

TREATING LGBTQ PATIENTS WITH SENSITIVITY IN YOUR MEDICAL PRACTICE

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OBGYN Group of Eastern CT
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DISCLOSURES

None



OBJECTIVES

- Distinguish the differences between sexual orientation and gender identity
- Understand the disparities in healthcare for transgender patients
- Review strategies for creating inclusion in the office

BIOGRAPHY

- Katie Riddle, M.D. (Pronouns: she/her/hers)
 - Undergraduate degree from College of the Holy Cross (Worcester, MA)
 - Medical degree from Creighton University School of Medicine (Omaha, NE)
 - OBGYN Residency from St. Joseph Mercy Hospital (Ann Arbor, MI)
 - General OBGYN physician in CT with interest in LGBTQ patient population
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- Presentation was adapted from a lecture I presented regarding Transgender Healthcare for OBGYNs

TERMINOLOGY

L esbian

G ay

B isexual

T ransgender

Q ueer

Q uestioning

I ntersex

A sexual

A llies

P ansexual

- **Sexual Orientation (SO):** Pattern of romantic or sexual attraction; separate from gender identity and gender expression.
- **Gender Identity (GI):** A person's fundamental and innate sense of being male or female.

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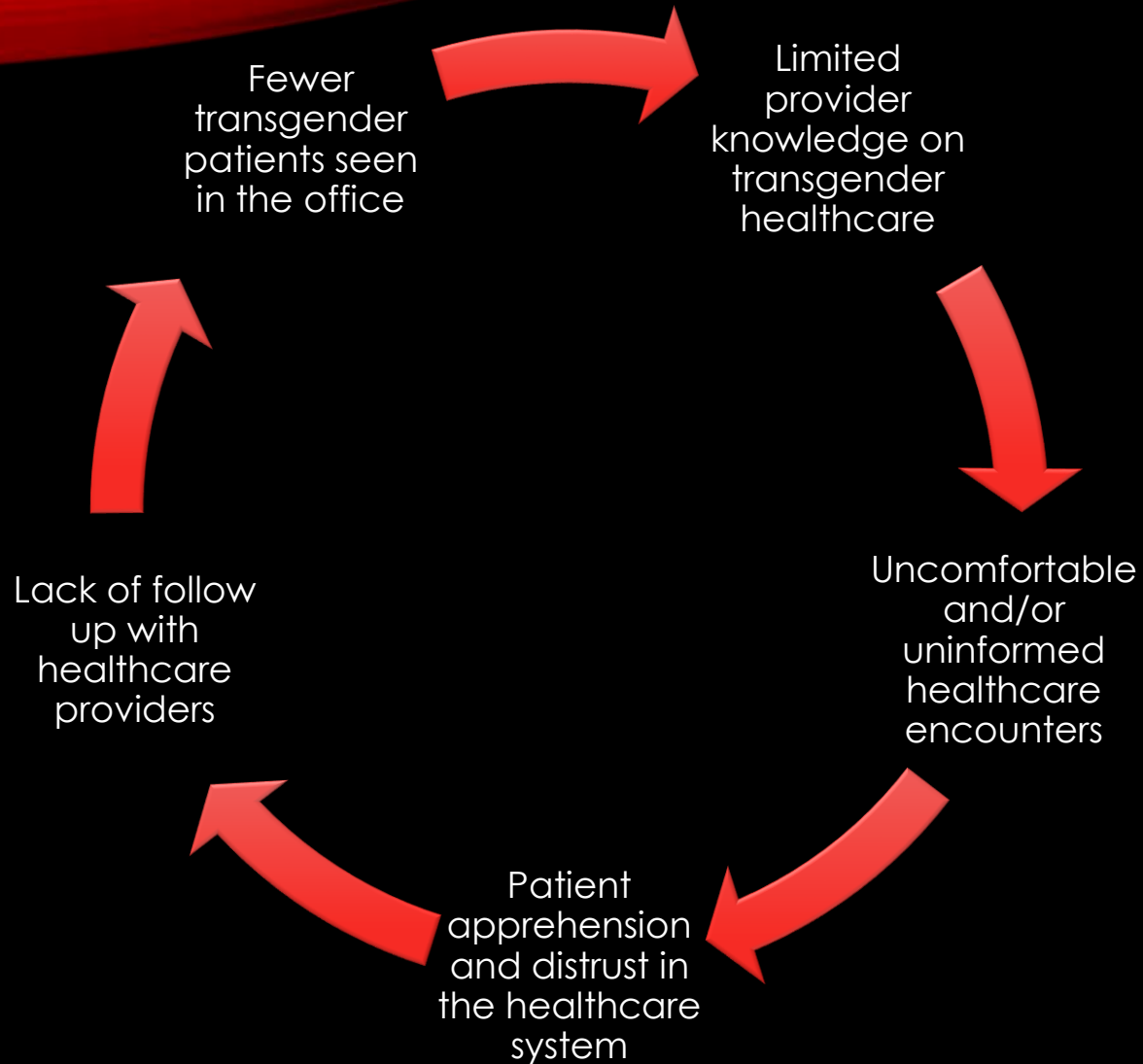
- **Transgender:** A person's gender identity differs from the sex they were assigned at birth
- **Cisgender:** A person's gender identity is the same as the sex they were assigned at birth
- **Transgender Female (MTF):** Male natal gender but female gender identity
- **Transgender Male (FTM):** Female natal gender but male gender identity

DSM-V (2013) – GENDER DYSPHORIA³

- **Significant Distress** that is caused by a sense of incongruity between an individual's self-identified gender and natal sex
- Diagnosed by trained mental health professional (>2 criteria)
- Lasting at least 6 months
- Gender nonconformity (i.e. tomboy) is NOT the same as gender dysphoria



BARRIERS



- Actual vs anticipated stigma
- Lack of healthcare access - insurance and providers
- Misconceptions – both patient and provider (routine screening)
- Inadequate exams – patient apprehension and effects of gender affirming medications



- 27,715 participants – largest survey to date¹
- Key findings nationally:
 - Denied by insurance: 25% (55% surgical)
 - Negative experience with healthcare provider: 33%
 - Avoidance of healthcare from fear of stigma: 23%
 - Avoidance of healthcare due to cost: 33%
 - Desired hormone therapy (78%) but actually received (49%)
 - Undergone some form of transition-related surgery: 25%

“US TRANSGENDER SURVEY” (2015)

- Connecticut Results²: 88 respondents
 - 83% verbally harassed at work; 85% verbally harassed at school
 - 38% physically attacked at school
 - 11% unemployed
 - 15% living in poverty
 - 25% homeless
 - 14% evicted because of gender identity
 - 50% harassed in public (restaurant, airports, etc.)
 - 27% postponed necessary health care (sick or injured)
 - 41% attempted suicide at some point in their life
(26x rate of general population)

NOT A PHASE!

Small overall population, but with HUGE implications if support not provided:

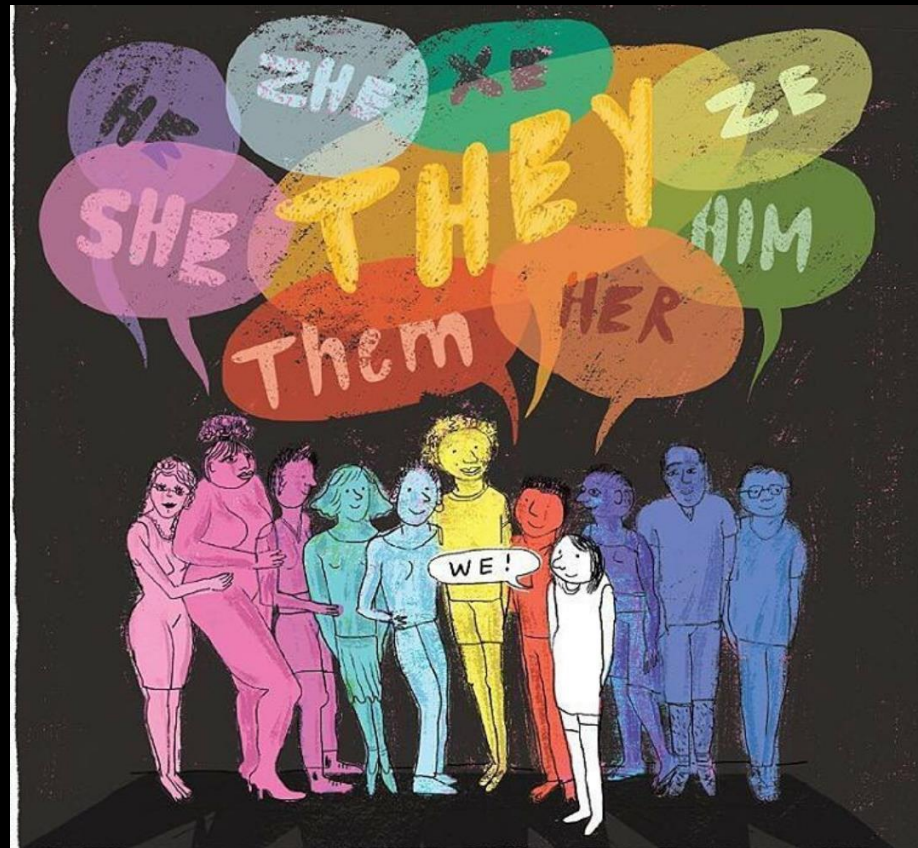
- Increased rates of substance abuse, suicide, self-harm, low self-esteem, depression, and anxiety^{4, 5}
- 40% of homeless youth identify as LGBTQ⁵
- 15% drop out rate due to bullying (often sexual)⁶
- 54% of LGBTQ youth have attempted suicide⁶

OFFICE ENCOUNTERS

1. Communication
2. Documentation
3. Accountability
4. Implicit Bias



COMMUNICATION



COMMUNICATION

- Avoid assumptions!!⁷
 - Don't assume you know a person's gender identity or sexual orientation based on how they look or sound
 - Don't assume you know how a person wants to describe themselves or their partners
 - Don't assume all of your patients are heterosexual and cisgender (not transgender)

USING NAMES AND PRONOUNS^{7,8,9}

- Use preferred names and pronouns!!
- Transgender patients want to use pronouns that affirm their gender identity
- They may have incongruent pronouns or names on their legal documents
 - Avoid asking for “real” name (say “other” name)
- Train all staff to become comfortable talking with patients



USING NAMES AND PRONOUNS ⁷

If you are unsure about a patient's preferred name or pronouns:

"I would like be respectful—what name and pronouns would you like me to use?"

If a patient's name doesn't match insurance or medical records:

"Could your chart/insurance be under a different name?"

"What is the name on your insurance?"

If you accidentally use the wrong term or pronoun:

"I'm sorry. I didn't mean to be disrespectful."

COMMUNICATION^{7,8,9}

- Ask questions that focus on the patient's chief complaint
- (Almost always) use the same language and terms that the patient uses
 - To describe anatomy, relationships, identity, partners, etc.
 - Exceptions...
 - LGBTQ people may use terms to describe themselves that they have **reclaimed** – when used against them, it can be derogatory and therefore be inappropriate for healthcare providers to use
- Ask the patient to clarify terms or behaviors to which you are unfamiliar

DOCUMENTATION



DOCUMENTATION^{7,8,9}

- SO/GI can be recorded at the initial patient encounter during patient registration
- Record at first visit then update annually (may change)
- Will depend on office EMR and intake process
- Create a workflow in the office that makes collection of this information routine = normalizes the process

Patient Registration

Today's Date: _____ E-mail Address: _____

Legal Name: _____

Last First Initial (Former Last Name)

Sex: ☒ M ☐ F Birthdate: ____/____/____ Social Security #: ____-____-____

Patient Address: _____ City: _____ State: _____ Zip Code: _____

Home: (____) _____ Work Phone: (____) _____ Employer: _____

Status: Single Married Widowed Divorced Other Partner's Name: _____

Primary Doctor: _____ Primary Office: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: (____) _____

Only **11.5%** of physicians report their offices having intake forms that include option for “transgender”¹⁰



Patient Profile

Resp Provider: Joseph Baker MD

A. PATIENT INFORMATION

1. Name: Test Patient

2. Preferred: Test

3. Address: 1 Autumn Street

4. City,State: Boston, MA 02215

5. Alt Address: _____

6. Alt City,State: _____

7. Phone: (617) 111-6666 ☒ Home ☐ Work ☐ Other

8. Phone: _____ ☐ Home ☐ Work ☒ Other

9. Do you think of yourself as: ☐ African American/Black
☐ Asian
☐ Caucasian/White
☐ Native American/ Alaskan Native /Inuit
☐ Pacific Islander
☐ Other _____

10. What is your ethnicity? ☐ Hispanic /Latino(a)
☐ Non-Hispanic/ Non-Latino(a)

11. What is your annual income? _____

12. What is your family size (including yourself)? _____

13. Patient ID #: 547749

14. Insurance Gender: ☒ M ☐ F

15. Date of Birth: 11/20/1961

16. Social Security #: XXX-XX-1111

17. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

18. Referring Physician: _____

19. Primary Physician: _____

20. Preferred Language: _____

21. Email Address: _____

22. Contact By: _____

23. What is your veteran status? ☐ Veteran ☐ Not a Veteran

24. What is your gender? ☐ Male ☐ Female
☐ Genderqueer or not exclusively
male or female

25. What was your sex at birth? ☐ Male ☐ Female

26. Do you identify as Transgender? ☐ Yes ☐ Don't Know
☐ No

27. Do you think of yourself as: ☐ Lesbian, Gay or Homosexual
☐ Straight or Heterosexual
☐ Bisexual
☐ Something Else
☐ Don't Know

DOCUMENTATION^{7,8,9}

See if your EMR can be updated to include:

- For intake/registration:
 - Create check boxes for patients to select SO/GI
 - Have two name fields (one as listed by insurance , one for preferred by patient)
- Ask about pronouns in open ended manner – fill-in-the-blank
 - Gender queer patients may use gender neutral pronouns
 - “They” or “ze”
- Create banners, alerts or sticky notes in chart to alert staff members

NOTIFYING PATIENTS^{7,8,9}

- Automatic letters sent to patients
 - Adjust templates to say “Dear Patient” instead of automatic binary salutations
- Preferred patient names and pronouns in lab orders, prescriptions, patient instructions, discharge summaries, etc.
- Patient reminders for health maintenance
 - Make sure it is based on anatomical inventory rather than binary genders
 - Messages sent to transmale patients about pap smears
 - Avoids triggering dysphoria

PAP SMEAR EXAMPLE

- Female to male transgender (transmale) patient came for routine annual
- Had never had a pap smear – used gender neutral language for exam
 - “Screening” instead of pap smear
 - “Opening” instead of vagina
- Insurance cards and personal documents had not been changed yet
- Pap smear results normal – automated letter was generated and mailed
- Looked in chart afterwards and realized the letter addressed him with his female birth name
- Developing a rapport in person can be tarnished with one simple oversight

ACCOUNTABILITY





ACCOUNTABILITY^{7,8,9}

- Everyone on staff must work together to create environment of respect and safety
- Politely correct coworkers if mistakes are made
- Established patients may also question the shift in practice – be sure to train staff with appropriate ways to respond to patients questioning

ACCOUNTABILITY^{7,8,9}

Office surroundings should show LGBTQ support:

- Bathrooms – gender neutral restrooms
- Brochures – waiting room education or marketing materials showing diversity AND discussing LGBTQ health concerns
- Buttons – office staff can wear a button of their preferred pronoun or sticker on their badge



ACCOUNTABILITY^{7,8,9}

Waiting rooms, social media, and professional websites should show support

- Celebrate LGBTQ holidays:
 - National Transgender Day of Remembrance (Nov 20)
 - National Coming Out Day (Oct 11)
 - Pride Month (June)
- Non-discriminatory policy
- LGBTQ friendly symbols or stickers
- Confidentiality statements
- Visitation policy



Instinctmagazine.com

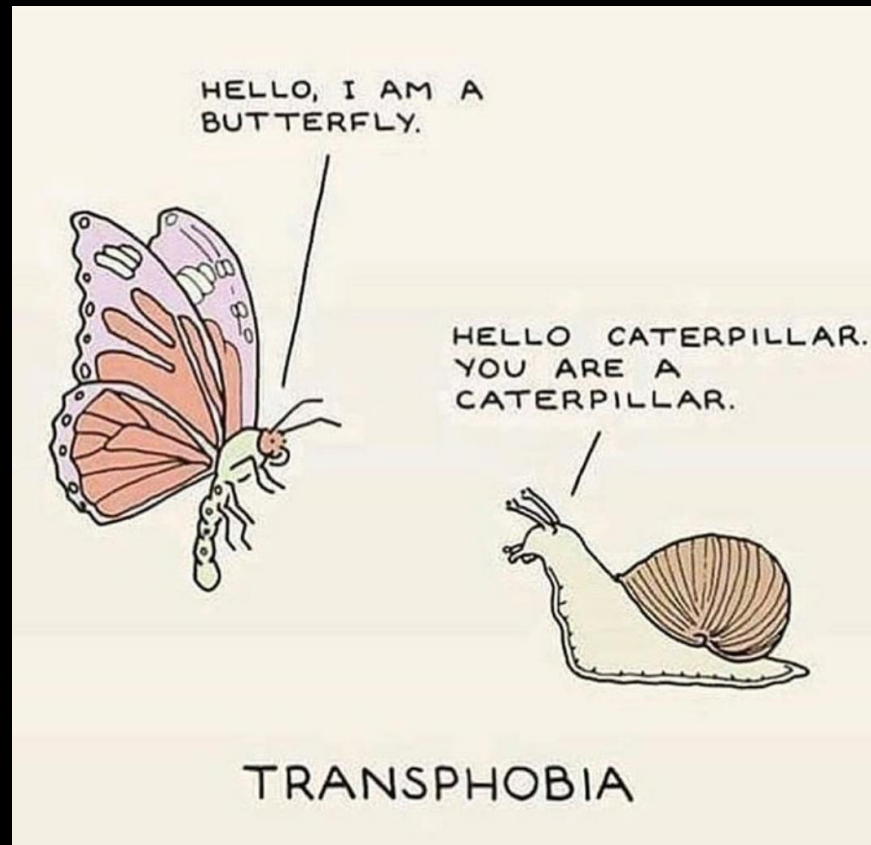
ACCOUNTABILITY^{7,8,9}



Amazon.com

- Front line staff – MOST IMPORTANT!
- Represents the entire office
- Make sure all staff are trained
- Designate an on-site LGBTQ resource person to answer questions that arise
- Repeat training periodically to ensure all staff are kept up to date

IMPLICIT BIAS





IMPLICIT BIAS¹¹

- All humans are vulnerable to biases based on embedded belief systems from a young age
 - These can interfere with a health care professional's ability to establish a trusting relationship with patients
- Microaggressions: verbal, behavioral, or environmental demonstrations of prejudice and discrimination that may appear to be harmless on the surface
- By addressing bias, we can reduce disparities
- Be open minded that we are ALL LEARNERS!!



CASE EXAMPLES

2018 Implicit Bias Guide from LGBT Health Education Website¹¹

- When doing the patient intake, the nurse asks a feminine-appearing patient if she has a boyfriend

CASE EXAMPLES

2018 Implicit Bias Guide from LGBT Health Education Website¹¹

- When doing the patient intake, the nurse asks a feminine-appearing patient if she has a boyfriend
 - Issue: assumes patient has 1 partner that is the opposite sex
 - Instead: ask patient to describe her partners and sexual activity with each



CASE EXAMPLES

2018 Implicit Bias Guide from LGBT Health Education Website¹¹

- A transgender woman presents for an infection on her hand. The provider begins asking about her transitioning surgical status

CASE EXAMPLES

2018 Implicit Bias Guide from LGBT Health Education Website¹¹

- A transgender woman presents for an infection on her hand. The provider begins asking about her transitioning surgical status
 - Issue: asking about non-relevant information
 - Instead: focus only on the problem for the visit and ask only what will help with that care



CASE EXAMPLES

2018 Implicit Bias Guide from LGBT Health Education Website¹¹

- A white girl arrives for her appointment along with her African American brother and their white mothers. The receptionist asks the patient "Is this your friend?"

CASE EXAMPLES

2018 Implicit Bias Guide from LGBT Health Education Website¹¹

- A white girl arrives for her appointment along with her African American brother and their white mothers. The receptionist asks the patient "Is this your friend?"
 - Issue: assumption that the patient cannot be siblings because they look different from each other
 - Instead: use open ended questions ("who do we have here today?") and have awareness that families are made up of all different shapes and sizes



CASE EXAMPLES

2018 Implicit Bias Guide from LGBT Health Education Website¹¹

- A female patient is having her annual with an openly gay physician. The physician skipped recent LGBTQ training because he believed he already knew everything. His patient states she is sexually active with one woman. The physician skips the question about condom use. However, the patient's partner is a transgender woman.

CASE EXAMPLES

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 - Issue: Although the physician identifies as gay, he does not know everything about LGBTQ people. Everyone is a learner! A transgender woman may still have and use her penis, and her cisgender female partner is at risk of getting pregnant or exposure to STDs
 - Instead: The physician should ask follow up questions about their sexual activities



THANK YOU

I will now take any questions!

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