Addressing the Health of LGBT People through Public Health & Primary Care Collaboration

Dan Lentine, MPH
Partnership Liaison, Division of STD Prevention

Michigan LGBT Health Summit: Meeting the Primary Care Needs of the Lesbian, Gay, Bi-sexual, and Transgender Population
June 13, 2016
Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry.
Today’s Presentation

• CDC’s “Three Bucket’s of Prevention” – the framework for collaborative work between public health and primary care
  – A recent HIV/STD example from Detroit, MI
• The importance of addressing health disparities and equality for LGBT people, including collecting sexual orientation and gender identity (SOGI) information
  – Current work by CDC’s HIV and STD prevention Divisions to improve the collection of SOGI and the provision of quality services to LGBT populations in community health centers
Changing Environment

- Increased insurance coverage
  - Uninsured 18-64 year olds down from 21% to 13%

- Payment Reform
  - Movement from fee-for-service to value-based
  - Value-focus may increase focus on prevention and wellness

- New Clinical Models
  - Patient-centered medical homes, FQHCs
  - ACOs – larger entities with vertical integrated care
Public Health Evolution

*Recession cuts unrestored – 46K fewer jobs
-48 % locals reduced PH services in 2012
-29 states decreased PH budgets in 2012

*Time of uncertainty & change
*Other cuts may come
*Attention to linkage with other sectors
Primary Care & Public Health Collaboration

Three Buckets of Prevention

1. Traditional Clinical Prevention
   - Increase the use of evidence-based services

2. Innovative Clinical Prevention
   - Provide services outside the clinical setting

3. Total Population or Community-Wide Prevention
   - Implement interventions that reach whole populations

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http://journals.lww.com/jphmp/Citation/publishahead/The_3_Buckets_of_Prevention_99695.aspx

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CDC Logo
Example: STD Services in Detroit, MI

- Wayne County – 2012
  - 7th in nation for number of chlamydia cases diagnosed (17,532)
  - 4th in nation for number of gonorrhea cases diagnosed (6,609)

- 173% increase in number of primary and secondary syphilis cases from 2010 to 2013 (from 73 to 199, respectively)
  - 56% among young (<35 years old) black men who have sex with men
Example: Strengthening STD Services in Detroit, MI

- July 2013: Detroit Bankruptcy
- Oct 2013: Herman Kiefer Closes
- Jan 2014: MI Dept of Health requests CDC technical assistance
- April 2014: Response meeting
Example: Strengthening STD Services in Detroit, MI

- Sept 2014: Wayne State University takes on STD clinic, HIV testing, and TB control
- Local FQHC’s focus on chlamydia services
- Henry Ford Hospital evaluation of rapid point-of-care syphilis test
June is LGBT PRIDE MONTH!

The White House
Office of the Press Secretary
For Immediate Release
May 31, 2016

Presidential Proclamation -- LGBT Pride Month, 2016

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PRIDE MONTH, 2016

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BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

Since our founding, America has advanced on an unending path toward becoming a more perfect Union. This journey, led by forward-thinking individuals who have set their sights on reaching for a brighter tomorrow, has never been easy or smooth. The fight for dignity and equality for lesbian, gay, bisexual, and transgender (LGBT) people is reflected in the tireless dedication of advocates and allies who strive to forge a more inclusive society. They have spurred sweeping progress by changing hearts and minds and by demanding equal treatment -- under our laws, from our courts, and in our politics. This month, we recognize all they have done.
Why Focus on LGBT Health?

• The rate of new HIV diagnoses among MSM in the United States is more than 44 times that of other men (range: 522 – 989 per 100,000 MSM vs. 12 per 100,000 other men)\(^1\)

• Young, black MSM, in particular, are disproportionately affected, accounting for more new infections (4,800 in 2010) than any other subgroup\(^2\)

• HIV prevalence among African American trans women is approximately 56%, whereas the prevalence among Caucasian trans women is approximately 17%\(^3\)

• Compared to heterosexual adults, lesbian, gay, and bisexual individuals are more than twice as likely to smoke\(^4\)

• Lesbians and bisexual women are up to 10 times less likely than heterosexual women to undergo regular screening for cervical cancer\(^5\)

• Between 20 and 40% of homeless youth are LGBT\(^6\)
Increases in all STDs & STDs among MSM

Troubling rise in syphilis infections among men, particularly gay and bisexual men

Trend data show rates of syphilis are increasing at an alarming rate (15.1 percent in 2014). While rates have increased among both men and women, men account for more than 90 percent of all primary and secondary syphilis cases. Men who have sex with men (MSM) account for 83 percent of male cases where the sex of the sex partner is known. Primary and secondary syphilis are the most infectious stages of the disease, and if not adequately treated, can lead to long-term infection which can cause visual impairment and stroke. Syphilis infection can also place a person at increased risk for acquiring or transmitting HIV infection. Available surveillance data indicate that an average of half of MSM who have syphilis are also infected with HIV.

Gay and Bisexual Men Face Highest – and Rising – Number of Syphilis Infections

Note: Based on available data from states reporting sex of sex partners

Proportion of MSM* Attending STD Clinics with Primary and Secondary Syphilis, Gonorrhea or Chlamydia by HIV Status†, STD Surveillance Network (SSuN), 2014

*MSM = men who have sex with men; P&S = primary and secondary syphilis; GC = gonorrhea; CT = chlamydia.
† Excludes all persons for whom there was no laboratory documentation or self-report of HIV status.
‡ GC urethral and CT urethral include results from both urethral and urine specimens.

NOTE: Includes the six jurisdictions (Baltimore, Los Angeles, New York City, Philadelphia, San Francisco and Seattle) that contributed data for all of 2014.

2014 CDC STD Surveillance Report, Fig X, Pg. 76.
Incident Gonorrhea Cases Among GBMSM

Figure 3. Estimated Rate of Reported Gonorrhea Cases by GBMSM, MSW and Women, SSuN, 2010 – 2013*.

* Data shown with 95% Wald Confidence Intervals (CI).

Mark R. Stenger, Heidi Bauer, Elizabeth Torrone, the SSuN Study Group
Special Surveillance Efforts

Data on gender of sex partners was obtained through patient interviews among a random sample of gonorrhea cases reported 2010 through 2013 in jurisdictions collaborating in the STD Surveillance Network (SSuN, Fig 2). Case weights were developed, adjusted for non-response, and used to estimate the total number of male gonorrhea cases attributable to GBMSM by year for 2010 to 2013 in each collaborating jurisdiction.

Findings from the STD Surveillance Network (SSuN) 2010 – 2013
Mark R. Stenger, Heidi Bauer, Elizabeth Torrone, the SSuN Study Group
Need for Better Data

• It is difficult to fully characterize the health needs of the population(s)
• Difficult to identify a patient who is LGBT in need of certain preventive services presenting in care
• Need to collect of sexual orientation and gender identity information on patients
• Need to include SOGI on national surveys and in disease surveillance
Current efforts

• Current federal efforts stress the need to make LGBT people visible through routine data collection of SOGI and to provide culturally sensitive, high quality preventive services and care.
I. BACKGROUND

This Program Assistance Letter (PAL) provides an overview of proposed changes to the Health Resources and Services Administration’s (HRSA) calendar year (CY) 2016 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in February 2017. Additional details regarding these changes will be provided in the forthcoming 2016 UDS Manual.

II. PROPOSED CHANGES FOR CY 2016 UDS REPORTING

A. SEXUAL ORIENTATION AND GENDER IDENTITY (SO/GI) – TABLES 3A, 3B

   Sexual orientation and gender identity are reported on Table 3A, 3B.
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Rationale: Improving the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services is a priority of the Health Center Program. Sexual orientation and gender identity can play a significant role in determining health outcomes. Gaining a better understanding of populations served by health centers, including sexual orientation and gender identity, promotes culturally competent care delivery and contributes to reducing health disparities overall. In addition, adopting sexual orientation and gender identity (SO/GI) data collection in the UDS aligns with the 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. Alignment of UDS SOGI data elements with ONC certification criteria also reduces overall health center reporting burden.
Partners:
Transforming Primary Care for LGBT People

NACHC
- National Stakeholders
- Health Center Recruitment and Selection
- Advisory Group

Weitzman Institute
- ECHO Technology
- Practice Transformation through Breakthrough Series
- Data Collection/Evaluation

Fenway Institute
- LGBT Clinical Expertise
- LGBT Faculty
- SOGI
Primary Care and Behavioral Health Providers

Project ECHO® Sessions

- Case-Based Learning
- Didactic Presentations
- Primary Care/Behavioral Health Co-Management

Primary Care and Behavioral Health Providers

Practice Improvement Collaborative

- Practice-Specific Gap Assessment
- Quality Improvement Training
- Rapid Cycle Tests of Change

Process Outcomes

- Improved Adoption of Evidence-Based Practices
- Increased Knowledge and Efficacy
- Communities of Learning/Practice

Provider Outcomes

- Improved Clinical Decision Support
- Care Standardization
- Patient Centered Care Plans

Measured Improvement

- Improved STD Screening Rates and Referral to Appropriate Treatment
- Improved Rates of Screening for Cervical Cancer
- Improved Rates of Screening for Depression
- Improved Rates of Screening for Smoking, Alcohol and Substance Use
Quantitative and Qualitative Data

- Use of SOGI data, ICD 10, missed opportunities, qualitative information about most impactful actions and best practices and challenges around changing systems and care delivery to address LGBT identification and engagement with analysis around health and cost impact.

Accelerated Learning Infrastructure

- Multi-session quality improvement learning community designed to foster peer collaboration and practice transformation, while coaching teams through needs assessment, goal-setting, rapid-cycle tests of change, and changes made to practice workflows.

Increased Health Center and Public Health Collaboration in LGBT populations

- Using proactive outreach to spread lessons learned.
• Adelante Healthcare (AZ)
• ChapCare (CA)
• Community Health Center Inc (CT)
• El Rio Community Health Center, AZ
• Family First Health, PA
• **Health Delivery, Inc. (MI)**
  • Metro Community Provider Network (CO)
  • NO/AIDS Task Force dba CrescentCare (LA)
  • Piedmont Health Services (NC)
  • Project Vida (TX)
Transforming Primary Care for LGBT People

Essential Collaborative Materials

This section contains materials you will want to access to inform your work in the Collaborative. The materials include CDC Guidelines and other essential information.

- Essential Collaborative Materials
- Collaborative Zoom Meetings

This file contains the information including the video link to each of the Zoom Meetings related to Collaborative activities.
Summary

- Changes in the US health care system and new technologies have created new opportunities to improve individual patient care and population-level health.

- Collaboration between public health and primary care can help identify and maximize the resources available in a community (e.g., financial, technological, human, etc), and ultimately be a vehicle for addressing complex individual- and community-level health issues that may otherwise be out of reach.
Summary

- LGBT populations are disproportionately burdened by HIV and STDs and other health issues, but lack of data make it difficult to fully characterize their needs.
- Without SOGI demographic data, a clinician may not recognize an LGBT patient presenting in care who might benefit from certain preventive services.
- Current federal efforts stress the need to make LGBT people visible through routine data collection of SOGI and to provide culturally sensitive, high quality preventive services and care.
Just one more thing!
STD Treatment Guidelines On The Go:
The STD Tx Guide App

• Gives clinicians easy access to CDC’s current STD Treatment Guidelines
• Available for mobile phones and tablets
• Includes STD diagnostic and treatment information and “A Guide to Taking a Sexual History”
• FREE!