

The logo consists of two overlapping chevron shapes. The top chevron is yellow and contains the text 'ECHO IDAHO' in white, bold, sans-serif font. The bottom chevron is light gray and contains the text 'Behavioral Health in Primary Care' in black, sans-serif font.

ECHO IDAHO

Behavioral Health in Primary Care

Resources for Caring for the LGBTQ+ Population

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University of Idaho
School of Health and Medical
Professions





Objectives

Recognize barriers to care for LGBT people.

Understand health issues disproportionately affecting LGBT people.

Learn guidelines for providing culturally sensitive LGBT care.

Policy Statements

AAPA American Academy of Physician Associates

AMA American Medical Association

AAFP American Academy of Family Physicians

AAP American Academy of Pediatrics

ACOG American College of Obstetricians & Gynecologists

APA American Psychiatric Association

Oppose discrimination based on sexual orientation / gender identity.

Oppose use of “reparative” or “conversion” therapy.

LGBT Terminology & Epidemiology

Sexual orientation

◦ Heterosexual	87%	
◦ Homosexual	8%	“MSM”
◦ Bisexual	5%	

Gender identity

Gender expression

Gender dysphoria

Cisgender 98%

Transgender 0.6-1.6%

- Trans woman
- Trans man
- Non-binary

Barriers to Care

Invisibility

Stigma / Prejudice

Prior traumatic experiences with clinicians

Difficulty in openly discussing sexual health-related issues

Inadequate medical professional knowledge and cultural competence

Socioeconomic status

Disproportionate Health Risks

Access to care

Obesity

Smoking

Alcohol

Other substance abuse

Cancer: breast, gyn, colon, anal, lung

Depression / Anxiety

STIs

HIV / AIDS

Hepatitis A, B & C

Violence & sexual assault

Hormones (transgender)

31,800 new HIV infections in U.S. in 2022

1.2 million people
living with HIV in
U.S. in 2022

41 new HIV
diagnoses in Idaho
in 2022

Males accounted for
87%

MSM accounted for
67%



Critical elements to reducing & eliminating HIV in U.S.

Early diagnosis and
connection with treatment

- In 2022 in Idaho, estimated 76.9% HIV(+) knew status.

If HIV (+) ongoing
engagement in treatment
with viral suppression.

- U = U (undetectable = untransmissible)

Pre-Exposure Prophylaxis for
HIV negative persons at risk

- In 2022 in Idaho, estimated 22.4% of those eligible for PrEP on PrEP

HIV

PrEP

MSM

- Risk reduced by 99% with excellent adherence
- 4 days/wk: 96%; 2 days/wk: 76%

Heterosexual men & women

- Risk reduced by 99% with excellent adherence

Transgender women

- No new HIV infections when ≥ 4 doses/wk

Persons who inject drugs (PWIDs)

- Risk reduced by 74-84%

PrEP On Demand / PrEP 2-1-1

Alternative to daily PrEP for MSM with infrequent sexual exposure

- Not recommended for heterosexual men and women, PWIDs, and trans

Not FDA-approved, but is supported by International Antiviral Society

2 pills 2-24 hours before sex

1 pill 24 hours later

1 pill 24 hours after 3rd pill

IPERGAY trial:

- 86% efficacy after 1 year follow up

PrEP Meds

Truvada®: tenofovir disoproxil fumarate (TDF) + emtricitabine (FTC)

- Once daily oral dosing
- Creatinine clearance < 60: avoid use

Descovy®: tenofovir alafenamide (TAF) + emtricitabine (FTC)

- Once daily oral dosing
- Not proven effective for vaginal intercourse
- No adjustment for creatinine clearance > 30

Apretude®: cabotegravir

- Q 2 month intramuscular injection
- No adjustment for creatinine clearance > 30

PrEP Monitoring

Ensure HIV negative

- HIV antigen/antibody preferred (HIV 1+2 + p24 antigen)
- Check HIV status Q 3 months.

Assess renal function

- BMP or CMP: Q 3 mo. X 1st year, then annually

Insurance / funding status

- Gilead patient assistance

Emphasize importance of medication adherence and regular f/u.

- Generally Q 3 months; sooner if concern about acute HIV infection
- Assess for other STIs at f/u visits.

PrEP does not protect against any STI other than HIV.

Doxy-PEP

Indicated for MSM and Trans Women at risk of STI.

Doxycycline 200 mg PO within 24 hrs (NLT 72 hrs) after exposure

- 70% reduction in syphilis and chlamydia
- 50% reduction in gonorrhea

Write prescription for patient to self-administer.

Offer Doxy-PEP in context of comprehensive sexual health approach

Transgender Health

Prepubertal child: Counseling. No meds. No surgery

Adolescent: Counseling. +/- meds. No surgery

Adult +/-/- meds. +/- surgery

Adult: Basic Principles

Counseling or psychotherapy not required.

Individual must have capacity to consent for treatment.

Individual must understand impact on reproduction / options.

Provider must be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity.

Provider must ensure individual meets diagnostic criteria.

Mental health comorbidities must be assessed.

Physical health comorbidities must be assessed.

Individual should be on meds \geq 6 months before GA surgery.

Feminizing Meds

Estrogens

- Estradiol: oral (sublingual), injectable, transdermal patch
- Avoid ethinyl estradiol and conjugated estrogens: higher VTE risk

Anti-androgens

- Spironolactone
- Bicalutamide: not recommended by WPATH (liver)
- 5-alpha reductase inhibitors (e.g. finasteride) not recommended

Progestins

- Progesterone micronized
- Medroxyprogesterone

Masculinizing Meds

Testosterone

- Injectable (IM/SQ), topical, implanted pellets

Progestins: cessation of menses and/or contraception

- Progestin only pill (e.g., norethindrone), medroxyprogesterone, Nexplanon[®], Mirena[®] (copper IUD preferred by some trans men for contraception)

5-alpha reductase inhibitors: scalp alopecia

- Finasteride: Proscar[®], Propecia[®]
- Dutasteride: Avodart[®]

Best Practice

Create a welcoming clinical environment.

Educate / train reception, front office, back office staff.

Use intake forms that include LGBT.

Use gender neutral language.

Use appropriate language when referring to patient and/or partner.

Don't make assumptions.

Best Practice

Ensure confidentiality.

Have a basic familiarity with important LGBT health issues.

Learn how to take a sexual health history.

Provide a universal gender-inclusive restroom.

Be aware of resources in local community.

Welcoming Environment: Signs

WE WELCOME
ALL GENDERS
ALL COLORS
ALL CULTURES
ALL BELIEFS
ALL SIZES
ALL ABILITIES
ALL PEOPLE

Welcoming Environment: ID tags





Summary

Recognize and reduce barriers to health care for LGBTQ+ patients.

Understand health issues that disproportionately impact LGBTQ+ people and work to reduce those disparities.

Create a healthcare facility environment that explicitly welcomes LGBTQ+ patients and ensure that all levels of staff have sufficient training to perform their roles in a culturally sensitive manner.

Additional Resources

CDC PrEP Guidelines

- <https://www.cdc.gov/hiv/nexus/hcp/prep>

Do Ask Do Tell: A toolkit for collecting data on sexual orientation and gender identity in clinical settings

- www.doaskdotell.org

World Professional Association for Transgender Health

- www.wpath.org

UCSF Center of Excellence for Transgender Health

- <http://transcare.ucsf.edu/guidelines>

University of Utah Gender Center

- <https://healthcare.utah.edu/transgender-health>