



Improving cultural competency and reducing health disparities in the Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+) community



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Agenda

- Part one: What is cultural competency in healthcare?
- Part two: Impact of communication in healthcare
- Part three: Addressing healthcare disparities in the Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+) population
- Part four: Resources

Part one

What is cultural competency in healthcare?

Commitment to cultural competency

- Anthem Blue Cross and Blue Shield (Anthem) expects providers to treat all members with dignity and respect as required by federal law, including honoring member's beliefs, being sensitive to cultural diversity, and fostering respect for member's cultural backgrounds.
- *Title VI of the Civil Rights Act of 1964* prohibits discrimination based on race, color, and national origin in programs and activities receiving federal financial assistance, such as Medicaid.

What is cultural competence?

- Cultural competence in healthcare means delivering effective, quality care to patients who have diverse beliefs, attitudes, values, and behaviors.
- This practice requires systems that can personalize healthcare according to cultural and linguistic differences. It also requires understanding the potential impact that cultural differences can have on healthcare delivery.

What is cultural competence? (cont.)

Race, socioeconomic factors, health literacy, and other factors influence:

- How patients perceive symptoms and health conditions.
- When and how patients seek care.
- Patients' expectations of care.
- Patients' preferences regarding procedures or treatments.
- Patients' willingness to follow doctor recommendations or treatment plans.
- Who patients believe should participate in making healthcare decisions.

Cultural competence and cultural humility

Healthcare professionals must focus on building cultural competence and cultural humility:

- Cultural humility recognizes the limits of an individual's knowledge of others. It also acknowledges that even people who have cultivated their cultural awareness can still have unintentional, unconscious biases about cultures other than their own.
- Cultural humility involves an ongoing process of self-evaluation. Through exploration of and reflecting on their own beliefs and behaviors, healthcare professionals can improve their awareness of implicit biases and foster an approach to patients characterized by openness and curiosity about each new patient.

Goals of cultural competence

Cultural competence aims to break down barriers that get in the way of members receiving the care they need. It also strives to ensure improved understanding between members and their providers. Cultural competence offers a pathway and a framework to reach the goal of better health for all members.

Cultural competence means delivering equitable care that is:

- Effective.
- Understandable.
- Respectful.

Improved patient outcomes

Cultural competence improves communication. Clear communication allows healthcare providers to collect accurate medical information; it also encourages active dialogues in which patients and providers can ask questions, correct misunderstandings, and build trust.

Examples include:

- After a medical center introduced a bilingual Russian internist to help resolve language barriers, Russian-speaking patients with diabetes experienced significant reductions in their blood pressure and cholesterol.
- An inpatient psychiatric unit that incorporated Spanish language proverbs into therapy sessions found increased participation, improved motivation, and willingness to explore emotional topics among Spanish-speaking patients.

How to improve cultural competency?

- Promoting awareness and education plays a key role in improving cultural competence in healthcare. To develop cultural competence, healthcare professionals need to identify their beliefs and build an awareness of their culture. This gives them a basis to improve their cross-cultural awareness.
- Cross-cultural awareness makes healthcare providers more open to unfamiliar attitudes, practices, or behaviors. It also improves collaboration with patients and helps them respond with flexibility. Benefits of cross-cultural awareness include improved rapport, tailored treatment plans, and improved patient attendance and compliance.

Part two

Impact of communication in healthcare

Did you know?

- One in six people living in the United States are Hispanic (almost 57 million). By 2035, this could be nearly one in four. (CDC 2015)
- Doctors interrupt patients within 11 seconds on average. (General Internal Medicine 2018)
- In the United States, 21% of people speak a language other than English at home. (Census 2013)
- The Latino population in the United States has grown by 43% between 2000 and 2010. (Census 2011)
- Of the foreign-born population in the United States, 17% are classified as newly arrived (arriving in 2005 or later). (Census 2011)

Communication: a critical healthcare competency

- Effective communication is critical to meeting member needs and providing safe, high-quality, and member-centered care.
- It requires a consistent and deliberate effort to weave communication best practices into the culture of an organization. This is achieved by continually evaluating the effectiveness of those practices through member and workforce surveys and holding individuals and teams across the organization accountable for their role in advancing communication excellence.

Communication: a critical healthcare competency (cont.)

Many evidence-based best practices can enhance communication skills and improve outcomes by:

- Implementing a comprehensive provider/team communication strategy to facilitate prompt communication about member status.
- Investing in communication skills training for all staff.
- Making leadership support for communication initiatives highly visible:
 - Leaders must create an environment of open communication by modeling appropriate behavior, setting expectations, and investing in support systems within the structure of the organization.

Limited English proficiency (LEP) or reading skills

- Anthem is required to verify that limited-English proficient (LEP) members have meaningful access to healthcare services.
- Because of language differences and an inability to speak or understand English, LEP members are often excluded from programs they are eligible for, experience delays in care, receive denials of services, do not receive needed care, or are denied services based on inaccurate or incomplete information.
- Providers must deliver services in a culturally effective manner to all members, including those with LEP or reading skills.

Limited English proficiency (LEP) or reading skills (cont.)

- The Anthem provider directory includes a list of languages spoken by participating primary and specialty care providers. Translation assistance options are available at no cost to the member or provider.
- If you serve a member with whom you cannot communicate, call Member Services at **866-408-6131** to access an interpreter.
- For immediate needs, Anthem has Spanish-language interpreters available without delay and can provide access to interpreters of other languages within minutes.

Communication best practices

Plan for different personalities

- Be careful not to react or respond harshly.

Be empathetic

- Empathy is the ability to walk in your patient's shoes and show that you do not judge them.

Use active listening skills

- Ask open-ended questions and be careful not to interrupt your patients.

Take notes

- Take clear and concise notes.

Be direct, clear, and open

- Transparency should be a focus of communication.

Part three

Addressing healthcare disparities in the Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+) population

Major health disparities affecting the LGBTQ+ community

- **LGBTQ+ youth** are 2 to 3 times more likely to attempt suicide and are more likely to be homeless. LGBTQ+ youth are also at higher risk of becoming infected with HIV and other sexually transmitted diseases (STDs).*
- **Gay men and other men who have sex with men (MSM)** are at higher risk of HIV and other STDs, especially among communities of color.*
- **LGBTQ+ individuals** are much more likely to smoke than others; they have higher rates of alcohol use and other drug use.*
- **LGBTQ+ individuals** are more than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime.*

* More information at: www.healthypeople.gov.

Major health disparities affecting the LGBTQ+ community (cont.)

- **Bisexual and lesbian women** are more likely to be overweight or obese than women who identify as heterosexual.*
- Experiences of violence and victimization are frequent for LGBTQ+ individuals and have long-lasting effects on the individual and the community.*
- Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBTQ+ individuals.*

Video case: <https://www.ymsmlgbt.org/vanessa-goes-to-the-doctor/>

* More information at: www.healthypeople.gov.

The challenge of creating an inclusive environment for LGBTQ+ individuals

Case: Luis

At the Family Health Center, Luis, a teenage boy, completes an intake form and hands it to Mary, the receptionist.

Mary looks over the form and says with a smile to Luis “I’m sorry, but we do need you to fill out your mother’s and father’s names. Why don’t you just tell them to me, and I can fill it out for you?”

Luis looks away and, in a low voice, says, “I have two dads. Their names are Carlos Montoya and David Sandoval.” Before she can catch herself, Mary becomes flustered and blurts out, “Oh! You don’t have a mother?”

Mary’s exclamation arouses attention in the waiting area. Luis’s face turns red, and he starts heading out the door.

What could Mary have done differently to prevent this situation?

The challenge of creating an inclusive environment for LGBTQ+ individuals (cont.)

Case: Florence

At the Smithtown Health Center, Charlie has just begun his afternoon shift at the front desk. A few minutes after his shift begins, Charlie learns that Dr. Jones is ready for the next patient.

Charlie reaches for the patient's file and opens it to find the insurance form on top. Reading from the insurance form he calls out, "Frank Dubois?" Along with everyone else in the waiting area, Charlie is surprised to see a woman get up from her chair and approach him. "I'm Florence Dubois, and I believe the doctor wants to see me," she says, obviously upset.

Charlie is confused and looks at the patient's paperwork for an answer. It takes a few seconds to notice that the clinic's personal information form, which every patient provides, is underneath the insurance form.

The challenge of creating an inclusive environment for LGBTQ+ individuals (cont.)

Case: Florence (cont.)

The clinic's form clearly says "Florence," but the health insurance form shows "Frank." Before he can apologize, Florence lets Charlie know how she feels.

"You're just the latest in a series of people who have failed to show me the respect I deserve. I'm a woman and I'm transgender. I'm tired of having this happen every time I want to see a doctor." Fumbling for words, Charlie tells her how sorry he is for the mistake, and Florence quickly responds, "I accept your apology. I'll go with you to see Dr. Jones now."

How did this happen, and what could Charlie have done to prevent such an uncomfortable encounter?

Understanding LGBTQ+ health

Social drivers affecting the health of LGBTQ+ individuals largely relate to oppression and discrimination. Examples include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits.
- Lack of laws protecting against bullying in schools.
- Lack of social programs targeted to and/or appropriate for LGBTQ+ youth, adults, and elders.
- Shortage of healthcare providers who are knowledgeable and culturally competent in LGBTQ+ health.

Continuing issues in LGBTQ+ health

Several issues will need to continue to be evaluated and addressed over the coming decade, including:

- Nationally representative data on LGBTQ+ Americans.
- Prevention of violence and homicide toward the LGBTQ+ community, especially the transgender population.
- Resiliency in LGBTQ+ communities.
- LGBTQ+ parenting issues throughout the life course.
- Elder health and well-being.
- Exploration of sexual/gender identity among youth.
- Need for a LGBTQ+ wellness model.

Barriers to care for the LGBTQ+ community

Limited access

- Trouble with basic access to care
- Less likely to have health insurance (unemployed, homeless, or they require services that are not available).

Negative experiences

- Experience with discrimination or prejudice from healthcare staff.
- Bad experience with inadequately-trained professionals.

Lack of knowledge

- Providers do not have knowledge or experience in caring for LGBTQ+ population.

Building a member-centered approach for LGBTQ+ members

- Include LGBTQ+ healthcare as an organizational value.
- Establish a safe and welcoming environment for LGBTQ+ members.
- Assist LGBTQ+ members in obtaining and maintaining health insurance coverage.
- Train all staff on LGBTQ+ health issues and on health issues of other diverse populations.
- Provide culturally appropriate care for LGBTQ+ members.
- Provide knowledge-based comprehensive healthcare.
- Support access to health information, shared decision-making, and self-management by LGBTQ+ members.

Building a member-centered approach for LGBTQ+ members (cont.)

Advocate for the member in the community

- Foster sources of social support, including the member's family and/or community, if allowed by the member.
- Provide members with information on LGBTQ+-friendly community resources.

Approach the member with sensitivity and awareness

- Provide nonjudgmental care
- Avoid imposing a binary view of gender identity, sexual orientation, sex development, or gender expression.

Maintain open communication with the promise of confidentiality

- Do not assume patients are ready to disclose their gender identity to family members
- Discuss sexual and reproductive health concerns.

Provide culturally sensitive adolescent care

- Ensure timely referral for puberty suppression and mental health services
- Obtain an age-appropriate psychosocial history.

Creating a safe and welcoming environment

Cultural humility: Each member should be approached as an individual with no preconceptions.

Staff training should be provided to all clinic staff and providers and should be integrated into hiring process.

Waiting areas should include LGBTQ+-themed posters, artwork, and magazines to indicate a commitment to serving the LGBTQ+ community.

Bathroom policies should either define all bathrooms as gender-neutral, or state that members may choose either bathroom based on their own preference.

Fluency of terminology: Providers should be aware of basic terminology used by LGBTQ+ community.

Gender identity data: Include chosen name, pronouns, current gender identity, and sex listed on original birth certificate.

Strategies for healthcare staff: practical thinking

Many of the bad experiences LGBTQ+ individuals have had with healthcare representatives are like those that would frustrate anyone:

- They may not have health insurance, or if they do, they may not understand their coverage.
- They may have been unable to express the true nature of their health concerns due to a lack of trust or simply because they are nervous about coming to the clinic.
- They may simply not know how to manage their own care.

Strategies for healthcare staff: communication basics

- Use the terms that people use to describe themselves and their partners:
 - For example, if someone calls himself “gay,” do not use the term “homosexual.” If a woman refers to her “wife,” then say, “your wife” when referring to her; do not say “your friend.”
- While taking a history, do not use words that assume people have an opposite sex partner or spouse, or that they have two opposite sex parents:
 - For example, instead of: “Do you have a boyfriend or husband?” Ask: “Are you in a relationship?”
- “Don’ts” include the use of any disrespectful language, staring or expressing surprise at someone’s appearance, or gossiping about a patient’s appearance or behavior.

Strategies for healthcare staff: pronouns and preferred names

- When addressing all patients for the first time, avoid using pronouns and other terms that indicate a gender. Instead of asking: “How may I help you, sir?”, you can simply ask: “How may I help you?” You can also avoid using “Mr./Mrs./Miss/Ms.”
- If it is an acceptable practice in your organization, you can call someone by a first name or by using the person’s first and last name together.
- You can also avoid using a person’s name by tapping the person on the shoulder, making eye contact, and saying, for example, “Excuse me, we’re ready for you now. Please come this way.”

Strategies for healthcare staff: pronouns and preferred names (cont.)

- It is also important to avoid gender terms and pronouns when talking to others about a new patient:
 - For example, rather than saying, “He is here for his appointment,” or “She needs a follow-up appointment,” you can say, “The patient is here in the waiting room,” or “Dr. Reed’s 11:30 a.m. patient is here.”
- Only use gender pronouns if you are certain of the patient’s gender identity and/or their preferred pronouns.
- It is recommended that healthcare organizations have a system that allows patients to enter their preferred name, gender identity, and pronouns into registration forms and other relevant documents.

Strategies for healthcare staff: pronouns and preferred names (cont.)

- It is acceptable to politely ask patients privately what name and pronouns they prefer to use:
 - For example, you can say, “I would like to be respectful. How would you like to be addressed?” or “What name and pronouns would you like me/us to use?”
- It is very important for staff to note it in the chart and use this name in all interactions.
- Not using the patient’s preferred name can cause embarrassment and confusion. If your charts do not have a space for this, talk with your administrator about how to make the change.

Strategies for healthcare staff: avoid asking unnecessary questions

- People are sometimes curious about LGBTQ+ people and their lives, which can lead them to want to learn more by asking the patient questions. However, like everyone else, LGBTQ+ people want to keep their medical and personal lives private.
- Before asking any personal questions, first ask yourself: “Is my question necessary for the patient’s care, or am I asking it for my own curiosity?” If for your own curiosity, it is not appropriate to ask. Think instead about: “What do I know? What do I need to know?”

How to improve LGBTQ+ health?

- All providers should learn how to address some of the specific health concerns of the LGBTQ+ population.
- Providers can turn to multiple national guidelines and recommendations about screening and treating LGBTQ+ members.
- Given the high incidence of HIV in some LGBTQ+ populations, HIV prevention constitutes a critical aspect of the care of many LGBTQ+ members.
- Transgender persons who have not undergone gender-affirmative surgeries or used hormonal therapy should be screened for prostate, breast, or cervical cancer according to established guidelines for their assigned sex at birth.

Conclusion

- Creating an affirming and inclusive environment for the LGBTQ+ community requires a combination of understanding them as a population, while treating each LGBTQ+ person as a unique individual.
- Effectively serving LGBTQ+ members requires us to understand the cultural context of their lives, and to modify our procedures, behavior, and language to be inclusive, non-judgmental, and helpful always.
- By taking these steps, providers will help ensure that their LGBTQ+ members attain the highest possible level of health.

Part Four

Resources

Resources

- Culture and Cultural Competency. <http://minorityhealth.hhs.gov>
- “Better communication, better care: Provider tools to care for diverse populations,” Health Industry Collaboration Effort, Inc.
http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf
- “A physician's practical guide to culturally competent care,” U.S. Department of Health and Human Services, Office of Minority Health.
<https://cccm.thinkculturalhealth.hhs.gov/default.asp>

LGBTQ+ resources for providers

- Lesbian, Gay, Bisexual, and Transgender (LGBT).
<https://www.samhsa.gov/behavioral-health-equity/lgbt>
- Lesbian, Gay, Bisexual, and Transgender Health.
<https://www.cdc.gov/lgbthealth/>
- Health Professionals Advancing LGBTQ Equality (GLMA). www.GLMA.org
- Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline.
<https://www.endocrine.org>
- World Professional Association for Transgender Health.
<https://www.wpath.org>

LGBTQ+ resources for providers (cont.)

- How to Close the LGBT Health Disparities Gap.
<https://www.americanprogress.org>
- National Institute on Minority Health and Health Disparities.
<https://www.nimhd.nih.gov>
- Guide to Lesbian, Gay, Bisexual, and Transgender Health.
<https://acpinternist.org>
- Center of Excellence for Transgender Health. www.transhealth.ucsf.edu
- The National LGBT Health Education Center.
<https://www.lgbtqiahealtheducation.org>



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<https://providers.anthem.com/in>

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