

Taking an Inclusive Sexual History

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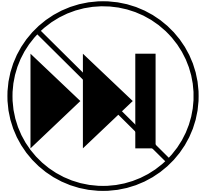
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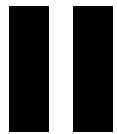
Introduction

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Important Information



Allow the video to progress at the current settings.



The video can be paused and resumed later.

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Conflict of Interest

- The instructor has no conflict of interest to declare.
- The advisors have no conflicts of interest to declare.

Anti-discrimination Policy

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Taking an Inclusive Sexual History

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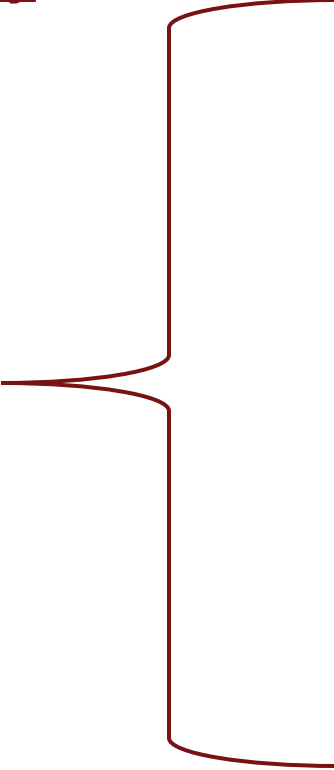
Learning Objectives

1. Describe the importance of taking a sexual history as part of providing caring, competent, and comprehensive clinical care.
2. Identify the essential components of a sexual history.
3. Recognize obstacles to obtaining a sexual history in a clinical setting, as well as ways to overcome these obstacles.

Why is a Sexual History Important?

Comprehensive History

- Past Medical History
- Past Surgical History
- Family Medical History
- **Social History**
- Allergies
- Medications



Tobacco Use
Alcohol Use
Other Drug Use
Sexual History
Spiritual Beliefs
Living Situation
Work History
Travel History
Diet/Exercise

Why is a Sexual History Important?



Sexual History Collection

- Occurred in less than 1/3 of emergency department visits
- Occurred in only 64% of visits involving an STI*-related complaint
- 76% of primary care providers collect some component of sexual history, but few collect a comprehensive sexual history

* STI = sexually transmitted infection

Why is a Sexual History Important?

More than 2.5 MILLION cases of chlamydia, gonorrhea, and syphilis were reported in 2021, a 150% increase since 2000

- Over 2,800 cases of congenital syphilis in 2021 – more than TWICE as many cases as were reported in 2018
- 32% increase in reported syphilis cases compared to previous year
- 7% increase in overall reported STI's since 2017

Why is a Sexual History Important?

Disparities

- 50.5% of reported cases of STIs among adolescents and young adults aged 15–24 years
- 31% of all cases of chlamydia, gonorrhea, and syphilis among non-Hispanic Black persons, though only approximately 12% of US population
- Although American Indian or Alaska Native persons contributed only 0.7% of all live births in US, account for 3.6% of all congenital syphilis cases
- Men who have sex with men (MSM) disproportionately impacted by STIs, including gonorrhea and syphilis; almost 40% of MSM reported with syphilis had been diagnosed with HIV

Why is a Sexual History Important?

People most affected by STI's

- Adolescents and people aged 15-24 years
- Gay, bisexual, and other men who have sex with men (MSM)
- Transgender women
- Pregnant people
- People of color



Why is a Sexual History Important?

Unintended Pregnancies

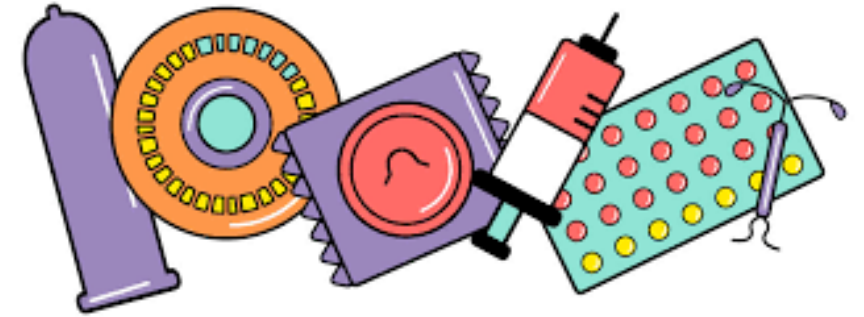
- 42% of all pregnancies in 2019
- 75% of pregnancies among teens aged 15-19 years
- Other groups with high rates of unintended pregnancy
 - <100% federal poverty level
 - Non-Hispanic black or African American
 - Aged 18-24 years
 - Not completed high school
 - Cohabiting but not married



Why is a Sexual History Important?

Sexual History Taking Can...

- Promote patient engagement in prevention and care
- Satisfy patients, who overwhelmingly want clinicians to talk to them about sexual health



Scenario

Failing to Take an Inclusive Sexual History



What went wrong?

- ✗ No open-ended questions
- ✗ Incorrect assumptions
- ✗ Generalization
- ✗ Care depersonalized
- ✗ Rushed

Before the Visit

Creating a Welcoming Environment

Creating a Welcoming Environment

Do you think of yourself as (Check one):

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Don't know
- Choose not to disclose

What is your current gender identity? (Check one):

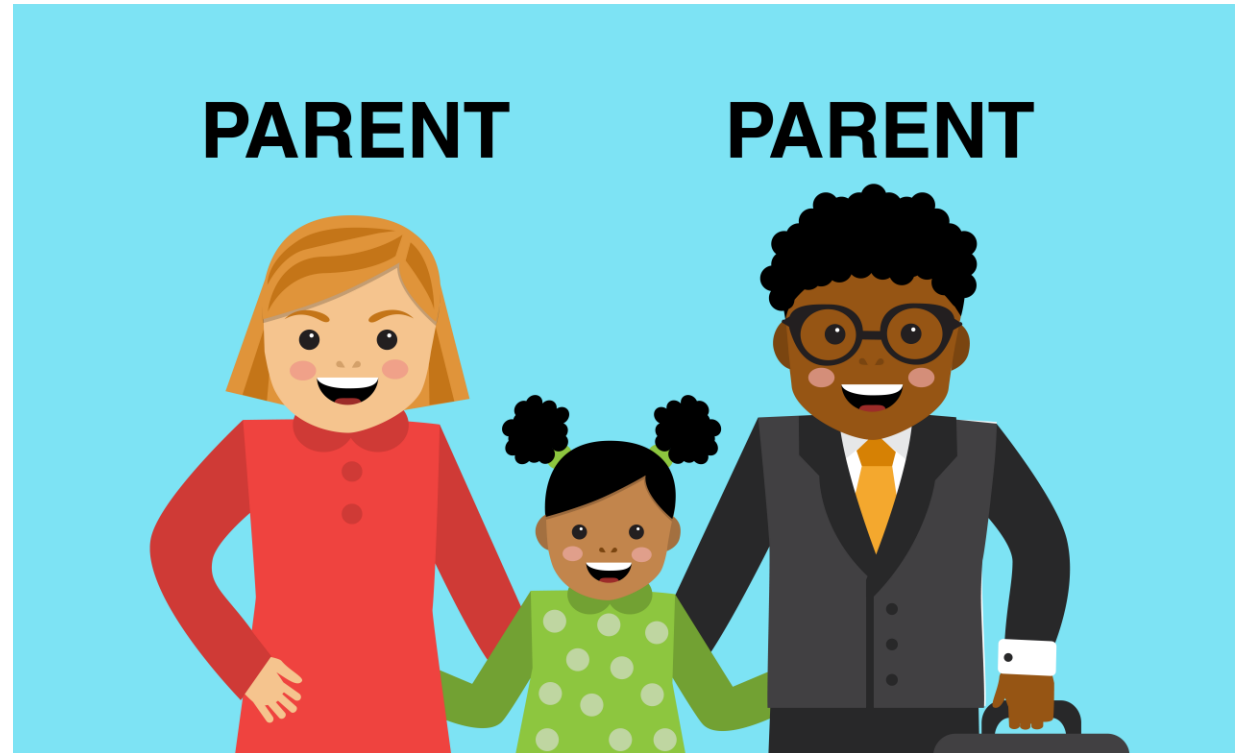
- Male
- Female
- Transgender Male/Trans Man/Female-to-Male (FTM)
- Transgender Female/Trans Woman/Male-to-Female (MTF)
- Genderqueer, neither exclusively male nor female
- Additional gender category, please specify: _____
- Choose not to disclose

What sex were you assigned at birth? (Check one):

- Male
- Female
- Choose not to disclose



Creating a Welcoming Environment



During the Visit

Building Trust and Encouraging Dialogue

Components of an Inclusive Sexual History

5P's Approach – Centers for Disease Control and Prevention (CDC)



Partners

Components of an Inclusive Sexual History: 5P's Approach

Can you tell me about your past and current sexual activity? Are you sexually active now?

Have you been sexually active with others in the past?

Tell me about your (current/past) sexual partners (men/women? cis/trans? other partners? drug use?)

Practices

Components of an Inclusive Sexual History: 5P's Approach

What parts of your body are involved when you have sex? What names do you use for your body parts?

Do you have oral sex? (your mouth on a partner's penis, vagina, or anus; their mouth on your penis, vagina, or anus)

Do you have (have you had) sex in exchange for money or drugs?

Do you have vaginal sex? (your penis in a partner's vagina; their penis in your vagina)

Do you have anal sex? (your penis in a partner's anus; their penis in your anus)

Protection from STI's and HIV

Components of an Inclusive Sexual History: 5P's Approach

What methods do you currently use to prevent STI's and HIV? How often do you use them (all of the time, sometimes, etc.)?

Are you aware of HIV PrEP, HIV PEP, or DoxyPEP? Have you ever used these or considered using them?

When was your last STI screen or HIV test?

Do you and your partner(s) discuss STI prevention?

Have you been vaccinated against hepatitis A/B? HPV? Mpox?

Past History of STI's and HIV

Components of an Inclusive Sexual History: 5P's Approach

Have you ever been tested for STI's and HIV?

Have you ever been diagnosed with an STI or HIV? When?

Did you get treatment?

Have you had any symptoms that keep coming back?

Has your current partner or any former partner ever been diagnosed or treated for an STI?

Were you tested/treated for the same STI(s)?

Do you know your and your partner's HIV status?

Pregnancy Intention

Components of an Inclusive Sexual History: 5P's Approach

Do you think you would like to get pregnant at this time or in the future?

How important is it to you to prevent pregnancy at this time?

Are you or your partner using contraception or practicing any form of birth control?

Would you like to talk about ways to prevent pregnancy? Do you need any information on birth control?

Scenario

Take note of how the provider applies the CDC 5Ps Approach

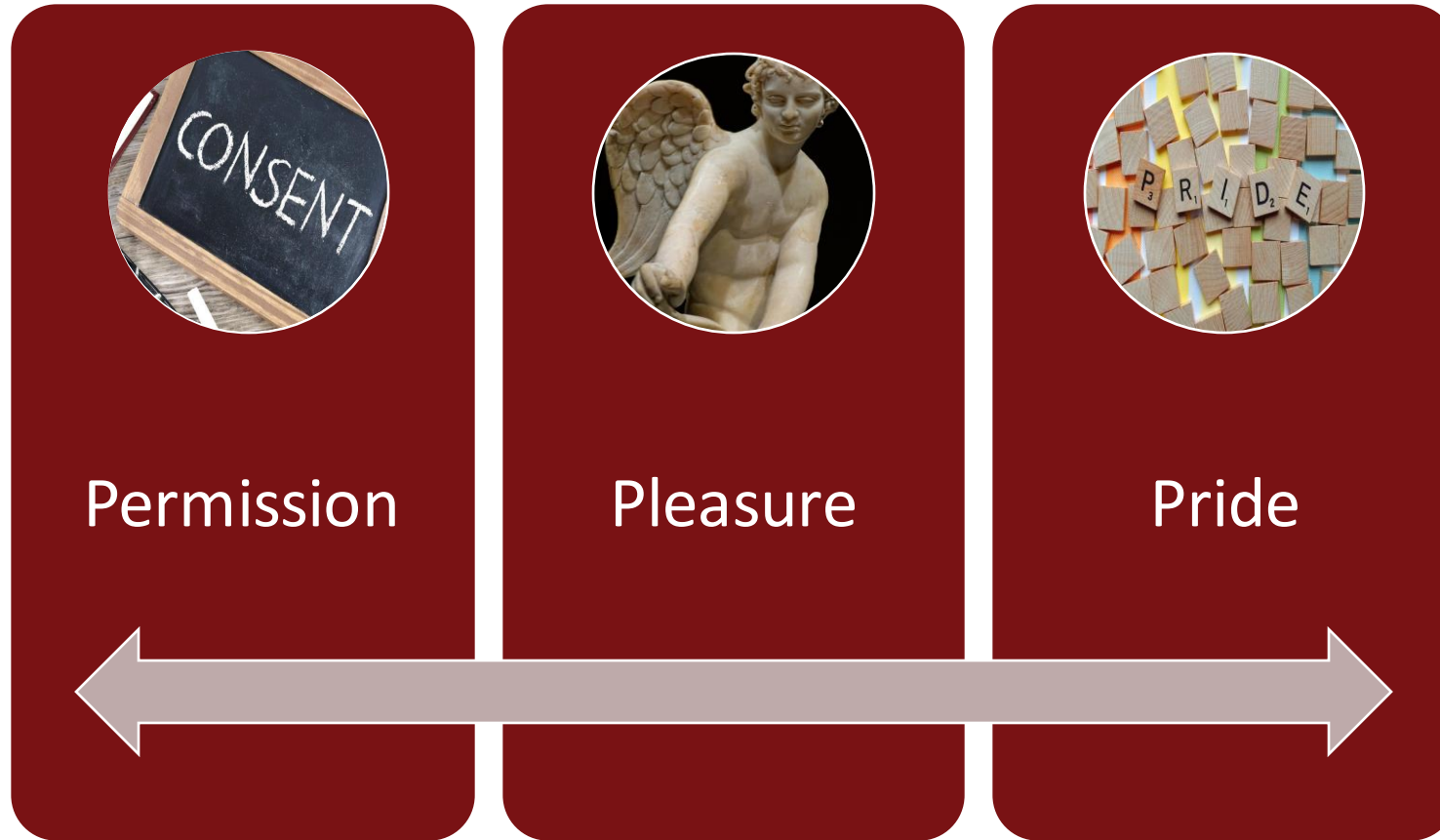


CDC 5Ps Approach

- ✓ Partners
- ✓ Practices
- ✓ Past history of STI's
- ✓ Protection
- ✓ Pregnancy intention

Components of an Inclusive Sexual History

Additional P's



Sources: Altarum Institute (2022), National LGBTQIA+ Health Education Center (2021)

Photo (Pleasure): Mary Harrsch

Permission

Components of an Inclusive Sexual History: Additional P's

Have you ever been forced or coerced to have sex/sexual activity against your will as a child or an adult?

Did that experience affect your current sex life or sexual relationships? In what way?

Do these experiences make seeing a health care provider or having a physical exam difficult or uncomfortable?

Pleasure

Components of an Inclusive Sexual History: Additional P's

How is your sex life going? What concerns do you have about your sex life?

Is the sex you are having pleasurable to you? If not, why not?

Are you having any difficulties (pain, arousal issues, erection issues) when you have sex?

Would you like to have a sexual relationship or a better sex life? Is there anything holding you back or getting in your way?

Pride

Components of an Inclusive Sexual History: Additional P's

What support, if any, do you have from your family and friends about your gender identity?

What support, if any, do you have from your family and friends about your sexual orientation?

Are you experiencing any harassment or violence—at home, at work, at school, or in your community—due to your sexual orientation or gender identity?

Scenario

Keep an eye out for Additional Ps



Did you Notice?

- ✓ Partners
- ✓ Practices
- ✓ Past history of STI's
- ✓ Protection
- ✓ Pregnancy intention
- ✓ Pleasure

During the Visit *(continued)*

Building Trust and Encouraging Dialogue

Obstacles to Taking an Inclusive Sexual History

Clinicians/Staff

- Misperceptions about patient discomfort
- Lack of familiarity with sexual health terms and history taking
- Unclear what to do with answers
- Skepticism re: effectiveness of risk reduction conversations
- Lack of time
- Biases

Patient

- Perception that a risk-focused approach can feel stigmatizing and alienating

The Solution: GOALS Framework

- Streamlines sexual history conversations
- Increases rates of routine STI and HIV screening
- Increases rates of universal biomedical prevention and contraception education
- Increases patient motivation for, and commitment to, sexual health behavior
- Enhances patient/clinician relationship so it becomes a lever for overall wellness, including sexual health

Time = it takes less than 1 minute to complete four of the five components





Component #1 – Give:

“I’d like to speak briefly with you about your sexual health. This is something I talk about with all my patients as part of a discussion about their overall health. My patients often have questions or concerns about their sexual health – if you have questions or concerns, I want to make sure I understand them and provide you with any necessary information or other help.”



Component #2: Offer

“First, I like to test all my patients for HIV and sexually transmitted infections. Do you have any concerns about that?”



Component #3: ASK

- “Tell me about your sex life.”
- “What would you say are your biggest sexual health questions or concerns?”
- “How is your current sex life similar to or different from what you think of as our ideal sex life?”



Component #4: Listen

- How do you protect yourself against HIV and STI's?
- Are you interested in getting pregnant right now? If not, what are you currently doing to prevent pregnancy?
- What would help you take better care of your sexual health?



Component #5: Suggest

“So as I said before, I’d like to test you for HIV and STI’s today. I’d also like to refer you for additional education about (relevant sexual health topic, e.g. PrEP, PEP, contraception) since I think this might be able to help you feel less anxious about your sexual health.”

Scenario

Take note of how the provider utilizes 5Ps PLUS Approach & GOALS Framework



Lessons Learned

- ✓ Permission (5Ps PLUS)
- ✓ Trauma informed discussion
- ✓ GOALS Framework

After the Visit

Ensuring Continuity

Capturing Patient Feedback

- Patient experience survey
 - Ease in scheduling an appointment
 - Friendliness/courtesy of our staff
 - How likely are you to suggest a friend or family member should see your clinician?
 - How well did your clinician: Explain your medical problem? Listen to your questions or worries? Include you in your care decisions? Talk to you about your care choices?
 - How well did staff show: Concern for your privacy? Respect for your sexual orientation/gender identity? For your race/ethnicity?
 - Lab tests: Wait for lab testing; courtesy of lab technician; timeliness in receiving results
- Focus groups
- Patient advisory councils

Billing & Coding – Sexual Health as Preventive Care

ICD10 Codes (diagnoses)

- Z11.3: encounter for STD screening
- Z11.4: encounter for HIV screening
- Z11.89: counseling for other problems related to lifestyle
- Z72.5x: high risk sexual behavior
- Z20.2: contact with/exposure to STD
- Z20.6: contact with/exposure to HIV
- Z79.899: other long-term drug therapy
- Z70.x: Counseling related to sexual attitude, behavior and orientation

CPT Codes (procedure / visit)

- Annual physical: 99385-99397
- Medicare Wellness Visit: G0438-G0439
- Preventive counseling and/or risk factor reduction intervention: 99401-99404

Billing & Coding – Sexual Health as Diagnostic Care

ICD10 Codes (diagnoses)

- B20: symptomatic HIV
- N34.1: urethritis
- K62.89: proctitis
- J02.9: acute pharyngitis
- N76.0: acute vaginitis
- N73.9: pelvic inflammatory disease
- T74.21x: adult sexual abuse

CPT Codes (procedure / visit)

- Problem based visit: 99202-99215

Conclusion

Summary

- Taking an inclusive sexual history is an important component of providing comprehensive clinical care to all patients
- High rates of unintended pregnancies, STI's, and new HIV infections, as well as disparities in the rates of these among sexual and racial/ethnic minorities, indicate a need for better sexual history taking by clinicians
- Obstacles to collecting an inclusive history include clinician biases, lack of familiarity with sexual health terms and questions, and clinician misperceptions about patients' interest in talking about sex

These obstacles can be overcome using both the GOALS Framework and the 5P's PLUS approach for discussing sexual health

Summary – 5P’s PLUS Approach

1. Partners
2. Practices
3. Protection from STI’s
4. Past history of STI’s
5. Pregnancy intention
6. Permission
7. Pleasure
8. Pride

Summary – GOALS Framework

1. Give a preamble that emphasizes sexual health
2. Offer opt-out HIV/STI testing and information
3. Ask an open-ended question
4. Listen for relevant information and fill in the blanks
5. Suggest a course of action

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Altarum Institute. Sexual Health and Your Patients: A Provider's Guide. Washington, DC: Altarum Institute; 2016. Updated 2022. https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/asset/Provider-Guide_May-2022.pdf

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Knowledge Check

Select the 5P's PLUS component that corresponds with the following question:

“What support, if any, do you have from your family and friends about your sexual orientation?”

- A. Partners
- B. Permission
- C. Pleasure
- D. Practices
- E. Pride

Taking a sexual history is a crucial part of providing caring, competent, and comprehensive clinical care because:

- A. Diagnosed cases of chlamydia, gonorrhea, and syphilis increased by 150% from 2000 to 2021.
- B. Sexual history taking promotes patient engagement in prevention and care.
- C. High rates of unintended pregnancies and healthcare disparities indicate a need.
- D. All of the above.

Which “P” is not one of the “Ps” in the Centers for Disease Control and Prevention 5Ps Approach?

- A. Partners
- B. Permission
- C. Practices
- D. Pregnancy Intention
- E. Protection from STI’s and HIV

What potential obstacles to collecting an inclusive history can the GOALS Framework and the 5P's PLUS approach help healthcare professionals overcome?

- A. Patients' lack of interest in discussing sexual health
- B. Language barriers
- C. Emergency department workflow constraints
- D. Clinician biases
- E. Disparities in healthcare access

The GOALS Framework acronym stands for:

- A. Give, Offer, Advise, Listen, Suggest
- B. Grant, Offer, Advise, Listen, Support
- C. Give, Offer, Ask, Listen, Suggest
- D. Give, Offer, Ask, Listen, Support
- E. Grant, Offer, Advise, Listen, Support

Scenario

Take note of how the provider utilizes the GOALS Framework

Watch the video and identify the GOALS Framework components the provider utilized to take this portion of the patient's sexual history:

- A. Give a preamble that emphasizes sexual health
- B. Offer opt-out HIV/STI testing and information
- C. Ask an open-ended question
- D. Listen for relevant information and fill in the blanks
- E. Suggest a course of action

Watch the video and identify the GOALS Framework components the provider utilized to take this portion of the patient's sexual history:

- A. Give a preamble that emphasizes sexual health
- B. Offer opt-out HIV/STI testing and information
- C. Ask an open-ended question
- D. Listen for relevant information and fill in the blanks
- E. Suggest a course of action



GOALS Framework

- ✓ Give
- ✓ Offer
- ✓ Ask
- ✓ Listen
- ✓ Suggest

Credits

Presentation

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Collaborators





More resources available at:
<https://dchealth.dc.gov/dcrx>

References

Altarum Institute. Sexual Health and Your Patients: A Provider's Guide. Washington, DC: Altarum Institute; 2016. Updated 2022. https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/asset/Provider-Guide_May-2022.pdf

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