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IN THIS ISSUE

The paper “Sexual Health Assessment is Vital to Whole Health Models of Care,” co-authored by Dr. Drew Helmer, was published in JMIRx Med in July 2022. In this issue, Helmer and Alexandra Caloudas, both of whom have published in the area of sexual health, review the article. Helmer is a professor in the Department of Medicine at Baylor College of Medicine. He is also the deputy director of the Center for Innovations in Quality, Effectiveness and Safety at the Michael E. DeBakey VA Medical Center. Caloudas is an assistant professor in psychiatry and behavioral sciences at Baylor College of Medicine and an investigator in the Behavioral Health Program at the Center for Innovations in Quality, Effectiveness and Safety at the VA.

An electronic version of this newsletter may be downloaded at [bit.ly/HPR-17-4](http://bit.ly/HPR-17-4).

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# HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine  
Joint Program in Health Policy Research

## Should health care providers ask their regular patients about their sexual health?

“Yes, and the electronic health record (EHR) can be configured to promote initial conversations,” say Drew Helmer, a professor of medicine, and Alexandra Caloudas, an assistant professor in psychiatry and behavioral sciences, at Baylor College of Medicine and the Center for Innovations in Quality, Effectiveness and Safety. In their research, Helmer and Caloudas found that although most patients value their sexual health and want to talk with their providers about their sexual concerns, these conversations occur infrequently in clinical practice.

Sexual health, which refers to a state of physical, emotional, mental and social well-being in relation to sexuality, is important to overall health and quality of life. Sexual intimacy promotes resilience against stress and depression, while sexual dysfunction can trigger problems in psychosocial domains and be a sign of other diseases.

A brief sexual health assessment is an important part of high-quality, patient-centered care. For example, individuals who identify as lesbian, gay, bisexual, transgender or queer (LGBTQ+) often avoid health care for fear of judgment or discrimination. Conducting a sexual health assessment that includes questions about one's sexual orientation and gender identity provides an opportunity to validate the patient and offer support or referrals for stigma-related stress and other effects of discrimination. Also, sexual health assessments can facilitate detection of undiagnosed conditions (e.g., erectile dysfunction is associated with an increased risk of cardiac problems and death, and low sexual desire is associated with depression).

Yet barriers exist to implementing sexual health assessments at the patient, provider and system levels. Patients are often reluctant to share their concerns for fear of compromising the patient-provider relationship. Similarly, providers may not initiate conversations for fear of offending patients or due to personal discomfort, insufficient training or a lack of time. Research suggests that most patients would not be offended by these questions, and over 90% think it is important for providers to know about their sexual orientation. Education can increase providers' knowledge and self-efficacy in facilitating these conversations and providing next steps for evaluation and management. Similarly, patient education can establish expectations around sexual health assessments.

To overcome inertia, ignorance and stigma, features of an EHR can prompt or even require doctors to complete sexual health assessments for their patients. Research suggests that standardized screening reminders in the EHR can increase assessment and documentation of sexual health issues. In accordance with evidence-based recommendations, the Veterans Health Administration recently mandated completion of a scripted reminder to document patient sexual orientation and gender identity during a primary care encounter. More comprehensive sexual health assessments are not currently required, but related clinician education materials promote additional communication. Ongoing evaluation of this change will confirm (or refute) the position that creating an opening for conversations about sexual health promotes better patient-centered care.

**HEALTH POLICY** research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, the James A. Baker III Institute Chair in Health Economics at Rice University's Baker Institute for Public Policy, in collaboration with **Laura Petersen, M.D., MPH**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

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