



# HPOE *Live!*

## 2015 Webinar Series

# The presentation will begin shortly.

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NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



# Achieving Health Equity for All: A Focus on LGBT People

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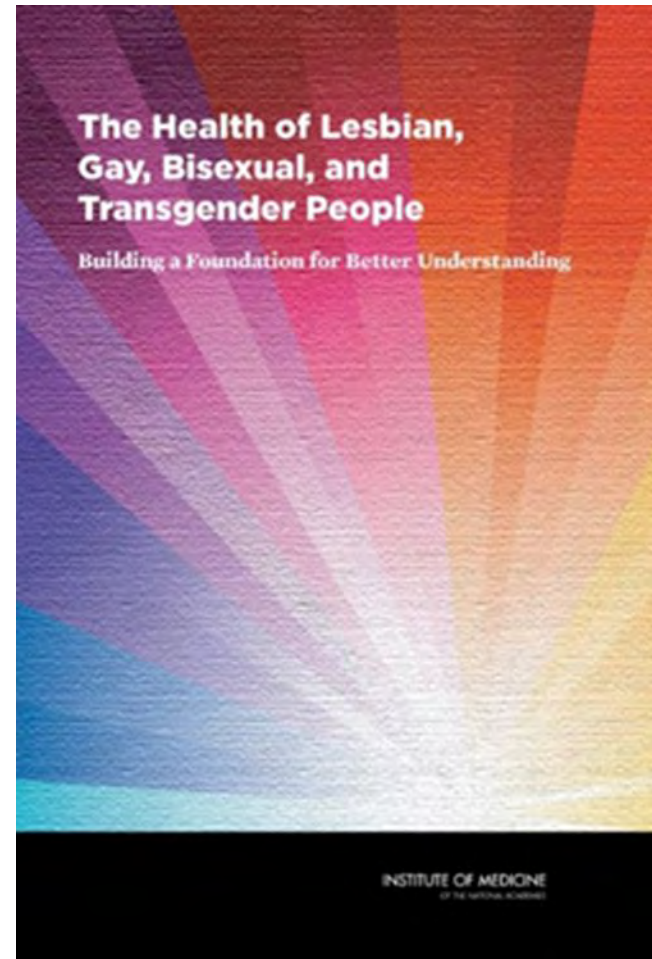
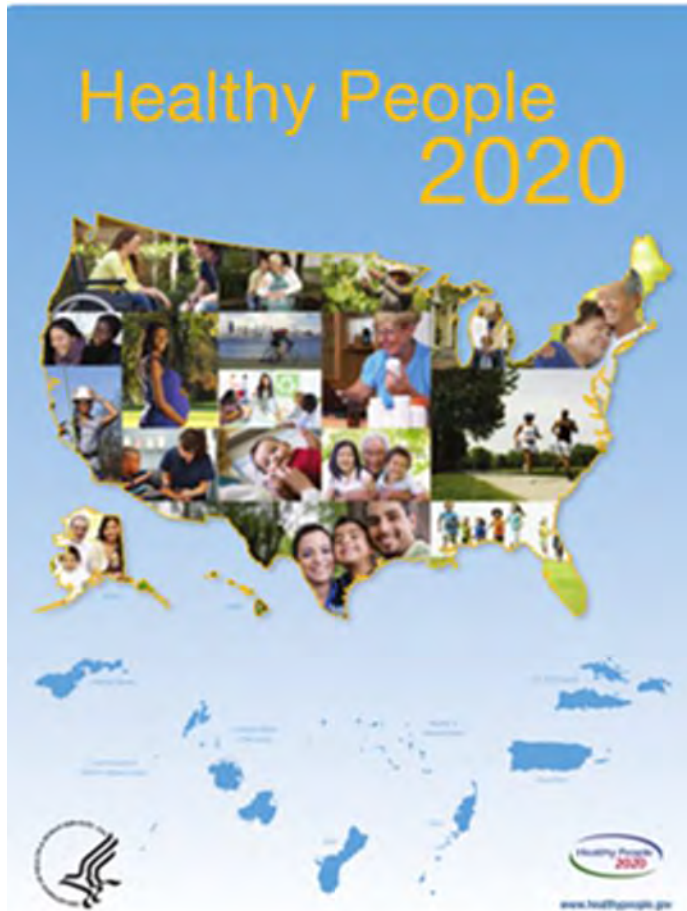
**Harvey J Makadon, MD**

The Fenway Institute, Fenway Health

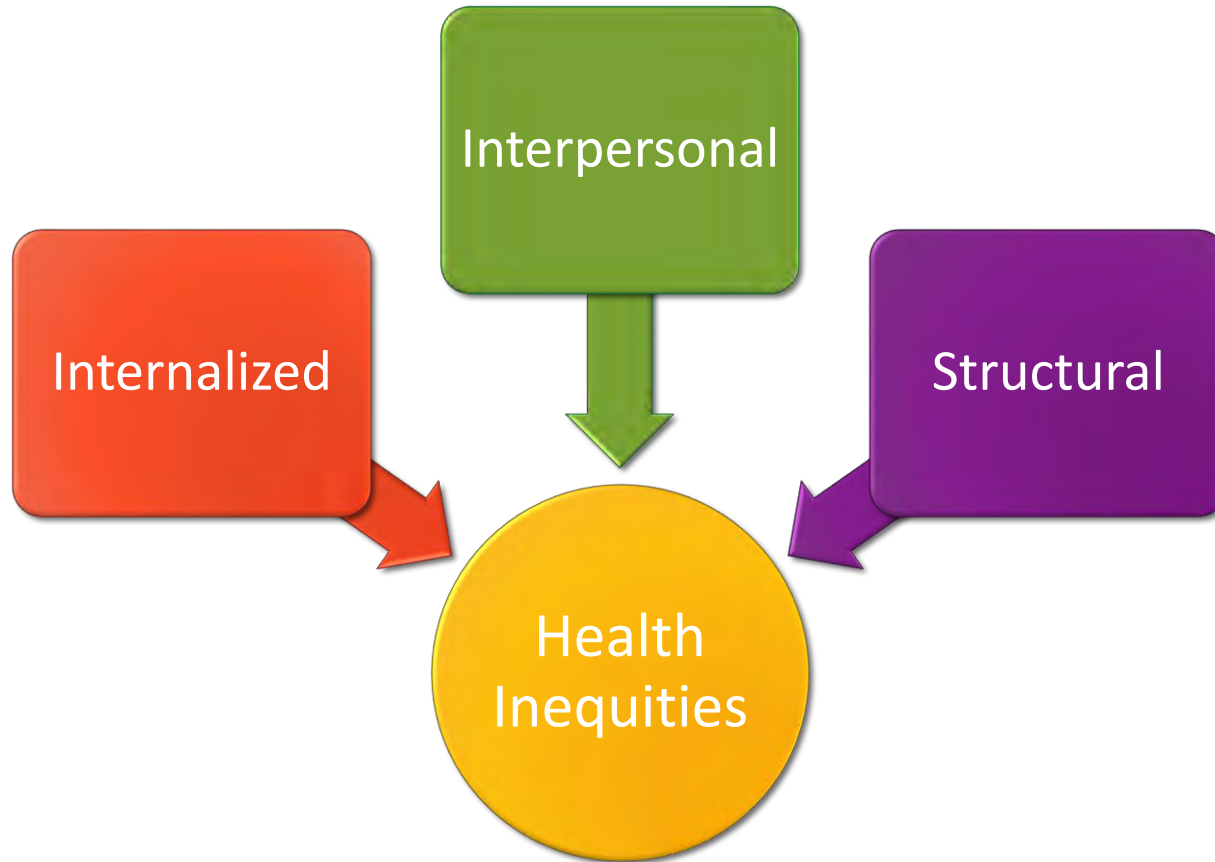
Professor of Medicine, Harvard Medical School

# Key Points

- Knowledge of SO and GI driven by known disparities
- Clinicians rarely discuss sexual health, sexual orientation or gender identity
- Health systems need knowledge of population health at both the community and the practice levels
- The EHR is an important tool for managing quality for populations
- LGBT people are invisible in health care data without intentional disclosure
- Health care organizations can do many things to create an affirmative and inclusive environment for care of LGBT people



# Stigma and Health



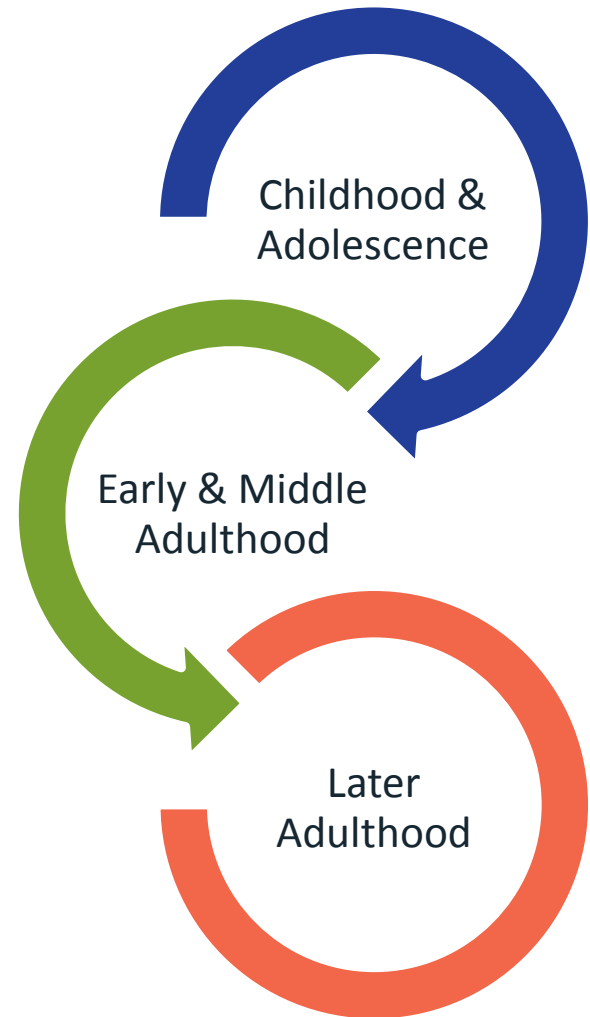
Hatzenbuehler, ML, Link, BG. Introduction to the special issue on structural stigma and health. Soc Sci Med 2014 Feb;103:1-6. doi: 10.1016/j.socscimed.2013.12.017. Epub 2013 Dec 25



# The Impact of Stigma and Discrimination



# Health Issues Throughout the Life Course



# LGBT Disparities: Healthy People 2020

- LGBT youth
  - 2 to 3 times more likely to attempt suicide.
  - More likely to be homeless (20-40% are LGBT)
  - Risk of HIV, STD's
- MSM are at higher risk of HIV/STDs, especially among communities of color
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
- Lesbians are less likely to get preventive services for cancer



# LGBT Disparities: Healthy People 2020

- Transgender individuals experience a high prevalence of HIV/STI's, victimization, mental health issues, and suicide
  - They are also less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services

# ...But LGBT people are largely invisible to health care providers



# Learning by Example

## Eliminating Disparities: Why It's Essential and How to Get It Done



American Hospital  
Association

## Hospitals Must Take the Lead in Eliminating Disparities in Care

*By Rich Umbdenstock, AHA President and CEO and Kevin E. Lofton, CEO of Catholic Health Initiatives, Past Chair, AHA Board of Trustees and Chairman of the AHA's Special Advisory Group on Improving Hospital Care for Minorities*

# HRET Disparities Toolkit

A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients

- “Measures of outcomes have become increasingly important for demonstrating effectiveness of care...”
- “Disparities in health care can be addressed through a quality of care framework if data on race, ethnicity, and primary language are available”
- “According to the report ‘The Right to Equal Treatment’ issued by Physicians for Human Rights, data collection has long been central to the quality assurance process.”
- “It also helps ensure nondiscrimination in access to care.”

The Health Research and Educational Trust in  
Association with the AHA



# Population Health: Ending LGBT Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?





# Proportion of Physicians Discussing Topics with HIV-Positive Patients

Adherence to ART	84%
Condom use	16%
HIV transmission and/or risk reduction	14%



Ask Screen Intervene

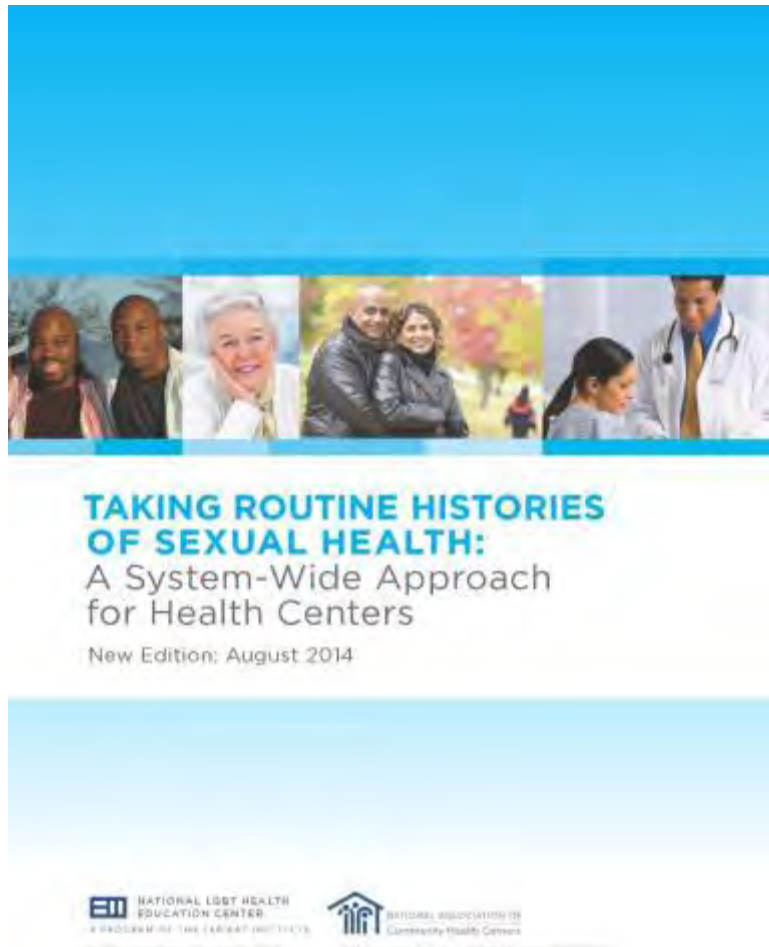
# Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

***The Hidden Epidemic***  
**Institute of Medicine, 1997**

Ask Screen Intervene

# Taking a History of Sexual Health



## Sexual Risk Assessment<sup>2,3</sup>

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P's:



The following risk assessment questions are organized according to these categories.

### PARTNERS

These questions may already have been covered during the first three screening questions (see page 6) of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (if both, ask the next question twice - once for male partners, and once for female partners)
- How many sexual partners have you had in the past year?

Additional questions about partners:

- Have you ever had sex with someone you didn't know or just met?
- Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?
- Have you ever experienced physical, sexual, or emotional violence from someone you were involved with?

### PRACTICES AND PROTECTION FROM STDs

Some patients respond better to open-ended questions about their sexual practices, and some prefer

1. This risk assessment has been adapted from: Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: <http://www.cdc.gov/lgbthealth/>
3. STD/HIV Risk Assessment & Risk Reduction: A Quick Reference Guide. March 2008. Mountain Plains AIDS and Education Training Center; Seattle STD/HIV Prevention Training Center.

6 | TAKING ROUTINE HISTORIES OF SEXUAL HEALTH

<http://www.lgbthealtheducation.org/publications/>

# Getting to Know Patients in Clinical Settings: A New Approach



# IOM Recommendation: Data on Sexual Orientation and Gender Identity Should be Collected in Electronic Health Records

- Recognition of Challenges and Barriers
  - Confidentiality
  - Reluctance/Desire to Share
  - Need for Provider Education
- Direct benefit to individual patients, insuring quality, and evaluation of disparities at practice level to learn about educational needs for clinicians and staff.
- Critical to doing effective population health as part of patient centered medical homes or health homes.





# Clinical Care of Transgender People Requires Knowledge of Gender Identity and Sex Assigned at Birth



# Appropriate Screening: Jake R's Story

- Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from a unknown primary cancer
- Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer

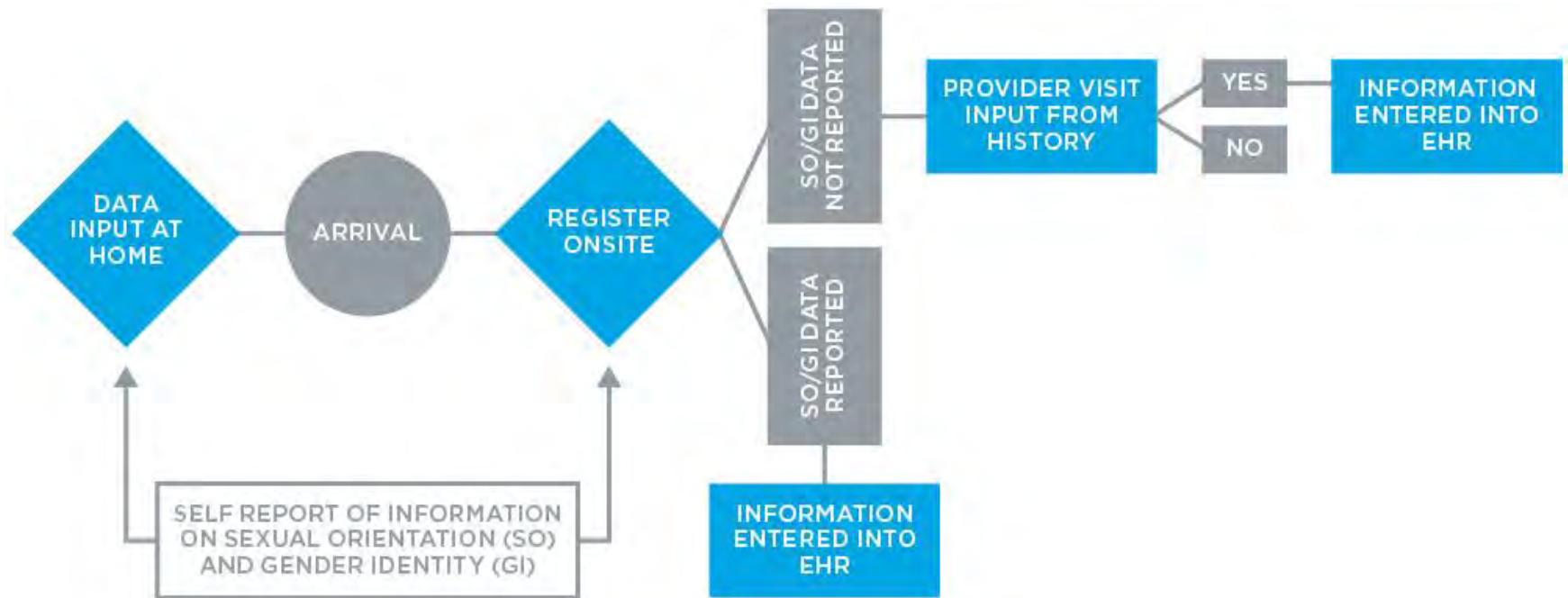


# Quality Care for Transgender People: Louise M's Story

- Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy
- No one asked her about her gender identity or knew she was transgender



# Gathering LGBT Data During the Process of Care



# Collecting Demographic Data on Sexual Orientation (Example)

<p><b>1. Which of the categories best describes your current annual income? Please check the correct category:</b></p> <p><input type="checkbox"/> &lt;\$10,000</p> <p><input type="checkbox"/> \$10,000–14,999</p> <p><input type="checkbox"/> \$15,000–19,999</p> <p><input type="checkbox"/> \$20,000–29,999</p> <p><input type="checkbox"/> \$30,000–49,999</p> <p><input type="checkbox"/> \$50,000–79,999</p> <p><input type="checkbox"/> Over \$80,000</p>	<p><b>2. Employment Status:</b></p> <p><input type="checkbox"/> Employed full time</p> <p><input type="checkbox"/> Employed part time</p> <p><input type="checkbox"/> Student full time</p> <p><input type="checkbox"/> Student part time</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Other _____</p>	<p><b>3. Racial Group(s):</b></p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Multi racial</p> <p><input type="checkbox"/> Native American/Alaskan Native/Inuit</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other _____</p>	<p><b>4. Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic/Latino/Latina</p> <p><input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p><b>5. Country of Birth:</b></p> <p><input type="checkbox"/> USA</p> <p><input type="checkbox"/> Other _____</p>
<p><b>6. Language(s):</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Español</p> <p><input type="checkbox"/> Français</p> <p><input type="checkbox"/> Português</p> <p><input type="checkbox"/> Русский</p>	<p><b>7. Do you think of yourself as:</b></p> <p><input type="checkbox"/> Lesbian, gay, or homosexual</p> <p><input type="checkbox"/> Straight or heterosexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Something Else</p> <p><input type="checkbox"/> Don't know</p>	<p><b>8. Marital Status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Partnered</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Other _____</p> <p><b>8. Veteran Status:</b></p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Not a veteran</p>	<p><b>1. Referral Source:</b></p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Friend or Family Member</p> <p><input type="checkbox"/> Health Provider</p> <p><input type="checkbox"/> Emergency Room</p> <p><input type="checkbox"/> Ad/Internet/Media/Outreach Worker/School</p> <p><input type="checkbox"/> Other _____</p>



# Collecting Demographic Data on Gender Identity

- What is your current gender identity? (check ALL that apply)

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans Man/FTM
- ☐ Transgender Female/Trans Woman/MTF
- ☐ Gender Queer
- ☐ Additional Category (please specify)  
\_\_\_\_\_

- What sex were you assigned at birth? (Check One)

- ☐ Male
- ☐ Female
- ☐ Decline to Answer

- What is your preferred name and what pronouns do you prefer(e.g. he/him, she/her)?  
\_\_\_\_\_



# Preparation for Collecting Data in Clinical Settings

- **Clinicians:** Need to learn about LGBT health and the range of expression related to identity, behavior, and desire. Staff needs to understand concepts.
- **Patients:** Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately.
- **Data Collection:** Critical, and has to be done sensitively without assumptions, routinely on all, along with other demographic data.

# Patient Acceptance: The Community Health Applied Research Network (CHARN) Study

- CHARN seeks to build capacity to conduct meaningful and rigorous multi-site Patient Centered Outcomes Research (PCOR) that will lead to better patient care at federally-supported community health clinics with underserved patient populations
- Study Objectives:
  - Objective 1: Collaborate with existing CHC research network infrastructures to conduct patient surveys that **assess the patient experience of and satisfaction with existing SOGI questions**
  - Objective 2: **Recommend a set of SOGI questions in clinical settings** that can be tested in future research projects involving larger patient populations and greater diversity of CHCs and other health care organizations

# Background

- 251 total responses from four sites:
  - Beaufort Jasper Hampton Comprehensive Health Services in rural South Carolina
  - Chase Brexton Health Center in Baltimore and Columbia, Maryland
  - Fenway Health in Boston
  - Howard Brown Health Center in Chicago

	Beaufort n=50 (20%)	Chase Brexton n=67 (27%)	Fenway n=101 (40%)	Howard Brown n=33 (13%)	Total n=251
<b>Question 7: As part of a written registration form, do you think it is important to ask patients about sexual orientation when they register at the health center?</b>					
<b>Yes</b>	33	50	76	24	183 (73%)
<b>No</b>	16	16	25	7	64 (25%)
<b>Missing answer</b>	1	1	0	2	4 (2%)
<b>Question 8: As part of a written registration form, do you think it is important to ask patients about gender identity when they register at the health center?</b>					
<b>Yes</b>	39	55	83	28	205 (82%)
<b>No</b>	11	12	18	3	44 (17%)
<b>Missing answer</b>	0	0	0	2	2 (1%)



# Creating a Welcoming and Inclusive Environment for Caring, Working and Learning





# 10

## TEN THINGS:

CREATING INCLUSIVE  
HEALTH CARE ENVIRONMENTS  
FOR LGBT PEOPLE

# Creating a Caring and Inclusive Environment

- Does your organization have a non discrimination policy that includes sexual orientation, gender identity and gender expression?
- Are clinicians and staff taught about the health needs of LGBT people?
- Do LGBT employees feel respected and safe at work?
- Do forms reflect the full range of sexual and gender identity and expression?

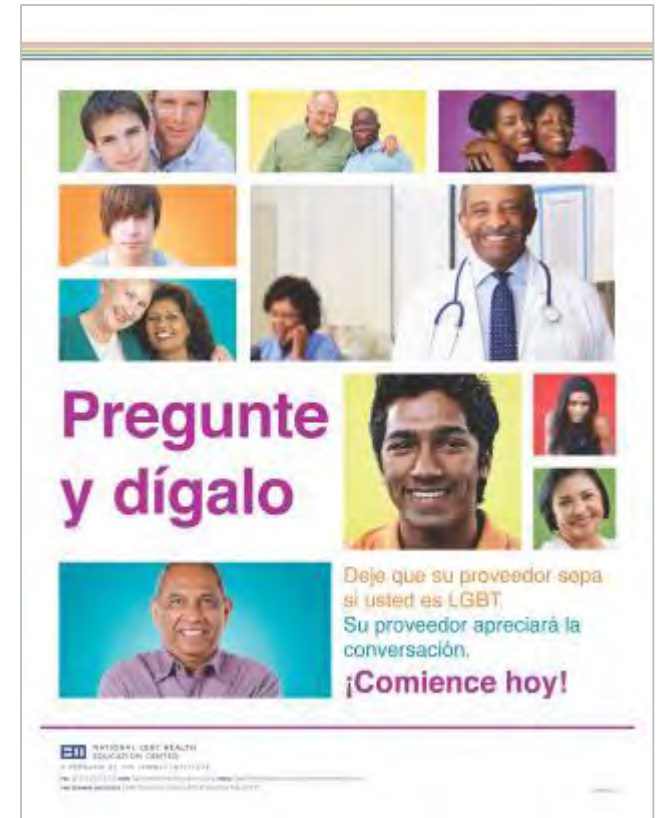
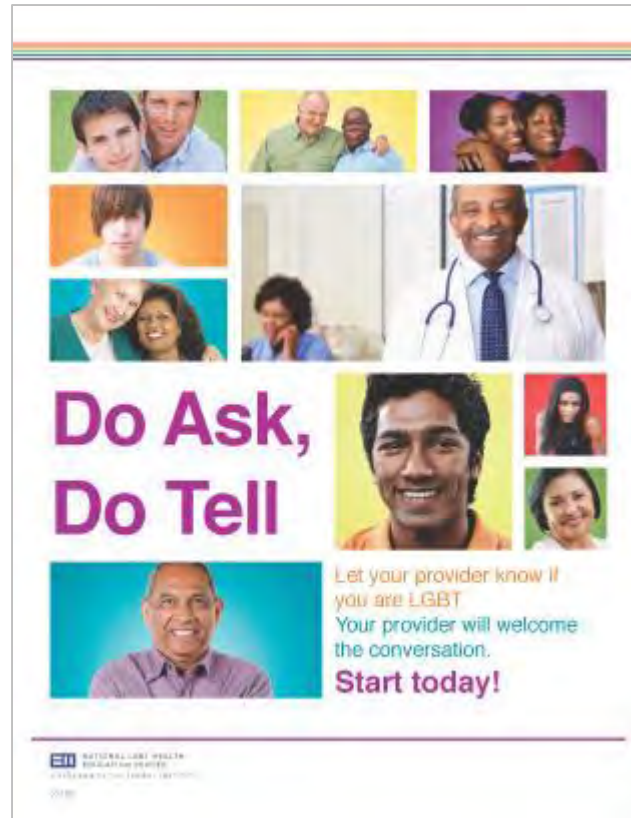




# Adding Affirmative Imagery and Content to Education and Marketing Materials



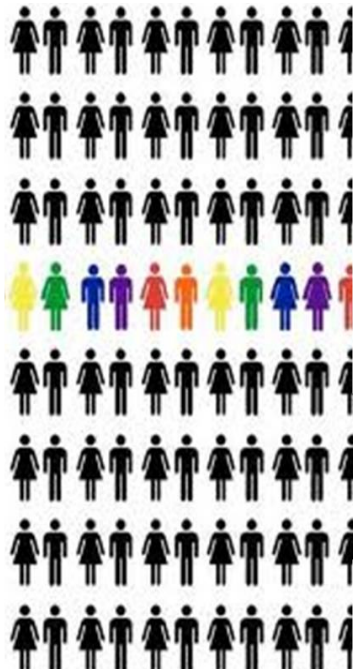
# Do Ask, Do Tell: Talking to your Provider about being LGBT



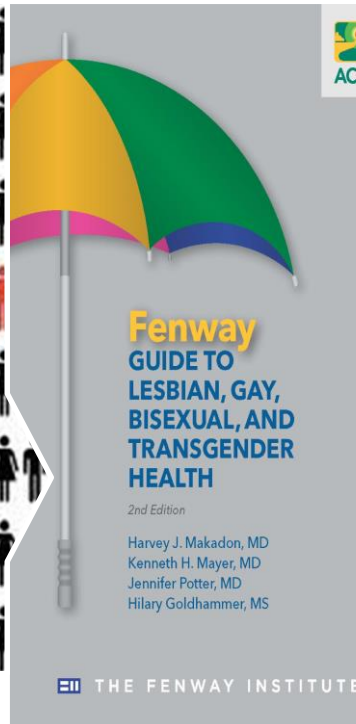
# Our Challenge:

## Quality Care for All, Including LGBT People

Data Collection



Clinical Education



Consumer Education

**Do Ask, Do Tell:**  
Talking to your health care provider about being LGBT



Patient Centered Care



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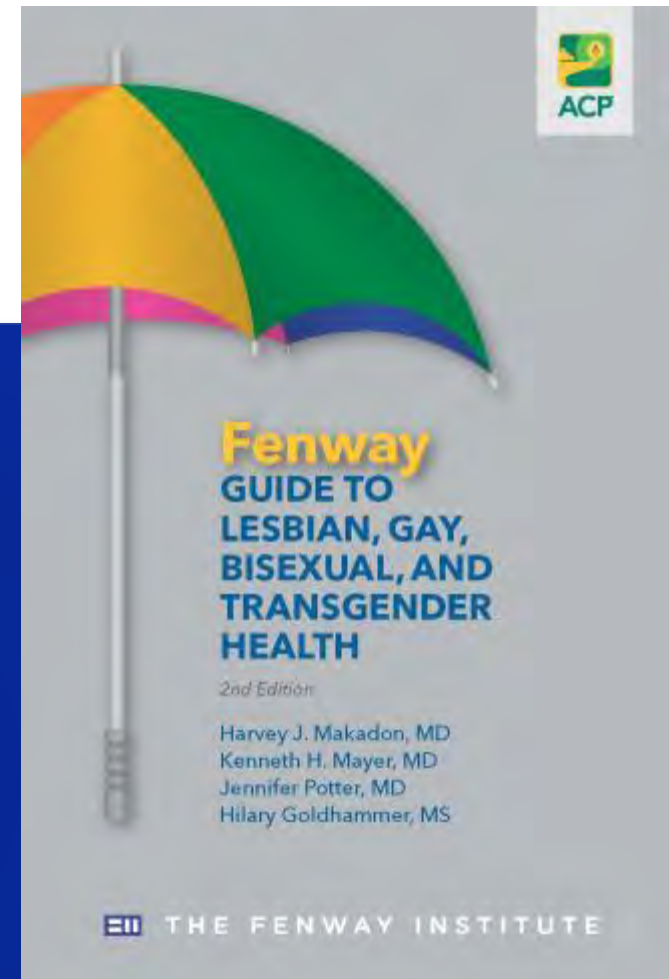
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 **[www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)**

 **[www.acponline.org/fenway](http://www.acponline.org/fenway)**





# Ensuring Access and High Quality Care of LGBT Patients

**John M. Knudsen, M.D.**  
Assistant Professor of Radiology,  
College of Medicine  
Mayo Clinic, Minnesota

**Office of Health Equity and Inclusion**



Mayo Clinic is a  
**Values Driven Organization**  
*Who are we and what are we about?*

Office of Health Equity and Inclusion



**Rochester**

**Mayo Clinic  
Health System**

**Phoenix,  
Scottsdale**



**Jacksonville**





# 150

Years Applying  
our Values





# Mayo Employee Resource Group Activism

## Our Story



# Challenges

- Organizational readiness
- Competing priorities



# Solutions

- Leadership champions
- Alignment with efforts to eliminate disparities
- Alignment with key strategic business priorities





# Our Successes

- LGBT visibility
- Transgender Intersex Specialty Care Clinic
- Transgender health plan coverage
- LGBT friendly provider list
- LGBT data collection



# Our Vision

- LGBT clinical competency diffused throughout the clinical environment
- A more welcoming environment
- Better data to improve care and achieve measurably better outcomes



# Summary

- Recruit your champions and support them
- Know your audience and speak to the issues that matter to them
- Competing priorities require patience with persistence
- Incremental gains





# Questions and Discussion

**John M. Knudsen, M.D.**

Assistant Professor of Radiology,  
College of Medicine  
Mayo Clinic, Minnesota

**Office of Health Equity and Inclusion**



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- Managing variation in care
- Implementing electronic health records
- Improving quality and efficiency
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- Others

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