
Bree Collaborative | LGBTQ Health Care Workgroup

December 15th, 2017 | 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, Parent Advocate

Scott Bertani, Lifelong AIDS Alliance

Kathy Brown, MD, Kaiser Permanente

LuAnn Chen, MD, MHA, FAAFP, Community Health Plan of Washington

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

Chris Gaynor,* MD, MA, FAAFP, Capitol Hill Medical

Corinne Heinen,* MD, University of Washington

Tamara Jones,* Department of Health

Dan Lessler, MD, MHA, Washington State Health Care Authority

Staff and Members of the Public

Kristen Tjaden, Viiv Healthcare

Ginny Weir, MPH, Bree Collaborative

Emily Wittenhagen, Bree Collaborative

* By phone/web conference

WELCOME AND INTRODUCTIONS

Dan Lessler, MD, MHA, Washington State Health Care Authority opened the meeting and those present introduced themselves.

BREE COLLABORATIVE OVERVIEW

Ginny Weir, MPH, Bree Collaborative, presented a background of the Bree Collaborative, how meetings are run, the process of developing recommendations, and how recommendations are disseminated, covering Robert's Rules of Order, House Bill 1311, stakeholders involved, the role of the Health Care Authority, past and current work, the Open Public Meetings Act (OPMA), and the potential language for the aim and charter of the workgroup.

Action Item: Ms. Weir to send the OPMA materials to the group.

PRELIMINARY SCOPE OF WORK

Ms. Weir went over the proposed work plan for the workgroup and encouraged the current roster to recommend additional members. The workgroup then went over the LGBTQ Health Care Workgroup Charter and Roster and discussed:

- That the scope of the work plan will be developed by the workgroup.
- The challenge of ensuring that the purpose of the workgroup is actionable and focused, while also being inclusive of the full LGBTQ population and not too narrowly tracked on one element.
- As it stands, there were some feelings that the current purpose may be too heavily focused on MSM (men who have sex with men).
- While keeping the above in mind, there was support expressed for STD screening and PrEP.
- There was acknowledgment that there are broad health disparities to address, including the intersectionality of being a member of a gender minority and STIs.
- Dr. Lessler brought up an idea of framing the recommendations around communication and disease prevention.

- One goal could be a set of universal screening question for all patients regardless of gender and sexual identities/orientations are perceived.
- Acknowledging chosen families and designated families, as well as unique family structures, in terms of durable power of attorney and involvement in care, etc.
- Having a follow-up workgroup to this one, so goals could be fairly balanced and accomplished in a step-wise approach while keeping the workgroup focused.
- In response to intersections between LGBTQ issues and school and penitentiary systems, Ms. Weir brought up that recommendations can be made to schools and criminal justice systems. Though the Bree has less of a pull in these institutions, there is no reason not to make recommendations to them.
- Acknowledging polyamory and not assuming binaries.
- There was curiosity about possibilities for public health education.
- Looking at every place the patient touches the system throughout care, and where there may be gaps, variabilities, oversights between systems, and lapses in education for providers.
- Ensuring the group touches on behavioral health issues, with consideration for higher risk
- Having access to a database of LGBTQ-friendly providers, including therapists.
- Recommending that EHR systems incorporate choices for preferred gender.
- Considering other logistical topics like gender neutral restrooms.
- Looking at the 14 life domains that are part of the DOH comprehensive health assessment.
- Helping patients be able to advocate for themselves.
- Incorporating SOGI (sexual orientation gender identity) recommendations.
- Considering end-of-life and advance care directives.
- Looking into make legislative requirements for HIE (health information exchange) vendors.
- Utilizing existing resources such as the Gay and Lesbian Medical Association standards of care.
- Looking into what's going on in other states, such as Michigan, Massachusetts, and DC.
- Laws around gender reassignment and legal name changes for birth certificates, passports, etc.
- Having built-in centers of excellence in different areas.
- Allowing for a gender X designation, like Mx.
- Looking into existing CME and training requirements for providers.
- There was a question about whether there's any precedent for breaking into smaller committees to address these disparate topics and then coming together.
- Listening to patients to share access issues.
- Whether to include intersex – ie the I of LGTBQI – into the work of the group, or possibly adding a plus sign to the end of the acronym in order to be inclusive. It was brought up that intersex is generally a smaller group that there is some debate around, with intersex being considered a hormonal issue.

Action Item: Ms. Weir to send out [Gay and Lesbian Medical Association Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients](#).

NEXT STEPS AND PUBLIC COMMENTS

Ms. Weir spoke about using the next meetings to flesh out what the workgroup wants to express to different stakeholder groups, and resources that would be helpful to bring into the meetings, like existing intake forms and trying to make connections with potential partners like the Gay and Lesbian Medical Association and others who could speak to the group, like Marsha Botcer from the Ingersoll Gender Center. Dr. Lessler and Ms. Weir thanked all for attending and asked for final comments and public comments. The meeting adjourned.