2020 SIOL Workshop 1 Transcript

0:04

Hello again, everyone. My name is Aleksa Manila. I'm your emcee for today's 19th Annual Saying it Out Loud Conference. Once again, each workshop is recorded. And we will be broadcasting them on our website at sayingitoutloud.org at the end of the conference. And again, remember, to switch e-mails or switch links, and all of the links have been e-mailed to you following your registration. Our first session for today is Come Out Wherever You Are, Medicaid Integrated Managed Care Through an LGBTQ+ Health Equity Lens. This is presented by Jennifer Estroff, Donny Guerrero, Erica Marchbank, Scott Swan, and Karla Thornton. Take it away.

0:53

Mmm hmm.

0:55

(Jen Estroff) Thank you so much. And, of course, to kick us off. Why not have slight issue sharing my screen?

1:07

There we go.

1:11

(Donny) Success.

1:18

All right.

1:26

(Scott) Can we make it full screen? I'm seeing it.

1:31

(Jen) Yes, Attendees, the adorable thing is that we did practice with multiple times.

1:36

Yeah.

1:40

(Scott) It happens.

1:43

(Jen) OK, all right, well, Scott, do you want to start with your intro and I will make the correct?

1:50

(Scott) Perfect. Thank you so much, Aleksa. Yes, you are, hopefully in the right place, there's only one track this time, so welcome to Come Out Wherever You Are: Medicaid Integrated Managed Care through an LGBTQ+ Health Equity Lens. We're so excited you're all here, and we're so excited to get started. Before we get into introductions, we did want to do a Tribal land acknowledgement and I promise I will not be reading slides to you, but this is very important for us. So…

We humbly acknowledge that across the state, Integrated Managed Care work is happening on lands lost to Indigenous Peoples. We take a moment to consider the legacies of colonialism and the resulting systems of oppression that contribute to the health disparities of American Indian and Alaska Natives, including those who identify as Two Spirit.

On our path to achieving equity for all, we seek to better understand the resiliency of Tribes, the Indian health care delivery system, the political status of American Indians and Alaska Natives, and our role in supporting culturally appropriate services for this unique population.

2:55

You will see the term Two Spirit today.

2:58

We wanted to let you know just some information that this is an umbrella term that will encompass sexuality, and gender in indigenous Native American communities. Using this term if you're not within that community is offensive and inappropriate, and we're gonna, we just wanted to give that heads up, as, sometimes, people can see this as a new identity to take on. If you're not within those identifiers indigenous Native Americans

3:23

There's a delay. Than it is, it is appropriate if and not, not OK to do.

3:39

(Donny) Thank you so much, Scott. Good morning everyone. My name is Donny Guerrero, my pronouns are he, him, his.

3:46

I am the Community Engagement Specialist from Molina Healthcare and today I am coming from the beautiful Wenatchee Valley located in North Central Washington.

3:58

(Erica) Hey everyone. So good to be here with you today. My name is Erica Marchbank, my pronouns are, she/her they/them. And I'm a Community Connector, with Molina Healthcare of Washington and I am in Vancouver.

4:16

(Karla) Good morning, everyone, my name is Karla Thornton, my pronouns are she, her and hers. I am the Director of Contracting and Network Development for Coordinated Care. And I am located in Tacoma, Washington.

4:34

(Scott) Good morning, everyone. Hi. My name is Scott Swan. I use he and him pronouns, and I'm one of our Care Managers at Coordinated Care. I'm coming to you from the Lower Queen in Seattle.

4:47

(Jen) Hi, everyone. My name is Jen Estroff, I use she her and hers pronouns. I'm a Health Liaison at Coordinated Care. So primarily, I work with the foster care population, and I'm one of our LGBTQ+ subject matter experts and do want to acknowledge that I am a straight, cisgender, white woman. So it's really been an honor to be able to do this work, and support this really incredible team of folks from two different organizations as we work to present this information to you all today.

5:19

We'd like to start off with group agreements. I'm sure some of you have seen things like this. Our initial idea, as we worked together, was to have a presentation that could work if we were all able to be in person and in the community at the Saying It Out Loud Conference in Tacoma. But as we all know, we needed to alter these a bit to be appropriate for a virtual world. So, we really encourage you, to, some folks are already doing this, to please use the questions box, not only for questions, but one of the things we want to do in this overall presentation is get feedback, and really make sure that you have the opportunity to share your experiences and resources that folks should know about. We're going to be collecting those. And when this goes out as a PDF, after this conference is over, then you will be able to benefit from everyone's input.

6:14

So you can absolutely share from your own experience. And remember that because of this session is recorded, if you want to share some feedback with us and you don't want your name to be mentioned, please go ahead and let that know when you send your question in. We are doing our best to make this a trauma informed presentation. Some of the information that we're covering can be triggering so please do what you need to take care of yourself. I will acknowledge that I have a toddler, in my house, so if you hear some crying in the background that is from a recently, two year old kid. Please take care of yourself if you need to. We are the longest session today, but we are going to endeavor to make there be enough input and feedback that it doesn't feel all that long.

6:58

The big ideas and takeaways that we are hoping folks will really get, and the things that we want to focus on is the idea of who does the Healthcare System Center. And one thing that we know when we will show is that health disparities are really the outcomes of a system that was designed to center, straight, white, cisgender males. That doesn't mean that there aren't also folks in that identity group who are not experiencing great health, but we'll look at data that shows pretty clearly that we need to change who is centered. We're going to talk about data collection. When we don't ask folks to self-identify, then we won't even know the scope of the problem. And finally, we're hoping this is the start of

a conversation about what we can do about it as a state. That's going to include better training and resources for providers and really standardizing more inclusive data collection across the state and then being able to use analytics to help us improve our system.

7:57

I'm giving it over to you, Scott.

8:03

(Scott) I know the story of my life I was muted. Hi, everyone. Here's our first poll of the session. So, which of the roles best describes who's in the room? So, please select one of the following, if you're a behavioral health provider, health care consumer, community, organizer, work within social services, or you're an educator.

8:25

(Jen) And we have five polls today. It seems to, I forgot to say this out loud, any poll that seems to refer to you, we strongly encourage you to participate with us and we actually can see what percentage of the attendees have voted. So we're at, for example, 30% right now. Give this a little bit more time to get those both in, and I'm guessing some of you sit in 1 or 1 category or more, and we are just gonna make you choose.

9:05

9:06

10 more seconds, and someone has mentioned in the comments and that really is that we know some folks might be concerned about self-identifying. Of course, there is no forcing and we actually don't know who has voted in what ways that will never be calling anyone out by name for responding to any of these questions in a certain way. So thank you very much and making sure that we knew that.

9:34

All right. I'm going to go ahead and close this poll.

9:41

And here are (the results)

Poll 1 results: Which of these roles best describes you?

- ***36%*** *- Behavioral Health Provider/Physical Health Provider*
- ***3%*** *- Health Care Consumer/Advocate*
- ***7%*** *- Community Organization*
- ***60%*** *- Social Services (nonprofit or government)*
- ***7%*** *- Educator*

9:47

(Karla) Awesome

.

9:55

(Scott) Looks like, yeah, a lot of providers. A lot of people working within social services at non-profits and government.

10:02

Good mix.

10:05

(Jen) Thank you all for taking some time to be with us today.

10:14

(Jen) All right. So, we wanted to make sure that everyone is on the same page, and so we have just a little bit of the basics here.

10:22

So, there's always a chance that for someone, this is the first session on LGBTQ+ health that they've attended in their entire life, until we want folks to know what we are talking about today.

So, some terms that you'll see here, that you'll hear that we're going to use SOGIE, Sexual Orientation, Gender Identity, and Gender Expression. You'll notice that there's a link in our presentation that will link. and that can also show you if you go to the Saying It Out Loud website. Right now, handout eight under our presentation will actually connect you with a glossary of LGBTQ information. You're welcome to peruse at your leisure.

SMG, sexual and gender minority group, SOGI-P, which I learned yesterday taking, my toddler in for a well-child, is sexual orientation, gender identity, and pronouns. And I want to give a shout-out to MultiCare who since June 2019 has been asking legal, name, preferred name, sex assigned at birth and pronouns, and more to all of their patients starting in June of 2019.

11:27

Other terms: lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, or ally, all make up the Longer term LGBTQQI2AA. Two, in this case, would stand for Two Spirit that we've defined earlier. And, the class includes all of the beautiful spectra of human sexuality and identity.

11:50

And, the next Resource, none of us on the presenter team would be without the Gender Unicorn from the Trans Student Educational Resources. So, this is the best example we've seen of how to talk about sexual orientation, gender identity, and gender expression. So you can see our lovely lavender unicorn there with a little rainbow.

12:13

The little rainbow is showing gender identity, how someone thinks about their gender as female, woman, girl or male, man, boy, or other genders. One reason we really love this depiction, is that it totally avoid the binary, every single one of these gender, pieces, or sex pieces. Really starts off at one point, and goes into infinity, and folks can identify, at every single point, or any point, along any of these categories. So, gender identity is how we think about our gender. You can see by the green dots on the left that gender expression is really how someone chooses or based on society, can be forced to express their gender.

12:52

So, how that shows outwardly, sex assigned at birth could be female, male, or other and intersex and that really, is more about genetic, but, really, genitalia when an infant is born in the hospital. You know, the doctors, as long as they can identify something that looks like a penis or looks like a vulva, aren't then following up with chromosomal test to determine, you know, the exact biological makeup. They say, Oh, it's a boy or oh, it's a girl. So sex assigned at birth is the term used that really refers to genitalia and possibly our genes and then the orange and red heart to your orange for physical attractedness,who you're attracted to. The red heart for emotional attraction, the idea that those could be the same or different, and that covers that sexual orientation piece of the SOGIE puzzle.

13:41

So one reason that we use SOGIE is because even cis-straight folks have a SOGIE. They all have a sexual orientation and gender identity and a way that they express it.

13:52

So this is one of our favorite tools, and I am already seeing there is a comment here in our questions.

14:04

Oh. There's so many good questions coming in already, so I apologize for being distracted.

14:11

Thanks for the feedback that is moving. All right. I'm going to ask some of our technical wizards to let us know what is blocking the middle of the screen. And then for the Gender Unicorn, if you have any more questions about that, please you can go to transstudent.org/gender and on the Saying It Out Loud site, there should be a presentation link that has the handout under that. And if not, we can send out more information after.

14:43

Yes, all of the graphics, all the handouts that we mention are either already up on the website. Some of them are available for download now in GoToWebinar and then they'll be available after the conference as well.

14:57

(Karla) Alright, thanks Jen.

14:59

Lots of great information. We're going to enter into poll, number two, and this is aimed at healthcare providers, and by healthcare, we're saying agencies, behavioral health, any organization that supports clients, members, or patients. So the question is, as a provider, I feel aware of how to serve LGBTQ+ patients well. Do you completely agree with this statement, somewhat agree, but there's known areas of opportunity, or do you disagree and need some help?

15:38

Take a moment and select one of those choices.

15:46

(Donny) Thank you so much to everybody who is participating, participating in the polls. It is great to see all the engagement that is going on through this virtual platform.

16:01

(Karla) How are we looking, Jen?

16:15

(Jen) And I did the thing where I was on mute. Yes. Let's give it just about five more seconds. We're getting some great votes coming in here.

16:23

(Karla) Awesome,

(Jen) And 3, 2, 1, going to close this.

16:31

(Karla) OK, Thank you for everyone's participation, so there's known areas of opportunity, and will use the feedback that we're gathering in these polls.

Poll 2 results: As a provider, I feel aware of how to serve LGBTQ+ patients well.

- ***15%*** *- Completely agree*
- ***68%*** *- Somewhat agree but known areas of opportunity*
- ***17%*** *- Disagree and need some help*

16:49

Throughout the presentation, as we move forward and strengthen the agreements and supports that, we're working with HCA and the other MCOs, to impact that change on education.

17:09

(Donny) Thank you so much Karla.

17:11

So we are moving into our third poll, and this one is around health care consumers and their experiences with their providers.

17:20

So the question is, as a health care consumer. I feel my health care team respectfully serves the LGBTQ+ patients.

17:31

Possible answers are completely agree,

17:35

Somewhat agree, but there have been issues or disagree. More LGBTQ+ competent providers are needed.

17:44

We'll go ahead and give you a few seconds to go ahead and jot down your answers. I am really looking forward to this, to the feedback.

18:00

(Jen) And, of course, we know that health care providers are also healthcare consumers.

18:05

And, we assume everyone? Ha-ha.

18:15

OK, going to give this about 10 more seconds for folks to respond.

18:20

We did have a lot of discussion as a team about fabulous music that we could play during each poll, but I will identify myself that I could just think of Spice Girl songs because I am in my forties in America as a white woman.

18:34

So I just feel like I should apologize for the lack of good music ahead of time, or I guess during.

18:41

And all right, I'm going to go ahead and close the poll and share the results.

Poll 3 results: As a health care consumer, I feel that my health care team respectfully serves LGBTQ+ patients.

- ***19%*** *- Completely agree*
- ***48%*** *- Somewhat agree, but there have been issues*
- ***33%*** *- More LGBTQ+ competent providers are needed.*

18:57

(Donny) That is great feedback, and looks like we still have a lot of work to do, but at least it gives us a breaking point somewhere to go ahead and continue on from here. Thanks for everybody's feedback.

19:15

(Karla) Alright, poll number four.

19:18

As a health care provider, what percentage of your patients are LGBTQ+ identified?

19:25

More than 50%, between 25 and 50%, less than 25%, or your practice doesn't actually collect this type of data.

19:36

So, if you take a moment and answer.

19:54

(Jen) I'm laughing, I'm getting support for other types of music that we could have chosen. I'd like to give a shout out to the person who said that they are in their sixties and Donna Summer would also have been appropriate.

20:16

Yeah, I know, I didn't mean to turn this into feedback solely on music. But we can make a separate slide for that when we start this information back out to everyone. All right, we'll take about 10 more seconds for this question.

20:30

And the only song in my head right now is the Jeopardy theme song.

20:34

No one signed up to hear me hum.

20:38

(Karla) You could sing that Jen.

20:40

Well, I mean, we have one more poll towards the end, we'll debate as we get there.

20:45

I'm going to close the poll now, and here are the results.

20:53

Great. For "Rain on Me" by (Lady) Gaga and (Arianna) Grande.

Poll 4 results: What percentage of your patients are LGBTQ+ identified?

***5%** - More than 50%*
***20%** - Between 25-50%*
***38%** - Less than 25%*
***36%** - My practice does not collect this data*

21:00

(Karla) Great treat. Really great feedback.

21:02

Mmm, hmm.

21:04

(Jen) We already have one comment, that, providers said that their practice collects that type of data, but they don't actually have access to it.

21:13

And then it looks like some folks are already going to ask their employers about that, If this data is collected, So this is already incorporating some, really.

(Karla) we will cover it, some resources later on in the presentation to help with that, the outreach and things that you are wanting to do in your own agency.

21:39

(Donny) Alright, thank you. So, it's Donny again. So now we're going to go ahead and look at the Apple Health story, how we got here, what services look like today.

21:52

We will also cover disparities and challenges our LGBTQ communities face.

21:58

We will talk about Medicaid services that are covered. And finally, tips and resources for providers to better serve our LGBTQ community members.

22:13

All right.

22:15

First, we will go ahead and quickly cover common terms, and acronyms that the health care world frequently uses.

22:23

Then we will go ahead and briefly cover fee for service, what it is, why it's important. We will review what whole person care looks like now, and why that matters. And, finally, how Medicaid eligible individuals could sign-up for Medicaid.

22:46

OK, so starting off with some basic acronyms, CHC is a Community Health Center very simple to understand, but it is a network of clinic staff by group of medical practitioners and nurses, providing health care services to anybody in a certain area.

23:05

A PCP is also known as the Primary Care Provider.

23:08

These are health care practitioners who see folks that have common medical problems and concerns.

23:16

Your PCP is often involved in your care for a very long time. So it is very important that you choose someone who understands your needs, that way they can go ahead and help meet those needs as you go through life.

23:32

An MCO is a Managed Care Organization.

23:35

So you have two MCOs with you today, Coordinated Care, and Molina.

23:41

Most Apple Health clients have Managed Care through one of the five plans across the state, which means Apple Health, will pay these plans, a monthly premium, so that their patients will go ahead and get the coverage that they need.

23:57

That coverage will consist of preventative care, primary care, specialty care, and any other health care services that may be needed.

24:08

The five MCOs across the state are listed in alphabetical order on your screen.

24:12

So, be sure to come back to this slide at a later time, when these slides go out and go ahead and click on any one of those. Those are active links, or go ahead and call to learn more information.

24:24

A common question that does come up is, well, out of all of these, which is the best plan? And honestly, the simple answer is: it's the plan that works best for you and for your family. Every plan must cover the Essential Health Benefits and that link provided on your screen and it will be provided after today's presentation.

24:44

But beyond that there every plan will go ahead and they differ by regions that they work in.

24:51

Also they will differ by their network size, which includes CHC, hospitals, specialty providers, and finally, every plan will have their own programs, services, and incentives for their members.

25:07

So like I stated before, be sure to come back to this screen at your leisure at a later time, click on the Essential Health Benefits that all MCOs must cover and also click on the map that you can find out which MCOs work in your region.

25:24

Something of note here, going forward, whenever we mention Medicaid, we also mean Washington Apple Health as these are interchangeable in the health care world in Washington State.

25:42

OK, so some other acronyms or terms that we regularly use are: Behavioral Health.

25:48

So, in this is a term that totally covers the full range of mental and emotional well-being of an individual.

25:55

This also includes a treatment for substance use disorders.

BHSO, is the enrollment into Behavioral Health Services Only.

26:05

So this is for individuals that are not eligible for Medicaid under one of the five Managed Care Organizations.

26:14

So this is typically for folks who are on Medicare.

26:18

BHSO ensures that those folks are that are eligible for specialty behavioral health services, get the access that they need to mental health and substance use disorder (treatment).

26:37

Fee for service, so fee for service is the process that is used by Apple Health and pays (the provider) directly for each service.

26:47

That is provided instead of going through the MCOs.

26:51

Typically, Apple Health client's will go ahead and get their services covered through an MCO, but sometimes that's not possible. So this is where fee for service is necessary, but not to worry. Our Apple Health clients do not need to be aware of this process, as this process happens behind the scenes, and they do not need to know or do anything to make sure that this is taken care of for them.

27:15

Now, regardless of whether you are on a Managed Care Plan, MCO, the following services will always be covered by fee for service.

27:24

And those will go ahead and include dental care, vision hardware (glasses and contacts).

27:29

So that's for individuals or kids that are 21 years of age or younger, long term care and transplants.

27:38

Now, something of note here, our Two Spirit community members can opt in and out at any point of an MCO at any point that they would like.

27:51

This also means the same thing for undocumented youth, when they are covered by Apple Health for Kids. But they will also remain on fee for service.

28:05

The ProviderOne Services Card that is pictured on your screen.

28:09

This card offers the Apple Health Member ID and the number on your card. This will go ahead and give me information to your clinic, your hospital, or your doctor, so that they can go ahead and verify your medical services and eligibility.

28:27

Also, it will go and let them know if you are currently under a Managed Care Organization, if that is applicable to you.

28:36

Apple Health members can also use the ProviderOne website that is provided on your screen. And they can go ahead and view their own eligibility or change their plans to another MCO at any time during the year.

28:50

As long as they are eligible for Medicaid services. If you're not sure how this works, so if you need assistance, do not hesitate to reach out to a local Navigator, at your nearest community health center, hospital or reaching out to your MCO. We are here to help.

29:13

OK, IMC for Integrated Managed Care. Before 2016, folks had to go to their primary care provider for physical health issues and concerns.

29:25

Then, they had to go somewhere else, if they also had behavioral health needs.

29:31

And if they needed assistance, or needed substance use disorder services, or treatment, they had to go to a third location, and all of these systems did not communicate very well with each other. So that led to duplication of services, poorly coordinated health care, lower health outcomes, and a frustrated, individual, and their provider.

30:01

In 2016, Integrated Managed Care started rolling across the State of Washington.

30:08

And all regions of Washington are now fully integrated at the start of 2020. Today, these delivery systems are now working better to communicate with each other. So this leads to better and faster services.

30:23

Less duplication of health.

30:26

Less duplication of any of the issues we were having before, better health outcomes for the members.

30:34

Like I mentioned before, all of this takes place behind the scenes, so these individuals do not have to be aware. They just have to focus on their whole person health.

30:51

This map on your screen demonstrates the process that Washington took to complete the IMC transition that was started in 2016. It is broken down by the regions, and the year that each region

started transitioning. The last of the regions that transitioned started, or were completed at the beginning of January of this year.

31:18

(Scott) Perfect. Thanks, Donny. We're going to touch on Whole Person Health, as you saw earlier. It's a term that can be used to reference Integrated Managed Care, where we're taking behavioral health and physical health together.

31:32

Then it also is used as a concept here in the way that we conceptualize our members' well-being, and health.

31:38

You may see different models of whole person health. You might see ones named the bio psychosocial model, it might be broken down into different terms, and those are all fine. Are models work. We're going to be following in Santa Cruz Health one, and this is the way it's broken down there.

There are five different aspects.

The first being Physical. So what's our member's activity level, nutrition, their ability level.

Looking at Emotional, so self-awareness, and acceptance of feelings.

Social, so active engagement with the environment and community, social interaction, natural supports, biological and, or chosen family.

32:17

Spiritual, so, perspective, meaning purpose of human existence is examined. This can include religious and non-religious practices. They increase connection to making meaning. Taking perspective and grappling with the meaning of life.

And finally, is Mental, so, views on self, others, community, engagement in treatment as needed.

And, I invite you to come back to this graphic later, shows what their health outcomes were after they instituted a whole person care model back in 2017, I believe, and all the positive outcomes they had from that.

33:00

(Erica) Thank you, Scott. That was great information. In this section, I'll be providing a brief overview of some of the unique barriers and challenges that LGBTQ people face.

33:11

And how those tie into the social determinants of health, and ultimately a person's overall health. There are a lot of numbers here. My intent is to touch on the big picture, and allow you to view information as we go, if you're interested in more specifics.

33:31

So the Social Determinants of Health are defined as the conditions in which people are born, grow, live, work, and age.

33:40

And those include social, economical, environmental, the food that you eat, health care, and education.

33:57

There are about 13 million people in the US, ages 13 and up that identify as LGBT. That's about 4.5% of our population.

34:14

And a little bit about our community, broken down by race, we are 58% white, 21% Latinx. And if you haven't heard that term before, it's a gender, gender neutral term to describe people of Latin American Heritage.

34:33

We are 12% black, 5% multi-racial, 2% Asian, 1% American Indian, or Alaskan Natives, and about 1% Native Hawaiian or other Pacific Islander.

34:50

So, let's touch on food insecurity for a moment. About one in four LGBT adults went through a period of time, within the past year, when they cannot afford to feed themselves or their families, this is at a 10% higher rate than non LGBT adults.

35:08

27% of LGB adults receive SNAP benefits, this is 20% for non LGB adults.

35:21

A little about poverty among our community, 29% of cisgender, Bisexual, women, and transgender individuals live in poverty, as opposed to 17.8% of cis-straight women and 13.4% of straight men.

35:47

Lifetime intimate partner violence, broken down by sex and sexual orientation. Bisexual women are almost twice as likely to experience intimate partner violence as their heterosexual counterparts. Lesbians are 9% more likely.

36:07

We're going to talk a little bit about minority stress. The definition is chronic exposure to the subtle and overt types of prejudice discrimination, devaluing, and social rejection occurring as a consequence of one's minority identities.

36:28

As a result of pressure to conform to this to societal norms being faced with discrimination, living in fear of violence and other factors like internalized homophobia, LGBTQ people experience minority stress, which can lead to negative, mental, and physical health outcomes.

36:52

Mental health disparities. LGBT people are about three times more likely to experience a mental health condition than their straight counterparts. LGBT youth are four times more likely to self-harm, experience suicidal ideation and attempt suicide than straight youth.

37:10

65% of transgender people experience suicidal ideation. The LGBT population, also abuse substances at a significantly higher rate than the general public.

37:28

Homelessness. As many as 45% of homeless youth identify as LGBTQ. Sexual minority adults are twice as likely as the general public to experience homelessness in their lifetimes.

37:49

17% of sexual minority adults have experienced homelessness in their lives. 71% of these individuals were homeless for the first time as an adult, and 20% were homeless before the age of 18.

38:10

So, a quick look at how COVID-19 may be impacting the LGBT population.

38:16

Over 5 Million, LGBT Americans, work in jobs impacted by COVID-19. These professions include food services, hospitals, K through 12 education, colleges, and universities, and retail jobs.

38:36

Growing rates of unemployment, and an already existing, higher percentage of being uninsured, make LGBT people less likely to be able to afford medical care. High rates of tobacco use and higher rates of HIV mean that they are more likely to be immune compromised and more vulnerable to respiratory illnesses.

38:59

(Jen) Alright. Thank you so much. Erica. That was so much to cover and as you mentioned, those are very densely packed slides, and so this all will be available afterwards. Now that we've covered the disparity, this is Jen, we're going to be moving into a really quick and I mean as lightning fast as I can make it overview of the services that Medicaid covers in Washington State. And I do want to acknowledge that a comment that we had is to use terms more, use the term LGBTQIA+ and we totally recognize and acknowledge that. A lot of the data that was on health equity slides was directly from the source, the Williams Institute, or the Human Rights Campaign. So, whenever possible, we will work on making sure

that we are as inclusive as possible, which is another reason that we use the term SOGIE, as it is inclusive of all sexual orientations, gender identities, and expressions. Alright, Medicaid.

39:58

One thing we are going to mention right before we get into this, though, is that, while having health coverage is so important, and we are going to really lean in to getting everyone possibly covered, especially as they lose employer coverage, or if they lose employer coverage. We want to acknowledge that having coverage and knowing what benefits are available is not the same as actually being able to access care that you feel comfortable with. And so we just want to say that out right. That's one of the reasons Donny mentioned that having a good match with your primary care provider is really important, and we know there are providers who really want to find ways to have that good match with their patients, as well. So, we know they're not the same thing.

Here are the benefits. The benefits through Integrated Managed Care, include the primary care and emergency.

40:47

Urgent care, of course, if you can go to urgent care or use a telemedicine service instead of going into the emergency room, especially right now, we encourage you to. Health home or home health, physical therapy, transplants. All of these sorts of things. Well, transplants are covered fee for service, we'll update that. Family planning. And, of course, we've already talked a bit about behavioral health and substance use, and we're gonna get into some more details about transgender or gender affirming care a little bit later, what's covered by Managed Care and what covered by Fee for Service.

41:21

In Integrated Foster Care, Integrated Managed Care, and the Behavioral Health Services Only, behavioral health benefits include the Wraparound with Intensive Services and the Program of Assertive Community Treatment. That's the youth and adult version of intensive outpatient services that surround a patient with support. The whole idea is to keep them in community, rather than them needing to get care in an inpatient setting.

41:48

And then for substance use disorder treatment, here are the covered types of treatment, including medication, medication assisted treatment.

41:57

Crisis services are available through the regional Behavioral Health Administrative Services Organizations. If you would like more information on that, we encourage you to go to the Health Care Authority, but this is a 90 minute session, and we wanted to hear from you folks in the audience. So, but for crisis lines, there's a link here to the crisis lines. There is a crisis line available for any behavioral or substance abuse crisis, anywhere in the State, and we encourage folks to use those whenever possible, rather than calling 911.

42:28

Here is a little bit more detail about the ProviderOne benefits in Fee for Service. For example, was, we already mentioned dental services are already carved out, and then for transgender benefits, the surgeries are covered through Fee for Service.

42:42

And here, is that detail on the website. This Trans Health Benefits Grid from Coordinated Care, is handout too.

42:52

Ambetter is Coordinated Care Program and the Qualified Health Plan in the in the health exchange. So, that's not what we're going to focus on. We're going to focus on the green X's for what's covered through the Apple Health, The Managed Care that included hormone replacement therapy for testosterone and estrogen. Hormone blockers for youth or puberty blockers to delay the onset of puberty. Mental health services including for gender dysphoria, and any preventative services that are appropriate for the organs that someone has. We do want to mention that we know gender dysphoria is becoming less and less, I guess I'll say, appropriate as a syndrome, or as an issue of mental health deficiency or problem. But in order to access gender affirming services, there is a needed diagnosis of gender dysphoria in order to be eligible to get gender affirming services. Of course, there are many states that do not cover any type of gender affirming service

43:47

under Medicaid, so, you know, very happy that there are options here in Washington State. Electrolysis and laser is covered but only for surgery preparation so if someone is feminizing, this does not cover the facial hair removal, we just want to be very clear about that. And many of these require a prior authorization, which is why as soon as someone is considering, if you've been on a gender journey and you're considering taking the next step to making that a healthcare journey for gender affirming services, that you get connected with care management at your Managed Care Organization,

44:23

As soon as you can, start building that relationship and helping get really clear. So your care manager can help you get together and all of the different documents that you'll need to be eligible as you move into things like surgery, where you will need a lot of documentation in order to move forward. The surgeries are covered directly through Health Care Authority's Fee for Service and they have a trans health team that will cover that. A care manager at your Managed Care plan can help you with both.

44:56

Laryngoplasty or tracheal shaves, facial feminization services, or surgery, right now are covered. They're considered an exception to the coverage rule. They can be considered on a case by case basis. And then, top and bottom surgery is covered. So for transgender and health care management services, this is another example. If this is care that you or a patient is considering, we encourage you to get connected with your Managed Care Organization’s care management team as fast as possible. More details about what's covered and what's not. This link when this goes out, this goes directly to the most recent ProviderOne billing guide that talks about what's covered and how providers should bill for it.

45:36

We do want to mention that for folks that are new to serving… There's a question about foster care and hormone blockers. I'm excited to answer that later. So, but for folks and providers who are newer to the gender affirming care piece, we often hear concerns about the potential impact of providing things like puberty blockers or hormone to adolescents, and the World Professional Association for Transgender Health in their most recent Standards of Care, Version Seven very specifically addresses that. I'm not going to read this, but this is directly from their document that, you know, when other criteria for, you know, providing hormones have been met, that withholding therapy is not a neutral option, that can be an option that actually creates more harm for youth. So we want to make sure that this is available and that folks are going to the standard of care and calling that out right there. So speaking of care management, let's move into some examples of how personalized care can help.

46:41

Donny.

46:43

(Donny) Thank you so much, Jennifer. My goodness, so much information. Well, we understand that there's a lot of information in a short amount of time. So please be sure to come back and check out all this information when you have more time, or if you would like to go ahead and get more gender affirming services information from your MCO, reach out to them directly.

47:06

I wanted to go ahead and give everybody a little bit of a breather, and I wanted to share the story of Cheri, and how she with her MCO worked to go ahead and achieve great things in her health care.

47:22

So Cheri is a Medicaid member in her fifties.

47:26

Sherry feels that she has experienced discrimination, due to her status as a transgender woman. This is someone who was assigned male at birth, who now identifies as female.

47:38

Her diagnoses include chronic pain, rheumatoid arthritis, degenerative disk disease, plus depression, anxiety on top of all of that.

47:49

Cheri had been enrolled into Molina Health Home program for five months.

47:55

Her areas of concern were that she was in the middle of a crisis when she first got connected to Molina.

48:04

She had reached out, because she was having a lot of problems with depression and anxiety, as she had actually reached out for services, services, on assisted suicide.

48:16

At the time, she did not have a PCP and lacked transportation to get her pain management appointments, at her provider's offices.

48:25

That was located three hours away from her at home.

48:29

So this is where Molina intervened, and her, among your team consisted of a Health Home Care Coordinator and a Community Connector.

48:40

Molina Team helped Cheri find any PCP that was closer.

48:44

They listened to Cheri's concerns and frustrations, and they encouraged her to start advocating for herself and her needs.

48:52

Cheri was provided with resources for legal assistance, as well as food bank locations. And they helped, and her team helped her to ensure secure personal care items.

49:06

Molina Team researched transportation resources for Cheri so she could go ahead and start getting to her appointments with her new PCP.

49:14

So all of this led to the following outcome.

49:17

Cheri's PCP prescribed a new pain medication that has greatly improved quality of life.

49:23

Cheri is now able to walk, stand, and cook her own meals without discomfort. She feels at ease with her new PCP and expresses the gratitude for Molina Support Team and their cultural sensitivity.

49:37

Cheri depression assessment score have greatly improved because she is not a more positive.

49:44

Cheri now gets her provider appointments a lot more easily.

49:48

And this is only one of many examples that are LGBTQ+ community members can expect from Molina Healthcare. Now Scott from Coordinated Care will share one more example.

50:02

(Scott) Yeah, so this was a member that I had at care management. So I am just like, Jen, I work with foster care and adoption support. So this was a member that was an alumni and she had aged out of foster care system, and she decided not to continue with Extended Foster Care. So she was identified through because she'd been entering the Emergency Department pretty regularly, expressing suicidal ideation, and not wanting to be alive anymore. So she, she also had to go in for some self-harm injuries.

50:35

And whatnot. So we had a lot of care managers reach out to her and she would typically decline services, which makes sense when somebody is she was kind of surfing across the state ending up in Spokane, Olympia, Tacoma, Seattle, Snoqualmie at one point.

50:50

So her life was really, this wasn't what she was prioritizing is what needs to. She was trying to survive and have housing and get her basic needs met. So when I finally got engagement with her, (muffled), she stated to me “Wow, no one has asked me about that!”.

51:09

So we were able to do to do a whole person health assessment and see some of the areas that she didn't have a lot of natural supports and whatnot in place.

51:18

So we worked together, and we got, the first thing I prioritized was getting her into dental care. She had some substance use. She had some dental issues due to that. She also had erupted wisdom teeth, which is, if you've ever had one erupt, so painful.

51:35

And so we got that taken care of, which was interesting and getting from Olympia up to Seattle to get that surgery. And we got her enrolled at the PCP who got her involved with GI also since she had some pretty severe GI issues going on.

51:48

And then most importantly, for her whole person health and long term care, we got to involve with WISe, which has been incredible and helpful for her, the crisis services and whatnot.

52:00

She really felt like people cared. People were there for her, and ever since we got those, those supports put in place, she hasn't gone to the emergency department.

52:09

Still, in over a year, and I still keep in constant contact with her. I was e-mailing with her last week. And even just helping her out, we were able to get a Care Grant in place, and sent over a gift card over for groceries since she was expressing that finances were strained. That we were able to send over $100 gift card to her.

52:26

Just part of our programming with Care Management, where we want to make sure all of our members' needs are met, and we get the best health outcomes.

52:33

Yeah, mmm hmm.

52:46

(Jen) Karla, we miss your voice: come on back to us.

52:49

(Karla) I was talking on mute here. Hey, and what I was saying was thanks for the story, Scott. Obviously there's a lot of work that you do every day to impact the members that we care deeply about. This next section is resources for providers, so we're gonna go over different tools and resources that you can access to help improve the services of the LGBTQ+ patients and clients.

53:26

We're going to kick this off with our last and final poll. As a provider, I find these types of resources, valuable to improve my knowledge and services. And with this particular poll, you can select all that apply. Online Web education sessions, like these, that we're doing today, updates to the HCA or MCO provider tools, so the provider guides, the provider manuals.

53:54

Any of the documentation that's out on the websites, community led town halls, peer mentoring, or a consultation with the SOGIE subject matter expert, if you take a moment and put in your, your votes.

54:24

54:26

(Jen) Now, we've got a lot of action on this, going to give it another 30 seconds. I think, if there's so many things to choose from here, folks are really leaning in.

54:37

Then, of course, if there's a resource we didn't list here, feel free to add that in the questions later.

54:46

(Erica) Jen, can you do us all a favor and go ahead and start humming the Jeopardy theme song.

(Jen) Now, that's happening now because I was put on the spot…

(Karla) Or you can do doo it

(Jen sings some of the Jeopardy theme song)

(Jen) That on the line. And I'm so embarrassed, y'all just shocking. Alright, let's pivot in 10, 9, 8.

55:10

(Jen) (end of Jeopardy theme song) Doo doo, doo, doo doo. Buhm buhm.

55:16

Thank you. Thank you all for being here. At least one of my bosses is on the phone, that's going to come up in a review later, and here we are with the results.

(Karla) Look at that.

Poll 5 results: As a provider, I find these types of resources valuable to improve my knowledge and services.

- ***89%*** *- Online/Web education sessions*
- ***50%*** *- Updates to HCA and MCO provider tools*
- ***37%*** *- Community-lead town halls*
- ***58%*** *- Peer mentoring*
- ***60%*** *- Consultation with SOGIE subject matter experts*

55:29

Online.

55:36

And there's a lot of interest, the SOGIE subject matter experts, too.

55:42

Great feedback. Thank you, everyone.

55:55

So the national and local LGBT statistics that Erica shared, as well as others, really highlighted the health disparities.

56:05

And it's telling a story to the critical need for change in our healthcare delivery systems as it relates to the LGBT people.

56:16

The reality we're all faced with in order for us to address health disparities, we need to change who is centered in our health, our health care systems.

56:35

Scott is going to go over the SOGIE-Positive teams.

56:40

(Scott) Do I even need to say I was muted? So through Coordinated Care, we have our five principles of SOGIE Positive Teams, which was actually created in a Summit, with Ryan Appleby, in Care Management.

56:56

And, Jen, who's one of our panelists.

56:58

So, in 2017, they had a summit where they invited clinicians and other individuals all over the state to get feedback on how they can better work with the SOGIE population. Through working with those principles, they were able to create these five basic principles for interactions which are shared with clinicians and practioners.

57:19

All over the state. Quickly, those principles are Felt Safety.

57:23

So how are they creating a safe and welcoming environment for LGBTQ individuals.

Awareness versus assumptions. So this means a lot of working with healthcare providers to get language that was more coming from a point of awareness versus assumption.

57:41

For examples, statements, such as I know many people who identify as X, insert identity, do this behavior.

57:49

How often do you engage in that behavior, versus the questions that used to be, oh, some, insert identity, people do this, how often do you do it?

57:59

Um, sorry, that doesn't make…

The third one was no singular experience, so understanding that our members don't all experience the world and health care at the exact same way.

58:10

four, was Self-Forgiveness and Apology in a good way to illustrate this is, somebody gets misgendered to not make that apology center around the person, doing the misgendering to quickly apologize, move on, and not make it about yourself.

58:23

and fifth was Making space for members to, to identify. So making that safe, space safe.

58:29

And also asking for information. Asking our members information on their sexual orientation and gender. And we will be covering this data a little bit more and how we're getting it very, very quickly moving forward.

58:48

And "I see you" can prevent ICU visits. Just as you wouldn't want to have somebody using the wrong name or the wrong pronouns are not seeing you as a human being.

58:59

Our members and our patients want the exact same thing you do. So just treating them with respect, and respecting someone's gender identity and expression is a form of suicide prevention. So, we just want to drive home that.

59:13

Try to do the right thing.

59:15

See your members as humans.

59:20

And here are some of the suicide prevention resources we do share quite often, and I do invite you to come back to the slides to look through that.

59:26

And it does have our Suicide Zero Suicide Institute training that we do have to Coordinated Care, too.

59:35

We don't run the training. We use it.

59:38

Yeah.

59:41

(Karla) So, we're going to touch on data collection and the importance of data accuracy. All of that is key to personalized care and really addressing systematic issues.

59:55

So, National LGBT Health Education Center has a published guide to help start an agency/organization get on the road to collecting the necessary data attributes in their systems. And there's a link provided here that, again, well it's in our handouts that you can access at a later date to look into this. And if you're familiar with, it's fantastic. If not, I know from the polls, there's a lot of you out there that are interested in exploring this. This is a great resource for you to access.

1:00:42

(Jen) All right, we're going to touch ever so briefly on trauma informed care, so we can dig a little bit into the questions and answers that you folks are sending in.

These resources, and also the Minority Stress that Erica talked about are directly from Jennifer Potter, doctor Jennifer Potter, and Conall O'Cleirigh at the Fenway Institute's Advancing Excellence and Sexual and Gender Minority Health Conference last March. So essentially, when we're talking about providing care for patients, trauma-informed care, well, there's a lot of details, and there's a lot of training available, Coordinated Care actually has a community education team that can do trauma informed care training for providers.

The idea is that folks who have been traumatized by you know, violence or anything else outside of an office when they come in, they shouldn't have to re live or be further traumatized by, you know, by the care that they receive or in the, in the plan to try to access care.

1:01:41

So, one thing that we wanted to bring up is, even the concept of the terms that we use when we talk with patients about their health. So these were specifically about trans men, but really anytime we can use more neutral and inclusive terminology, that could avoid patient discomfort that just doesn't need to exist. So one of the examples is, you know, if you were sending out a reminder to someone who has, you know, ovaries and uterus a vagina and saying, it's time for your annual women's visit. Well, if that's a trans man who still need to get those organs checked out to make sure they're healthy. That can be pretty traumatizing. So if you say it's time for your annual exam or it's time for your pelvic exam that is an inclusive and neutral term that can be much more comforting for folks. You know, even something as, you know, changing period and menstruating just to bleeding, those are little changes in language that can have a real positive impact for patients.

1:02:39

Obviously, that is just one piece of the puzzle. But our team reacted pretty strongly to some of the terms, that we saw in this particular document. Phrases to avoid, and things to use instead. I don't know if anyone would be comfortable hearing from a medical provider, "I'm going to come in to you now." So instead, "I'm going to place the speculum" or "It's normal to feel a little pressure" would likely be much less traumatic overall.

1:03:06

You know, “hold still,” which could be something said to someone in a moment of a lot of trauma. We just want folks to take some time… and these may be things that we start to say without even knowing it.

1:03:19

So if you've ever had a chance to have someone observe or to kinda hear yourself back in the course of an exam, that feedback is really invaluable to know how you can help improve the experience for a patient.

1:03:35

Providers, and really everyone, if you only have time to process one resource today, this is the one we decided the Fenway Institute at Harvard Medical School, LGBThealtheducation.org. Where the data collection information comes from, They've got training videos, so many great things. But I mean, you've heard us so far, we can't just give you one resource. That’s bananas.

1:03:56

So of course, we have more national resources and local resources. We hope you'll take advantage of the Rainbow Center in Tacoma, their direct website, and e-mail that you can do, they do training and consultation. The Ingersoll Gender Center, who does have a directory. We've been already asked in the questions box, can you tell me who are great LGBTQ+ competent providers in Snohomish County? One issue we're going to talk about is that there is not a solid statewide directory of providers. Karla is going to cover that in a minute. And we'd like to highlight the cue card right down in the bottom right of that picture, That's Genya Shimkin. They are the creator of the cue card, as their Master's in Public Health project. And this is a card that youth or anyone can take in that specifically states their name, pronouns, and helps them guide a conversation with the provider who may not be familiar with LGBTQ competent care on exactly what they came in for.

1:04:50

So please, again, use the heck out of these resources when that goes out.

1:04:58

(Karla) Awesome. Thanks, Jen.

1:05:01

The national attention on challenges navigating the Health Care System. As Jen mentioned just on finding a provider who can competently meet the needs of the LGBTQ people.

1:05:17

Locally, we really must continue this important work.

1:05:22

It doesn't stop here as it relates to, you know, awareness around health disparities, building SOGIE education, the data collection piece, and improving our provider directories. That will impact so many things. If we're able to capture the information in our systems and share it amongst, even here locally in Washington. So one of the things that we were working, we are working on, is, one, building a

1:05:56

Better data collection, but also looking into accreditation and certification of Competent LGBTQ plus providers, So we can have a listing available to the public. And that's something I believe that all of us know, is needed.

1:06:26

You know thanks to HCA, this annual conference, Saying It Out Loud, gives us a platform to share information and resources with all of you, but it is again, critical work that can't just stop here.

1:06:40

So in the Partnership with HCA and other MCOs, we are committed to doing that work here in Washington, as I had mentioned. And we invite you to join us, and a question and answer session, immediately following the end of this presentation.

1:06:58

And to share your experiences, learned opportunities, and ideas with us as we move forward throughout the rest of the year, to really build a better systems to support the LGBTQ people.

1:07:20

(Jen) All right. The time is here. Please note. Well, place is wherever you are sitting, the time is now the way to interact is through your question box. And we were getting from the moment we started, and so we're going to do our best now to.

1:07:38

Get to these questions and answers, and again, if someone shared a resource with us, we will put that resource on into the PDF, that goes out after the session. So, I am, scrolling down here, a question we got early on was, What is the logic and including ally as an identity based around gender or sexuality and in what way of their allies, oppressed? As the ally on the panel, if my team’s ok with me responding to that.

1:08:09

I honestly don't know how often that it’s used, I think it was used more when I was doing my first, you know, quote, unquote, LGBTQI ally training in 1998 at Washington State University, Go Cougs. But, I think, you know, Ally. And then, you know, Ally has been potentially used as a way to show support for the community, but, you're right, Ally is not necessarily a gender identity, or sexual orientation, it is something that can be expressed. But, they think it's a really interesting question, so, I don't have a right or wrong, but in the past, we've seen a potential use to explain allies, but I think more commonly, nowadays, it is used to include folks who identify as asexual in to LGBTQIA+ description.

1:09:04

Yeah.

1:09:05

(Jen) We've had some questions, specifically, about, how do I start, and LGBTQ org team in my organization.

1:09:13

I don't know if anyone in our group has an easy answer for that, but does anyone want to try to take that.

1:09:23

(Donny) I'll go ahead and jump, OK.

1:09:27

Go ahead, Scott.

1:09:34

(Scott) You can go first, Donny.

1:09:36

Thank you. So, honestly, every, every community needs to be a little bit different. So, for example, in North Central Washington, where I currently reside.

1:09:50

It was just getting a like-minded individuals to get to come together.

1:09:55

And a lot of these people were of varying different ages, coming from different jobs and ideas, but it was honestly the passion to go ahead and get something important going for the community members that they saw that was needed.

1:10:14

For example, back a few years ago, in North Central Washington, we started a, what, a group called the Spectrum, and I work with that group started. That was before me and my time when I joined. But that was what blossomed into the Wenatchee Pride that you see today. And so that group started from folks that saw a need in the community, things that were not working, gaps that they saw. And now it has blossomed to an organization with a lot of leadership from a lot of different community leaders, allies, organizers. And it is flourishing. So I think that it's just connecting to those individuals who have the same minded goals as you and seeing what ideas can be derived from those conversations.

1:11:10

(Scott) Yeah, thank You Donny. Yeah, I was going to say most of the same, and I just wanted to bring up, just as somebody who has organized and ran, I used to run an LGBTQ youth outpatient group and that group got started because somebody saw the need and they applied for a grant, and they got it in place. So, really, the first step in getting, a lot of these groups set up or created is asked, you know, Identifying a need and saying, This is what we need, we need it, How are we going to get it?

1:11:38

And so, I invited a lot of people to please reach out to me and I can help look for if there are groups in the area already, or where there is an identified need and how we could address that or get that put in place.

1:11:53

I did want to answer a question, um, from somebody about foster care. So, Jen and I both work in foster care with the Core Connections team which is foster care and adoption support. And the question was, do youth in foster care have access to hormone blockers as well?

1:12:11

Do you know what role their birth parents or their foster parents played decision making?

1:12:15

And Jen, correct anything, if you or add as you would like? But youth in foster care, do you have access to hormone blockers, seeing that, we work with a lot of caseworkers on helping out with that.

1:12:29

If that's been an identified need, and the member is expressing may want that, the role that their birth parents play would be, it depends on the situation where parental rights are in that.

1:12:44

But at the end of the day, they're, they're not going to play a huge role in that and age is going to be important to notice, too, because at the age of 13, they can do any healthcare, they like and have confidential services.

1:12:58

So it really does change once they hit that magical 13th birthday, they can do anything they'd like. And then before that, it really would be who is Legal Guardian at that time?

1:13:12

(Jen) This is Jen, and I would say, the easiest, certain. Now, the most inclusive answer, is it will totally depend. And then, you know, it's very much case by case and some of our work at Coordinated Care, as the MCO that covers the most of the foster care youth in the state, is, you know, making sure the caseworkers really educated on, you know, what a puberty blocker does, and how that works.

1:13:35

Helping them explain to both the caregiver or the foster parents and to the, to the bio parent, how that worked. We actually partnered with Amara. We gave some some information about our SOGIE training and everything else: The Amara created a really great, pre, all-inclusive LGBTQ youth in foster care training that's available in the community, and all of our Community Educators are trained, as trainers for that. So, if you're looking for a foster care specific training, please check that out. But we also, a couple of years ago through Gender Odyssey, had a question. And I've got a memo from Legal Voice really digging into that concept as the Mature Minor Doctrine, youth in foster care. A lot of my also happening in our court appointed special advocates at CASA, which now has a new name, which I forget I apologize or an attorney.

1:14:25

And so for some of those questions, if there's a lot of resistance than those other supports for the youth will come in. We haven't experienced, since we started in April of 2016, to my knowledge, a situation where care was totally denied because of specific bio parent objection. But we do want to just be really clear that there's a disproportionate number of LGBTQIA+ identified youth in foster care because of their orientation and/or identity. So that's something that we're aware of and all of our foster care team is trained in that.

1:15:05

But really, the idea is to make sure that, as many people are supporting that youth, who the youth want involved in that conversation, are as educated as possible, to help make the right health decision. And especially with puberty blockers that can really be used to just give us some breathing room and slow things down and have more conversations. That can be really beneficial, of course, with the recommendation of the provider. And we know, you know, the Seattle Children's Gender Clinic, Multi Care, Community Health Care. There are gender clinics we have on the westside. And I'll admit to a lack of knowledge about gender clinics, on the central or east side of the state. But those providers are also really invaluable resources.

1:15:50

Not a complete answer, but I hope that helps.

1:15:56

But I will actually point out, sometimes when there are parents who are either together or divorced, similar issues can come up with one parent, supportive of puberty blockers or the other parent isn't.

1:16:06

Who gets to make the choice with that child? So there are several different ways that this can touch on a patient.

1:16:17

Alright, Donny, you were going to answer a question about Medicaid and the MCOs, which MCOs are available in which areas, of the state.

1:16:29

(Donny) Awesome, thank you so much, Jennifer. I was actually typing it, but actually probably coming out of my mouth is probably gonna be a whole lot easier, and no, typos. If you are looking for an MCO or you would prefer an MCO that is not currently in your territory or in your town, or county, your provider, your clinic will go ahead to help you find an MCO that is working with them.

1:16:56

So earlier, when I went ahead and mentioned to make sure that you are connected to an MCO that meets your needs, or that, is, that is able to go ahead and offer the services that you and your family needs. A lot of the time that also means like, an MCO that works with your provider, that works with your clinic, just because an MCO that works in your county does not necessarily mean that your clinic has to take them. Your clinic has that choice. But keeping in mind that, as long as you continue to be eligible for Medicaid services, you can choose to go ahead and change MCOs at any point in the year as long as you are still eligible for Medicaid. I hope that helped answer that question.

1:17:55

(Jen) So we have one box of questions, that we're trying to scroll back and forth through it as you folks share resources and Questions, so.

1:18:06

(Erica) Hey, Jen, if it is okay.

1:18:11

Would you mind if I grab the question from Ash? Ash had a question about, how do I solidly engage my organization taking steps to train their staff on Inclusive language, and LGBTQ issues.

1:18:29

Not knowing who your organization is, I would say that a solid way to start is using and getting attention from an organization that already does that work and has a framework.

1:18:43

So talking to management about bringing somebody like PFLAG in to do a training.

1:18:53

It might be a good way to start doing that. That's what they do and they're really knowledgeable.

1:19:03

(Karla) And Jen, this is Karla. I was scrolling through a lot of these questions. And there's, there's some around data collection.

1:19:12

And the data, the more we collect the data that is identifying populations or any other attributes, is going to drive conversation. And it's going to help educate.

1:19:29

So I think that finding a platform here in Washington State, that we can use across the healthcare delivery system. And then in partnership with HCA, of how to collect, and transmit that information to a source, then it'll be useful. It'll be data that we can use to help drive conversations, and education and bring awareness.

1:19:59

So that's work that we are very interested in partnering with HCA, MCOs, with HCA as well as other agencies or organizations that are already collecting the data, and figuring out a platform to do so.

1:20:22

(Jen) Excellent.

1:20:28

There we go. So Scott, typed an answer in about the electrolysis not being covered. Scott, do you want to say that out loud?

1:20:38

You want to share your answer with the class?

1:20:40

(Scott) Yeah, so I'm going to share the answer. Doesn't mean I agree with it. So unfortunately the question was, do we know the reason why Electrolysis is not included in coverage for folks outside of surgery prep?

1:20:53

Are there other resources available to those clients? So unfortunately, if it's not for surgery prep, it gets, oftentimes coded as cosmetic.

1:21:04

Trust me, I don't think gender affirming care is just cosmetic. But that's where things are right now. I think. If that provider sent in letters and and can fight a bit there, maybe it could get covered that, would be on a case by case basis. There are some low-cost options that still doesn't mean there's access for all, but I've definitely seen like, I've seen on the Seattle Queer Exchange, which is a big Facebook group, people offering low-cost electrolysis to the LGBTQ community, and I've seen other low-cost options.

1:21:39

It's just, it unfortunately gets seen as a cosmetic procedure if it's not specifically for surgery prep.

1:21:50

Yeah.

1:21:51

(Jen) Yeah, this is Jen. And we know that, for some folks, it's absolutely a safety issue. Folks' ability to blend as the gender that they identify as they want to express can be really crucial. The one thing that will say so Managed Care Organizations like Coordinated Care and Molina, we operate under a contract with the Health Care Authority for Washington State, and the Health Care Authority sets which benefits are covered and are not covered. So if you have questions, we'll have a link to the HCA Trans Health team and we encourage you to go to their website and learn more. And we will also collect this information and make sure we share it with our partners at the Health Care Authority, that's one of the, honestly, that's one of the issues we hoped someone would bring up. So thank you very much to the person who mentioned that.

1:22:44

We also had a question here… Questions about insurance providers, and can they be changed mid-month, and is it a lengthy process? Donny, if you want to answer that one.

1:23:01

(Donny) Sure, thank you. So hi, Casey. So in regards, it is not a lengthy process. So if you already know which MCO you prefer and you want to switch over to, you can call that MCO directly to make sure that they're going to help you with switching up process. And there won't be any issue. You will also remember a slide, for the ProviderOne website, you can go ahead and do that on your own home.

1:23:29

Or you can go ahead and walk in or call your clinic or provider, let them know which MCO you want to switch to, and they can help you through that process. Keep in mind, that if you decide to go to switch to another MCO mid-month, that process will go ahead, and will not actually go into effect until the beginning of the following month.

1:23:54

But again, if you have any questions, do not hesitate to reach out to your clinic, or to any of the MCOs.

1:24:02

I hope that's helpful.

1:24:07

(Jen) That actually reminds me, so, Erica, I wanted to check in. I'm, you know, trying to balance a bunch of things and not succeeding. Erica, did you get to answer the question about the training?

1:24:21

(Erica) Yes, yes. Yeah. I suggested that, rather than start from scratch,

1:24:30

A good way to start might be to reach out to organizations such as PFLAG which already has the framework to do those types of trainings, and may be willing to come in and do a session with whatever organization you're working with.

1:24:50

(Jen) Excellent. I'm going to then answer a question that we got in earlier.

1:24:56

Pretty soon, pretty early in the beginning of our presentation. When we were talking about Medicaid, and the difference between Managed Care and Fee For Service, “how come it seems so many people like education on the differences between this, or that there is a difference. For example, I find myself explaining even to doctors' offices, that just because I take Coordinated care, doesn't mean I take Molina.”

1:25:19

And that's a great question, And one of the reasons that we were so excited that Health Care Authority and Saying It Out Loud asked us as a group from two different MCOs to present, was that, if you don't do this every day, this is like trying to understand a language that was never intended for you to read, written upside down underwater. Medicaid is complicated. Health care coverage in and of itself is complicated in the way that things are built in our nation. And so, honestly, that's why some, some of us, you know, have job, their job is to get good at explaining this and trying to help. So, we really encourage you, if you're running into issues with your provider or, or someone in your world, having a difficult time understanding the differences between Medicaid or even Medicaid and Medicare or Medicaid and private insurance. That's a great time. You can reach out to any of us presenters. You'll have all of our information when this PDF comes out and just say, Hey, can someone, can someone give me a hand? Because all of you who are here are doing a lot of great work in the community.

1:26:24

You have a lot going on, and none of us can know all of it. That's why we gotta answer and work in community.

1:26:39

(Scott) I wanted to address one also, in the chat box, we had a question that says, "As a visibly identifiable trans person, I sometimes feel providers feel entitled to ask questions that are not always necessary care being addressed at the appointment. What are some ideas on how to address this in a respectful way with the provider/organization?"

1:26:59

And, I think, you know, Jen and I have talked about this, this is the whole, you go in for a broken leg and ask you questions about your gender, because they feel entitled to do so, because maybe it doesn't totally match what they've seen in the world.

1:27:12

Um.

1:27:14

That's a big question and a hard one to address.

1:27:16

And I think some ideas on how to address it in a respectful way, it could be gently calling it out, saying, I'm not, I'm not sure if that pertains to what, what's going on right now, Which can be an incredibly difficult, scary thing to even say to a provider, since there is a huge power differential.

1:27:31

(Jen) And mm hmm.

1:27:33

It could even be leaving pants on trainings on how to visa, on how to work with this population. There are tons of resources out there that we would love, we can share. And, you know, you could even say, I think this might be helpful and leave it with the front desk staff, you know?

1:27:48

It could be any anywhere on the spectrum. How direct you want that communication to be. And we'd love to help and support in any way. So our e-mails are there. And please don't hesitate to reach out to us.

1:28:01

Any questions, or even if you just want to talk things out like this, it's very helpful for us.

1:28:06

Yeah.

1:28:08

Yes. If you search on Twitter a couple of years ago, there's something called hashtag Trans Broken Arms Syndrome that, you know, with a lot of folks who are trans identified, who, you know, no matter what they went in for, even if it was for their asthma, someone really wanted to ask them about, you know, their genitalia and all the pieces that so we know that happens and that's the type of feedback that we want folks to have the opportunity to share. I see a very beautiful person popping into our webcam to let us know that, we you need to wrap this up.

1:28:40

(Scott) Let's have Erica talk and then wrap it up here,

(Erica) OK, Oh, yeah, just real quickly, the question, Just a question that you were just addressing about how to speak to your provider.

1:29:00

Can you hear me?

1:29:02

(Jen) Yes, go for it Erica.

(Erica) OK, so to the question about how to talk to your provider.

1:29:13

About not addressing gender and addressing your actual medical issues that you came in.

1:29:19

For me coming from a job, where I do a lot of advocacy, I also would like to add that if you have somebody in your life, that you are comfortable taking with you to an appointment, to be a second set of ears, it might make you feel more comfortable to have that conversation with your provider, if you're not alone in a room. That's just an idea that I want to just throw out there.

1:29:53

(Aleksa Manila) Thank you to our speakers from Molina (and Coordinated Care) , Jennifer Estroff, Donny Guerrero, Erica Marchbank, Scott Swann and Karla Thornton
For Come Out Wherever You Are, Medicaid Integrated, Managed Care, through an LGBTQ plus Health Equity Lens.

This is our first workshop for the 19th Annual Saying It Out Loud Conference. A quick note for everyone. We will be posting the Q and A chat box into the website, and all of the handouts will be posted as well on our sayingitoutloud.org website, after the conference. So you can access those readily and smoothly. But, again, feel free to take notes if that is your style of communication, and it's your style.

1:30:40

Keeping that information in your lovely brains. And it is now 12 o'clock. This is the end of this session, we will be transitioning into the next part of our conference, which is our lunch break. We have an hour lunch break, but if you would like to join me at 12:15 for about half an hour, we'll just do an Ask Aleksa segment. You can ask me anything and everything under the sun. And again, we will be needing to log off of this current webinar. And you, again, would have received another e-mail, separate some of the other Webinars to come back and join me for the lunch break session. Again, please, take care of yourselves, continue to love each other, do some self-care if you need to, walk your dog, feed the kids, adults, and the young ones, of course.

1:31:32

And again, thank you to our presenters, from Molina (and Coordinated Care) for our first Workshop and for our first ever virtual format of Saying It Out Loud Conference, big round of applause to everyone. And we will see shortly, at about 15 minutes for the next session, If you are wanting to join me, Otherwise, please enjoy the rest of the hour, Do your own stuff, and we'll see you at 1 o'clock or 12:15. Take care, everyone.