

Tailoring Care for LGBT Patients: Healthcare Providers' Practices in a Rural State*

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Objectives

- Discuss examples of persistent LGBT health disparities
- Describe LGBT friendly healthcare providers' (HCPs) self reported practices to tailor their care for LGBT patients
- Identify specific and actionable priorities that can be implemented to provide integrated, culturally congruent care to LGBT populations

Faculty Disclosure



Mollie E. Aleshire, DNP, FNP-BC, PPCNP-BC, FNAP

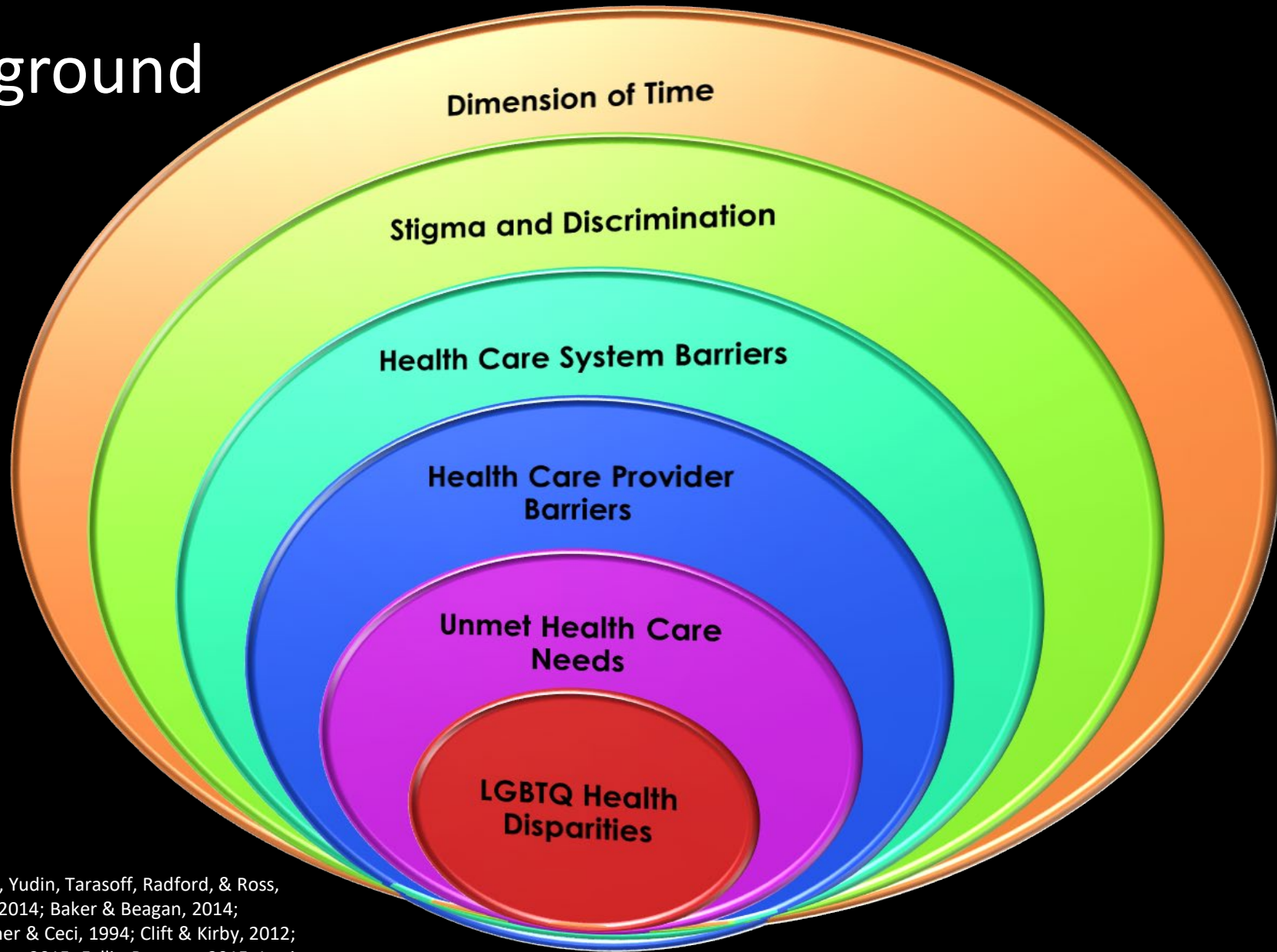
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Amanda Fallin-Bennett, PhD, RN

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Background



(Abdessamad, Yudin, Tarasoff, Radford, & Ross, 2013; AHRQ, 2014; Baker & Beagan, 2014; Bronfenbrenner & Ceci, 1994; Clift & Kirby, 2012; Daniel & Butkus, 2015; Fallin-Bennett, 2015; Institute of Medicine, 2011; Johnson & Nemeth, 2014; Kates, 2015; Smith & Mathews, 2007)

Methods

Approach/Recruitment

- Qualitative, descriptive design
- IRB approval
- GLMA and AVOL provider lists
- Snowball sampling

Convenience Sample

- HCPs (N = 13)
 - MD (11)
 - APRN (2)
- μ age 43 years
- μ practice 15 years

Data Collection/Analysis

- Phone interviews
- Qualitative data analysis

Results



Treating LGBT patients the same as straight patients

Asking about sexual orientation

Using preferred pronouns

Creating a welcoming clinical space

Being nonjudgmental and inclusive due to previous potential negative interactions

Training in LGBT health

Treating LGBT patients the same as straight patients

“I think people just like the fact that I have the same kind of open and kind of approach no matter who you are...I think our motto is to smile and treat everybody the same.”

“I guess the LGBT isn't really part of what I do. I'm sure plenty of patients are LGBT but there's nothing that I do different for them than anyone else.

“You know your average LGBT patient is no, isn't that much different than your, than any other patient. And you know I just try to treat them like anybody else. You know they have a certain set of issues that are kind of unique to them but at the same time, you know the majority of their problems are just like anybody else.”

“And when I really think about providing quality care to LGBT people, [it is] really no different than any of my patients. You can't go into a patient encounter with a lot of assumptions about who somebody is just because of their labels. When I've been asked at work about you know developing further LGBT healthcare resources here, I [try] to tell people for the most part I think they're over thinking it. Because it's really not that hard and it's not really different than what we would expect for anybody.”

Asking about sexual orientation

“The experiences don’t differ...You know some of the specific clinical differences might change you know; again, contraception, counseling, those kind of things. Depending on whether they’re sexually active with only females or both or those kind of things; that’s where it’s relevant.”

“We ask everyone if they’re having sex and if they’re having sex with men, women or both. So other than thinking about screening for illnesses and slightly different recommendations in that respect, I don’t think they differ a lot and so I hope they don’t.”

“I always ask about sexual activity....I ask everybody the same questions...One partner, multiple partners, male, female, both, and that’s again helpful in just creating a better understanding of the patient’s medical history as a sexual history is relevant for any patient.”

Using preferred pronouns

“They may look like what your brain perceived as a female but they want to be called male or vice versa and so there’s just more thought that goes into making sure that you’re using proper pronouns and asking correct questions.”

“I saw a trans patient and I walked in their room and I introduced myself and I said, hi, my name is [name removed]. I’m a nurse practitioner and what name do you use and what pronouns do you use? And at the end, the patient said, that’s the first time anyone has ever asked me those questions when I walked into an office...that’s the first time; like nobody ever even thought to ask me those questions.”

“I always ask them to start off with what they like to be called because it’s usually not what is on the chart. That’s a legal name with a binary sex, male/female.”

“They’ll come in with a gender marker on the chart that does not match their name or their name and gender marker don’t match what they look like.”

“I explain to them I actually put in an alert on the patient; it’s one of the first things I usually do... that says at the top when the record pops up, ‘prefers she.’”

Creating a welcoming clinical space

“We work closely with the LGBT Center...we try to think about what magazines, that sort of thing, are sitting out in our waiting rooms [and ensure] that we have a wide array of magazines out there.”

“I need them to be in a place that’s safe so they’re not going to walk into a waiting room and then the women are going to start saying, ‘You know, am I in the right place? Is this right? I came in to see my gyn. Am I in the wrong room?’”

“They’ve [the LGBT Center] reviewed our check in forms...so we worked with them to make sure that we have all the questions that they would perceive as being important on our check in form.”

“I’ll have like a rainbow pin on my white coat. Just to kind of let people know that I identify with them.”

Being nonjudgmental and inclusive due to previous potential negative interactions

“I think the first thing is we need to provide [care] in [a] nonjudgmental way. Regardless of who they’re attracted to, who they like, who they love it’s important that we take care of them same way as other kids.”

“I had one girl [patient] who was bisexual and she had told me that she had gone to the provider near her home and they had told her that she just needed to find god and pray more and then that would help with her bisexual problem. She came to us and was even afraid to come because she was afraid of how she would be accepted. So I think inclusiveness and acceptance, and I try to be as kind and welcoming to all of my patients as I can be; I feel like I don’t know that I do much different.”

“Gosh, I’m just proud that they’ve made it to the doctor. I know so many trans people have stayed away from the doctor for so long because they’re just scared or have had very negative experiences before.”

“I think the word tiptoe comes to mind because I know the experiences that most of these people have experienced and so I try to go out of my way to make things more smooth for them. And then sometimes I’ll even ask about other experiences with healthcare providers too just to kind of get it out there on the table and, because yeah, frankly I think, I don’t know that I’ve ever had anyone that’s LGB or T that’s come in and said, ‘Oh, I’ve always had great experiences with different providers.’”

Training in LGBT Health

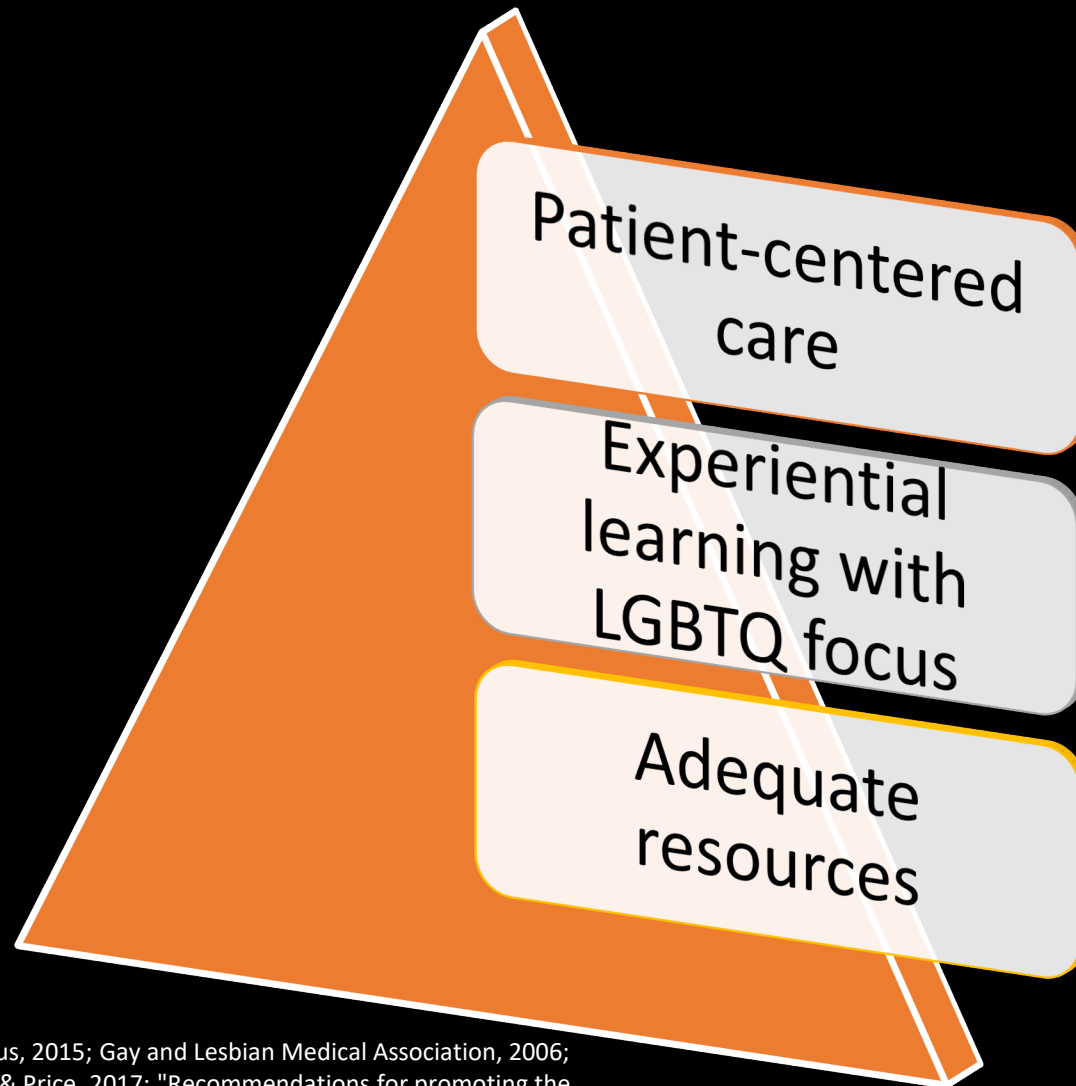
“I like to be honest with the patient. I started training in 2009 and finished in 2012. There is a lot of stuff I learned about during my training but trans care and hormone care is not one of them; that is just not part of what was offered during that time. It’s something that we’re trying to incorporate now into our training a little bit. But I’ve had to learn this stuff on the fly. So for the patients that I prescribed hormones to that were transitioning, I like to tell them ahead of time that you know this is different for me too, but I’m willing to learn it with you.”

“But as a healthcare provider, it’s not like you have a communication class that says, this is how you talk to a lesbian, gay, bisexual or transgender person. It’s just kind of this hidden domain that you don’t figure out until you actually have some experience and especially if you’ve lived more of a sheltered life yourself., you may not be equipped to even like feel comfortable communicating.”

“We’ve actually had additional training for our staff because...the staff was confused about what to do and how to handle and interact with some of the trans [patients] especially because the paperwork says it’s Michael and they are Mary and...how you deal with that?”

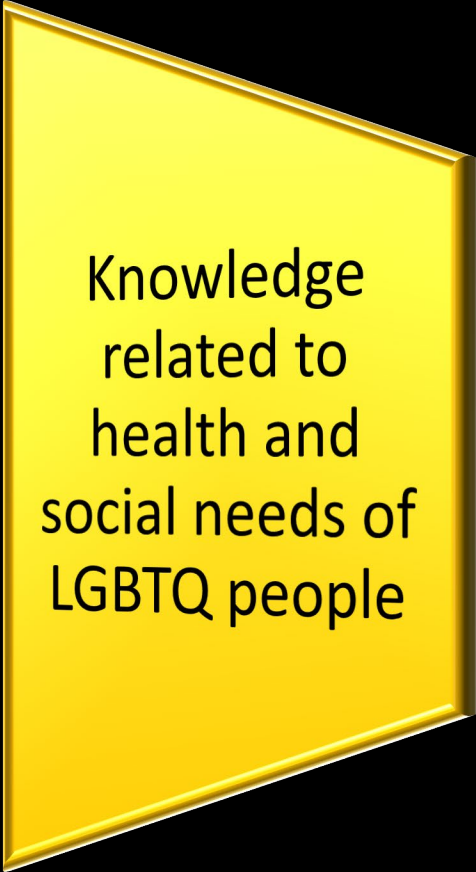
“We provide hormone therapy for transitioning patients. We’ve provided education in-house as well to our medical staff, the medical assistants, so that they understand trans therapy and try to be really confirming of any new hires too. That you know we understand that everyone has their own core of beliefs, but when you come to work, this is how we approach you know patients from the standpoint of ethical care to everyone.”

Practice Implications

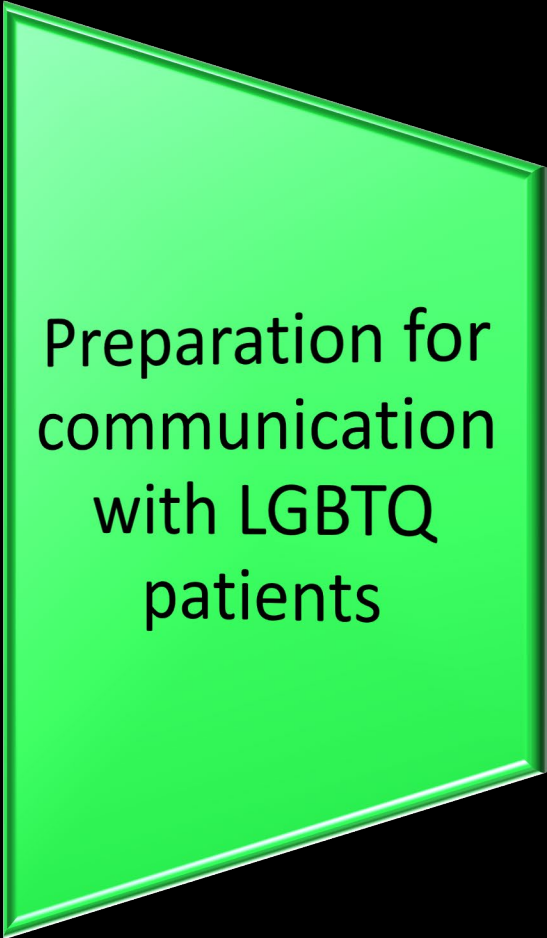


(Carabez, et al., 2015; Daniel & Butkus, 2015; Gay and Lesbian Medical Association, 2006; Parameshwaran, Cockbain, Hillyard, & Price, 2017; "Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: a position paper of the Society for Adolescent Health and Medicine," 2013; Sekoni, Managa-Atangana, Bhadhuri, & Jolly, 2017; Stott, 2013; The Joint Commission, 2011)

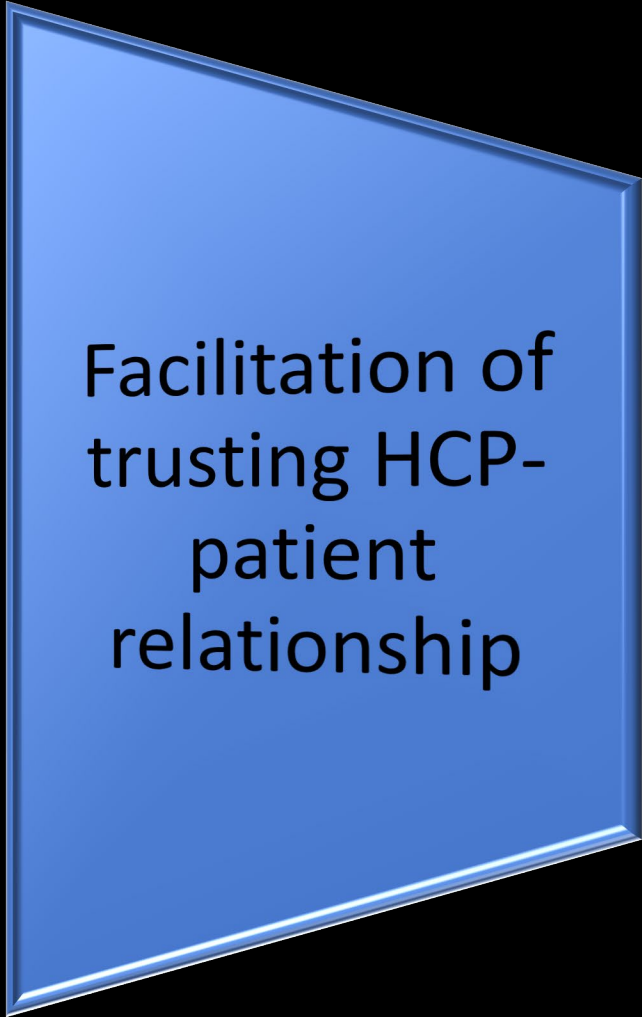
Practice Implications



Knowledge
related to
health and
social needs of
LGBTQ people



Preparation for
communication
with LGBTQ
patients



Facilitation of
trusting HCP-
patient
relationship

(Daniel & Butkus, 2015; Gay and Lesbian Medical Association, 2006; Lim, Brown, & Justin Kim, 2014; "Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: a position paper of the Society for Adolescent Health and Medicine," 2013; Sabin, Riskind, & Nosek, 2015; Stott, 2013; The Joint Commission, 2011)

To Promote Culturally Sensitive Care

Create a welcoming, supportive environment

Facilitate disclosure of sexual orientation and gender identity

Advance effective communication

Advocate in the health care system and community

Questions?



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