

Improving Care for LGBTQIA+ Patients: Creating an Inclusive Practice

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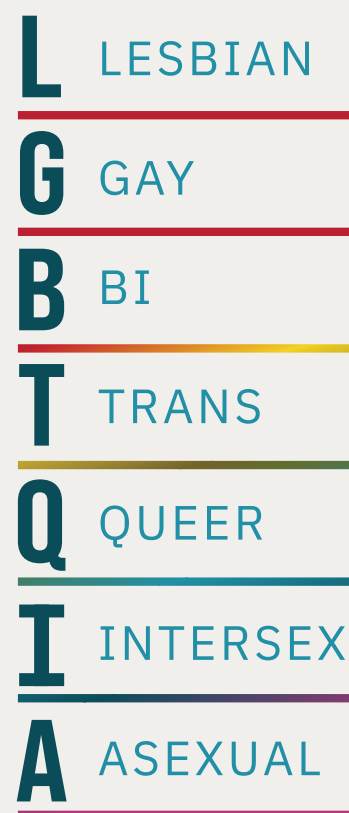
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Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and all sexual and gender minority (LGBTQIA+, see glossary¹ definitions) communities contain diverse populations of people who endure multiple health disparities,^{2–4} including persistent disparities and unmet needs in metabolic and cardiovascular care.^{5,6}

As these communities become more open about their sexual orientations and gender identities, health care providers have increasingly begun to understand that providing high-quality care to all people includes culturally-informed care for LGBTQIA+ people. LGBTQIA+ communities tend to be more concentrated in urban areas. However, these populations exist throughout the United States,⁷ and thus, health care organizations need to be prepared to deliver high-quality care to LGBTQIA+ people regardless of their geography. Ensuring that LGBTQIA+ communities are welcomed and included in health care environments is key to providing high-quality care. To this end, we offer seven domains for the provision of excellent care for LGBTQIA+ people: provider-specific training, all staff training, forms/documentation, consistent feedback solicitation, advertising/marketing, environment/design, and provider intervention.



Provider-Specific Training

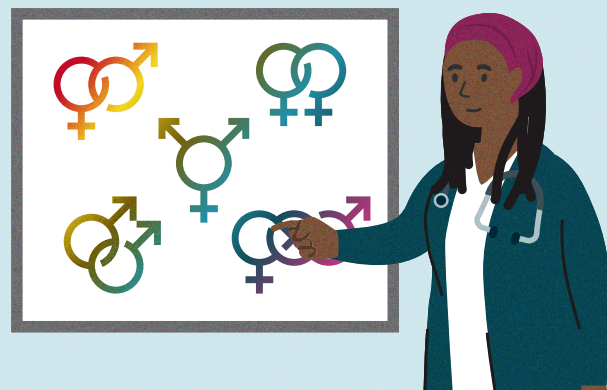
All health care providers should receive the basic training referenced in All Staff Training along with training and support for LGBTQIA+ topics in their field of practice. Provider training should include documenting sexual orientation and gender identities (SO/GI), asking and documenting patient pronoun use and preferred name, taking sexual history, appropriate health screening, and assessing impacts of social determinants of health on patients. Providers should be offered additional training in areas where they express discomfort or where others have raised concerns. All providers are encouraged to build skills in eliciting inclusive histories by examining their own values, attitudes, and beliefs about sexuality and considering how those values may emerge in patient interviews in harmful ways.

Talk With Your Patient

Centering interviews around patient practice (“What do you do to protect yourself from sexually transmitted infection and pregnancy when having sex?”) can help focus on the patient’s risk without discussing the genitalia and identities of their partners. Being clear about the motivation for the screening and giving a general description of what is available (“We talk with all patients about screening for sexually transmitted infection. We can offer you screenings for infections in a variety of locations including the throat and genitals.”) can identify screening and anticipatory guidance needs. Questions like “Do you have sex with men, women, or both?” do not reveal anything about sexual risk and can lead providers astray. Instead, providers should inclusively offer services to support pregnancy and sexual practice choices, including contraception, vaccination, pre-exposure prophylaxis for HIV in appropriate patients,¹⁰ and management and referral for those requiring it.

Gender Affirmation

Transgender and gender diverse (TGD) patients are those whose assigned sex at birth is not aligned with their understanding of their own gender. Not all TGD patients are interested in hormonal affirmation in support of their gender identities, but many choose to use these services. Gender



All Staff Training

For LGBTQIA+ people to be welcomed into health care environments, all health care staff must have basic knowledge regarding inclusive care for LGBTQIA+ patients. This training should be conducted as a part of the hiring process and updated annually. Training should include discussion of the following components and include practice of each item:

- Best practices for greeting patients
- Inputting and using the name and pronouns used by the patient
- Collection of information regarding SO/GI

For practices that do not currently offer training, the National LGBTQIA+ Health Education Center^{7,8} and the Human Rights Campaign Foundation⁹ offer printed guides, webinars, and in-person training opportunities.

Creating an Affirming Environment

- Ask “What name and pronouns do you use?” to allow a patient to use a name that may or may not be their legal name. For example, they like to be called “Peggy” instead of their legal name “Margaret.”
- Ask all patients which pronouns they use to normalize this practice and make it easier for those who may use pronouns different than their assigned gender.
- Have health care staff wear buttons or other markers that include their own pronouns to normalize the practice of inquiring about pronoun choice with all people.

affirming hormonal therapy can be provided effectively by primary care providers by using an informed consent model, particularly to patients over 18 years old. These medications include testosterone for transmasculine patients and estradiol and androgen blockade (via spironolactone, bicalutamide, progesterone, and others) for transfeminine patients. Other gender diverse patients may be interested in smaller doses of affirming hormonal therapy. For children, GnRH agonists halt the progression of puberty, which allows transgender children to explore their own identities while preparing for a pubertal experience of the patient's identified gender. GnRH agonists can be stopped with no impact on fertility and health if, at such a point, the child no longer wishes to continue a gender affirming process. A general understanding of common components of gender affirmation that patients may be considering or undergoing will help providers not delivering specific gender affirming care to avoid medication interaction and maximize patient quality of life. Examples of common gender affirmation components include social, hormonal, surgical, speech, etc.



Screening and Prevention

Cost-effective preventative screening and care for cardiometabolic disease in TGD patients is currently under active investigation, and most recommendations are based on best practices and evolving population-based evidence.¹¹

Transfeminine populations taking estradiol and antiandrogens have shown elevated risk for cardiovascular disease relative to cisgender women in multiple population-based studies.^{2-5,11-13} The components of this elevated risk—minority stress, adverse childhood experiences, disparities in the impact of the social determinants of health, and the impact of hormones in and of themselves—are all likely contributors. Primary care clinicians working with these patients can focus their preventative care on reducing known cardiac risk factors (social determinants of health, smoking, exercise, and eating) as a component of their gender affirmation treatment.

Transmasculine patients taking testosterone have an increased risk of metabolic syndrome (particularly a higher incidence of polycystic ovary syndrome) when entering treatment, but treatment itself has an unknown direct impact on cardiometabolic risk. These patients should also have careful attention paid to modifiable cardiometabolic risk factors addressed as a part of their primary care.

Given the diversity of both gender identities in TGD communities and medications taken for gender affirmation, clear answers regarding the specifics of the increased risk are uncertain. For best practice, anatomical screenings (pap smears, mammography) should be tailored to the patient's anatomy, and primary care providers should complete an 'organ inventory' (often available in health records as a part of SO/GI collection). It is critical to use shared decision making with patients regarding anatomical screening and provide treatment that reduces discomfort and anxiety. TGD patients are frequently asked about their genitalia in inappropriate situations; therefore, an appropriate care for these populations must include transparent conversation about the reasons for organ inventory. In clinical practice, gender affirmation can provide an excellent opportunity to engage TGD patients in ongoing health care. Welcoming and competent care environments offer the opportunity to transform TGD patient experiences of bias and marginalization to health care that is effective and responsive to patient needs.

Forms/Documentation

Documentation of correct SO/GI information provides multiple benefits for all health care providers. First, it allows patients to be transparent about their identities, relationships, and sexual practices. Including multiple SO/GI identities also demonstrates to patients that the practice is inclusive and can increase patient comfort and ability to share health concerns completely. It allows health systems to understand their patient populations with the goal of identifying opportunities to improve care. Finally, it provides correct medical record data for use in business and research capacities.

Best practices involve opportunities for a patient to describe:

- The name they wish to be called.
- Their sexual orientation, including lesbian, gay, bisexual, asexual, and the opportunity to enter a word (pansexual, queer, etc.) that may not be included in the given choices.
- Their gender identity (male, female, transgender male, transgender female, non-binary, and a blank space for people to enter a word that best describes them).

When taking a sexual history, it is important for the provider to understand the goal of the history taking. Histories focused on social history or current relationships may contain different questions than specifically risk-based screening. For example, a patient's sexual practice may only include oral and receptive anal sex so a screening for gonorrhea and chlamydia in a urine sample will not assess for the presence of these infections.

Advertising/Marketing

Institutions should devote marketing resources to ensure the inclusion of LGBTQIA+ people. Health systems have opportunities to take cues from the changes made by multiple large companies in other sectors to advertise in subtle ways that show LGBTQIA+ inclusion. Showing multiple sorts of sexual relationships and/or people with diverse gender expressions and advertising aimed at LGBTQIA+ people can create a community understanding that a given clinical practice welcomes and encourages those patients to seek health care.



Consistent Feedback Solicitation

To continue to improve care for LGBTQIA+ communities, providers should elicit feedback about the quality and competence of services from patients and their families. Often, patients experience mistreatment and discomfort and do not report it to providers or in patient satisfaction feedback. Providers and systems need to let patients know that their perspectives are critical to ensuring excellent care.

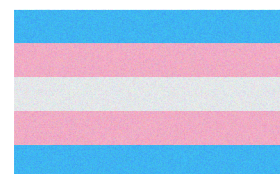
Patients may let providers know about specific changes that systems can make to expand inclusive practice. Inclusion of LGBTQIA+ people on patient advisory panels and/or having an LGBTQIA+ needs-specific advisory panel to provide feedback and input can help ensure that patient voices influence care.

Environment/Design

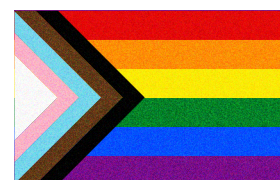
The built environment in a clinical setting provides an important opportunity for inclusivity of LGBTQIA+ patients. Many clinics have a gendered nature and ensuring that diverse patients are represented and included increases patient comfort. These design elements can include the display of rainbow flags, images of patients with diverse gender expressions, and altering signage to describe the services provided. In addition, staff can display buttons representing the pronouns they use (she/her, they/them, he/him, etc.), rainbow pins, or other symbols representing LGBTQIA+ inclusion. For example, signage that says OB/GYN or “Sexual Health” rather than “Women’s Health,” is useful and inclusive. This specifically can increase comfort for transmasculine patients whose outward appearance is indistinguishable from a cisgender man and who may require a pelvic exam. Electronic Medical Record (EMR) systems can assist with these screening recommendations if sex assigned at birth is appropriately documented apart from legal sex and gender identity. EMR systems often have the capacity for staff to input these data, so clinicians should work with their information technology team to ensure clarity on all ends of this documentation.



► Gay Pride Flag



► Transgender Pride Flag



► Progress Pride Flag

Provider Intervention

This final domain is the most critical for health care providers to understand and implement in their own practice. Providers have significant power in the dynamics of clinical systems and should make a practice of intervening on non-inclusive practices that they observe. This intervention need not be aggressive or confrontational; instead, it should be approached as a mutual improvement process for the clinical system. Simple interventions (someone calls a patient “he” that uses “she” pronouns) and corrections are most effective in the moment and allow people to shift their thinking without need for disciplinary processes. Providers set expectations about the clinical environment, and those expectations should actively contain inclusiveness and the notion that mistakes can be corrected and are important to correct. Human resource departments should also develop their own quality assurance and processes around inclusion and offer training and support for employees.

Conclusion

LGBTQIA+ patients have diverse needs, identities, and personal practices. The use of the above inclusion strategies will maximize clinical systems’ quality of care and add to the ongoing work of increasing equity and eliminating health disparities for all patients.

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