Short Term: SOGI Data Exchange Profile

V2 Management Group

Exported on 05/23/2022

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1 Revision Log:

5/23/2022: Updated the ORM message structure to show the PATIENT_OBSERVATION_Group to preceed the Visit group.

2 SOGI_Component - ID: 2.16.840.1.113883.9.281

This profile component can be used in ANY message structure in ANY version, when data about Sexual Orientation (SO) and Gender Identity (GI) data relating to the patient needs to be exchanged. It will be superseded when the Gender Harmony Cross-paradigm IG has been balloted and published. It supports sending

- A coded value
- An optional text comment

2.1 HL7 Working groups that had opportunity to review prior to publication:

V2 Management (Author), Order & Observation (main domain affected), Public Health (provided input for Immunization), Conformance, Infrastructure and Messaging, Financial Management, Patient Administration, Patient Care, Vocabulary, Structured Documents, Pharmacy; endorsed by the US Realm Steering Committee

2.2 Out of Scope

This profile does not address the sending of either Recorded Sex or Gender values or Sex for Clinical Use, nor is it binding to long-term solutions proposed in future balloted versions of the v2 base standard.

2.3 Details for implementation

2.3.1 Indicating use of this profile

Populate one occurrence of MSH-21 as follows: 'SOGI^^2.16.840.1.113883.9.281^ISO'

2.3.2 OBX representation for Sexual Orientation (SO)

- OBX-2 SHALL indicate a coded data type (typically either CE or CWE)
- OBX-3 SHALL use LOINC 76690-7 Sexual orientation[1]
- OBX-5 SHALL be sent as coded values with minimum support of Gender Harmony defined values when available <ADD LINK>
  - **For the US**: OBX-5 SHALL support at minimum the values coded as per USCDI v2[2]; additional values may need to be added to support local regulations and use of SNOMED CT to encoded them is encouraged; local codes are allowed by trading partner agreement
- OBX-11 may use the following values: 'F', 'C'
- OBX-14 should be populated with the date/time the answer was recorded from the patient
- If used, OBX-29 SHALL be populated with 'QST'

2.3.2.1 Examples:

Multiple values for Sexual Orientation with different validNote that a given individual may have multiple observations:

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1 https://loinc.org/76690-7/
2 https://www.healthit.gov/isa/taxonomy/term/2741/uscdi-v2

OBX|1|CWE|76690-7^Sexual orientation^LN|1|20430005^Heterosexual^SCT||||||F|||20220404|||||||||||||||QST

OBX|2|CWE|76690-7^Sexual orientation^LN|2|OTH^Other^NULLFL^^^^^^questioning sexuality||||||F||| 20220404|||||||||||||||QST

2.3.3 OBX representation for Gender Identity (GI)

- OBX-2 SHALL indicate a coded data type (typically either CE or CWE)
- OBX-3 SHALL use LOINC 76691-5 Gender Identity[3]
- OBX-5 SHALL be sent as coded values with minimum support of Gender Harmony defined values when available <ADD LINK @RobMcClure> for the universal realm
  - **For the US**: OBX-5 SHALL support at minimum the values coded as per USCDI v2[4]; additional values may need to be added to support local regulations and use of SNOMED CT to encoded them is encouraged; local codes are allowed by trading partner agreement
- OBX-11 may use the following values: 'F', 'C'
- OBX-14 should be populated with the date/time the answer was recorded from the patient
- If used OBX-29 SHALL be populated with 'QST'

2.3.3.1 Examples:

Multiple values for Gender Identity:

OBX|1|CWE|76691-5^Gender Identity^LN|1|446141000124107^Female identity^SCT^LA22879-3^Identifies as female^LN||||||F|||20220404|||||||||||||||QST

OBX|2|CWE|76691-5^Gender Identity^LN|2|446131000124102^Genderqueer^SCT^LA22882-7^Identifies as non-conforming^LN||||||F|||20220404|||||||||||||||QST

2.3.4 Updates to Message Structures

The default behavior for a message is to insert the PATIENT_OBSERVATION segment group defined like this, unless the domain already has an existing solution defined (e.g. Immunization):

Segments	Description	Status	Chapter
[{	--- PATIENT_OBSERVATION begin		
OBX	Observation for Patient		7
[{ PRT }]	Participation (for Patient_Observation) - if used base version		7
[{ NTE }]	Notes and Comments (for Patient_Observation)		2
}]	--- PATIENT_OBSERVATION end		

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3 https://loinc.org/76691-5/
4 https://www.healthit.gov/isa/taxonomy/term/2736/uscdi-v2

If available, systems will populate one or more PATIENT_OBSERVATION groups to share Sexual Orientation or Gender Identity data. Note that a given individual may have multiple observation groups for either Sexual Orientation or Gender Identity. That is, an individual may identify with either multiple Sexual Orientations and/or Gender Identities. Receiving systems should be prepared to accept messages where the PATIENT_OBSERVATION group repeats using the same value in OBX-3 for either Sexual Orientation or Gender Identity. Zero or more NTE segments in the same PATIENT_OBSERVATION segment group will allow any free texts associated with the value reported in the preceeding OBX-5.

2.3.4.1 Specifically for Lab messages

OML^O21 - showing v2.5.1 base structure with **this profile bolded in the message structure definition**

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software		2
[{ NTE }]	Notes and Comments		2
[	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ NTE }]	Notes and Comments (for Patient ID)		2
[{ NK1 }]	Next of Kin/Associated Parties		3
[{	**--- PATIENT_OBSERVATION begin**		
OBX	**Observation for Patient**		**7**
[{ PRT }]	**Participation (for Patient_Observation) - if used base version**		**7**
[{ NTE }]	**Notes and Comments (for Patient_Observation)**		**2**
}]	**--- PATIENT_OBSERVATION end**		
[	--- PATIENT_VISIT begin		

Segments	Description	Status	Chapter
...	as before		

When using this profile the optional, repeating PATIENT_OBSERVATION segment group is sent immediately preceding the PATIENT_VISIT segment group. The PATIENT_OBSERVATION segment group will contain:

- A required OBX segment
- Optional, repeating PRT segments if implemented in the base standard
- Optional, repeating NTE segments

ORM_O01 - showing v2.5.1 base structure with **this profile bolded in the message structure definition**

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ NTE }]	Notes and Comments		2
[	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ NTE }]	Notes and Comments (for Patient ID)		2
[{	**--- PATIENT_OBSERVATION begin**		
OBX	**Observation for Patient**		**7**
[{ PRT }]	**Participation (for Patient_Observation) - if used base version**		**7**
[{ NTE }]	**Notes and Comments (for Patient_Observation)**		**2**
}]	**--- PATIENT_OBSERVATION end**		
[	--- PATIENT_VISIT begin		
...	as before		

When using this profile the optional, repeating PATIENT_OBSERVATION segment group is sent immediately preceding the PATIENT_VISIT segment group. The PATIENT_OBSERVATION segment group will contain:

- A required OBX segment

- Optional, repeating PRT segments if implemented in the base standard
- Optional, repeating NTE segments

ORU_R01 - showing v2.5.1 base structure with **this profile bolded in the message structure definition**

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software		2
[{ NTE }]	Notes and Comments		2
[	--- PATIENT_RESULT begin		
[	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ NTE }]	Notes and Comments (for Patient ID)		2
[{ NK1 }]	Next of Kin/Associated Parties		3
[{	**--- PATIENT_OBSERVATION begin**		
OBX	**Observation for Patient**		**7**
[{ PRT }]	**Participation (for Patient_Observation) - if used base version**		**7**
[{ NTE }]	**Notes and Comments (for Patient_Observation)**		**2**
}]	**--- PATIENT_OBSERVATION end**		
[	--- PATIENT_VISIT begin		
...	as before		

An optional, repeating PATIENT_OBSERVATION segment group already exists before the PATIENT_VISIT group in the ORU message in version 2.7 and up, consisting of a required OBX segment and an optional, repeating PRT segment.

When using this profile the optional, repeating NTE segment is added following the PRT segment.

2.3.4.2 For Immunization related messages in v2.5.1 in the US:

American Immunization Registry Association (AIRA) already had created guidance on how to report patient level data in vaccination messages - see page 4 of this document: https://repository.immregistries.org/files/resources/5938386822754/message_structure_guidance_document_v1_1__formatted.pdf

Implementers should follow the guidance per the document and build the OBX segments for SOGI as per the guidance on this page above

3 SOGI Data Exchange Profile in v2 - Short Term Solution

Edit   Delete

Publication Request

Publication Request

1. Published Name of the Standard for which request is being made	Short Term Solution - V2: SOGI Data Exchange Profile
2. Standards Material/ Document	Informative
3. Date of Request	May 20, 2022
4. Use Period	
5. Reason for extension, timeline, and actions	
6. Original Publication Date	
7. End date of the current STU period	
8. Length of the requested extension	
9. Review Process	
10. HL7 Work Group making this request and date	V2 Management
10a. Requesting WG Date	May 20, 2022
11. URL of approval minutes	https://confluence.hl7.org/display/V2MG/2022-05-20+v2MG+call
12. HL7 Product Management Group	V2 Management
12a. Management Group Date of Approval	May 20, 2022

13. URL of approval minutes	https://confluence.hl7.org/display/V2MG/2022-05-20+v2MG+call
14. Is the artifact ready for final publication?	Yes
15. If not ready, please describe remaining steps.	
16. Tool name used to produce the machine processable artifacts in the IG	Confluence and pdf of that page
17. The name of the "IG artifact" within the context of the above mentioned tool.	https://confluence.hl7.org/display/V2MG/ Short+Term%3A+SOGI+Data+Exchange+Profile
18. Balloted Name of the standard for which request is being made	n/a
19. Requested name for published standard	Short Term Solution - V2: Sexual Orientation and Gender Identity (SOGI) Data Exchange Profile
20. If CMET, list IDs balloted	
21. Project Insight Number	
22. Document Realm	universal
23. Ballot cycle in which the document was successfully balloted	
24. Results of that ballot (following reconciliation activities):	## 24. Results of that ballot (following reconciliation activities): (not needed for errata, STU extension, or unballoted STU update)
25. Affirmative	
26. Negative	

27. Abstentions

28. Not Returned

29. Total in ballot pool

30. Date on which final document/standards material was supplied to HQ

31. URL of publication material/ SVN repository

32. Publishing Facilitator

33. Special Publication Instructions

34. URL of ballot reconciliation document

35. Has the Work Group posted its consideration of all comments received in its reconciliation document on the ballot desktop?

36. Substantive Changes Since Last Ballot?

37. Product Brief Reviewed By

38. Date Product Brief Reviewed

39. Has the Product Brief changed?

Product Brief

Product Brief

40. Family	V2

41. Section	Implementation Guides
42. Topic	Cardiology Care Provision Clinical Genomics Community-Based Health Emergency Management Financial Management Laboratory Medical Records Nutrition Orders Patient Administration Patient Care Patient Referral Personnel Management Pharmacy Public Health Scheduling
43. Please Describe the Topic	
44. Product Type	Implementation Guide
45. Parent standard	Any v2 base standard - recommendation by Dan Vreeman: My recommendation is that we add the link to the product pages for v2.5.1 (since that is what ELR is based on) and v2.9 (as the current version), as well as a "Related Document" on the V2 Product Suite page. permalink: http://www.hl7.org/permalink/?SOGIGuidance
46. Parent Standard Status	Active
47. Update/replace standard	
48. Common name/search keyword	SOGI
49. Description	
Targets	**Targets** These are categories of potential users, implementers, or other interested parties such as those that are indicated on the Project Scope Statement under "Stakeholders/Vendors/Providers". Select those that are applicable, or suggest others:
50. Stakeholders	Clinical and Public Health Laboratories, Immunization Registries, Quality Reporting Agencies, Regulatory Agency, Standards Development Organizations (SDOs), Payors
51. Vendors	EHR, PHR, Health Care IT, Clinical Decision Support Systems, Lab, HIS
52. Providers	Clinical and Public Health Laboratories Emergency Services Local and State Departments of Health Medical Imaging Service Healthcare Institutions (hospitals, long term care, home care, mental health)

53. Benefits	Provides the same solution across any use case that uses v2 messaging until the Gender Harmony Cross-paradigm IG is published.
54. Implementations/Case Studies	This will be needed for EHR-s and LIS vendors to support their clinical partners. It may also affect public health agencies, immunization registries, patient health records and payors.
55. Development Background	In addition to adding a link to the guidance in the Related Documents section, we are requesting that the following text be added to the Development Background section: In response to local regulation requiring Sexual Orientation (SO) and Gender Identity (GI) data to be included in all laboratory orders and result messages, we have developed guidance on how to use existing v2 base standard functionality and related vocabulary references to support exchanging SOGI data for patients. This defines the profile component to add to any HL7 v2 message, when desired. It will be superseded when the Gender Harmony Cross-paradigm IG has been balloted and published.

⚙ Form: **pubrequest**(see page 10) ⌄