

PUTTING SEXUAL HEALTH INTO PRIMARY CARE PRACTICE

A Systems Approach for Health Centers

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“Some of the patients we had been caring for for years were HIV positive and we had failed to test them...our first positive tests were people who were already our patients.”

—Karen McCraw, Family First Health

Sexual health is an essential element of patient-centered primary care. When providers take routine sexual histories followed by targeted discussions about ways to stay healthy, they not only help prevent disease, but they also enhance the patient-provider relationship and encourage overall health and wellness. Using a systems approach, health centers can integrate sexual health care within the medical home/health home model.

While HIV and STD programs have historically been separated from primary care, there are now models for integration that involve all members of the health care team, including behavioral health providers. Following are some basic steps for health centers that wish to use a systems approach to sexual health care in their practice.

Organizational Strategies

We first recommend including a few basic screening questions on standard medical history forms that can be transferred into electronic health records (EHRs) so that appropriate team members can access them. Providers then have a baseline of information from which to begin more focused discussions with patients during the clinical visit. Overall, this process avoids unnecessary repetition of information, and greater flexibility in gathering data. Because privacy and time constraints are a factor, health care teams should consider allowing patients to enter histories into the EHR directly, either through a patient portal at home or when they

arrive for registration. Doing so may provide a greater sense of privacy when accompanied by clear assurances of confidentiality. If your center is still using paper forms, consider whether patients should fill them out at home or in the waiting room.

A few questions to consider in making these decisions: How will you train receptionists, medical assistants, and other staff to handle the forms and data to help ensure patients feel confident and comfortable? Does the waiting area offer enough privacy for entering information? Is the health literacy level of the questions and instructions appropriate for your population?

Other strategies to consider include:

- Building routine sexual history taking into your organization's strategic planning process and Quality Improvement Plan.
- Creating a reminder system in your EHR to take sexual histories.
- Tracking and measuring how often providers are taking histories; tracking for increases in detection of STDs, HIV, and viral hepatitis.
- Developing partnerships with organizations that can help you develop and implement sexual histories, as well as provide resources and referrals. Consider inviting partners to an all-staff orientation on sexual history taking.

Clinician and Patient

The most fundamental element of sexual health care is the clinician-patient discussion. A discussion can start with an open-ended question such as, “Why don't we start by you telling me a bit about yourself?” For some, sexual health issues are at the top of their minds, and these issues will reveal themselves with little prompting. The sexual history may also come naturally when talking with a patient as part of the social history. If the subject does not naturally occur, clinicians can integrate questions as part of a patient's social, medical, or reproductive history.

Getting to know a patient can take more than one visit, and it is likely that all aspects of sexual health are not covered in each

visit. Nevertheless, we do suggest asking three critical questions to assess an individual's risk yearly. These questions can be the ones used in medical history forms:

- Have you been sexually active in the last year?
- Do you have sex with men only, women only, or both?
- How many people have you had sex with in the past six months?

Clinicians may need to ask additional risk assessment questions to determine the need for STD screening, safer sex counseling, and/or contraceptive advice.

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

— *Institute of Medicine,
The Hidden Epidemic: Confronting Sexually
Transmitted Diseases, 1999*

In addition, we suggest that clinicians periodically assess other key aspects of sexual health:

- Do you have any concerns about your sexual function?
- Have you had any changes in sexual desire or satisfaction?
- Do you have any plans or desires to have (more) children?
- Do you have any concerns about your sexual identity or orientation?

Sexual Health in the Context of HIV and STDs

The Centers for Disease Control and Prevention reports that there are 50,000 new HIV cases in the U.S. each year, despite educational efforts and targeted interventions. Rates of infection are increasing in men who have sex with men (MSM), particularly among young African American MSM. Transgender women also have a high prevalence of HIV, and all of these groups face an increased risk of STDs and viral hepatitis.

Given these findings, it is very important for clinicians to take sexual histories that are inclusive of, and sensitive to people who are lesbian, gay, bisexual, and transgender (LGBT). For example, clinicians should avoid making any assumptions about sexual behavior, and should use gender-neutral language when discussing a patient's sexual partners until they are sure of the gender.

Remaining non-judgmental is important with any patient, but may be of particular importance with LGBT patients, because of the social stigma attached to being a sexual or gender minority.

Tools for Taking Routine Histories of Sexual Health

To support health centers as they better integrate sexual health into patient-centered primary care, NACHC collaborated with the National LGBT Health Education Center to create a toolkit called *Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers*.

The toolkit includes screening questions; subsequent risk assessments; effective communication strategies, sample EMR templates, information on coding and billing; and working with special populations. Very importantly, the toolkit provides contextual information to support integrating sexual health, including a PowerPoint presentation that can be used for orienting staff to the key concepts in the toolkit.

For more information about sexual health, view NACHC's video series, "HIV and Related Issues: Engaging Patients and Communities" at: <http://www.nachc.org/clinical-issues.cfm>.



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