

Creation of an Internal Resource for Provider-Specific LGBTQ Information

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Creation of an Internal Resource for Provider-Specific LGBTQ Information

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Background

The Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) population faces health care disparities when compared to the general population.¹ This population faces higher incidences of poor health outcomes and health risk behaviors, in addition to facing lower levels of health insurance and lacking a regular source of health care.¹ Part of this gap in health outcomes is the result of low rates of LGBTQ-specific training in medical school and medical practices. LGBTQ patients, particularly transgender patients, perceive their providers as lacking the training to provide for their specific health needs.^{2,3}

Problem Statement

We propose the creation of an internal resource created for providers with easily accessible LGBTQ-related health information regarding LVHN policy, referral services, community services, and clinical knowledge to address the real and perceived lack of LGBTQ-specific training of health care providers.

Methods

- Choosing resources
 - Easily accessible, easy to navigate, reflect best practices
 - Commonly referenced by large organizations (HRC, UCSF, Mazzoni Center, and the AAFP)
- Choosing referral resources
 - Online search for community resources and contacting the Bradbury Sullivan Center in Allentown, PA
- Survey Creation
 - Questions created to assess grouped topic categories
 - Free-response questions
 - Survey created with REDCap
- Survey Distribution
 - Primary care providers in Family, Internal, and Pediatric Medicine

Results

Data collection has not yet been completed for this study. A survey created on REDCap will be used to evaluate whether the information included in the resource meets providers' needs for LGBTQ-related health information in general and for specific categories. Below is the survey as it appeared on Survey Monkey as well as a sample page from the resource.

Survey

* 1. Please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements:

This resource meets my needs for LGBTQ-related information in the following categories...

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regarding ensuring an inclusive environment for LGBTQ patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regarding preventative health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regarding transgender patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regarding LVHN policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regarding community and LVHN resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. [Optional] Help us improve this resource by commenting on the following:

I would like to see more information on:

Other comments or concerns:

Sample Page from Resource

- Pre-Exposure Prophylaxis (PrEP) [2/18/19]¹
 - AAFP
 - CDC Fact Sheet
 - Gilead Financial Assistance
 - LGBT Health Education Module
 - Tenofovir Disoproxil Fumarate-Emtricitabine (TDF-FTC)
 - Consider for patients with HIV+ sexual partner with detectable viral load; men who have sex with men (MSM) and transgender women who have sex with men with documented previous bacterial STI or high-risk sexual behaviors
 - Required HIV and renal function testing prior to treatment
 - Safety concerns: Creatinine clearance <60mL/min, HBV coinfection, patients at risk of liver disease (rare lactic acidosis and severe hepatomegaly with steatosis), use of other nephrotoxic drugs, pregnancy category B, breast feeding.
 - LVHN's Comprehensive Health Services (formerly AIDS Activities office) is well equipped to perform initial testing and follow-up testing necessary for continued PrEP use.
- Non-occupational Post-Exposure Prophylaxis (nPEP) [2/18/19]¹
 - Updated CDC guidelines (See summary of guidelines on pg 8; algorithm on pg 23; formulations/dosing on pg 33; legal concerns and financial assistance on pg 44)
 - Not recommended greater than 72 hours after exposure
 - First test for HIV status (preferably rapid testing)
 - Can start without results of HIV status and discontinue if positive
 - For most patients: 28 day course of tenofovir disoproxil fumarate (tenofovir DF or TDF) (300 mg) with emtricitabine (200 mg) once daily plus raltegravir (RAL) 400 mg twice daily or dolutegravir (DTG) 50 mg daily.
 - Discuss risk reduction and consider PrEP in the future
- Preventative health care for women who have sex with women (WSW) [2/18/19]¹
 - AAFP
 - Intimate partner violence screening
 - "The 2010 National Intimate Partner and Sexual Violence Survey reported that the lifetime prevalence of rape, physical violence, or stalking by an intimate partner was 43.8% for lesbians, 61.1% for bisexual women, and 35.0% for heterosexual women."
 - Address tobacco use
- Preventative health care for men who have sex with men (MSM) [2/18/19]¹
 - AAFP
 - Vaccinations: Hepatitis A, Hepatitis B, and HPV
 - STI Recommendations
 - Annual STI screening recommendations
 - STI screenings algorithm
 - PrEP for MSM with risk factors
 - PrEP for MSM with recent high-risk exposure

Discussion

- Future Plans
 - Surveying providers while resource is available to evaluate utilization and usefulness
 - Data from survey will drive new iterations of the health resource
- Limitations
 - Surveying providers before implementation of resource cannot evaluate utility
 - Length of Resource may decrease survey participation
- SELECT principles
 - The resource aims to improve quality care for an underserved, minority population and, consequently, the health of the Lehigh Valley community at large.

Conclusions

Presently, results have not been gathered, so it is difficult to draw conclusions about the impact of this resource. The study team anticipates that the information resource will meet provider's educational needs and create an avenue for lasting improvement of health care for the LGBTQ community.

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