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SEXUAL AND GENDER MINORITIES: OPPORTUNITIES FOR MEDICAID HEALTH PLANS AND CLINICIANS

“The lack of culturally competent clinicians is a significant barrier to quality healthcare for many LGBTQ people.”



In 2011 Secretary Kathleen Sebelius, U.S. Department of Health & Human Services, made that statement in response to the Institute of Medicine (2011) report, “The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.”¹ Although it is well known that combining the elements of effective communication and patient-centeredness into care delivery has been shown to improve patients’ health and health care, this is still often overlooked for LGBTQ patients. This report is not intended to provide a complete review of LGBTQ health care, but rather, to raise awareness and provide context for Medicaid health plans and clinicians to improve access and services to these populations.

The mission of the Institute for Medicaid Innovation is to improve the lives of Medicaid enrollees through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity and the engagement of patients, families, and communities.

To better understand the concerns and health needs of lesbian, gay, bisexual, transgender, and gender non-conforming individuals enrolled in Medicaid, we must first have a common understanding of key terms (Table 1) and then of the barriers to high-quality care faced by these populations. Only then can we begin to create systems that remove those barriers and provide these individuals with high-quality health care. This issue brief will provide the reader with some key terms and definitions, an overview of LGBTQ health care, and ways to improve LGBTQ cultural competence both within a health plan organization and in its outreach to members.

An LGBTQ-inclusive nondiscrimination policy alone may not guarantee fair and respectful treatment for LGBTQ health plan employees. The health plan may want to adopt and promote a zero-tolerance policy for discrimination within the workplace. Examples of workplace challenges experienced by LGBTQ employees are the same ones often experienced by the health plan's members and can include the following:

- Being “outed” either carelessly or maliciously
- Feeling pressure to conceal one’s LGBTQ status
- Hearing or being the object of negative comments, ranging from stereotyping, jokes, ridicule, and judgments to mockery, taunts, harassment, ostracism, and abuse
- Being asked inappropriate and intrusive questions during the hiring process
- Having limited availability of LGBTQ mentors and role models
- Being denied or delayed promotions and pay increases or being given less desirable job assignments
- Transgender employees can face additional challenges, including the following:
 - Being questioned about or denied bathroom use
 - Being addressed as the wrong gender or by the wrong name

Medicaid health plans have an opportunity to create a culture within their organization that is inclusive of LGBTQ candidates for a job (e.g., stating on a job posting that, “This organization does not discriminate on the basis of sexual orientation or gender identity/expression.”). Diversity training for leadership and staff to promote the understanding of LGBTQ people can be a critical element for developing a positive work environment that is inclusive. Where possible, an LGBTQ Employee Resource Group (ERG) can be created, promoted, and supported.

In a health plan culture that celebrates diversity and inclusivity, Medicaid health plans may initiate and provide ongoing support to member advisory groups or community advisory boards to help guide their work. Such groups can provide an excellent opportunity to ensure that LGBTQ members are represented and heard, and such groups can help guide the work of Medicaid health plans to become culturally competent organizations and support health care organizations in providing culturally competent care to members. Member surveys that contain questions specifically asking for feedback from LGBT members can also help to inform and improve care for LGBTQ members. Finally, health plans might also want to engage local LGBT organizations as resources and advisers and can, in turn, become a resource for providing education to their communities.

Plans can enhance their monitoring efforts to provide culturally competent LGBTQ care and services, using quality improvement activities. Such activities can be both internal, related to hiring and treatment of LGBTQ staff, and external, related to culturally sensitive care management and appropriate approval of services.

To support health plan efforts, the following checklist (Table 2) can be used to improve both access and care provided to LGBTQ members as well as improve the health plan’s own internal culture in supporting LGBTQ employees.



Table 2. Checklist for Medicaid Managed Care to Address and Improve LGBT Health Care

Culture and Community	In Place	Actively Planning (Implementation Target Date)	Future Priority (Target Date to begin planning)
Adapt and utilize the Joint Commission “LGBT Field Guide.” ²⁷			
Create a financial benefit for clinicians and practices to adapt and utilize the Joint Commission “LGBT Field Guide.” ²⁷			
Identify one or more leaders (“champions”) tasked with oversight of organizational efforts to improve LGBTQ cultural competence.			
Collaborate with community organizations that promote LGBTQ equality and inclusion (e.g., Parents and Friends of Gays and Lesbians, or PFLAG) to better understand the needs of the local LGBTQ community.			
Hiring and Human Resources	In Place	Actively Planning (Implementation Target Date)	Future Priority (Target Date to begin planning)
Make hiring policies and advertising for positions explicitly welcoming to LGBTQ individuals.			
Create an Advisory Council or Board that includes LGBTQ representation.			
Policies	In Place	Actively Planning (Implementation Target Date)	Future Priority (Target Date to begin planning)
Augment health plan and practice nondiscrimination policies with a zero-tolerance culture.			
Review all company and practice policies to be sure they address LGBTQ concerns.			
Benefits and Health Care Provision	In Place	Actively Planning (Implementation Target Date)	Future Priority (Target Date to begin planning)
Establish health plan employee coverage for LGBTQ employees as a model for clinician practices.			
Ensure that all appropriate screening tests are available and are based on individual needs (e.g., cervical cancer screening for trans men who still have a cervix).			
Provide and incentivize appropriate screening for behavioral health disorders, substance use disorders, and intimate partner violence.			
Evaluate network adequacy for services specific to transgender people’s needs.			
Provide coverage for health plan members and employees for counseling, hormonal therapy, and gender reassignment surgery as indicated for treatment of gender dysphoria.			
Offer trained case managers for any transgender person on the continuum of gender reassignment.			
Education	In Place	Actively Planning (Implementation Target Date)	Future Priority (Target Date to begin planning)
Provide LGBTQ cultural competency education to all health plan employees and clinician practices.			
Provide training for all health plan employees and clinician practices in trauma-informed care as it relates to LGBTQ populations.			
Educate pharmacists and clinicians on prescribing hormonal therapy for transgender individuals.			
Identify resource individuals within the health plan/practice, especially plan leaders, who can educate staff and support LGBTQ employees.			
Data Collection and Utilization	In Place	Actively Planning (Implementation Target Date)	Future Priority (Target Date to begin planning)
Collect accurate data on LGBTQ plan members and use the data to improve services to this population.			
Institute financial rewards for clinicians/practices that collect and utilize member data to improve LGBTQ health care.			

Source: Institute for Medicaid Innovation (2019). “Sexual and Gender Minorities: Opportunities for Medicaid Health Plans and Clinicians.”

Looking Ahead: Opportunities for Advancing LGBTQ Health

Although it is well known that combining the elements of effective communication and patient-centeredness into care delivery has been shown to improve patients' health and health care, this is still often overlooked for LGBTQ populations. Fear, discrimination, and previous negative experiences with the health care system are common barriers to accessing care. Medicaid health plans that have a welcoming internal culture for LGBTQ people have an opportunity to ensure that nondiscrimination and inclusivity extend to their clinician practices and the members they serve. Furthermore, there are opportunities for Medicaid health plans, researchers, and clinicians to improve LGBTQ health experiences, access, and coverage.



Clinical Priorities

Address all aspects of a patient's identity in clinical encounters and how it might or might not be related to specific health conditions or concerns.

LGBTQ individuals may have unique health care needs. It is important for clinicians to identify how a patient's identity may influence health outcomes to provide appropriate, individualized care.

Educate clinicians and health care center staff who work with patients on cultural competency.

Health care settings that acknowledge and welcome diverse individuals promote communication between clinicians and patients.

Create welcoming physical environments at health practices.

Health forms should be gender-neutral and record sexual orientation, gender identity, gender pronouns, and information that facilitates proper billing such as sex assigned at birth, sex on legal documents, and preferred and legal names. Brochures and health information provided at health facilities should include information that is relevant for LGBTQ patients. Nondiscrimination notices placed around offices can make it clear that the facility supports inclusivity.

Screen for mental health, substance and tobacco use, and physical and sexual violence.

LGBTQ individuals experience depression and anxiety at higher rates than non-LGBTQ persons do. Discrimination and stigma, estrangement from family and friends, and harassment or violence all contribute to this increased prevalence. In addition, LGBTQ individuals experience intimate partner violence, sexual assault, and other physical violence at higher rates than non-LGBTQ persons do. Substance and tobacco use prevalence rates are also higher among LGBTQ populations. Although it should not be assumed that these factors apply to all LGBTQ patients, it is important to screen for and identify cases for which treatment can be helpful.

Use trauma-informed care approaches.

Trauma-informed care is especially important for clinicians and other health professionals to implement when working with populations who may have experienced discrimination, harassment, abuse, or violence.

Provide appropriate transition-related care.

Clinicians trained in transgender health care should facilitate shared decision-making for hormone therapy and surgery. Transgender-sensitive care can improve utilization rates and overall well-being and can be protective against substance use and behavioral health disorders.



Research Priorities

Improve data collection efforts.

Health plans should collect data on their LGBTQ members to tailor their outreach, education, and care plans to peoples' needs. This can include self-reported gender identity and sexual orientation. Any information collected from members should be voluntarily disclosed, and consent should be obtained for any data that is documented. Gender identity information collected from national and state health and demographics surveys can be combined with health plan data to better quality improvement efforts and address community and individual patient needs.



Policy Priorities

Create an actively welcoming internal culture for LGBTQ employees at health plans.

Having an inclusive work environment for staff can help extend this to interactions with members. Standards such as the Joint Commission's Comprehensive Accreditation Manual for Hospitals can be adapted and applied to health plans and associated medical and behavioral health practices.

Identify and manage referrals to clinicians that can appropriately treat transgender members.

Health plans can ensure that transgender members receive high-quality care by directing them to clinicians who are adequately trained in providing health care for transgender individuals.

Appendix A. Other Resources & Information

American Medical Association’s Advisory Committee on Gay, Lesbian, Bisexual, and Transgender Issues	https://www.ama-assn.org/delivering-care/population-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues
Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys	https://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf
Caring for Transgender and Gender-Diverse Persons	https://www.aafp.org/afp/2018/1201/p645.html
The Future of Transgender Coverage	https://www.ncbi.nlm.nih.gov/pubmed/28402247
Gay & Lesbian Medical Association’s Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients	https://www.rainbowwelcome.org/uploads/pdfs/GLMA%20guidelines%202006%20FINAL.pdf
Gay & Lesbian Medical Association Webinar Series: Quality Healthcare for Lesbian, Gay, Bisexual & Transgender People	https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-disparities-solutions/Events/PastWebinars.html
Health implications of the Supreme Court’s <i>Obergefell vs. Hodges</i> Marriage Equality Decision	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4713052/
How Many Adults Identify as Transgender in the United States?	https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf
“I don’t think this is theoretical; this is our lives”: How Erasure Impacts Health Care for Transgender People	https://www.ncbi.nlm.nih.gov/pubmed/19732694
Managing Uncertainty: A Grounded Theory of Stigma in Transgender Healthcare Encounters	https://www.ncbi.nlm.nih.gov/pubmed/23517700
The National LGBT Health Education Center	https://www.lgbthealtheducation.org/
Non-discrimination Laws: State by State Information – Map	https://www.aclu.org/map/non-discrimination-laws-state-state-information-map
The Report of the 2015 U.S. Transgender Survey	https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF
Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis	https://www.ncbi.nlm.nih.gov/pubmed/26481647
Summary of the Gay and Lesbian Medical Association (GLMA) Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients	http://safezone.sdes.ucf.edu/docs/glma-guidelines.pdf
Transgender Healthcare Coverage: Prevalence, Recent Trends, and Considerations for Payers	http://www.milliman.com/insight/2016/Transgender-healthcare-coverage-Prevalence--recent-trends--and-considerations-for-payers/
Transgender Law Center’s 10 Tips for Working with Transgender Individuals: A Guide for Health Care Providers	https://transgenderlawcenter.org/resources/health/10tips
World Professional Association for Transgender Health Standards of Care	https://www.wpath.org/publications/soc

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