

Health Equity Case Study:

Interprofessional Committee Improves Health Care Access for LGBTQ+ Veterans

Summary

An interprofessional committee works to make health care providers aware of services, including voice and speech therapy, and provide more comprehensive care for LGBTQ+ veterans.

Meet The Team



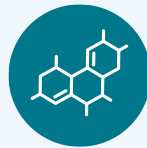
Primary care physicians



Speech-language pathologist



Mental health providers



Endocrinologist



Nursing staff



Occupational therapists



Social workers



Community care and outreach staff

How They Identified the Issue

Sonia Mehta, MS, CCC-SLP, a medical speech-language pathologist with the VA Connecticut Healthcare System, noticed a trend among LGBTQ+ patients who came to her voice clinic. Many of their primary providers were completely unaware that gender-affirming voice therapy, which Mehta provides in her clinic, existed.

“What I was noticing specifically with voice services was that people were approaching their primary care providers and advocating for gender-affirming voice therapy,” said Mehta. “They had heard about it in an LGBTQ+ support group, rather than the doctors proactively suggesting it.” She found that there was a gap in knowledge related to these services.

Seeing this, Mehta took it upon herself to educate other health care professionals in the VA, such as mental health teams and endocrine specialists. She ensured that these other providers had a clear understanding of her scope of practice, who can benefit from it, and what the best practices are for offering intervention. She even developed an educational resource for voice therapy for LGBTQ+ veterans and received a National ICARE Award for the work.

Collaborating Across Professions

This outreach put Mehta in contact with providers all around the VA Healthcare System. She found that many of these providers had similar experiences to hers when it came to working with LGBTQ+ patients—namely, that patients and providers alike were often unaware of services that were available at the VA for patients who identified as LGBTQ+. Providers also expressed the need for more education, resources, and support in navigating care for these patients. Finally, there was the general stigma that many veterans felt in accessing care, which resulted in a reluctance to share concerns or ask questions of their providers.

“Everyone was echoing the same thing,” she said. “There was a gap in access to care, and LGBTQ+ veterans didn’t know what services were available to them.”

Thanks to her outreach, Mehta was invited to serve on an interprofessional committee that addresses health disparities and clinical access issues for LGBTQ+ patients. The committee is a grassroots effort formed entirely because providers, like Mehta, were concerned about LGBTQ+ veterans.

“We wanted to try and bridge the gap related to health access and outcomes we were seeing across the LGBTQ+ veteran population and to work toward the VA mission of ‘serving all who served,’” said Mehta.





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a medical speech-language pathologist with the VA Connecticut Healthcare System

Ongoing Collaboration

This group is in the early stages and is implementing policies and practices with the help of hospital leadership. **They are currently working on several initiatives:**

 **Consult sets:** Because the VA is a single, cohesive health care system, referring a patient between providers should be simple. However, many doctors aren't aware of what types of services LGBTQ+ veterans could benefit from. The committee is working on building out consult sets for specific concerns, such as mental health, speech therapy, occupational therapy, and hormone therapy.

 **Education for health care providers:** The committee is helping medical providers learn how to best provide care to patients who identify as being LGBTQ+. This includes addressing topics such as pronoun usage.

 **Education for veterans.** The committee is also focused on education for veterans. Committee members want LGBTQ+ patients to know about the types of health care services available to them, so they can feel empowered when receiving care and have the resources they need.

The committee continues to meet regularly. An ongoing agenda includes more formalized programs and practices throughout the hospital.



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