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Dr. Robert Bree Collaborative Background

The Dr. Robert Bree Collaborative was established in 2011 by Washington State House Bill 1311 “...to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State.” The Bree Collaborative was modeled after the Washington State Advanced Imaging Management (AIM) project and named in memory of Dr. Robert Bree, a pioneer in the imaging field and a key member of the AIM project.

Members are appointed by the Washington State Governor and include public health care purchasers for Washington State, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations. The Bree Collaborative is charged with identifying up to three health care services annually that have substantial variation in practice patterns, high utilization trends in Washington State, or patient safety issues. For each health care service, the Bree Collaborative identifies and recommends best-practice, evidence-based approaches that build upon existing efforts and quality improvement activities to decrease variation. In the bill, the legislature does not authorize agreements among competing health care providers or health carriers as to the price or specific level of reimbursement for health care services. Furthermore, it is not the intent of the legislature to mandate payment or coverage decisions by private health care purchasers or carriers.

See **Appendix A** for a list of current Bree Collaborative members.

Recommendations are sent to the Washington State Health Care Authority for review and approval. The Health Care Authority (HCA) oversees Washington State’s largest health care purchasers, Medicaid and the Public Employees Benefits Board Program, as well as other programs. The HCA uses the recommendations to guide state purchasing for these programs. The Bree Collaborative also strives to develop recommendations to improve patient health, health care service quality, and the affordability of health care for the private sector but does not have the authority to mandate implementation of recommendations.

For more information about the Bree Collaborative, please visit: www.breecollaborative.org.

Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care for people who identify as lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ). The Bree Collaborative elected to address this topic and a workgroup convened to develop recommendations from December 2017 to X.

See **Appendix B** for the LGBTQ Health Care workgroup charter and a list of members.

See **Appendix C** for results of the Guideline and Systematic Review Search Results.

Purpose Statement

Building a health care system that allows everyone to have a fair opportunity to be healthier is a goal across Washington State. Working toward greater health equity through focusing improvement activities on historically marginalized populations allows for targeted solutions to barriers to care and structural inequities.

Approximately 3.5% of Americans identify as lesbian, gay, or bisexual and 0.3% of American adults are transgender.¹ LGBTQ people share common challenges and have health care needs distinct from those who do not identify as LGBT.² While all people share baseline health care needs, the LGBTQ population is also at a higher risk for specific concerns.³ Those who identify as lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) are diverse and from many socioeconomic backgrounds, races, ethnicities, and cultures. Disparities can be magnified when LGBTQ persons are also part of a racial or ethnic minority, a fact important to policy initiatives and clinical care.⁴

LGBTQ persons have been shown to experience elevated rates of depression, sexual abuse, smoking, and other substance use.^{5,6} Lesbian women are less likely to undergo certain screening tests for cancer (e.g., mammography to test for breast cancer, papanicolaou (pap) test for cervical cancer) and both men and women in same sex relationships are less likely to report insurance coverage.⁷

Men who have sex with men (MSM) and transgender persons who have sex with men are at elevated risk for human immunodeficiency virus (HIV) and other sexually transmitted infections. LGBTQ youth have higher rates of sexually transmitted infections (e.g., gonorrhea, chlamydia) due to increased likelihood of engaging in high-risk sexual behaviors.⁸ The Centers for Disease Control and Prevention (CDC) estimate that gay and bisexual men made up 70% of new HIV infections in 2014, with higher rates among those aged 25-34 and Hispanic/Latino gay and bisexual men.⁹ In Washington State, over 20,000 people have been diagnosed with HIV since the first case with about 500 new cases per year from 2010 to 2014.¹⁰

Many who identify as LGBT may not be not comfortable or have difficulty disclosing sexual and gender orientation to their health care providers.¹¹ Assumptions and communication issues serve as a significant barrier to appropriate care.¹² Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care.¹³ LGBTQ people may also face access issues relating to health insurance coverage and policies that reinforce stigma among the health care system and across communities.

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

Recommendations

The workgroup aims to develop recommendations with a manageable scope that can be easily adopted by clinics, hospitals, health systems, and health plans. The workgroup also aims to base recommendations in a whole-person care framework, taking into consideration a person’s multiple individual factors that make up health and wellness (e.g., behavioral health, housing situation, nutrition) in such a way that is not identity or diagnosis limiting. We organized the recommendations as follows:

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| | |
| <p>Screening or Taking a Social History</p> | <ul style="list-style-type: none"> • Ask about gender identity, preferred pronouns, and chosen name • Take a social history using minimum standards for information. The goal is that these standards will be flexible based on patient population. See examples on page X. Routinely ask: <ul style="list-style-type: none"> ○ If patient has had sex with men, women, or both men and women in last 12 months. ○ If past sexual partners been men, women, or both men and women. ○ Ask about type of sex (e.g., oral, vaginal, anal). • Screen for the following: <ul style="list-style-type: none"> ○ Intimate partner violence ○ Tobacco use ○ Alcohol and other drug use as outlined in the 2015 Addiction and Dependence Treatment Report and Recommendations following the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol. |
| <p>Appropriate Next Steps</p> | <ul style="list-style-type: none"> • Ensure that patients who are men who have sex with men or who are transgender persons who have sex with men know about PrEP. <ul style="list-style-type: none"> ○ Follow the Washington State Department of Health and Public Health Seattle and King County PrEP Implementation Guidelines for initiating PrEP in HIV-uninfected persons and discussing initiating PrEP • Talk about regular cervical cancer screening and breast cancer screening with women who have sex with women, women who have sex with men and women, and transgender men. |
| <p>Communication and Language</p> | <ul style="list-style-type: none"> • Use appropriate pronouns • Use the patient’s chosen name • Use appropriate terms for family from the National LGBT Health Education Center Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients summarized in Appendix D. • |
| <p>Inclusive Environment</p> | <ul style="list-style-type: none"> • |

Screening or Taking a Social History

Example: Poteat and Radix in Bachman ed, STIs in HIV-Infected Adults and Special Populations. 2017.

- Tell me about your recent sexual relationships:
 - How many partners have you had in the last three months?
 - What are the genders of your partners?
- What kinds of sex are you having?
 - Which behaviors might expose you to others' fluid?
 - How do you protect yourself?
 - How often do you use barriers? Tell me about the times that you don't use barriers. Tell me about the times you do.

Example: National Coalition for Sexual Health. Asking Essential Health Questions. Available: <https://nationalcoalitionforsexualhealth.org>

- Have you been sexually active in the last year?
 - Yes
 - Do you have sex with men, women, or both?
 - In the past 12 months, how many sexual partners have you had?
 - No
 - Have you ever been sexually active?
 - Yes
 - Have you had sex with men, women, or both?
 - How many sexual partners have you had?
 - No – Continue with medical history

Appropriate Next Steps

The workgroup recommends clinically appropriate next steps based on risk profile obtained from screening or taking a social history.

For men who have sex with men and transgender persons who have sex with men:

The Centers for Disease Control and Prevention (CDC) developed clinical practice guidelines for HIV Pre Exposure Prophylaxis in 2014. However, many felt the language to be not specific enough when referring to patient populations to be easily implementable. The CDC guidelines are available [here](#). In 2015, the Washington State Department of Health and Public Health Seattle and King County developed PrEP Implementation Guidelines¹⁴ with more specific definitions that allow for easier adoption. The workgroup endorses these guidelines and recommends their use across Washington State. The guidelines are available [here](#).

More information from King County [here](#).

Information on the Washington State Department of Health Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) [here](#).

For women who have sex with women, women who have sex with men and women, and transgender men.

Due to women who have sex with women being less likely to undergo screening tests for breast and cervical cancer, the workgroup felt it important to call out the United States Preventive Services Task Force (USPSTF) recommendations as follows:

USPSTF recommends “biennial screening mammography for women 50-74 years” but “against teaching breast self-examination.”¹⁵ More information [here](#).

The USPSTF is currently updating recommendations on screening for cervical cancer. In 2011 the Task Force recommend “screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.”¹⁶ More information [here](#).

Communication and Language

National LGBT Health Education Center Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients summarized in Appendix D.

Young people as well as adults may be unlikely to self-identify using traditional sexual orientation labels such as gay, lesbian, or bisexual. While some may identify as “queer,” others may not choose any label at all.

Inclusive Environments

Table 1: Recommendations for LGBTQ-competent health care

| | Focus Area | Patient Perspective | Operational Details |
|----------|--------------------------------------|--|--|
| 1 | Communication and Language | | <p>Current State:</p> <p>Intermediate Steps:</p> <p>Optimal Care:</p> |
| 2 | Screening or Taking a Social History | <i>I am asked about my sexual history and behaviors in a non-judgmental way. I feel comfortable discussing my sexual partners and history and my gender identity with my provider and care team.</i> | <p>Current State:</p> <p>Intermediate Steps:</p> <p>Optimal Care:</p> |
| 3 | Appropriate Next Steps | <i>I am offered pre-exposure prophylaxis for HIV if appropriate. I fully understand PrEP, how to talk to my partner(s) about PrEP, and feel supported by my provider and care team.</i> | <p>Current State:</p> <p>Intermediate Steps:</p> <p>Optimal Care:</p> |
| 3 | Inclusive Environments | <i>The clinic in which I receive care is welcoming, uses terms like partner,</i> | <p>Current State:</p> <p>Intermediate Steps:</p> |

| | | |
|--|---|-----------------------------|
| | <p><i>uses my preferred name, and accommodates my needs such as having bathrooms in which I feel comfortable.</i></p> | <p>Optimal Care:</p> |
|--|---|-----------------------------|

Recommendations for Stakeholder Actions and Quality Improvement Strategies

Persons who identify as LGBTQ

- Make sure you can identify your primary care provider or family doctor.
- Talk to your health care providers about any concerns you might have about your risk for sexually transmitted infections.
- Q card

Primary Care Practices and Systems (including Primary Care Providers)

Review **Table 1**

- Identify the patient's primary care provider and be sure the patient knows who this is.

Hospitals

- Educate staff about LGBTQ

Health Plans

- Increase

Employers

- Recognize

Washington State Health Care Authority

- Promote

Other Work in Washington State

The End AIDS Washington campaign is administered by the Washington State Department of Health and is a “*collaboration of community-based organizations, government agencies and educational and research institutions working together to reduce new infections in Washington by 50% by 2020.*”¹⁷ The campaign started on world AIDS day December 2014 from Governor Inslee’s proclamation.

Recommendations were developed by a steering committee, available [here](#), with 11 goals including to:

1. Identify and reduce HIV stigma
 2. Reduce HIV-related disparities
 3. Implement routine HIV testing
 4. Increase access to pre-exposure prophylaxis (PrEP)
 5. Create health care that meets the needs of sexual minorities
 6. Improve HIV prevention and care for substance users
 7. Remove barriers to insurance and increase health care affordability
 8. Increase access to safe, stable, and affordable housing
 9. Deliver whole-person health care to PLWH
 10. Launch Healthier Washington for Youth
 11. Include meaningful community engagement and empowerment
- End AIDS Washington information available [here](#).
 - More information from the Department of Health [here](#).

Measurement

[Healthy People 2020](#) includes two Lesbian, Gay, Bisexual, and Transgender Health related metrics:

- Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, bisexual, and transgender populations
- Increase the number of states, territories, and the District of Columbia that include questions that identify sexual orientation and gender identity on state level surveys or data systems

Additionally, Healthy People 2020 acknowledges intersections with other topic areas including: breast cancer screening, bullying among adolescents, cervical cancer screening, condom use, educational achievement, health insurance coverage, HIV testing, illicit drug use, mental health and mental illness, nutrition and weight status, tobacco use, and [having a] usual source of care.

Appendix C: Guideline and Systematic Review Search Results

| Source | Guidelines or Systematic Reviews |
|--|--|
| AHRQ: Research Findings and Reports | Improving Cultural Competence to Reduce Health Disparities (2016) |
| Cochrane Collection | Multi-media social marketing campaigns to increase HIV testing uptake among men who have sex with men and transgender women (2011) Behavioral interventions to reduce HIV transmission among sex workers and their clients in high-income countries (2011) Behavioral interventions can reduce unprotected sex among men who have sex with men (MSM) (2008) |
| Specialty Society Guidelines (via Guideline Clearinghouse including Choosing Wisely) | U.S. Preventive Services Task Force: Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women (2015) International Association of Providers of AIDS Care: IAPAC guidelines for optimizing the HIV care continuum for adults and adolescents (2015) U.S. Preventive Services Task Force: Screening for suicide risk in adolescents, adults, and older adults in primary care (2014) Health Care for the Homeless (HCH) Clinician's Network: Adapting your practice: treatment and recommendations for unstably housed patients with HIV/AIDS (2013) Society of Obstetricians and Gynaecologists of Canada: Female sexual health consensus clinical guidelines (2012) British Association for Sexual Health and HIV: United Kingdom national guideline for gonorrhoea testing 2012 (2012) New York State Department of Health: Care of the HIV-infected transgender patient (2012) |
| Health Technology Assessment Program | n/a |
| Center for Disease Control and Prevention | Lesbian, Gay, Bisexual, and Transgender Health |
| Institute for Clinical and Economic Review | n/a |
| BMJ Clinical Evidence Systematic Overview | HIV: primary and secondary prophylaxis for opportunistic infections (2010) |
| Veterans Administration Evidence-based Synthesis Program | Do have general guidelines for suicide prevention, adult mental health, and health disparities among adults with mental illness that cite studies including lesbian and gay participants. Not specific. |
| Gay and Lesbian Medical Association | Guidelines for the care of lesbian, gay, bisexual, and transgender patients (2006) |

Appendix D: Inclusive Family Language

Source: National LGBT Health Education Center. The Fenway Center. Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients

| Old Language | Recommended update |
|-----------------------------------|---|
| Mother/Father | Parent(s)/Guardian(s) |
| Husband/Wife | Spouse/Partner(s) |
| Marital Status | Relationship Status: Single; Married; Partnered; Separated; Divorced; Widowed. |
| Living Arrangement | Alone; Spouse/Partner(s); Child(ren); Sibling; Parent(s)/Guardian(s); Group setting; Personal care attendant; Other |
| Sex/Gender: Male or Female | <p>What is your current gender identity: Male; Female; Transgender Male/Transgender Man/ Female-to-Male (FTM); Transgender Female/Transgender Woman/Male-to-Female (MTF); Genderqueer – neither exclusively male nor female; Other; Choose not to disclose.</p> <p>What sex were you assigned at birth on your original birth certificate: Male, Female, Choose not to disclose</p> |
| Sexual Orientation | Do you think of yourself as: Straight or heterosexual; Lesbian, gay, or homosexual; Bisexual; Something Else; Don't Know; Choose not to disclose. |
| Family History | Use "Blood relative" in questions. |
| Nursing Mother | Currently nursing. This wording is inclusive of those who do not identify as a mother (or a woman), but who are currently nursing to be included in this response. |
| Female Only/Male Only | Remove sex-specific language and include "Not applicable" as a response option. |

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