RESEARCH POSTER SYMPOSIA II: GENDER AND SEXUAL HEALTH

13.

CONFIDENTIALITY AND CARING FOR ADOLESCENT PATIENTS IN THE AGE OF THE 21ST CENTURY CURES ACT

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Purpose: Adolescents' confidence that their health information will be confidential is essential to an open, trusting patient-provider relationship. Some elements of adolescent confidentiality are protected by state and/or federal laws. However, the recent final ruling on implementation of the federal 21st Century Cures Act, which was designed to improve patients' access to their electronic health records (EHR), lacks sufficient safeguards to protect adolescent confidentiality. As a result of the Cures Act, parents with proxy access to their child's medical chart can now more easily obtain confidential information that the patient has the right to protect. At many institutions, EHR notes are now automatically shared with patients and proxies, unless providers take specific steps to discuss the adolescent's confidentiality preferences and implement them by "unsharing" notes. Adolescents whose confidentiality is breached face significant risks. Especially if they already mistrust the medical system, a breach can sabotage their rapport with their provider. Adolescent medicine providers are attuned to these risks, but implementing safeguards to help other providers protect adolescent confidentiality is challenging, despite the guarantees provided by the law. To promote needed system-level EHR changes, we aimed to explore feasible, consistent, and generalizable EHR strategies to improve protection of adolescent confidentiality.
Methods: Our study population included all adolescents presenting to our clinic for new patient visits (n=607 unique patients) between 7-1-20 and 6-30-21. Within this group, we analyzed each electronic chart note using manual review, looking for documentation about confidentiality. We also examined whether the provider documented the patient's note-sharing preferences and checked the patient's proxy status in MyChart, our online patient portal. Several interventions were tested to increase the frequency with which we discussed confidentiality with patients. In PDSA cycle 1, we introduced a new smartphrase (a consistent phrase pulled automatically into the EHR templates), that reminded us to discuss confidentiality and proxy access. In cycle 2, we obtained feedback regarding the smartphrase from Adolescent Medicine fellows and faculty and made modifications based on their input. Cycle 3 provided each provider with individualized performance reports on their use of the smartphrase and whether they checked MyChart proxy status. These actions were interpreted as markers that the provider had a conversation with the patient about confidentiality and their proxy preferences.
Results: Before the QI study, virtually no confidentiality conversations were recorded in the medical record. We set a goal that after the interventions, 25% of new patient visits would include a confidentiality conversation, and we substantially exceeded this goal. After three PDSA cycles, the frequency of documented confidentiality conversations increased to 51% in patients <18 years old and to 61% in patients >18 years old. Documentation of note sharing preference increased to 47% in all patients. Provider checks of MyChart proxy status went from <1% to 32%.
Conclusions: Our three QI interventions successfully increased the frequency of confidentiality conversations with adolescent patients. Barriers that likely decreased the number of confidentiality conversations were time constraints on visits and physician concerns about parental objections to losing proxy access.
Sources of Support: N/A.

14.

CHANGES IN ADOLESCENTS AND YOUNG ADULT (AYA) SOLO AND PARTNERED SEXUAL BEHAVIOR DURING COVID-19: A LATENT CLASS ANALYSIS OF AYA FROM 30 COUNTRIES

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Purpose: COVID-19 profoundly altered the ways adolescents and young adults (AYA) organize their sexual experiences. We used latent class analysis (LCA) to examine patterns in self-reported change in solo and partnered behaviors in a sample of AYA from 30 countries.
Methods: Data for the current study were drawn from International Sexual Health And REproductive Health Survey (I-SHARE-1), a multicountry, cross-sectional, online study conducted to assess the impact of the pandemic on adult sexual health across the globe. Participants were recruited through local, regional, and national networks (e.g. listservs of professional organizations and international health organizations, social media, etc.) of each country's research team. AYA participants (N=7527; 18-26 years; 32.3% of total-sample; 60.1% female, 86.1% cisgender, 77.1% heterosexual) were retained. LCA was used to identify and classify patterns (i.e., classes) of changes (increased, stayed the same, or decreased) in seven solo and partnered sexual behaviors (cuddling/kidding/hugging a main partner, sex with a main partner, solo masturbation, sex with a casual partner, sexting, viewing pornography, and cybersex). Random intercept mixed effects multinomial regression (gllamm; Stata 17.0; all $p<.05$) adjusted for country-level clustering was used understand how demographic (age, gender identity, sexual identity, employment status during COVID-19, mental health, distancing or isolation during COVID-19) and country-level predictors (income group, Oxford Stringency Index [national response to COVID-19], Palma Ratio [country-income inequality) and Gender Inequality Index (country-gender) were associated with changes in sexual behaviors.
Results: LCA results suggested a six-class solution: increased solo masturbation and porn + all others stable (11.8%), increased cuddles/hugging and sex with main partner + all others no-change (10.5%), increased cuddles/hugging and sex with main partner + increased solo masturbation and porn use + all others stable (18.8%), all decreased (13.1%), decreased cuddles/hugging and sex with main partner + all others no-change (19.5%) and all no-change (24.3%). Older age (RRR=0.86-0.94), being female (OR=0.39-0.67) and higher mental health scores (RRR=0.68-0.81) were associated with a lower likelihood of increased masturbation/porn, increased bonding/sex with main partner + increased masturbation/porn and a decrease in all behaviors relative to no behavior change. Being a sexual minority (OR=1.40-1.70), ever being in isolation for COVID-19 (RRR=1.21-1.45), having stable employment (RRR=1.25-1.32), being in a country with more stringent lockdown (RRR=1.02-1.07) or with a greater wealth inequality (RRR=1.17-1.55) were positively associated with increased masturbation/porn, increased bonding/sex with main