

Taking Care of Lesbian, Gay, Bisexual, and Transgender (LGBT) Populations in Primary Care

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GLMA: Health Professionals Advancing LGBT Equality

American Medical Student Association

National Primary Care Week

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Objectives

1. Rate as valuable the relevance of sexual orientation and gender identity to whole person health
2. Describe a biopsychosocial model of health and wellness that can be applied to LGBT patients
3. Identify specific interventions that can improve health outcomes for LGBT patients

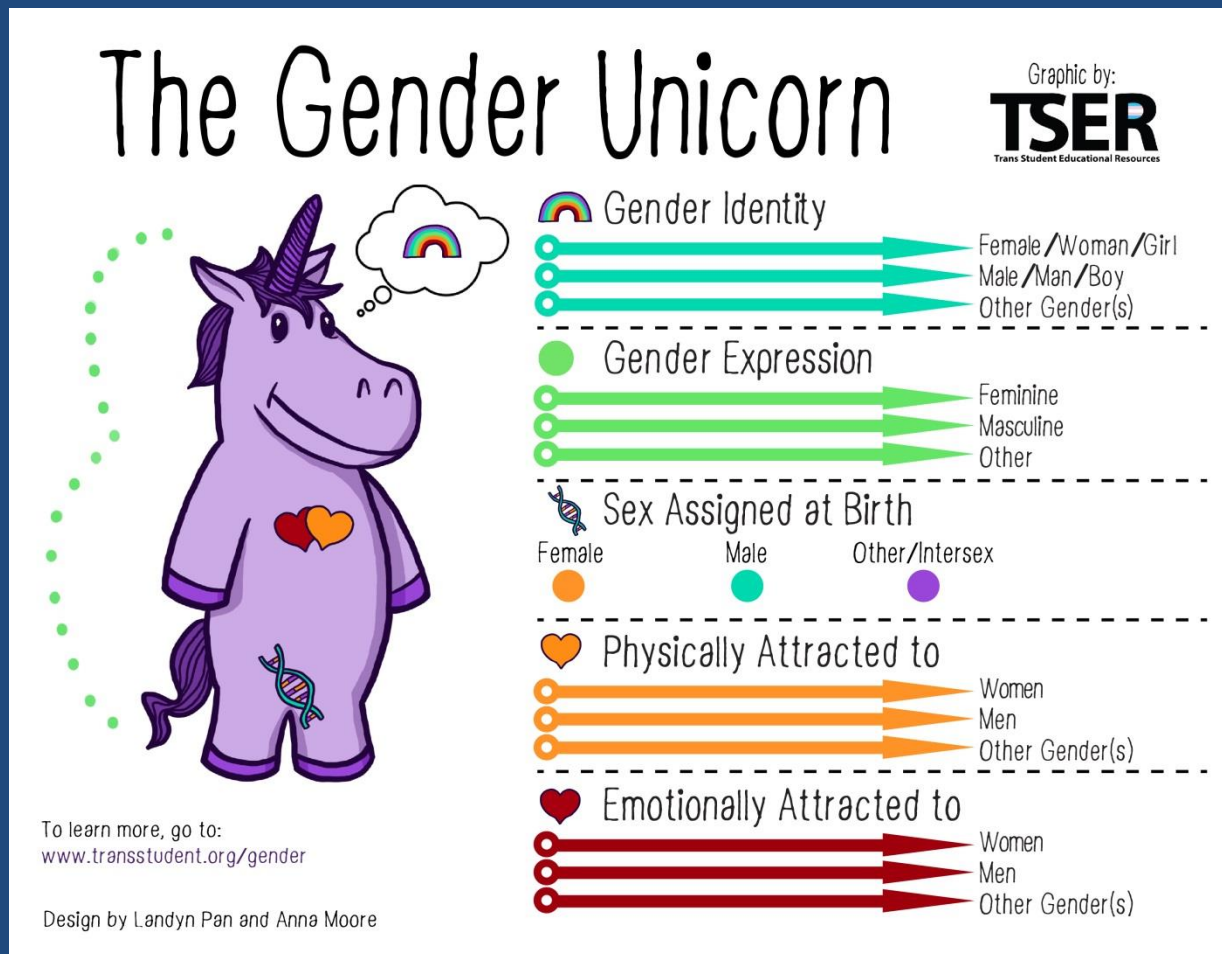
Disclosures

- No relevant financial disclosures
- I will disclose off-label use of medication
- Secretary, Board of Directors, GLMA: Health Professionals Advancing LGBT Equality (formerly the Gay & Lesbian Medical Association)

Who Are We Talking About?

- Lesbian women
- Gay men
- Bisexual men and women
- Transgender men and women
- Queer/Questioning
- Intersex (Differences of Sexual Development)
- MSW (Men who have Sex with Men)
- WSW (Women who have Sex with Women)

Who Are We Talking About?



Practice Pearl #1

Actively seek the patient's own vocabulary

- Preferred pronouns
 - He/Him/His
 - She/Her/Hers
 - They/Them/Theirs (toss out standard grammar)
 - Zie/Zir/Zirs
- Romantic or other partner(s)
 - Spouse(s), partner(s), boy/girlfriend(s)

Who Are We Talking About?

- Williams Institute Analysis, April 2011

Current L, G, B self-identity 3.5%

Lifetime same-sex behavior 8.2%

Lifetime same-sex attraction 11%

Transgender 0.3%

- National Health Interview Survey, 2013

Gay or lesbian 1.6%

Bisexual 0.7%

Something else (besides hetero) 1.1%

} 3.4%

But How Do We Know?

- Providers do not ask, and patients do not tell.
 - Fewer than 13% of primary care physicians ask sexual history.
 - Fewer than 50% of lesbians and gays are out to their providers.
 - Anecdotes describe transgender persons who “pass” having difficulty getting tests and therapies specific to birth sex.

But How Do We Know?

Barriers to Disclosure

- Patient discomfort
- Community or individual culture
- No awareness of relevance to health
- Fear of stigma or prejudice

Barriers to Collection

- Provider discomfort
- Workplace or individual culture
- Minimal awareness of relevance to health
- Limited encounter time
- No mechanism in place

And Why Is This Important?

- Significant health disparities facing LGBT persons
- Enhancement of patient-provider relationship
- Comprehensive social history in the context of “whole person” care
- As important as race, culture, and religion in formulating individualized plans of care

Biopsychosocial Model of Health



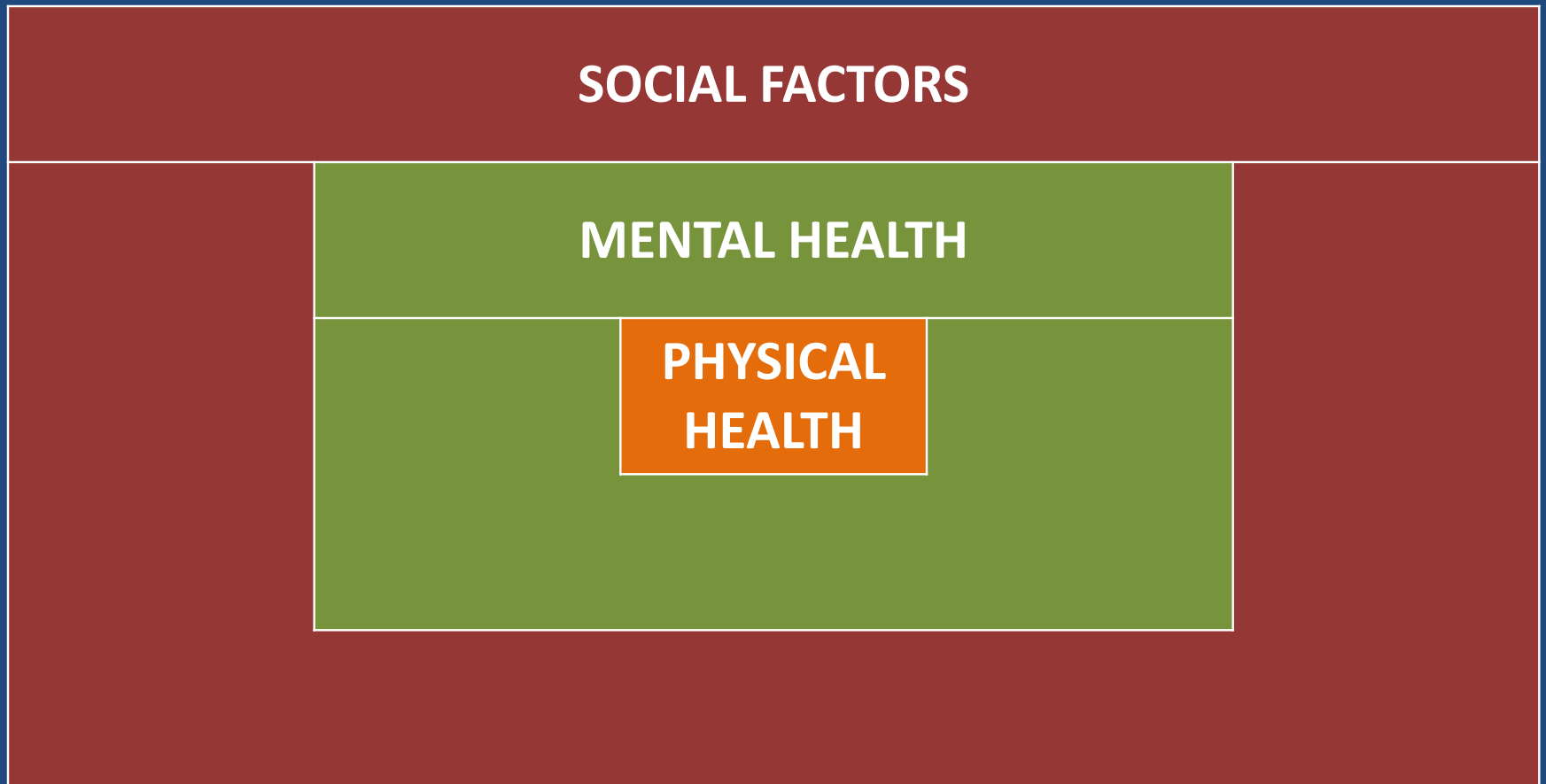
A diagram illustrating the Biopsychosocial Model of Health. It features a horizontal white line. Below this line, centered, is an orange rectangular box with a thin white border. Inside the box, the words "PHYSICAL" and "HEALTH" are written in white, uppercase, sans-serif font, stacked vertically. The background of the slide is a solid dark blue.

**PHYSICAL
HEALTH**

Biopsychosocial Model of Health



Biopsychosocial Model of Health



Social Stressors


- Discrimination
- Marginalization
- Inequality

Social Stressors

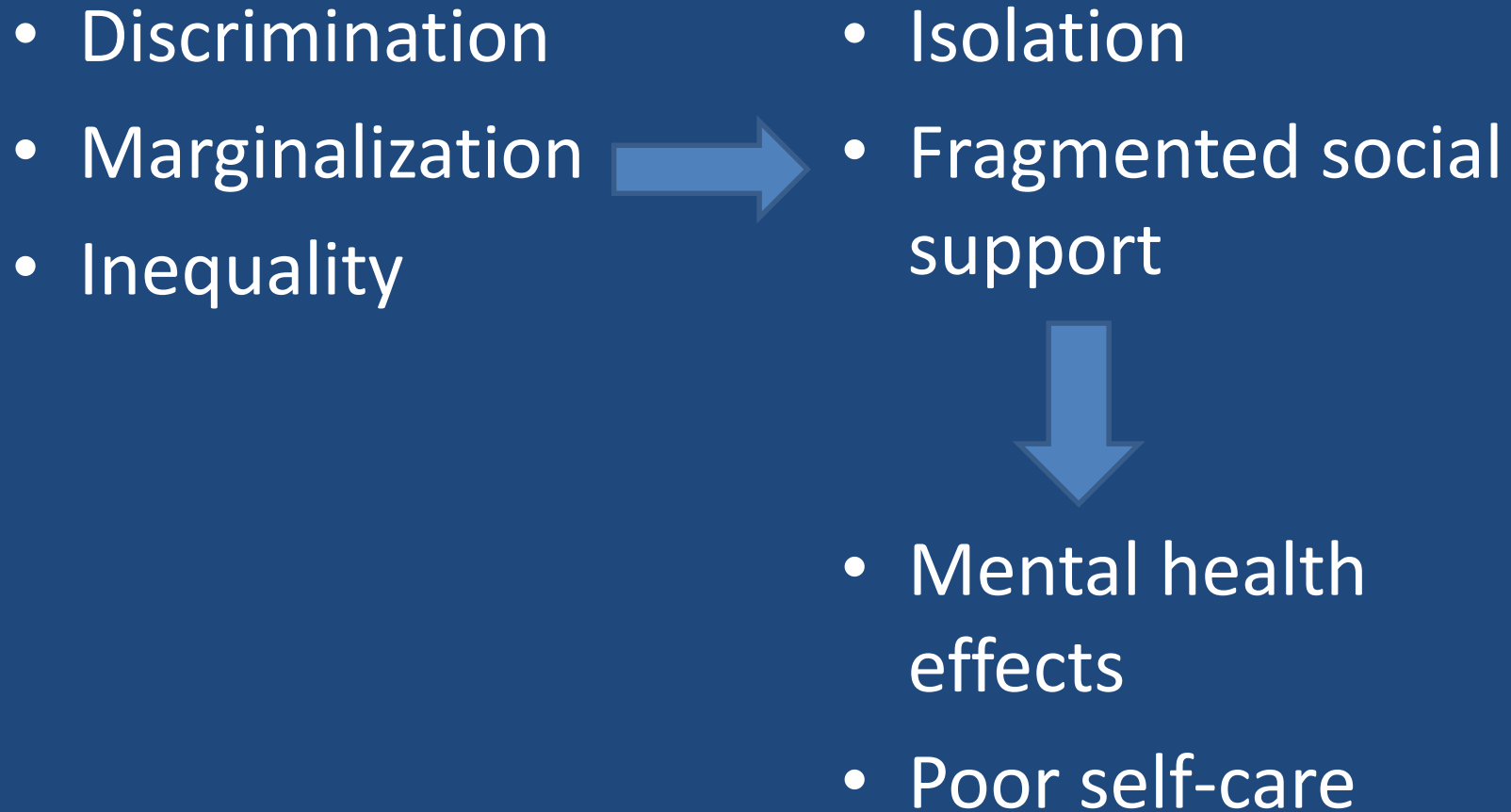
- Discrimination
- Marginalization
- Inequality



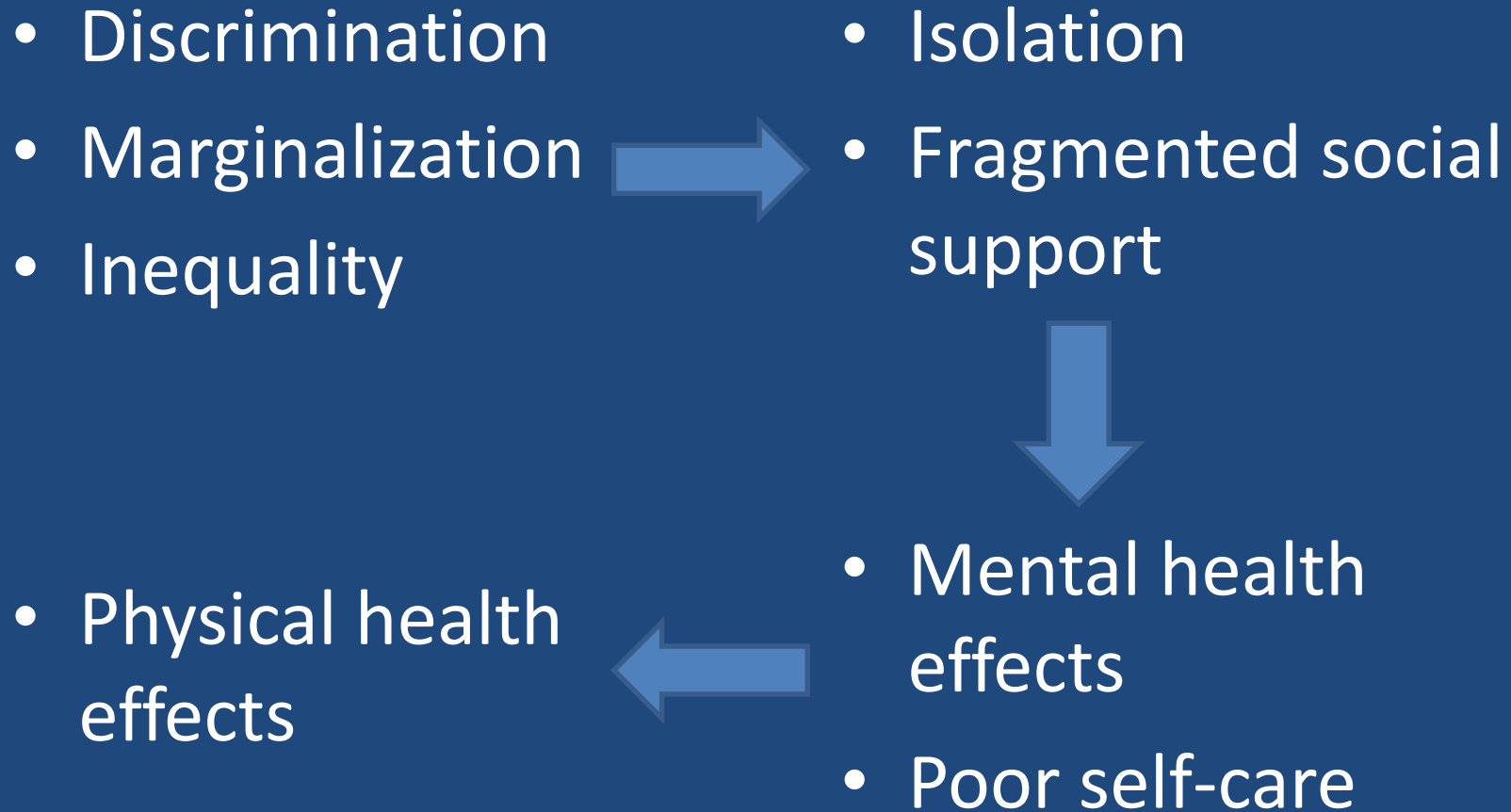
Social Stressors

- Discrimination
 - Marginalization
 - Inequality
- 
- Isolation
 - Fragmented social support

Social Stressors



Social Stressors



Healthcare Disparities

- Lesbian women
 - Less likely to have health insurance
 - Less likely to get preventive health services
 - Increased rates of breast cancer
 - 10x less likely to be screened for cervical cancer
 - Higher prevalence of obesity and cardiovascular disease

Healthcare Disparities

- MSM
 - Higher rates of vaccine-preventable Hep A/B
 - Higher prevalence of HIV, syphilis, HPV
 - Decreased condom use if heterosexual-identified
- Bisexual men and women
 - Greater reports of stigmatization
 - Higher prevalence of anxiety and depression

Healthcare Disparities

- Transgender men and women
 - High degree of marginalization
 - Limited coverage for medical and surgical procedures
 - Illicit hormone or silicone use, needle reuse
- Youth
 - Higher rates of suicide completion

Healthcare Disparities

But what about OUTCOMES?

National Efforts



Healthy People 2020

- Guides Dept. of Health & Human Services national prevention strategies
- Includes 7 objectives under LGBT heading
 - Significant change from HP2010
 - Emphasis on survey data collection
 - Additional objectives under Adolescent Health, HIV, Intimate Partner Violence
- Searchable database (healthypeople.gov)

Healthcare Equality Index

- Created in 2007 by Human Rights Campaign with advisory input from GLMA
- Opt-in benchmarking tool allows healthcare facilities to evaluate policies and practices
- Revised scoring criteria for 2017 – focus on best practices as opposed to non-discrimination
- Searchable online (hrc.org/hej)

Translation to Practice



Primary Care Opportunities

- Welcoming patients in
- Screening
- Prevention
- Wellness
- Transgender health (Really? Me?)

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Visibility Matters

- Rainbow caduceus
- Office materials



New Sexual Orientation and Gender Identity Questions:
Information for Patients



Thank you for taking the time to complete these questions. If you have additional questions, we encourage you to speak with your provider.



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NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

NUHEC3

We recently added new questions about sexual orientation and gender identity to our registration forms.

Our health center thinks it is important to learn this information from our patients. Inside are some frequently asked questions about why we are asking these questions and how the information will be used.

Electronic Medical Record

- Institute of Medicine Statement (2011)

“Data on sexual orientation and gender identity should be collected in electronic health records and could be included among other demographic information collected.”

Electronic Medical Record

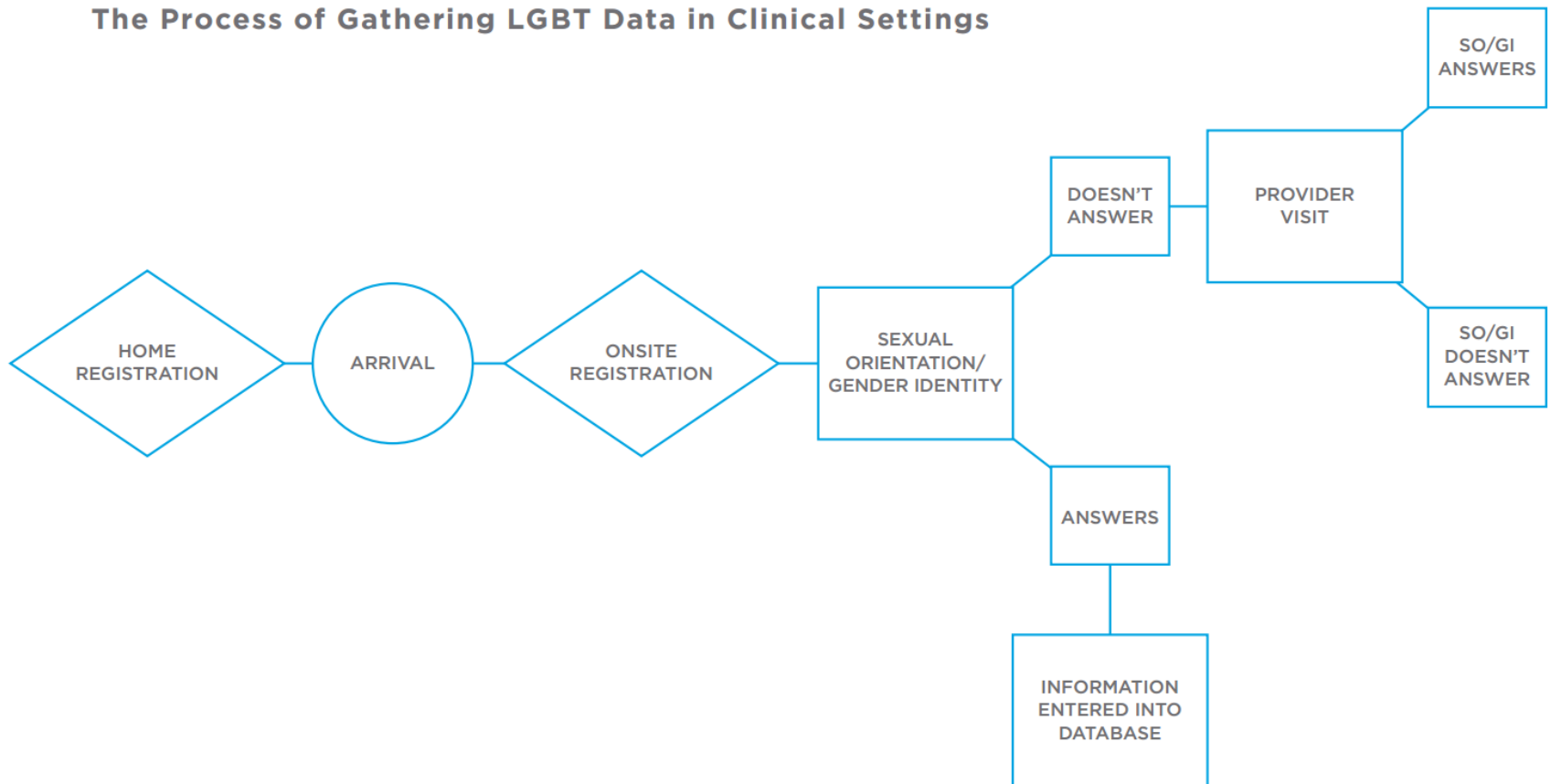
- Benefits
 - Uniform method to account for actual population size
 - Targeted preventive health strategies
 - Retrospective outcomes analysis to develop local interventions
 - Potential for “meaningful use”

Electronic Medical Record

- Inherent challenges
 - Non-discrimination and privacy policies
 - Failure to capture behaviors
 - Underreporting or misreporting
 - Lack of direct incentive for providers/practices

Electronic Medical Record

The Process of Gathering LGBT Data in Clinical Settings



Practice Pearl #2

Two questions are better than one!

What is your current gender identity?
(Check all that apply)

- ☐ Male
- ☐ Female
- ☐ Female-to-Male (FTM)/Transgender
Male/Trans Man
- ☐ Male-to-Female (MTF)/Transgender
Female/Trans Woman
- ☐ Genderqueer, neither exclusively male
nor female
- ☐ Additional Gender Category/(or Other),
please specify
- ☐ Decline to Answer, please explain why

What sex were you assigned at birth on
your original birth certificate?
(Check one)

- ☐ Male
- ☐ Female
- ☐ Decline to Answer, please explain why

Primary Care Opportunities

- Welcoming patients in
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STI Screening

- HIV annually for all adults (USPSTF/CDC)
 - “At least annually” for sexually active MSM (CDC)
 - Sexually active MSM “might benefit” from more frequent (q3-6mos) screening
 - MSM with certain high-risk behaviors “should be” tested more frequently
- RPR cotesting annually
- GC/CT anatomical site testing

STI Screening

- Barriers to discussing sexuality limit opportunities for screening and intervention
- Universal screening may not capture early HIV infection in MSM
- Recommending more frequent screening may lead to higher annual screening rates among MSM

Practice Pearl #3

Just talk about sex

- Avoid dramatic build-up
- Don't assume anything. Not anything. At all.

“What does sex (or sexual health) mean to you?”

“When you have sex, what gets put where?”

Anal Cytology

- Rate of anal cancer in MSM: 37/100,000
- IDSA 2013 Primary Care Guidelines for HIV+
 - Anal cytology in HIV+ MSM (weak recommendation, moderate evidence)
 - Follow positive screen with high-resolution anoscopy (HRA) and biopsy
- CDC 2015: Data “insufficient” to recommend screening HIV+ persons or HIV -MSM

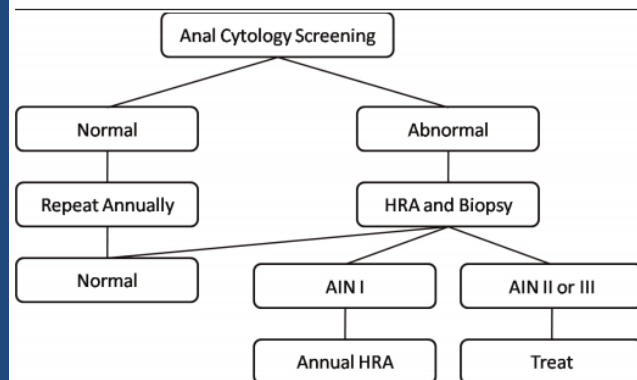
Anal Cytology

Figure 1. The Richart and Bethesda classification of anal dysplastic changes

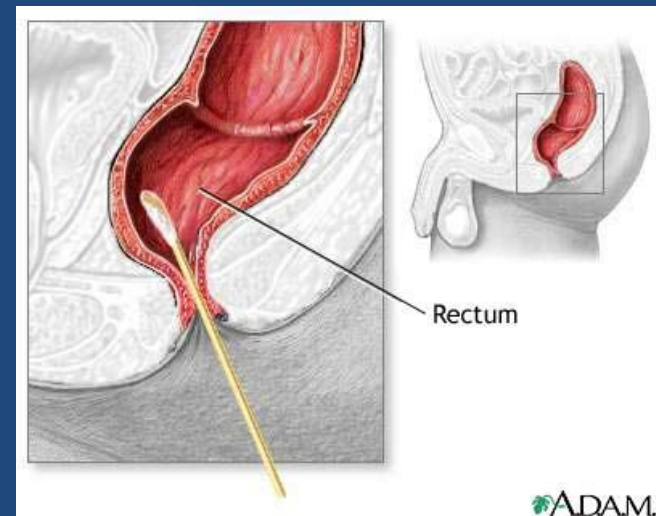
Normal	Low-grade squamous intraepithelial lesion		High-grade squamous intraepithelial lesion		
	Condyloma	AIN grade I	AIN grade II	AIN grade III	
	Very mild to mild dysplasia		Moderate dysplasia	Severe dysplasia	<i>Carcinoma in situ</i>

AIN, anal intraepithelial neoplasia.

Figure 2. Suggested screening algorithm for anal cancer



AIN, anal intraepithelial neoplasia; HRA, high-resolution anoscopy. Adapted from [23].



Mood Disorders

- National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
- Most at risk:
 - Women: bisexual, or have sex with both men and women
 - Men: gay, attracted “mostly to men” or “mostly to women,” or have sex with both genders
- PHQ-2 or -9 for depression, GAD-7 for anxiety
- DAST for co-occurring substance use disorder

Intimate Partner Violence

- Lifetime prevalence
 - Heterosexual women: 20%
 - Lesbian women: 11-20%
 - Bisexual women: > 30%
 - Gay men: > 30%
 - Heterosexual MSM = Heterosexual men
- National consensus guidelines from DHHS recommend universal screening
- USPSTF currently updating recommendation

Primary Care Opportunities

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HIV Pre-Exposure Prophylaxis (PrEP)

- Emtricitabine/tenofovir (Truvada) indicated for high-risk MSM
 - Part of comprehensive strategy including condoms, counseling, regular STI testing/treatment
 - Follow up studies showing as/more effective than condoms alone
 - Clinical practice guideline ([cdc.gov/hiv/risk/prep/](https://www.cdc.gov/hiv/risk/prep/))
 - REMS website (www.truvadapreprems.com)

Hepatitis Vaccination

- Hepatitis A/B through fecal-oral transmission
- New cases occurring in MSM:
 - Hep A – 10%
 - Hep B – 20%
- CDC: Vaccinate all MSM for Hep A and B if not already immune
- No Hep C vaccine, but explore risk factors
 - Screen if high-risk, born 1945-65, or HIV+

HPV Vaccination

- Nonavalent vaccine FDA-approved for males and females age 9-26 (upper limit of study population) in 2014 [Quadrivalent since 2011]
- 60% of all men are penile carriers
- MSM disproportionately affected
 - 65% of HIV-, 95% of HIV+ MSM are anal carriers
 - Up to 25% of never-MSMs are anal carriers
 - Anal cancer 15x more prevalent in MSM
- Prevalence does not vary by age

HPV Vaccination

Effectiveness in Males

- All males
 - 89.3% against external genital lesions
- MSM
 - 88.1% against external genital lesions
 - 77.5% against AIN 1/2/3
 - 74.9% against AIN 2/3 (HGAIN)
 - 60.77% reduction in lifetime anal cancer risk following treatment for HGAIN

Primary Care Opportunities

- Welcoming patients in
- Screening
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Obesity in Lesbian/Bisexual Women

- Higher rate of obesity/overweight than heterosexual women
- 78% of lesbians not sufficiently physically active
- 2009 ethnographic study revealed greater body acceptance within lesbian community
- Resistance to hetero-normative values leading to increased self-acceptance
- Experience with discrimination also manifests poor coping strategies (binge eating, alcohol)

Healthy Aging for Older LGBT persons

- Higher incidence of:
 - HIV
 - Diabetes
 - Certain cancers
 - Mental illness
 - Smoking
 - Substance abuse
- Financial security
- Social support and community engagement

Primary Care Opportunities

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Transgender Health

- Gender Identity Disorder became Gender Dysphoria in DSM-V (May 2013)
 - “a marked incongruence between one’s experienced/expressed gender and assigned gender”
 - Refocus on mental state rather than pathology
- Surgery and hormones not required for Dx
- Earlier self-identification

Transgender Health

- Physical examinations ONLY when necessary
 - Trans Men: Pap smears, bimanual exams
 - Trans Women: Prostate exams, breast exams
- Transitioning
 - Cross-gender hormones
 - Gender-affirming surgery
- Higher rates of violence

Transgender Health

- USCF Center of Excellence for Transgender Health
 - Needs assessment: Transgender persons want primary care in their own communities
 - No Centers of Excellence in rural areas
 - Redirecting emphasis away from specialty focus
 - Primary Care Protocols

Transgender Health

PRIMARY CARE PROTOCOLS FOR TRANSGENDER PATIENT CARE
now available online from the University of California San Francisco

► **<http://www.transhealth.ucsf.edu/protocols>**

- Accurate, peer-reviewed medical guidance
- Quick look-up, indexed by topic
- Basic health care concerns
- Hormonal management
- Baseline laboratory tests
- Cardiovascular, musculoskeletal, pulmonary issues
- Surgical options
- Terminology
- Youth & Aging issues
- Cancer, diabetes, sexual health, and more
- Reference materials

Transgender Health

- Access to care
 - Section 1557 of Affordable Care Act now prohibits sex and gender identity discrimination
 - Removing ovaries for cancer in trans man must be covered
 - State dependent whether gender-affirming treatment covered
 - Removing ovaries to affirm gender in trans man can be denied

Practice Recommendations

- Never assume sexual orientation, sexual behaviors, or gender identity
- Normalize disclosure through open communication and sexual history taking
- Participate actively in EMR data collection
- Consider more frequent HIV screening for MSM regardless of risk factors

Practice Recommendations

- Screen all patients for intimate partner violence
- Vaccinate all MSM to age 26 for HPV
 - Consider vaccinating over age 26 (off-label)
- Become familiar with Transgender Primary Care Protocols

Practice Recommendations

- Identify resources to share with patients

Ten Things Transgender Persons Should Discuss with their Health Care Providers

Following are the health issues GLMA's healthcare providers have identified as most commonly of concern for Transgender People. While not all of these items apply to everyone, it's wise to be aware of these issues.



- Seek out rotations and continuing education
- GLMA Provider Directory (glma.org)
 - “Straight for Equality” designation

Summary

- Social factors influence health of sexual minority and transgender men and women
- Evidence-based interventions can come from understanding biopsychosocial model of health
- Providers can impact patient care directly by understanding implications of current events and ongoing research into LGBT health

Additional Resources

- American Medical Association LGBT Advisory Committee
(www.ama-assn.org)
- Fenway Health provider and patient education
(www.fenwayhealth.org)
- LGBT Health journal
(www.liebertpub.com/overview/lgbt-health/618/)
- Transgender Health journal
(www.liebertpub.com/overview/transgender-health/634/)

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