
Bree Collaborative | LGBTQ Health Care Workgroup

January 3rd, 2018 | 3:00-4:30

Foundation for Health Care Quality

705 2nd Avenue, Suite 410 | Seattle, WA 98104

Members Present

Olivia Arakawa, MSN, CNM, ARNP, RN, Patient Advocate, Kaiser Permanente
Scott Bertani,* Lifelong AIDS Alliance
LuAnn Chen, MD, MHA, FAAFP, Community Health Plan of Washington
Christopher Gaynor,* MD, MA, FAAFP Capitol
Matthew Golden, MD, University of Washington/Public Health – Seattle & King County

Kevin Hatfield, MD, The Polyclinic
Corinne Heinen, MD, Department of Internal Medicine, Allergy & Infectious Disease University of Washington
Tamara Jones, Department of Health
Dan Lessler, MD, MHA, Health Care Authority (Chair)

Staff and Members of the Public

Ginny Weir, MPH, Bree Collaborative
Kristen Tjaden, Viiv Healthcare

Emily Wittenhagen, Bree Collaborative

* By phone/web conference

WELCOME AND INTRODUCTIONS

Dan Lessler, MD, MHA (Chair) and Ginny Weir, MPH, Bree Collaborative opened the meeting and those present introduced themselves.

PRELIMINARY SCOPE OF WORK

The group went over the revised charter and purpose and discussed:

- Incorporating acknowledgment of intersectional populations (e.g., racial minorities in the LGBTQ population)
- Whether or not to aim to be narrower in scope RE: 1st and 3rd bullet of purpose statement.
- Prevention and screening as an ever-moving target that are also often the same across all populations/those outside of LGBTQ.
- Being inclusive of transgender, bisexual, and non-monogamous people and behaviors. People who engage in “consensual anal receptive intercourse” is a general term.
- The difficulties of EPIC in terms of entering relevant information for sexual and social history queries.
- The role of the SOGI model and the goal of making data structures, queryable, and retrievable.
- Reviewing the scope of the Bree as dictated by the state, which began as a body for making recommendations and has expanded to include some degree of monitoring for implementation, though this piece is not comprehensive.
- Looking at approaching systems/organizations around the state once recommendations are made to see the recommendations actualized and possibly identifying certain metrics that payers could use to monitor the success.
- The step-wise approach that’s been used with previous recommendations, which this group could consider using.
- Calling out an implementation plan in the charter.

- Gathering patient perspectives to get an idea of their needs and wants.
- Whether there are organizations we want to see at the table, such as MultiCare and Providence.
- Tamara Jones, Department of Health Hill Medical, spoke about End AIDS Washington, where she's a Policy Director, whose mission is to reduce rate of infections in WA state by 50% by 2020. Ms. Jones discussed her work with EAW within the DOH, where current goals are whole-person care related and the role of HPSG, who are advisory to the office of infectious disease.
- Ms. Weir presented past recommendations including step-wise approaches to give the group an idea of the framework this group's recommendations could follow.
- Figuring out focus areas – right now there is communication and prevention.
- There was curiosity about whether it's possible to make the recommendations a living document. As recommendations are revisited every three years, rather than being designed as a living document, the best option seems to link to outside items that are living documents.
- Helping patients feel comfortable sharing their relevant personal information, as well as helping providers make patients feel comfortable, respected, and not judged.
- The use of a patient's legal names rather than their preferred name, and the system's lack of putting preferred names on paperwork and other materials like wrist bands, which is particularly problematic for those who have transitioned and/or taken on a new preferred name.
- Ms. Weir encouraged the group to share guidelines/articles the group would benefit from reviewing.
- Reaching out to Ken Mayer at Fenway Community Health Center in Boston's Harvard School of Public Health, which has a great model, to potentially address the group.

Action Item: The group will reach out to some/all of the following for potential representation at future meetings: Providence, Lilly Clinic (St. Peter's), One Medical, Valley Medical, MultiCare, Franciscan, Planned Parenthood, the VA, and United.

Action Item: Ginny to share a patient perspective example.

NEXT STEPS AND PUBLIC COMMENTS

Dr. Lessler and Ms. Weir thanked all for attending and asked for final comments and public comments. The meeting adjourned.