

How Changes to Electronic Health Records Can Help Remove Roadblocks and Create a More Inclusive and Equitable Healthcare System

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Trends and Issues in Nursing Informatics Column

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Healthcare technologies are constantly evolving to facilitate more efficient, effective, and appropriate patient-centered care, and an upcoming integration to EHRs will help make healthcare more inclusive for transgender and gender diverse people.

This spring I had the privilege to attend a presentation sponsored by the Human Anatomy and Physiology Society (HAPS, 2023) that focused on the need to create more inclusive anatomy education, specifically for transgender and gender diverse populations. Key points in the discussion were to avoid gendering anatomy (i.e. male prostate or female uterus), and to avoid assumptions that anatomical organs currently present for an individual are related to that person's gender identity or sex assignment at birth. Creating a safe and inclusive space meant using correct anatomical terminology and identifying variations in anatomy, not abnormalities, so that people are treated with care and sensitivity. This presentation opened my eyes to the need to challenge unconscious biases, but also to the challenges that patients and providers encounter when trying to provide gender-affirming care.

A recent review of electronic data entry systems in Canadian hospitals showed that many of the EHRs currently used in Canada only capture sex and gender data within a single data field that has male, female, or other as the only options (Lau et al., 2020). This leaves additional vital information like gender identity, sex assignment at birth, preferred name and

pronouns, and any gender-affirming medical or surgical procedures to be documented in various sections of the EHR. This ad hoc style of documentation creates additional roadblocks for a population that already experiences significant health disparities. Potential mistakes due to this type of charting include having inappropriate or missed screening appointments for certain cancers like prostate or cervical cancer because of gender-based assumptions (Grasso et al., 2021).

Cancer screening should be done according to current guidelines and the presence of the relevant anatomy, but this is not always immediately clear for patients based on our current electronic health records. Prompts for routine screening may appear based on sex assignment at birth, or based on recorded gender identity, but neither of those, alone or in combination, provides details on current anatomy. Many transgender and gender diverse people undergo gender affirming surgeries, others do not, making it essential for care providers to thoroughly review healthcare records and have open dialogue with their patients to ensure appropriate care. Including an anatomical inventory as part of the EHR can facilitate communication within the healthcare team and improve quality of care for all patients.

An anatomical inventory is a form that can be integrated within the EHR that captures organ diversity to optimize gender-affirming care. An anatomical inventory allows care providers to document the presence or absence of specific organs in a checklist to track retained organs and body modifications in a simple and straightforward manner. These inventories can then be integrated with clinical decision support algorithms to guide appropriate patient-centered primary and preventive care based on current anatomy. Many EHR vendors offer anatomical inventories in a variety of formats that are currently available for integration into existing systems, helping create more equitable care.

Chris Grasso of Fenway Health summarized: “Given the significant disparities in health that transgender and gender diverse people experience in comparison with their cisgender peers, it is incumbent upon health care systems and health information technology vendors, including electronic health records, to improve clinical care for these patients. The tools now exist to reduce these mistakes, and hospitals and community health centers should be using them” (Viverios, 2023, p. 1).

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