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## Bree Collaborative | Reproductive and Sexual Health Workgroup

February 5<sup>th</sup>, 2020 | 2:00 – 3:30

Foundation for Health Care Quality

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

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### MEMBERS PRESENT

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Charissa Fotinos, MD, (Chair) Deputy Chief Medical Officer, Washington State Health Care Authority	Manager, Washington Department of Health
Heather Maisen, MPH, MSW, Family Planning Program Manager, Seattle King County Public Health	Angela Chen,* MD, Obstetrics and Gynecology, EvergreenHealth
Adrienne Moore,* Deputy Director of Quality Improvement, Upstream	Mandy Weeks-Green,* Senior Health Policy Analyst, Officer of the Insurance Commissioner
Janet Cady,* ARNP, Medical Director of School Based Program, Neighborcare	Giselle Zapata-Garcia,* Co-Director, Latinos Promoting Good Health; Executive Committee Co-Chair, Latinx Health Board
Cynthia Harris,* Family Planning Program	Claire Tierney, Healthy Relationships Program Manager, ARC of King County

### STAFF AND MEMBERS OF THE PUBLIC

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Ginny Weir, MPH, Bree Collaborative	Division of Adolescent Medicine Seattle Children's Hospital
Amy Etzel, Bree Collaborative	Ivanova Smith,* Self-Advocate Faculty, University of Washington LEND Program
Alex Kushner, Bree Collaborative	
Cara Bilodeau, Public Policy Manager, Upstream	
Yolanda Evans,* MD, MPH, Clinical Director,	

\* By phone/web conference

### CHAIR REPORT AND APPROVAL OF MINUTES

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Charissa Fotinos, MD, Washington State Health Care Authority, and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

*Motion:* Approval of January 8<sup>th</sup> Minutes

*Outcome:* Approved unanimously with two noted changes

### CHARTER DISCUSSION

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Ms. Weir told the group that the meeting's goal would be to finalize the charter. She began reviewing the changes that were made since the last workgroup.

- The Aim section was changed to be more inclusive, as discussed last time.

The Purpose section was reviewed:

- A member asked if adolescents and minors should be included in the first bullet of the purpose section. The group agreed that the recommendations would address adolescents and minors, but that it was not necessary to call them out specifically in the purpose section.
- A member asked that there be specific language about not discouraging people with disabilities from becoming parents. The group wants to address this in the recommendations.
- Dr. Fotinos mentioned that the group talked about a broad range of topics last time. She has organized them into 4 buckets, which are also reflected in the charter: access, appropriate care, patient-centeredness, and being culturally sensitive and humble.

- A member asked that the group consider how quality reproductive health care can be provided in multiple settings, not just the doctor's office.
  - The third bullet was changed to include "low-barrier access to high-quality reproductive and sexual health care".
- The 4<sup>th</sup> bullet, regarding confidentiality, is changed to specifically mention "those experiencing intimate partner violence".
  - Dr. Fotinos noted that safety for immigrant populations is also going to be an important issue.
  - The group agreed that sex trafficking should be included in the workgroup's scope.
- A member of the public commented that reproductive care language and information should be provided in plain, accessible language.
  - Added "(e.g., language, literacy)" to the low-barrier bullet (3<sup>rd</sup> bullet).
- Returning to the first bullet, the group agrees to adding language calling out American Indians and Alaska Natives. Also added: "victims and survivors of violence including of human trafficking".
  - A member asked if the group should also mention LGBTQA populations. LGBTQ added to the list.
    - Ms. Weir noted that there are already Bree recommendations for LGBTQ health care, so the group will have to be mindful of avoiding duplication.
  - Ms. Weir also noted that the group's mission is to improve care at the intersection of all these different identities.

Under the Duties and Functions section:

- Who counts as an expert? The group wants to make sure that our experts include those who identify as part of marginalized groups.
  - Many marginalized populations do not have evidence-based studies; existing evidence should not be falsely generalized to apply to groups for whom there is insufficient data.
    - Recommendations can use a combination of published literature and expert-informed opinion where complete evidence is lacking.
  - Language added to first bullet; the bullet now reads: "Research evidence-based and expert-opinion (including consumers themselves) informed..."

Ms. Weir asked the group to consider the literature that was provided between sessions:

- Members appreciated the articles' inclusion of structural competency in Reproductive Health. The article also noted that disparity in care has broad causes across multiple domains and that individual care cannot completely address these disparities. Work needs to be done by the whole system: providers, payers, purchases, health systems.
- The group needs to define what it means by sexual and reproductive health services.
- Group should be careful not to stigmatize unintended pregnancy.

The workgroup continued to discuss the scope and mission of the group going forward:

- Ivanova Smith, University of Washington LEND Program, noted that people, especially those with disabilities, should not be discouraged from becoming pregnant and having children, even if pregnancy was unintended. This led to a discussion of whether or not prenatal care should be considered.
  - Another member commented that the group should consider pre-conception care. Framing reproductive and sexual health as solely concerned with pregnancy prevention has been a problem in the field in the past.

- Reproductive health care should consider the span of pre-pregnancy all the way to supporting families who have had children.
- Dr. Fotinos mentioned that there is already a Bree Prenatal Bundle; the group will have to consider how prenatal care should generally be different for its 4+ identified groups.
  - Bree has already created a care pathway from conception to 3 months post-partum and the test for gestational diabetes.
- Providers need education around supporting developmentally and intellectually disabled parents throughout the reproductive and sexual healthcare process, including in how to give these patients agency in their decision making and support if they do plan to have a child.
  - Ms. Smith related her experiences with providers pressuring her to make decisions that would have kept her from becoming a parent.
- Dr. Fotinos says that, in order to help guide providers, the workgroup may need to include recommendations that help providers determine whether or not a patient is able to make decisions regarding their pregnancy.
- Ms. Smith argued that providers should be more focused on getting parents the support that they need post-partum, rather than on discouraging childbearing. This would apply to many of our specific marginalized populations.
- Another member summed up this conversation as trying to reframe the reproductive health narrative by thinking more about how health care systems are setting up women to make the best possible reproductive health choices for themselves.
  - The workgroup agreed to add language around promoting individuals' autonomy.
  - Importance of making sure that patients have a trusted community that helps them make decisions. Family and friends can be the most important aids in decision-making.
- Dr. Fotinos recommended including language instructing providers to help people (especially young people) understand that humans are sexual beings and are not meant to only procreate. Reducing sexual stigma.
  - This could relate to a current state bill that would mandate sexual education that is inclusive and discusses affirmative consent.
  - Final message might be something like normalizing sexual behavior and shifting norms around how sexual behavior is discussed.
- Equitable access to infertility treatment was discussed. The group agrees that this should be in-scope, especially because it is not a covered benefit by the HCA.
  - The group cannot realistically recommend universal infertility treatment coverage, but can still make recommendations about equitable access and treatment.
- Dr. Fotinos asked if the group should address sexual health in older populations. Many providers do not have sexual health conversations with older patients even though these patients still have sexual relationships and associated health risks.
- Ms. Weir asked the workgroup about structure and organization going forward. One option would be to consider a different population each meeting. Or the group could consider each bucket of recommendations (access, appropriateness of care, patient-centeredness, culturally sensitive and humble) separately and think about what the unique barriers would be for each population.
  - The latter approach would better account for intersectionality.
  - Some recommendations could be labeled as universal and others as specific to certain populations.

- The group decided to organize by population—this will help the group think about specific barriers that a given group faces. The first population to discuss will be immigrants and refugees.
  - Dr. Fotinos asked if the Office of Refugee Health gets the state’s information about who it is seeing and resettling. Group did not know the answer. Dr. Fotinos offered that the Office of Refugee Health might have helpful data about these populations, and if there are groups that the workgroup is not considering. **Dr. Fotinos to email the office and ask.**
  - Organizations named as possible contacts to help the workgroup understand this population’s barriers and issues: Refugees Northwest, ReWA, ICHS, Somali Health Board, any King County and Seattle immigrant and refugee commissions, Governor’s Interagency Council on Health Disparities, and API Chaya.

**Action Item: Various members to work on contacting these different groups.**

- More immigrants than refugees in Washington right now.
- Another member mentioned spending time at the beginning of the next session determining guiding principles that will apply across all populations discussed.
- A member suggested that the workgroup should make recommendations regarding the need of health providers to explore their own implicit biases regarding sexual and reproductive issues.
  - Dr. Fotinos added that the group would need to provide or suggest tools for accomplishing such a task.

**GOOD OF THE ORDER**

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Dr. Fotinos thanked all for attending and adjourned the meeting.