PRACTICE FACILITATION SUCCESSES IN LARGE-SCALE DEPLOYMENT OF SOGI QUALITY METRIC ACROSS LA COUNTY DHS
BACKGROUND

- LGBTQIA community is often underserved in health care

- LGBTQIA community has higher rates of some health conditions and psychosocial risks like discrimination, harassment, victim of violence, etc.

- CMS requires the capture of Sexual Orientation and Gender Identity (SOGI) information as a part of routine medical care

- Practice Facilitators or Practice Coaches can be a resource for training, implementation and maintaining new requirements
SETTING & PARTICIPANTS

- LA County is the 2nd largest municipal health care system in the country
- LA County DHS is participating in Public Hospital Redesign & Incentives in Medi-Cal Program (PRIME) and Transforming Clinical Practice Initiative (TCPI) programs from CMS
- LA County DHS has Primary Care at 12 health centers and ambulatory care networks where new data capture for SOGI was implemented
METHODS

- Enhancements to DHS EHR for data capture

- Practice Coaches delivered **academic detailing** of new SOGI workflows + **real-time audit & feedback** + **performance monitoring and reporting**

- RE-AIM used to evaluate process and outcomes
ENHANCEMENTS AND TRAINING

• EHR workflow modifications
• Detailed item instruction within EHR

Gender Identity (GI)

• Education about sexual orientation and gender identity
• Describing vocabulary
• Tips for asking questions to reduce discomfort

Gender Pronouns: Non-Binary Pronouns

• They
• Them
• Theirs

Helpful HINT: Using non-binary pronouns can be helpful while you are determining how the patient prefers to be addressed
# RE-AIM EVALUATION

<table>
<thead>
<tr>
<th>RE-AIM</th>
<th>Result</th>
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<tbody>
<tr>
<td>Reach</td>
<td>Baseline: 0 patients</td>
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<td></td>
<td>8-months: 174,560 patients impacted (estimate)</td>
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<tr>
<td>Effectiveness (weekly process</td>
<td>Baseline: 0%</td>
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<td>improvement)</td>
<td>8-month post: 70.3% weekly average across County (range 57%-83%)</td>
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<td>Adoption</td>
<td>95% care team (CMAs) adoption across 12 HCCs</td>
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<td>Implementation</td>
<td>Barriers: time, discomfort by staff and patients, cultural and language differences</td>
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<td>Facilitators: CMS/PRIME incentives; Unified leadership and message; simple workflow w/ choices of several methods; One-to-one academic detailing &amp; audit and feedback; small trainings on the “why” built readiness; persisted over time (not a one-off)</td>
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<td>Maintenance</td>
<td>100% of sites show continued increase in % of patients each week with SOGI collected or already present in record</td>
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RESULTS

SOGI Completion Rates by Cluster
Nov 2017-May 2018 Weekly Trends

- Current DHS average
- Clinic A: 18.3%
- Clinic B: 15.9%
- Clinic C: 25.4%
- Clinic D: 34.3%
- Clinic E: 33.2%
- Clinic F: 5.9%
- Clinic G: 6.8%
- Clinic H: 29.7%
- Clinic I: 18.4%
- Clinic J: 5.0%
- Clinic K: 53.8%
- Clinic L: 83.3%
Next steps & Conclusion

• Next steps: Use the SOGI data to improve care

• Practice coaches are effective in supporting rapid deployment of new workflows – in this case SOGI – when part of a multi-method approach to QI
Thank You

QUESTIONS?

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