Canada Health Infoway

Sex and Gender Working Group

Monthly (4th Tuesday) Zoom Meeting
March 28, 2023 at 9am PT / 12pm ET

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Agenda

1. Welcome and Land Acknowledgement
2. Ground rules for respectful dialogue
3. Purpose of Infoway Sex and Gender Working Group
4. Beverly Knight: Co-Lead ISO Technical Report on Sex and Gender in EHRs
5. Co-Development and Analysis of Use Cases / Scenarios
6. Schedule Review
7. Adjournment

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Welcome and Acknowledgement

We respectfully acknowledge that the land on which we are hosting this meeting – the land that sustains us – includes the ancestral territories of many First Peoples. Canada Health Infoway recognizes the colonial injustices experienced by Indigenous Peoples, many of which continue today and continue to affect their health and well-being. I invite all attendees to reflect on the privilege they have of living, working and playing in the territory from which you are joining this call, and invite you to commit yourself with me to having an open heart and an open mind; to forging culturally safe spaces for and relationships with Indigenous Peoples including Two-Spirit people in Canadian healthcare; and in making a meaningful contribution to reconciliation through our shared work.

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Ground Rules for Respectful Dialogue

- Express disagreement with ideas not personalities
- Share airtime
- Stay on topic - connect to what others have said
- Understand & learn from each other
- We are all equal. Leave rank at the door
- Listen respectfully especially when you disagree. Acknowledge you have heard the others
- Look for common ground
- Identify & test assumptions

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Purpose

The Sex and Gender Working Group meets on the fourth Tuesday of each month at 9am PT/12pm ET. Our next meeting is April 25, 2023.

The purpose of this working group is to take action on modernizing GSSO information practices by:

- Examining the expanded definition, collection, use and sharing of sex-gender info in EHRs
- Discussing current research, practices, gaps and challenges
- Operationalizing the Action Plan

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Action Plan

1. ***Vision and Goal –*** "Envisage an equity- and SGM-oriented health system that embraces diversity and aligns with other SGM-related initiatives."
2. ***Engagement and Partnerships –*** "Engage organizations and communities across Canada to modernize GSSO information practices in EHRs that support equity-oriented health care and meet SGM needs."
3. ***GSSO Terminology Workstream –*** "Establish a precise, inclusive, appropriate, evolving and multi-level GSSO terminology…"
4. ***Enabling EHR Systems –*** "Adopt a common set of EHR functions…"
5. ***GSSO Policy/Practice Guidance –*** "Integrate and tailor GSSO data collection…"
6. ***Education and Training –*** "Educate and train health care staff to enhance their capacity to provide culturally competent and safe care…"
7. ***Central Hub for Coordination –*** "Establish a central hub to liaise, guide, assist and monitor the progress of this action plan over time."

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SGWG Meeting Structure

1. ***Introduction –*** ~5 minutes
2. ***Guest Presentation w/ 10 Q+A –*** ~25 minutes
3. ***SPCU Use Case and Guidance Co-development –*** ~30 minutes

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Case Exemplar 1 – Used with permission

Use case 1: Gender – F, asked if menopausal, last menses, no surgical history, mammogram and bone density ordered, lab req – PSA screening (male), Hormone levels (estrogen – expecting female range, testosterone suppressed), CBC, TSH

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Case Exemplar(s) – EMR without Gender Harmony

A 53 year old transgender woman presents to her family doctor with for their regular physical for insurance purposes (no acute concerns, hasn't been in three years b/c of pandemic). The MOA views their ID which lists Gender-F. Before seeing the patient, the physician reviews the patient chart. There is no surgical history. There is a medication history. Spironolactone is listed. Lab history includes hormone levels (estrogen) and PSA levels. During the assessment, the patient is asked if they are menopausal and when their last period was. Baseline CBC and TSH levels are ordered using reference ranges for 53 year old female. A mammogram and bone density scan are also ordered.

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Initial Service Interaction with MOA/Clerk

Patient walks into their doctor's office, is greeted by the MOA.

Privacy and confidentiality: Private interactions should be supported. Reason for visit is confidential. Can say: "to see the doctor." Applies to all patients.

With Model + Existing Relationship: MOA uses correct pronouns, gender identity, name used. Avoid use of honourifics. Use patient last name instead: "Patient Davison."

With Model + New Relationship: Ask the patient. "What pronouns do you use? What is your gender identity? What name would you like me to use? Avoid use of honourifics. Use patient last name instead: "Patient Davison."

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Identity Verification

There is a **risk** that service is denied if Name to Use does not match the name on ID.

“I see that the name on your ID is not the same as the name you would like use. What legal name is listed on your ID? What your birthday?”

Privacy and confidentiality: Private interactions should be supported. Avoid honourifics. Use patient last name instead. Applies to all patients.

This an **opportunity** to differentiate between their legal name (name on ID) and the name they would like to use.

This is an **opportunity** to ask what name they would like to use for correspondence. Avoid use of honourifics.

Consent to share in EMR/EHR could be received/integrated here by person collecting the information.

In settings that use wristbands or hand-carry paper requisitions (or other documents), when legal name is show on wrist band, should be less prominent than name to use and name to use should be displayed more prominently. This is a big problem and is prominent in lab. Also applies to medic alert bracelets (providers sending in forms, for instance).

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Placeholder for MOA Workflow

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Clinical Interactions

Privacy and confidentiality: Private interactions should be supported. Avoid use of honourifics. Use patient last name instead: “Patient Davison.”

With Model + Existing Relationship: Via EMR/EHR, clinicians are aware of and use gender identity, pronouns, sex assigned at birth, organ status, surgical history and medication status.

With Model + New Relationship: GSSO information may be sensitive and patient may not yet bet out to healthcare. Provider to introduce self, ask the patient: “What pronouns do you use? What is your gender identity? What name would you like me to use?”

Consent to collect and share in EMR/EHR could be received/integrated here by person collecting the information.

Parking lot: consent – need to think about bigger scope of things. Consent is ongoing, not static, but cannot be burdensome. Needs to be informed consent. Risks, benefits, what if patient does *not* provide consent to collect/record? What about use case for different services having different gender identity information.

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Conflation of Sex and Gender

What if the person's ID says F and the medical record says "transgender."

- System may not have the appropriate fields – risk of outing, misgendering, lack of quality care.
- Limits healthcare workers' ability to provide affirming interactions and quality care.
- Opportunity to normalize questions about name to use, pronouns, and gender identity, consent to record, consent to use for service metrics and improvement. *"These are questions that we ask to all patients."*

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Gender Identity

Gender Identity is fluid. Repetitive disclosure can be traumatic. Patients may disclose different Gender Identities in different service environments with systems that are interoperable (i.e. ED v. Speciality Clinic).

- Need to have conversation about Gender Identity regularly.
- Need to ensure that patient is aware of system limitations.
- Need to assume sharing and may transform data w/interoperability of systems.
- *When person has made decision to identify a day of transition, service staff should update system with new name to use, pronouns, and gender identity on that day.*

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Schedule and Topics

Session	Infoway SGWG Meetings - 4th Tuesday Each Month
Jan 24	*Karen Luyendyk* – Use Case Development
Feb 28	*Planning Session*
Mar 28	*Beverly Knight* – ISO Technical report on Sex and Gender in EHRs
Apr 25	*Dr. Murdoch Leeies* – Equity-relevant sociodemographic variable collection in emergency medicine
May 23	*Ingrid Handlovsky, PhD* – Allyship - TBC
Jun 27	
Jul 25	
Aug 22	
Sep 26	
Oct 24	
Nov 28	
Dec 26	*No meeting*

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