Welcome

Optimizing Population Health for LGBT People in PCMH

Wednesday, August 15, 2012

We will begin promptly at 1 p.m. Eastern.

Event Host
Melissa DaSilva
NHCHC
Presenter

Harvey J. Makadon, MD

Director,
National LGBT Health Education Center,
The Fenway Institute

Clinical Professor of Medicine,
Harvard Medical School

Boston, Mass.
THE NATIONAL LGBT HEALTH EDUCATION CENTER

- HRSA (BPHC National Cooperative Agreement)
- Training and Technical Assistance
- Grand Rounds for Faculty, Staff, and Trainees
  - Co-sponsored by the American Medical Association
- Consultation on Creating Strategic Change
- Resources and Publications
Key points:

- Focus on Population Health
- Why LGBT Health?
- Understanding LGBT Demographics, Concepts
- Overcoming Barriers to Change
  - Creating Systems in Health Care Settings
  - Creating Environments for Learning, Working, and Caring
- Patient Centered Medical Homes
Population Health in PCMH's
Population Health

- Population health has been defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”

- One major step in achieving this aim is to reduce health inequities among population groups.

- Population health seeks to **step beyond the individual-level focus of mainstream medicine and public health** by addressing the social determinants of health and improve the capacity of people to adapt to, respond to, or control life's challenges and changes.
Why LGBT Health?

Bias in Health Care

Stigma and Discrimination

Social Determinants

Health Care Disparities
The Health of Lesbian, Gay, Bisexual, and Transgender People

Building a Foundation for Better Understanding
THE HEALTH OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE:
Understanding and Eliminating Health Disparities
Health Disparities Exist Across the Life Cycle
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)

- LGBT populations have the highest rates of tobacco, alcohol, and other drug use

- Gay men are at higher risk of HIV/STDs, especially among communities of color.

- Lesbians are less likely to get preventive services for cancer.

- Lesbians and bisexual females are more likely to be overweight or obese.
LGBT Disparities: Healthy People 2020

- Transgender individuals have a high prevalence of HIV/STI’s, victimization, mental health issues, and suicide. They are less likely to have health insurance than heterosexual or LGB individuals.

- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
LGBT Demographics, Concepts, and Terminology
L,G,B,T Demographics, Concepts, and Terminology
Affordable Care Act: New Opportunities and Challenges for Health Centers

Health Center

Patient Centered Medical Home
Intent to Expand Medicaid: July 2012

What the States are Saying About ACA Medicaid Expansion

- Participating
- Leaning Toward Participating
- Undecided/No Comment
- Leaning Toward Not Participating
- Will Not Participate
- ACA Lawsuit Participant
PCMH 2011 Core Standards

- PCMH 1: Enhance Access and Continuity
- PCMH 2: Identify and Manage Patient Populations
- PCMH 3: Plan and Manage Care
- PCMH 4: Provide Self-Care and Community Support
- PCMH 5: Track and Coordinate Care
- PCMH 6: Measure and Improve Performance
Overcoming Barriers to Change
Population Health: Ending LGBT Invisibility in Health Care

- How many of you have ever been asked to discuss your sexual history during a primary care visit?
- Has a clinician ever asked you about your sexual orientation?
- Has a clinician ever asked about your gender identity?
How well do you know the people coming to seek care? How do you find out?

New Patients

- How do clinicians and staff feel when learning this?
- What can be done to improve the patient experience and systems for care?

New Lesbian/Gay/Transgender Patients
Tools for Change!

**Policy Focus:**

**Why Gather Data on Sexual Orientation and Gender Identity in Clinical Settings**

**Policy Focus:**

**How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings**

THE FENWAY INSTITUTE
Why gather data on sexual orientation and gender identity?

- Increases ability to screen, detect, and prevent conditions more common in LGBT
- Helps develop a better understanding of patients’ lives
- Allows comparison of patient outcomes with national survey samples of LGBT people
- Patients may feel safer discussing their health and risk behaviors once they’ve disclosed
Gathering LGBT Data during the Process of Care

DATA INPUT AT HOME

ARRIVAL

REGISTER ONSITE

SO/GI DATA REPORTED

INFORMATION ENTERED INTO EHR

PROVIDER VISIT INPUT FROM HISTORY

YES

INFORMATION ENTERED INTO EHR

NO

SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)
Collecting Demographic Data on Sexual Orientation (Example)

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

Identity

Attraction  Behavior
Collecting Demographic Data on Gender Identity (Example)

1. **What is your current gender identity?**
   (Check an/or circle ALL that apply)
   - Male
   - Female
   - Transgender Male/Trans Man/FTM
   - Transgender Female/Trans Woman/MTF
   - Genderqueer
   - Additional category (please specify):
     _____________
   - Decline to answer

2. **What sex were you assigned at birth?**
   (Check one)
   - Male
   - Female
   - Decline to answer

3. **What pronouns do you prefer (e.g., he/him, she/her)?**
   _____________
Getting to Know Patients in Clinical Settings
Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

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

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
The Core of the Cross-cultural Interview

Respect

Curiosity

Empathy

Adapted from Betancourt and Green
Taking a History

- The core comprehensive history for LGBT patients is the same as for all patients (keeping in mind unique health risks and issues of LGBT populations)

- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)

- Use inclusive and neutral language
  - Instead of: “Do you have a wife/husband or boy/girlfriend?”
  - Ask: “Do you have a partner?” or “Are you in a relationship?” “What do you call your partner?”
Taking a Sexual History

- Make it routine
- Make no assumptions
- Not to be equated with learning about LGBT health
Taking a Sexual History

- Ask about behavior and risk – High risk for STI and HIV
  - Have you had sex with anyone in the last year?
  - Did you have sex with men, women, or both?
  - Have you had oral, vaginal, anal intercourse?
  - How many partners did you have?
  - How often do you use condoms?
  - Have you exchanged sex for drugs, alcohol, housing, food or money?
  - Has anyone ever forced you to have sex?

- Remember sexual health
Discussing Gender Identity

- Can be complex due to fluidity of expression for some and rapidly changing terminology
- Information on gender identity may be best obtained in advance of visit, self report at home or at registration
- In clinical settings, a provider can ask if patient has questions about gender identity
- Follow up as appropriate
Caring for the Whole Person

- MSM and other LGBT people have similar health concerns as others, as well as some additional concerns.

- Important to engage the whole person, not a collection of risk factors.

- Important to understand that LGBT life issues are similar to others, but also unique:
  - Families, Coming Out
  - Long Term Relationships
  - Reproduction, Parenting
  - Mental Health
  - Violence
  - Chronic Diseases
  - Communicable Diseases
Developing Clinically and Cost Effective Clinical Practices: HIV Prevention Programs
Initial Approach to HIV/AIDS

Counseling and Testing

Care and Treatment
Shift in Leadership and Roles Within Continuum of Care with Reform

Traditional focus of hospitals within the “care continuum”

- Prevention
- Urgent Care
- Primary Care & Coordination
- Diagnostic Ancillaries e.g., imaging
- Emergency Care
- Rehab Care
- Specialist Visit
- Treatment Ancillaries e.g., surgery
- Inpatient Care
- Housing Shelter
- Case Management
- Navigation
- Outreach
HIV Incidence by Transmission Category, United States, 2009

- Male-to-Male Sexual Contact (MSM): 61%
- Heterosexual Contact: 27%
- Injection Drug Use (IDU): 9%
- MSM/IDU: 3%
- Other: 0%
HIV Incidence among MSM or MSM/IDU, US, 2009

Incidence among black MSM ages 13-29 increased 48% from 2006-2009
Why is HIV incidence highest among black MSM?

- Sexual risk behaviors and substance use do not explain the differences in HIV infection between black and white MSM.

- The most likely causes of disproportionate HIV infection rates are:
  - Low frequency of recent HIV testing
  - High HIV prevalence in black MSM networks
  - High prevalence of other STI’s which facilitate HIV transmission
  - Barriers to access health care
Discordance between Sexual Behavior and Identity

- 2006 study of 4193 men in NYC (Pathela, 2006)
  - 9.4% of men who identified as “straight” had sex with a man in the prior year
  - These men were more likely to:
    - belong to minority racial and ethnic groups,
    - be of lower socio-economic status,
    - be foreign born
    - not use a condom

- 77-91% of lesbians had at least one prior sexual experience with men
  - 8% in the prior year (O’Hanlan, 1997)
MSM in South Africa, Around the World, and Throughout Time

- MSM in South Africa comprise a diverse group of men who share only one behavioural commonality: they have sex with other men.

- Many South African MSM do not identify with gay culture which may be viewed as a Eurocentric cultural construct which is often considered foreign and un-African.

- The behavior of men having sex with men has occurred across all cultures and all times without regard to a specific identity.
HPTN 061 Results: HIV Status at Entry

- A total of 1553 Black MSM enrolled, of whom 1379 (88.8%) reported no prior HIV diagnosis
- 96% agreed to HIV testing at study entry
- 12% newly diagnosed HIV positive (including 3 men with acute HIV infection)
### Characteristics of Previously HIV+, Newly HIV+ and HIV- Black MSM

<table>
<thead>
<tr>
<th>Variables</th>
<th>Prev. HIV+ (N=174)</th>
<th>New HIV+ (N=165)</th>
<th>HIV- (N=1168)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Age (IQR)</td>
<td>43(38,49)</td>
<td>41(31,46)</td>
<td>39(25,47)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>82%</td>
<td>82%</td>
<td>65%</td>
</tr>
<tr>
<td>Lack Stable Housing</td>
<td>7%</td>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td>Annual Household Income &lt; $50,000</td>
<td>94%</td>
<td>94%</td>
<td>87%</td>
</tr>
<tr>
<td>Homosexual/Gay Identity</td>
<td>69%</td>
<td>58%</td>
<td>47%</td>
</tr>
<tr>
<td>Transgender</td>
<td>3%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Median Sex Partners in Past 6 Months (IQR)</td>
<td>4 (2,7)</td>
<td>5 (2,9)</td>
<td>5 (3,10)</td>
</tr>
<tr>
<td>Unprotected Receptive Anal Intercourse</td>
<td>55%</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>Female Partners in Past 6 Months</td>
<td>25%</td>
<td>35%</td>
<td>49%</td>
</tr>
<tr>
<td>Transgender Partners in Past 6 Months</td>
<td>11%</td>
<td>17%</td>
<td>28%</td>
</tr>
</tbody>
</table>
Building a Program for Effective HIV Prevention

- Outreach/Counseling and Testing
- Access
  - Integrated Prevention
  - Knowledge, Attitudes and Skills
- Retention
  - Peer Navigation/Case Management
- Regular Follow Up
  - Counseling
  - Behavior Change
Creating Change at Home: Affirmative, Inclusive Environments for Caring, Learning, and Working
Creating a caring and inclusive environment

- 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?
- Is there a non-discrimination policy inclusive of sexual orientation and gender identity for patients and staff?
- Are there educational brochures on LGBT health topics?
- Are there unisex bathrooms?
Implementing Change to Succeed as a PCMH

- Elements of Population Health
  - Define and Identify Populations
  - Understand Unique Health Issues
  - Define “Hot Spots”-High Variation, High Cost
  - Develop Best Practices
    - Quality
    - Cost

- LGBT Health
  - Transgender Health Care
  - Behavioral Heath
  - HIV Prevention and Care
  - Health Care for the Homeless
Our Challenge: Making Health Care a Right for LGBT People
The National LGBT Health Education Center at The Fenway Institute

- We are here to help you!

Harvey Makadon, Hilary Goldhammer, Dirk Williams, Jeffrey Walter
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www.lgbthealtheducation.org
Questions and Answers

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Clinical Professor of Medicine,
Harvard Medical School

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Resources

- National Health Care for the Homeless Council
  - www.nhchc.org

- National LGBT Health Center, The Fenway Institute
  - www.thefenwayinstitute.org

- The Health of Lesbian, Gay, Bisexual, and Transgender People: Ending Disparities, Ending Invisibility
  - www.nhchc.org/?p=574

- National Health Care for the Homeless Conference & Policy Symposium

- National Conference Call for Proposals
For more information on the National HCH Council...

- Contact us at council@nhchc.org.

- Other educational opportunities including technical assistance and regional trainings can be found online at www.nhchc.org.