



Body System: Patient-Based Care			
Session Topic: Gay, Lesbian, Bisexual, and Transgender Issues			
Educational Format		Faculty Expertise Required	
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.	
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>	
Professional Practice Gap		Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> Although family physicians may not intentionally discriminate against patients of specific sexual orientations or gender identities, they still may require additional tools or resources to appropriately address and manage patients of the gay, lesbian, bisexual or transgender (GLBT) community. While certain elements of care for GLBT patients are no different than what is included in a family physician's usual scope of care (e.g., diet/exercise, substance abuse, mental health), other topics have a higher incidence among GLBT patients and may be of particular concern to family physicians (e.g., STDs, HIV, mental health, obesity, eating disorders). Family physicians should therefore be prepared to offer a standard of treatment 		<ol style="list-style-type: none"> Distinguish health conditions that may have higher incidence rates among GLBT patients and test patients for STDs and HIV. Adjust intake forms, charts, and EHR records to more accurately reflect GLBT patient status. Prepare standards of treatment that are inclusive of heterosexual men and women and those in the GLBT community. Formulate plans to discuss family dynamics and community resources for GLBT patients who may require support or conflict management. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



<p>that is inclusive of heterosexual men and women and those in the GLBT community.</p> <ul style="list-style-type: none"> • Family physicians should also routinely test GLBT patients, who are not in a monogamous relationship, for STDs and HIV, as trends of these diseases are consistently higher among GLBT patients. • Family physicians should assess their level of training in caring for transgender patients, as many may not be familiar with or may not have been exposed to such individuals. As such, they should be prepared to offer unique elements of care or referral to sub-specialists for counseling or surgical services or management of hormonal medications. • In offering care to all GLBT patients, family physicians should prepare to discuss family dynamics and interactions, community support groups and resources, conflict management and specific health issues. 		
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ACGME Core Competencies Addressed (select all that apply)

X	Medical Knowledge		Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately



implemented, at the conclusion of the session; including SORT taxonomy & reference citations

- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
 - Visit <http://www.aafp.org/journals> for additional resources
 - Visit <http://familydoctor.org> for patient education and resources
- Provide recommendations for adjusting intake forms, charts, and EHR records to more accurately reflect GLBT patient status.
- Provide strategies and resources for developing staff training to increase GLBT cultural competencies.
- Provide evidence-based recommendations for screening GLBT patients for health conditions, for which they are at high risk
- Provide specific evidence-based recommendations to establish standard treatment protocols for treatment of common health conditions and comorbidities experienced by GLBT patients
- Provide examples of community-based and patient resources for GLBT patients who may require support or conflict management

Needs Assessment:

The health care of gay, lesbian, bisexual and transgender (GLBT) patients may not be a component that family physicians are prepared for or incorporate into their practice. The American Academy of Family Physicians (AAFP) asserts in its policy on patient discrimination that discrimination in any form – including sexual orientation and gender identity – is unethical.¹ The AAFP further acknowledges that some physicians may require access to resources for further education and training on how to appropriately manage GLBT issues in the healthcare setting.

More specifically, CME outcomes data from 2012-2014 AAFP Assembly: *Gay, Lesbian, Bisexual, and Transgender Issues* sessions suggest that physicians have knowledge and practice gaps with regard to modifying intake forms, charts, and EHR records to be more accurately reflect GLBT status; improving physician-patient communication to help GLBT patients feel more comfortable discussing concerns; educating staff to increase GLBT cultural competencies; managing hormone treatments in office; creating/modifying patient handouts to be more inclusive of GLBT community; providing more complete health screenings, specific to the needs of GLBT patients; being aware of GLBT-specific clinical guidelines; and becoming more aware of community resources for GLBT patients.²⁻⁴

A review of the literature reveals several health disparities in the GLBT community:^{5-8,9}

- Significant health disparities exist in the GLBT community in terms of mental health services.



- Physicians are frequently uncomfortable eliciting information about sexual orientation and gender identity from their patients through thoughtful, nonjudgmental discussion and history-taking.
- GLBT youth are 2 to 3 times more likely to attempt suicide.
- GLBT youth are more likely to be homeless.
- Lesbians are less likely to get preventive services for cancer.
- Gay men are at higher risk of HIV and other STDs, especially among communities of color.
- Lesbians and bisexual females are more likely to be overweight or obese.
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or GLBT individuals.
- Elderly GLBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
- GLBT populations have the highest rates of tobacco, alcohol, and other drug use.
- Women who have sex with women (WSW) are less likely to initiate human papillomavirus (HPV) vaccination than their age-matched heterosexual peers

The Gay and Lesbian Medical Association, the world's largest and oldest organization of GLBT healthcare professionals, notes that "there is still considerable ignorance about GLBT health issues, with many assuming that GLBT health involves only HIV/AIDS. In fact, the full scope of the GLBT health agenda includes breast and cervical cancer, hepatitis, mental health, substance abuse, tobacco use, depression, access to care for transgender persons, and other concerns."¹⁰

While many of these are elements that a family physician assesses in his or her usual scope of care, there are additional topics that should be discussed with a healthcare provider. According to the Association, gay men should make it a point to discuss the following:¹¹

- **Come out to your Healthcare Provider**, in order to provide the best care, clinicians should be prompted to ask specific questions about sexual behavior and offer appropriate testing.
- **Hepatitis A and B immunizations**, as men who have sex with men are at an increased risk for the sexually transmitted diseases (STDs) that cause strains of hepatitis.
- **HIV/AIDS, Safe Sex**, as many men who have sex with men are at an increased risk of HIV infection, patients should be prepared to discuss and be aware of what to do in the event that you are exposed to HIV (Post-Exposure- Prophylaxis).
- **Anal papilloma** (from the human papillomavirus, or HPV), as the STD may play a role in the increased rates of anal cancers in gay men.
- **Fitness (Diet and exercise)**, as eating disorders and body image issues tend to be more common in gay men than heterosexual men.
- **Substance use/abuse**, as research indicates gay men tend to use tobacco, illicit drugs and alcohol at a higher rate than the general population.
- **Depression/anxiety**, as mental health disorders are pervasive among this population – often among those who lack strong social support. Adolescents and young adults are at a particularly high risk of suicide as well.
- **Prostate, testicular and colon cancer**, as screenings for these conditions are important for all men, but gay men may experience barriers to culturally sensitive care.



- **Tobacco**, as gay men use tobacco at much higher rates than straight men, all gay men should be screened for and offered culturally sensitive prevention and cessation programs for tobacco use.
- **STDs**, as sexually transmitted diseases (STDs) occur in sexually active gay men at a high rate, gay men should be screened in accordance to guidelines

Similarly, there are specific topics that lesbian women should discuss with their health care provider, including:^{12,13}

- **Gynecologic and breast cancers**, as lesbians tend to have more risk factors for both cancers but may not get routine mammograms, pap smears or pelvic exams.
- **Domestic violence**, as research indicates that it occurs in about 11% of lesbian homes but many battered women do not seek shelter or ask their partner to seek counseling services.
- **Smoking and obesity**, as the prevalence of both is higher among lesbian and bisexual women.
- **Depression/anxiety**, as mental health disorders are pervasive among lesbians (as with gay men) when they “experience chronic stress from homophobic discrimination.”
- **Heart Health**, as heart disease is the leading cause of death for women; smoking and obesity are the biggest risk factors for heart disease among lesbians; all lesbians need yearly medical exams for high blood pressure, cholesterol problems, and diabetes.
- **Intimate Partner Violence**, as some lesbians experience violence in their intimate relationships; however, health care providers do not ask lesbians about intimate partner violence as often as they ask heterosexual women; therefore, lesbians need to be asked about violence and have access to welcoming counseling and shelters when needed
- **Sexual Health**, as lesbians can get the same sexually transmitted infections (STDs) as heterosexual women, it is important for sexually active lesbians to be screened for STDs by a health care provider

Lesbians and bisexual women also face three major barriers to receiving quality health care: (1) hesitancy of physicians to inquire about sexual orientation; (2) hesitancy of lesbians and bisexual women to disclose their sexual behavior; and (3) lack of knowledge, comfort and research regarding health issues specific to lesbians and bisexual women.¹⁵ Health care for them, as with gay or bisexual men, should not exclude conditions that affect them regardless of their sexual orientation, such as cardiovascular health, depression/anxiety or diet and exercise.

The prevalence of men who have sex with men, who may identify themselves as homosexual, bisexual, is estimated to be between 1.7 percent to 3.7 percent; and are at increased risk for sexually transmitted disease (STDs), anal cancer, and psychological and behavior disorders.¹⁴⁻¹⁶ Gay men frequently experience health care disparities due to numerous obstacles that hinder compliance with screening guidelines; which can be addressed if clinicians elicit information about sexual orientation and gender identity from their patients through thoughtful, nonjudgmental discussion and history-taking.^{7,14,17,18} The Institute of Medicine (IOM) indicates that the primary risk factors for GLBT adults are stigma, victimization, violence, substance use, childhood abuse; and discrimination, including perceived discrimination by health care providers, which may be a significant barrier to access to and utilization of health care services.¹⁸



Despite the IOM recommendations and official American Public Health Association policies recommendations that opportunities be expanded to increase public health practitioners' knowledge of minority health issues, there remains substantial variation in the quality of planned curricula, offered in medical schools, that address comprehensive lesbian, gay, bisexual, and transgender health.¹⁸⁻²⁰ The American Academy of Family Physicians (AAFP) recommends that all family medicine residents should possess the following competencies:²¹

- Be able to communicate effectively and sensitively with the GLBT patient and identified family by demonstrating active listening skills, a respectful approach to sensitive issues, and collaborative care-planning, in the context of confidentiality. (Patient Care, Interpersonal and Communication Skills, Professionalism)
- Be able to take a comprehensive health history of the GLBT patient, including a detailed social and sexual history, including transitional health care both within and outside of a medical setting. (Patient Care, Medical Knowledge)
- Be able to perform a systematic physical examination of the GLBT patient, including a comprehensive breast, pelvic/urogenital, rectal and prostate exam, as deemed appropriate by the organs present. (Patient Care, Medical Knowledge)
- Be able to demonstrate effective primary care counseling skills for the psychosocial, behavioral, sexual and reproductive issues of the GLBT patient. (Patient Care, Interpersonal and Communication Skills)
- Be able to develop recommendations for appropriate screening tests, health risk factor reduction, and wellness support (based on relevant guidelines) for the GLBT patient. (Medical Knowledge, Practice-based Learning)
- Be able to craft patient-centered treatment plans and coordinate care for common conditions affecting the GLBT population by acting as a patient advocate, and utilizing community and health system resources to optimize patient care when indicated. (Patient Care, Medical Knowledge, Practice-based Learning, Systems-based Practice)

Transgender individuals may present additional challenges for some family physicians because they may not have had exposure to such patients. Physicians should also be knowledgeable of the changes with regard to transgender individuals in the DSM-V, which aims to avoid stigma by replacing the diagnostic name “gender identity disorder” with “gender dysphoria”, defined as people whose gender at birth is contrary to the one they identify with.²² Physicians are also often not be comfortable addressing gender reassignment (which encompasses counseling, hormonal medications and surgery).²³ Thus, family physicians that provide care for transgender patients may be asked to offer guidance on surgery options, injectable or oral medications (particularly estrogen in men seeking female reassignment) and counseling services. Family physicians can also use the opportunity in treating transgender (and gay, lesbian and bisexual) patients to address other issues that may be prevalent in the GLBT community, such as educating family members, finding community resources and support groups, and discussing potential conflicts around specific health issues. If family physicians face uncertainty about treatment of patients in the GLBT community, they can provide referral to additional health care providers, community services or resources to aid the medical management of this particular population of patients.

Family physicians should be vigilant in their testing of GLBT patients for sexually transmitted diseases/infections (STDs/STIs) and human immunodeficiency virus (HIV). Data indicate, for example, that there is a resurgence of syphilis among men who have sex with men, and research



also suggests that any STD infection may also increase the risk of HIV transmission.²⁴ According to the CDC, STDs appear to increase a person's susceptibility to HIV infection through inflammation and breaks in the skin from genital ulcers. People already infected with an STD also appear to have higher concentrations of genital secretions, causing greater infectiousness.^{25,26} Because HIV infection rates continue to be disproportionately high among men who have sex with men, and high-risk heterosexual or homosexual contact is the most common route of transmission, family physicians should routinely test all patients – but especially those in the GLBT community – for HIV infection.²⁷

Physicians may improve their care of GLBT patients by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:^{13,28-38}

- The AAFP recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
- The AAFP recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
- The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs
- The AAFP recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.
- The AAFP recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors); see clinical consideration for further discussion of risk factors
- The AAFP concludes there is insufficient evidence to recommend for or against screening for gonorrhea infection in pregnant women who are not at increased risk for infection; see clinical consideration for further discussion of risk factors.
- The AAFP recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors.
- The AAFP recommends that clinicians screen adolescents and adults ages 18 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened. See the Clinical Considerations for more information about screening intervals
- The AAFP recommends that clinicians screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown. See the Clinical Considerations for more information about screening intervals.
- The AAFP strongly recommends that clinicians screen persons at increased risk for syphilis infection.
- The AAFP recommends that clinicians screen all pregnant women for syphilis infection



- The AAFP recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.
- GLMA: Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients
- A comprehensive diagnostic evaluation should include an age-appropriate assessment of psychosexual development for all youths.
- The need for confidentiality in the clinical alliance is a special consideration in the assessment of sexual and gender minority youth.
- Family dynamics pertinent to sexual orientation, gender nonconformity, and gender identity should be explored in the context of the cultural values of the youth, family, and community.
- Clinicians should inquire about circumstances commonly encountered by youth with sexual and gender minority status that confer increased psychiatric risk.
- Clinicians should aim to foster healthy psychosexual development in sexual and gender minority youth and to protect the individual's full capacity for integrated identity formation and adaptive functioning.
- A sexual history should be taken using the “five Ps”: partners, practices, prevention of STDs, past history of STDs, and prevention of pregnancy.
- Physicians should provide lesbians and bisexual women with education about STDs and should offer STD testing.
- Physicians should advise patients to use barrier protection when engaging in oral–genital contact or vaginal penetration with the fingers or a latex sex toy.
- Screening for cervical cancer in lesbians and bisexual women should be carried out according to the recommendations for women in general.
- Physicians can reassure parents that children who grow up with one or two gay or lesbian parents do not differ in emotional, cognitive, social, or sexual functioning compared with children whose parents are heterosexual.
- Physicians should screen lesbians and bisexual women for intimate partner violence.
- Physicians should identify life stressors in lesbians and bisexual women and screen for depression and suicidal ideation.
- Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful.
- Clinicians should be aware of current evidence on the natural course of gender discordance and associated psychopathology in children and adolescents in choosing the treatment goals and modality.
- Clinicians should be prepared to consult and act as a liaison with schools, community agencies, and other health care providers, advocating for the unique needs of sexual and gender minority youth and their families.
- CDC Pre-Exposure Prophylaxis (PrEP) Guidelines³⁹
- Offer vaccinations for hepatitis A and B viruses (if not previously vaccinated) and for human papillomavirus for all MSM through 26 years of age.
- Offer meningococcal vaccine for MSM with at least one other risk factor (e.g., medical, occupational, lifestyle).
- Consider preexposure prophylaxis for MSM at very high risk of contracting human immunodeficiency virus because of factors such as multiple or anonymous sex partners.



- Consider postexposure prophylaxis for MSM who report a recent high-risk exposure to human immunodeficiency virus.
- Screen MSM for sexually transmitted infections at least annually or more often as necessitated by level of risk.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Communicating Effectively with Transgender Patients⁴⁰
- Care of a Transgender Adolescent³⁷
- Preventive Health Care for Men Who Have Sex with Men³⁸
- CDC Pre-Exposure Prophylaxis (PrEP) Guidelines³⁹
- Updated recommendations from the world professional association for transgender health standards of care⁴¹
- Transgender care resources for family physicians²³
- Primary Care for Lesbians and Bisexual Women¹³
- Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents²⁸
- AAP Office-based care for lesbian, gay, bisexual, transgender, and questioning youth⁴²
- Health care screening for men who have sex with men¹⁴
- The adult well male examination¹⁵
- Syphilis: a reemerging infection¹⁶
- Guidelines for the primary care of lesbian, gay, and bisexual people: a systematic review⁴³
- CDC Special populations. In: Sexually transmitted diseases treatment guidelines⁴⁴
- Provision of Contraception: Key Recommendations from the CDC⁴⁵
- Human Rights Campaign: Resources: GLBT Cultural Competence (numerous guidelines & recommendations for care, intake forms, etc.)⁴⁶
- Achieving a more minority-friendly practice⁴⁷
- CDC Lesbian, Gay, Bisexual and Transgender Health (provider & patient resources)⁴⁸
- AAFP Transgender Health Resources^{49,50}
- (ACOG) Transgender Health Resource Guide⁵¹
- Introducing Sexual Orientation and Gender Identity Into the Electronic Health Record: One Academic Health Center's Experience⁵²
- Adding health education specialists to your practice⁵³



- Envisioning new roles for medical assistants: strategies from patient-centered medical homes⁵⁴
- The benefits of using care coordinators in primary care: a case study⁵⁵
- Engaging Patients in Collaborative Care Plans⁵⁶
- The Use of Symptom Diaries in Outpatient Care⁵⁷
- Health Coaching: Teaching Patients to Fish⁵⁸
- Medication adherence: we didn't ask and they didn't tell⁵⁹
- Encouraging patients to change unhealthy behaviors with motivational interviewing⁶⁰
- Integrating a behavioral health specialist into your practice⁶¹
- Improving Patient Care: Cultural Competence⁶²
- Simple tools to increase patient satisfaction with the referral process⁶³
- FamilyDoctor.org. Homosexuality: Facts for Teens (patient education)⁶⁴
- FamilyDoctor.org. Tobacco Addiction | Overview (patient education)⁶⁵
- FamilyDoctor.org. Depression (patient education)³⁰
- FamilyDoctor.org. Sexually Transmitted Infections (STIs) | Overview (patient education)⁶⁶
- FamilyDoctor.org. HIV and AIDS | Overview (patient resource)⁶⁷

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