

# Gathering a Sexual Health History and Providing Health Education about HIV & PrEP



A COE Presentation  
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# Learning Agenda:

Your takeaways from today are



> 20% of Americans have a treatable STI

The Five Ps of Sexual History Taking

PrEP is co-indicated for people with OUD

U=U Undetectable HIV means Untransmittable

# Rationale for Incorporating Sexual Health into a COE

- 20+% of Americans have a treatable STI
- COE is a care coordination service
- People with OUD have **increased risk for infectious diseases** both due to possible sharing substance use paraphernalia and increased prevalence of STIs within sexual networks
- STI testing, prevention, and treatment are services that work best as **co-located, integrative interventions** rather than stand-alone
- Physical Health COEs are **ideal settings** for incorporating sexual health services with MOUD and other care coordination



# Possible Service Elements to Incorporate

## Sexual Health Testing

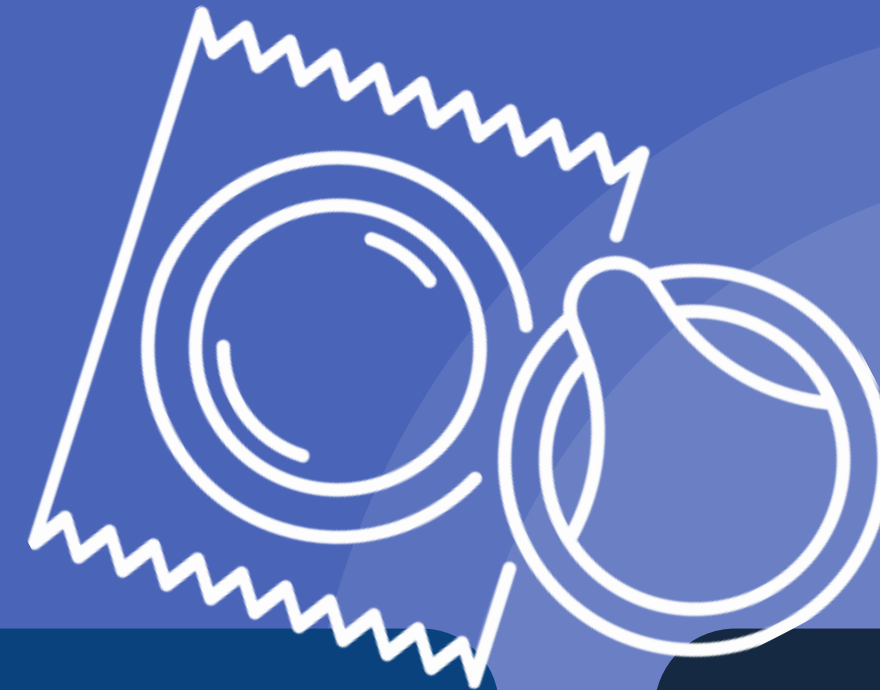
- Minimum model: Sexual health history and HIV testing
- Standard model: Sexual health history and HIV, syphilis, gonorrhea, chlamydia testing
- Enhanced model: Sexual health history and HIV, syphilis, gonorrhea, chlamydia, Hep B, and Hep C testing

## Sexual Health Prevention

- PrEP
- Condoms (internal & external), Dental Dams, Gloves

## Sexual Health Treatment

- Monitor results
- Follow-up treatment and/or referral

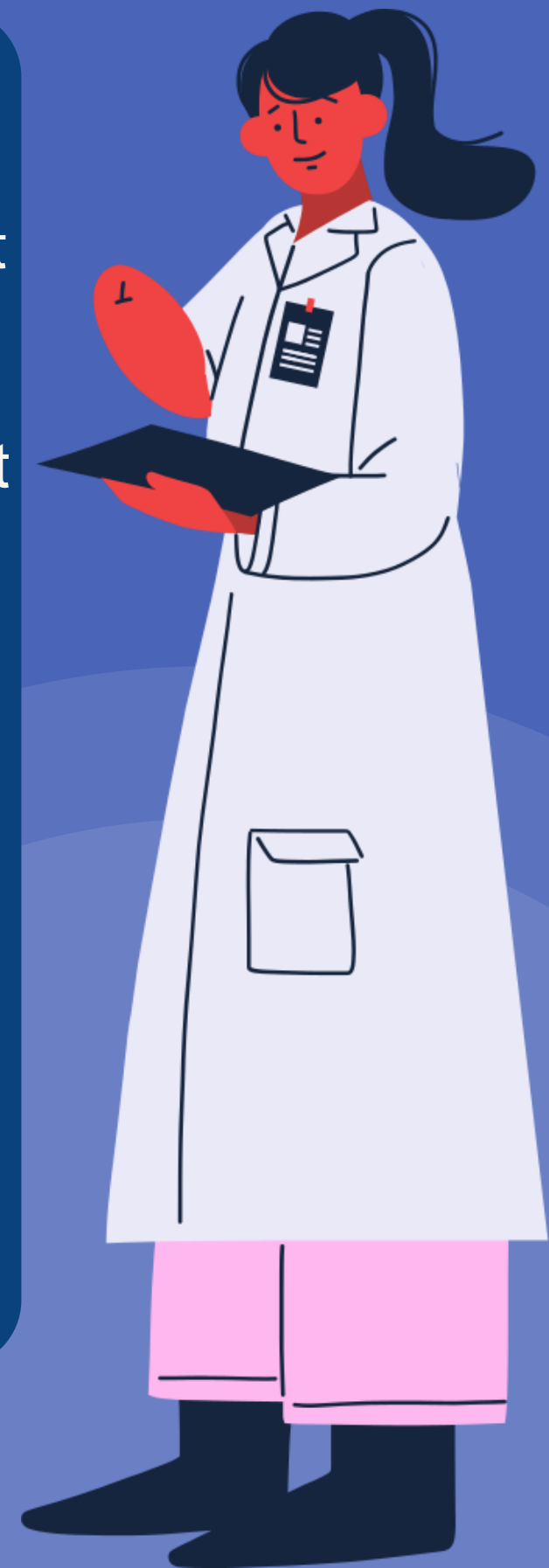


# Sexual Health History Taking

“A sexual history should  
be taken as part of routine  
health care”

- CDC

- Key clinical skill
- Physical health COEs are sometimes built out under the “**physician extender**” model where designated staff collect information that is incorporated into the **complexity code** that the physician bills
- In this model, sexual health histories taken by **designated** and **skilled** staff are part of the physician’s visit note and, thus, medical provider level skill is appropriate in these settings





# Pronouns are **not** optional!

- As a Gen X person, myself, it was difficult for me to adopt “they” and other pronouns instead of he/she. Now- I use “they” as a pronoun
- It is now a recognized part of **respectful healthcare** to state your pronouns and ask a patient their pronouns **at the beginning** of a sexual health history
- These are not “preferred pronouns” but pronouns. Doing so **expresses respect** for trans and gender non-conforming persons, of which there are many, esp. among younger persons.



# Starting the Conversation:

- May I ask you a few questions about your sexual health and sexual practices? I understand that these questions are personal, but they are important for your overall health.
- At this point in the visit I generally ask some questions regarding your sexual life. Will that be ok?
- I ask these questions to all my patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence unless you or someone else is being hurt or is in danger. Do you have any questions before we get started?
- Do you have any questions or concerns about your sexual health?



# Having the Conversation:



- You need to be a competent clinician who can talk about sex and sexual activity
- You need to use sexual terms that **sound natural** coming out of your mouth and/or be comfortable adopting the language of the person you are interviewing
- This is a skill that **improves with practice**. Get supervision or practice with co-workers until you can have a **clear communication and stigma-free conversation** about sexual practices that may be different than yours.



# Stigma-Free Health Histories Include:

## **LGBTQIA+ People**

If you aren't sure what those letters means, please take a queer competency training before doing sexual health histories.

## **Sex Workers**

Please know that prostitute is a stigmatizing word.

Sex work is real work-- not everyone who does sex work wants to stop

## **BDSM / Kink**

Kink-informed care is a growing area of clinical practice.

About 20% of Americans endorse BDSM sexual activity.

## **Multiple Sex Partners**

Never assume monogamy even if the person states it; it is statistically rare in American society.

## **Gender of Partners**

Never assume that a person's sexual behaviors match the identity/label they tell you

# The 5 Ps of what to ask:

P

partners

P

practices

P

protection from STIs

P

past history of STIs

P

pregnancy intention



# artners

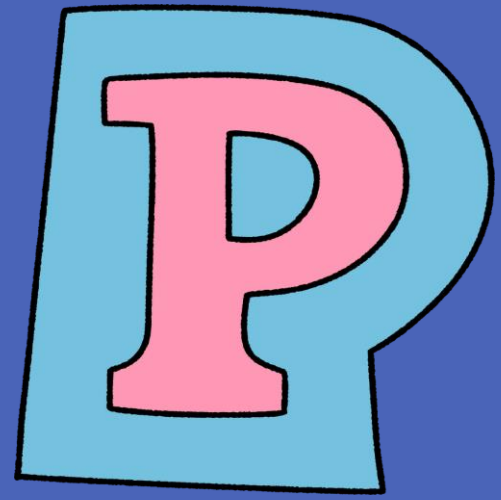
- Are you currently having sex of any kind – so, oral, vaginal, or anal – with anyone?
  - If no, have you ever had sex of any kind with another person?
- In recent months, how many sex partners have you had?
- What is/are the gender(s) of your sex partner(s)?
- Do you or your partner(s) currently have other sex partners?



# ractices

use your own terms/language

- I need to ask some more specific questions about the kinds of sex you have had over the last 12 months to better understand if you are at risk for STIs. We have different tests that are used for the different body parts people use to have sex. Would that be OK?
- What kind of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?
- Do you have genital sex (penis in the vagina)?
- Anal sex (penis in the anus)?
- Oral sex (mouth on penis, vagina, or anus)?
- Are you a top and/or bottom?
- Do you meet your partners online or through apps?
- Have you or any of your partners used drugs?



# rotection from STIs

- Do you and your partner(s) discuss STI prevention?
- If you use prevention tools, what methods do you use? (For example, external or internal condoms – also known as male or female condoms – dental dams, etc.)
- How often do you use this/these method(s)? More prompting could include specifics about:
  - Frequencies: sometimes, almost all the time, all the time.
  - Times they do not use a method.
  - If “sometimes,” in which situations, or with whom, do you use each method?
- Have you received HPV, hepatitis A, and/or hepatitis B shots?

# Past history of STIs

- Have you ever been tested for STIs and HIV? Would you like to be tested?
- Have you been diagnosed with an STI in the past? When? Did you get treatment?
- Have you had any symptoms that keep coming back?
- Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI(s)? Do you know your partner(s) HIV status?



# regnancy intention

- Do you think you would like to have (more) children at some point?
- When do you think that might be?
- How important is it to you to prevent pregnancy (until then)?
- 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?

# Last Points

\*a bonus P!

- Did you know PrEP is a medication that prevents you from getting HIV? It has fewer side effects than aspirin and you can pair it with your Suboxone. The medical provider would like to talk to you about PrEP today- alright. (opt-out language)
- What other things about your sexual health and sexual practices should we discuss to help ensure your good health?
- What other concerns or questions regarding your sexual health or sexual practices would you like to discuss?



# PrEP

## PREVENTS HIV

**Available as a daily pill or long acting injectable.**



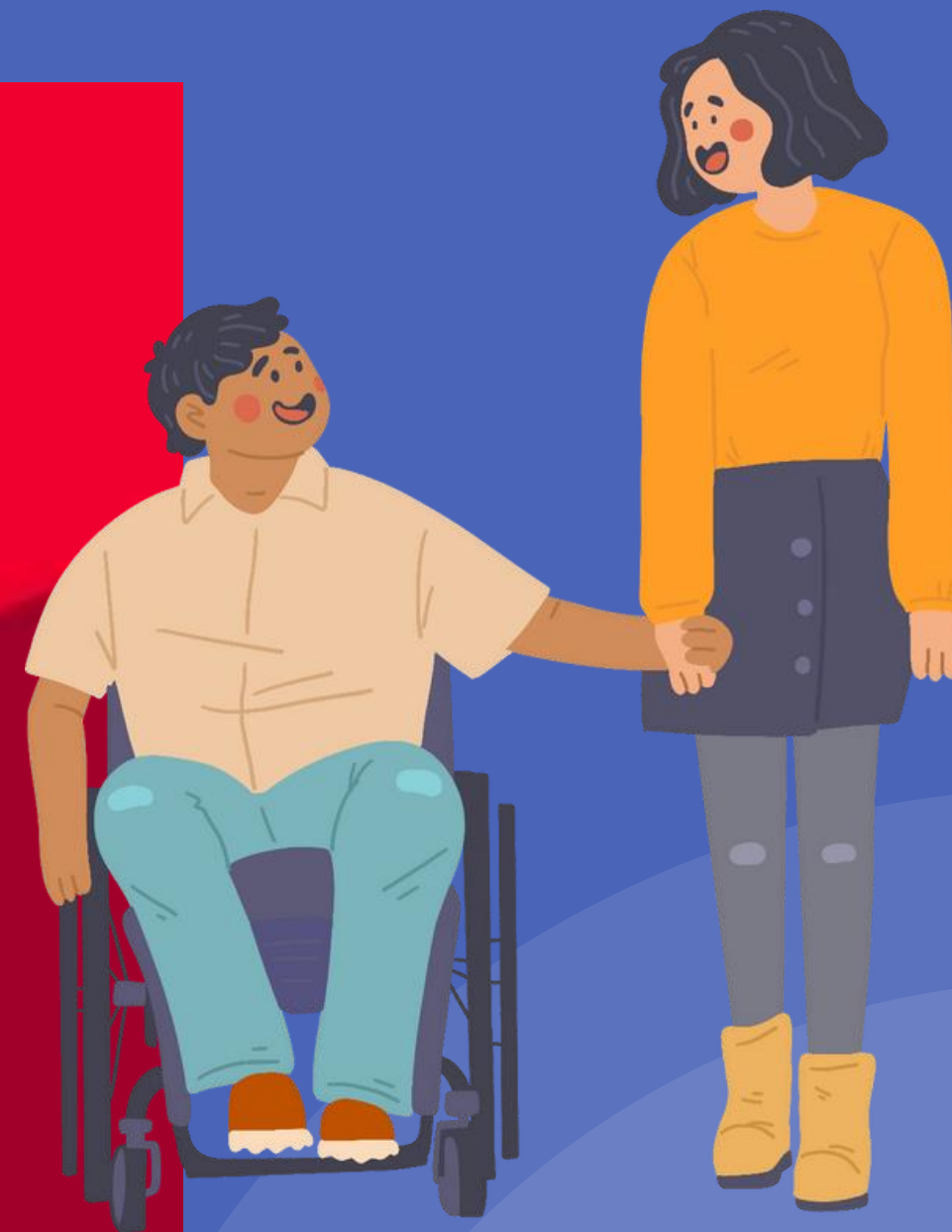
**@GreaterThanAIDS**





**U = U**

**UNDETECTABLE = UNTRANSMITTABLE**





# Citations

- Much of the above was adapted from “A Guide to Taking a Sexual History” a CDC publication:  
<https://www.cdc.gov/std/treatment/SexualHistory.htm>
- Hodgson, J., Moore, K., Acri, T., & Treisman, G. (2020). Integrative Medicine for Vulnerable Populations: A Clinical Guide to Working with Chronic and Comorbid Medical Disease, Mental Illness, and Addiction. NY, NY: Springer.
- Geist C, Aiken AR, Sanders JN, Everett BG, Myers K, Cason P, Simmons RG, Turok DK. (2019). Beyond intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How important is pregnancy prevention (PATH) questions. Contraception. 99(1):22-26.