
Bree Collaborative | LGBTQ Health Care Workgroup

March 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
Michael Garrett, MS, CCM, CVE, NCP, Mercer
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

Kelsen Caldwell, Public Health – Seattle & King County, NHBS
Kristen Tjaden*, Viiv Healthcare
* By phone/web conference

Ginny Weir, MPH, Bree Collaborative
Alicia Parris, Bree Collaborative

CHAIR REPORT AND APPROVAL OF 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.

Motion: Approve 2/14/2018 Minutes.

Outcome: Passed with unanimous support

PRESENTATION ON THE NATIONAL HIV BEHAVIORAL SURVEILLANCE PROJECT

Kelsen Caldwell, Public Health – Seattle & King County, NHBS spoke about the National HIV Behavioral Surveillance project:

- Overview of the program, its goals, and current status of the project
 - Data on trans women population that is typically neglected in HIV surveys
 - Understanding HIV risks to trans women and barriers to care
- Invitation for members of workgroup to submit to interviews if they see a large number of patients that are trans women
- Kelsen Caldwell handed out recruitment materials to interested members to place in their facilities
- Current challenges facing the project
 - Finding a safe location to conduct surveys
 - Maintaining integrity of data

CREATING AN INCLUSIVE ENVIRONMENT

Ginny Weir, Bree Collaborative, MPH, asked for comments on the reading materials [Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients](#) and the group discussed:

- The use of the “Recommended Update” to language with reference to family

- Making space on forms for Inclusion of family beyond biological or legal roles
- How the use of “sexual orientation” on a form may be misleading since it may not provide accurate information providers are seeking
 - Question provides information on identity and not behavior
- Incorporating sexual history questions on a registration form may be off-putting
 - Promoting use of self-administered data collection
- Possibility of forms pointing provider in the wrong direction in terms of preferred pronouns or gender identity
 - Kevin Wang, MD, Swedish Family Medicine, explained the use in his clinic of the cue card method to prevent misgendering
 - Cards are placed at the front desk that patients voluntarily fill out with their name and preferred pronouns
 - Could be made an easily available online resource for health care providers

DEFINING SCOPE AND FOCUS AREAS

The workgroup reviewed [Asking Essential Sexual Health Questions](#) and discussed:

- Making both recommendations for both written (questionnaires) and verbal (in-person) conversations
 - Verbal conversation allows for more open ended questioning
- The group will be making minimum standards for a sexual history survey
- Not asking binary gender questions
- Including a gender component in sexual history questions can add to complexity and confusion
 - Rather than gender identification, using anatomical language to identify both the patient and their sexual partner(s)

Action Item: Group will send their recommendations of best language used/heard by them in sexual history queries

- Group debated whether making recommendations to ask about general sexual health concerns is included in the scope of the charter
 - May reduce the stigma of talking to a healthcare provider about sex
 - May go beyond the scope of the charter
- Including intimate partner violence in questions

Reviewed King County’s [Pre-Exposure Prophylaxis \(PrEP\) Implementation Guidelines 2015](#) and [HIV testing and STD screening recommendations for MSM](#) and the group discussed:

- Number of sex partners within an agreed upon framework should mandate testing
- Patients with greater than 10 sex partners in a year should be tested every 3 months
- Asking sexual history questions regardless of relationship status
- Kiosk use for sensitive questions
- Inclusion of substance abuse screenings
 - Specifically meth, alkyl nitrate use for MSM
 - Independent risk factors for HIV acquisition
 - Separate questions for the separate substances, not a combined question
- Whether to endorse existing recommendations (King County or CDC)
 - King County guidelines are more explicit than CDC
 - CDC guideless do not include guidelines that specify whether partner is virologically suppressed

- Need to frame recommendations as more specific implementation of, rather than divergence from, CDC recommendations
- Medical databases as a barrier
 - Responses would need to be built into databases
 - Whether SOJI questions will be built into future EMRs
- Possible barriers in the health plan systems
 - Mismatches to natal gender with current health needs
 - Access to medical providers that can provide transition procedures
 - Viewing transition procedures as life-saving procedures
 - Including language directed at health plan providers to accommodate trans patients

Action Item: Ginny Weir will bring a draft of the sexual health/history screening

- Gap in recommendations for women who have sex with women
- Possible health risks for WSW and bisexual women
 - Missed pap smears
 - Substance abuse
 - Sexual network that includes MSM that may expose them to greater risks
 - Overweight and obesity
- The group will discuss recommendations for WSW and bisexual women at a later date

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.