Providing Quality Care for LGBT People in Patient Centered Medical Homes: Ending Invisibility and Overcoming Health Disparities

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Key points:

- Focus on Population Health
- Why LGBT Health?
  - Relation to HIV/AIDS Prevention and Care
  - Integration into Primary Care
- Understanding LGBT Demographics, Concepts
- Overcoming Barriers to Change
  - Creating Systems in Health Care Settings
  - Creating Environments for Learning, Working, and Caring
A Long History of Bias in Health Care

- 1999 survey (CA): 18.7% of physicians sometimes or often uncomfortable providing care to gay patients (Smith and Mathews, 2007).

- 2007 survey: 30.4% of patients would change providers upon finding out their provider was gay/lesbian (Lee et al., 2008)

- 2005/6 surveys of medical students (AAMC reporter, 2007)
  - 15% reported mistreatment of LGBT students at schools
  - 17% of LGBT students reported hostile environments
Social Determinants of Health

The Impact of Stigma and Discrimination

Lungile Cleopatra Dladla, who was raped in this field. Photograph by Zanele Muholi.
Health Disparities Exist Across the Life Cycle
LGBT Disparities: Healthy People 2020

- LGBT youth
  - 2 to 3 times more likely to attempt suicide.
  - More likely to be homeless (20-40% are LGBT)

- LGBT populations have the highest rates of tobacco, alcohol, and other drug use

- Gay men are at higher risk of HIV/STDs, especially among communities of color.

- Lesbians are less likely to get preventive services for cancer.

- Lesbians and bisexual females are more likely to be overweight or obese.
LGBT Disparities: Healthy People 2020

- Transgender individuals experience a high prevalence of HIV/STI’s, victimization, mental health issues, and suicide. They are also less likely to have health insurance than heterosexual or LGB individuals.

- Elderly LGBT individuals face additional barriers to health because of isolation and fewer family supports, and a lack of social and support services.
Family Matters

Marriage

Parenting

Relationships
LGBT Demographics, Concepts, and Terminology
L,G,B,T Demographics, Concepts, and Terminology
LGB Demographics in the U.S.

- Identify as lesbian, gay, or bisexual
  - 1.7 - 5.6% (average 3.5%)
  - Women were more likely than men to say they were bisexual
- Same-sex sexual contact ever
  - 8.2%
- Same-sex attraction (at least some)
  - 7.5 - 11%

(Laumann et al., 1994; Gates et al., 2011)
“No, we are not twins.”
L,G,B,T Diversity
Understanding Sexual Orientation

Identity

Attraction  Behavior
Discordance between Sexual Behavior and Identity

- 2006 study of 4193 men in NYC (Pathela, 2006)
- 9.4% of men who identified as “straight” had sex with a man in the prior year
  - These men were more likely to:
    - belong to minority racial and ethnic groups,
    - be of lower socio-economic status,
    - be foreign born
    - Not use a condom

- 77-91% of lesbians had at least one prior sexual experience with men
  - 8% in the prior year
    (O’Hanlan, 1997)
Hispanic Same-Sex Couples
1 dot = 10 couples

Black Same-Sex Couples
1 dot = 5 couples


Understanding the T in LGBT

- People who persistently identify and/or express their gender as the opposite of their biologic birth sex and often have hormonal and surgical treatment (sometimes called transexualism)

- People who define themselves as a gender outside the either/or construct of male/female – e.g., having no gender, being androgynous, or having elements of multiple genders (some use the term genderqueer)

- People who enjoy the outward manifestations of various gender roles and cross dress to varying extents (some use the term cross-dressers, transvestites)

- All may use the term Transgender or Gender Variant
Alternative Constructs of Gender Identity:
Terminology Follows Concept

Medical Construct:
Gender Reassignment Or Transitioning

Identity Begins Here

Patient Centered Construct:
Gender Affirmation
Overcoming Barriers
Affordable Care Act: New Opportunities and Challenges for Health Centers

Health Center

Patient Centered Medical Home
PCMH 2011 Core Standards

- PCMH 1: Enhance Access and Continuity
- PCMH 2: Identify and Manage Patient Populations
- PCMH 3: Plan and Manage Care
- PCMH 4: Provide Self-Care and Community Support
- PCMH 5: Track and Coordinate Care
- PCMH 6: Measure and Improve Performance
Population Health: Ending LGBT Invisibility in Health Care

- How many of you have ever been asked to discuss your sexual history during a primary care visit?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked about your gender identity?
How well do you know those coming for care? How do you find out?

New Patients

New Lesbian/Gay/Transgender Patients

How do clinicians and staff feel and what do they do when learning this?
Tools for Change!

**Policy Focus:**

**Why Gather Data on Sexual Orientation and Gender Identity in Clinical Settings**

The Fenway Institute
Why gather data on sexual orientation and gender identity?

- Increases ability to screen, detect, and prevent conditions more common in LGBT
- Helps develop a better understanding of patients’ lives
- Allows comparison of patient outcomes with national survey samples of LGBT people
- Patients may feel safer discussing their health and risk behaviors once they’ve disclosed
Gathering LGBT Data During the Process of Care

DATA INPUT AT HOME

ARRIVAL

REGISTER ONSITE

SO/GIDATA REPORTED

INFORMATION ENTERED INTO EHR

SO/GIDATA NOT REPORTED

PROVIDER VISIT INPUT FROM HISTORY

INFORMATION ENTERED INTO EHR

SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)
## Collecting Demographic Data on Sexual Orientation (Example)

<table>
<thead>
<tr>
<th>1. Which of the categories best describes your current annual income? Please check the correct category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ &lt;$10,000</td>
</tr>
<tr>
<td>☐ $10,000–14,999</td>
</tr>
<tr>
<td>☐ $15,000–19,999</td>
</tr>
<tr>
<td>☐ $20,000–29,999</td>
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<td>☐ $30,000–49,999</td>
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<tr>
<td>☐ $50,000–79,999</td>
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<tr>
<td>☐ Over $80,000</td>
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<table>
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<tr>
<th>2. Employment Status:</th>
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<tbody>
<tr>
<td>☐ Employed full time</td>
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<tr>
<td>☐ Employed part time</td>
</tr>
<tr>
<td>☐ Student full time</td>
</tr>
<tr>
<td>☐ Student part time</td>
</tr>
<tr>
<td>☐ Retired</td>
</tr>
<tr>
<td>☐ Other ____________</td>
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<tr>
<th>3. Racial Group(s):</th>
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<tbody>
<tr>
<td>☐ African American/Black</td>
</tr>
<tr>
<td>☐ Asian</td>
</tr>
<tr>
<td>☐ Caucasian</td>
</tr>
<tr>
<td>☐ Multi racial</td>
</tr>
<tr>
<td>☐ Native American/Alaskan Native/Inuit</td>
</tr>
<tr>
<td>☐ Pacific Islander</td>
</tr>
<tr>
<td>☐ Other ____________</td>
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</tbody>
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<tr>
<th>4. Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Hispanic/Latino/Latina</td>
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<tr>
<td>☐ Not Hispanic/Latino/Latina</td>
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<tr>
<th>5. Country of Birth:</th>
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<td>☐ USA</td>
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<td>☐ Other ____________</td>
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<th>6. Language(s):</th>
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<tbody>
<tr>
<td>☐ English</td>
</tr>
<tr>
<td>☐ Español</td>
</tr>
<tr>
<td>☐ Français</td>
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<tr>
<td>☐ Português</td>
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<tr>
<td>☐ Русский</td>
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<tr>
<th>7. Do you think of yourself as:</th>
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</thead>
<tbody>
<tr>
<td>☐ Lesbian, gay, or homosexual</td>
</tr>
<tr>
<td>☐ Straight or heterosexual</td>
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<tr>
<td>☐ Bisexual</td>
</tr>
<tr>
<td>☐ Something Else</td>
</tr>
<tr>
<td>☐ Don’t know</td>
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<tr>
<th>8. Marital Status:</th>
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<tbody>
<tr>
<td>☐ Married</td>
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<tr>
<td>☐ Partnered</td>
</tr>
<tr>
<td>☐ Single</td>
</tr>
<tr>
<td>☐ Divorced</td>
</tr>
<tr>
<td>☐ Other ____________</td>
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<tr>
<th>8. Veteran Status:</th>
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<tbody>
<tr>
<td>☐ Veteran</td>
</tr>
<tr>
<td>☐ Not a veteran</td>
</tr>
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<tr>
<th>1. Referral Source:</th>
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<tbody>
<tr>
<td>☐ Self</td>
</tr>
<tr>
<td>☐ Friend or Family Member</td>
</tr>
<tr>
<td>☐ Health Provider</td>
</tr>
<tr>
<td>☐ Emergency Room</td>
</tr>
<tr>
<td>☐ Ad/Internet/Media/Outreach Worker/School</td>
</tr>
<tr>
<td>☐ Other ____________</td>
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</table>
Collecting Demographic Data on Gender Identity (Example)

1. **What is your current gender identity?** *(Check an/or circle ALL that apply)*
   - Male
   - Female
   - Transgender Male/Trans Man/FTM
   - Transgender Female/Trans Woman/MTF
   - Genderqueer
   - Additional category (please specify):
     - Decline to answer

2. **What sex were you assigned at birth?** *(Check one)*
   - Male
   - Female
   - Decline to answer

3. **What pronouns do you prefer (e.g., he/him, she/her)?**
Getting to Know Patients in Clinical Settings
Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

- Adherence to ART 84%
- Condom use 16%
- HIV transmission and/or risk reduction 14%

Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

The Hidden Epidemic
Institute of Medicine, 1997
The Core of the Cross-cultural Interview

Respect

Curiosity  Empathy

Adapted from Betancourt and Green
Taking a History

- The core comprehensive history for LGBT patients is the same as for all patients (keeping in mind unique health risks and issues of LGBT populations)
- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)
- Use inclusive and neutral language
  - Instead of: “Do you have a wife/husband or boy/girlfriend?”
  - Ask: “Do you have a partner?” or “Are you in a relationship?” “What do you call your partner?”
- For all patients
  - Make it routine
  - Make no assumptions
  - Not to be equated with learning about LGBT health
Taking a Sexual History

- Ask about behavior and risk
  - Have you had sex with anyone in the last year?
  - Did you have sex with men, women, or both?
  - How many partners did you have?

- Ask about sexual health
  - Do you have any concerns about your sexual function?
  - How satisfied are you sexually?
  - Have you had any changes in sexual desire?

- Assess comfort with sexuality
  - Do you have any concerns or questions about your sexuality, sexual identity, or sexual desires?
Discuss Gender Identity

- Can be complex due to fluidity of expression for some and rapidly changing terminology
- Information on gender identity may be best obtained in advance of visit, self report at home or at registration
- In clinical settings, a provider can ask if patient has questions about gender identity
- Follow up as appropriate
Developing Clinically and Cost Effective Clinical Practices: HIV Prevention Programs (How different from Primary Care)
Initial Approach to HIV/AIDS

Counseling and Testing  Care and Treatment
Shift in Leadership and Roles Within Continuum of Care with Reform

Traditional focus of hospitals within the “care continuum”

PATIENT CARE CONTINUUM

Primary Care & Coordination

Prevention

Urgent Care

Diagnostic Ancillaries e.g., imaging

Emergency Care

Rehab Care

Specialist Visit

Treatment Ancillaries e.g., surgery

Inpatient Care

Housing

Shelter

Case Management

Navigation

Outreach

The Fenway Institute
HIV Incidence by Transmission Category, United States, 2009

- Heterosexual Contact: 27%
- Male-to-Male Sexual Contact (MSM): 61%
- MSM/ IDU: 3%
- Injection Drug Use (IDU): 9%
- Other:
HIV Incidence among MSM or MSM/IDU, US, 2009

Incidence among black MSM ages 13-29 increased 48% from 2006-2009.
Building a Program for Effective HIV Prevention

- Outreach/Counseling and Testing
- Access
  - Integrated Prevention
  - Knowledge, Attitudes and Skills
- Retention
  - Peer Navigation/Case Management
- Regular Follow Up
  - Counseling
  - Behavior Change
Creating a Welcoming and Inclusive Environment for Caring, Working and Learning
The Joint Commission

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

A Field Guide
Creating a caring and inclusive environment

- Are clinicians and staff taught about the health needs of LGBT people?
- Do LGBT employees feel respected and safe at work?
- Do forms reflect the full range of sexual and gender identity and expression?
- Is there a non-discrimination policy inclusive of sexual orientation and gender identity for patients and staff?
- Are there educational brochures on LGBT health topics?
- Are there unisex bathrooms?
Add Same Sex Couples to Marketing Materials
Implementing Change to Succeed as a PCMH

- **Elements of Population Health**
  - Define and Identify Populations
  - Understand Unique Health Issues
  - Define “Hot Spots”-High Variation, High Cost
  - Develop Best Practices
    - Quality
    - Cost

- **Building Programs for LGBT Health**
  - Transgender Health Care
  - Behavioral Health
  - HIV Prevention and Care
  - Health Care for the Homeless
Strategic Considerations

- Services Lines
  - HIV/AIDS Care
  - LGBT Care
  - Primary Care

- Considerations for Program Development
Our Challenge: Making Health Care a Right for LGBT People
Our Roots
Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated Primary Care Model, including HIV services

The Fenway Institute
- Research, Education, Policy
HRSA (BPHC) National Cooperative Agreement
Training and Technical Assistance
Grand Rounds for Faculty, Staff, and Trainees
   Co-sponsored by the American Medical Association
Consultation on Creating Strategic Change
Resources and Publications
Discuss what we can do for health centers in your area
Sign up for our updates and newsletter
Contact us to speak with a member of our team:

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T 617.927.6354

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www.lgbthealtheducation.org
References

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