Physicians and staff of the Blue Lotus Family Medicine clinic have updated their patient intake practices to better serve a growing and vibrant LGBTQ population.

ABFM Diplomate Dr. Kathryn Turner joined the Missouri-based practice, owned by her longtime friend Dr. Tiffanny Blythe, more than a year ago. What she found just south of Kansas City was a clinic that welcomed everyone regardless of race, gender, or background. “We took an oath to provide the best care we can. Part of doing no harm is making sure our patients feel safe and not judged,” said Dr. Turner, who recently submitted a Performance Improvement activity to ABFM detailing the changes Blue Lotus had made to better serve LGBTQ patients.

The project’s intent was to improve the number of patients who chose to share their sexual orientation and gender identity in the clinic’s electronic medical records (EMR) by up to 85%, with the expectation that more open patient-physician relationships would improve overall health and wellness. Over a six-month period, the staff at Blue Lotus was able to meet that goal.

“It was important for us to know each patient’s gender identity and sexual orientation. We didn’t want to presume anything,” Dr. Turner said. “We found just asking the question made patients understand that they were important and valued. Several patients told me how comfortable and safe they felt in our clinic after the visit, which was not always the case in other health care settings. This allowed a more open and honest conversation from the very first visit, so multiple issues could be addressed right away, instead of waiting several visits to establish a good doctor-patient relationship.”

Blue Lotus is anchored by a diverse staff with various sexual orientations, and some are involved in local LGBTQ grassroots organizations. This has increased the opportunity for positive word of mouth to spread. Dr. Turner estimates 25-30% of the clinic’s patient population identifies as LGBTQ.

When onboarding new patients, staff are careful to use each patient’s chosen pronouns and chosen name. That attention to detail in identification may seem small, but it can be very significant for a patient with negative health care experiences in their past.

“It’ll be honest with you. I trip up. I make mistakes. I’m still getting used to they/them pronouns. It is a learning process. But the fact that we’re asking questions and we’re curious typically makes the patient appreciative,” Dr. Turner said. “If you make a mistake, address it, and apologize. Be respectful and listen. The patient will tell you what they need.”

Additionally, physicians who support the LGBTQ community should be mindful of referring their patients to likeminded specialists or therapists. Continuity of care may be more precarious for this population.
“We make sure our references are open to LGBTQ care before we make any recommendations. It’s crazy we still need to ask that question, but many patients have been burned in the past, and they’ve lost trust in the medical community,” Dr. Turner explained.

The state of Missouri has recently been in the news for controversial legislation affecting the LGBTQ population. The ongoing legal battles seem to have strengthened the resolve of physicians and staff to maintain a high level of care.

“We want to make sure there are enough resources to address the entire patient population,” Dr. Turner said. “We let our patients know that clinic staff will do everything in our power to keep our doors open and provide top notch care.”