

# Washington State Department of Health Proposal to Bree Collaborative: Improving Healthcare and Health Equity for LGBTQ Persons

**Ask:** Bree Collaborative identifies and endorses a set of guidelines to improve the healthcare (physical and behavioral health) of LGBTQ<sup>1</sup> persons and through that effort advance health equity, including developing guidelines and/or setting standards that include:

- Recommended age-appropriate screening and standard questions for clinicians to ask all patients about their sexual behaviors, sexual orientation, and gender identity, with responses documented in medical records;
- An inventory of health equity practices and competencies that improve the care of sexual and gender minorities;
- Recommended protocols, policies, and practices that improve medical care, including receipt of preventive services, among LGBTQ patients;
- Implementation of Washington's *MSM STD Screening and PrEP Implementation Guidelines*<sup>2</sup>. This should include healthcare organizations, purchasers, payers, and medical professionals; and
- Recommendations of indicators and outcomes healthcare organizations should monitor to evaluate their success in improving the care of LGBTQ patients.

## **BACKGROUND**

- **Approximately 4-5% of Americans are LGBTQ persons<sup>3</sup> with distinct healthcare needs.**
  - Includes persons who self-identify as being LGBTQ, as well as persons who identify as being heterosexual, but have sex with persons of the same gender.
  - In particular, men who have sex with men (MSM) and transgender persons who have sex with men are at elevated risk for HIV and other sexually transmitted infections (STI).
  - CDC estimates that almost 70% of all new HIV infections and half of all cases of gonorrhea occur in the 2% of the population that are MSM<sup>4</sup>.
  - In Washington State, almost 80% of all new HIV diagnoses, 50% of cases of gonorrhea, and over 90% of syphilis cases occur in the approximately 2% of the population comprised of MSM.
  - MSM experience the highest rates of human papilloma virus (HPV) associated cancer of any definable risk group within the population, with anal cancer rates comparable to rates of cervical cancer observed prior to the advent of PAP smear screening<sup>5</sup>.
  - LGBTQ persons experience elevated rates of depression, sexual abuse, smoking and other substance use.
- **December 1, 2014: Governor Inslee issued a proclamation creating the End AIDS Washington (EAW) initiative.**
  - Goal to reduce the rate of new HIV infections by 50% by the year 2020.
  - HIV Planning Steering Group (HPSG) charged with developing recommendations.
  - On December 1, 2016, the HPSG issued report including eleven recommendations, one of which is to "Create healthcare that meets the needs of sexual minorities."
  - Successful implementation of the EAW goals and recommendations is tasked to the Washington State Department of Health (DOH), along with its partner agencies, Health Care Authority, etc.

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<sup>1</sup> LGBTQ refers to lesbian, gay, bisexual, transgender, and questioning or queer

<sup>2</sup> [http://www.kingcounty.gov/healthservices/health/communicable/~/\\_media/health/publichealth/documents/hiv/PrEP-Implementation-Guidelines.ashx](http://www.kingcounty.gov/healthservices/health/communicable/~/_media/health/publichealth/documents/hiv/PrEP-Implementation-Guidelines.ashx)

<sup>3</sup> Purcell DW, Johnson CH, Lansky A, et al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *The open AIDS journal* 2012; 6:98-107.

<sup>4</sup> CDC. HIV Surveillance Report 2014. Atlanta, GA: CDC; 2015.

<sup>5</sup> Machalek DA, Poynten M, Jin F, et al. Anal human papillomavirus infection and associated neoplastic lesions in men who have sex with men: a systematic review and meta-analysis. *Lancet Oncol* 2012; 13:487-500.

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- It is also the responsibility of those serving the broader community: health care plans, purchasers, medical providers, community based organizations, local health jurisdictions, and others.
- **LGBTQ minority patients experience health equity issues particularly acutely.**
  - Feedback from healthcare professionals and LGBTQ patients tell us that many healthcare professionals have limited training and competency in providing medical care to LGBTQ patients, and purchasers and payers have inconsistent policies related to some aspects of recommended care (i.e. HIV pre-exposure prophylaxis, STI screening and testing).
  - These deficiencies are compounded by structural problems in the medical care system, which typically fails to even identify LGBTQ patients in medical records, impeding systematic efforts to improve care.

## GUIDELINES

- **Washington is one of the few U.S. states with specific MSM STD screening guidelines and detailed pre-exposure prophylaxis (PrEP) implementation guidelines.**
- Levels of HIV viral suppression in WA State (the proportion of infected persons who have an undetectable HIV viral load) are among the highest in the U.S.<sup>6</sup>.
  - Thus, the state is making progress in the fight against HIV.
  - At the same time, there is a great deal more to do.
  - DOH estimates that there are currently 9,000-15,000 MSM using PrEP in Washington State representing between 30% and 50% of MSM in Washington with high risk behaviors who should consider initiating PrEP use, based on Washington’s *MSM STD Screening and PrEP Implementation Guidelines*.
  - **The goals of EAW are not achievable without changes across the healthcare system.**

Table 1. High Risk Behavior\* and PrEP Use among Men Who Have Sex with Men Ages 15-64 in WA State, 2016

Source	Percentage of MSM with High Risk Behaviors	Estimated Number of WA MSM with High Risk Behaviors (A)*	Percentage of MSM Using PrEP	Estimated Number of WA MSM using PrEP (B)*	Percentage of WA MSM with High Risk Behaviors Who Are Using PrEP (= B ÷ A)
2016 Pride Survey	31.0%	27621	10.0%	8910	32.3%
2016 Provider Survey	n/a	n/a	10.6%	9445	n/a
2017 PrEP Internet Survey***	30.1%	26819	16.9%	15058	56.1%
Statewide Average	30.6%	27220	12.5%	11138	44.2%

\*High risk behaviors include any of the following in the previous 12 months: HIV positive sexual partner, bacterial sexually transmitted infection (STI), >10 sex partners, methamphetamine or popper use, condomless anal intercourse with HIV-positive partners or partners of unknown HIV status, or commercial sex work

\*\* Based on OFM estimate of men ages 15-64 living in WA in 2016, multiplied by 4.3% to estimate the size of the MSM population who might be sexually active or have other high risk behaviors, excluding the estimated 10,200 MSM who are HIV-positive

\*\*\* Unpublished data collected by the 2017 PrEP Internet Survey were obtained from the UW Center for AIDS Research. April 12, 2017.

<sup>6</sup> Golden MR, Bennett AB, Dombrowski JC, Buskin SE. Achieving the Goals of the National HIV/AIDS Strategy: Declining HIV Diagnoses, Improving Clinical Outcomes, and Diminishing Racial/Ethnic Disparities in King County, WA (2004-2013). Sexually transmitted diseases 2016; 43:269-76. May 18, 2017

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## PATIENT PREFERENCE

- Data suggest that LGBTQ patients want to receive care from medical providers with specific competence in and commitment to the care of LGBTQ persons.
- In 2015, a team at UW conducted an online survey of almost 2,000 MSM in 7 U.S. states, including WA; 82% of MSM reported that they would want to receive medical care from an MSM specialty provider, and 49% indicated that they would change primary care providers to a MSM specialty provider were such a person available to them.

## PROPOSED OUTCOMES

- Gender of patients and their partners is collected, recorded and used to establish comprehensive approaches to meet health care needs of gender and sexual minorities.
- Web-based provider directories include information about providers with expertise and interest and expertise in
  - serving LGBTQ populations
  - prescribing PrEP
- Comprehensive training is available to health care professionals that focuses on health equity of gender and sexual minorities and improve providers' competencies in caring for LGBTQ persons.
- Care management tools are available that support adherence and improve provision of care that aligns with health equity recommended guidelines, clinical preventive services guidelines and recommendations, and clinical best practices.
- Evaluation of provider performance align with the National Quality Strategy and include quality measures aimed at providing quality care following health equity recommendations.
- Policies are implemented that support screening and treating people at risk for HIV or other sexually transmitted infection:
  - In emergency departments (HIV Post-exposure prophylaxis).
  - In laboratory settings, including specimens that are self-obtained.
- HIV and STD testing and screening benefits and coverage for at risk populations MSM align with Washington's *MSM STD Screening and PrEP Implementation Guidelines*. Access and coverage are not subject to purchaser or payer care and/or cost management techniques such as prior authorizations, frequency restrictions or limitations, or variable cost sharing practices.
- PrEP is affordable, considered an essential health benefit, and is offered as a "first dollar coverage" benefit. If "first dollar coverage" is not applicable, Washington develops a standardized formulary that is adhered to by all purchasers, payers, and pharmacy benefit managers. The formulary formalizes and describes standardized prescribing and treatment protocols and uniform coverage rates.