

Transgender, Gender Diverse, or Intersex (TGI) Health Care Quality Standards and Training Curriculum Working Group Meeting

September 19, 2023

Agenda

1. Welcome and Introductions
2. Review of the July 18, 2023 Meeting Summary
3. Working Group Member Presentations
4. National Committee for Quality Assurance:
Report on Current Quality Measures for the TGI
Population
5. Panel Discussion: Health Care Providers'
Perspective

Agenda

6. Break

7. Public Comment

8. Closing Remarks

Welcome and Introductions

Jacob Rostovsky (he/him/his), Queer Works

Review of the July 18, 2023 Meeting Summary

Jacob Rostovsky (he/him/his), Queer Works

Working Group Member Presentation

Katalina Zambrano (she/her/ella)
Somos Familia Valle Central



Somos Familia Valle Central: What We Do

710 W 18th St. Ste 18, Merced CA, 95340
(209) 749-2051

Who Are We?

Somos Familia Valle Central is the Bilingual Merced County Branch of the Central California LGBTQ +Collaborative, a 501(c)(3) non-profit organization dedicated to education, advocacy and training for inclusion of *ALL* in the community at large.



Who Are We?

Our *Merced Team* is comprised of:

- ***Executive Director*** Katalina Zambrano (She/Her/Ella)
 - kzambrano@lgbtqcollaborative.org
 - Cell/Text: 209-412-5436
- ***Bilingual Outreach Specialist*** Jaime Dorantes(He/They/EI/Elle)
 - jdorantes@lgbtqcollaborative.org
- Eager Volunteers from the Community.



13,446

**Individuals *openly* identified as
LGBTQ+ in *Merced County* in
2018**

That is 5% of the total population of Merced County

(Data from Merced BHRS)

In Merced County

90%

Of LGBTQ youth
have reported
being harassed
or assaulted in
the last year

33%

Have reported
being
threatened with
a weapon

35%

Have reported
a suicide
attempt in the
last 12 months.

(Data from Merced BHRS)

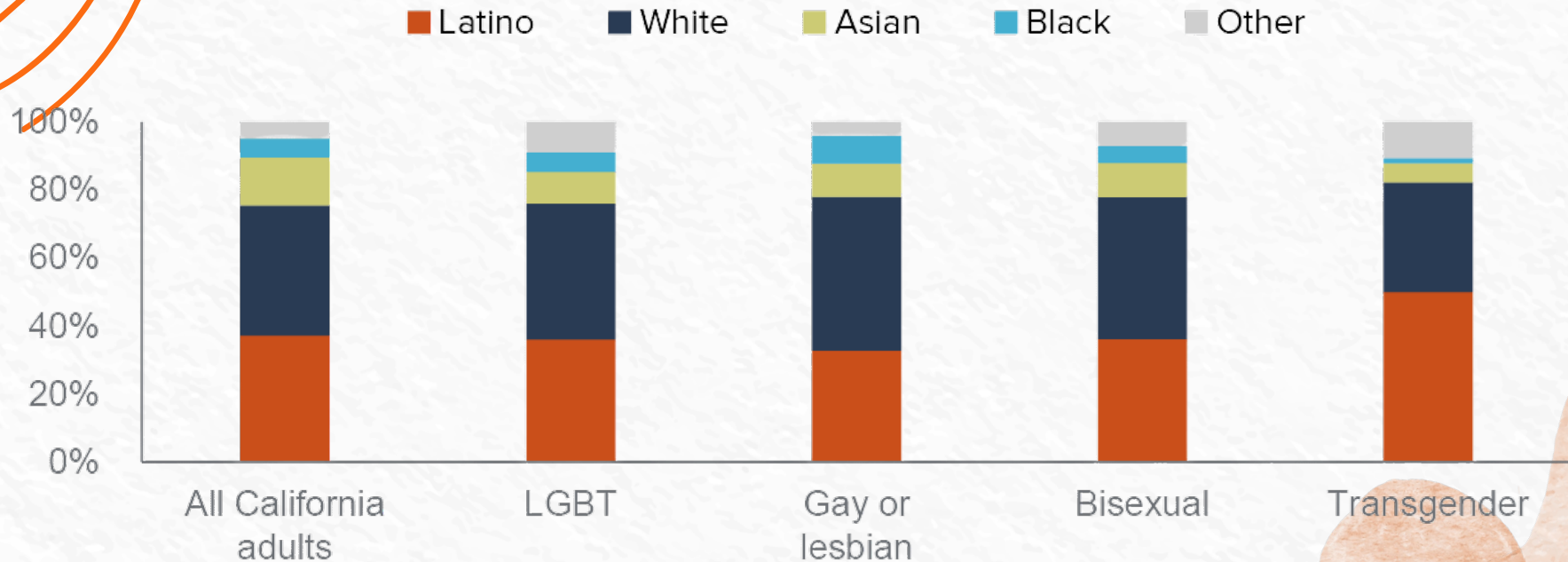
But what happens when we look at regional differences within California?



In terms of the percentage of LGBT residents living in the regions of California⁴:

- Los Angeles County(31%)
- Southern California (not L.A.) (26%)
- Bay Area(22%)
- Southern/Central Farm (10%)
- Central Valley (6%)
- North and Mountain (4%)

California's LGBT adult population reflects the state's racial and ethnic diversity



(Data from UCLA Williams Institute)




Services We Provide

Advocacy

- Peer Support
- Gender Affirming Care
- Referrals to resources
- Safe Space Center
- Support Groups
- Spanish Translation Services
- Family Outreach
- Name Change Assistance

Health

- Covid/Mpox Vaccination Clinics
 - PrEP/PEP Info
 - Harm Reduction
 - Sexually Transmitted Infection Testing Clinics
- 




Services We Provide

Education

- LGBTQ Training and Presentations
- Sex Positive Education
- Gender & Sexualities Alliance (GSA) Partnerships
- Law Enforcement Liaison

Equity & Resources

- Immigration System Navigation
 - Deferred Action for Childhood Arrivals Support (DACA)
- 

Groups We Host

Friday

1st and 4th Fridays

- All TGI Group (5-7pm)

2nd Friday

- Spanish-Speaking TGI (5-7pm)

3rd Friday

- Online Session (5-7pm)

Groups We Host

Saturday

1st Saturday

- Senior Support (1-2 pm)
- Spanish LGBTQ+ (3-4 pm)

2nd Saturday

- Wellness Clinics (STD/HIV and MPox/COVID) (1-5 pm)

3rd Saturday

- Family Support English (3-4 pm)
- Family Support Spanish (5-6 pm)

4th Saturday

- HIV/STI Prevention (All Day)

Every Saturday

- LGBTQ AA (6-7:30 pm)

Thank You For Your Time!

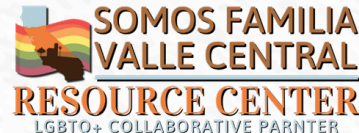
Questions? Let's Talk!



@SomosFamiliaVC



Somos Familia Valle Central



Visit <https://www.lgbtqcollaborative.org>

Working Group Member Presentation

Dr. Ryan Spielvogel (he/him)
Sutter Family Medicine Residency Program

National Committee for Quality Assurance: Report on Current Quality Measures for the TGI Population

Rachel Harrington (she/her), PhD
Senior Research Scientist, Health Equity
National Committee for Quality Assurance



Moving Towards Gender-Inclusive Quality Measurement: HEDIS Experience

Rachel Harrington, PhD
Senior Research Scientist, Health Equity
National Committee for Quality Assurance

The BIG Idea

High quality care
is equitable care

No quality
without equity

Build equity into
all NCQA
measures and
programs

HEDIS® 101

Healthcare Effectiveness Data and Information Set

A measurement set used by more than 90 percent of America's health plans.

Allows for comparison of health plans across important dimensions of care and service

Receive
preventive
services

Manage
chronic
conditions

Address
behavioral health

Coordinate
Care

Overuse/
Appropriateness

Addressing Health Equity through Quality Measurement



- **Bring transparency** to inequities in health care quality.
- **Promote inclusive approaches** to measurement and accountability.
- **Address social risks** to improve health outcomes.
- **Incentivize equity** with benchmarks and performance scoring.

Differentiating Sex and Gender

Sex refers to the categories (e.g., male, female) to which people are typically assigned based on clinical traits such as chromosomes, hormones or reproductive anatomy.

Gender refers to social, cultural, and psychological traits linked to human males and females through social context.

Both **sex and gender** can influence biological processes, clinical characteristics, as well as health and disease outcomes.



*Measurement efforts **should not conflate** sex with gender or otherwise treat the respective concepts as interchangeable.*

Why Gender-Inclusive Measurement Matters

Gender-diverse patients experience disparities in care as compared to overall population and cisgender patients.



Lower rates of preventive screenings



More advanced disease at diagnosis



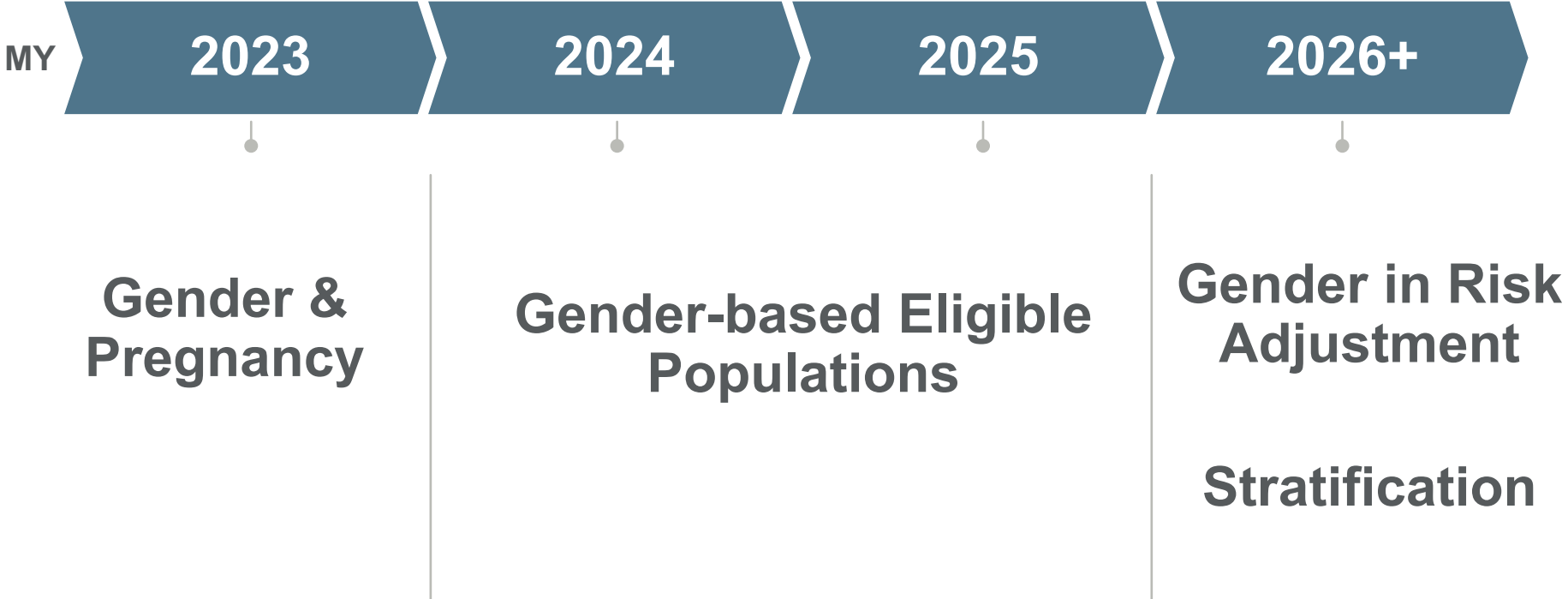
Poorer outcomes



Lack of inclusion of trans and gender diverse patients in quality measurement and improvement may contribute to these disparities.

Gender-inclusive Measurement in HEDIS

Project Approach



Gender & Pregnancy

Changes in MY 2023



Revised measures which reference pregnancy or deliveries.

Measures	MY 2022	MY 2023
Controlling High Blood Pressure	“Exclude women with a diagnosis of pregnancy...”	“Exclude members with a diagnosis of pregnancy...”
Enrollment by Product Line		
Hospitalization Following Discharge from a Skilled Nursing Facility	“Pregnant women whose Medicaid eligibility...”	“Pregnant members whose Medicaid eligibility...”
Plan All-Cause Readmissions		
Statin Therapy for Patients with Diabetes		
Statin Therapy for Patients with Cardiovascular Disease		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
Prenatal Immunization Status	“Deliveries in which women ...”	“Deliveries in which members ...”
Prenatal and Postpartum Care		

Changes did not impact the intent or value sets of affected measures

Gender-Based Eligible Populations

Rationale for Revision



- Members may be excluded from denominators of HEDIS measures for which they should be included (and vice versa).



- Contributes to disparities in care by omitting gender-diverse members in need of services from quality targets and improvement efforts.



- Updates to guidelines and new electronic and clinical data sources may provide opportunity to address past barriers.

HEDIS Measures with Gendered Eligible Populations

Measure	Measure Language
Breast Cancer Screening	The percentage of <u>women</u> 50–74 years...
Cervical Cancer Screening	The percentage of <u>women</u> 21–64 years...
Non-recommended Cervical Cancer Screening	The percentage of <u>adolescent females</u> ...
Non-Recommended PSA Screening	The percentage of <u>men</u> 70 years and older...
Chlamydia Screening in Women	The percentage of <u>women</u> 16–24...
Statin Therapy for Patients with CVD	<u>Males</u> 21–75 years and <u>females</u> 40–75 years...
Osteoporosis Management in Women	The percentage of <u>women</u> 67–85 years...
Osteoporosis Screening in Women	The percentage of <u>women</u> 65–75 years...



Prioritized

Policy Impact

Use of Measures in Quality Programs

Breast Cancer Screening

- CMS Universal Foundation
 - CMS Medicare Advantage Star Ratings
 - Consensus Core Set – PCMH/ACO
 - CMS Medicaid Adult Core Set
 - CMS Marketplace Quality Rating System
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Cervical Cancer Screening

- Consensus Core Set – PCMH/ACO
- CMS Medicaid Adult Core Set
- CMS Marketplace Quality Rating System

Past Approach to Gender in HEDIS Measures

Breast and Cervical Cancer Screening

Administrative Specification

Eligible Population	
Product lines	Commercial, Medicaid
Ages	Women 24–64 years

Digital Specification

```
define "Initial Population":
  AgeInYearsAt(
    end of "Measurement Period"
  ) in Interval[52, 74]
  and Patient.gender.value = 'female'
```

Problems:

- Unclear as to whether it captures gender or clinical sex.
- Assumes static and binary nature of sex and/or gender.
- Does not accurately represent members clinical needs in all contexts.
- Does not account for exposure to gender-affirming hormone exposure

GOAL: Implement more precise and inclusive definition which will better capture all who should receive screening based on guidelines.

Guideline Consistency

Organ System-Based Recommendations

USPSTF



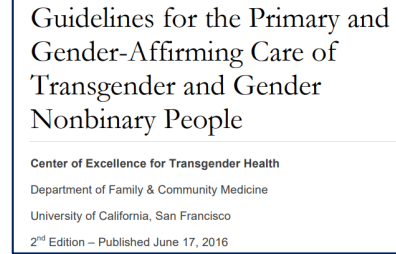
ACS



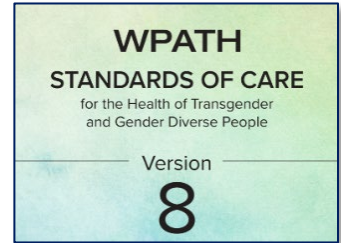
FENWAY



UCSF



WPATH



Generally, guidelines based on presence of relevant organ system (breasts, cervixes) apply to trans and gender diverse patients as they do to cisgender patients

Guideline Inconsistency

Subpopulations and differential exposures

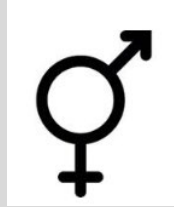
Organization	Recommendations related to estrogen exposure	Grade
USPSTF	Does not address	N/A
ACS	Does not address	N/A
ACR	Transfeminine patients 40 years of age or older with past or current hormone use ≥ 5 years	May be appropriate Inconclusive evidence
UCSF	Transgender women age 50+ with 5-10 years of feminizing hormone use	Weak, observational evidence only
Fenway	Trans and gender diverse patients age 50+ with 5+ years estrogen therapy	Consensus-based
WPATH	Trans and gender diverse people who have received estrogens; unspecified age or duration.	Expert consensus only; Evidentiarily weak

ACR: American College of Radiology ACS: American Cancer Society UCSF: University of California San Francisco Center of Excellence in Transgender Health
USPSTF: United States Preventive Services Task Force WPATH: World Professional Association for Transgender Health

Operationalizing Populations using Clinical Data

Current Data Standards

Data Informatics



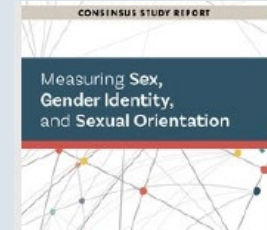
United States Core Data for Interoperability (USCDI)

- Birth Sex
- (Administrative) Gender

HL7 Gender Harmony Project

- Sex Parameters for Clinical Use
- Recorded Sex or Gender
- Gender Identity

Best Practice



National Academies of Sciences, Engineering and Medicine

Precision and Availability of Data Elements

Striking a Balance

Most Available
Least Precise

Least Available
Most Precise

Administrative Gender

Documentation of patient sex or gender, unclear definition.

Sex Assigned at Birth

Sex assigned to a child at birth.

Sex Parameters for Clinical Use

A summary sex classification based on clinical observations.

Anatomical Inventory

A record of what organs a patient may or may not have.



Current measures are here.



Goal to move towards greater precision.

Breast Cancer Screening

Previous Specification

Measure Description

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Denominator Women 50–74 years of age

Exclusions Bilateral mastectomy

Numerator One or more mammograms.

Breast Cancer Screening

Updated Specification

Measure Description

The percentage of ~~women~~ **members** 50–74 years of age **recommended for routine breast cancer screening** who had a mammogram to screen for breast cancer.

Denominator ~~Women~~ **Members** 50–74 years of age **recommended for routine breast cancer screening**

Exclusions Bilateral mastectomy, **including gender-affirming chest reconstruction**

Numerator One or more mammograms.

Cervical Cancer Screening

Previous Specification

Measure Description

The percentage of women 21–64 years of age who were screened for cervical cancer.

Denominator Women 21-64 years of age

Exclusions Total hysterectomy or acquired absence of cervix

Numerator Members screened for cervical cancer.

Cervical Cancer Screening

Revised Specification

Measure Description

The percentage of ~~women~~**members** 21–64 years of age **recommended for routine cervical cancer screening** who were screened for cervical cancer.

Denominator ~~Women~~ **Members** 21-64 years of age **recommended for routine cervical cancer screening**

Exclusions Total hysterectomy or acquired absence of cervix
Sex Assigned at Birth of Male

Numerator Members screened for cervical cancer.

Defining Members Recommended for Routine Screening

Operationalizing Approach

Measure	Recommended for Routine Screening (Denominator Criteria)	In Previous Version
Breast Cancer Screening	Administrative Gender of Female	Yes.
	Sex Assigned at Birth of Female	No. <i>New criterion.</i>
	Sex Parameter for Clinical Use	No. <i>New criterion.</i>
Cervical Cancer Screening	Administrative Gender of Female	Yes.
	Sex Assigned at Birth of Female	No. <i>New criterion.</i>
	Sex Parameter for Clinical Use	No. <i>New criterion.</i>

- ✓ Organizations can continue to use existing data values BUT new definitions provide path to leverage better data.
- ✓ Glidepath towards more strict requirements in future years.

Public Comment Feedback

February 11 – March 11, 2023



124 total comments

Majority support or support with modifications

Themes

- Inclusion of members exposed to estrogen to BCS
- Inclusion of intersex members
- Data availability and feasibility

Stakeholder Input

A Fresh Chapter

The Breasties

Brexton Health Care

California LGBTQ Health & Human Services Network

Cancer Support Community

Carries TOUCH

CenterLink

Equality California

For the Breast of Us

FORGE, Inc.

GLMA: Health Professionals Advancing LGBTQ+ Equality

Fenway Institute

Howard Brown Health

Human Rights Campaign

Fenway Institute

InterACT

Liver Coalition of San Diego

Living Beyond Breast Cancer

Lyon-Martin Community Health Services

Mazzoni Center

Movement Advancement Project

National Center for Lesbian Rights

National Coalition for LGBTQ Health

National Center for Transgender Equality

National Coalition for LGBTQ Health

National NGBTQ Cancer Network

National Health Law Program

Planned Parenthood Federation of America

Project Life

SAGE (Advocacy and Services for LGBTQ+ Elders)

Sharsheret

TransHealth

Trillium Health

Triple Negative Breast Cancer Coalition

Whitman Walker Health

Young Survival Coalition

HEDIS® MEASUREMENT YEAR 2024 VOLUME 2:
**TECHNICAL SPECIFICATIONS
FOR HEALTH PLANS**



Revisions to *Breast Cancer Screening* and *Cervical Cancer Screening* will go into effect for HEDIS Measurement Year 2024.



Questions

Panel Discussion: Health Care Providers' Perspective

Panelists:

Dr. Maddie Deutsch (she/her/hers), MD, MPH
Professor of Clinical Family & Community Medicine
Medical Director, UCSF Gender Affirming Health Program

Dr. Dan Karasic (he/him/his), MD Professor Emeritus,
Psychiatry, UCSF Weill

Dr. Tristan Buzzini (he/him), PsyD, Licensed Clinical
Psychologist, Elevation Psychological Services

Break

Listening Sessions

Sacramento: September 19, 2023 from 4:00 p.m. – 6:00 p.m.

Oakland: September 27, 2023 from 2:00 p.m. – 7:00 p.m.

TGI Community Session 2:00 p.m. – 4:00 p.m.

Provider Session 5:00 p.m. – 7:00 p.m.

Listening Sessions

Los Angeles: October 3, 2023 from 2:00 p.m. – 7:00 p.m.

TGI Community Session 2:00 p.m. – 4:00 p.m.
Provider Session 5:00 p.m. – 7:00 p.m.

Modesto: October 11, 2023 from 3:00 p.m. – 5:00 p.m.

Public Comment

*Public comments may be submitted until 5 p.m.
on September 26, 2023 to
publiccomments@dmhc.ca.gov*

Closing Remarks

Public comments may be submitted until 5 p.m. on September 26, 2023, to publiccomments@dmhc.ca.gov

Members of the public may find Working Group [materials](#) on the [DMHC website](#).

Next TGI Working Group meeting will be held on [Tuesday, November 14, 2023](#).