The vast amount of data incorporated and stored in electronic health records (EHRs) serve as a platform to identify various disparities like inequities in the services delivered or unattended healthcare needs. Often this data is not consistently recorded in the EHRs which may prevent the physician or statistician to coherently identify the underlying problems in healthcare. One of the main problems to this improper recording of data in EHRs is the inability of the patients to provide correct information. This is especially evident when the patients belong to LGBT communities and other minority groups. According to Lau et al. (2020) improper capture of gender data in EHRs led to distress and delayed care for transgender and gender nonbinary (TGNB) population. Psychological apprehensions prevent these people from participating in the public and availing the government services. In the paper written by Brooks et al. (2018) it is stated that healthcare professionals should be more welcoming and incorporate changes in the health information leaflets to provide sexual orientation disclosure by the LGBT and at the same time provide an atmosphere that is physically and psychologically comfortable to the treatment of this population. Preventing this vital data to be entered in EHRs can churn problems like failure to identify the cause of the underlying condition, prevents the clinician from understanding the genetical background of the problem. When sexual disorientation is refrained from being presented in EHRs, it can lead to preventing the clinician from switching the tools and communication strategies required to treat LGBT patients and encourage them to live a normal life (Brooks et al., 2018).

Every patient has an equal right to seek treatment for health concerns. People belonging to minor communities like transgender and LGBT are often deprived of this privilege as their information is not properly documented in the EHRs (Lau et al., 2020). So, it is necessary to include specialized, structured and discrete data fields in the patient registration forms to include the sexual orientation/ gender identity columns as these fields shed light on the varied physical and psychological needs to be addressed by the clinician (Grasso et al., 2019). These data fields help the physician with important information like the pronouns given by the patients themselves which can aid in addressing the patient’s name and this can in turn help with the patient’s confidence and psychological balance. Providing additional text boxes in these data fields can facilitate the patient to provide any necessary insights regarding their health or personality to be known by the physician. When accurate fields to identify the vital data are customized in the EHRs, such data can be made available for research and predict the best possible health outcomes and create dashboards to understand the patterns in health concerns.

It has been validated to include sexual orientation and gender identify in specific fields in the EHRs according to Grasso et al. (2019). But there are equal advantages in including these details in both specific data fields and in free-text notes. When mentioned in the discrete and specialized columns, the data can be uniform and consistent which can be used for comparison and make interpretations out of the specified column. This data can be easily filtered and identified in the EHRs. Added advantage to using these specific data columns in EHRs include filling with default values when patient is not willing to provide the information. According to Grasso et al. (2019) default terms like ‘unknown’ and ‘missing’ can be used in place of ‘choose not to disclose’ which can improve the psychological distress of the patient. On the other hand, when a free-text note is specified, it gives the patient a chance to pen their concerns and needs to be informed to the hospital staff and the physician prior to the appointment (Grasso et al., 2019). It is also important to create such fields as it provides a scope for the patient to provide their names not on the insurance and pronouns that can be viewed by the hospital staff. At the end, it is important to customize the EHRs to include columns that accurately identifies the sexual orientation of the individual to help improve the health outcomes.

D.

It is mandatory for the health professional to know about the sexual orientation of the patient as many diseases can be gender specific and root back to the genetical history. According to HIPAA and inclusion of HITECH Act in 2013, it is the chief responsibility of the physician to maintain the confidentiality of patient data (TB, p. 413). At the same time, HIPAA states that patient has the ultimate access to their own health information and control over the disclosure of their health data (TB, p. 414). In my opinion, both the statements go hand in hand as it is the primary responsibility of physician to ensure for patient privacy and also, it’s the duty of the patient to disclose accurate information to the physician to ensure accurate diagnosis and treatment. Patient consent plays a key role in allowing the patient data to be accessed by other health care professionals or to make it available for research. However, recording the gender identity falls under the category of sexual history and is concerned with patient privacy. This constitutes vital and critical data. On the other hand, religion, drug abuse, smoking and alcohol are categorized under social history which can be identified as normal data that can be shared but still needs patient consent. Generalized statistics can be drawn from the social history.

E.

EHRs contain detailed information regarding the patient which include demographics, medical and medication history, familial history, social history, diagnosis, lab results, radiographic results and treatments administered. As discussed above, it should be mandated to include the sexual history of the patient in a separate entity in EHRs. This information is crucial to form the diagnosis and recommend the necessary treatments. Apart from this I believe it is also important to include previous encounters to various hospitals, patient experiences in text boxes or comments to understand the psychological state to different procedures and a list of referrals advised to the patient. It is necessary to keep a track of the referrals of any patient as it gives information about the specifics and clinical status of the health condition. All the information recorded should be in alliance with the HIPAA regulations and it is ethical to include such information as it enhances the safety of the patient and aid in improving the health outcomes. However, equal care must be taken to prevent this data from being prone to cyber-attacks and data breaches. Security measures in the form of anti-virus software, fire wall protection, limiting the accessibility privileges of the users and using multi factor authentication to access critical data are some of the measures to restrict data malware (Ozair et al., 2015).

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Friday Discussion Response:

A.

Incomplete and inaccurate data in EHRs often lead to medical errors. Most of the peers have agreed to this point. Tejaswee claimed that improper patient data can lead to compromised patient safety. Inability of the patients to provide accurate information to be recorded in EHRs is identified as the most common cause of data aggregates and LGBT population are identified as majority doing this mistake. According to Brooks et al. (2018) the healthcare professional must incorporate changes in health information leaflets to welcome LGBT communities to provide apt information regarding their identity and health concerns.

B.

It is important to gather gender identity information as some diseases are unique to the patient’s sex. It is observed that LGBT communities are often deprived to legitimately enter this information. As Veena mentioned, adding of specific data columns to include the sexual orientation details to the EHRs must be discussed with the vendors before implementing them. Refraining to include such vital information may prevent the LGBTQ communities from availing the benefits from different organizations and government. Failure to include these fields in EHR may lead to lack of transparency between the physician and patient regarding their health.

C.

Regarding the specifics of collecting such information, the group had varied opinions. Some believe data collection through specified fields result in gathering of standardized data. But providing these people with free text boxes help them to express their opinion and concerns more accurately to the clinician (Grasso et al., 2019). This in turn aids in equal patient participation contributing to improved health outcomes.

D.

Disclosing personal data to the clinician is necessary as many health care conditions root back to genetical background and can be gender specific. But according to Goodman & Miller (2021) it is the chief responsibility of the physician to maintain the confidentiality of patient data and bind to the HIPAA regulations (p. 413). Most of the peers felt that security of patient information is threatened. Everyone agreed that personal history is different from social history like drug abuse, alcoholism and smoking which might have detrimental effects on health.

E.

Tejaswee added the importance to include the socioeconomic status in medical records which might add to the positive side of the patient to receiving benefits. Recording adequate history in EHRs help to pave a path to formulate an apt diagnosis, improve patient safety and outcomes. All this information added must be in alignment with HIPAA policies to prevent data mishandling and prevent the security concerns. Various measure to preserve the data integrity are recommended like de-identifying the sensitive data, limiting the access to the users and using anti-virus software.

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