Building Patient-Centered Medical Homes for Lesbian, Gay, Bisexual, and Transgender Patients and Families

NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Introduction

With the continuing implementation of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), health centers and other health care organizations are being challenged to focus on how the U.S. health care system can achieve the triple aim of improved patient experience of care, improved population health, and reduced health care costs.[1,2] While expanding access to health insurance coverage has been vital to millions of previously uninsured Americans, moving U.S. health care away from fee-for-service, volume-driven payments to payments based on value and outcomes will be a much more challenging transformation.[3,4]

For health centers and other health care providers, one commonly used model for practice transformation is the patient-centered medical home (PCMH).[5] The PCMH model transforms how primary care is coordinated and delivered by emphasizing comprehensive, team-based care that places the patient at the center. When implemented successfully, the PCMH model leads to higher quality care at a lower cost, improving both the patients' and providers' experience of care.[5] The Health Services Resource Administration (HRSA) supports health centers seeking to achieve PCMH recognition through the HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative.[6] As of December 31, 2015, 65% of HRSA funded health centers have received PCMH designation.[7]

This issue brief uses the framework of a patient-centered medical home to improve health care and health outcomes specifically for lesbian, gay, bisexual, and transgender (LGBT) patients and families. As an underserved and vulnerable population, LGBT people experience disparities in both health care and health status.[8,9]

Reducing disparities and improving LGBT health are among the objectives in the U.S. Department of Health and Human Services' Healthy People 2020 initiative.[10] The following are some of the disparities highlighted:

» LGBT youth are 2 to 3 times more likely to attempt suicide

» LGBT youth are more likely to be homeless

» Lesbian women are less likely to get preventative services for cancer

» Gay men are higher risk for HIV and other STDs, especially among communities of color

» Lesbian and bisexual women are more likely to be overweight or obese

» Transgender individuals have a high prevalence of victimization, mental health issues, suicide, and HIV/STDs and are less likely to have health insurance

» LGBT populations have high rates of tobacco, alcohol, and other drug use

» Elderly LGBT individuals face additional barriers to health because of isolation and lack of social services and culturally competent providers

The next section provides practice improvement actions for improving care for LGBT patients and families that are also linked to PCMH standards. The practice improvement actions have been adapted from previously published guides[11-14] for ensuring that health care organizations are welcoming, inclusive, and competent in providing health care to LGBT patients and families. In addition, health centers and other health care providers can use this brief in conjunction with *10 Things: Creating Inclusive Health Care Environments for LGBT People*, which presents overarching recommendations for achieving affirmative health care.[15]

Practice Improvement Actions

The following practice improvement actions are organized so that they can be implemented and evaluated within the framework of the standards for recognition as a patient-centered medical home, using the 2014 National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) standards. Each action corresponds to specific NCQA PCMH standards, elements, and factors. These can be found in the table following each action.

If a health center or other health care provider is going through the process of achieving PCMH recognition, these actions can be used for a parallel evaluation of effectiveness in building a patient-centered medical home for LGBT patients and families. Those who have already achieved PCMH recognition can use this template to assess their current effectiveness in establishing a patient-centered medical home for LGBT patients and families.

While these practice improvement actions are focused on LGBT patients and families, they also have the potential to improve the experience of care for *all* patients and families. This process is referred to as targeted universalism. For example, asking patients their preferred name is especially relevant for transgender patients, but it also is important for any patient who prefers to be called by a nickname or middle name. The principle of targeted universalism highlights how meeting the needs of marginalized or excluded groups (targeted) can also meet the needs of the broader whole — all groups — more effectively (universalism).

ACTION 1 Include LGBT health care as an organizational value

» Ensure that the board and senior management actively include LGBT health in their overall commitment to quality and fairness

» Adopt organizational policies prohibiting discrimination based on sexual orientation and gender identity and expression

» Identify your health center or organization as LGBT-serving or LGBT-inclusive in provider directories; proactively encourage health plans and health networks that you participate in to provide such LGBT-identifying listings if they do not already

Standard 2 Team-Based Care: The practice provides continuity of care using culturally and linguistically appropriate, team-based approaches.	
Element 2A Continuity: The practice provides continuity of care for patients/families by:	*Factor 2A3* Having a process to orient new patients to the practice.
Element 2B Medical Home Responsibilities: The practice has a process for informing patients/families about the role of the medical home and gives patients/families materials that contain the following information:	*Factor 2B5* The scope of services available within the practice including how behavioral health needs are addressed.

ACTION 2 Create a physical environment inclusive of LGBT patients and families

» Do a visual "walk-through" of literature and signage in your waiting rooms, exam rooms, etc. and ensure inclusion of LGBT-specific materials

» Include statements about welcoming LGBT patients, and information about the LGBT-specific health services that are available through your medical home, on your website and patient portal

» Have patient education materials that address key LGBT health issues, such as safer sex practices for LGBT people, and hormone therapies and gender-affirming surgeries for transgender patients

Standard 4 Care Management and Support: The practice systematically identifies individual patients and plans, manages and coordinates care, based on need.	
Element 4E Support Self-Care and Shared Decision Making: The practice has, and demonstrates use of, materials to support patients and families/caregivers in self-management and shared decision making. The practice:	*Factor 4E1* Uses an EHR to identify patient-specific education resources and provides them to more than 10 percent of patients.
	Factor 4E2 Provides educational materials and resources to patients.

ACTION 3 Assist LGBT patients in obtaining and maintaining health insurance coverage

» Be aware of barriers and discrimination in employment (and in employer-based coverage) against LGBT individuals and families, especially transgender people; many commercial health insurance policies exclude transgender health services[16,17]

» Educate low-income LGBT individuals, especially transgender people and youth who are isolated from their families, about their health insurance coverage options[18]

» As a health center, assure all patients – including LGBT patients – that your health care services are available regardless of one's ability of pay

Standard 2 Team-Based Care: The practice provides continuity of care using culturally and linguistically appropriate, team-based approaches.	
Element 2B Medical Home Responsibilities: The practice has a process for informing patients/families about the role of the medical home and gives patients/families materials that contain the following information:	*Factor 2B7* The practice gives uninsured patients information about obtaining coverage.
	Factor 2B6 The practice provides equal access to all of their patients regardless of their source of payment.

ACTION 4 Train all staff on LGBT health issues and on health issues of other diverse populations

» Train all staff during employee orientation and through ongoing training and continuing education on LGBT health and cultural sensitivity

» Include training on the intersectionality of multiple identities (e.g., race and ethnicity,[19,20] disability, immigration status,[21] etc.) among LGBT patients and families and the implications for health care of these intersecting identities[22]

» Include training for clinicians on appropriate protocols for the care of LGBT people (e.g., cross sex hormone therapy for transgender patients)

Standard 2 Team-Based Care: The practice provides continuity of care using culturally and linguistically appropriate, team-based approaches.	
Element 2D The Practice Team: The practice uses a team to provide a range of patient care services by:	*Factor 2D6* Training and assigning members of the care team to support patients/families/caregivers in self-management, self-efficacy and behavior change.

ACTION 5 Provide culturally appropriate care to LGBT patients

» Ask about and use pronouns and preferred names in all communications with patients, family members, and caregivers (ask on all forms, in person, in all written and electronic communications; be careful when defaulting to "Mr." or "Ms.")

» Be aware and respectful of each patient's own journey and timeline toward self-identity

» Affirm identity, and degree of disclosure/"outness" for each LGBT patient; reinforce protective factors and resilience based on social and community support and involvement[23,24]

» Identify family members and caregivers designated by the patient as important to an individual's care plan; obtain consent to include these family members and caregivers in health communications (reminders, accessing electronic health information); be aware that families of origin may not be appropriate to automatically include in health communications

» Recognize additional issues of confidentiality for LGBT youth and adolescents and their parents of origin or legal guardians (to whom the LGBT youth may not have disclosed their sexual orientation or gender identity); always use adolescent services protocols[25,26]

» Be aware of the potential for social isolation for many LGBT older adults[27,28]

Standard 2 Team-Based Care: The practice provides continuity of care using culturally and linguistically appropriate, team-based approaches.	
Element 2C Culturally and Linguistically Appropriate Services: The practice engages in activities to understand and meet the cultural and linguistic needs of its patients/families by:	*Factor 2C1* Assessing the diversity of its population.

Standard 3 Population Health Management: The practice uses a comprehensive health assessment and evidence-based decision support based on complete patient information and clinical data to manage the health of the entire patient population.
Element 3D Use Data for Population Management: At least annually the practice proactively identifies populations of patients and reminds them, or their families/ caregivers, or needed care based on patient information, clinical data, health assessments and evidence-based guidelines.

ACTION 6 Provide knowledge-based comprehensive health care for LGBT patients

» Be knowledgeable about common health issues and disparities among LGBT patients[29]

» Recognize multiple identities and potential health disparities related to race, ethnicity, language, disability, literacy, socioeconomic status, immigration status, etc.

» Use clinical decision support to identify and address important LGBT health issues and potential disparities

» Become familiar with primary care protocols specific to transgender and gender non-conforming individuals[30]

» Be aware of continued need for screenings and services for transgender patients based on their current anatomy

» Don't focus only on hormone therapy and gender-affirming surgeries for transgender individuals, but provide information and support for comprehensive transgender health services as medically necessary

» Ask LGBT patients to provide guidance about their health-related needs and preferences, but do not expect them to be educators and trainers on LGBT issues

Standard 3 Population Health Management: The practice uses a comprehensive health assessment and evidence-based decision support based on complete patient information and clinical data to manage the health of the entire patient population.	
Element 3A Patient Information: The practice uses an electronic system to record patient information, including capturing information for factors 1-13 as structured (searchable) data for more than 80 percent of its patients:	*Factor 3A11* Primary caregiver.
Element 3C Comprehensive Health Assessment: To understand the health risks and information needs of patients/families, the practice collects and regularly updates a comprehensive health assessment that includes:	*Factor 3C2* Family/social/ cultural characteristics.
	Factor 3C6 Behaviors affecting health.
	Factor 3C7 Mental health/ substance use history of patient and family.
	Factor 3C9 Depression screening for adults and adolescents using a standardized tool.
Element 3E Implement Evidence-Based Decision Support: The practice implements clinical decision support (e.g. point-of-care reminders) following evidence-based guidelines.	

ACTION 7 Probe for behavioral health issues when appropriate and incorporate into care plan for LGBT patients

» Be knowledgeable about mental health and substance abuse issues for LGBT patients[31-33] and be aware of risk factors related to tobacco, alcohol, drugs, and unsafe sexual behaviors[34]

» Identify stress factors based on degree of disclosure/"outness" and ask about social and emotional support from and conflicts with families of origin; support reconciliation or detachment as appropriate

» Ask about religious and spiritual beliefs and practices, and potential psychological, emotional, and social conflicts

» Ensure behavioral health providers used for both internal and external referrals are knowledgeable about and inclusive of LGBT patients and families

Standard 3 Population Health Management: The practice uses a comprehensive health assessment and evidence-based decision support based on complete patient information and clinical data to manage the health of the entire patient population.	
Element 3C Comprehensive Health Assessment: To understand the health risks and information needs of patients/families, the practice collects and regularly updates a comprehensive health assessment that includes:	*Factor 3C6* Behaviors affecting health.
	Factor 3C7 Mental health/ substance use history of patient and family.
	Factor 3C9 Depression screening for adults and adolescents using a standardized tool.
Element 3E Implement Evidence-Based Decision Support: The practice implements clinical decision support (e.g. point-of-care reminders) following evidence-based guidelines.	*Factor 3E1* A mental health or substance use disorder.
	Factor 3E4 A condition related to unhealthy behaviors.
Standard 4 Care Management and Support: The practice systematically identifies individual patients and plans.	
Element 4A Identify Patients for Care Management: The practice establishes a systematic process and criteria for identifying patients who may benefit from care management. The process includes consideration of the following: manages and coordinates care, based on need.	*Factor 4A1* Behavioral health conditions.
Standard 5 Care Coordination and Care Transitions: The practice systematically tracks tests and coordinates care across specialty care, facility-based care and community organizations.	
Element 5B Referral Tracking and Follow-Up: The practice:	*Factor 5B3* Maintains agreements with behavioral healthcare providers.

ACTION 8 Support access to health information, shared decision-making, and self-management by LGBT patients and families

» Take advantage of generally higher rate of use of online social networking sites among LGBT individuals[35] but be aware of digital divide among LGBT subpopulations (low-income, older, rural, limited English proficient, etc.)[36]

» Ensure text and visuals in all patient shared decision-making and self-management materials are inclusive of LBGT patients and families

» Be aware of potential conflicts with families of origin with advance directives and end-of-life planning

Standard 1 Patient-Centered Access: The practice provides access to team-based care for both routine and urgent needs of patients/families/caregivers at all times.

Element 1C Electronic Access: The following information and services are provided to patients/families/caregivers, as specified, through a secure electronic system.

Factor 1C1 More than 50 percent of patients have online access to their health information within four business days of when the information is available to the practice.

Factor 1C2 More than 5 percent of patients view, and are provided the capability to download, their health information or transmit their health information to a third party.

Factor 1C4 A secure message was sent to more than 5 percent of patients.

Factor 1C5 Patients have two-way communication with the practice.

Standard 3 Population Health Management: The practice uses a comprehensive health assessment and evidence-based decision support based on complete patient information and clinical data to manage the health of the entire patient population.

Element 3A Patient Information: The practice uses an electronic system to record patient information, including capturing information for factors 1-13 as structured (searchable) data for more than 80 percent of its patients:

Factor 3A12 Presence of advance directive.

Element 3C Comprehensive Health Assessment: To understand the health risks and information needs of patients/families, the practice collects and regularly updates a comprehensive health assessment that includes:

Factor 3C2 Family/social/ cultural characteristics.

Factor 3C5 Advance care planning.

Standard 4 Care Management and Support: The practice systematically identifies individual patients and plans, manages and coordinates care, based on need.

Element 4B Care Planning and Self-Care Support: The care team and patient/family/caregiver collaborate (at relevant visits) to develop and update an individual care plan that includes the following features for at least 75 percent of the patients identified in Element A:

Factor 4B4 Includes a self-management plan.

Element 4E Support Self-Care and Shared Decision Making: The practice has, and demonstrates use of, materials to support patients and families/caregivers in self-management and shared decision making. The practice:

Factor 4E3 Provides self-management tools to record self-care results.

Factor 4E4 Adopts shared decision making aids.

Factor 4E5 Offers or refers patients to structured health education programs, such as group classes and peer support.

ACTION 9 Document and use sexual orientation and gender identity demographic data in your electronic health record[37]

» Document gender identity, sexual orientation, race, ethnicity, language, disability, and other social and behavioral data in electronic health records[38,39]

» Work with your electronic health record vendor, IT staff, and quality improvement staff to make documentation routine and structured data accessible and usable

» Proactively support inclusion of gender identity and sexual orientation within health information exchange with other providers

Standard 3 Population Health Management: The practice uses a comprehensive health assessment and evidence-based decision support based on complete patient information and clinical data to manage the health of the entire patient population.	
Element 3A Patient Information: The practice uses an electronic system to record patient information, including capturing information for factors 1-13 as structured (searchable) data for more than 80 percent of its patients.	
Standard 5 Care Coordination and Care Transitions: The practice systematically tracks tests and coordinates care across specialty care, facility-based care and community organizations.	
Element 5C Coordinate Care Transitions: The practice:	***Factor 5C5*** Exchanges patient information with the hospital during a patient's hospitalization.
	Factor 5C6 Obtains proper consent for release of information and has a process for secure exchange of information and for coordination of care with community partners.
Standard 6 Performance Measurement and Quality Improvement: The practice uses performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency and patient experience.	
Element 6G Use Certified EHR Technology: The practice uses a certified EHR system.	***Factor 6G2*** The practice conducts a security risk analysis of its EHR system (or modules), implements security updates as necessary and corrects identified security deficiencies.

ACTION 10 Stratify all quality data by sexual orientation and gender identity

» Ensure that patient experience surveys ask patients to voluntarily identify their sexual orientation and gender identity

» Stratify all quality data by sexual orientation to identify any disparities

» Stratify all quality data by gender identity to identify any disparities

» Develop, implement, and evaluate quality improvement plans to reduce disparities in quality measures identified by sexual orientation and by gender identity

Standard 6 Performance Measurement and Quality Improvement: The practice uses performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency and patient experience.

Element 6A Measure Clinical Quality Performance: At least annually, the practice measures or receives data on:

Factor 6A4 Performance data stratified for vulnerable populations (to assess disparities in care).

ACTION 11 Obtain feedback from LGBT patients and families; Engage LGBT patients and families in quality improvement activities

» Add questions specific to LGBT health in all patient experience surveys (for example, how knowledgeable the provider is about LGBT health issues)

» Obtain feedback from LGBT patients and families through focus groups, community forums, etc. (can partner with LGBT community based organizations)

» Recruit and include LGBT patients and families in patient advisory groups

» Recruit and include LGBT patients and families in quality improvement teams

» Recruit and include LGBT patients and families on community health center board of directors

Standard 6 Performance Measurement and Quality Improvement: The practice uses performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency and patient experience.	
Element 6C Measure Patient/Family Experience: At least annually, the practice obtains feedback from patients/families on their experiences with the practice and their care.	*PCMH Factor 6C3* The practice obtains feedback on experiences of vulnerable patient groups.
	PCMH Factor 6C4 The practice obtains feedback from patients/ families through qualitative means.
Element 6D Implement Continuous Quality Improvement: The practice uses an ongoing quality improvement process to:	*Factor 6D7* Set goals and address at least one identified disparity in care/service for identified vulnerable populations.
	Factor 6D6 Act to improve at least one patient experience measure from Element C.
Element 6E Demonstrate Continuous Quality Improvement: The practice demonstrates continuous quality improvement by:	*Factor 6E1* Measuring the effectiveness of the actions it takes to improve the measures selected in Element D.
	Factor 6E4 Achieving improved performance on at least one patient experience measure.

ACTION 12 Identify LGBT-specific community resources and service providers

» Identify appropriate community resources and services for LGBT patients for referrals for behavioral health, social and community support, housing, employment, legal services (discrimination, bullying, immigration, criminal defense, etc.), financial literacy, etc.

» Partner with LGBT community-based organizations as resources for ongoing staff training

» Conduct community needs assessments to learn more about your local LGBT populations[40]

Standard 4 Care Management and Support: The practice systematically identifies individual patients and plans, manages and coordinates care, based on need.

Element 4E Support Self-Care and Shared Decision Making: The practice has, and demonstrates use of, materials to support patients and families/caregivers in selfmanagement and shared decision making. The practice:

Factor 4E6 Maintains a current resource list on five topics or key community service areas of importance to the patient population including services offered outside the practice and its affiliates.

Factor 4E7 Assesses usefulness of identified community resources.

ACTION 13 Create opportunities to educate and engage other providers and systems of care on health issues for LGBT patients and families[41]

» Discuss level of provider knowledge and competence to serve LGBT patients and families with all providers on referral lists and within accountable care and integrated delivery systems in which the organization participates

» Share patient sexual orientation and gender identity data in referrals, when appropriate, and discuss implications of a patient's sexual orientation and gender identity with other providers as part of care coordination

» Request presentations about LGBT health as part of continuing medical education programs and professional and scientific conferences

» Proactively offer to make presentations on experiences as a health care provider for LGBT patients and families as part of continuing medical education programs and professional and scientific conferences

Standard 2 Team-Based Care: The practice provides continuity of care using culturally and linguistically appropriate, team-based approaches.	
Element 2D The Practice Team: The practice uses a team to provide a range of patient care services by:	*Factor 2D10* Involving patients/families/caregivers in quality improvement activities or in the practice's advisory council.

Standard 5 Care Coordination and Care Transitions: The practice systematically tracks tests and coordinates care across specialty care, facility-based care and community organizations.	
Element 5B Referral Tracking and Follow-Up: The practice:	*Factor 5B2* Maintains formal and informal agreements with a subset of specialists based on established criteria.
	Factor 5B6 Gives the consultant or specialist pertinent demographic and clinical data, including test results and the current care plan.
	Factor 5B3 Maintains agreements with behavioral healthcare providers.

Acknowledgments

Resources

There are many resources from the National LGBT Health Education Center's website lgbthealtheducation.org including the following:

Webinar

» How Patient Centered Medical Homes Can Improve Health Care for Lesbian, Gay, Bisexual, and Transgender Patients and Families

Publications, available at lgbthealtheducation.org/lgbt-education/publications

» Ten Things: Creating Inclusive Health Care Environments for LGBT People

» Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records

» The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, 2nd Edition

» Do Ask, Do Tell: Talking to your provider about being LGBT

Straight for Equality in Healthcare: straightforequality.org/Healthcare

Creating a Safe Space for GLBTQ Youth: A Toolkit: advocatesforyouth.org/storage/advfy/documents/safespace.pdf

Organizing for Transgender Health Care: transgenderlawcenter.org/archives/430

Nationwide Network of LGBT Community Centers: lgbtcenters.org

References

1. Berwick DM, Nolan TW, Whittington J. The triple aim: Care, health and cost. Health Aff. 2008;27(3):759-769.

2. U.S. Department of Health and Human Services. National Strategy for Quality Improvement in Health Care. 2011. Available from: ahrq.gov/workingforquality

3. Landon BE, Gill JM, Antonelli RC, Rich EC. Prospects for rebuilding primary care using the patient-centered medical home. Health Aff. 2010:29(5);827-834.

4. Berenson J, Doty MM, Abrams MK, Shih A. Achieving Better Quality of Care for Low-Income Populations: The Roles of Health Insurance and the Medical Home in Reducing Health Inequities. The Commonwealth Fund; 2012. Available from: commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2012/May/1600_Berenson_achieving_better_quality_care_low_income_v2.pdf

5. There are several standards for patient-centered medical homes. Urban Institute, Patient-Centered Medical Home Recognition Tools (2011), Available from: urban.org/publications/412338.html This issue brief will use the most commonly used standard, from the National Committee for Quality Assurance. National Committee for Quality Assurance, Patient-Centered Medical Home Recognition (2014), Available from: ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx

6. Institute of Medicine, The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. 2011. Available from: iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx

7. Office of Quality and Data, Bureau of Primary Health Care. 2014 Health Center Data. 2015. Available from: bphc.hrsa.gov/uds/datacenter.aspx HRSA Health Center Program. HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative. Available from: bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html

8. Ard K, Makadon HJ. Improving the Health Care of Lesbian, Gay, Bisexual, and Transgender People: Understanding and Eliminating Health Disparities. The Fenway Institute. 2012. Available from: lgbthealtheducation.org/wp-content/uploads/12-054_LGBTHealtharticle_v3_07-09-12.pdf

9. U.S. Department of Health and Human Services. Healthy People 2020. Available from: healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

10. Gay and Lesbian Medical Association. Guidelines for the Care of Lesbian, Gay, Bisexual, and Transgender Patients. 2006. Available from: glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf

11. Makadon HJ, Mayer KH, Potter J, Goldhammer H, editors. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health- 2nd edition. Philadelphia: American College of Physicians; 2015.

12. Joint Commission. Advancing Effective Communication, Cultural Competence, Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender Community: A Field Guide. 2011. Available from: jointcommission.org/lgbt

13. Human Rights Campaign Foundation. Healthcare Equality Index. Available from: hrc.org/hei

14. Fenway Institute. Ten Things: Creating Inclusive Health Care Environments for LGBT People. 2015. Available from: lgbthealtheducation.org/wp-content/uploads/072315-Welcoming-Environment-Brief-WEB.pdf

15. Cray A, Baker K. Health Insurance Needs for Transgender Americans. Center for American Progress. 2012. Available from: americanprogress.org/wp-content/uploads/2012/10/TransgenderHealth.pdf

16. Human Rights Campaign Foundation. Transgender-Inclusive Health Care Coverage and Corporate Equality Index. 2012. Available from: hrc.org/files/assets/resources/Transgender_Healthcare_White_Paper_4.pdf

17. Fenway Institute, Center for American Progress. Optimizing LGBT Health under the Affordable Care Act: Strategies for Health Centers. 2013. Available from: lgbthealtheducation.org/wp-content/uploads/Brief-Optimizing-LGBT-Health-Under-ACA-FINAL-12-06-2013.pdf

18. Krehely J. How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity. Center for American Progress. 2009. Available from: americanprogress.org/wp-content/uploads/issues/2009/12/pdf/lgbt_health_disparities_race.pdf

19. SAGE, National Resource Center on LGBT Aging. Heath Equity and LGBT Elders of Color. 2013. Available from: lgbtagingcenter.org/resources/pdfs/Sage_PolicyBrief_HealthEquity.pdf

20. Burns C, Garcia A, Wolgin PE. Living in Dual Shadows: LGBT Undocumented Immigrants. Center for American Progress. 2013. Available from: americanprogress.org/wp-content/uploads/2013/03/LGBTUndocumentedReport-6.pdf

21. Wheeler DP. Intersectionality: Implications for Clinical Care of LGBTQ People. In: Makadon HJ, Mayer KH, Potter J, Goldhammer H, editors. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health- 2nd edition. Philadelphia: American College of Physicians; 2015. p37-48.

22. Meyer IH. Identity, stress, and resilience in lesbians, gay men, and bisexuals of color. Couns Psychol (2010);38(3).

23. Kosciw JG, Palmer NA, Kull RM. Reflecting resiliency: Openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students. Am J Community Psychol. 2015;55(1-2):167-178.

24. Society for Adolescent Health and Medicine. Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: A position paper of the Society for Adolescent Health and Medicine. J Adolesc Health. 2013;52(4):506-510.

25. Sherer I, Baum J, Ehrensaft D, Rosenthal SM. Affirming gender: Caring for gender-atypical children and adolescents. Contemp Pediatr. 2015. Available from: contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/news/affirming-gender-caring-gender-atypical-children-and-adolescents?page=full

26. National Gay and Lesbian Task Force. Outing Age: Public Policy Issues Affecting Lesbian, Gay, Bisexual and Transgender Elders. 2010. Available from: thetaskforce.org/downloads/reports/reports/outingage_final.pdf

27. Services and Advocacy for GLBT Elders (SAGE). Social Isolation. 2015. Available from: sageusa.org/issues/isolation.cfm

28. Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. 2011. Available from: iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx

29. Feldman J, Spencer K. Medical and Surgical Management of the Transgender Patient: What the Primary Care Clinician Needs to Know. In: Makadon HJ, Mayer KH, Potter J, Goldhammer H, editors. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health- 2nd edition. Philadelphia: American College of Physicians; 2015. p479-518.

30. Substance Abuse and Mental Health Services Administration. A Provider's Guide to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. U.S. Department of Health and Human Services. 2011. Available from: store.samhsa.gov/shin/content//SMA12-4104/SMA12-4104.pdf

31. Equality California Institute, Mental Health America of Northern California. First Do No Harm: California

Reducing Disparities Project. 2013. Available from: eqcai.org/atf/cf/{8cca0e2f-faec-46c1-8727-cb02a7d1b3cc}/FIRST_DO_NO_HARM-LGBTQ_REPORT.PDF

32. Kapila K. Mental Health Care for LGBT People. In: Makadon HJ, Mayer KH, Potter J, Goldhammer H, editors. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health- 2nd edition. Philadelphia: American College of Physicians; 2015. p193-226.

33. Hall TM, Reback CJ, Shoptaw S. Clinical Management of Substance Use and Substance Use Disorders Among LGBT Individuals. Makadon HJ, Mayer KH, Potter J, Goldhammer H, editors. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health- 2nd edition. Philadelphia: American College of Physicians; 2015. p227-268.

34. Pew Research Center, A Survey of LGBT Americans. 2013. Available from: pewsocialtrends.org/2013/06/13/a-survey-of-lgbt-americans

35. Anderson M, Perrin A. 15% of Americans don't use the internet. Who are they? Pew Research Center. 2015. Available from: pewresearch.org/fact-tank/2015/07/28/15-of-americans-dont-use-the-internet-who-are-they

36. Institute of Medicine. Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records. 2012. Available from: iom.edu/Reports/2012/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-Electronic-Health-Records.aspx

37. Fenway Institute. Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Taking the Next Steps (2015), Available from: lgbthealtheducation.org/wp-content/uploads/Collecting-SOGI-Data-in-EHRs-COM2111.pdf

38. Cahill S, Makadon H. Sexual orientation and gender identity data collection in clinical settings and in electronic health records: A key to ending LGBT health disparities. LGBT Health. 2013;1(1):1-8

39. CenterLink. How to Do a Community Needs Assessment. Available from: lgbtcenters.org/how-to-do-a-community-needs-assessment.aspx

40. Wilson-Stronks A. A Call to Action for Healthcare Professionals to Advance Health Equity for the Lesbian, Gay, Bisexual and Transgender Community. Human Rights Campaign Foundation. 2011. Available from: hrc.org/files/assets/resources/health_calltoaction_HealthcareEqualityIndex_2011.pdf

41. Institute of Medicine. Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records. 2012. Available from: iom.edu/Reports/2012/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-Electronic-Health-Records.aspx