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

LAPTN
LOS ANGELES PRACTICE TRANSFORMATION NETWORK

L.A. NET

# 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



**Gender Identity (GI)**

**Sexual orientation (SO)**

- EHR workflow modifications

- Detailed item instruction within EHR

- Education about sexual orientation and gender identity

- Describing vocabulary
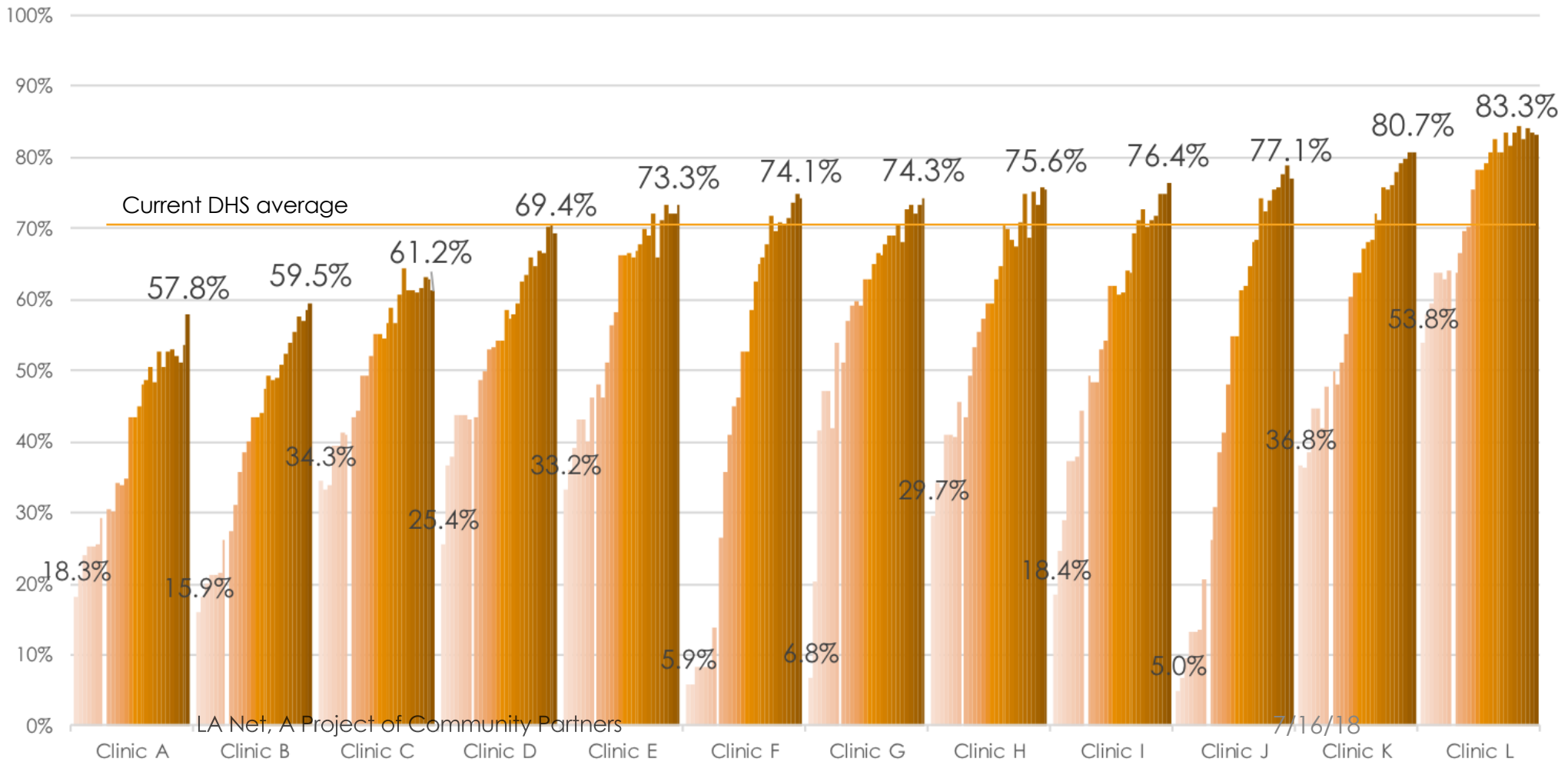
- Tips for asking questions to reduce discomfort

## Gender Pronouns: Non-Binary Pronouns

- They
- Them
- Theirs

MALE
FEMALE
NEITHER

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

# RE-AIM EVALUATION

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

# RESULTS



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

# 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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