

Transgender, Gender Diverse, or Intersex (TGI) Health Care Quality Standards and Training Curriculum Working Group November 14, 2023 Meeting Summary

1. TGI Working Group Members in Attendance

Virtual attendees:

Kelly Bradfield, Covered California (she/her)
Dannie Ceseña, California LGBTQ Health and Human Services Network (he/him/they/them)
Bambi Cisneros, Department of Health Care Services (she/her/hers)
Bee Curiel, TransLatin@ Coalition (they/them)
Stesha Hodges, California Department of Insurance (she/her/hers)
Kendra M. Muller, Disability Rights California (she/they)
Adrian Naidu, California Public Employees' Retirement System (he/him/his)
Skyler Rosellini, National Health Law Program (he/him)
Dr. Ryan Spielvogel, Sutter Family Medicine Residency Program (he/him/his)
Jason Tescher, California Department of Public Health (he/him/his)
Katalina Zambrano, Somos Familia Valle Central (she/her/ella)

Department of Managed Health Care (DMHC) Staff in Attendance:

Mary Watanabe, Director (she/her/hers)

Amanda Levy, Deputy Director, Health Policy and Stakeholder Relations (she/her/hers) Latika Sharma, Attorney III, (she/her) Mary Peterson, Attorney III, (she/her/hers) Justin Goodwin, Attorney IV, (he/him/his) Alma Ochoa-Soria, Associate Governmental Program Analyst (she/her/hers)

Shaini Rodrigo, Associate Governmental Program Analyst (she/her)

Leslie Thompson, Staff Services Manager I (she/her/hers)

2. Welcome & Introductions

Jacob Rostovsky welcomed everyone to the meeting and facilitated introductions.

3. Review of September 19, 2023 Meeting Summary

Jacob Rostovsky asked if there were any changes to the September 19, 2023 meeting summary. There were no changes.

4. Debrief of Statewide Listening Sessions

Jacob Rostovsky led a debrief discussion regarding the statewide listening sessions, including suggestions for any future listening sessions. The working group feedback included:

Listening Session Feedback

- Working group members appreciated both virtual and in-person opportunities for attendance.
- Working group members would like to have seen greater attendance and asked how the sessions were marketed, including information about safety precautions.
- There was disappointment that the sessions were not held at LGBTQ+ organizations, as it was suggested that would have created a safer space for individuals. The facilitator noted that there were attempts to hold the listening sessions at these locations, but it was ultimately unsuccessful.
- Members stated focus groups, rather than public listening sessions, may have resulted in increased participation. Focus groups would be a more intimate space to share vulnerable information and there would not be as many safety concerns.
- The working group noted that the discussion questions were good, and given the size of the groups, there was still a lot of great conversation and vulnerability.

Key Takeaways from Listening Sessions Responses

- Health care coverage is not meeting the needs of TGI individuals. There needs to be a flow chart, not a checklist, for what care is covered.
- Medical providers aren't certain on how to process referrals or get procedures or medications covered. There is no care coordination. Information is not being transferred or communicated properly and is lost in the system.
- Individuals do not believe health plans are following the current practice guidelines.
- Dangerous rules are made on assumptions regarding the community and what should and should not be considered gender affirming care.
- Non-binary individuals are left out of the conversation.

Facilitated Discussion of Quality Standards Approaches

Jacob Rostovsky discussed three options for the quality standards. The three options proposed were:

- 1. Adapt Existing Quality Measures with Gender-Inclusive and TGI-Specific Criteria
- 2. Define TGI-Specific Quality Domains
- 3. Recommend Further Research and Collaboration

Jacob reminded the working group of the time constraints and the importance of the foundational work that is being done.

Some working group members expressed a desire to create something more robust and concrete. However, there was an acknowledgement that without standardization and better collection of sexual orientation and gender identity (SOGI) data, implementing any recommendation would be difficult.

The working group decided upon a combination of all three options for further discussion at the next meeting, which included three components:

- 1. Review the existing 13 health equity and quality measures collected by the DMHC and make recommendations for adapting the measures to meet the needs of the TGI community.
- 2. Conduct research to develop TGI specific measures.
- 3. Make a recommendation for the standardization of SOGI data, including best practices for collecting the data.

5. Finalization of Training Curriculum Recommendations

Jacob Rostovsky reviewed the training curriculum recommendations and asked for feedback. The working group recommended the following changes:

- Delete the reference to "specialized" populations and include a heading for disabled individuals, which is inclusive of mental health, physical health and neurodivergence.
- Remove the term "potential topics of inclusion" as some of the objectives are required in statute.
- Add a story telling component to motivate people to understand why the training is important.
- Add how interactions between patients and healthcare system can exacerbate a mental health crisis.
- Add an explanation of microaggressions.
- Add content to address current day discrimination and political climate.

6. Public Comment

Jacob Rostovsky asked for comments from the public. A member of the public suggested adding information to the training curriculum related to denials based on other healthcare or medical issues.

7. Closing Remarks

Jacob Rostovsky thanked everyone for attending. The next meeting is scheduled for December 11, 2023, and will be conducted virtually.