



Sexual History Taking A status Neutral Approach prior to initiating PrEP

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Objectives

- Outline the need to conduct a sexual history for all patients
- Discuss the essential aspects of conducting a sexual and drug history to identify patients at increased risk for HIV transmission who may benefit from PrEP.
- Discuss integration sexual histories into your site's workflow

Women are among those at risk for acquiring HIV





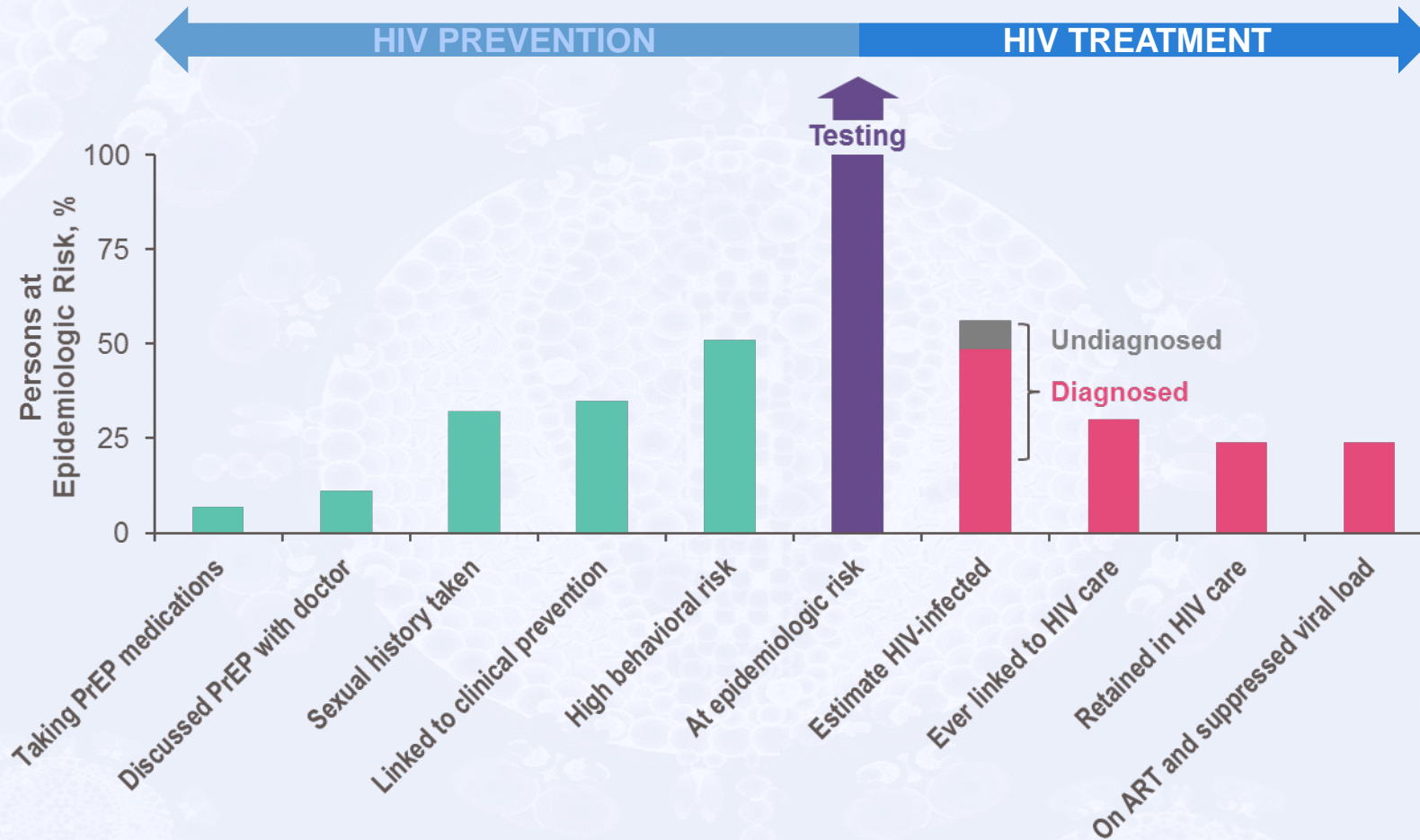
Background

Why Now?...To End the HIV Epidemic

- There are new national plans to reduce HIV infections and hepatitis infections.
- Taking routine sexual histories are necessary for meeting the goals of these national plans.
- These plans rely on community health centers because we serve populations with a greater risk of becoming infected with HIV and hepatitis.



Testing, Prevention, and Treatment Could Change the HIV Epidemic^a



- Proactive integration and optimization of treatment in HIV-positive individuals and prevention in HIV-negative individuals will improve our ability to control the HIV epidemic

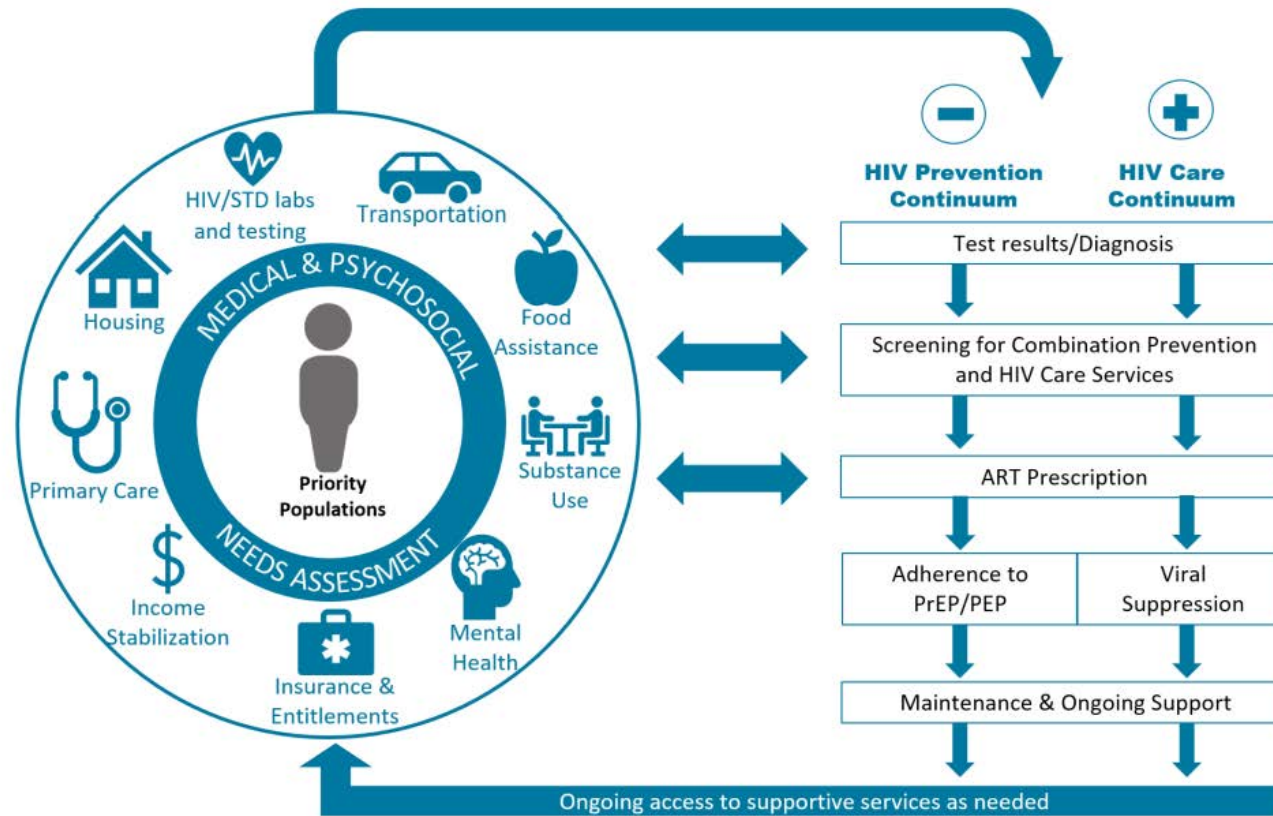
a. Theoretical model.

Adapted from: Daskalakis D, et al. National HIV Prevention Conference 2015. Atlanta, GA. #1419; and Centers for Disease Control and Prevention. Understanding the HIV Care Continuum [fact sheet] 2017. <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>. Accessed August 2017.

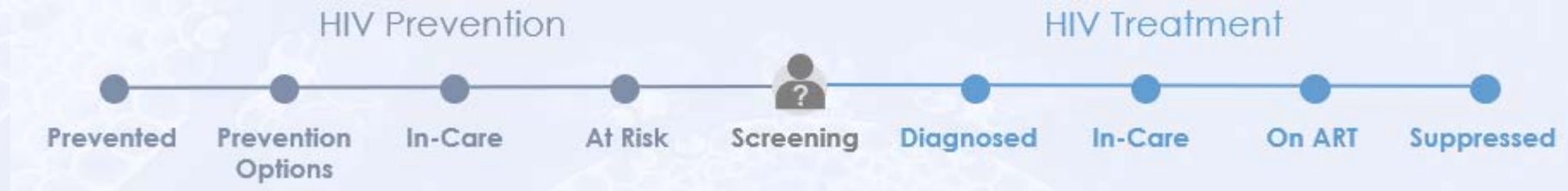


HIV Status Neutral (Individual)

STATUS NEUTRAL AT THE INDIVIDUAL LEVEL



Prevention Options Span Both Sides of the HIV Continuum



The Sexual History Is Prevention

- Taking a history of sexual health allows us to find and treat sexually transmitted diseases (STDs) that may otherwise be missed.
- If left untreated, many STDs:
 - can lead to more serious illnesses, infertility, and possibly death
 - can spread to other partners and increase disease in the community.
- Taking a sexual history also gives us the opportunity to talk with patients about ways they can stay healthy.





The Importance of Effective Communication and Sexual History Taking

Question

We should take a sexual history on our patients based upon which of the following categories?

- a. Gender identity
- b. Race
- c. Sexual orientation
- d. Ethnicity
- e. Socioeconomic status
- f. All of the above
- g. None of the above

Who Is This For?

All of our patients!

Sexual history information should be taken from all of our patients, regardless of gender, race, ethnicity, socioeconomic status, sexual orientation or gender identity.



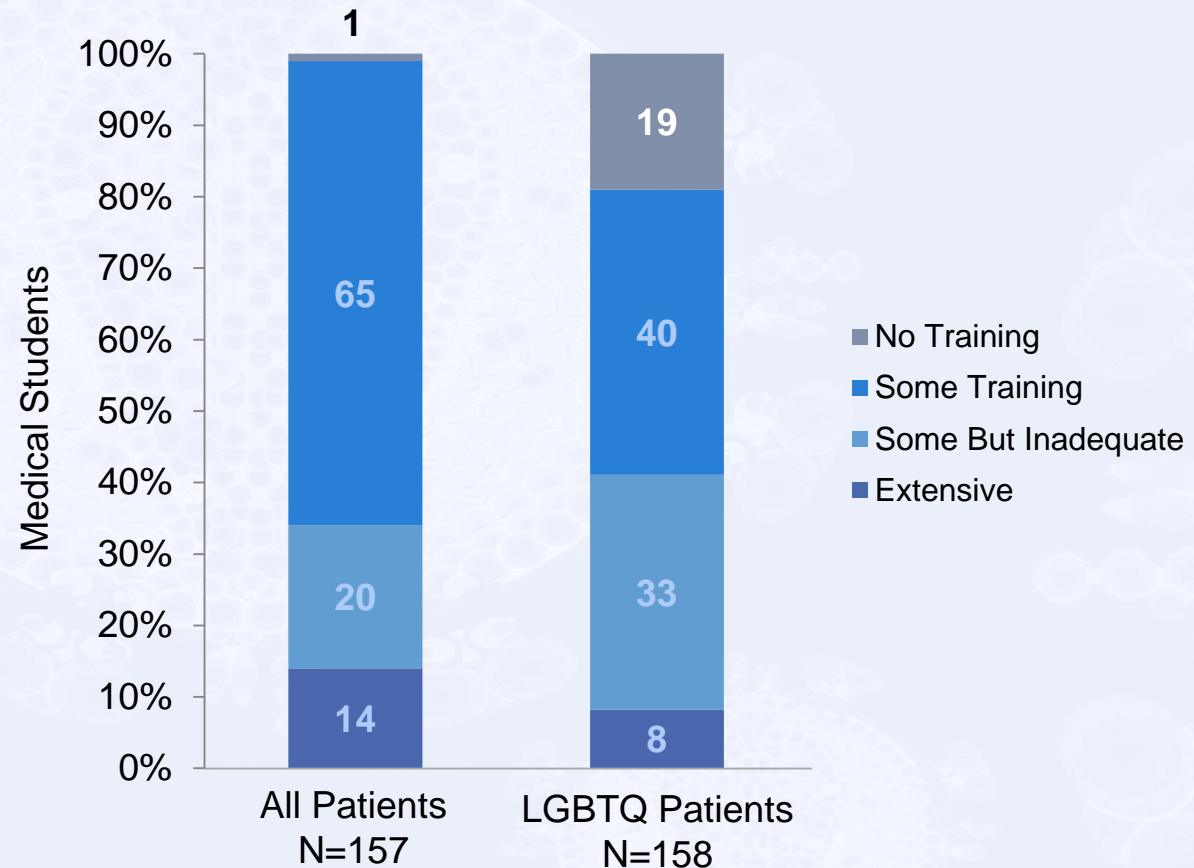
Why Ask About Sexual Health and Behavior?

- Learning about the sexual health and behavior of patients is an important part of what health centers do every day:
 - provide high-quality
 - safe
 - accessible, and
 - efficient health care.

Inadequate Medical Training on Taking a Sexual History

Survey of medical students, residents and fellows designed to explore comfort, knowledge, and training in taking sexual history and LGBTQ-related content

How much training have you received for learning how to take a patient's sexual history?



Taking a Sexual History Helps Us Improve Our Patients' Overall Health

- Preventing and treating STDs, HIV, and hepatitis, can help us ***reduce disease and death among our patients.***
- Identifying and treating sexual problems and low sexual satisfaction can help us ***improve our patients' mental health and well-being.***
- When we show our patients that we are interested in and compassionate about their sexual problems, behaviors, and identity, we will see an ***improvement in our relationship with patients.***



The Sexual History Helps Us to Be Patient-Centered

In a survey of 500 men and women over age 25:

- 85% said they were interested in talking to their **doctors** about sexual issues
- 71% thought their **doctor** would likely dismiss their concerns.¹

The sexual history allows health centers to identify clinical needs early and provide clinically and cost-effective care – essential elements of a patient centered medical home (PCMH).

¹Marwick C. Survey says patients expect little physician help on sex. JAMA. 1999;281:2173-4.



Who Will Be Involved?

All of our staff!

All health center staff have a role in making sure that sexual histories are completed in an accurate, appropriate, sensitive, and confidential manner throughout the patient visit.



How Can We Learn about Patients' Sexual Health and Behavior?

Providers, or other members of the clinical care team, should ask all adolescent and adult patients about their sexual health and behavior as part of the routine history. The sexual history for adults generally begins with these three screening questions, with follow-up as appropriate:

- 1. Have you been sexually active in the last year?
- 2. Tell me about your sexual partners
- 3. How many people have you had sex with in the last year?

When Are Sexual Histories Taken?

- The sexual history is taken as part of the general history during the annual prevention visit, or in response to questions or symptoms.
- It can be taken by the provider or other member of the clinical care team during the visit.
- Or, much can be filled out by the patient on paper or electronically in advance of the visit, and then reviewed during the visit.

Avoiding Assumptions

- A key principle of effective communication is to avoid making assumptions:
 - 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)

Avoiding Assumptions

- To avoid making assumptions about gender identity or sexual orientation with new patients, use gender-neutral terms and avoid using pronouns. *For example:*
 - *Instead of:* “How may I help you, sir?”
 - *Say:* “How may I help you?”
 - *Instead of:* “She is here for her appointment.”
 - *Say:* “The patient is here in the waiting room.”
 - *Instead of:* “What are your mother and fathers’ names?”
 - *Say:* “What are your parent(s) or guardian(s)’ names?”
 - *Instead of:* “Do you have a wife?”
 - *Say:* “Are you in a relationship?” or “Do you have a partner?”



Using Names and Pronouns

- Another key principle of effective communication is to use patients' preferred names and pronouns
- Transgender people often change their name to affirm their gender identity
 - This name is sometimes different than what is on their insurance or identity documents
- Transgender people want others to use pronouns that affirm their gender identity

Using Names and Pronouns

- Registration forms should have a space for patients to enter their preferred name and pronouns
- This information should also be included in medical records
- A patient's pronouns and preferred name should be used consistently by all staff

Communication “Don’ts!”

- **Don’t** laugh or gossip about a patient’s appearance or behavior
- **Don’t** use stereotypes or ask questions that are not necessary for care. Examples of “don’ts”:
 - “You’re so pretty! I cannot believe you are a lesbian.”
 - “Are you sure you’re bisexual? Maybe you just haven’t made up your mind yet.”
 - “I see you checked ‘gay’ on your registration form. How’s the club scene these days?”
 - “You look just like a real woman.”

Who Will Be Involved? Examples Of Roles

- **IT:** Develop confidential systems that will include sexual history and sexual orientation and gender identity data in electronic records; train staff in systems
- **Human Resources:** Create and implement policies that support non-discrimination and confidentiality around sexual behaviors and identity ; integrate cultural competency training into new employee orientations and annual trainings
- **Finance:** Work with medical staff to ensure cost-effective coding and reimbursement for sexual history screenings
- **All:** Become familiar with confidentiality requirements, policies protecting patient privacy, and policies regarding discrimination; take trainings that teach about LGBT cultural competency



How Will We Know How We're Doing?

- Possible Metrics (taken at 0, 6, and 12 months):
 - **Track number of sexual histories** taken and documented, and the number of patients screened for HIV, Hepatitis A, B, and C
 - **Compare screening rates** to community or state data
 - **Track meaningful use measures**, including the number of diagnoses, number in care and treatment, and the number of patients with co-occurring disorders
 - **On patient experience survey**, ask how well health center is taking care of patient's sexual health and how friendly or inviting the health center is toward LGBT patients.
- By the 12th month, evaluate whether all relevant policies and forms have language that is inclusive of LGBT identities and behaviors.

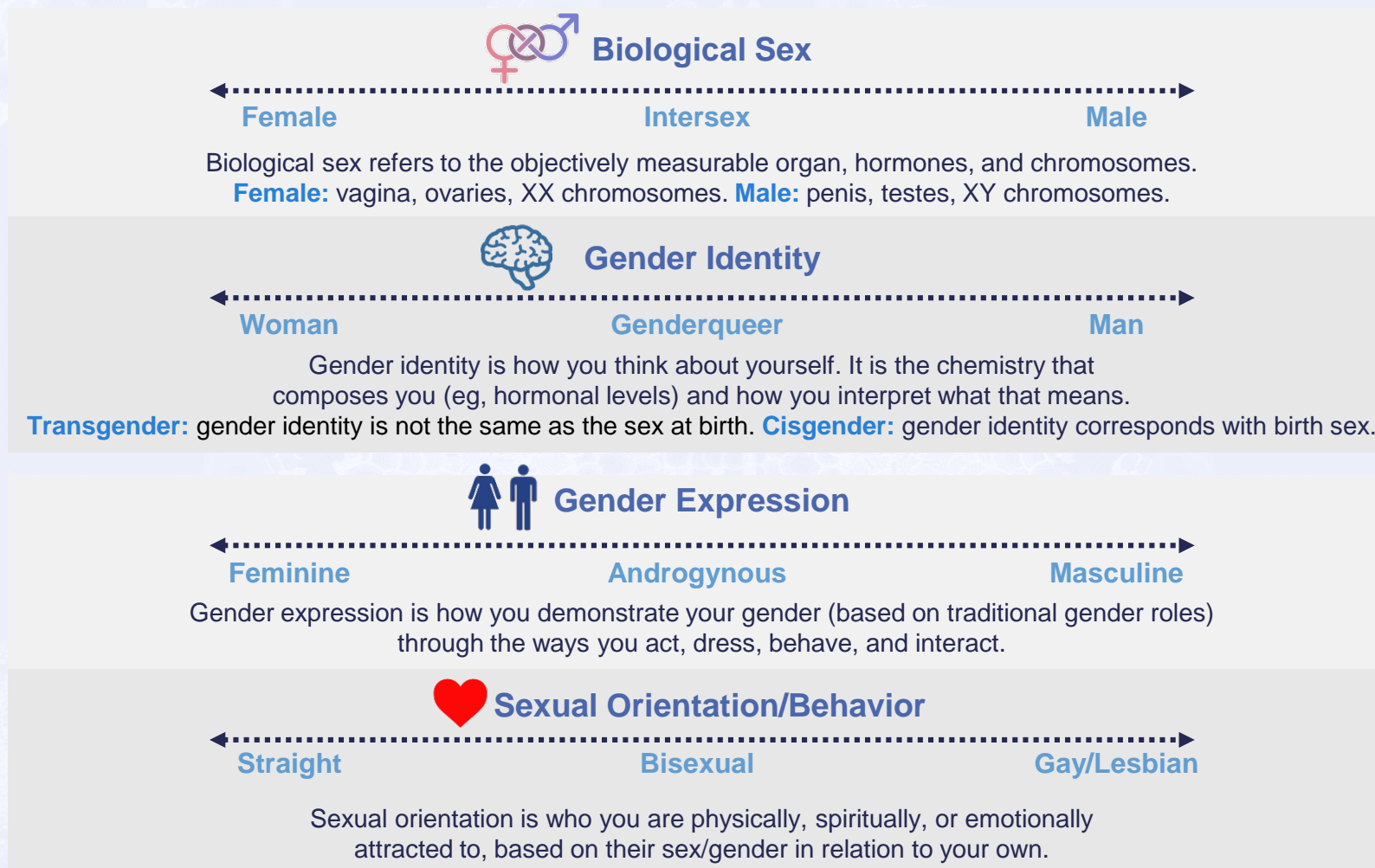


Sexual History Taking: Tips and Tricks

- Both the provider and the patient should be comfortable
- History taking while the patient is still fully clothed
- Be cognizant of cultural and gender dynamics
- Knowledge of current sexual terms is helpful but it is also fine to say “I don’t know what you mean, could you please explain”
- Transgendered persons: gendered anatomy may be renamed [ex. Vagina→ “Man-hole” or “Front hole”] also recognize that discussing genitalia may be traumatic and you may need to assess practices without specifically noting genitalia
- Do not make any assumptions!
- If needed introduce the topic while normalizing. “I have a few questions about your sexual health and sex practices. I ask these to all my patients regardless of age, gender or marital status.”
- Reassurance of confidentiality
- Best not to have any partners or family in the room [this can be established as an office SOP]
- Ask open ended questions

Diversity of Human Sexuality and Sexual Orientation

- Sexual health is connected to gender identity and sexual orientation. Understanding patients' gender identity and sexual orientation can facilitate better health care



Adapted from Academy of Science of South Africa. *Diversity in Human Sexuality—Implications for Policy in Africa*. 2015.
Sam Killermann. *A Guide to Gender (2nd Edition): The Social Justice Advocate's Handbook*.

Taking a Sexual History Uncovers Risks

- Taking a sexual history is recommended for all adult and adolescent patients as part of ongoing primary care¹
- Barriers to taking a sexual history
 - Urgent care issues¹
 - Provider discomfort or anticipated patient discomfort¹
 - Patients may not be comfortable talking about their sexual history, sex partners, or sexual practices²
- Benefits of taking a sexual history
 - Opportunity for risk-reduction counseling²
 - Opportunity to assess birth control needs²
 - Opportunity for supporting consistent and correct condom use¹
 - Identification of:
 - Individuals at risk for STIs, including HIV²
 - Appropriate anatomical sites for certain STI tests²
 - Appropriate prevention methods¹



1. Centers for Disease Control and Prevention. Pre-exposure prophylaxis for the prevention of HIV infection in the United States–2014: a clinical practice guideline. <http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>. Accessed April 2017.

2. Centers for Disease Control and Prevention. A guide to taking a sexual history. <https://www.cdc.gov/std/treatment/sexualhistory.pdf>. Accessed April 2017.

A Variety of Factors Can Affect Women's HIV Risk or the Ability to Engage in Care

Behaviors

- Having a partner who is not monogamous¹
- Inability to negotiate condom use¹
- Substance abuse¹
- Pregnancy status

Beliefs

- Decreased perception of risk
- Mistrust in the medical system/lack of relatable providers

Competing Priorities

- Child care
- Care of other family members

Socioeconomic Challenges

- Poverty
- Decreased access to care
- Low health literacy
- Self or partner may have a history of incarceration¹
- Financial dependence on partner

Environment, Geography

- Sexual network
- High STI rates in locale
- Lack of access to regular healthcare

STI, sexually transmitted infection.

1. TRUVADA Prescribing Information. Gilead Sciences, Inc. 2017.



Strategies and Resources for Taking a Sexual History

- Discuss sexual health with *all* of your patients – make it a part of the routine at your office/clinic
- When taking a sexual history, talk to patients in a sensitive, open, and nonjudgmental manner¹
 - Be straightforward, but sensitive and open to different
- Have brochures and intake forms available that cover STIs, sexual health, and relevant questions
- Consider using the CDC's guide to taking a sexual history as an additional resource:²
<https://www.cdc.gov/std/treatment/sexualhistory.pdf>
- Consider training for support staff on cultural and gender competence, including LGBTQ terminology

1. NACHC and the Fenway Institute's National LGBT Health Education Center. Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers Toolkit. http://www.nachc.org/wp-content/uploads/2015/06/Taking-Routine-Histories-of-Sexual-Health-Toolkit_Dec-2015.pdf. Published November 2015. Accessed March 2018.

2. CDC Sexual Health (PPP) Centers for Disease Control and Prevention. A guide to taking a sexual history. <https://www.cdc.gov/std/treatment/sexualhistory.pdf>. Published March 2014. Accessed March 2018.



Approach to Conducting a Sexual History

Set the Stage

ESTABLISH TRUST AND RAPPORT

- Put the patient at ease by letting them know taking a **sexual history** is an important part of a regular medical exam or physical history
- Inform them that you **ask these questions to all your patients**

Dialogue With the Patient

THE 5 “P”s OF SEXUAL HEALTH

- Have an open discussion with the patient discussing about:



Partners



Practices



Past History of STIs



Protection from STIs



Pregnancy Plans

PARTNERS

Ask about:

- Number and gender of partners
- Partner's risk factors:
 - Drug use
 - Past sex partners
- If multiple partners in the last 12 months, explore more specific risk factors such as:
 - Condom use
 - Partner risk factors

PRACTICES

Ask about:

- Sex practices
- Condom use
- Drug use

PAST HISTORY OF STIs

Ask about:

- Sex practices
- Condom use
- Patient's self perception of risk
- Patient's perception of their partner's risk
- STI/HIV testing and protection
- Prior STI diagnosis (self and partners)

PREGNANCY PLANS

Ask about:

- Pregnancy plans
- Contraception use

PROTECTION from STIs

Centers for Disease Control and Prevention. A guide to taking a sexual history. <https://www.cdc.gov/std/treatment/sexualhistory.pdf>. Accessed July 2017.

Assess Cues to Take a Sexual History

Clinical

STI Diagnosis or Request for a Test

Recent NPEP usage

Request for PrEP or HIV Test

Sexual Behaviors

Multiple partners

High Prevalence Network

Use of dating and hook up apps

Circumstantial

Exchange of Sex for commodities

Recreational drug or alcohol abuse

Intimate partner violence or sexual assault

Incarceration

Birth Control Emergency Contraception pr Pregnancy

Summary

- We can help to End the HIV Epidemic by routinely screening all of our patients and taking routine sexual histories
- Asking sensitive questions may be hard but it is necessary; the more you do it the easier it will become
- Teamwork is the key to becoming a successful player in the plan to End the HIV Epidemic
- The AETC is available to provide guidance and consultation individually and as a group