Transgender people experience their gender identity (GI) as different from the sex assigned to them at birth and/or those listed on their current legal identification. "Gender identity data" can be defined as GI, birth-assigned sex, legal sex, chosen name and legal name. Current best practices for the collection of gender identity data recommend collection of both GI and birth-assigned sex. Transgender patients have particular needs in what concerns to demographic information and electronic health records (EHR). Specifically, they may have chosen a name and GI that differs from their current legally name and gender. Transgender people face intense health disparities and lack of access to health care; failure to accurately document transgender identities increase these disparities through negative implications. On the other hand, accurate reporting of legal identity is necessary for appropriate insurance billing.

To the date, at Hospital Italiano de Buenos Aires (HIBA), we have a population of 30 transgender patients registered, including adult and pediatric. The lack or a registration method at the moment may underestimate the real number of patients. The main objective of this work was to describe designed strategies to respond to transgender patient registration needs in a MPI, contemplating patients’ GI, chosen name and the possible changes it might has as regards to health and legal context.

**Methods & Materials**

Hospital Italiano de Buenos Aires (HIBA) is a non-profit healthcare academic center founded in 1853. Since 1998, the HIBA has run an in-house-developed health information system, which includes clinical and administrative data. It has been recently certified by the HIMSS as level 7 in the Electronic Medical Record Adoption Model (EMRA).

The search of candidates based on the following data entered: First name; Other Names (Optional); Surname; Other surnames (Optional); Birthdate; Type and number of document; Sex. Different kind of matching algorithms, such as phonetic encoding systems utilized to counter misspelled names, had been used to determine potential matching candidate. At the end of the search process, the user visualized a match weight score, resulting from field match weights assigned to patient-identifying attributes such as last name, first name, date of birth and ID. A multidisciplinary group assembled to discuss the topic was formed. First step was to analyze all possible use-cases, according to the law, literature and hospital previous experience. Then we planned the most adequate solution for each. For this, tests were carried out with all possible modifications and potential errors that GI and/or name changed could cause in a subsequent search for candidates. According to results, adjustments were performed for the strategy design.

**Results**

During the registration process the system always takes the data of the National Identity Document (DNI) which has the official data at the time of birth. So that GI and chosen name could be registered in the MPI, two new data fields were added, one for each. If a patient request to be called with a name or GI different than the one registered on his/her DNI, those fields will be use. In this way, this information is stored as demographic data. Legal name and sex would not be change at all. After analyzed the data, five use cases (UC) were defined (Table 1).

**Discussion & Conclusions**

A proposal as an answer to satisfy transgender patients MPI registration needs was developed along the paper. For cases of transgender patients with legal documentation that do not reflect GI or chosen name, we add two new fields in the MPI for registration of GI and chosen name. The system must be able to load this data in separate fields from legal name and birth assigned sex. During a candidate search or billing process, system will take the data according to legal data fields. EHR and administrative application will show patients’ chosen name and gender, except for the billings system. After MPI new fields deployment, audit for searching duplicating patient will allow to evaluate the effectiveness of our strategy.

Tool’s implementation will require special training for employees performing registration process. Patients also need to understand why the issue is important and what they are being asked to do. The adaptation of MPI to the registration needs of transgender patients is a necessity. Throughout this work the possible use cases were described and proposals were developed to solve each one of them. The design and development of strategies to respond to transgender patient registration needs, its implementation and subsequent audit are the beginning of the fundamental change in information systems.