



WHITMAN-WALKER HEALTH

Mailing Address:

Elizabeth Taylor Medical Center
1701 14th St., NW
Washington, DC 20009

BEFORE THE COUNCIL OF THE DISTRICT OF COLUMBIA COMMITTEE ON HEALTH AND HUMAN SERVICES

HEARING ON BILL 21-168, THE "LGBTQ CULTURAL COMPETENCY CONTINUING EDUCATION AMENDMENT ACT OF 2015"

October 28, 2015

TESTIMONY OF RAYMOND C. MARTINS, M.D., SENIOR DIRECTOR OF CLINICAL EDUCATION AND TRAINING, WHITMAN-WALKER HEALTH, IN SUPPORT OF THE BILL

My name is Dr. Raymond C. Martins, M.D. and I am the Senior Director of Clinical Education and Training at Whitman-Walker Health here in Washington, D.C. WWH is the largest provider of healthcare for the LGBT population in Washington and we are a major LGBT health educational source for the government, universities, media, and the general population. WWH provides health care services for almost 15,000 patients annually. About 50% of those individuals identify as lesbian, gay or bisexual, and about 6% of them identify as transgender or gender nonconforming. Ninety percent of my own patients at Whitman-Walker identify as being from the LGBT community. I am on the medical faculty at The George Washington University, Georgetown University, Virginia Commonwealth University, the Walter Reed Army Institute of Research, and the Uniformed Services University of the Health Sciences, where I have been teaching LGBT Cultural Competency and Primary Care for the LGBT population for the past eight years. My CV is attached to this testimony.

Sadly, in this metropolitan area as well as throughout the country, physicians and other health providers do not receive adequate LGBT clinical and cultural competency training during medical school and their post-graduate years. This unfortunately leads to discrimination and poor health outcomes for LGBT

people. Washington, D.C. has one of the largest LGBT populations in the country, which makes cultural competency training critical to improving the doctor-patient relationship and thus health outcomes for the entire LGBT community. By requiring that healthcare providers undergo continuing education in LGBT health disparities and ways to improve care to LGBT patients by facilitating full and frank communications between providers and patients, Washington, D.C. will set the standard for LGBT medical competence for the country.

Washington, D.C. would greatly benefit from LGBT cultural competency training because of the large percentage of the population that identifies as LGBT. According to a 2012 Gallup poll, 10% of D.C.'s population is LGBT versus 3.5% in the total US population. Despite the large LGBT population here, medical trainees have little exposure to LGBT health issues during their educational years. During four years of medical school, students spend a median of just 5 hours on LGBT care and most of this time is spent on general human sexuality. When medical school deans around the country were interviewed for a 2011 Journal of the American Medical Association article, two-thirds said their coverage of LGBT content was fair or very poor (44% and 26% respectively)

This lack of training and lack of understanding and sensitivity on the part of medical providers results in poor relationships between the LGBT and healthcare communities. In a 2009 national survey by Lambda Legal, 40% of the respondents who identified themselves as LGBT reported that they did not disclose their sexual orientation to their primary medical provider, while 56% of LGB patients and 70% transgender patients reported having encountered discrimination in healthcare. I have many anecdotes from my patients highlighting the discrimination and lack of understanding they have encountered in doctor's offices, health clinics and hospitals in our city. Here are two experiences that are commonly disclosed to me. Gay males will often establish care with me after being with another primary care provider. The majority of these patients do not realize they can and should be screened for anal cancer if they have receptive anal intercourse, and that they can take HIV medications to prevent HIV transmission after an unsafe sexual experience. The cancer

screening is highly significant as the risk of anal cancer in gay men is higher than the incidence of cervical cancer in women before the Pap smear test was widely used. Another frankly horrifying occurrence reported to me by several patients and also by my colleagues, is that medical personnel have made very inappropriate comments about how gay men respond to a colonoscopy when they are entering or under partial anesthesia.

These cultural competency issues were highlighted in a 2011 report by the Institute of Medicine of The National Academies titled *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. That very important report concluded: "With respect to the healthcare provided to LGBT people, a number of structural barriers result from providers' lack of training in the health needs of LGBT patients." This report has been guiding the National Institutes of Health as they design and fund research projects aimed at documenting and addressing LGBT health disparities.

Ideally, LGBT cultural competency will be learned in medical training and reinforced over a lifetime of learning. Until that time, I recommend a CME requirement for LGBT clinical and cultural competency that would allow practitioners the flexibility to use currently-available, highly-regarded learning tools that can be easily accessed and tracked. Medical providers learn through a variety of methods, especially in real time, using peer-to-peer interactions and efficient online resources. The best time to learn is when the patient is in front of you with a clinical question. Frequently-used on-line resources that answer immediate questions, such as UpToDate, have been shown in to improve the quality of healthcare and are widely accepted by healthcare providers. For healthcare professionals that prefer to learn through self-directed education outside of clinical time, they can use online live and on-demand webinars and learning modules such as those produced by the National LGBT Health Education Center. The two 2 CME hours in this bill every two years, dedicated to LGBT health, if properly organized, should prove adequate. This amount of time will briefly cover LGBT cultural competency, including communication and improving access to health care, as well as how to address LGBT health disparities that are not familiar to many healthcare providers. Whitman-

Walker would be happy to work with the different licensing boards and bodies to help develop the best training tools to meet the requirement.

Thank you for this opportunity to testify. If I can be of any further assistance, please feel free to contact me at 202-745-6168 or rmartins@whitman-walker.org, or Dan Bruner, our Senior Director of Policy, at (202) 939-7628 or dbruner@whitman-walker.org.

RAYMOND CATARINO MARTINS, M.D.

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PROFESSIONAL

Senior Director of Medical Education and Training, Whitman-Walker Health, DC 2015 - Present

Chief Medical Officer, Whitman-Walker Health, Washington, DC 2008 – January 2015

Oversees clinical care of a 15,000 patient community health center practicing a broad range of medical care, including primary medical care, LGBT health care, HIV and other medical specialty care; mental health, addictions, and psychiatry; comprehensive oral health care; medical adherence and community health efforts including HIV and STD testing and prevention.

- Serves as executive leadership of the center with Chief Financial Officer, Chief Operating Officer, and Chief Executive Officer, supporting the Board of Directors.
- Guides all quality improvement efforts, including health center operations.
- Directs academic development of the medical center through medical research, training medical students, internal medicine and preventive medicine residents, and academic conferences.
- Oversees clinical research, including the AIDS Clinical Trials Group, Multicenter AIDS Cohort Study and Phase 2 and 3 clinical trials for HIV and Hepatitis C medications.
- Performs direct outpatient primary and HIV specialty care to a diverse patient base.
- Guides the clinical and financial operation of a 350 script per day pharmacy.
- Advocates for high-quality HIV and primary medical care and otherwise represents the center on clinical matters to audiences ranging from academic institutions to the District of Columbia government to the U.S. Congress.

Private Practice, Arlington, VA 2005 - 2008

6 Physician Academic Group Practice: Provided inpatient and outpatient medical care to a diverse patient base focusing on HIV and LGBT health care. Clinical preceptor for Georgetown University medical students and internal medicine residents.

Dupont Circle Physicians Group, Washington, DC 2004 - 2005

3 Physician Academic Group Practice: Provided outpatient medical care mainly for the HIV-positive and LGBT communities. Clinical preceptor for GWU medical students and internal medicine residents.

ACADEMIC APPOINTMENTS

Associate Clinical Professor of Medicine 2008 - Present

The George Washington University School of Medicine, Washington, DC

Assistant Clinical Professor of Medicine 2010 – Present

Virginia Commonwealth University, Richmond, VA

Assistant Clinical Professor of Preventive Medicine 2011 – Present

Walter Reed Army Institute of Research, Silver Spring, MD

Assistant Clinical Professor of Preventive Medicine 2012 – Present

Uniformed Services University of the Health Sciences, Bethesda, MD

EDUCATION AND TRAINING

<i>Chief Medical Resident</i> The George Washington University Hospital, Washington, DC	2003 - 2004
<i>Primary Care Internal Medicine Resident</i> The George Washington University Hospital, Washington, DC	2000 - 2003
<i>Doctorate of Medicine, MD</i> The George Washington University School of Medicine, Washington, DC	June 2000
<i>Bachelor of Science, B.S. Molecular and Cell Biology</i> Honors Program, University of Connecticut, Storrs, CT Magna Cum Laude	June 1996

AWARDS

<i>Best of Gay DC Award: Best Doctor</i> The Washington Blade	2015
<i>2011 Oscar E. Edwards Volunteerism and Community Service Award</i> District of Columbia Chapter of the American College of Physicians (ACP)	2011
<i>Alpha Omega Alpha Honor Society</i> The George Washington University School of Medicine	2004
<i>Gala Honor for Medical Education</i> The George Washington University School of Medicine Chosen by the Medical School Class of 2003 for "Proactive leadership, innovative service, and compassionate dedication to our education."	2003
<i>Jorge C. Rios, MD Award for Excellence in Internal Medicine</i> The George Washington University School of Medicine	2003
<i>Phi Beta Kappa Honor Society</i> University of Connecticut, Storrs, CT	1999

MEDICAL ADVISORY BOARDS

<i>HIVQUAL National Clinical Advisory Committee</i> Develop infrastructure for quality improvement, including clinical indicators and aggregate data, for a HRSA-sponsored national project to build capacity and capability for quality improvement among Ryan White HIV/AIDS Program Part C and Part D grantees	2010-Present
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- District of Columbia Primary Care Association – Standards of Care Committee*** 2008 - Present
Chair 2011
 – 2013
Vice Chair 2010
 – 2011
 Helped guide quality improvement for Washington, DC’s community health care centers through review of clinical guidelines, informational technology improvement and other trainings and sharing of information
- D.C. Partnership for HIV/AIDS Progress Medical Advisory Board*** 2010 - Present
Subspecialty clinics
 Provide guidance for the National Institutes of Health and DC Department of Health’s partnership to improve HIV-related outcomes, reduce HIV transmission, and improve access to subspecialty care for HIV-positive patients in Washington, D.C.

HEALTH POLICY

- Medicare Part D Congressional Briefings*** Sept 2014
 Advocating for maintaining beneficiary access to the full range of available Medicare Part D medications
- US Senate Committee on Homeland Security and Governmental Affairs*** May 2009
 Public Health Challenges in Our Nation’s Capital
- Health Care Rx – The Washington Post*** 2009
 One of panel of experts for online journal focused on national health policy reform

MEDICAL EDUCATION ACTIVITIES

THE GEORGE WASHINGTON UNIVERSITY MEDICAL SCHOOL, Washington, DC

- Clinical Attending***
 -Clinical Instructor for 3rd and 4th year medical students and Internal Medicine Residents
 2003-Present
- Admissions Committee Interviewer***
 2001-Present
- Community Health/LGBT Health Course Educator***
 2009-Present
- Practice of Medicine Instructor***
 -Physical Diagnosis Instructor for 1st and 2nd year medical students
 2001 – 2004

WALTER REED ARMY INSTITUTE OF RESEARCH PREVENTIVE MEDICINE RESIDENCY PROGRAM, Silver Spring, MD

- Clinical Attending***
 -Clinical Instructor for Preventive Medicine Residents
 2011-Present

GEORGETOWN UNIVERSITY MEDICAL SCHOOL, Washington, DC

Patients, Populations, and Policy Course (MS 1) – LGBT Health

2009-Present

Human Sexuality Course

2009-Present

Practice of Medicine Instructor

2005 - 2008

-Physical Diagnosis Instructor for 1st and 2nd year medical students

Clinical Attending

2005 - 2008

-Inpatient and Outpatient training for 3rd and 4th year medical students and Internal Medicine Residents in HIV Medicine, General Internal Medicine, and Critical Care

GEORGETOWN UNIVERSITY LAW SCHOOL, Washington, DC

Medical-Legal Partnerships and the LGBT Community Course

2014

**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
PREVENTIVE MEDICINE RESIDENCY PROGRAM, Bethesda, MD**

Clinical Attending

-Clinical Instructor for Preventive Medicine Residents

2012-Present

BOARD CERTIFICATION/MEDICAL LICENSURE

AMERICAN BOARD OF INTERNAL MEDICINE

2013 - 2023