Transforming Care for Lesbian, Gay, Bisexual, and Transgender People

Bryce W. Furness, MD, MPH

Epidemiology and Statistics Branch

Washington Medical Commission
Wednesday, December 16, 2020

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Before We Begin…

Questions

Questions will be answered at the end. You can submit a question at any time through the Q&A module.

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Presentation

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- The speakers, course director and planners at the Federation of State Medical Boards and Washington Medical Commission have nothing to disclose.

WHO AM I?

- **Medical Epidemiologist with the DSTDP @ CDC**
  - SME on LGBTQ+ health care
- **Embedded within DC DOH since 2002**
  - Volunteer physician at Whitman-Walker Health
    - Transgender Health Clinic
    - Gay Men's Health and Wellness Clinic
- **National Coalition of STD Director's MSM Advisory Committee**
  - Extragenital STD Screening Call-to-Action
- **National Coalition for Sexual Health's Health Care Action Group**
  - Sexual Health Questions to Ask All Patients

OBJECTIVES

- By the end of this presentation, participants should be able to…
- Describe three disparities in access to care and health outcomes LGBT patients experience
- Identify data which can be collected, monitored, and evaluated to enhance culturally affirming care for LGBT patients
- Summarize three initiatives that have been shown to enhance culturally affirming care for LGBT patients

REFERENCES

Transforming Primary Care for Lesbian, Gay, Bisexual, and Transgender People: A Collaborative Quality Improvement Initiative

Annals of Family Medicine

Vol. 18, No. 4 July/August 2020

Using Sexual Orientation and Gender Identity Data in Electronic Health Records to Assess for Disparities in Preventive Health Screening Services

International Journal of Medical Informatics

Volume 142, October 2020

DISPARITIES

- LGBT youth are 2 to 3 times more likely to attempt suicide and are more likely to be homeless
- Lesbians are less likely to get preventive services for cancer and, with bisexual females, are more likely to be overweight or obese
- Gay men are at higher risk for HIV and other STIs
- Transgender individuals have a high prevalence of HIV/STIs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers because of isolation and a lack of social services and culturally competent providers
- LGBT populations have the highest rates of tobacco, alcohol, and other substance use

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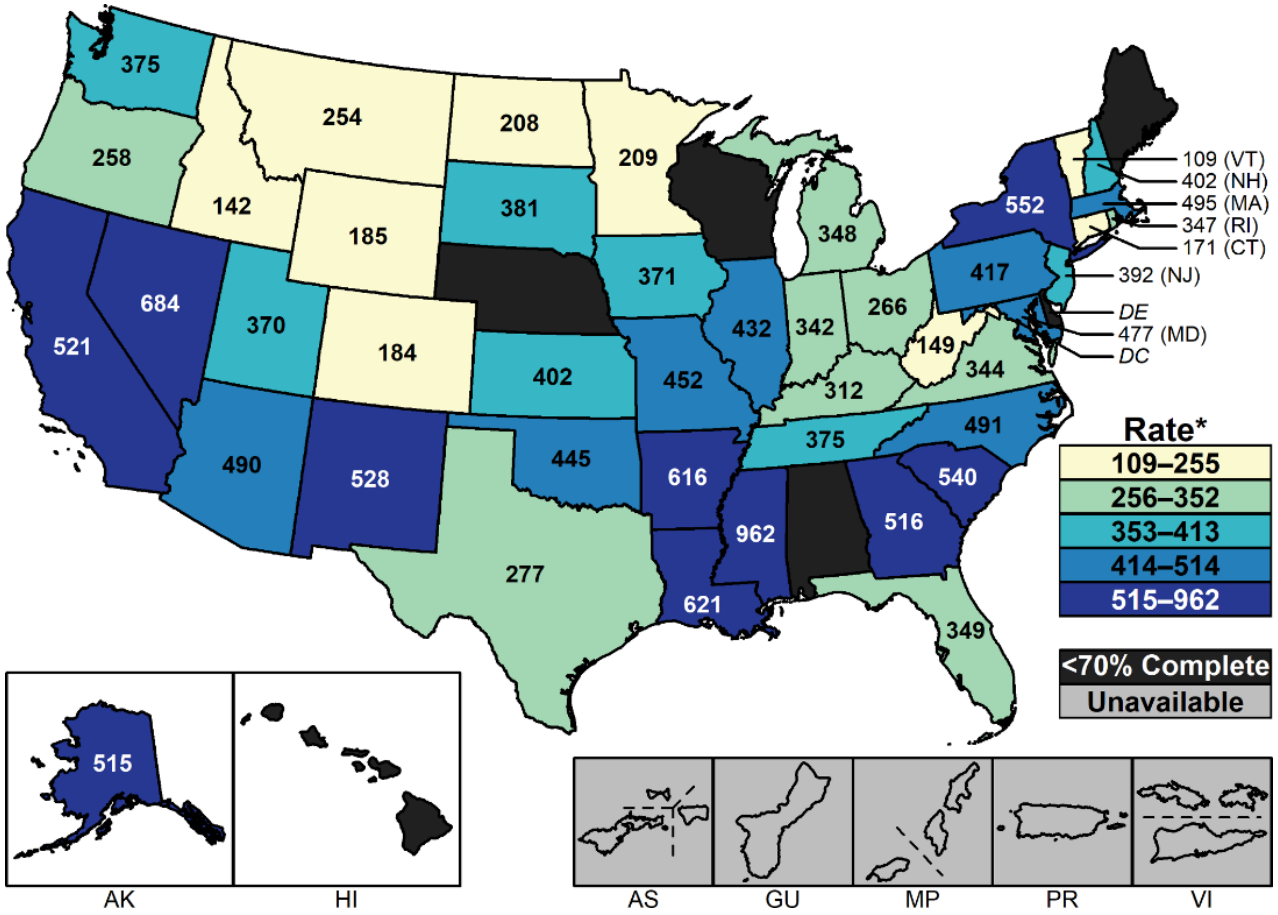
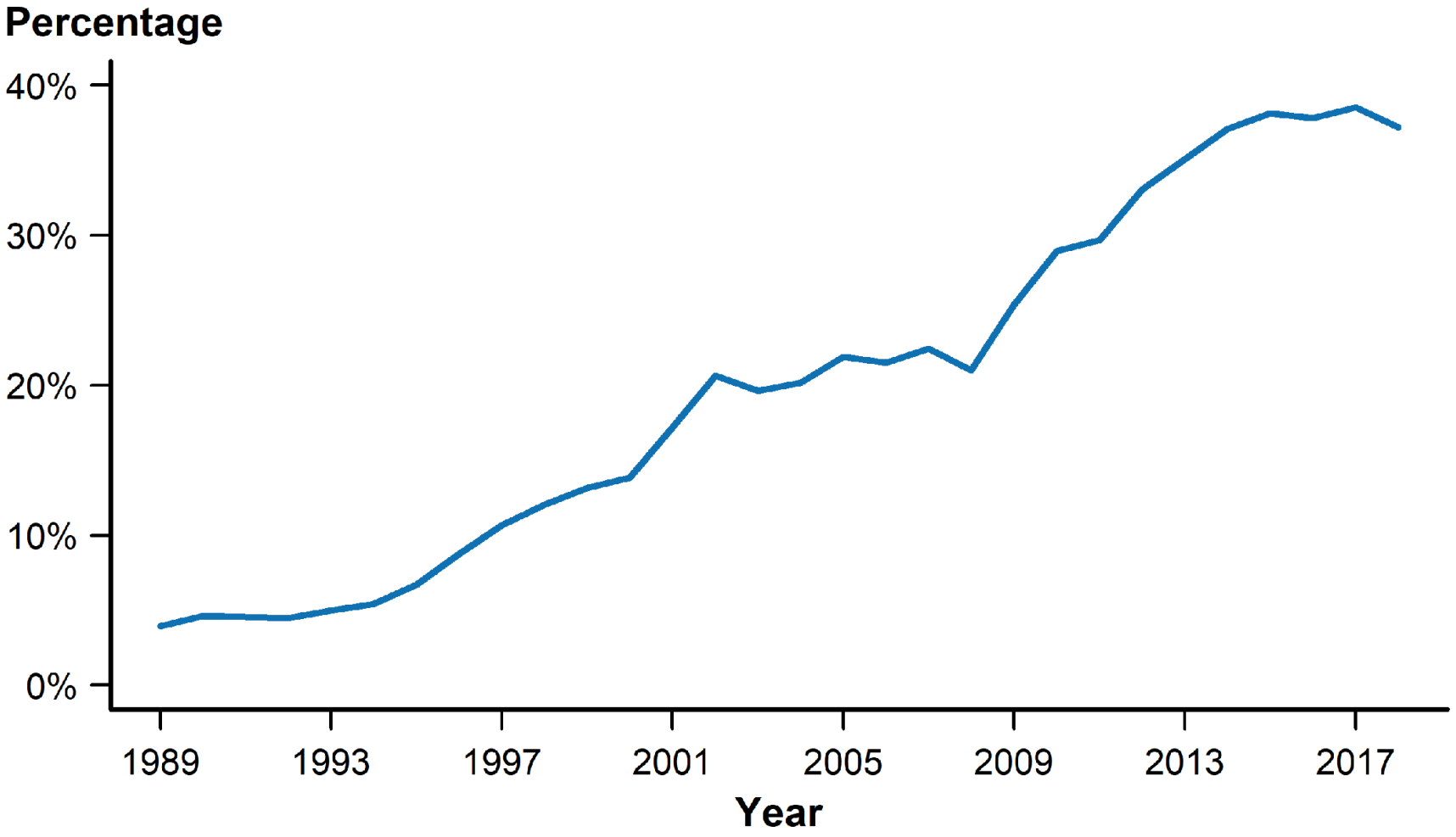
Primary and Secondary Syphilis — Estimated Rates of Reported Cases Among MSM by State, United States, 2018



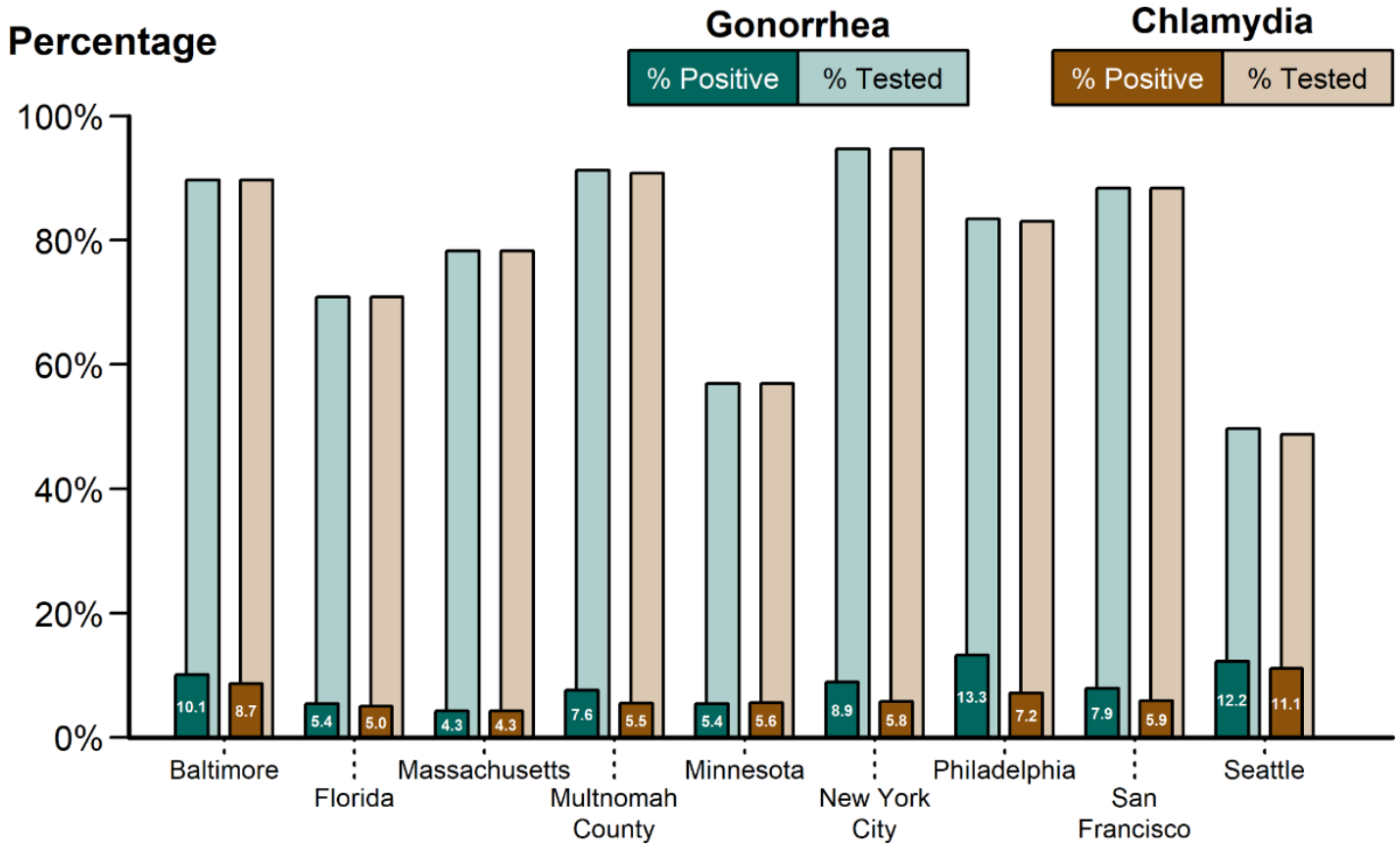
* Per 100,000.

NOTE: States reporting less than 70% of cases identified as MSM, MSW, or women in 2018 are suppressed. See Section A1.2 in the Appendix for information on estimating MSM population sizes for rate denominators.

Neisseria gonorrhoeae — Percentage of Urethral Isolates Obtained from MSM Attending STD Clinics, Gonococcal Isolate Surveillance Project (GISP), 1989–2018



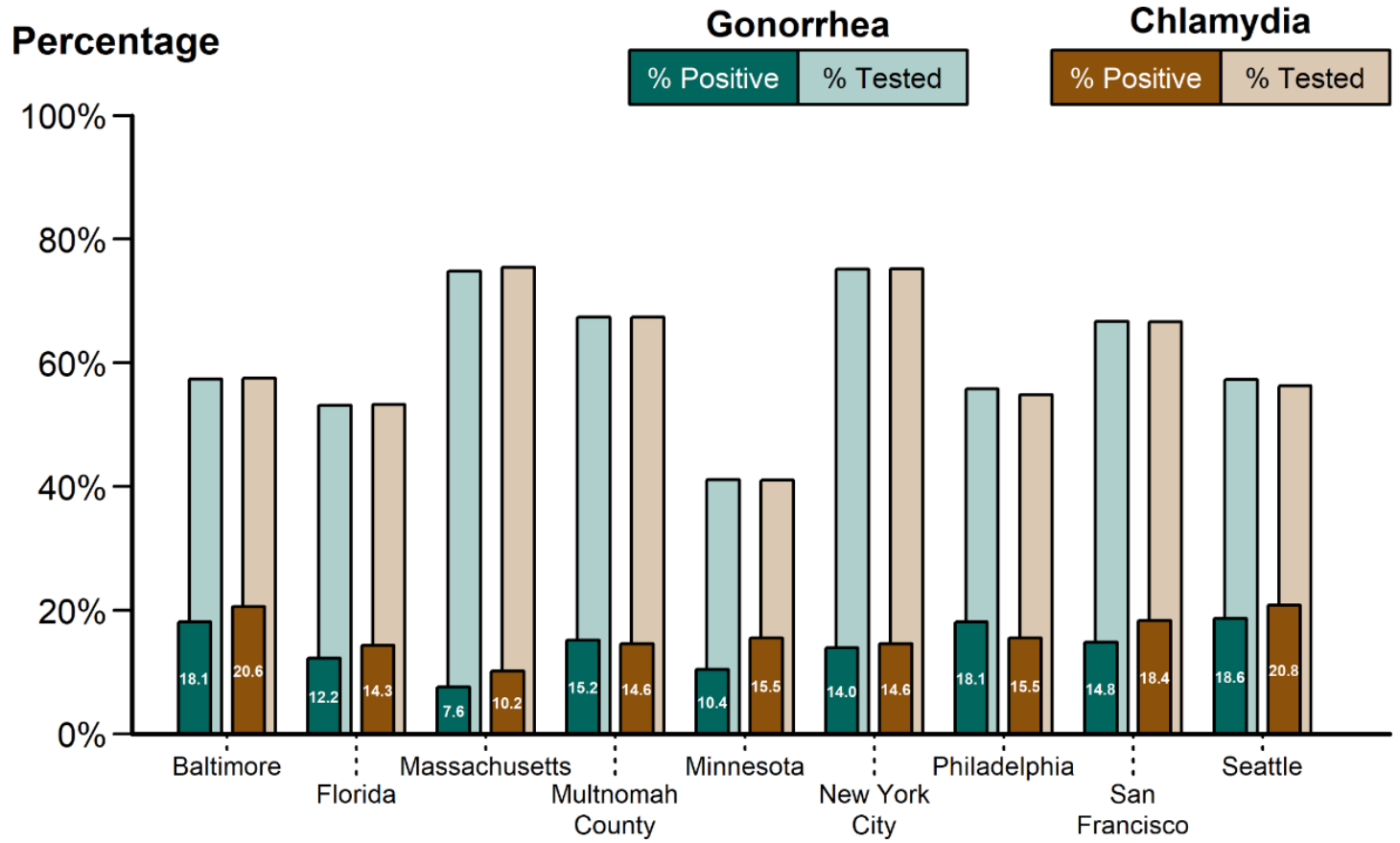
Gonorrhea and Chlamydia — Proportion* of MSM STD Clinic Patients Tested and Testing Positive† for Urogenital Gonorrhea and Chlamydia by Jurisdiction, STD Surveillance Network (SSuN), 2018



* Results based on data obtained from unique patients with known sex of sex partners tested for urogenital gonorrhea (n=26,151) and for urogenital chlamydia (n=26,087) ≥1 time in 2018.

† Percent positive among those tested for urogenital gonorrhea or chlamydia.

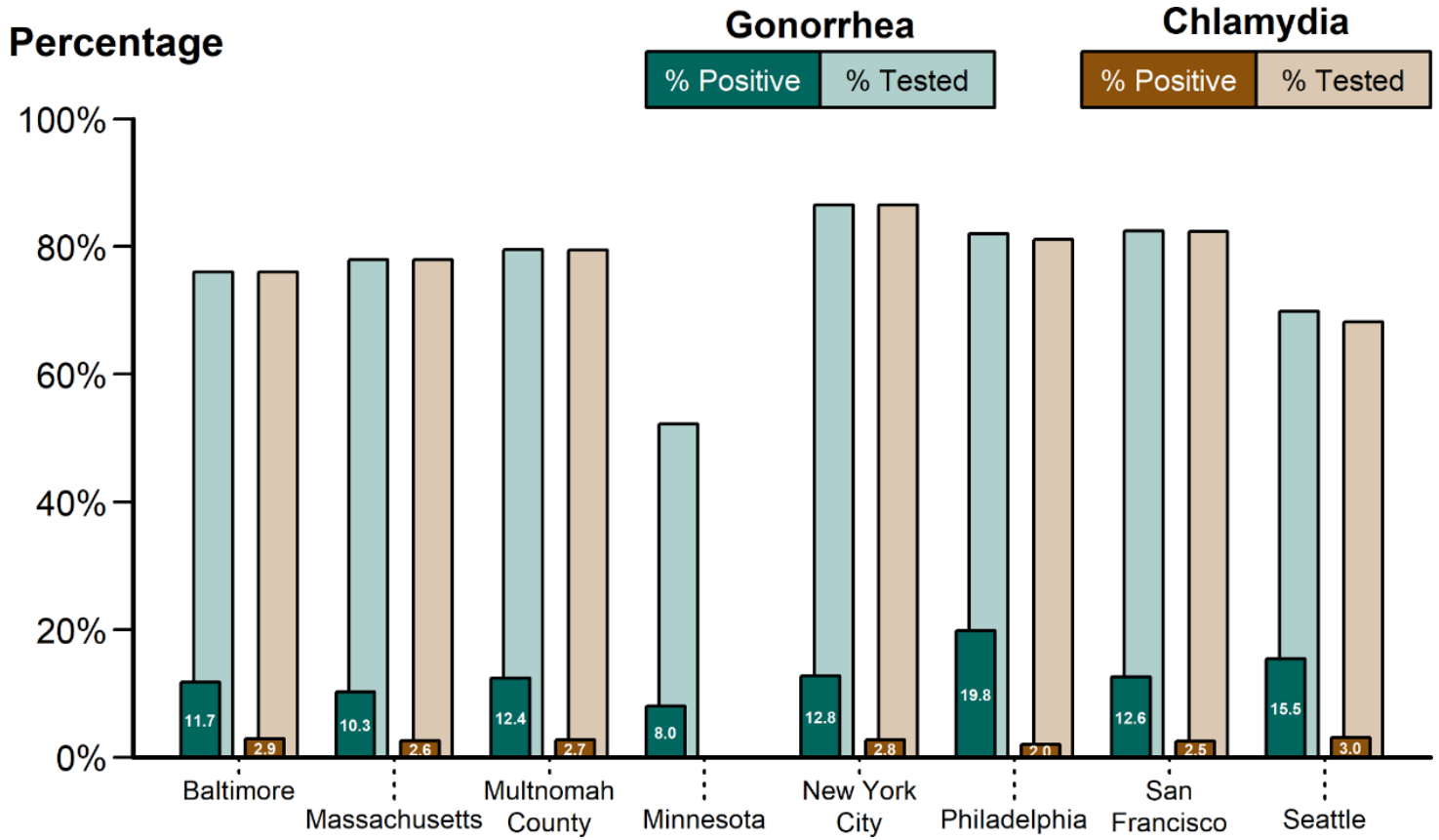
Gonorrhea and Chlamydia — Proportion* of MSM STD Clinic Patients Tested and Testing Positive† for Rectal Gonorrhea and Chlamydia by Jurisdiction, STD Surveillance Network (SSuN), 2018



* Results based on data obtained from unique patients with known sex of sex partners tested for rectal gonorrhea (n=20,798) and for rectal chlamydia (n=20,755) ≥1 time in 2018.

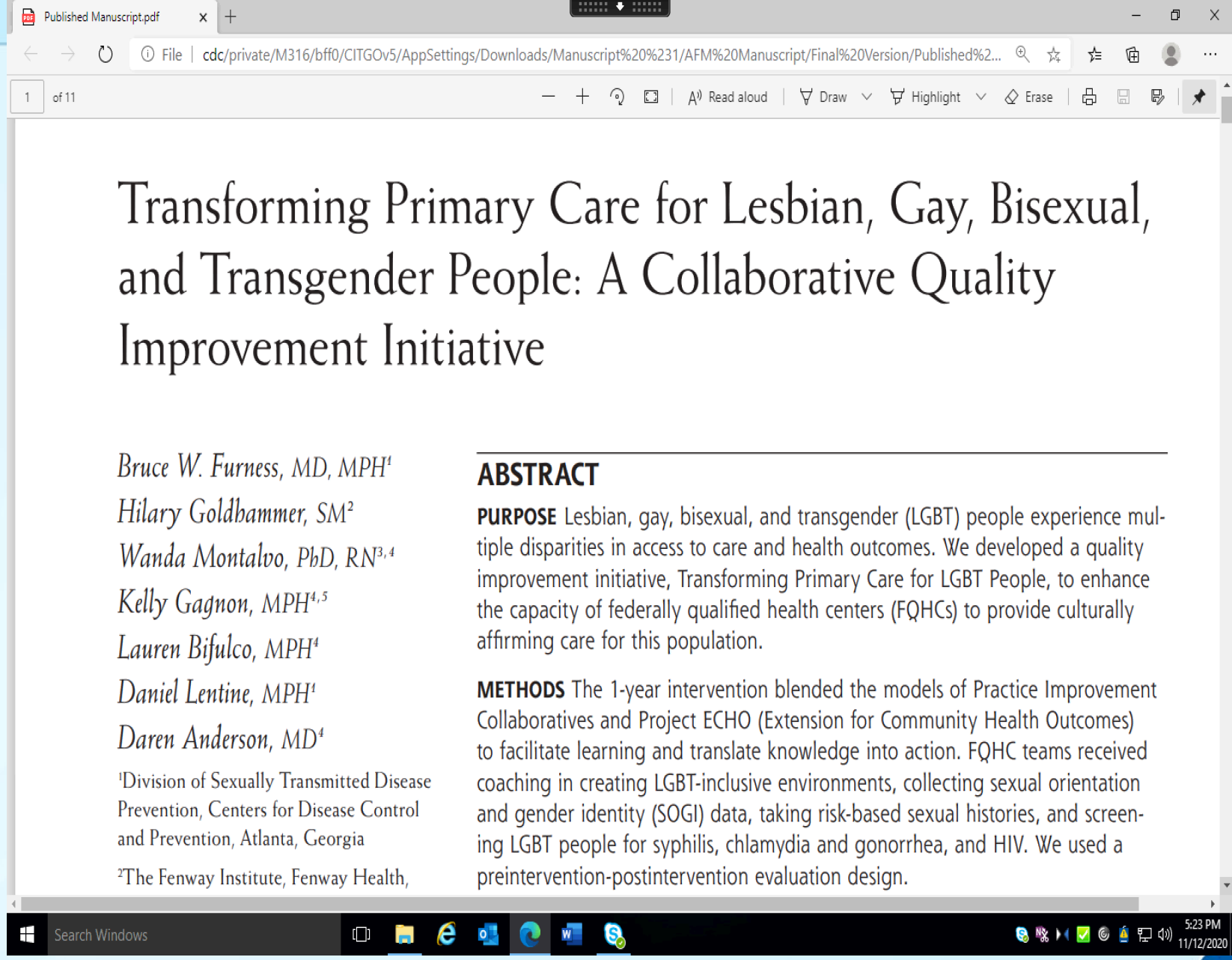
† Percent positive among those tested for rectal gonorrhea or chlamydia.

Gonorrhea and Chlamydia — Proportion* of MSM STD Clinic Patients Tested and Testing Positive† for Pharyngeal Gonorrhea and Chlamydia by Jurisdiction, STD Surveillance Network (SSuN), 2018



* Results based on data obtained from unique patients with known sex of sex partners tested for pharyngeal gonorrhea (n=23,695) and for pharyngeal chlamydia (n=21,767) ≥1 time in 2018.

† Percent positive among those tested for pharyngeal gonorrhea or chlamydia.



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1 of 11 Read aloud Draw Highlight Erase

Transforming Primary Care for Lesbian, Gay, Bisexual, and Transgender People: A Collaborative Quality Improvement Initiative

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ABSTRACT

PURPOSE Lesbian, gay, bisexual, and transgender (LGBT) people experience multiple disparities in access to care and health outcomes. We developed a quality improvement initiative, Transforming Primary Care for LGBT People, to enhance the capacity of federally qualified health centers (FQHCs) to provide culturally affirming care for this population.

METHODS The 1-year intervention blended the models of Practice Improvement Collaboratives and Project ECHO (Extension for Community Health Outcomes) to facilitate learning and translate knowledge into action. FQHC teams received coaching in creating LGBT-inclusive environments, collecting sexual orientation and gender identity (SOGI) data, taking risk-based sexual histories, and screening LGBT people for syphilis, chlamydia and gonorrhea, and HIV. We used a preintervention-postintervention evaluation design.

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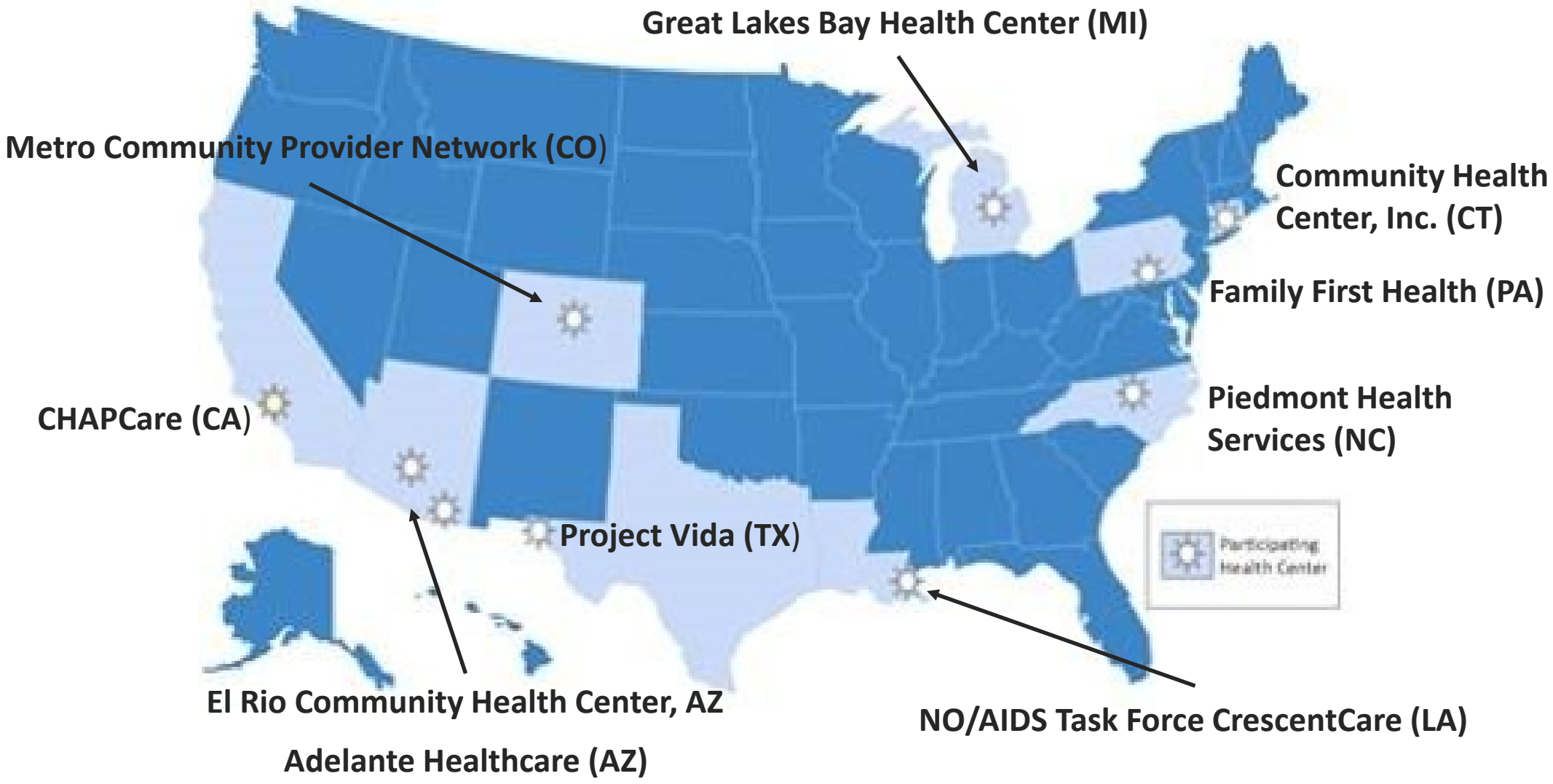
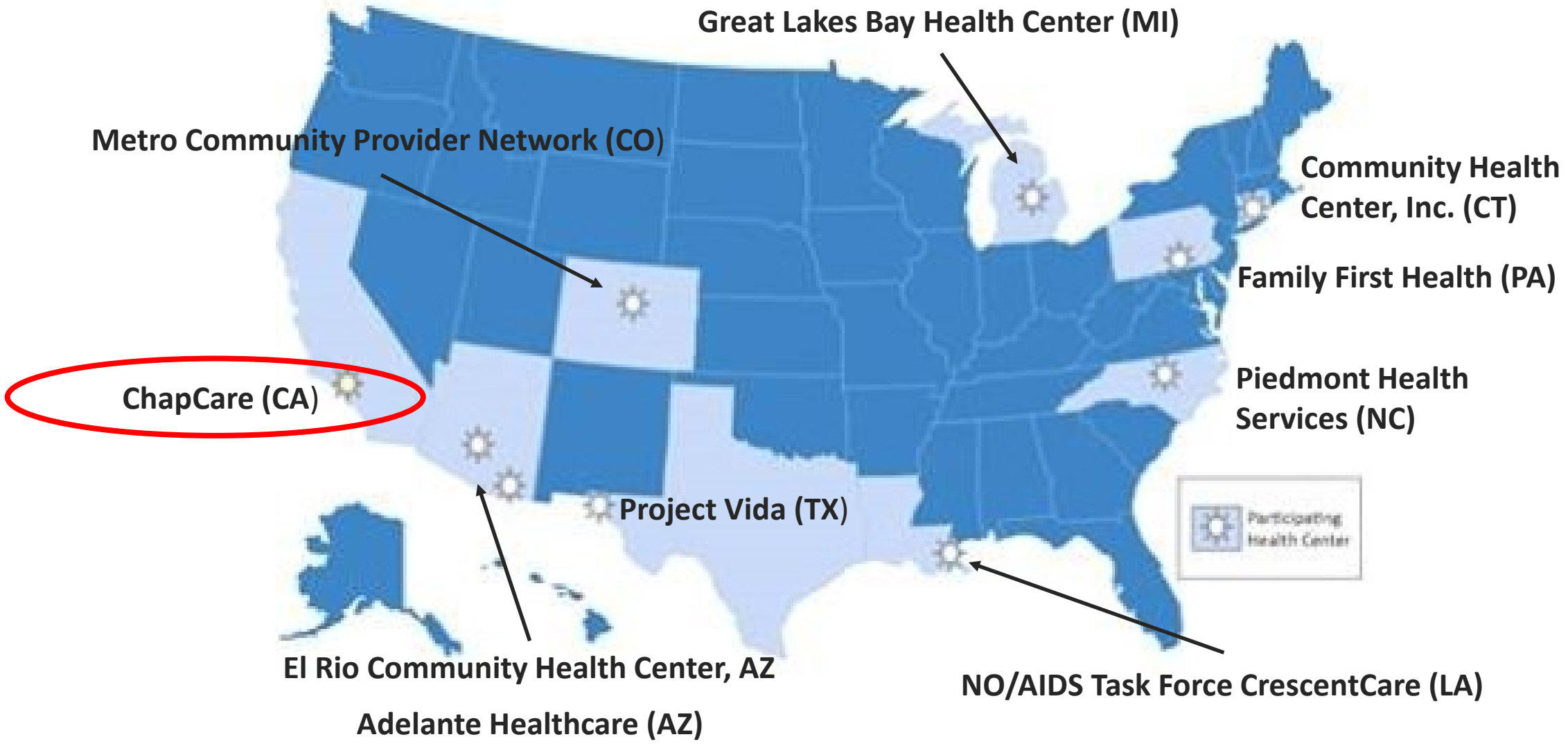
TRANSFORMING PRIMARY CARE FOR LGBT PEOPLE

- We developed a quality improvement initiative to enhance the capacity of ten federally qualified health centers (FQHCs) to provide culturally affirming care for LGBT people
- The 1-year intervention blended the models of Practice Improvement Collaboratives and Project ECHO to facilitate learning and translate knowledge into action
- FQHCs received coaching in creating LGBT-inclusive environments, collecting SOGI data, taking risk-based sexual histories, and screening LGBT people for syphilis, chlamydia, gonorrhea and HIV
- We used a pre-intervention / post-intervention evaluation design

Participating Sites (n=10)



Participating Sites (n=10)



PROJECT ECHO®

- Extension for Community Health Outcomes
- A model connecting specialists to primary care providers through videoconferencing
- Facilitates case-based learning, dissemination of best practices, and evaluation of outcomes
- Has been shown to improve chronic pain management and hepatitis C diagnosis and treatment in community health centers

SEXUAL ORIENTATION / GENDER IDENTITY

- **Do you think of yourself as:**
  - Lesbian, gay, or homosexual
  - Straight or heterosexual
  - Bisexual
  - Something else
  - Don’t know
  - Choose not to disclose

- **What is your gender identity?**
  - Male
  - Female
  - Transgender male (FTM)
  - Transgender female (MTF)
  - Other (genderqueer)
  - Choose not to disclose
- **What sex were you assigned at birth?**
  - Male or female

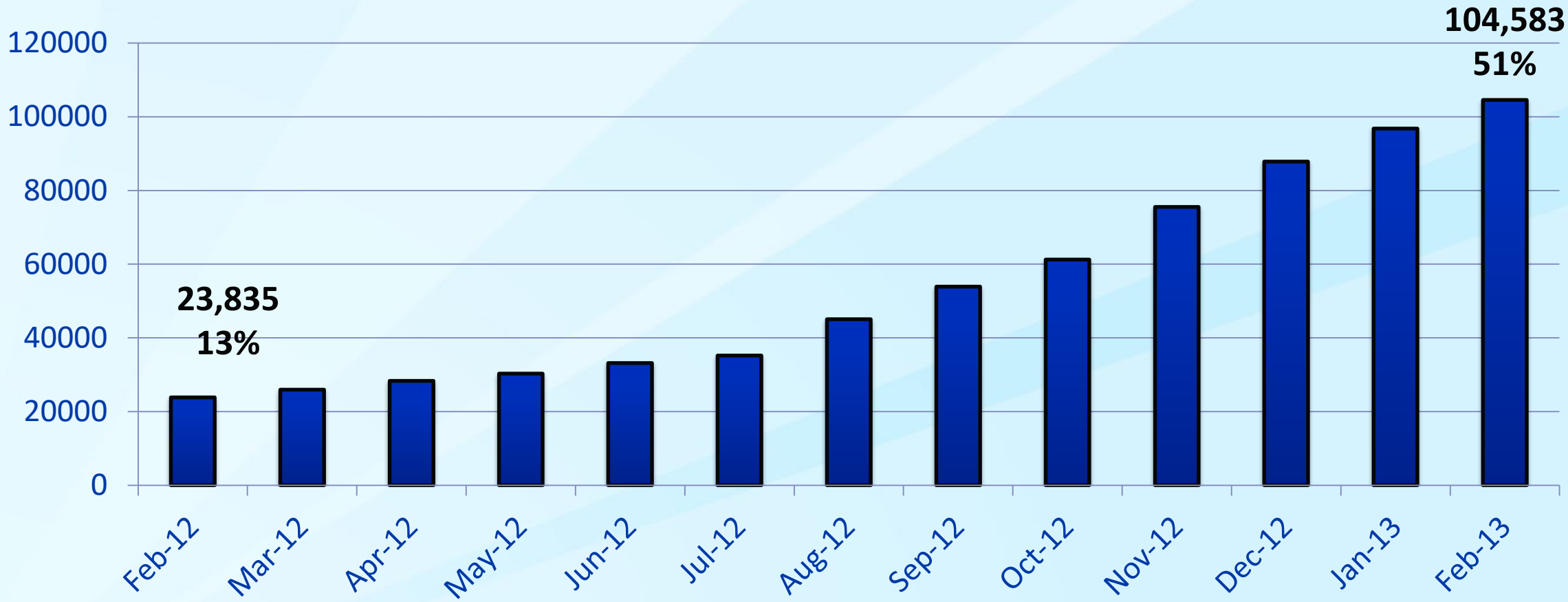
STI SCREENING OF MSM

- HIV serology – if HIV status is unknown or negative
- Syphilis serologies – both treponemal and non-treponemal assays
- A test for urethral chlamydia and gonorrhea infections – in men who have had insertive intercourse in the preceding year
- A test for rectal chlamydia and gonorrhea infections – in men who have had receptive anal intercourse in the preceding year
- A test for pharyngeal gonorrhea infection – in men who have had receptive oral intercourse in the preceding year

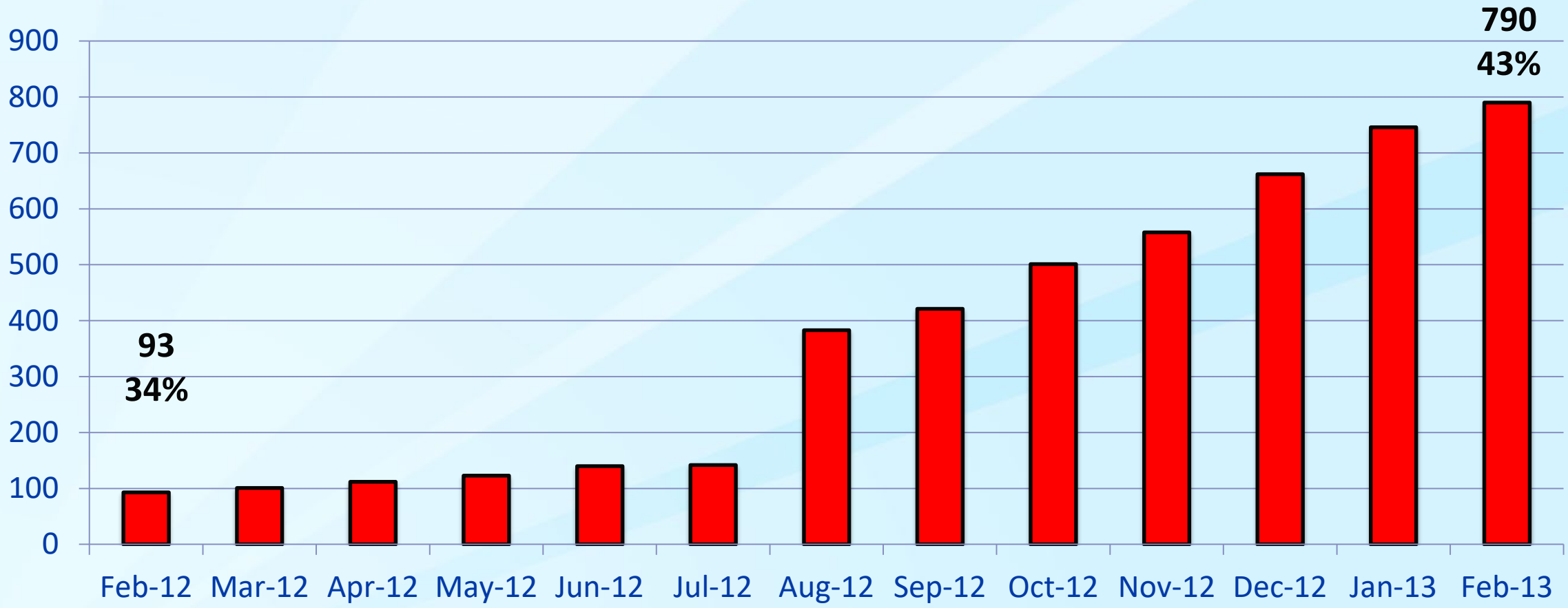
MEASURES

- #1 - Number and percent of all patients 18 years and older from the participating provider panel(s) seen in the past year who had SOGI documented in the electronic health record
- #2 - Number and percent of all LGBT patients seen in the past year who received a comprehensive sexual history with risk assessment
- #3 - Number and percent of all LGBT patients seen in the past year who were tested for syphilis
- #4 - Number and percent of all LGBT patients seen in the past year who were tested for chlamydia / gonorrhea
- #5 - Number and percent of all LGBT patients with negative or unknown HIV status seen in the past year who were tested for HIV

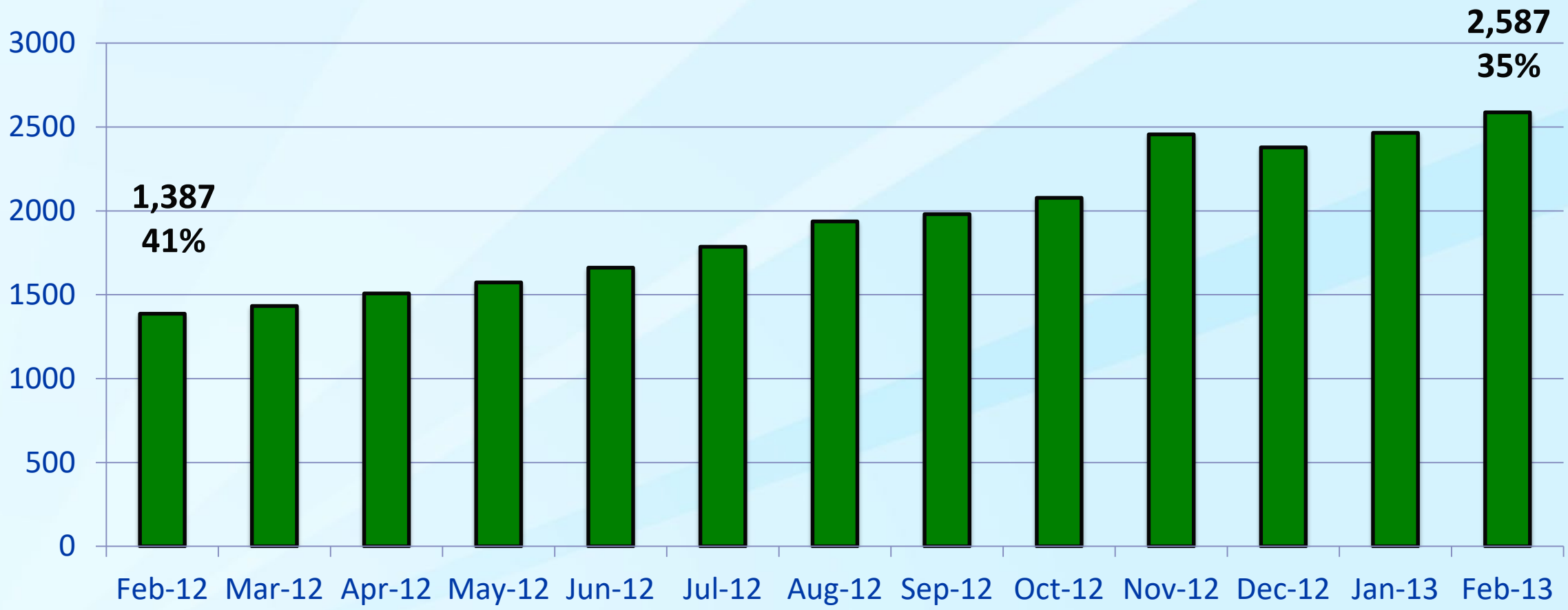
SOGI COLLETION AND REPORTING (N=9)



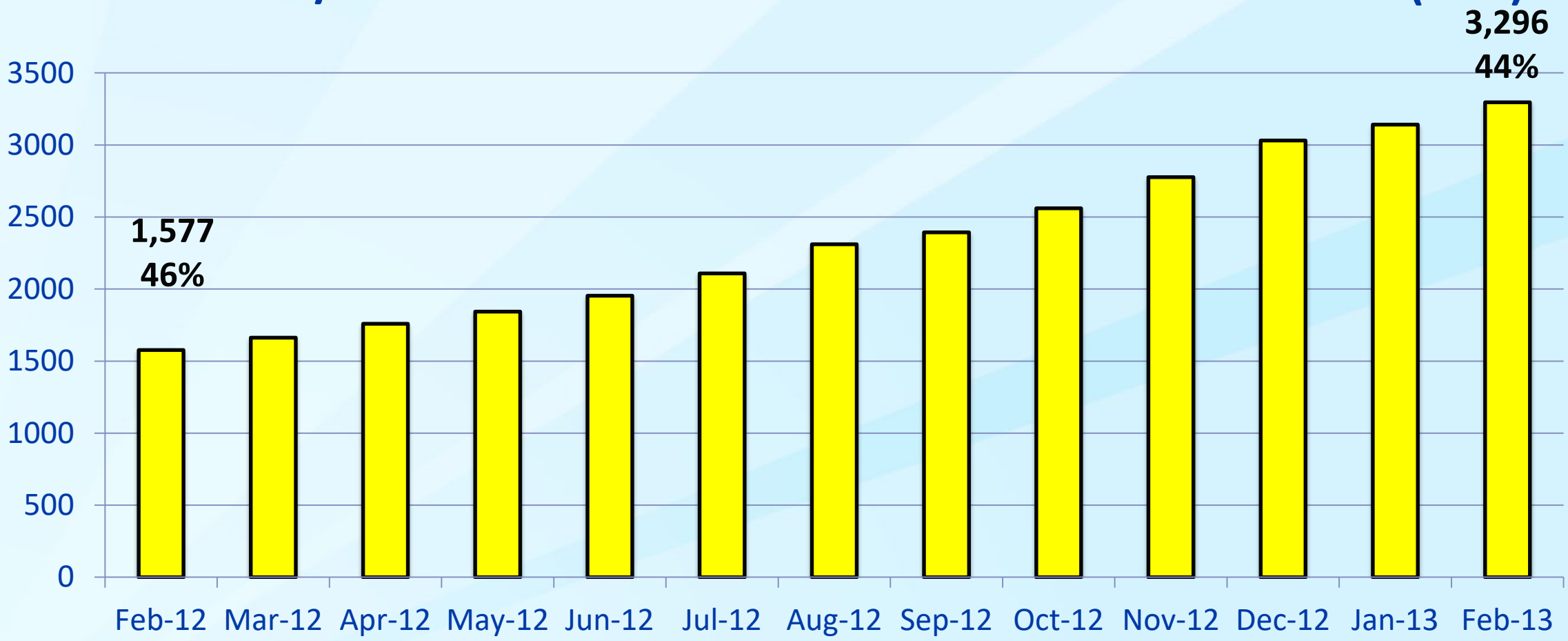
SEXUAL HISTORY COLLECTION AMONG LGBT PATIENTS (N=6)



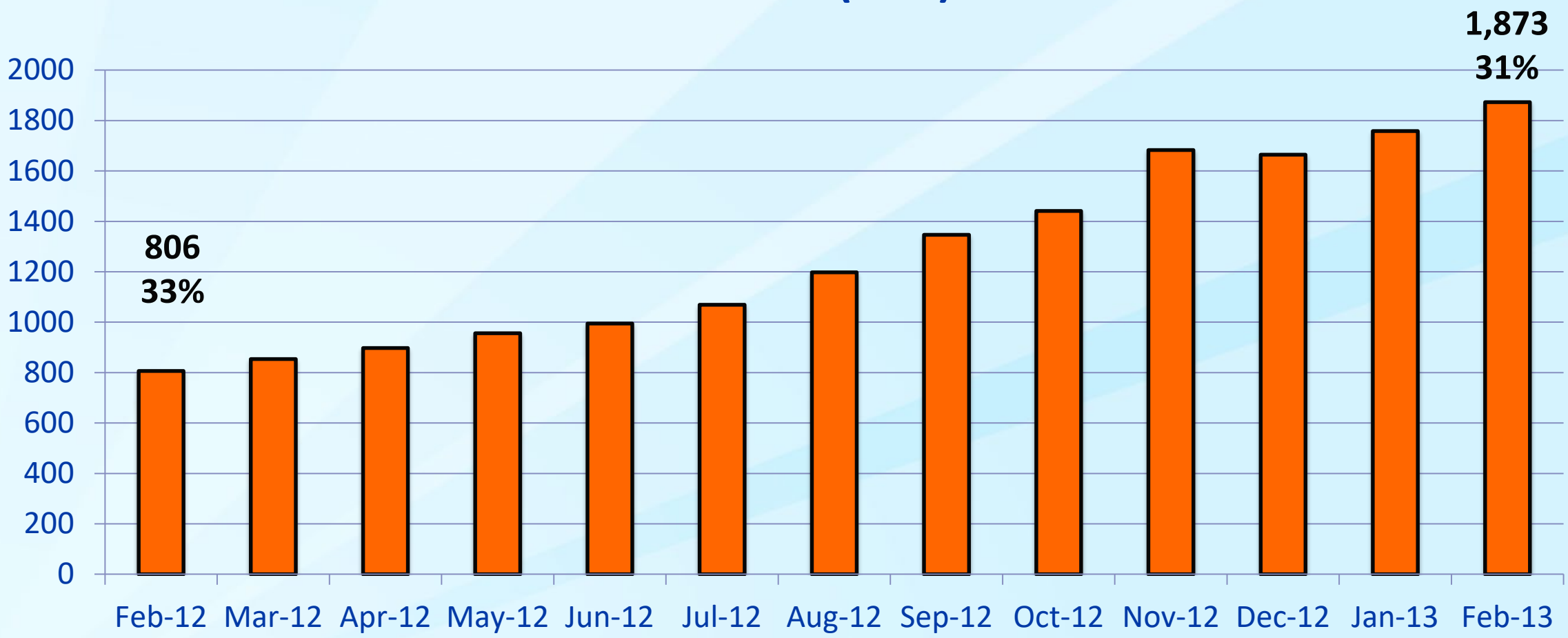
SYPHILIS SCREENING AMONG LGBT PATIENTS (N=8)

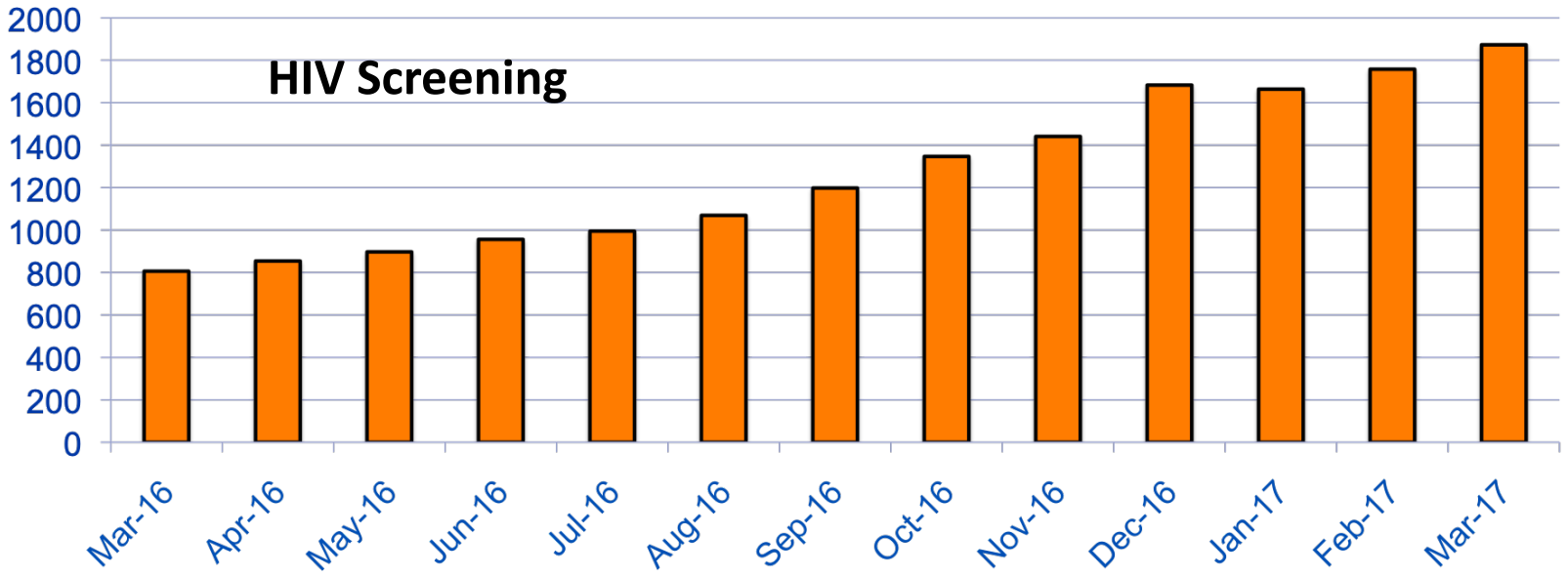


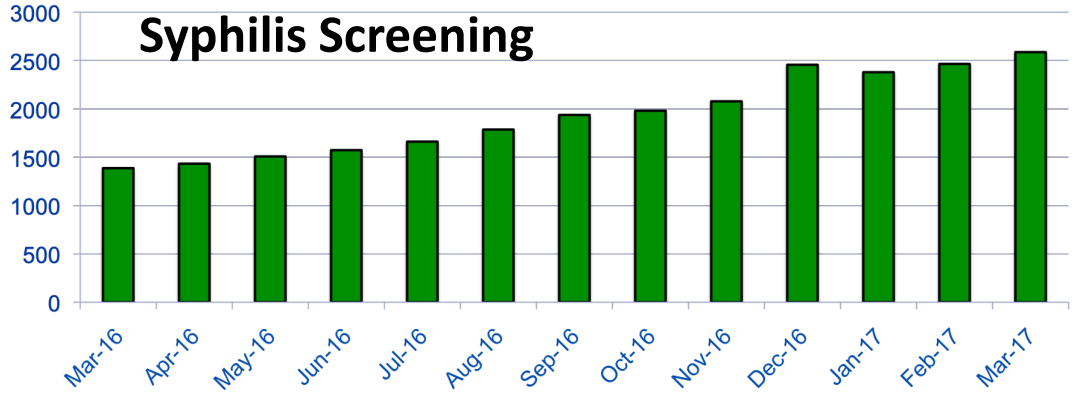
CHLAMYDIA/GONORRHEA SCREENING AMONG LGBT PATIENTS (N=8)

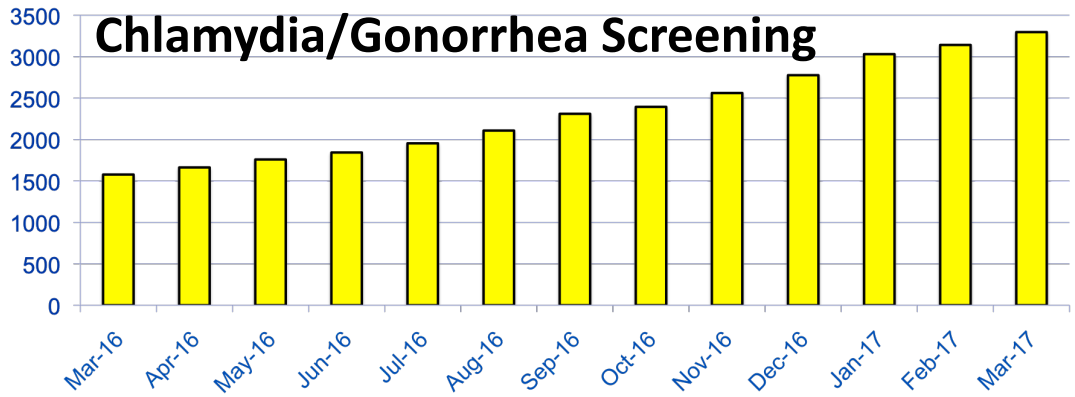


HIV SCREENING AMONG HIV NEGATIVE OR UNKNOWN STATUS LGBT PATIENTS (N=8)




HIV Screening
2000
1800
1600
1400
1200
1000
800
600
400
200
0
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17


Syphilis Screening
3000
2500
2000
1500
1000
500
0
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17


Chlamydia/Gonorrhea Screening
3500
3000
2500
2000
1500
1000
500
0
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17

DATA COLLECTION AND REPORTING

	EMR Data Pull	Manual Chart Review	Not Reporting
Measure 1 (SO/GI)	9	0	1
Measure 2 (Sexual History)	2	4	4
Measure 3 (Syphilis)	5	3	2
Measure 4 (CT/GC)	5	3	2
Measure 5 (HIV)	5	3	2

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Measure 5 (HIV)	5	3	2

SELECT SIGNIFICANT FINDINGS FROM THE PRE/POST-INTERVENTION PRACTICE ASSESSMENTS

	Pre- (#)	Post- (#)	P-Value
All health center patients are asked SOGI questions	2	9	p = 0.008†
SOGI can be captured in the health center's EHR	6	10	p = 0.046†
SOGI can be captured as structured data in the EHR	5	10	p = 0.025†
HIV-positive patients can be stratified by LGBT category	4	10	p = 0.014†
Reports can be generated for HIV-positive patients stratified by LGBT category	0	7	p = 0.008†
Transgender patients can be identified for targeted HIV screening	4	9	p = 0.025†
LGBT signage is clearly posted in public areas of the health center	0	5	p = 0.040‡
Grand Rounds on LGBT health have been offered within the past 5 years at the health center	3	7	p = 0.046†

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SELECT NON-SIGNIFICANT FINDINGS FROM THE PRE/POST-INTERVENTION PRACTICE ASSESSMENTS

	Pre- (#)	Post- (#)	P-Value
Health center is able to identify MSM population for targeted HIV screening	5	8	p = 0 .083[ŧ]
Health center conducts fourth generation HIV testing of MSM at least annually	5	6	p = 0.564[ŧ]
Health center policies protect staff from discrimination based on sexual orientation	9	10	p = 0.317[ŧ]
Health center policies protect staff from discrimination based on gender identity and/or gender expression	6	9	p = 0.180[ŧ]
Health center has clear mechanisms for reporting and addressing discrimination or disrespect of LGBT people	6	9	p = .083[ŧ]
Health center has clear policy protecting patients based on gender identity and/or gender expression	7	10	p = .083[ŧ]

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OVERWHELMING INTEREST

	Providers				Sites			
	Pre (#)	Post (#)	Possible (#)	Spread (%)	Pre (#)	Post (#)	Possible (#)	Spread (%)
HC1	1	18	18	100%	1	3	3	100%
HC2	1	8	13	62%	1	6	10	60%
HC3	1	29	31	94%	1	8	8	100%
HC4	1	3	20	15%	1	1	6	17%
HC5	1	4	80	5%	1	4	10	40%
HC6*	1	39	39	100%	1	27	27	100%
HC7	1	2	60	3%	1	1	22	5%
HC8*	1	1	470	0%	1	1	9	11%
HC9	1	207	207	100%	1	13	13	100%
HC10	1	120	120	100%	1	15	15	100%
Totals	10	431	1058	41%	10	79	123	64%

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HC7	1	2	60	3%	1	1	22	5%
HC8*	1	1	470	0%	1	1	9	11%
HC9	1	207	207	100%	1	13	13	100%
HC10	1	120	120	100%	1	15	15	100%
Totals	10	431	1058	41%	10	79	123	64%

CONCLUSIONS

- **Unique design – incorporated Practice Improvement Collaboratives and Project ECHO®**
  - First published report of a national quality improvement collaborative focused on culturally affirming care for LGBT people
  - First Project ECHO to focus on a population rather than a disease, disorder, or medical specialty
- **Performance improvements:**
  - SOGI documentation
  - Targeted STD and HIV screening of LGBT patients
  - LGBT culturally affirming practices and policies
- **Greatest challenge = FQHCs conducting and capturing risk-based sexual histories**

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Using sexual orientation and gender identity data in electronic health records to assess for disparities in preventive health screening services

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[b] National Association of Community Health Centers, 7501 Wisconsin Ave., Suite 1100W, Bethesda, MD 20814, United States
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ARTICLE INFO

Keywords:

ABSTRACT

Background: Lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations have an increase

DISPARITIES

- LGBT youth are 2 to 3 times more likely to attempt suicide and are more likely to be homeless
- Lesbians are less likely to get preventive services for cancer and, with bisexual females, more likely to be overweight or obese
- Gay men are at higher risk for HIV and other STIs
- Transgender individuals have a high prevalence of HIV/STIs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers because of isolation and a lack of social services and culturally competent providers
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use

USING SOGI DATA…

- We assessed an approach for using SOGI electronic health record data to identify potential preventive health screening disparities
- Five FQHCs from the previous study retrospectively extracted three consecutive months of EHR patient data on SOGI and routine screening for cervical cancer, tobacco use, and clinical depression
- The screening data were stratified across SOGI categories
- Statistically significant differences in screening compliance across SOGI categories within each FQHC were identified

… TO ASSESS FOR PREVENTIVE HEALTH SCREENING DISPARITIES

- In all FQHCs, cervical cancer screening percentages were lower among lesbian patients than among bisexual and heterosexual patients
- In three FQHCs, cervical cancer screening percentages were lower for transgender men than for cisgender women
- Within each FQHC, we observed statistically significant associations between SOGI categories and at least one screening measure
- The small number of transgender patients, and limitations in EHR functionality, created challenges in interpretation of SOGI data

CONCLUSIONS

- First published report of using SOGI data from EHRs to detect potential disparities in healthcare services to LGBT patients
- Findings were consistent with the research literature and suggest that using SOGI EHR data to detect preventive screening disparities has value
- EHR functionality should allow for cross-checking gender identity and sex assigned at birth to reduce errors in data interpretation
- Additional functionality, like clinical decision support based on anatomical inventories rather than gender identity, is needed to more accurately identify services that transgender patients need

TAKING COMPREHENSIVE SEXUAL HISTORIES

- Helps normalize the collection of sexual orientation and gender identity information
- Elicits specific behaviors – receptive oral intercourse, receptive anal intercourse, insertive sex – to identify anatomical sites to be tested
- Elicits other risk factors – number of partners, types of partners (pseudo-anonymous), sex while drunk or high – to determine frequency of testing
- Identifies gaps in preventive health care – pap smears, immunizations
- Guides patient education and risk-reduction counseling messages

THE FIVE "Ps" OF SEXUAL HISTORY-TAKING

- https://www.cdc.gov/std/treatment/sexualhistory.pdf
- **Partners**
  - Number, anonymous or pseudo-anonymous, coerced, concept of concurrency
- **Practices**
  - Insertive vs. receptive, transactional sex, toys, drug/alcohol use
- **Past history of STIs**
  - Infection, anatomical site, HIV status, partner notification
- **Protection**
  - Condoms, sero-sorting, vaccinations
- **Pregnancy prevention**
  - Birth control, family planning

THE SIXTH "P" OF SEXUAL HISTORY-TAKING = PLUS

- **Pleasure**
  - Is sex pleasurable? If not, why?
  - Do you talk about sexual desires and boundaries with your partner(s)?
  - What's holding you back from a better sex life?
- **Problems**
  - Are you having difficulties when having sex? (Pain, discomfort, lack of arousal, lack of orgasm)
  - Are you concerned about your sex drive? What about the sex drive of your partner(s)?
- **Pride**
  - What support, if any, do you have from your family and friends about your sexual orientation?
  - What support, if any, do you have from your family and friends about your gender identity?
  - Are you experiencing any harassment or violence due to your SO or GI?

TOP TEN HEALTH ISSUES AFFECTING LESBIANS, GAY MEN, BISEXUALS, AND TRANSGENDER PEOPLE

http://www.glma.org

TOP 10 HEALTH ISSUES AMONG LESBIANS

- Breast cancer
- Depression / anxiety
- Heart health
- Gynecological cancer
- Fitness
- Tobacco
- Alcohol
- Substance use
- Intimate partner violence
- Sexual health

TOP 10 HEALTH ISSUES AMONG GAY MEN

- Honesty / transparency
- HIV/AIDS / safe sex
- Hepatitis immunization and screening
- Fitness (diet and exercise)
- Substance use / alcohol
- Depression / anxiety
- STIs
- Prostate / testicular / colon cancer
- Tobacco
- HPV

TOP 10 HEALTH ISSUES AMONG BISEXUALS

- Honesty / transparency
- HIV/AIDS / safe sex
- Hepatitis immunization and screening
- Fitness (diet and exercise)
- Substance use / alcohol
- Depression / anxiety
- STIs
- Prostate / testicular / breast / colon cancer
- Tobacco
- HPV

TOP 10 HEALTH ISSUES AMONG TRANSGENDER PERSONS

- Access to health care
- Health history
- Hormones
- Cardiovascular health
- Cancer
- Sexually transmitted infections and safer sex
- Alcohol and tobacco
- Depression
- Injectable silicone
- Fitness / diet and exercise

WHAT CAN YOU DO TO TRANSFORM CARE FOR LGBT PEOPLE?

- Collect and capture sexual orientation, gender identity, sex at birth, and gender of sex partners
- Use these data for assessing disparities and improving care
- Institute policies to protect patients and staff from discrimination based on sexual orientation and gender expression
- Institute practices that make your clinic more welcoming to LGBT people – LGBT signage clearly posted in public spaces; collect, capture, and use preferred names and preferred pronouns
- Provide educational opportunities concentrating on LGBT health - lectures and grand rounds, cultural humility training of new employees

WHAT ELSE CAN YOU DO TO TRANSFORM CARE FOR LGBT PEOPLE?

- Consider using anatomical inventories rather than sexual orientation and gender identity to target cancer screenings
- Consider screening LGBT patients for mental health and substance abuse issues
- Capture, follow, and address weights / discuss their Body Mass Index
- Capture tobacco usage and readiness to quit
- Inquire about intimate partner violence and identify resources if needed
- Provide immunizations for sexually transmitted infections like hepatitis A, hepatitis B, and HPV

RESOURCES

- https://www.cdc.gov/std/stats18/default.htm
  - National STI surveillance data – includes information on MSM
- http://www.nachc.org/wp-content/uploads/2018/07/LGBT-Toolkit.pdf
  - The Transforming Primary Care for LGBT People Toolkit
- https://www.cdc.gov/std/treatment/sexualhistory.pdf
  - The Five “Ps” of Sexual History Taking
- https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/sexual-health-questions-to-ask-all-patients
  - The Sixth “P” of Sexual History Taking
- http://www.glma.org
  - Top Ten Health Issues

Thank you!

Contact information:
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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

		Mar ‘16	April ‘16	May ‘16	June ‘16	July ‘16	Aug ‘16	Sept ‘16	Oct ‘16	Nov ‘16	Dec ‘16	Jan ‘17	Feb ‘17	Mar ‘17
SOGI	Num.	23,835	25,933	28,308	30,272	33,143	35,225	45,084	53,874	61,250	75,530	87,839	96,778	104,583
	Den.	177,130	182,811	183,539	184,670	186,732	187,300	189,706	191,643	200,385	201,610	203,231	204,269	205,738
	%	13%	14%	15%	16%	18%	19%	24%	28%	31%	37%	43%	47%	51%
Sex. Hist.	Num.	93	101	112	123	140	142	383	421	501	558	662	746	790
	Den.	275	312	358	387	424	440	972	1,042	1,206	1,498	1,662	1,665	1,832
	%	34%	32%	31%	32%	33%	32%	39%	40%	42%	37%	40%	45%	43%
Syph.	Num.	1,387	1,433	1,508	1,573	1,661	1,786	1,937	1,981	2,078	2,456	2,379	2,465	2,587
	Den.	3,395	3,517	3,670	3,812	4,003	4,214	4,904	5,115	5,447	6,922	6,776	7,131	7,468
	%	41%	41%	41%	41%	41%	42%	39%	39%	38%	35%	35%	35%	35%
CT / GC	Num.	1,577	1,663	1,759	1,843	1,954	2,108	2,310	2,394	2,561	2,776	3,030	3,141	3,296
	Den.	3,395	3,517	3,670	3,812	4,003	4,214	4,904	5,115	5,447	6,922	6,776	7,131	7,468
	%	46%	47%	48%	48%	49%	50%	47%	47%	47%	40%	45%	44%	44%
HIV	Num.	806	854	897	956	995	1,069	1,198	1,347	1,441	1,683	1,664	1,758	1,873
	Den.	2,435	2,529	2,655	2,788	2,939	3,151	3,546	3,960	4,257	5,628	5,442	5,891	6,140
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