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**Bree Collaborative | LGBTQ Health Care Workgroup**

April 11<sup>th</sup>, 2018 | 3:00-4:30

**Foundation for Health Care Quality**

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

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**Members Present**

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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**

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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**

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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**

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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**

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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
  - Funding of telehealth
    - Recommending adequate reimbursement for providers in telehealth
    - Advanced Medical Virtual Medical Homes provide support to transgender people and coordinate resources
  - 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

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Dr. Lessler and Ms. Weir thanked all for attending and asked for final comments and public comments. The meeting adjourned.

DRAFT