Working together to improve health care quality, outcomes, and affordability in Washington State.

LGBTQ Health Care Report and Recommendations

2018

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Executive Summary

The Dr. Robert Bree Collaborative was established in 2011 by Washington State House Bill 1311 *"…to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State."* Members are appointed by the Washington State Governor and include public health care purchasers for Washington State, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations. Recommendations are sent to the Washington State Health Care Authority for review and approval. The Health Care Authority (HCA) oversees Washington State's largest health care purchasers, Medicaid and the Public Employees Benefits Board Program, as well as other programs.

Building a health care system that allows everyone to have a fair opportunity to be healthier is a goal across Washington State. Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) people share common challenges and have health care needs distinct from those who do not identify as LGBTQ. LGBTQ people may also face access issues relating to health insurance coverage and policies that reinforce stigma among the health care system and across communities. These recommendations seek to align care delivery with existing evidence-based, culturally sensitive standards of care for LGBTQ people in Washington State and through that effort to decrease health disparities.

The workgroup based recommendations in a whole-person care framework, taking into consideration a person's multiple individual factors that make up health, wellness, and experience (e.g., behavioral health, past trauma, race/ethnicity) in such a way that is not identity or diagnosis-limiting. We organize the recommendations under three focus areas:

- Communication, Language, and Inclusive Environments
- Screening and Taking a Social and Sexual History
- Areas Requiring LGBTQ-Specific Standards and Systems of Care

We recommend that all health care encounters occur using non-judgmental, non-stigmatizing language, body language, and tone. Our recommendations are oriented mainly to primary care, and we also include language directed to hospital settings, health plans, health care purchasers, and patients themselves starting on page 5 for people age 13 and up.

Dr. Robert Bree Collaborative Background

The Dr. Robert Bree Collaborative was established in 2011 by Washington State House Bill 1311 *"…to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State."* The Bree Collaborative was modeled after the Washington State Advanced Imaging Management (AIM) project and named in memory of Dr. Robert Bree, a leader in the imaging field and a key member of the AIM project.

Members are appointed by the Washington State Governor and include public health care purchasers for Washington State, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations. The Bree Collaborative is charged with identifying up to three health care services annually that have substantial variation in practice patterns, high utilization trends in Washington State, or patient safety issues. For each health care service, the Bree Collaborative identifies and recommends best-practice, evidence-based approaches that build upon existing efforts and quality improvement activities to decrease variation. In the bill, the legislature does not authorize agreements among competing health care providers or health carriers as to the price or specific level of reimbursement for health care services. Furthermore, it is not the intent of the legislature to mandate payment or coverage decisions by private health care purchasers or carriers.

See **Appendix A** for a list of current Bree Collaborative members.

Recommendations are sent to the Washington State Health Care Authority for review and approval. The Health Care Authority (HCA) oversees Washington State's largest health care purchasers, Medicaid and the Public Employees Benefits Board Program, as well as other programs. The HCA uses the recommendations to guide state purchasing for these programs. The Bree Collaborative also strives to develop recommendations to improve patient health, health care service quality, and the affordability of health care for the private sector but does not have the authority to mandate implementation of recommendations.

For more information about the Bree Collaborative, please visit: www.breecollaborative.org.

Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care for people who identify as lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ). The Bree Collaborative elected to address this topic and a workgroup convened to develop recommendations from December 2017 to September 2018.

See **Appendix B** for the LGBTQ Health Care workgroup charter and a list of members.

See **Appendix C** for results of the guideline and systematic review search.

Purpose Statement

Building a health care system that allows everyone to have a fair opportunity to be healthier is a goal across Washington State. Working toward greater health equity through focusing improvement activities on historically marginalized populations allows for targeted solutions to barriers to care and structural inequities.

Approximately 3.5% of Americans identify as lesbian, gay, or bisexual and 0.3% of American adults are transgender.[1] Lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) people share common challenges and have health care needs distinct from those who do not identify as LGBTQ.[2] While all people share baseline health care needs, the LGBTQ population is also at a higher risk for specific concerns.[3] Those who identify as LGBTQ are diverse and from many socioeconomic backgrounds, races, ethnicities, and cultures. Disparities can be magnified when LGBTQ persons are also part of a racial or ethnic minority, a fact important to policy initiatives and clinical care.[4]

LGBTQ persons experience elevated rates of depression, sexual abuse, smoking, and other substance use.[5,6] Lesbian women are less likely to undergo certain screening tests for cancer (e.g., mammography to test for breast cancer, papanicolaou (pap) test for cervical cancer) and both men and women in same sex relationships are less likely to report insurance coverage.[7]

Men who have sex with men (MSM) and transgender persons who have sex with men are at elevated risk for human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). LGBTQ youth have higher rates of sexually transmitted infections (e.g., gonorrhea, chlamydia) due to increased likelihood of engaging in high-risk sexual behaviors.[8] The Centers for Disease Control and Prevention (CDC) estimate that gay and bisexual men made up 70% of new HIV infections in 2016, with higher rates among those aged 25-34 and black and Hispanic/Latino gay and bisexual men.[9,10] In Washington State, over 12,000 people are living with a diagnosed HIV infection and approximately 450 new cases have been diagnosed per year from 2013 to 2016.[11]

Many who identify as LGBTQ may not be comfortable or have difficulty disclosing sexual and gender orientation to their health care providers.[12] Provider and patient assumptions, miscommunication, stigma, and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care.[13,14] Difficulties resulting from these obstacles are often compounded by structural aspects of the health care system that neglect gender or sexual minorities (e.g., electronic medical records), and issues related to health insurance coverage and policies that reinforce stigma within the health care system and across communities.

These recommendations seek to align care delivery with existing evidence-based, culturally sensitive standards of care for LGBTQ people in Washington State and, through that effort, decrease health disparities.

Recommendations

The workgroup aims to develop recommendations with a manageable scope that can be adopted by clinics, hospitals, health systems, and health plans. The workgroup also bases recommendations in a whole-person care framework, taking into consideration a person's multiple individual factors that make up health, wellness, and experience (e.g., behavioral health, past trauma, race/ethnicity) in such a way that is not identity or diagnosis-limiting. We recommend that all health care encounters occur using non-judgmental, non-stigmatizing language, body language, and tone. Our recommendations are oriented mainly to primary care, and we also include language directed to hospital settings, health plans, health care purchasers, and patients themselves starting on page 5 for people age 13 and up. We organize the recommendations under three focus areas with greater detail in the following sections:

Focus Area	Specific Areas for Improvement
Communication, Language, and Inclusive Environments	• Use of appropriate pronouns, the patient's chosen name, and gender identity. • Use of appropriate and respectful terms for chosen family, HIV and other STIs, transgender people, and other areas. • Support from electronic health record data. • Onsite access to gender-neutral restrooms. • Staff use of preferred pronouns on badges. • Use of diverse representation onsite (e.g., images of same-sex families on hallway posters, website, or other marketing materials). • Non-discrimination reflected in forms and protocols (e.g., mission statement, employee materials).
Screening and Taking a Social and Sexual History	• Screening for the following: o Behavioral health concerns including depression, suicidality, anxiety, alcohol misuse, and drug use (by specific type as relevant to STI risk). o Intimate partner violence. o Tobacco use. • Social history using recommended minimum information with flexibility around language depending on patient population: o Sexual partners in last 12 months (e.g., men, women, both men and women, other/non-binary, none). o Type of sex (e.g., oral, vaginal, insertive or receptive anal sex). o History of sexually transmitted infections, by specific relevant type.
Areas Requiring LGBTQ-specific standards and systems of care*	• Appropriate referrals and follow-up based on needs defined through screening and clinical evaluation (e.g., depression, other health concern). • HIV, HCV, or other STI screening. • Immunizations. • HIV pre-exposure prophylaxis treatment based on appropriate demographics. • HIV treatment and engagement with care. • Appropriate cervical cancer screening and breast cancer screening for patients with cervical and breast tissue for whom screening would be appropriate. • Hormonal therapy for transgender patients depending on patient preference. • Information on appropriate community resources.
* Providers and health care systems should establish referral networks to provide these services when they cannot be provided within an individual practice.	

Specific Stakeholder Actions and Quality Improvement Strategies

Persons Who Identify as LGBTQ

- Make sure you can identify your primary care provider or family doctor.

- Talk to your health care providers about your gender identity, preferred pronouns, chosen name, and chosen family. Using a Q card might help this conversation, more information here.

- Discuss your past sexual history including
  - The gender and sex of your sexual partners.
  - The type of sex you have had with past sexual partners – including oral, vaginal, and/or anal sex (e.g., top, bottom, versatile). This helps medical providers identify parts of your body that may require testing for sexually transmitted diseases (STIs).
  - Any history of STIs.

- Talk to your provider about:
  - Any concerns that you might have about being down or depressed, especially if you have had thoughts of hurting yourself or others.
  - Your relationships with your partners including whether you have every felt unsafe in the relationship(s) or experienced violence.
  - Any tobacco, alcohol, or drug use.
  - Whether HIV pre-exposure prophylaxis also known as PrEP might be right for you.
  - Whether you want or need screening for STIs.
  - How often to have regular cancer screenings.
  - Community resources that are available in your area.
  - How comfortable you feel in your provider's office including any feedback about access, staff use of appropriate pronouns and name(s), access to restroom facilities, and any other issues.
  - Consider conversation guides such as the Gay and Lesbian Medical Association's Ten Things Transgender Persons Should Discuss with their Health Care Providers available here.

- Washington State has many resources for the LGBTQ community including:
  - Seattle Children's offers a list of books for children to young adults here.
  - We are 1 (King, Snohomish, and Pierce Counties)
  - City of Seattle LGBTQ Youth Resources
  - Gay City: Seattle's LGBTQ Center
  - Ingersol Gender Center Transition Resources (Seattle, WA)
  - Lambert House resource for queer youth (Seattle, WA)
  - The Rainbow Center (Tacoma, WA)
  - Seattle Counseling Service LGBTQ-focused community mental health agency (Seattle, WA)
  - Mountain West AIDS Education and Training Center Program (Seattle, WA)
  - African Americans Reach and Teach Health Ministry (Seattle, WA)

- **Communication, Language, and Inclusive Environments**
  - Use the patient's appropriate pronouns.
  - Use the patient's chosen name.
  - Use appropriate terms and non-stigmatizing terms for sexual orientation and gender identity, HIV and other STIs, family members, and people who are transgender as outlined on page 15 and in **Appendix D**.
- **Screening and Taking a Social and Sexual History**
  - Ask about the patient's gender identity, preferred pronouns, and chosen name. This should ideally be done when the patient initially registers for care to facilitate inclusion of this information in the medical record and to ensure appropriate use of pronouns throughout the patient's care.
  - Talk about the patient's comfort level in disclosing sexual health status and history. Discuss how and why this information is important and how patient confidentiality is ensured.
  - Take a social history that includes basic components of a sexual history. How to ask these questions and their depth should be flexible and will vary depending on practice environment and patient population. See examples on page 12. Ideally, clinicians should obtain a sexual history as part of an initial new patient visit. Among men who have sex with men and transgender patients, these questions should be repeated at least annually. A basic sexual history should include the following core elements:
    - If patient has had sex with men, women, both men and women, and/or other/non-binary, or none.
    - Types of sex including oral, vaginal, and insertive and receptive anal sex (i.e., top, bottom, or versatile)
    - History of any previously sexually transmitted infections (STI) including:
      - HIV
      - Genital warts
      - Chlamydia
      - Gonorrhea
      - Hepatitis B
      - Worry about having contracted an STI.
  - Screen for the following:
    - Behavioral health concerns including depression, suicidal ideation, and anxiety using a validated instrument (e.g., Patient Health Questionnaire 9 Item or 2 Item, Columbia Suicide Severity Scale, Generalized Anxiety Disorder 7-Item) annually.
      - Ideally behavioral health services should be integrated into primary care as outlined in the 2017 Behavioral Health Integration Report and Recommendations. If appropriate behavioral health services are not

available onsite, develop a comprehensive referral network that includes providers specializing in issues specific to the LGBTQ population.

- Intimate partner violence.
- Tobacco use.
- Alcohol and other drug use as outlined in the 2015 Addiction and Dependence Treatment Report and Recommendations following the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol.

- **Areas Requiring LGBTQ-Specific Standards and Systems of Care**
  - **HIV and STI screening:**
    - Medical providers should follow the WA State STD Screening guidelines for MSM and transgender persons.
    - For sexually active MSM outside of long-term, mutually monogamous relationships, these guidelines recommend STI testing (HIV, syphilis, gonorrhea and chlamydial infection) every three to 12 months based on defined risks. Providers should test men who have sex with men and transgender persons who have sex with men for gonorrhea and chlamydial infection at all exposed anatomical sites of potential infection (i.e., pharynx, rectum, urethra/vagina).
    - Hepatitis C screening for those using injection drugs or off-market hormonal therapy.
    - Follow other age-appropriate screenings (e.g., Hepatitis C screening for those born between 1945 and 1965).
  - Understand legal issues pertaining to RCW 70.24.140 (STD disclosure laws) / RCW 9A.36.011 (i.e., assault charges related to non-disclosure of STI status).
  - **Immunizations**: Men who have sex with men and transgender persons should generally receive immunizations based on recommendations for the general populations. However, because some vaccine preventable infections are more common among sexual and gender minorities, clinicians should ensure immunity or vaccination for hepatitis A and B for men who have sex with men, transgender persons, and people living with HIV, Hepatitis C, or chronic liver disease as well as sexual partners of patients who have hepatitis B. Men who have sex with men and transgender persons under age 26 should also be immunized for human papillomavirus.
  - **HIV:**
    - **PrEP:** Ensure that patients who are men who have sex with men or who are transgender persons who have sex with men know about PrEP.
      - Follow the Washington State Department of Health and Public Health Seattle and King County PrEP Implementation Guidelines for identifying HIV-uninfected persons who might benefit from PrEP, and US Public Health Services guidelines for the medical management of PrEP. (Please note that WA State guidelines recommend STI screening of men who have sex with men and transgender persons on PrEP every three months.)

        - Most primary care medical providers should be able to prescribe PrEP and manage patients on PrEP. However, if a provider is unable to provide PrEP onsite, develop a referral network to support the patient in finding accessible care. The WA State Department of Health funds PrEP navigators who can help patients find a medical provider who prescribes PrEP. More information can be found here.
    - Although not all primary care medical providers need to able to provide primary care to persons with HIV infection, all primary care medical providers should:
        - Test for HIV according to national and WA State guidelines.
        - Routinely ask HIV positive patients if they are currently taking antiretroviral therapy, and
        - Have systems in place to refer patients with HIV for medical care. Ideally, all patients with HIV infection should be on antiretroviral therapy.
    - **Treatment:** Health care providers should follow current US Department of Health and Human Services (DHHS) guidelines for the treatment of persons with HIV, available here.
        - Health departments throughout WA State can assist health care providers and patients find HIV care and medical providers who can provide HIV care.
        - Providers should contract the WA State Department of Health or to their local health department if they have patients who are out of care and who might benefit from assistance linking to care.
        - For older patients who are HIV+ consider increased the increased likelihood of comorbidities and need for earlier screening (e.g., colon cancer, bone density).
- **Cancer Screening:** Discuss regular, appropriate cervical cancer screening and breast cancer screening with patients with cervical and breast tissue for patients who are at higher risk of cervical and breast cancer including women who have sex with women or men and transgender men or genderqueer people who were born female.
- **Hormone Therapy:** For patients wishing to access hormonal therapy, follow the Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People (2016) from the Center of Excellence for Transgender Health, Department of Family & Community Medicine, University of California, San Francisco, available here.
    - If unable to provide appropriate hormonal therapy onsite, develop a referral network to support the patient in finding accessible care.

- **Communication, Language, and Inclusive Enviornments**
  - Train all staff about using patient's appropriate pronouns and chosen name. Avoid using titles as appropriate.
  - Educate staff about respectful behavior within restrooms (e.g., not questioning patients or other staff members who are not gender conforming).
  - Provide gender-neutral restrooms within the facility.
  - Use staff preferred pronouns on badges or other visible areas.
  - Use images of diverse patients within the facility (e.g., images of same-sex families on hallway posters, on the website, or other marketing materials).
  - Revise forms and protocols (e.g., mission statement, employee materials) to reflect an open and affirming environment including non-discrimination in hiring practices.
- **Screening and Taking a Social and Sexual History**
  - Configure your system's electronic health record (EHR) to accurately reflect appropriate pronouns, chosen name, and to allow for identification of patients who are at a higher risk of STIs and HIV (i.e., men who have sex with men, transgender people who have sex with men). This will require queriable data fields on gender or sex of sex partners. Such fields can then be used to promote and monitor standards of care, such as HIV/STI screening and PrEP use.
    - The Fenway: National LGBT Health Education Center has developed a 2016 resource Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records, available here.
- **Areas Requiring LGBTQ-Specific Standards and Systems of Care**
  - Develop clear, appropriate referral networks for providers experienced in the care of transgender patients, including providers who can provide hormone therapy.
  - Develop clear, appropriate referral networks for PrEP and HIV treatment if unavailable onsite.
  - Consider identifying men who have sex with men specialty providers (e.g., on the organization's website, when patients select medical providers)
  - **Community Resources:** Develop materials outlining appropriate community resources that may be applicable to your patient population or refer a patient to an appropriate resource such as those outlined below:
    - City of Seattle LGBTQ Youth Resources
    - Gay City: Seattle's LGBTQ Center
    - Ingersol Gender Center Transition Resources (Seattle, WA)
    - Lambert House resource for queer youth (Seattle, WA)
    - The Rainbow Center (Tacoma, WA)
    - Seattle Counseling Service LGBTQ-focused community mental health agency (Seattle, WA)

Health Plans

- Identify the patient's primary care provider and be sure the patient knows who this is.
- Ensure equity in infertility treatment coverage for heterosexual and homosexual subscribers (e.g., not requiring 12 months if under 35 and 6 months if over 35 of non-covered clinically-supervised insemination prior to reimbursement if not in a heterosexual relationship).
- Honor the World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People health plan recommendations for masculinization surgery.
- Ensure appropriate referral networks for PrEP, HIV treatment, and hormonal therapy.
- Do not require a copay for quarterly HIV and other STI testing and PrEP.
- Allow information technology systems to include a subscriber's appropriate gender and chosen name (if different from birth gender and name).

Employers

- Review recommendations to health plans and include similar language in your contracts.

Washington State Agencies (e.g., Health Care Authority, Department of Health)

- Promote

Table 2: Recommendations for LGBTQ-competent health care

Focus Area	Patient Perspective	Operational Details
Communication, Language, and Inclusive Environments	*The clinic in which I receive care is welcoming, uses terms like partner, uses my preferred name, and accommodates my needs such as having bathrooms in which I feel comfortable. Staff use appropriate pronouns. I feel comfortable talking about my family.*	**Current State:** Patients and staff may be uncomfortable addressing one another. Forms and the language used by staff is heteronormative using terms like husband/wife. Staff may have an underlying assumption that patients are heterosexual and cisgender and ask questions in this manner. **Intermediate Steps:** Leadership at the organization prioritizes creating a welcoming and inclusive atmosphere through identification of goals, gaps between current care and goals, and is actively developing and implementing staff training to close this gap. **Optimal Care:** Patients receiving care at the organization feel comfortable that their sexual orientation and gender identity will be respected. Staff feel comfortable addressing new patients, asking about preferred pronouns and names, and are supported by an electronic health record that accurately reflects patient preference. Staff use non-judgmental, non-stigmatizing language, body language, and tone. Patients feel comfortable disclosing past sexual history.
Screening and Taking a Social and Sexual History	*I am asked about my sexual history and behaviors in a non-judgmental way. I feel comfortable discussing my sexual partners and history and my gender identity with my provider and care team.*	**Current State:** The experience of talking about previous sexual history and current sex partners may be jarring to patients. Patients may feel they have to repeatedly remind the provider and care team of their sexual orientation or gender identity and not feel respected and supported. Patients may have concerns about the confidentiality of their information and not trust staff or the organization to have their best interests in mind. **Intermediate Steps**: Leadership sets clear clinical protocols for taking a sexual history that is appropriate to the organization's patient population. Providers and other staff are trained on asking about sexual history in a non-judgmental manner and clearly explain the reasons for additional questions (e.g., depression, suicidal ideation, alcohol use). **Optimal Care:** Providers take the time to explain the reasons for asking about sexual history and reaffirm that patient data is secure. Patients are seen as a whole-person, not as a single identity or a single diagnosis. Patients feel comfortable talking about their sexual partners, types of sex, and any concerns they have about pregnancy, sexually transmitted infections, or other issues. Behavioral health concerns including alcohol and drug use are discussed in this supportive environment as is tobacco use and intimate partner violence. Providers feel comfortable talking about next steps based on individual patient need and patients know

		who to contact with any questions, concerns, and about their referrals.
Areas Requiring LGBTQ-Specific Standards and Systems of Care	*My provider has talked about which next steps are appropriate for me including cancer screenings, hormonal therapy, or other referrals. If appropriate, I am offered pre-exposure prophylaxis for HIV. I fully understand PrEP, how to talk to my partner(s) about PrEP, and feel supported by my provider and care team. I can receive treatment for HIV on-site or through a supported referral.*	**Current State:** Patients may fall through gaps in care and be unclear as to how to access the care they need. Patients may feel they keep hitting roadblocks to their goals of care and have unmet needs. **Intermediate Steps**: The organization has begun to identify care that can be delivered on-site vs. care that requires a referral. Protocols for supporting patients who may need care off-site are developed and disseminated. **Optimal Care:** Providers have clear pathways to support patient goals of care through onsite delivery or robust referral networks with warm handoffs. Patients feel respected and are willing to come for needed screenings. If appropriate, pre-exposure prophylaxis is discussed and delivered onsite. Patients who are HIV positive are able to access medication and care they need. Hormonal therapy is discussed as appropriate and delivered onsite or through a coordinated effort with another organization. Patients have a clear understanding of when they will see their provider and care team again and who to contact if they have questions.

Details on Focus Areas

Communication, Language, and Inclusive Environments

Language has great potential to address and reduce or to reinforce stigma. Careful attention to terminology is especially important for populations who have been historically marginalized. Staff and organizations should create a welcoming environment using appropriate pronouns, the patient's chosen name, and appropriate terms for family with support from electronic health record data that accurately reflects patient preference. The workgroup recommends following the Fenway: National LGBT Health Education Center 2016 resource Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records, available here and Center Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients, available here.

The workgroup recommends the following sources for person-focused terminology although others currently being used by providers and sites are also appropriate:

- Sexual Orientation and Gender Identity. Anti- Violence Project: Sexual Orientation and Gender Identity available here.
    - Example: *Gender: The wide set of characteristics that are constructed to distinguish between the two institutionally recognized sexes: male and female. Gender is not static and can shift over time*.[15]
- Referring to HIV. University of California San Francisco: HIV #LanguageMatters: Addressing Stigma by Using Preferred Language available here.
    - Example: *Person living with HIV* rather than *HIV infected person*.[16]
- Family members. National LGBT Health Education Center Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients as outlined in **Appendix D**.
    - Example: *Spouse or Partner(s)* rather than *husband or wife*.
- People who are transgender. National Center for Transgender Equality: Transgender Terminology available here.
    - Example: *Transgender: A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. Transgender is a broad term and is good for non-transgender people to use. "Trans" is shorthand for "transgender." (Note: Transgender is correctly used as an adjective, not a noun, thus "transgender people" is appropriate but "transgenders" is often viewed as disrespectful.)*[17]

Building an inclusive environment starts with staff training and language and extends to the physical space of the clinic and exam rooms. Many of the national guidelines outlining recommended changes are included in **Appendix E: Crosswalk of Reviewed Guidelines**. At a minimum, the workgroup recommends:

- Onsite access to gender neutral restrooms
- Staff use of preferred pronouns on badges
- Use of diverse representation onsite (e.g., images of same-sex families on hallway posters, the website, or other marketing materials)

Screening and Taking a Social and Sexual History

The workgroup recommends minimum standards for information gathering in the primary care visit including gender identity, preferred pronouns, chosen name and components of a basic sexual history. As patient populations vary across the state, the workgroup does not recommend a single set of sexual history questions, but provides examples that allow providers to ask patients about their sexual history in order to identify gender and sexual minorities and provide appropriate care.

	Examples	**Comment**
Gender identity	What is your gender? Male Female Transgender female to male Transgender male to female Non-binary/Gender Queer Something else What sex was recorded on your original birth certificate Male Female	Two questions identify transgender and gender nonconforming persons. Asked by medical providers and staff as an open-ended question (i.e. responses not read) Questions are best incorporated into registration materials.
Gender of sex partners	Do you have sex with men, women, or both men and women? What is the sex of your sex partners? Male (has penis) Female (has vagina) How would you describe the gender of your sex partners? Male Female Trans male Trans female Non-binary/other	Question is simple but does not identify transgender partners of non-binary partners explicitly. Question focuses on sex, not gender. Emphasis is on anatomy (i.e. presence of a penis or vagina). Does not identify transgender or non-binary partners. Asked as an open-ended question or can be reported on self-administered questionnaire. A question about the gender or sex of sex partners should be asked as part of initial patient visits and repeated annually in patients under the age of 25, if patients are diagnosed with an STI, and as needed based on provider

		discretion.
Type or sex - Anatomic sites of exposure	Do you have vaginal, oral, or anal sex? For men having anal sex: Are you a top, bottom, or versatile? (Top=insertive, bottom=receptive, versatile=both insertive and receptive)	Question can be limited to patients for whom STI extragenital STI screening is recommended (i.e. men who have sex with men, transgender persons). The goal is to identify anatomic sites to be tested.
History of STI	Have you ever had a sexually transmitted infection, like gonorrhea, syphilis, chlamydia, genital herpes or human papillomavirus? If yes, when did you last have that infection	Helps define frequency of recommended STI screening, need for PrEP, and possible need for suppressive or intermittent herpes therapy.

Of note, in 2016, the US Department of Health and Human Services added required questions on sexual orientation (i.e., lesbian or gay, straight, bisexual, something else, don't know, choose not to disclose) and gender identity (i.e., male, female, transgender male/female to male, transgender female/male to female, other, choose not to disclose) to the Uniform Data System.[18] The questions above do not include questions about sexual orientation, instead focusing on sexual behavior itself. Sexual orientation is how a person describes their sexuality, which may or may not be the same as their behavior. Surveys of patients being asked questions about their sexual orientation and gender identify report these questions as acceptable and important for providers to know.[19,20]

Behavioral health concerns including depression, suicidal ideation, and anxiety

Ideally behavioral health concerns will be addressed in primary care through integrated behavioral health diagnoses for whom accessing services through primary care would be appropriate as outlined in the 2017 Bree Collaborative Behavioral Health Integration Report and Recommendations. High-quality behavioral health care should draw from trauma-informed care appropriate to an individual as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) here. At a minimum, all patients should be screened for depression with a validated instrument such as the Patient Health Questionnaire Nine Question (PHQ-9) including a screening question for suicidal ideation (e.g., the ninth question of the PHQ-9, the first question of the Columbia Suicide Severity Rating Scale) and anxiety with a validated instrument such as the Generalized Anxiety Disorder Seven Item (GAD-7). If the patient screens positive, a plan should be developed on the same day that includes continuous patient engagement in ways that are convenient for patients that may include a supported referral.

Intimate partner violence

The US Preventive Services Task Force recommends, "*that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services*."[21] The workgroup recommends that all LGBTQ patients be screened for intimate partner violence. Many tools are available for use and the workgroup does not recommend a specific tool other than it be validated. Available tools include Hurt, Insult, Threaten, and Scream (HITS), the Woman Abuse Screening Tool (WAST), the Partner Violence Screen (PVS), and others.[22]

Tobacco use

All patients should be screened for tobacco use. If the patient screens positive, resources about quitting should be offered. The clinical pathway may follow the Agency for Healthcare Research and Quality's Treating Tobacco Use and Dependence.[23]

Alcohol and other drug use

The Bree Collaborative also developed recommendations around integrating the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model into primary care, prenatal, and emergency room settings in January 2014. The 2017 Behavioral Health Integration Report builds on and expands upon this previous Report. SBIRT is an evidence-based paradigm seeking to encourage health care providers to systematically "*identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.*"[24] The workgroup recommends that all patients be screened for alcohol and drug use and if positive, be offered brief intervention onsite and referral to treatment if alcohol misuse and drug use is severe.

Areas Requiring LGBTQ-Specific Standards and Systems of Care

The workgroup recommends clinically appropriate next steps based on the risk profile obtained from screening or taking a social history.

For people who have receptive anal sex

The Centers for Disease Control and Prevention (CDC) developed clinical practice guidelines for HIV Pre-Exposure Prophylaxis in 2014. However, many felt the language to be not specific enough when referring to patient populations to be easily implementable. The CDC guidelines are available here. In 2015, the Washington State Department of Health and Public Health Seattle and King County developed PrEP Implementation Guidelines[25] with more specific definitions that allow for easier adoption. The workgroup endorses these guidelines and recommends their use across Washington State. The guidelines are available here.

More information from King County here.

Information on the Washington State Department of Health Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) here.

Resources for referrals if unable to provide onsite:

- Please PrEP Me. For patients looking for HIV pre-exposure prophylaxis www.pleaseprepme.org/#

For people with cervical or breast tissue

Due to women who have sex with women being less likely to undergo screening tests for breast and cervical cancer, the workgroup felt it important to call out the United States Preventive Services Task Force (USPSTF) recommendations as follows:

USPSTF recommends "biennial screening mammography for women 50-74 years" but "against teaching breast self-examination."[26] More information here.

The USPSTF is currently updating recommendations on screening for cervical cancer. In 2011 the Task Force recommend "screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years."[27] More information here.

HIV treatment or referral network if unavailable onsite

The workgroup recommends following the United States Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV, available here (updated March 2018). The guideline reviews: baseline evaluation, laboratory testing, treatment goals, initiation of antiretroviral therapy, what to start, considerations for antiretroviral use in special patient populations, considerations for antiretroviral use in patients with coinfections, limitations to treatment safety and efficacy, and drug interactions. The workgroup also reviewed the 2016 United Kingdom national guideline on the sexual health care of men who have sex with men. This guideline is meant for providers operating within the National Health Service and is not completely applicable to the United

States health care system, but offers a good summary of recommendations around: history taking, identification of problematic recreational drug and alcohol use, STI and HIV testing in asymptomatic MSM, the management of MSM with symptoms of sexually transmissible enteritis and proctitis, HPV infection and anal dysplasia in MSM, partner notification and MSM, STI and HIV prevention for MSM in the clinic, and sexual problems and dysfunctions in MSM, that may not be covered in these recommendations.[28]

Appropriate community resources

Many community resources exist for those who identify as LGBTQ in Washington State or that are available online. The workgroup recommends that practices develop materials outlining appropriate community resources that may be applicable to the patient population or be ready to refer a patient to an appropriate resource. Examples of resources include:

- We are 1 (King, Snohomish, and Pierce Counties)
- City of Seattle LGBTQ Youth Resources
- Gay City: Seattle's LGBTQ Center
- Ingersol Gender Center Transition Resources (Seattle, WA)
- Lambert House resource for queer youth (Seattle, WA)
- The Rainbow Center (Tacoma, WA)
- Seattle Counseling Service LGBTQ-focused community mental health agency (Seattle, WA)
- Mountain West AIDS Education and Training Center Program (Seattle, WA)
- African Americans Reach and Teach Health Ministry (Seattle, WA)

Hormonal therapy or referral network if unavailable onsite

Specific clinical guidelines on hormonal therapy are out of the scope of this Report and Recommendation, however, the workgroup recommends following the Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2016) from the Center of Excellence for Transgender Health, Department of Family & Community Medicine, University of California, San Francisco, available here. Additionally, UpToDate includes clinical articles on Gender development and clinical presentation of gender nonconformity in children and adolescents here and Management of gender nonconformity in children and adolescents here.

If the clinic or site is unable to provide hormonal therapy onsite, an adequate referral network should be available to support the patient achieve goals of care.

Resources for referrals if unable to provide onsite:

- Ingersoll Gender Center health care providers: https://ingersollgendercenter.org/providers

Other Work in Washington State

The workgroup is aligned with and builds from the End AIDS Washington campaign administered by the Washington State Department of Health. End AIDS Washington is a "*collaboration of community-based organizations, government agencies and educational and research institutions working together to reduce new infections in Washington by 50% by 2020*."[29] The campaign started on World AIDS Day December 2014 from Governor Inslee's proclamation. Recommendations were developed by a steering committee, available here, with 11 goals including to:

1. Identify and reduce HIV stigma
2. Reduce HIV-related disparities
3. Implement routine HIV testing
4. Increase access to pre-exposure prophylaxis (PrEP)
5. Create health care that meets the needs of sexual minorities
6. Improve HIV prevention and care for substance users
7. Remove barriers to insurance and increase health care affordability
8. Increase access to safe, stable, and affordable housing
9. Deliver whole-person health care to PLWH
10. Launch Healthier Washington for Youth
11. Include meaningful community engagement and empowerment

- End AIDS Washington information available here.
- More information from the Department of Health here.

Measurement

The workgroup recommends tracking the number of patients who identify as lesbian, gay, bisexual, and transgender. Additionally, Healthy People 2020 includes two Lesbian, Gay, Bisexual, and Transgender Health related metrics:

- Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, bisexual, and transgender populations
- Increase the number of states, territories, and the District of Columbia that include questions that identify sexual orientation and gender identity on state level surveys or data systems

Healthy People 2020 acknowledges intersections with other topic areas including: breast cancer screening, bullying among adolescents, cervical cancer screening, condom use, educational achievement, health insurance coverage, HIV testing, illicit drug use, mental health and mental illness, nutrition and weight status, tobacco use, and [having a] usual source of care.

Appendix A: Bree Collaborative Members

Member	Title	Organization
Susie Dade MS	Deputy Director	Washington Health Alliance
John Espinola MD, MPH	Executive Vice President, Health Care Services	Premera Blue Cross
Gary Franklin MD, MPH	Medical Director	Washington State Department of Labor and Industries
Stuart Freed MD	Chief Medical Officer	Confluence Health
Richard Goss MD	Medical Director	Harborview Medical Center – University of Washington
Jennifer Graves, RN, MS	Senior Vice President, Patient Safety	Washington State Hospital Association
Christopher Kodama MD	President, MultiCare Connected Care	MultiCare Health System
Daniel Lessler MD, MHA	Chief Medical Officer	Washington State Health Care Authority
Paula Lozano MD, MPH	Associate Medical Director, Research and Translation	Kaiser Permanente
Wm. Richard Ludwig MD	Chief Medical Officer, Accountable Care Organization	Providence Health and Services
Greg Marchand	Director, Benefits & Policy and Strategy	The Boeing Company
Robert Mecklenburg MD	Medical Director, Center for Health Care Solutions	Virginia Mason Medical Center
Kimberly Moore MD	Associate Chief Medical Officer	Franciscan Health System
Carl Olden MD	Family Physician	Pacific Crest Family Medicine, Yakima
Mary Kay O'Neill MD, MBA	Partner	Mercer
John Robinson MD, SM	Chief Medical Officer	First Choice Health
Terry Rogers MD (Vice Chair)	Chief Executive Officer	Foundation for Health Care Quality
Jeanne Rupert DO, PhD	Family Physician	One Medical
Kerry Schaefer	Strategic Planner for Employee Health	King County
Bruce Smith MD	Medical Director	Regence Blue Shield
Lani Spencer RN, MHA	Vice President, Health Care Management Services	Amerigroup
Hugh Straley MD (Chair)	Retired	Medical Director, Group Health Cooperative; President, Group Health Physicians
Shawn West MD	Family Physician	Edmonds Family Medicine

Appendix B: LGBTQ Health Care Charter and Roster

Problem Statement

Approximately 3.5% of Americans identify as lesbian, gay, or bisexual and 0.3% of American adults are transgender.[i] Persons in these populations have distinct healthcare needs.[ii] In particular, men who have sex with men (MSM) and transgender persons who have sex with men are at elevated risk for HIV and other sexually transmitted infections. Additionally, lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) persons can experience elevated rates of depression, sexual abuse, smoking, and other substance use.[iii,iv] Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care.[v]

Aim

To align care delivery with existing evidence-based, culturally sensitive standard of care for LGBTQ people in Washington State and decrease health disparities.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Age-appropriate screening and standard questions for clinicians to ask all patients about sexual behaviors, sexual orientation, and gender identity, with responses documented in structured health records.
- An inventory of health equity practices and competencies that improve care of sexual and gender minorities including around intersections of race, class, and other identities.
- Protocols, policies, and practices to improve the effectiveness and experience of health care services, and receipt of preventive services (e.g., appropriate cervical cancer screening), particular to LGBTQ patients.
- Implementation of guidelines to diagnose, prevent, and treat sexually transmitted diseases based on risk (e.g., screening men who have sex with men and transwomen who have sex with men, offering HIV pre-exposure prophylaxis (PrEP)) including for health care organizations, purchasers, payers, and medical professionals.
- Indicators and outcomes that health care organizations should monitor to evaluate success in improving the delivery and experience of healthcare services by LGBTQ patients.
- Implementation pathway(s) with metrics to monitor adoption and patient outcomes.
- Identifying other areas of focus or modifying areas, as needed.

Duties & Functions

The LGBTQ Health Care workgroup will:

- Develop a scope of work to bring to and be approved by the full Bree Collaborative.
- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).

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[i] Gates G. How many people are lesbian, gay, bisexual, and transgender? The Williams Institute University of California, Los Angeles. April 2011. Available: http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf

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[iii] Russell ST, Fish JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. Annu Rev Clin Psychol. 2016 Mar 28; 12: 465–487.

[iv] Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and Gender Minority Health: What We Know and What Needs to Be Done. American Journal of Public Health. 2008;98(6):989-995.

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- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair.
The chair of the workgroup will be appointed by the chair of the Bree Collaborative.
The Bree Collaborative program director will staff and provide management and support services for the workgroup.
Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

Name	Title	Organization
Dan Lessler, MD, MHA (Chair)	Chief Medical Officer	Washington State Health Care Authority
Olivia Arakawa, MSN, CNM, ARNP, RN	Parent Advocate	
Scott Bertani	Director of Policy	Lifelong AIDS Alliance
Kathy Brown, MD	HIV and PrEP Medical Director	Kaiser Permanente
LuAnn Chen, MD, MHA, FAAFP	Medical Director	Community Health Plan of Washington
Michael Garrett, MS, CCM, CVE, NCP	Principal	Mercer
Chris Gaynor, MD, MA, FAAFP	Family Practice Clinician	Capitol Hill Medical
Matthew Golden, MD	Professor of Medicine/ Director, HIV/STD Program	University of Washington/ Public Health – Seattle & King County
Kevin Hatfield, MD	Family Practice Clinician	The Polyclinic
Corinne Heinen, MD	Physician Lead, UW Transgender Clinical Pathway	Department of Internal Medicine, Allergy & Infectious Disease University of Washington
Tamara Jones	End AIDS Washington Policy and Systems Coordinator	Department of Health
Kevin Wang, MD	Primary Care Clinician	Swedish Medical Group

Appendix C: Guideline and Systematic Review Search Results

Source	Guidelines or Systematic Reviews
AHRQ: Research Findings and Reports	Improving Cultural Competence to Reduce Health Disparities (2016)
Cochrane Collection	Multi-media social marketing campaigns to increase HIV testing uptake among men who have sex with men and transgender women (2011) Behavioral interventions to reduce HIV transmission among sex workers and their clients in high-income countries (2011) Behavioral interventions can reduce unprotected sex among men who have sex with men (MSM) (2008)
Specialty Society Guidelines (via Guideline Clearinghouse including Choosing Wisely)	U.S. Preventive Services Task Force: Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women (2015) International Association of Providers of AIDS Care: IAPAC guidelines for optimizing the HIV care continuum for adults and adolescents (2015) U.S. Preventive Services Task Force: Screening for suicide risk in adolescents, adults, and older adults in primary care (2014) Health Care for the Homeless (HCH) Clinician's Network: Adapting your practice: treatment and recommendations for unstably housed patients with HIV/AIDS (2013) Society of Obstetricians and Gynaecologists of Canada: Female sexual health consensus clinical guidelines (2012) British Association for Sexual Health and HIV: United Kingdom national guideline for gonorrhoea testing 2012 (2012) New York State Department of Health: Care of the HIV-infected transgender patient (2012)
Health Technology Assessment Program	n/a
Center for Disease Control and Prevention	Lesbian, Gay, Bisexual, and Transgender Health
Institute for Clinical and Economic Review	n/a
BMJ Clinical Evidence Systematic Overview	HIV: primary and secondary prophylaxis for opportunistic infections (2010)
Veterans Administration Evidence-based Synthesis Program	Do have general guidelines for suicide prevention, adult mental health, and health disparities among adults with mental illness that cite studies including lesbian and gay participants. Not specific.

See additional guidelines in Appendix E.

Appendix D: Inclusive Family Language

Source: National LGBT Health Education Center. The Fenway Center. Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients

Old Language	Recommended update
Mother/Father	Parent(s)/Guardian(s)
Husband/Wife	Spouse/Partner(s)
Marital Status	Relationship Status: Single; Married; Partnered; Separated; Divorced; Widowed; Other
Living Arrangement	Alone; Spouse/Partner(s); Child(ren); Sibling; Parent(s)/Guardian(s); Group setting; Personal care attendant; Other
Sex/Gender: Male or Female	What is your current gender identity: Male; Female; Transgender Male/Transgender Man/ Female-to-Male (FTM); Transgender Female/Transgender Woman/Male-to-Female (MTF); Genderqueer – neither exclusively male nor female; Other; Choose not to disclose. What sex were you assigned at birth on your original birth certificate: Male, Female, Choose not to disclose
Sexual Orientation	Do you think of yourself as: Straight or heterosexual; Lesbian, gay, or homosexual; Bisexual; Something Else; Don't Know; Choose not to disclose.
Family History	Use "Blood relative" in questions.
Nursing Mother	Currently nursing. This wording is inclusive of those who do not identify as a mother (or a woman), but who are currently nursing to be included in this response.
Female Only/Male Only	Remove sex-specific language and include "Not applicable" as a response option.

Appendix E: Crosswalk of Reviewed Guidelines

	Type	Topics Addressed	Details
Guidelines for care of lesbian, gay, bisexual, and transgender patients 2005 Gay and Lesbian Medical Association www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf	Clinical guidelines Structural guidelines	Health system environment Lesbians/bisexual women Gay/bisexual men	• Create a welcoming environment • Caring for lesbians and bisexual women: additional considerations for clinicians • Caring for gay and bisexual men: additional considerations for clinicians
Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records 2016 Fenway: National LGBT Health Education Center www.lgbthealtheducation.org/wp-content/uploads/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-EHRs-2016.pdf	Implementation guide	Electronic health records	• Includes recommended questions (sexual orientation, gender identity, name, pronouns) • Workflows for collecting data • Training staff
Resource Guide — Advancing Health Equity through Gender Affirming Health Systems 2017 Cardea www.cardeaservices.org/_literature_195482/Advancing_Health_Equity_through_Gender_Affirming_Health_Systems	Tools for implementing gender affirming health systems	Health system environment	• Organizational Assessment for staff member (organizational values, governance, planning and monitoring/evaluation, communication, staff and provider development, organizational infrastructure, services) and community member • Glossary of terms
Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV 2018 United States Department of Health and Human Services https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf	Clinical guidelines	Adults and Adolescents living with HIV	• Baseline evaluation • Laboratory testing • Treatment goals • Initiation of antiretroviral therapy • What to start • Considerations for antiretroviral use in special patient populations • Considerations for antiretroviral use in patients with coinfections • Limitations to treatment safety and efficacy

			• Drug interactions
2016 United Kingdom national guideline on the sexual health care of men who have sex with men 2016 **British Association** for Sexual Health and HIV http://journals.sagepub.com/doi/abs/10.1177/0956462417746897	Clinical guidelines	Men who have sex with men	• History taking • Identification of problematic recreational drug and alcohol use • STI and HIV testing in asymptomatic MSM • The management of MSM with symptoms of sexually transmissible enteritis and proctitis • HPV infection and anal dysplasia in MSM • Partner notification and MSM • STI and HIV prevention for MSM in the clinic • Sexual problems and dysfunctions in MSM
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community 2011 The Joint Commission www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf	• Clinical guidelines • Structural guidelines • Change management • Tools (checklists)	Organizational leadership Health system environment	• Leadership • Provision of Care, Treatment, and Services • Workforce • Data Collection and Use • Patient, Family, and Community Engagement
Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients 2017 Fenway: National LGBT Health Education Center www.lgbthealtheducation.org/wp-content/uploads/2017/08/Forms-and-Policy-Brief.pdf	Structural guidelines	Health system environment	• Discrimination and employment policies should include the terms “sexual orientation,” “gender identity,” and “gender expression.” • Collecting data • Taking routine sexual history • Reviewing organizational language • Recommended language for family members
Asking Essential Sexual Health Questions National Coalition for Sexual Health https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/asset/Asking-Essential-Sexual-Health-Questions.pdf	Clinical guidelines	All patients	• Adults: Essential questions to ask at least annually • Adults: Essential questions to ask at least once • Adolescents: Essential questions to ask at least annually • Additional questions to ask adolescents and adults
Pre-Exposure Prophylaxis (PrEP)	Clinical guidelines	Men who have sex with	• Identifying persons in whom to consider PrEP

Implementation Guidelines 2015 2015 Washington State Department of Health and Public Health Seattle King County www.breecollaborative.org/wp-content/uploads/DOH-PHSKC-PrEP-guidelines.pdf		men Transgender persons who have sex with men	• Guidelines for initiating PrEP in HIV-uninfected persons: o Medical providers should recommend that patients initiate PrEP if they meet the following criteria o Medical providers should discuss initiating PrEP with patients who have any of the following risks
HIV testing and STD screening recommendations for men who have sex with men (MSM) 2017 King County www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/providers/screening-testing-msm.aspx	Clinical guidelines	Men who have sex with men	• Sexual history • HIV and STD screening
Health Care for Transgender Individuals Committee Opinion 2011 American College of Obstetricians and Gynecologists www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Transgender-Individuals	Clinical guidelines	Female to male transgender individuals Male to female transgender individuals	• Creating a welcoming environment • Hormones, surgery, screening (e.g., cancer) for: o Female to male transgender individuals o Male to female transgender individuals
Supporting and Caring for Transgender Children 2016 Human Rights Campaign American College of Osteopathic physicians American Academy of Pediatrics www.hrc.org/resources/supporting-caring-for-transgender-children	Framework	Transgender children Parents of transgender children	• Defining terms • Review of policy debate
Providing Affirmative Care for Patients with Non-binary Gender Identities 2017 Fenway: National LGBT Health Education	Structural guidelines Clinical guidelines	Health system environment Transgender and gender non-conforming people	• Understanding Non-binary Gender Identities • Glossary • Using Names and Pronouns • Barriers to care

Center www.lgbthealtheducation.org/wp-content/uploads/2017/02/Providing-Affirmative-Care-for-People-with-Non-Binary-Gender-Identities.pdf			• Case scenarios • Best Practices: Creating an affirming environment for non-binary people
Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff 2013 Fenway: National LGBT Health Education Center www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v6_02-19-13_FINAL.pdf	Structural guidelines Clinical guidelines	Health system environment Health system environment Transgender and gender non-conforming people	• Training guidance • Background on transgender and gender non-conforming people • Clinical changes for addressing patients, using names and pronouns, if record name and sex do not match, apologizing for mistakes, respectful workplace culture
Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People 2016 Center of Excellence for Transgender Health, Department of Family & Community Medicine, University of California, San Francisco http://transhealth.ucsf.edu/protocols	Structural guidelines Clinical guidelines	Health system environment Transgender and gender non-conforming people	• Creating safe and welcoming clinical environment • Physical examination (e.g., pelvic exam) • Gender-affirming treatments and procedures • Hormone therapy • Pelvic pain (e.g., menses, testicular pain) • Gender non-conforming people • Diabetes • Bone health and osteoporosis • HIV • Hepatitis C • Other STIs • Silicone and hair removal • Fertility • Cancer screening • Behavioral health • Surgery
Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People 2015 The World Professional Association for Transgender Health	Clinical guidelines	Transgender and gender non-conforming people	• Definitions • Overview of Therapeutic Approaches for Gender Dysphoria • Assessment and Treatment of Children and Adolescents with Gender Dysphoria • Mental Health • Hormone Therapy

www.wpath.org/publications/soc			• Reproductive Health • Voice and Communication Therapy • Surgery • Postoperative Care and Follow-Up • Lifelong Preventive and Primary Care

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