Impact of Virtual Care Navigation for Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ+) Populations: A Case Study of Included Health

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Background and Study Objective

Research shows that LGBTQ+ communities have:

- Limited access to culturally competent health care

- Higher prevalence of chronic conditions

- Worse health outcomes

Navigation is a valuable model to increase access to care

Limited research exists that quantifies the impact of care navigation on LGBTQ+ populations.
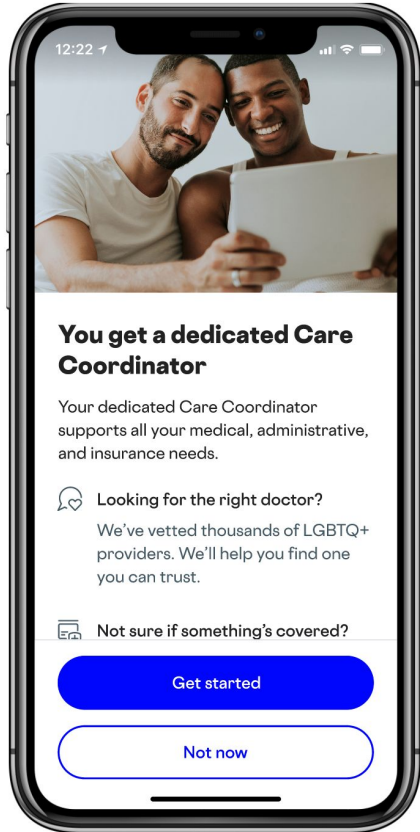
Study aim

Evaluate impact of a LGBTQ+ specialized virtual healthcare navigation service on members' abilities to understand and access the care they need among a national commercially insured cohort of members.

Intervention: Included Health LGBTQ+ Navigation

WHAT
Virtual phone and chat-based service

- Employer- and health plan-provided benefit

- Dedicated care coordinators with tailored knowledge and specialized training who are representative of the LGBTQ+ community

- Vetted national provider directory

- Benefits information

HOW
Support LGBTQ+ members with information and advocacy

- Connect members to vetted in-network providers who are affirming, clinically competent, and match member preferences

- Assist with benefits navigation focused on LGBTQ+ health

- Provide education and advocacy for clinical and non-clinical needs

You get a dedicated Care Coordinator

Your dedicated Care Coordinator supports all your medical, administrative, and insurance needs.

Looking for the right doctor?
We've vetted thousands of LGBTQ+ providers. We'll help you find one you can trust.

Not sure if something's covered?

Get started

Not now

Study Sample and Data

Study sample:

LGBTQ+ Navigation member requests that were completed between January 26 to July 31, 2023 who provided a member feedback survey at case closure.

Member survey:

"1=Strongly Disagree" to "5=Strongly Agree" responses to:

"Since working with Included Health, I am"…

- less stressed about using healthcare services

- less likely to avoid care

- better able to find, understand, and use the information I need to inform my healthcare choices

- better able to find healthcare providers who understand my needs

- more prepared to engage with healthcare providers
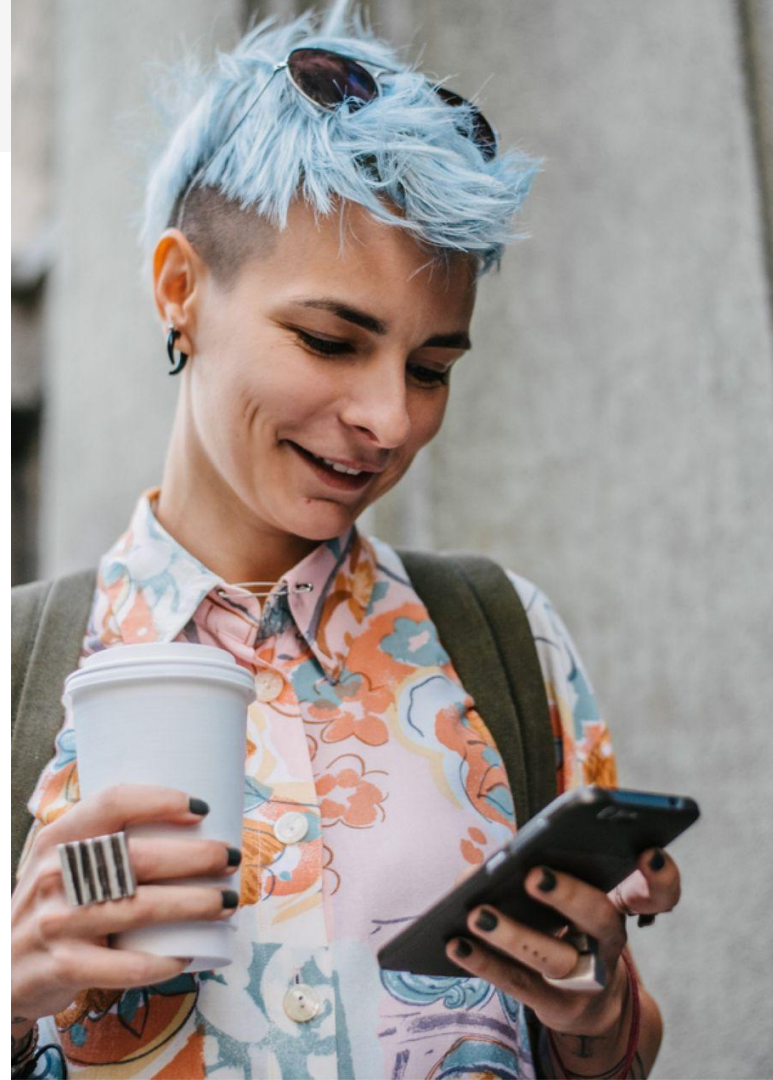
Measures and Statistical Methods

Measures were constructed from two data sources, intake form and survey.

Member request intake form

- Type of member request (provider or resource)
- Count of member requests
- Geographic region (4)
- Race and ethnicity*
- Gender identity*
- Sexual orientation*
- Pronouns*

Multiple select fields within the intake form. To support statistical testing, we established mutually exclusive categories for each measure.

Member survey

- Member responses to each of the 5 statements estimating impact of Included Health services
- LGBTQ+ Navigation composite score (average of 5 responses per member)

Statistical methods

- Respondents vs. nonrespondents
  - Fisher's exact tests, chi-square tests, and t-tests
- Relationships between the LGBTQ+ Navigation composite score and member characteristics
  - ANOVA with Tukey post-hoc tests and t-tests
- Alpha was defined as 0.05.
- All analyses were conducted in SAS 9.4 (SAS, Cary, NC).

354 (7%) of 4,703
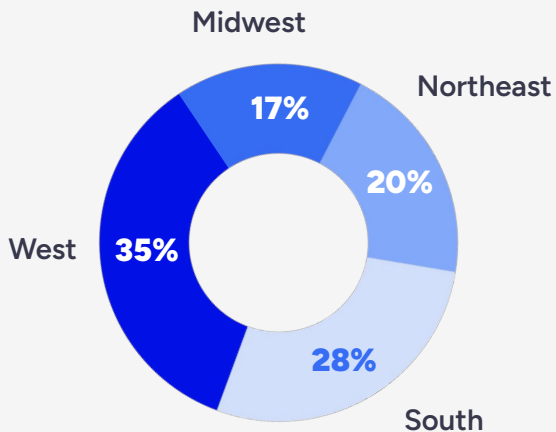
member requests included a member survey response

Cases with a survey response were:

- More likely to be for members with multiple cases (**57.1% vs. 40.5%**)

- Less likely to live in the South (**27.8% vs. 38.0%**)

- Less likely to provide their demographic characteristics:

  - Race and ethnicity (**50.3% vs 34.1%**)

  - Pronouns (**50.3% vs. 34.1%**)

  - Gender identity (**57.9% vs. 43.0%**)

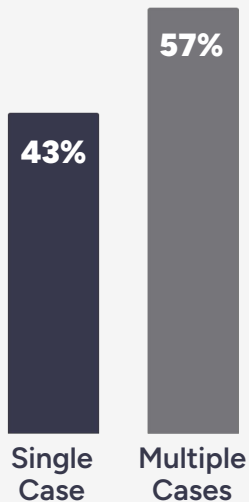 - Sexual orientation (**53.7% vs. 38.2%**)

Results: Respondent Characteristics (1 of 2)
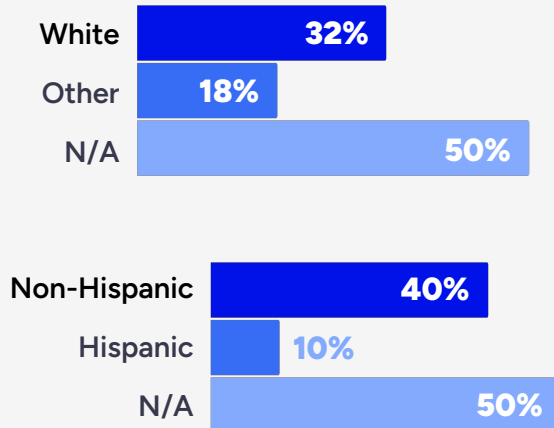
Region

- Midwest 17%
- Northeast 20%
- South 28%
- West 35%

Case Volume

- Single Case 43%
- Multiple Cases 57%

Race and Ethnicity

- White 32%
- Other 18%
- N/A 50%

- Non-Hispanic 40%
- Hispanic 10%
- N/A 50%

Gender Identity

Cisgender **21%**

Transgender **9%**

Multiple **3%**

Other **8%**

N/A = **58%**

Sexual Orientation

Gay /Lesbian **21%**

Multiple **11%**

Bisexual **5%**

Other **8%**

N/A = **54%**

Pronouns

Single Pronouns **42%**

Multiple Pronouns **8%**
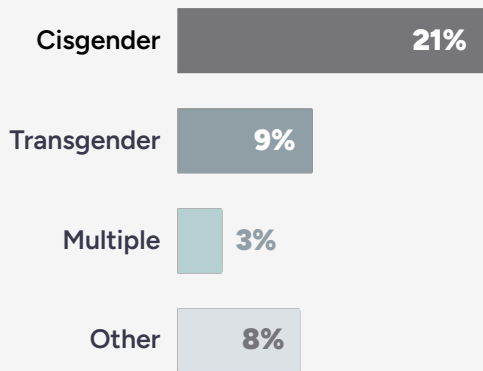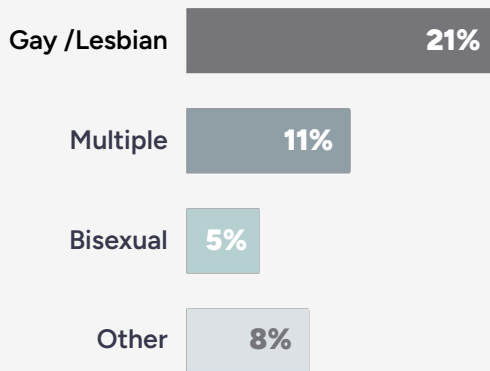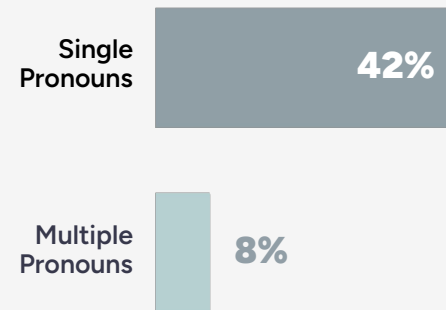
N/A = **50%**

Results: Member-reported outcomes (n=354)

86% or more respondents agreed or strongly agreed that LGBTQ+ Navigation had a positive impact on their ability to understand and use the care they needed.

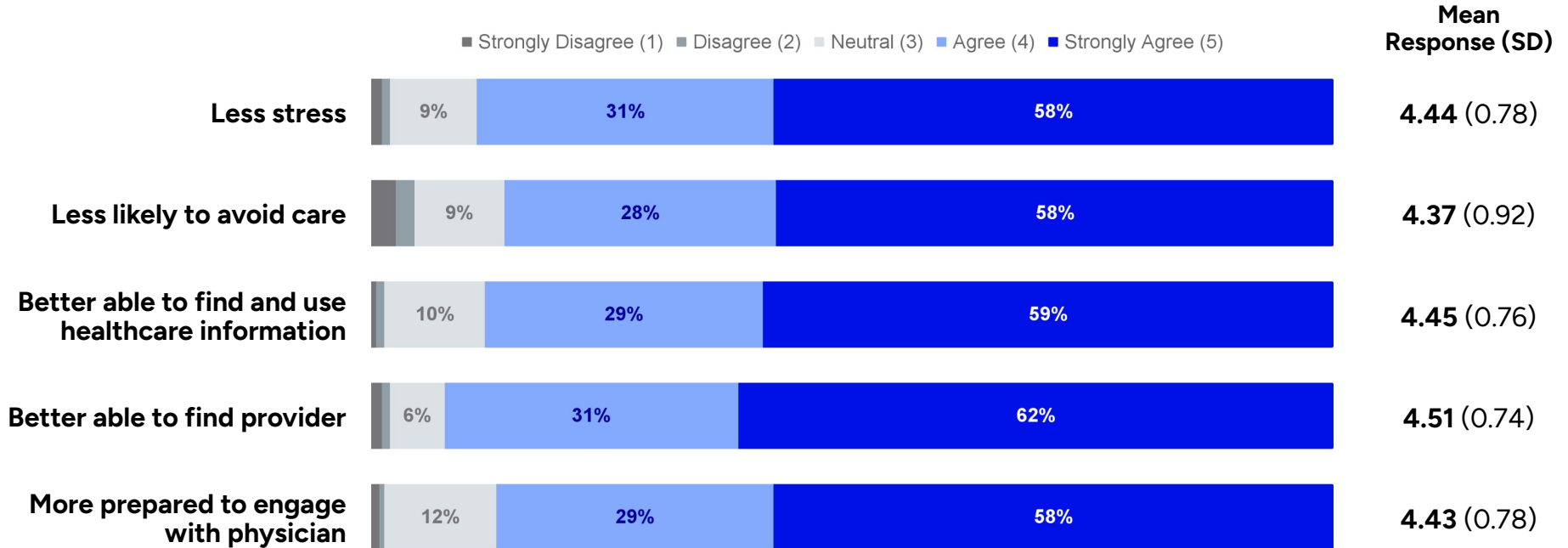Legend: ■ Strongly Disagree (1) ■ Disagree (2) ■ Neutral (3) ■ Agree (4) ■ Strongly Agree (5)

	Strongly Disagree (1) / Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean Response (SD)
Less stress		9%	31%	58%	**4.44** (0.78)
Less likely to avoid care		9%	28%	58%	**4.37** (0.92)
Better able to find and use healthcare information		10%	29%	59%	**4.45** (0.76)
Better able to find provider		6%	31%	62%	**4.51** (0.74)
More prepared to engage with physician		12%	29%	58%	**4.43** (0.78)

Results: Composite impact score

The average composite LGBTQ+ Navigation impact score was **4.44** (SD=0.69). Score had statistically significant differences by member region, race, ethnicity, pronouns, and gender identity.

	LGBTQ+ Navigation Impact Score	
	Mean (SD)	p-value
Region		<.001
Midwest	4.59 (0.52)	
Northeast	4.39 (0.72)	
South	4.69 (0.51)	
West	4.20 (0.79)	
Requester service		0.408
Provider Request	4.45 (0.67)	
Resources/Support	3.6 (1.77)	
Race		0.011
Other	4.40 (0.74)	
White	4.30 (0.73)	
NA	4.55 (0.64)	
Ethnicity		0.008
Non-Hispanic	4.30 (0.74)	
Hispanic	4.46 (0.69)	
NA	4.55 (0.64)	

	LGBTQ+ Navigation Impact Score	
	Mean (SD)	p-value
Pronouns		0.016
Single pronouns	4.33 (0.76)	
Multiple pronouns	4.36 (0.51)	
NA	4.55 (0.64)	
Gender identity		0.003
NA	4.55 (0.64)	
Cisgender	4.36 (0.66)	
Multiple gender identities	4.56 (0.37)	
Other	4.25 (0.77)	
Transgender	4.11 (0.95)	
Sexual orientation		0.054
NA	4.54 (0.65)	
Bisexual	4.48 (0.59)	
Gay/Lesbian	4.31 (0.69)	
Multiple sexual orientations	4.34 (0.68)	
Other	4.27 (0.97)	

Conclusion

Virtual LGBTQ+ Navigation had a meaningful impact on members' ability to understand and access the care they need.

Tailored care navigation services delivered virtually have the capacity to broaden the reach and scalability of healthcare access for LGBTQ+ populations.

Limitations:

- Lack generalizability
- Potential survey-response bias
- Survey administered at case completion only
- Missing demographic characteristics limited ability to draw conclusions from the subgroup analyses

Strengths:

- National sample of members from the LGBTQ+ community
- An initial assessment of the impact of navigation

Further research:

- Examine virtual care navigation utilization within segments of the LGBTQ+ community
- Investigate which specific barriers were addressed and how, to inform future navigation opportunities and policies