VIEWPOINT

Improving Dermatologic Care for Sexual and Gender Minority Patients Through Routine Sexual Orientation and Gender Identity Data Collection

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Sexual and gender minority (SGM) populations, including people who are lesbian, gay, bisexual, and transgender (LGBT), face unique health disparities, such as dermatology-specific health disparities.[1] Mitigating those disparities is a national public health priority, which is reflected in the federal government's public health agenda, Healthy People 2020.[2] These efforts can succeed only if physicians ascertain whether patients are of an SGM, which might not be outwardly apparent, and then act on that knowledge to provide medically appropriate and culturally sensitive care.

Herein, we advocate for routine collection of sexual orientation and gender identity (SOGI) data in dermatology settings. We review definitions of SGM and SOGI, reasons for collecting SOGI data, and best practices for collecting SOGI data.

Sexual and gender minority is an umbrella term that encompasses LGBT populations and persons whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms. *Sexual orientation and gender identity* refers to sexual orientation—defined as an enduring pattern of emotional, romantic, and/or sexual attraction to persons of the opposite, same, or multiple sexes or genders (eg, straight, gay, lesbian, or bisexual)—and gender identity—defined as an individual's self-perception as male, female, a combination of both, or neither, and may differ from sex assigned at birth, which is typically based on external genital anatomy.

Dermatologists should be aware that sexual orientation might not always align with sexual behaviors, including the gender(s) or sex(es) of sex partner(s). Sexual behaviors, not sexual orientation, are the primary risk factors for sexually transmitted infections and triggers for certain preventative health services. Accordingly, in appropriate clinical situations, providers, including physicians and other clinical staff, may still need to obtain a detailed sexual history, even if sexual orientation is known. The SOGI data collection itself can help facilitate and normalize such sensitive discussions.

Dermatologic care for SGM patients can benefit from routine SOGI data collection in 3 areas. First, rates of certain conditions, including related risk factors, and preventative health guidelines differ for SGM patients.[1] Select examples include the following:

- Gay and bisexual men are at higher risk of HIV, herpes simplex infection, gonorrhea, chlamydia, syphilis, genital warts, anal squamous cell carcinoma, Kaposi sarcoma, and contact dermatitis to alkyl nitrites (ie, poppers dermatitis). They are also more likely to report a history of melanoma, nonmelanoma skin cancer, and indoor tanning.
- Gay and bisexual men and women with acne are more likely to report depression and suicidal ideation.
- Transgender men receiving masculinizing hormone therapy might experience androgenic alopecia and acne.
- Transgender women receiving feminizing hormone therapy might experience asteatotic eczema.
- Transgender women might seek dermatologic care for gender-affirming procedures such as hair removal, body contouring, and facial feminization procedures. Owing to limited access, many transgender women have received illicit filler injections from unlicensed health care providers, which can result in serious dermatologic complications, including foreign body granulomas, bacterial or atypical mycobacterial infections, lymphedema, or scarring.[3]
- Certain gay and bisexual men and transgender persons, based on sexual behaviors, have unique recommendations from public health agencies regarding screening for sexually transmitted diseases and HIV; vaccination against human papillomavirus, hepatitis A and B virus, and meningococcal disease; and pre-exposure prophylaxis for HIV.[1]

Knowledge of SGM identity can, therefore, help guide history taking, physical examination, differential diagnosis, and management decisions during clinical encounters, including the provision of, or referral for, preventative health services that can be enormously important for a person's overall health.

Second, collecting SOGI data can help dermatologists improve interactions with SGM patients. Many SGM patients report prior negative experiences with health care providers, including perceived lack of knowledge, harsh/abusive language, or refusal of treatment.[4] Eliciting SOGI information in a culturally sensitive manner that avoids making assumptions can help allay those concerns. Culturally sensitive care in this context avoids misgendering patients (ie, using a form of address inconsistent with a patient's gender identity) or making assumptions about sexual orientation or behavior.

Third, collecting SOGI data can facilitate dermatologic research. Because SGM patients have remained largely invisible in epidemiologic and clinical studies, SOGI data collection is a key objective of Healthy People 2020.[2]

Standardized measures for SOGI data collection already exist, and forthcoming policy changes will make collection easier and more widespread in clinical settings. In 2019, the Centers for Medicare & Medicaid Services will require that all electronic health records (EHRs) certified under the Promoting Interoperability program allow users to record, change, and access structured SOGI data, including sex assigned at birth,

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gender identity, and sexual orientation.[5] The Centers for Medicare & Medicaid Services provides minimal SOGI data collection standards. We recommend guidelines from the National LGBT Health Education Center for collecting SOGI data on intake forms, an example of which is presented in the **Table**.[6]

Sexual orientation and gender identity data can be collected before clinical encounters, either in EHRs or paper intake forms, or during clinical encounters through history taking and subsequent documentation. Previous literature has shown SGM and non-SGM patients are receptive to disclosing SOGI information, if collected appropriately, and believe it improves their care.[7] Intake forms may be more accurate (and preferred) than in-person or phone-based verbal collection of SOGI data.[8] However, the most effective and feasible collection method likely varies by individual provider and/or practice setting and requires tailored approaches informed by best practices. For example, EHRs used by Kaiser Permanente Northern California initially populate with a patient's legally registered sex but without sexual orientation or behavior data. Providers can then, as necessary, add preferred names and pronouns, and sexual behavior (Kenneth Katz, MD, email communication, July 24, 2018).

The Division of Dermatology at Washington University School of Medicine in St Louis reports another example of successful implementation. In 2017, the division implemented routine SOGI data collection on paper intake forms in outpatient dermatology clinics. Doing so required obtaining faculty and administrative support, conducting workflow analyses to determine best data collection practices, and cultural sensitivity training for staff. Since 2017, SOGI data has been collected from more than 9000 patients (Kara Sternhell-Blackwell, MD, email communication, May 3, 2018).

Sexual and gender minority patients have unique health needs, including dermatologic-specific disparities. Dermatologists should routinely collect SOGI data so that they can identify SGM patients and better deliver the high-quality, culturally sensitive care SGM patients need and deserve.

Table. Standard Measures of Sexual Orientation and Gender Identity for Use in Dermatology Clinical Settings[a]

Characteristic	Question and Patient Response Options
Sexual Orientation	
	Do you think of yourself as (check one):
	☐ Straight or heterosexual
	☐ Lesbian, gay, or homosexual
	☐ Bisexual
	☐ Something else
	☐ Do not know
	☐ Choose not to disclose
Gender Identity	
1. Sex assigned at birth	What sex were you assigned at birth? (check one)
	☐ Male
	☐ Female
	☐ Choose not to disclose
2. Gender identity	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
Name and Gender Pronouns	
1. Name used	Name you would like us to use: _____
2. Pronouns	What are your pronouns? (eg, he/him, she/her, they/them) _____

[a] Adapted from guidelines by the Fenway Institute National LGBT Health Education Center.

ARTICLE INFORMATION

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