcomes**
The program helps patients through care related to their gender transition, routine medical care, and/or specialty care not associated with their gender transition through information and referrals.

**Connecting Leadership**
The efforts within the THP are part of a multidisciplinary coalition of administrative and clinical leadership throughout OHSU.

**Advocacy and Helping Patients**
The program works to make the transition experience consistent across the system, and leaders within it are involved in advocacy both internally (e.g., system policies) and externally (e.g., state Medicaid).
Background (cont.)

- The THP program coordinator trains staff to reinforce an environment of affirming, welcoming care, such as by providing scripting and a resource defining key terms and concepts.

The education is tailored to specific learning goals through pre-training surveys and discussions with department leaders.

Training is delivered in scenario-based learning that is relevant to the specific operations of the department.

Post-training surveys are provided to enhance the curriculum and determine if follow-up training is needed or desired.
In November 2014, OHSU updated a data element collection (e.g., preferred name, gender identity) in its EHR

- This ensured both the patient’s preferred name and the gender identity were highlighted and displayed in the same place on the EHR patient header for all staff accessing the system.
- Though this information is largely updated by registrars and clinicians, the changes to the EHR permeated beyond registration to the physician documentation tool.

Given that the organization’s IT team was inundated with projects, pressure from the COO was integral in prioritizing the EHR adjustment from the top down.

Though it serves a small population of patients, it has an incredible impact on them, and leadership worked to rearrange priorities.

Updated Data in OHSU’s EHR

- Preferred name*
- Gender identity
- Biological sex*
- Sex assigned at birth
- An organ inventory
- Future planned procedures

* Indicates existing field
Updating EHR Parameters (cont.)

- The actual EHR adjustment was a completely custom build and was not technically challenging—but making a decision on the data elements to encompass gender identity was

- A multidisciplinary team that included clinicians developed a list of gender identifiers
In terms of gender identity, patients are given a list of choices, and they choose which one best represents them.

- **M** — Male
- **F** — Female
- **FTM** — Female assigned at birth, identifies as male
- **MTF** — Male assigned at birth, identifies as female
- **GQ** — Genderqueer
- **TG** — Transgender

**Genderqueer** is defined as:

- Not identifying as either male or female
- Identifying as both male and female
- Otherwise falling out of the gender binary (i.e., categorization of only male and female)

At OHSU, the **transgender** data point describes an individual whose gender identity does not fit into any of the other gender options available.

Front-end staff will not discuss any measures or procedures the patient has taken to change their sex legally.
Collecting Gender Identity Data

• As with many organizations, demographic data collection begins during pre-service at OHSU, and the vast majority of appointments run through this workflow because they are scheduled.

In the pre-service workflow, patients call the practice to schedule an appointment; these staff may transfer patients to the registration call center, but they do have the ability to access OHSU’s gender identity collection workflow just as registration does.

Data Collection Protocol at OHSU

1. Gender Identity Information is Voluntary to Provide: Patients do not need to supply this information to receive care.

2. Patients Can Request Changes: Preferred names and gender identity can be updated at any time at the patient’s request.

3. Previous Changes in Demographic Data May Prompt a Conversation: A representative may ask if a patient’s gender identity and preferred name are up-to-date if their recorded sex or name has changed in the past.
Collecting Gender Identity Data \textit{(cont.)}

- To help frontline staff members navigate these interactions with cultural competency and excellent customer service, OHSU provides tools and training, as well as guidelines for \textit{advanced sensitivity} when asking questions about gender identity and other data
  - Some of the training revolves around the importance of recognizing all patients’ gender identities

Sample OHSU Staff Training Presentations

\begin{itemize}
  \item Documentation of gender identity and sex assigned at birth for transgender and gender non-conforming people helps:
    \begin{itemize}
      \item Improve patient experience
      \item Improve patient engagement
      \item Give providers information on which to base clinical decisions
      \item Improve health
    \end{itemize}
  \item The process of recognizing, accepting and expressing one’s gender identity
    \begin{itemize}
      \item The individual makes changes to his/her appearance, his/her name and gender presentation
      \item Involves social, medical and legal components
      \item Can greatly improve mental and general well-being
    \end{itemize}
\end{itemize}

Staff training presentations courtesy of OHSU
Collecting Gender Identity Data (cont.)

- Because frontline staff may be new to concepts such as “gender non-conforming,” “genderqueer,” or “transgender,” the organization incorporated these definitions into their training

Sample OHSU Staff Training Presentations

**Understanding Transgender**
- Sex – categorization of bodies determined by biological features
- Gender – roles, behaviors & physical attributes culturally considered appropriate for men and women
- Gender identity – a person’s internal sense of self as male, female, both or neither regardless of his/her physical sex

**Transgender Individuals**
- People with a gender identity and/or expression that does not align with social norms for the sex assigned at birth
- No one way to be transgender, many diverse identities and expressions
- Many, but not all, seek medical and/or surgical intervention to align their minds and bodies

Staff training presentations courtesy of OHSU
Crafting Example Scripting

Among other staff resources, example scenario scripting provides a framework for fruitful conversations over the phone.

<table>
<thead>
<tr>
<th>Sample Scenario</th>
<th>Suggested Scripting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lois Kent states she has a former name of Clark Kent. You find Clark’s existing</td>
<td>“I found your previous record using the name Clark Kent. I can add Lois as your</td>
</tr>
<tr>
<td>record with the sex documented as male.</td>
<td>preferred name if you would like me to. Your sex is listed as male. Is that your gender</td>
</tr>
<tr>
<td>Lois says her gender identity is not male.</td>
<td>“We have the ability to document your gender identity separately from the sex</td>
</tr>
<tr>
<td></td>
<td>assigned at birth in the system. Would you like me to do that?”</td>
</tr>
<tr>
<td>Lois says she would like her gender identity documented.</td>
<td>“Our list of options are male, female, female-to-male, male-to-female, transgender,</td>
</tr>
<tr>
<td></td>
<td>and genderqueer.”</td>
</tr>
<tr>
<td>Lois says her gender identity is female.</td>
<td>“Great, I’ve got that documented. Now what was your sex assigned at birth?”</td>
</tr>
<tr>
<td>Lois says the sex assigned birth was male.</td>
<td>“Okay, I’ve got that documented as well. What is your current address?”</td>
</tr>
</tbody>
</table>
Crafting Example Scripting (cont.)

- Scripting also guides what to do if a patient does not want their gender identity documented

<table>
<thead>
<tr>
<th>Sample Scenario</th>
<th>Suggested Scripting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lois says she does not want her gender identity in the system.</td>
<td>“No problem. I will not add anything about your gender identity to your record. I do want to make you aware that documenting your gender identity and sex assigned at birth can influence decisions affecting your healthcare. You may wish to discuss this with your provider so that you can receive the best care possible. What is your address?”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Scenario</th>
<th>Suggested Scripting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lois wants to know why the organization collects information on transgender patients.</td>
<td>“Some lab values, medication alerts, and health reminders are affected by sex. Documentation of gender identity and sex assigned at birth provides information so your provider can work with you to make the best decisions for your health.”</td>
</tr>
</tbody>
</table>
Forecasting Influential Change

- In the future, OHSU plans to designate a field in the EHR to collect preferred pronouns, which may prove to be a significant patient satisfier

Key Lessons in Serving Transgender Patients

- Always ask a patient about their preferred gender pronouns and name
- Ensure those preferences are respected during every interaction
- Train revenue cycle staff to be knowledgeable and confident
- Include transgender individuals in discussions to improve care

Questions?
Organizational Spotlight – Mount Sinai Health System

Mount Sinai Health System includes the Icahn School of Medicine at Mount Sinai (which includes more than 2,000 residents and fellows), a dozen ambulatory surgery centers, and more than 300 nonsurgical clinics. The system admits more than 152,000 patients and treats nearly 4 million patients in its clinics, medical group offices, and emergency departments annually.

Today’s Speaker

Barbara Warren  
Director, LGBT Programs and Policies, Office for Diversity and Inclusion

Barbara E. Warren, Psy.D., LMHC, is also an assistant professor of medical education in the Icahn School of Medicine. She has over 30 years of experience promoting LGBT health equity and providing education in LGBT competent care. Under her leadership, Mount Sinai Health System has been recognized as an LGBT Health Equality Leader for the past six years by the Human Rights Campaign. Dr. Warren is an integral member of the leadership team for the Mount Sinai Center for Transgender Medicine and Surgery (CTMS), which is one of the first comprehensive centers of its kind in New York.

Organization Overview

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffed Beds</td>
<td>3,494</td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>$5B+</td>
</tr>
<tr>
<td>Employed Physicians</td>
<td>7,000</td>
</tr>
<tr>
<td>Employees</td>
<td>38,000+</td>
</tr>
</tbody>
</table>

Six of Mount Sinai’s hospitals were named as a 2016 Leader in LGBT Healthcare Equality by the Human Rights Campaign.
Efforts at Mount Sinai

Background

Promoting Positive Staff Interaction

Increasing EHR Competency

Continuing Healthcare Challenges

Forecasting Influential Change
Background

Mount Sinai Health System offers tailored care and support through its Center for Transgender Medicine and Surgery and its Office for Diversity and Inclusion’s LGBT Programs and Policies division.

- Section 1557 of the Affordable Care Act protects transgender patients in all healthcare settings at the federal level.
- New York City and the state have passed human rights legislation to extend discrimination protection to cover transgender individuals.
- Mount Sinai has system policies preventing discrimination based on gender and/or sexual orientation and specifically mandating nondiscriminatory practices regarding transgender patients.

**Estimated LGBT Population in New York¹**

<table>
<thead>
<tr>
<th>Population</th>
<th>City's Population</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>344,000 LGB</td>
<td>4.1%</td>
<td>788,000</td>
</tr>
<tr>
<td>24,000 transgender</td>
<td>0.3%</td>
<td>57,000</td>
</tr>
</tbody>
</table>

With more than 40% of the state’s transgender population living in New York City, Mount Sinai is uniquely poised to affect their healthcare experiences.

Promoting Positive Staff Interaction

- Mount Sinai has put several policies and procedures in place that affect both the care provided to transgender patients and the day-to-day experiences of transgender employees
  - Patient anti-discrimination
  - Employee anti-harassment
  - Transgender patient room assignments
  - Insurance coverage for transition-related care
  - Employee preferred name
  - All-Gender bathrooms

Full policies are available online at [www.lgbthealthservices.org](http://www.lgbthealthservices.org)
Promoting Positive Staff Interaction (cont.)

- Other **internal changes** have been implemented to promote a positive experience throughout care for transgender patients
  - For example, Mount Sinai updated ambulatory patient **signage** and **self-assessment forms** to allow patients to share their preferred name and pronouns, sex assigned at birth, and gender identity
  - The system also developed clear signage and symbols to direct patients and visitors to genderneutral bathrooms

Images courtesy of Mount Sinai
Promoting Positive Staff Interaction (cont.)

- Furthermore, the system developed **staff training** specific to LGBT patients and is incorporating that curriculum into undergraduate and graduate medical education at the Icahn School of Medicine
  - From a clinical perspective, the system developed **transgender medicine protocols** and an **informed consent manual** for use in primary care clinics

Mount Sinai’s Approach to Staff Education on LGBT Healthcare Needs

All staff (e.g., revenue cycle, security, food and transport service, clinicians, administrators) were trained on LGBT population data and healthcare needs, as well as legal and ethical compliance considerations
Increasing EHR Competency

- To complement these efforts, Mount Sinai developed a custom build for its EHR to help staff respectfully and accurately collect demographic information that can affect care for transgender patients
  - Training included video practice scenarios and tips sheets covering best practices in clinical and cultural competency
  - The EHR custom build was informed by growing industry consensus about how to ask patients about sexual orientation and gender identity, documenting their answers, and using the information to provide sensitive, affirmative, and relevant care

Measuring the Effects of an EHR Custom Build

- In surveys conducted after the staff training, both clinicians and patients indicated they find the EHR custom build useful
- LGBT patients especially reported they welcome the opportunity to identify themselves
- Nonclinical staff have reported they want to appropriately address transgender patients and mitigate the risk of causing patient discomfort and/or offense, which the EHR custom build can help achieve
Increasing EHR Competency (cont.)

- The result is a dedicated section within the EHR that walks staff through gender identity and sexual orientation demographic collection.

Questions:

- How do you describe your sexual orientation?
- How do you describe your current gender identity?
- What was the sex written on your original birth certificate?
- What are the genders of your sexual partners?
Mount Sinai recently opened its Center for Transgender Medicine and Surgery, a model program that is a comprehensive, integrated system of care to meet the needs of transgender patients.

- The center’s offerings include primary care, hormones, surgery, subspecialty care, mental health, social work, financial and billing assistance, and social support.
While changes are determined in part by the resources and capacity available at an organization, a willingness to identify shortcomings in how transgender patients are treated is a crucial first step.

**Key Lessons in Serving Transgender Patients**

- Always ask a patient about their preferred gender pronouns and name
- Ensure those preferences are respected during every interaction
- Train revenue cycle staff to be knowledgeable and confident
- Include transgender patients, staff, and other community members when discussing ways to improve their care
- Create processes and train staff to be advocates to ensure transgender patients receive care without issue
- Develop EHR to store gender identity and sex assigned at birth

Questions?
Conclusion by The Academy

- The Academy extends thanks to our presenters as well as our attendees—and welcomes any questions, comments, or feedback regarding this presentation
  - At this time, we would like to begin our Q&A session
  - If you would like to reach out to our presenters directly, use the following contact information:

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  Associate Vice Chancellor Emeritus, UC Davis  
  callahan@ucdavis.edu

  Mela Gant  
  Director of Patient Access,  
  Oregon Health & Science University  
  gantm@ohsu.edu

  Dr. Barbara Warren  
  Director of LGBT Programs and Policies, Office for Diversity and Inclusion, Mount Sinai Health System  
  bwarren@chpnet.org
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