Members Present

Dan Lessler, MD, MHA, Health Care Authority (Chair)
Olivia Arakawa, MSN, CNM, ARNP, RN, Patient Advocate, Kaiser Permanente
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, Capitol Hill Medical
Corinne Heinen, MD, Department of Internal Medicine, Allergy & Infectious Disease University of Washington
Tamara Jones, MPH, Department of Health
Kevin Wang,* MD, Swedish Family Medicine

Staff and Members of the Public

Maddy Mooney, Ingersoll Gender Center
Alicia Parris, Bree Collaborative
Peter Parisot,* Cascade Aids Alliance
* By phone/web conference

Kristen Tjaden, Viiv Healthcare
Ginny Weir, MPH, 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 with the correction of “cue” card to “Q” card.

Motion: Approve 3/14/2018 Minutes.
Outcome: Passed with unanimous support

Dan Lessler and Ginny Weir updated the group on the Bree Conference and the approval of the scope.

HEALTH CARE GUIDELINE CROSSWALK

The group viewed the LGBTQ Health Care Guideline Crosswalk and discussed:
- Possibility of adopting existing guidelines
- Not limiting conversation with men who have sex with men to sexually transmitted infections and drug used. The workgroup hopes to focus on whole health.
- Dan Lessler asked any workgroup members to point out any problematic language in various recommendations to Ginny Weir

DEFINING SCOPE AND FOCUS AREAS

The group reviewed LGBTQ Health Care Recommendations and discussed:
- Inclusive language when inquiring about social history
- Whether the four focus areas were sufficient
- Group suggested including
  - Addressing EHRs
  - Depression, anxiety, suicidal ideation
    - Specific inclusion of people in rural areas.
• Possible policy recommendations
  o Funding of telehealth
    ▪ Recommending adequate reimbursement for providers in telehealth
    ▪ Advanced Medical Virtual Medical Homes provide support to transgender people and coordinate resources
  o Project Echo
    ▪ Resource for rural providers for HIV treatment, PrEP administration

The group viewed LGBTQ Health Care Appropriate Next Steps and discussed:
• Referral networks for hormonal therapy
• Referral networks for PrEP
• Community resources
• Informing providers of their duty to provide referrals if they are not willing or able to provide care for LGBTQ populations
• Pleaseprepme.org as a resource for finding PrEP providers
• If unable to provide HIV treatment onsite, providers should refer patients to other specialists.
• Prenatal care for transgender men
• Ingersoll Gender Center has provider lists for gender confirmation surgery
  ▪ Provides support navigating insurance
• Adding broader more inclusive language i.e. “gender non-conforming”, “gender diverse”

**Action Item:** Maddie Mooney, Ingersoll Gender Center to send provider list to Ginny Weir

• Provider education on HPV and cancer screening
  ▪ Oral HPV cancer risk in gender minorities

Group viewed LGBTQ Health Care Communication and Language and discussed:
• Updating EHRs to allow for used name to be primary above legal name
• Health plan billing that can provide for gender non-conforming patients’ health needs

**Action Item:** Peter to find about Moldova Health Care improvement work on inclusive environments

• Graphics of families with same sex parents
• Labeling clinics as safe spaces
• Preferred pronouns on staff name tags
• Ginny Weir asked for lists of community resources
• Adopting Glossary of the Fenway Institute

**Action Item:** Ginny Weir to send Fenway Glossary of LGBT Terms for Health Care Teams to group

• Including “other” in marital status
• Ensuring changes also flow into third parties, vendors, i.e. billing

**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.