The Bree Collaborative
LGBTQ Health Care Workgroup Charter and Roster

Problem Statement

Approximately 3.5% of Americans identify as lesbian, gay, or bisexual and 0.3% of American adults are transgender.[1] Persons in these populations have distinct healthcare needs.[2] In particular, men who have sex with men (MSM) and transgender persons who have sex with men are at elevated risk for HIV and other sexually transmitted infections. Additionally, lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) persons can experience elevated rates of depression, sexual abuse, smoking, and other substance use.[3,4] Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care.[5]

Aim

To align care delivery with existing evidence-based, culturally sensitive standard of care for LGBTQ people in Washington State and decrease health disparities.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Age-appropriate screening and standard questions for clinicians to ask all patients about sexual behaviors, sexual orientation, and gender identity, with responses documented in structured health records.
- An inventory of health equity practices and competencies that improve care of sexual and gender minorities including around intersections of race, class, and other identities.
- Protocols, policies, and practices to improve the effectiveness and experience of health care services, and receipt of preventive services (e.g., appropriate cervical cancer screening), particular to LGBTQ patients.
- Implementation of guidelines to diagnose, prevent, and treat sexually transmitted diseases based on risk (e.g., screening men who have sex with men and transwomen who have sex with men, offering HIV pre-exposure prophylaxis (PrEP)) including for health care organizations, purchasers, payers, and medical professionals.
- Indicators and outcomes that health care organizations should monitor to evaluate success in improving the delivery and experience of healthcare services by LGBTQ patients.
- Implementation pathway(s) with metrics to monitor adoption and patient outcomes.
- Identifying other areas of focus or modifying areas, as needed.

Duties & Functions

The LGBTQ Health Care workgroup will:

- Develop a scope of work to bring to and be approved by the full Bree Collaborative.
- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.

[1] Gates G. How many people are lesbian, gay, bisexual, and transgender? The Williams Institute University of California, Los Angeles. April 2011. Available: http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf
[2] Purcell DW, Johnson CH, Lansky A, et al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. The open AIDS journal 2012; 6:98-107.
[3] Russell ST, Fish JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. Annu Rev Clin Psychol. 2016 Mar 28; 12: 465–487.
[4] Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and Gender Minority Health: What We Know and What Needs to Be Done. American Journal of Public Health. 2008;98(6):989-995.
[5] Whitehead J, Shaver J, Stephenson R. Outness, Stigma, and Primary Health Care Utilization among Rural LGBT Populations. Newman PA, ed. PLoS ONE. 2016;11(1):e0146139.

- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair.

The chair of the workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative program director will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

Name	Title	Organization
Dan Lessler, MD, MHA (Chair)	Chief Medical Officer	Washington State Health Care Authority
Olivia Arakawa, MSN, CNM, ARNP, RN	Parent Advocate	
Scott Bertani	Director of Policy	Lifelong AIDS Alliance
Kathy Brown, MD	HIV and PrEP Medical Director	Kaiser Permanente
LuAnn Chen, MD, MHA, FAAFP	Medical Director	Community Health Plan of Washington
Michael Garrett, MS, CCM, CVE, NCP	Principal	Mercer
Chris Gaynor, MD, MA, FAAFP	Family Practice Clinician	Capitol Hill Medical
Matthew Golden, MD	Professor of Medicine/ Director, HIV/STD Program	University of Washington/ Public Health – Seattle & King County
Kevin Hatfield, MD	Family Practice Clinician	The Polyclinic
Corinne Heinen, MD	Physician Lead, UW Transgender Clinical Pathway	Department of Internal Medicine, Allergy & Infectious Disease University of Washington
Tamara Jones	End AIDS Washington Policy and Systems Coordinator	Department of Health
Kevin Wang, MD	Primary Care Clinician	Swedish Medical Group