
Bree Collaborative | LGBTQ Health Care Workgroup

February 14th, 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
Kathy Brown, MD, Kaiser Permanente
Christopher Gaynor, MD, MA, FAAFP Capitol
Matthew Golden, MD, University of Washington/Public Health – Seattle & King County

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)
Kevin Wang, MD, Swedish Family Medicine

Staff and Members of the Public

Cameron Haas, University of Washington
Cooper Stodden, Cardea
Kristen Tjaden, Viiv Healthcare

Ginny Weir, MPH, Bree Collaborative
Emily Wittenhagen, Bree Collaborative
Amy Zern, Kaiser Permanente

* By phone/web conference

CHAIR REPORT AND APPROVAL OF JANUARY 3RD, 2018 MINUTES

Dan Lessler, MD, MHA (Chair) and Ginny Weir, MPH, Bree Collaborative opened the meeting and those present introduced themselves. A motion was made to approve the minutes from the previous meeting. There was one change – removing “Hill Medical” from third bullet on page 2.

Motion: Approve 1/3/2018 Minutes.

Outcome: Passed with unanimous support, with change noted above.

DEFINING SCOPE OF WORK

Ms. Weir presented the latest charter and spoke about the goal of defining the group’s scope to be measurable, actionable, feasible, and impactful, and the group discussed:

- The [2016 \[2018\] United Kingdom National Guideline on the Sexual Health of Men Who Have Sex with Men](#) that was recently published.
- Employing whole-person health practices and looking beyond stereotypes to care for the whole person first, avoiding discrimination in aspects of care like intake – ie not immediately screening for STIs or assuming drug use.
- Appropriately assessing risk through all social determinants of health, in order of risk.
- Bridging the gap with the recommendations between making a unique offering to address associated health risks and elevating whole-person care.
- Being aware of mental health risks and addressing them appropriately.
- Addressing the barriers of implementing system level change through EMRs by making appropriate queryable fields in EPIC, etc, and a new EPIC upgrade that will incorporate SOGI (Sexual Orientation and Gender Identification) data. While Bree cannot make this kind of

change, it can work with partners to address this piece. We will want to compile a list of priorities of queriable fields to incorporate into EMRs like preferred pronouns, preferred names, legal names, natal gender, and broader sexual history and activity screening.

BUILDING OUT RECOMMENDATIONS

The group looked at the existing problem statement and recommendations draft and discussed:

- Guidelines that exist for reference and possible endorsement, including the new UK guideline and other local guidelines (*see*: Action Items).
- Assuring that reported information doesn't lead to any adverse treatment.
- The likelihood of the recommendations this group makes being referencing in other settings nationally and possibly internationally, as we are referencing others' guidelines.
- The power of Meaningful Use Regulations to impact systems change.
- Changes outside of the healthcare setting that may help drive the conversation from patients to providers.
- Whether there's any anticipated potential pushback from religious or other organizations.
- Being cognizant of rural and outpatient healthcare settings and addressing access issues that led some to travel several hours to see providers, with use of telehealth, a virtual referral network, and possibly increased education/training for areas that are struggling to meet patient needs for LGBTQ populations.
- Fear around providing trans-affirming care, particularly outside of urban settings.
- Determining a base level of provider training necessary to adequately treat these populations.
- Building this type of training/awareness into medical curriculums – about ¾ of those medical schools queried in one case rated their training in LGBTQ healthcare as fair to poor.
- Being inclusive of all providers like specialists as well as university leaders.
- Outdated cultural competency and LGBTQ training that exists for providers, and addressing this from a legislative standpoint.
- Utilizing Kaiser and Cardea training tools, as well as looking to Fenway and others.
- Reaching out to Karen Frederick-Goldsen for training specific to aging LGBTQ populations.
- Recapping systems level change priorities:
 - Non-binary EMR
 - Dissolving barriers to enter health systems (eg for transgender youth)
 - Increased HIPAA training with regard to appropriate language (HIPAA violations like misgendering, misnaming, etc).

Action Item: Matthew Golden MD, University of Washington/Public Health – Seattle & King County, to share full text of United Kingdom National Guideline on the Sexual Health of Men Who Have Sex with Men, as well as other more local guidelines that exist.

Action Item: Amy Zern, Kaiser Permanente, to share guideline from Dr. Fields as well as Kaiser training tools.

Action Item: Corinne Heinen, MD, Department of Internal Medicine, Allergy & Infectious Disease, to share Cardea training tools as well as contact info for Karen Frederick-Goldsen.

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.