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Dr. Robert Bree Collaborative Background

The Dr. Robert Bree Collaborative was established in 2011 by Washington State House Bill 1311 “...to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State.” The Bree Collaborative was modeled after the Washington State Advanced Imaging Management (AIM) project and named in memory of Dr. Robert Bree, a pioneer in the imaging field and a key member of the AIM project.

Members are appointed by the Washington State Governor and include public health care purchasers for Washington State, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations. The Bree Collaborative is charged with identifying up to three health care services annually that have substantial variation in practice patterns, high utilization trends in Washington State, or patient safety issues. For each health care service, the Bree Collaborative identifies and recommends best-practice, evidence-based approaches that build upon existing efforts and quality improvement activities to decrease variation. In the bill, the legislature does not authorize agreements among competing health care providers or health carriers as to the price or specific level of reimbursement for health care services. Furthermore, it is not the intent of the legislature to mandate payment or coverage decisions by private health care purchasers or carriers.

See **Appendix A** for a list of current Bree Collaborative members.

Recommendations are sent to the Washington State Health Care Authority for review and approval. The Health Care Authority (HCA) oversees Washington State’s largest health care purchasers, Medicaid and the Public Employees Benefits Board Program, as well as other programs. The HCA uses the recommendations to guide state purchasing for these programs. The Bree Collaborative also strives to develop recommendations to improve patient health, health care service quality, and the affordability of health care for the private sector but does not have the authority to mandate implementation of recommendations.

For more information about the Bree Collaborative, please visit: www.breecollaborative.org.

Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care for people who identify as lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ). The Bree Collaborative elected to address this topic and a workgroup convened to develop recommendations from December 2017 to X.

See **Appendix B** for the LGBTQ Health Care workgroup charter and a list of members.

See **Appendix C** for results of the Guideline and Systematic Review Search Results.

Purpose Statement

Building a health care system that allows everyone to have a fair opportunity to be healthier is a goal across Washington State. Working toward greater health equity through focusing improvement activities on historically marginalized populations allows for targeted solutions to barriers to care and structural inequities.

Approximately 3.5% of Americans identify as lesbian, gay, or bisexual and 0.3% of American adults are transgender.¹ LGBTQ people share common challenges and have health care needs distinct from those who do not identify as LGBT.² While all people share baseline health care needs, the LGBTQ population is also at a higher risk for specific concerns.³ Those who identify as lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) are diverse and from many socioeconomic backgrounds, races, ethnicities, and cultures. Disparities can be magnified when LGBTQ persons are also part of a racial or ethnic minority, a fact important to policy initiatives and clinical care.⁴

LGBTQ persons have been shown to experience elevated rates of depression, sexual abuse, smoking, and other substance use.^{5,6} Lesbian women are less likely to undergo certain screening tests for cancer (e.g., mammography to test for breast cancer, papanicolaou (pap) test for cervical cancer) and both men and women in same sex relationships are less likely to report insurance coverage.⁷

Men who have sex with men (MSM) and transgender persons who have sex with men are at elevated risk for human immunodeficiency virus (HIV) and other sexually transmitted infections. LGBTQ youth have higher rates of sexually transmitted infections (e.g., gonorrhea, chlamydia) due to increased likelihood of engaging in high-risk sexual behaviors.⁸ The Centers for Disease Control and Prevention (CDC) estimate that gay and bisexual men made up 70% of new HIV infections in 2014, with higher rates among those aged 25-34 and Hispanic/Latino gay and bisexual men.⁹ In Washington State, over 20,000 people have been diagnosed with HIV since the first case with about 500 new cases per year from 2010 to 2014.¹⁰

Many who identify as LGBT may not be not comfortable or have difficulty disclosing sexual and gender orientation to their health care providers.¹¹ Assumptions and communication issues serve as a significant barrier to appropriate care.¹² Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care.¹³ LGBTQ people may also face access issues relating to health insurance coverage and policies that reinforce stigma among the health care system and across communities.

These recommendations seek to align care delivery with existing evidence-based, culturally sensitive standard of care for LGBTQ people in Washington State and decrease health disparities.

Recommendations

The workgroup aims to develop recommendations with a manageable scope that can be easily adopted by clinics, hospitals, health systems, and health plans. The workgroup also aims to base recommendations in a whole-person care framework, taking into consideration a person’s multiple individual factors that make up health, wellness, and experience (e.g., behavioral health, past trauma, race/ethnicity) in such a way that is not identity or diagnosis-limiting. Our recommendations are oriented mainly to primary care, and we also include language directed to hospital settings, health plans, health care purchasers, and patients themselves starting on page X.

We organize the recommendations under four focus areas with greater detail in the following sections as follows:

Focus Area	Specific Inclusions
Screening or Taking a Social History	<ul style="list-style-type: none"> • Gender identity, preferred pronouns, and chosen name • Social history using recommended minimum information with flexibility around language depending on patient population. <ul style="list-style-type: none"> ○ Sexual partners in last 12 months (e.g., men, women, both men and women) ○ Lifetime sexual partners. ○ Type of sex (e.g., oral, vaginal, anal). ○ History of sexually transmitted infections. • Screening for the following: <ul style="list-style-type: none"> ○ Behavioral health concerns including depression, suicidal ideation, and anxiety. ○ Intimate partner violence. ○ Tobacco use. ○ Alcohol and other drug use.
Appropriate Next Steps	<ul style="list-style-type: none"> • HIV Pre-Exposure Prophylaxis treatment based on appropriate demographics or referral network if unavailable onsite. • HIV treatment or referral network if unavailable onsite. • Appropriate cervical cancer screening and breast cancer screening for patients with cervical and breast tissue. • Appropriate community resources. • Hormonal therapy or referral network if unavailable onsite.
Communication and Language	<ul style="list-style-type: none"> • Appropriate pronouns and use of the patient’s chosen name. • Appropriate terms for family. • Support from electronic health record data.
Inclusive Environment	<ul style="list-style-type: none"> • Onsite access to gender neutral restrooms. • Staff use of preferred pronouns on badges. • Use of diverse representation onsite (e.g., images of same-sex families on hallway posters).

Specific Stakeholder Actions and Quality Improvement Strategies

Persons who identify as LGBTQ

- Make sure you can identify your primary care provider or family doctor.
- Talk to your health care providers about your gender identity, preferred pronouns, and chosen name. Using a Q card might help this conversation.
- Discuss your past sexual history including whether you have had sex with men, women, or both men and women in the last 12 months and if all past sexual partners have been men, women, or both men and women.
 - Also talk about the type of sex you have had with past sexual partners – including oral, vaginal, and/or anal sex.
- Talk to your provider about:
 - Any concerns that you might have about being down or depressed, especially if you have had thoughts of hurting yourself or others.
 - Your relationships with your partners including whether you have ever felt unsafe in the relationship(s) or experienced violence.
 - Any tobacco, alcohol, or drug use.
- Whether HIV Pre-Exposure Prophylaxis also known as PrEP might be right for you.
- How often to have regular cancer screenings.
- Connecting to community resources.
- How comfortable you feel in your provider's office including any feedback about access, staff use of appropriate pronouns and name(s), access to restroom facilities, and any other issues.

Primary Care Practices and Systems (including Primary Care Providers)

- **General**
 - Identify the patient's primary care provider and be sure the patient knows who this is.
- **Screening or Taking a Social History**
 - Ask about the patient's gender identity, preferred pronouns, and chosen name
 - Take a social history using minimum standards for information. The goal is that these standards will be flexible based on patient population. See examples on page X.
Routinely ask:
 - If patient has had sex with men, women, or both men and women in last 12 months.
 - If past sexual partners been men, women, or both men and women.
 - Ask about type of sex (e.g., oral, vaginal, anal).
 - Ask about previous sexually transmitted infection (STI) history or worry about having contracting an STI.
 - Screen for the following:
 - Behavioral health concerns including depression, suicidal ideation, and anxiety using a validated instrument (e.g., Patient Health Questionnaire 9 Item or 2 Item, Columbia Suicide Severity Scale, Generalized Anxiety Disorder 7-Item).

- Ideally behavioral health services should be integrated into primary care as outlined in the 2017 Behavioral Health Integration Report and Recommendations. If appropriate behavioral health services are not available onsite, develop a comprehensive referral network that includes providers specializing in issues specific to the LGBTQ population.
 - Intimate partner violence.
 - Tobacco use.
 - Alcohol and other drug use as outlined in the 2015 Addiction and Dependence Treatment Report and Recommendations following the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol.
- **Appropriate Next Steps**
 - Ensure that patients who are men who have sex with men or who are transgender persons who have sex with men know about PrEP.
 - Follow the Washington State Department of Health and Public Health Seattle and King County PrEP Implementation Guidelines for initiating PrEP in HIV-uninfected persons and discussing initiating PrEP.
 - If unable to provide PrEP onsite, develop a referral network to support the patient in finding accessible care.
 - For patients who are HIV positive, follow X guideline Treatment for patients who are HIV positive. If unable to provide appropriate HIV treatment onsite, develop a referral network to support the patient in finding accessible care.
 - Discuss regular, appropriate cervical cancer screening and breast cancer screening with patients with cervical and breast tissue.
 - Develop materials outlining appropriate community resources that may be applicable to your patient population.
 - City of Seattle LGBTQ Youth Resources: www.seattle.gov/Documents/Departments/SeattleLGBTCommission/documents/LGBTQYouthResourceList.pdf
 - Gay City: Seattle's LGBTQ Center www.gaycity.org/resources/
 - Ingersol Gender Center Transition Resources <https://ingersollgendercenter.org/resources/transition-resources>
 - Lambert House resource for queer youth www.lamberthouse.org/
 - The Rainbow Center LGBTQ resources in Tacoma, WA. www.rainbowcntr.org/
 - Seattle Counseling Service LGBTQ-focused community mental health agency www.seattlecounseling.org/history/
 - For patients wishing to access hormonal therapy, follow X guideline. If unable to provide appropriate hormonal therapy onsite, develop a referral network to support the patient in finding accessible care.

- **Communication and Language**
 - Configure your system’s electronic health record (EHR) to accurately reflect the appropriate pronouns and chosen name.
 - Use the patient’s appropriate pronouns.
 - Use the patient’s chosen name.
 - Use appropriate terms for family from the National LGBT Health Education Center Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients summarized in Appendix D.
- **Inclusive Environment**
 - Provide gender neutral restrooms within the facility.
 - Use staff preferred pronouns on badges or other visible areas.
 - Consider using representation of diverse patients, if applicable, within the facility (e.g., images of same-sex families on hallway posters).

Hospitals

- Train all staff about using patient’s appropriate pronouns and chosen name. Avoid titles such as “sir” or madam.”
- Educate staff about respectful behavior within restrooms (e.g., not questioning patients or other staff members who are not gender conforming).
- Configure your system’s electronic health record (EHR) to accurately reflect the appropriate pronouns and chosen name.
- Provide gender neutral restrooms within the facility.
- Use staff preferred pronouns on badges or other visible areas.
- Consider using representation of diverse patients, if applicable, within the facility (e.g., images of same-sex families on hallway posters).

Health Plans

- **Screening or Taking a Social History**
- **Appropriate Next Steps**
 - Referral network for PrEP
 - Referral network for HIV care
 - Referral network for hormonal therapy
- **Communication and Language**
 - Subscriber’s appropriate gender and chosen name.
- **Inclusive Environment**

Employers

- Recognize

Washington State Health Care Authority

- Promote

Table 1: Recommendations for LGBTQ-competent health care

Focus Area	Patient Perspective	Operational Details
Screening or Taking a Social History	<i>I am asked about my sexual history and behaviors in a non-judgmental way. I feel comfortable discussing my sexual partners and history and my gender identity with my provider and care team.</i>	<p>Current State:</p> <p>Intermediate Steps:</p> <p>Optimal Care:</p>
Appropriate Next Steps	<i>I am offered pre-exposure prophylaxis for HIV if appropriate. I fully understand PrEP, how to talk to my partner(s) about PrEP, and feel supported by my provider and care team. I have spoken about other next steps including appropriate cancer screenings, hormonal therapy, or other referrals.</i>	<p>Current State:</p> <p>Intermediate Steps:</p> <p>Optimal Care:</p>
Communication and Language	<i>Staff use appropriate</i>	<p>Current State:</p>

	<p><i>pronouns and my chosen name. I feel comfortable talking about my family and staff uses appropriate terms.</i></p>	<p>Intermediate Steps:</p> <p>Optimal Care:</p>
<p>Inclusive Environments</p>	<p><i>The clinic in which I receive care is welcoming, uses terms like partner, uses my preferred name, and accommodates my needs such as having bathrooms in which I feel comfortable.</i></p>	<p>Current State:</p> <p>Intermediate Steps:</p> <p>Optimal Care:</p>

Details on Focus Areas

Screening or Taking a Social History

The workgroup recommends minimum standards for information gathering in the primary care visit including gender identity, preferred pronouns, chosen name and taking a social or sexual history. As patient populations vary across the state, the workgroup does not recommend specific language but provides examples that meet the following minimum standards:

- Sexual partners in last 12 months (e.g., men, women, both men and women).
- Lifetime sexual partners.
- Type of sex (e.g., oral, vaginal, anal).
- History of sexually transmitted infections.

Example: Poteat and Radix in Bachman ed, STIs in HIV-Infected Adults and Special Populations. 2017.

- Tell me about your recent sexual relationships:
 - How many partners have you had in the last three months?
 - What are the genders of your partners?
- What kinds of sex are you having?
 - Which behaviors might expose you to others' fluid?
 - How do you protect yourself?
 - How often do you use barriers? Tell me about the times that you don't use barriers. Tell me about the times you do.

Example: National Coalition for Sexual Health. Asking Essential Health Questions. Available: <https://nationalcoalitionforsexualhealth.org>

- Have you been sexually active in the last year?
 - Yes
 - Do you have sex with men, women, or both?
 - In the past 12 months, how many sexual partners have you had?
 - No
 - Have you ever been sexually active?
 - Yes
 - Have you had sex with men, women, or both?
 - How many sexual partners have you had?
 - No – Continue with medical history

In 2016, the US Department of Health and Human Services added required questions on sexual orientation (i.e., lesbian or gay, straight, bisexual, something else, don't know, choose not to disclose) and gender identity (i.e., male, female, transgender male/female to male, transgender female/male to female, other, choose not to disclose) to the Uniform Data System.¹⁴ Surveys of patients being asked questions on their sexual orientation and gender identity report as acceptable and important for providers to know.^{15,16}

Behavioral health concerns including depression, suicidal ideation, and anxiety

Ideally behavioral health concerns will be addressed in primary care through integrated behavioral health diagnoses for whom accessing services through primary care would be appropriate as outlined in the 2017 Bree Collaborative [Behavioral Health Integration Report and Recommendations](#). High-quality behavioral health care should draw from trauma-informed care appropriate to an individual as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) [here](#). At a minimum, all patients should be screened for depression with Patient Health Questionnaire Nine Question (PHQ-9) including for suicidal ideation and anxiety with the Generalized Anxiety Disorder Seven Item (GAD-7). If the patient screens positive, a plan should be developed on the same day that includes continuous patient engagement in ways that are convenient for patients that may include a supported referral.

Intimate partner violence

The US Preventive Services Task Force recommends “*that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services.*”¹⁷ The workgroup recommends that all LGBTQ patients be screened for intimate partner violence. Many tools are available for use and the workgroup does not recommend a specific tool. Available tools include Hurt, Insult, Threaten, and Scream (HITS), the Woman Abuse Screening Tool (WAST), the Partner Violence Screen (PVS), and others.¹⁸

Tobacco use

All patients should be screened for tobacco use. If the patient screens positive, resources about quitting should be offered. The clinical pathway may follow the Agency for Healthcare Research and Quality’s [Treating Tobacco Use and Dependence](#).¹⁹

Alcohol and other drug use

The Bree Collaborative also developed [recommendations around integrating the Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) model into primary care, prenatal, and emergency room settings](#) in January 2014. The 2017 Behavioral Health Integration Report builds on and expands upon this previous Report. SBIRT is an evidence-based paradigm seeking to encourage health care providers to systematically “*identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.*”²⁰ The workgroup recommends that all patients be screened about alcohol and drug use with two single-item screeners, annually. If a patient screens positive for alcohol or drug use, the patient should be given a full Alcohol Use Disorders Test (AUDIT), Drug Abuse Screening Test (DAST), as appropriate through written self-report or verbally asked by medical assistant or nurse.

Appropriate Next Steps

The workgroup recommends clinically appropriate next steps based on risk profile obtained from screening or taking a social history.

For people who have receptive anal sex

The Centers for Disease Control and Prevention (CDC) developed clinical practice guidelines for HIV Pre Exposure Prophylaxis in 2014. However, many felt the language to be not specific enough when referring to patient populations to be easily implementable. The CDC guidelines are available [here](#). In 2015, the Washington State Department of Health and Public Health Seattle and King County developed PrEP Implementation Guidelines²¹ with more specific definitions that allow for easier adoption. The workgroup endorses these guidelines and recommends their use across Washington State. The guidelines are available [here](#).

More information from King County [here](#).

Information on the Washington State Department of Health Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) [here](#).

Resources for referrals if unable to provide onsite:

- Please PrEP Me. For patients looking for HIV pre-exposure prophylaxis www.pleaseprepme.org/#

For people with cervical or breast tissue

Due to women who have sex with women being less likely to undergo screening tests for breast and cervical cancer, the workgroup felt it important to call out the United States Preventive Services Task Force (USPSTF) recommendations as follows:

USPSTF recommends “biennial screening mammography for women 50-74 years” but “against teaching breast self-examination.”²² More information [here](#).

The USPSTF is currently updating recommendations on screening for cervical cancer. In 2011 the Task Force recommend “screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.”²³ More information [here](#).

HIV treatment or referral network if unavailable onsite

The workgroup also reviewed the 2016 United Kingdom national guideline on the sexual health care of men who have sex with men. This guideline is meant for providers operating within the National Health Service and is not completely applicable to the United States health care system, but offers a good summary of recommendations around: history taking, identification of problematic recreational drug and alcohol use, STI and HIV testing in asymptomatic MSM, the management of MSM with symptoms of sexually transmissible enteritis and proctitis, HPV infection and anal dysplasia in MSM, partner notification and MSM, STI and HIV prevention for MSM in the clinic, and sexual problems and dysfunctions in MSM, that may not be covered in these recommendations.²⁴

Appropriate community resources

Many community resources exist for those who identify as LGBTQ in Washington State or that are available online. The workgroup recommends that practices **develop materials outlining appropriate community resources that may be applicable to the patient population. Examples of resources include:**

- **City of Seattle LGBTQ Youth Resources:**
www.seattle.gov/Documents/Departments/SeattleLGBTCommission/documents/LGBTQYouthResourceList.pdf
- **Gay City: Seattle's LGBTQ Center** www.gaycity.org/resources/
- **Ingersoll Gender Center Transition Resources**
<https://ingersollgendercenter.org/resources/transition-resources>
- **Lambert House resource for queer youth** www.lamberthouse.org/
- **The Rainbow Center LGBTQ resources in Tacoma, WA.** www.rainbowcntr.org/
- **Seattle Counseling Service LGBTQ-focused community mental health agency**
www.seattlecounseling.org/history/

Hormonal therapy or referral network if unavailable onsite

Resources for referrals

- **Ingersoll Gender Center health care providers:**
<https://ingersollgendercenter.org/providers>

Communication and Language

Staff and clinics should work to create a welcoming environment using appropriate pronouns, the patient's chosen name, and appropriate terms for family with support from electronic health record data. The workgroup recommends following the National LGBT Health Education Center Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients as summarized in **Appendix D**.

Support from electronic health record data

Inclusive Environments

Building an inclusive environment starts with staff training and language and extends to the physical space of the clinic and exam rooms. Many of the national guidelines outlining recommended changes are included in **Appendix E: Crosswalk of Reviewed Guidelines**. At a minimum, the workgroup recommends:

- Onsite access to gender neutral restrooms
- Staff use of preferred pronouns on badges
- Use of diverse representation onsite (e.g., images of same-sex families on hallway posters)

Other Work in Washington State

The End AIDS Washington campaign is administered by the Washington State Department of Health and is a “*collaboration of community-based organizations, government agencies and educational and research institutions working together to reduce new infections in Washington by 50% by 2020.*”²⁵ The campaign started on world AIDS day December 2014 from Governor Inslee’s proclamation.

Recommendations were developed by a steering committee, available [here](#), with 11 goals including to:

1. Identify and reduce HIV stigma
 2. Reduce HIV-related disparities
 3. Implement routine HIV testing
 4. Increase access to pre-exposure prophylaxis (PrEP)
 5. Create health care that meets the needs of sexual minorities
 6. Improve HIV prevention and care for substance users
 7. Remove barriers to insurance and increase health care affordability
 8. Increase access to safe, stable, and affordable housing
 9. Deliver whole-person health care to PLWH
 10. Launch Healthier Washington for Youth
 11. Include meaningful community engagement and empowerment
- End AIDS Washington information available [here](#).
 - More information from the Department of Health [here](#).

Measurement

[Healthy People 2020](#) includes two Lesbian, Gay, Bisexual, and Transgender Health related metrics:

- Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, bisexual, and transgender populations
- Increase the number of states, territories, and the District of Columbia that include questions that identify sexual orientation and gender identity on state level surveys or data systems

Additionally, Healthy People 2020 acknowledges intersections with other topic areas including: breast cancer screening, bullying among adolescents, cervical cancer screening, condom use, educational achievement, health insurance coverage, HIV testing, illicit drug use, mental health and mental illness, nutrition and weight status, tobacco use, and [having a] usual source of care.

Appendix A: Bree Collaborative Members

Member	Title	Organization
Susie Dade MS	Deputy Director	Washington Health Alliance
John Espinola MD, MPH	Executive Vice President, Health Care Services	Premera Blue Cross
Gary Franklin MD, MPH	Medical Director	Washington State Department of Labor and Industries
Stuart Freed MD	Chief Medical Officer	Confluence Health
Richard Goss MD	Medical Director	Harborview Medical Center – University of Washington
Jennifer Graves, RN, MS	Senior Vice President, Patient Safety	Washington State Hospital Association
Christopher Kodama MD	President, MultiCare Connected Care	MultiCare Health System
Daniel Lessler MD, MHA	Chief Medical Officer	Washington State Health Care Authority
Paula Lozano MD, MPH	Associate Medical Director, Research and Translation	Kaiser Permanente
Wm. Richard Ludwig MD	Chief Medical Officer, Accountable Care Organization	Providence Health and Services
Greg Marchand	Director, Benefits & Policy and Strategy	The Boeing Company
Robert Mecklenburg MD	Medical Director, Center for Health Care Solutions	Virginia Mason Medical Center
Kimberly Moore MD	Associate Chief Medical Officer	Franciscan Health System
Carl Olden MD	Family Physician	Pacific Crest Family Medicine, Yakima
Mary Kay O’Neill MD, MBA	Partner	Mercer
John Robinson MD, SM	Chief Medical Officer	First Choice Health
Terry Rogers MD (Vice Chair)	Chief Executive Officer	Foundation for Health Care Quality
Jeanne Rupert DO, PhD	Family Physician	One Medical
Kerry Schaefer	Strategic Planner for Employee Health	King County
Bruce Smith MD	Medical Director	Regence Blue Shield
Lani Spencer RN, MHA	Vice President, Health Care Management Services	Amerigroup
Hugh Straley MD (Chair)	Retired	Medical Director, Group Health Cooperative; President, Group Health Physicians
Shawn West MD	Family Physician	Edmonds Family Medicine

Appendix B: LGBTQ Health Care Charter and Roster

Problem Statement

Approximately 3.5% of Americans identify as lesbian, gay, or bisexual and 0.3% of American adults are transgender.ⁱ Persons in these populations have distinct healthcare needs.ⁱⁱ 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. Additionally, lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) persons can experience elevated rates of depression, sexual abuse, smoking, and other substance use.^{iii,iv} Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care.^v

Aim

To align care delivery with existing evidence-based, culturally sensitive standard of care for LGBTQ people in Washington State and decrease health disparities.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Age-appropriate screening and standard questions for clinicians to ask all patients about sexual behaviors, sexual orientation, and gender identity, with responses documented in structured health records.
- An inventory of health equity practices and competencies that improve care of sexual and gender minorities including around intersections of race, class, and other identities.
- Protocols, policies, and practices to improve the effectiveness and experience of health care services, and receipt of preventive services (e.g., appropriate cervical cancer screening), particular to LGBTQ patients.
- Implementation of guidelines to diagnose, prevent, and treat sexually transmitted diseases based on risk (e.g., screening men who have sex with men and transwomen who have sex with men, offering HIV pre-exposure prophylaxis (PrEP)) including for health care organizations, purchasers, payers, and medical professionals.
- Indicators and outcomes that health care organizations should monitor to evaluate success in improving the delivery and experience of healthcare services by LGBTQ patients.
- Implementation pathway(s) with metrics to monitor adoption and patient outcomes.
- Identifying other areas of focus or modifying areas, as needed.

Duties & Functions

The LGBTQ Health Care workgroup will:

- Develop a scope of work to bring to and be approved by the full Bree Collaborative.
- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).

ⁱ Gates G. How many people are lesbian, gay, bisexual, and transgender? The Williams Institute University of California, Los Angeles. April 2011. Available: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>

ⁱⁱ 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.

ⁱⁱⁱ Russell ST, Fish JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. Annu Rev Clin Psychol. 2016 Mar 28; 12: 465–487.

^{iv} Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and Gender Minority Health: What We Know and What Needs to Be Done. American Journal of Public Health. 2008;98(6):989-995.

^v Whitehead J, Shaver J, Stephenson R. Outness, Stigma, and Primary Health Care Utilization among Rural LGBT Populations. Newman PA, ed. PLoS ONE. 2016;11(1):e0146139.

- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair.

The chair of the workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative program director will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

Name	Title	Organization
Dan Lessler, MD, MHA (Chair)	Chief Medical Officer	Washington State Health Care Authority
Olivia Arakawa, MSN, CNM, ARNP, RN	Parent Advocate	
Scott Bertani	Director of Policy	Lifelong AIDS Alliance
Kathy Brown, MD	HIV and PrEP Medical Director	Kaiser Permanente
LuAnn Chen, MD, MHA, FAAFP	Medical Director	Community Health Plan of Washington
Michael Garrett, MS, CCM, CVE, NCP	Principal	Mercer
Chris Gaynor, MD, MA, FAAFP	Family Practice Clinician	Capitol Hill Medical
Matthew Golden, MD	Professor of Medicine/ Director, HIV/STD Program	University of Washington/ Public Health – Seattle & King County
Kevin Hatfield, MD	Family Practice Clinician	The Polyclinic
Corinne Heinen, MD	Physician Lead, UW Transgender Clinical Pathway	Department of Internal Medicine, Allergy & Infectious Disease University of Washington
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Appendix C: Guideline and Systematic Review Search Results

Source	Guidelines or Systematic Reviews
AHRQ: Research Findings and Reports	Improving Cultural Competence to Reduce Health Disparities (2016)
Cochrane Collection	Multi-media social marketing campaigns to increase HIV testing uptake among men who have sex with men and transgender women (2011) Behavioral interventions to reduce HIV transmission among sex workers and their clients in high-income countries (2011) Behavioral interventions can reduce unprotected sex among men who have sex with men (MSM) (2008)
Specialty Society Guidelines (via Guideline Clearinghouse including Choosing Wisely)	U.S. Preventive Services Task Force: Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women (2015) International Association of Providers of AIDS Care: IAPAC guidelines for optimizing the HIV care continuum for adults and adolescents (2015) U.S. Preventive Services Task Force: Screening for suicide risk in adolescents, adults, and older adults in primary care (2014) Health Care for the Homeless (HCH) Clinician's Network: Adapting your practice: treatment and recommendations for unstably housed patients with HIV/AIDS (2013) Society of Obstetricians and Gynaecologists of Canada: Female sexual health consensus clinical guidelines (2012) British Association for Sexual Health and HIV: United Kingdom national guideline for gonorrhoea testing 2012 (2012) New York State Department of Health: Care of the HIV-infected transgender patient (2012)
Health Technology Assessment Program	n/a
Center for Disease Control and Prevention	Lesbian, Gay, Bisexual, and Transgender Health
Institute for Clinical and Economic Review	n/a
BMJ Clinical Evidence Systematic Overview	HIV: primary and secondary prophylaxis for opportunistic infections (2010)
Veterans Administration Evidence-based Synthesis Program	Do have general guidelines for suicide prevention, adult mental health, and health disparities among adults with mental illness that cite studies including lesbian and gay participants. Not specific.

See additional guidelines in Appendix E.

Appendix D: Inclusive Family Language

Source: National LGBT Health Education Center. The Fenway Center. Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients

Old Language	Recommended update
Mother/Father	Parent(s)/Guardian(s)
Husband/Wife	Spouse/Partner(s)
Marital Status	Relationship Status: Single; Married; Partnered; Separated; Divorced; Widowed; Other
Living Arrangement	Alone; Spouse/Partner(s); Child(ren); Sibling; Parent(s)/Guardian(s); Group setting; Personal care attendant; Other
Sex/Gender: Male or Female	What is your current gender identity: Male; Female; Transgender Male/Transgender Man/ Female-to-Male (FTM); Transgender Female/Transgender Woman/Male-to-Female (MTF); Genderqueer – neither exclusively male nor female; Other; Choose not to disclose. What sex were you assigned at birth on your original birth certificate: Male, Female, Choose not to disclose
Sexual Orientation	Do you think of yourself as: Straight or heterosexual; Lesbian, gay, or homosexual; Bisexual; Something Else; Don't Know; Choose not to disclose.
Family History	Use “Blood relative” in questions.
Nursing Mother	Currently nursing. This wording is inclusive of those who do not identify as a mother (or a woman), but who are currently nursing to be included in this response.
Female Only/Male Only	Remove sex-specific language and include “Not applicable” as a response option.

Appendix E: Crosswalk of Reviewed Guidelines

	Type	Topics Addressed	Details
<p>Guidelines for care of lesbian, gay, bisexual, and transgender patients 2005</p> <p>Gay and Lesbian Medical Association www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf</p>	<p>Clinical guidelines Structural guidelines</p>	<p>Health system environment Lesbians/bisexual women Gay/bisexual men</p>	<ul style="list-style-type: none"> • Create a welcoming environment • Caring for lesbians and bisexual women: additional considerations for clinicians • Caring for gay and bisexual men: additional considerations for clinicians
<p>Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records 2016</p> <p>National LGBT Health Education Center (Fenway) www.lgbthealtheducation.org/wp-content/uploads/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-EHRs-2016.pdf</p>	<p>Implementation guide</p>	<p>Electronic health records</p>	<ul style="list-style-type: none"> • Includes recommended questions (sexual orientation, gender identity, name, pronouns) • Workflows for collecting data • Training staff
<p>Resource Guide — Advancing Health Equity through Gender Affirming Health Systems 2017</p> <p>Cardea www.cardeaservices.org/literature_195482/Advancing_Health_Equity_through_Gender_Affirming_Health_Systems</p>	<p>Tools for implementing gender affirming health systems</p>	<p>Health system environment</p>	<ul style="list-style-type: none"> • Organizational Assessment for staff member (organizational values, governance, planning and monitoring/evaluation, communication, staff and provider development, organizational infrastructure, services) and community member • Glossary of terms
<p>2016 United Kingdom national guideline on the sexual health care of men who have sex with men 2016</p>	<p>Clinical guidelines</p>	<p>Men who have sex with men</p>	<ul style="list-style-type: none"> • History taking • Identification of problematic recreational drug and alcohol use • STI and HIV testing in asymptomatic MSM • The management of MSM with symptoms of sexually transmissible enteritis and proctitis • HPV infection and anal dysplasia in MSM • Partner notification and MSM • STI and HIV prevention for MSM in the clinic

			<ul style="list-style-type: none"> • Sexual problems and dysfunctions in MSM
<p>Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community 2011</p> <p>The Joint Commission www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf</p>	<ul style="list-style-type: none"> • Clinical guidelines • Structural guidelines • Change management • Tools (checklists) 	Organizational leadership Health system environment	<ul style="list-style-type: none"> • Leadership • Provision of Care, Treatment, and Services • Workforce • Data Collection and Use • Patient, Family, and Community Engagement
<p>Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients 2017</p> <p>National LGBT Health Education Center (Fenway) www.lgbthealtheducation.org/wp-content/uploads/2017/08/Forms-and-Policy-Brief.pdf</p>	Structural guidelines	Health system environment	<ul style="list-style-type: none"> • Discrimination and employment policies should include the terms “sexual orientation,” “gender identity,” and “gender expression.” • Collecting data • Taking routine sexual history • Reviewing organizational language • Recommended language for family members
<p>Asking Essential Sexual Health Questions</p> <p>National Coalition for Sexual Health https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/asset/Asking-Essential-Sexual-Health-Questions.pdf</p>	Clinical guidelines	All patients	<ul style="list-style-type: none"> • Adults: Essential questions to ask at least annually • Adults: Essential questions to ask at least once • Adolescents: Essential questions to ask at least annually • Additional questions to ask adolescents and adults
<p>Pre-Exposure Prophylaxis (PrEP) Implementation Guidelines 2015 2015</p> <p>Washington State Department of Health and Public Health Seattle King County</p>	Clinical guidelines	Men who have sex with men Transgender persons who have sex with men	<ul style="list-style-type: none"> • Identifying persons in whom to consider PrEP • Guidelines for initiating PrEP in HIV-uninfected persons: <ul style="list-style-type: none"> ○ Medical providers should recommend that patients initiate PrEP if they meet the following criteria ○ Medical providers should discuss initiating PrEP with patients who have any of the following risks

<p>HIV testing and STD screening recommendations for men who have sex with men (MSM) 2017 King County</p>	<p>Clinical guidelines</p>	<p>Men who have sex with men</p>	<ul style="list-style-type: none"> • Sexual history • HIV and STD screening
<p>Health Care for Transgender Individuals Committee Opinion 2011 American College of Obstetricians and Gynecologists</p>	<p>Clinical guidelines</p>	<p>Female to male transgender individuals Male to female transgender individuals</p>	<ul style="list-style-type: none"> • Creating a welcoming environment • Hormones, surgery, screening (e.g., cancer) for: <ul style="list-style-type: none"> ○ Female to male transgender individuals ○ Male to female transgender individuals
<p>Supporting and Caring for Transgender Children 2016 Human Rights Campaign American College of Osteopathic physicians American Academy of Pediatrics</p>	<p>Background information</p>	<p>Transgender children Parents of transgender children</p>	<ul style="list-style-type: none"> • Defining terms • Review of policy debate
<p>Providing Affirmative Care for Patients with Non-binary Gender Identities 2017 National LGBT Health Education Center (Fenway) https://www.lgbthealtheducation.org/wp-content/uploads/2017/02/Providing-Affirmative-Care-for-People-with-Non-Binary-Gender-Identities.pdf</p>	<p>Structural guidelines Clinical guidelines</p>	<p>Health system environment Transgender and gender non-conforming people</p>	<ul style="list-style-type: none"> • Understanding Non-binary Gender Identities • Glossary • Using Names and Pronouns • Barriers to care • Case scenarios • Best Practices: Creating an affirming environment for non-binary people
<p>Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff 2016</p>	<p>Structural guidelines Clinical guidelines</p>	<p>Health system environment Health system environment Transgender and gender non-conforming people</p>	<ul style="list-style-type: none"> • Training guidance • Background on transgender and gender non-conforming people • Clinical changes for addressing patients, using names and pronouns, if record name and sex do not match, apologizing for mistakes, respectful workplace culture

<p>National LGBT Health Education Center (Fenway)</p>			
<p>Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People 2016 Center of Excellence for Transgender Health Department of Family & Community Medicine University of California, San Francisco</p>	<p>Structural guidelines Clinical guidelines</p>	<p>Health system environment Transgender and gender non-conforming people</p>	<ul style="list-style-type: none"> • Creating safe and welcoming clinical environment • Physical examination (e.g., pelvic exam) • Gender-affirming treatments and procedures • Hormone therapy • Pelvic pain (e.g., menses, testicular pain) • Gender non-conforming people • Diabetes • Bone health and osteoporosis • HIV • Hepatitis C • Other STIs • Silicone and hair removal • Fertility • Cancer screening • Behavioral health • Surgery
<p>Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People The World Professional Association for Transgender Health</p>	<p>Clinical guidelines</p>	<p>Transgender and gender non-conforming people</p>	<ul style="list-style-type: none"> • Definitions • Overview of Therapeutic Approaches for Gender Dysphoria • Assessment and Treatment of Children and Adolescents with Gender Dysphoria • Mental Health • Hormone Therapy • Reproductive Health • Voice and Communication Therapy • Surgery • Postoperative Care and Follow-Up • Lifelong Preventive and Primary Care

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