

Defining and Identifying LGBTQ-Knowledgeable Women's Health Providers at LVHN

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Defining and Identifying LGBTQ-Knowledgeable Women's Health Providers at LVHN



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Background

- According to a 2020 Gallup poll, around 5.6% of the US population currently identifies as LGBTQ
- LGBTQ individuals have specific healthcare needs which are often under addressed by clinicians
- The Pennsylvania 2020 LGBTQ Health Needs Assessment reported that four in ten respondents experienced at least one barrier to healthcare and more than six in ten respondents have experienced discrimination based on their LGBTQ status
- LGBTQ individuals are at a higher risk for substance use, sexually transmitted infections, cancers, cardiovascular diseases, obesity, bullying, isolation, rejection, anxiety, depression, and suicide compared to the general population
- These disparities exist, in part, due to stigma, lack of healthcare provider awareness, and insensitivity to the needs of this community

Problem Statement

The LGBTQ community's health outcomes are linked to access to LGBTQ-specific services, however there are no standard methods for defining or identifying Women's Health providers within the Lehigh Valley Health Network with LGBTQ-specific knowledge and training.

Methods

- A quality improvement project to define and identify LGBTQ-Knowledgeable (LGBTQ-K) Women's Health providers within the Department of Obstetrics and Gynecology at LVHN
- This project included only clinicians providing outpatient healthcare services
- A total of 29 LGBTQ-specific medical services provided by Women's Health providers were identified referencing department leaders and current research from the Healthcare Equality Index, UPenn, UCSF, Cleveland Clinic, and Mayo Clinic
- A survey distributed to all Women's Health providers using the secure data surveying tool REDCap
- The survey was sent to physicians, PAs, Nurse Practitioners (NPs), and Certified Nurse-Midwives (CNMs)
- The number of services each clinician provides and/or refers was analyzed to define and identify LGBTQ-K providers
- Of note, a similar project was conducted within the Department of Family Medicine and Department of Internal Medicine in early 2021

Results

- The survey was sent to 132 physicians, PAs, NPs, and CNMs. In all, 27 responses were recorded, which is approximately a 20% response rate
- Of the 27 responses, two individuals indicated they do not provide outpatient services and were therefore excluded
- Among those remaining, 2 practice in the Poconos, while 23 practice within the Lehigh area
- Survey responses were received from 14 physicians, 4 NPs, 5 PAs, and 2 CNMs
- On average, responding clinicians provide 9.88, refer for 2.88, and neither provide nor refer 7.24 LGBTQ-specific services
- As the goal of the project is to increase access to LGBTQ-specific services for the LGBTQ community, a 25th percentile cut off for services provided/referred was used to define LGBTQ-K clinicians
- The 25th percentile of LGBTQ-specific services provided was 8 and of services referred was 10
- LGBTQ-K providers were therefore defined as those who provide 8 or more, provide and refer for at least 18 services, and will obtain yearly LGBTQ-specific CME
- There were 9 clinicians who indicated interest in being identified as LGBTQ-K
- Of these 9 clinicians, 8 met this previously determined criteria for LGBTQ-K designation

LGBTQ-K Women's Health Clinicians at LVHN

Melissa Aylesworth, PA-C (Lehigh)

Caitlin Bertucci, PA-C (Lehigh)

Christina Black, MD (Lehigh)

Kristin Friel, MD (Lehigh)

Tricia Irvine, MD (Lehigh)

Sheila Jones, PA-C (Poconos)

Rebecca Langley, CNM (Lehigh)

Treasure Walker, MD, MPH (Lehigh)

Discussion

General Discussion:

- Defining and identifying LGBTQ-K clinicians will improve access to LGBTQ-specific services
- LGBTQ individuals are less likely to be turned away for an LGBTQ-specific service if they are seen by an LGBTQ-K Women's Health clinician
 - Decrease in percentage of services neither provided nor referred from 25% to 10%

Project Relationship to SELECT:

- Surveying other models, discussion with departmental leaders, and coordination with the primary care project allowed for self-directed learning with continual reference to solve problems that arose
- Value-based patient-centered care identifies the unique needs of each patient to provide them with individualized quality care
- By identifying LGBTQ-specific healthcare needs, individualized healthcare plans can be developed to provide them with quality care

Project Limitations:

- Sampling bias – favoring individuals who have strong preferences for caring for LGBTQ communities
- Recall bias – whether the clinician has or would be able to provide LGBTQ-specific services if needed
- LGBTQ-specific services may exist that were not accounted for in this project

Conclusions

- Individuals identifying as LGBTQ are less likely to be turned away for an LGBTQ-specific service if they are seen by an LGBTQ-K clinician compared to a random clinician
- In identifying LGBTQ-specific healthcare needs, individualized healthcare plans can be developed to provide them with both value-based and patient-centered care
- By adopting this system, the intended outcome is to lower healthcare costs, increase patient satisfaction, and improve quality

Services Neither Provided Nor Referred (Avg. %)

All Clinicians

LGBTQ-K

25%

10%

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