Saint Luke’s Health System’s Strategic Plan For Reducing Health Disparities Among LGBTQ Patients

The Saint Luke’s Health System in Missouri and Kansas is composed of Saint Luke’s Hospital of Kansas City, MO; Saint Luke’s East Hospital, Lee’s Summit, MO; Saint Luke’s South Hospital, Overland Park KS; Saint Luke’s North Hospital-Barry Road, Kansas City, MO; Saint Luke’s North Hospital-Smithville, Smithville, MO; Anderson County Hospital, Garnett, KS; Crittenton Children’s Center, Kansas City, MO; Saint Luke’s Cushing Hospital, Leavenworth, KS; Hedrick Medical Center, Chillicothe, MO; and Wright Memorial Hospital, Trenton, MO. As a healthcare system, we are committed to eliminating health and healthcare disparities and adopted the CLAS Standards as a part of our strategic plan in 2007. We also realize that there are health and healthcare disparities that specifically affect the LGBTQ community. Often these individuals encounter obstacles and barriers in the healthcare system and experience worse health outcomes than other populations. We recognize that members of the LGBTQ community are less likely to have health insurance, delay and avoid seeking health care when needed, do not get prescriptions filled, and many times get their basic care through emergency departments. This community is also at higher risk for cancer, mental illness, and suicide. Their disparities are magnified if they are also a member of a known racial or ethnic class that suffers disparities.

Saint Luke’s Health System has a Health Equity Council (HEC) which is the leadership body for addressing health and healthcare inequities throughout our system. We have met Health Equality Index criteria the last two years as part of our plan to address LGBTQ disparities in our metropolitan hospitals, and this year we are expanding to include our regional hospitals. Last year, our system signed on to the American Hospitals Associations 1,2,3 for Equity Campaign’s goal to eliminate health and healthcare disparities as a quality imperative for our organization. That Campaign’s three strategies to eliminate health and healthcare disparities are to 1) increase the collection of data, 2) provide cultural competency training, 3) and increase diversity in governance and leadership. The HEC feels that the elimination of health care disparities for the LGBTQ population throughout our system is best accomplished by adopting an additional but similar strategic template as outlined below.

1. Increase The Collection of LGBTQ Data

A long held tenant of quality is that you can’t improve what you can’t measure. As part of our plan, our system CIO, Dr. Carl Dirks has created data fields within our electronic medical record to identify LGBTQ patients in our system. In private clinical settings we will use the 2 question process to collect gender identity. We have also created registration fields that can recognize nontraditional family relationships, such as significant others. This enhanced data collection will only occur with the development of training on respectful collection at the point of care. These steps and others will allow us to stratify safety and quality of care metrics such as in HEDIS, in addition to race/ethnicity, age, language, socioeconomic status and patient satisfaction outcomes for LGBTQ patients. Once a gap in health or healthcare for LGBTQ patients is identified, specific action plans can be introduced by the HEC to address them.
2. **Provide LGBTQ Cultural Competency Education**

It is well recognized that social stigmata and lack of culturally competent education for healthcare professionals, residents, and students, are a contributing factor to health and healthcare disparities among the LGBTQ population. All healthcare professionals, hospital employees and clinic staff need focused cultural competency education related to LGBTQ patient care. Over the past several years, we have provided specific LGBTQ education to all hospitals employees through “lunch and learn” activities and to our medical staff with presentations by transgendered patients about their health care needs. Our plan is to increase the availability of cultural competency education throughout our health system using our internal and external communication tools to all our employees. This will also help us identify and recognize providers who have developed expertise and skill to address the needs to LGBTQ individuals.

In addition, our health system is affiliated with several institutions of higher education, and as their partners, we plan is to increase our support of cultural competency education at the resident and allied healthcare professional level specifically regarding LGBTQ healthcare needs as outlined below.

**Saint Luke’s College of Health Science**

Saint Luke’s College of Health Science is an educational leader serving exceptional students in pursing undergraduate and graduate degrees in nursing and in additional health professions. As an independent institution of higher education closely affiliated with Saint Luke’s Health System, the College seeks to prepare health professions leaders to effectively meet the healthcare needs of diverse populations in complex organizations and in a variety of settings. Dr. Hubert Benitez, President and CEO of Saint Luke’s College of Health Sciences, has demonstrated a commitment to a curriculum rich in health equity inclusioon topics and will continue his collaboration with the chair of the HEC to provide specific LGBTQ cultural competency education to their nursing students.

**University of Missouri at Kansas City (UMKC) Hospital Hill Diversity and Inclusion Committee**

Saint Luke’s Health System has been an integrated partner in the UMKC Hospital Hill Diversity and Inclusion Committee for many years through the chair of the HEC. This committee provides representation from UMKC School of Medicine, UMKC School of Nursing, UMKC School of Dentistry and UMKC School of Pharmacy which are all collocated in an area called ‘Hospital Hill’ in Kansas City, Missouri. This committee provides oversight, support, and feedback to the deans of these professional schools on all issues of diversity and inclusion, including LGBTQ student activities. UMKC has a strong history of focus on LGBTQ issues and we feel it is important to assist in embedding cultural competence education into the curriculum of these future healthcare providers.

**University of Missouri at Kansas City (UMKC) School of Medicine Diversity Council**

Saint Luke’s Health system is an active participant with UMKC School of Medicine. There is an established UMKC LGBTQIA organization and representative organization at the medical school. Through the chair of the HEC, we partner in addressing the needs of LGBTQ medical students at the school and that rotate within our hospital. The HEC chair also sits on the UMKC School of Medicine Diversity and Inclusion Council, and assist in the establishment of support programs and provides input into the selection and matriculation process of all students, as well as the cultural competency curriculum. This provides additional opportunities to ensure LGBTQ issues are addressed in medical student education.
UMKC School of Medicine & Saint Luke’s Hospital, Graduate Medical Education Program

Saint Luke’s Hospital, the flagship of the Saint Luke’s Health system, is quaternary teaching hospital for many of the UMKC School of Medicine’s post graduate residency programs. Residents from different specialties rotate through and care for patients at our hospital. It is important that these residents understand cultural competency and sensitivity when they interact with patients. The chair of the HEC has provided cultural competency training to these residents for years, and is specifically working with one of the emergency medicine residents to do a study on attitudes regarding LGBTQ patients in the emergency department. We plan to increase our support of LBGTQ focused cultural competency education and research in conjunction with the schools’ graduate education program.

3. Increase LGBTQ Representation in Governance and Leadership

In order to meet this goal, we must first establish a relationship with the LGBTQ communities throughout our system. We have historically supported LGBTQ activities within our communities, but are formally embracing the American Hospital Associations (AHA), “Engaging Patients and Communities in the Community Health Needs Assessment (CHNA) Process,” that they released this year. This program developed by the Health Research & Educational arm of the AHA has proposed a new process that involves engaging community member and patients throughout each step of the CHNA process. Step 1: Identify and Engage Stakeholders, Step 2: Define the Community, Step 3: Collect and Analyze Data, Step 4: Select Priority Community Health Issues, Step 5: Document and Communicate Results, Step 6: Plan Improvement Strategies, Step 7: Implement Improvement Plans, and Step 8: Evaluate Progress. This allows valuable insight and gets community buy-in in a manner that might otherwise be missed.

In addition, we plan to embed patient-centered outcomes research (PCOR) and comparative-effective research into the process, which can help LGBTQ patients make better informed decisions about their health and healthcare options.

We feel these strategic processes will help our health system and those we partner with, to provide better patient care and services to the LGBTQ community.