A22/B22: Improving Care for Transgender Patients

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Disclosure

- These presenters have no financial disclosures
- No commercial products, off-label uses, or experimental uses of any drug or device will be discussed.

- A word about politics, religion, and personal beliefs
Objectives

- Describe four key points every health care provider needs to know before caring for a transgender patient
- Implement strategies to make their organizations more welcoming to transgender patients

Panelist Profiles

- Clinton Coil
  - Chief Quality Officer, Harbor-UCLA Medical Center
  - Board Certified Emergency Physician
- Gina Buccolo:
  - International Board Certified Lactation Consultant
  - Parent of a 6-year-old transgender daughter
- Travis Gardner
  - Information Technology Professional
  - Transgender Man
- Kody Kay
  - Small Business Owner
  - Transgender Man
Agenda

- Why are we here?
- Transgender 101
- Four things every healthcare worker needs to know before taking care of a transgender patient
- Steps to improve your organization’s care

Why are we here

- 1 in 200-300\(^1,2\) Americans are transgender
- In a 2014 study\(^3\) in Ontario, 50% of transgender patients reported having a bad experience in an Emergency Department (ED), and 20% reported avoiding the ED when they needed it.
- In the 2011 National Transgender Discrimination Survey\(^4\):
  - 19% of respondents reported being refused health care due to their gender status
  - 28% of respondents had postponed necessary health care when sick or injured
  - 33% of respondents had not sought preventative care because of experiences of health care discrimination based on their gender status

2. Gates G; The Williams Institute, UCLA School of Law. 2011
The Transgender Patient

- Transgender patients are a vulnerable population
- In the 2011 National Transgender Discrimination Survey:
  - 57% of respondents reported experiencing significant family rejection
  - 19% of respondents reported experiencing homelessness at some point in their lives
  - 41% of respondents reported attempting suicide (compared with 1.6% of the general population)


The transgender patient

- That said, do not assume that the transgender patient is unemployed/homeless/has mental health challenges/has substance abuse issues/is a sex worker/requires help beyond their medical needs
- Transgender is not a pathology
Transgender 101: definitions

- Assigned sex: the sex that is assigned to an infant at birth (male, female, or intersex).
- Gender identity: a person’s deeply held sense of being male, female, some of both, or neither.
- Gender expression: the manner in which a person chooses to communicate their gender identity through means such as speech, mannerisms, or clothing.
- Sexual orientation: a person’s emotional, romantic, or sexual feelings toward other people.
Sandy

Assigned sex at birth

- Male
- Intersex
- Female

Gender identity

- Male
- Third gender/gender fluid
- Female

Gender expression

- Masculine
- Androgynous
- Feminine

Sexual orientation

- Straight
- Bisexual
- Gay

Bob

Assigned sex at birth

- Male
- Intersex
- Female

Gender identity

- Male
- Third gender/gender fluid
- Female

Gender expression

- Masculine
- Androgynous
- Feminine

Sexual orientation

- Straight
- Bisexual
- Gay
Assigned sex at birth

Gender identity

Gender expression

Sexual orientation

Male  Intersex  Female

Male  Third gender/gender fluid  Female

Masculine  Androgynous  Feminine

Straight  Bisexual  Gay

Dwayne

Sunny
Transgender 101: definitions

- Transgender: a person whose gender identity is different than their sex assigned at birth
- Transgender Male: a person who's sex assigned at birth was female who now identifies as male, aka FTM, aka Male
- Transgender Female: a person who's sex assigned at birth was male who now identifies as female, aka MTF, aka Female
- Social Transition: transitioning one's gender identity in everyday life and social spaces.
- Medical Transition: taking hormones and/or undergoing surgical procedures in order to affirm one's gender identity

Point 1: Transgender is not a drag show

Some people cross-dress for entertainment, but do not identify as transgender
Point 2: Refer to patients using their affirmed gender

- Call someone by their preferred name
  - Regardless of patient’s appearance, surgical history, legal name, name on insurance card, or sex assigned at birth
  - Patient’s view should always supersede that of family members/visitors
- This can signal to the patient that you “get it” and are a safe person for them to talk to
- If it’s particularly important to the visit, you can use the abbreviation MTF or FTM to describe the patient in the medical record

How to Determine Preferred Pronoun

- Look at the patient’s gender expression/appearance/presentation and if clearly indicated, the staff should refer to the patient using pronouns appropriate to that gender
  - If the staff member is then corrected by the patient the staff member should apologize and use the preferred pronouns as expressed by the patient
  - Staff should inform other staff of the preferred pronoun – do not place the burden on the patient
- If the patient’s gender expression/appearance/presentation does not clearly indicate what pronouns should be used the staff member should discreetly and politely ask the patient for their preferred pronouns and name
Point 3: Focus on the reason for the visit

- Many trans people report going to healthcare providers for one purpose and as soon as the provider finds out they are trans, starts with a lot of inappropriate questions.
- Be aware this is a sensitive issue, and frame questions appropriately (e.g. “because you have abdominal pain, it’s important for me to know about any surgeries you may have had in your abdomen or genitals”).
- Avoid involving trainees without asking first.

Interacting with Transgender Patients

- Exams of particularly sensitive areas (genitalia, breasts) should be kept to an absolute minimum and be handled with the utmost care
  - Patients may feel more comfortable with a same-gender provider (or not) – ask!
  - Patients may prefer to use alternative terms for anatomy. For example:
    - “Birth canal” for a pregnant man rather than vagina
    - “Chestfeeding” rather than “breastfeeding”
Point 4. Most transgender people do not undergo genital reassignment surgery

- The use of hormone treatments and upper surgeries are common.
- Lower surgery is:
  - Not important for many people
  - Expensive
  - Painful
  - Carries risks
- Do not use the terms “pre-op” and “post-op” when referring to someone’s identity.
- Do not tell someone they are not “really trans yet” because they have not had lower surgery.

Providing Medical Care

- Basic care for transgender patients is within the scope of practice of most primary care providers
- Providers already provide hormone therapy for a variety of conditions, and can learn specific indications, risks, and benefits for transgender patients
Providing Medical Care

- Consultation with centers that specialize in trans care may be helpful in more complex cases.

transhealth.ucsf.edu

Providing Medical Care

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www.wpath.org
There are transgender children and adolescents
With increasing family support, more children are transitioning earlier, as young as preschool age
Medical standards for the treatment of transgender children are evolving rapidly
- Pre-puberty all transition is social (appearance, names, pronouns, etc.)
- At the onset of puberty some children begin “hormone blockers” (GnRH analogues) -> Prevents puberty in the “wrong” gender, Reversible
- Later, some adolescents choose to use cross-sex hormones so that they may go through puberty in their affirmed gender -> Irreversible changes
- When dealing with a minor who presents as transgender or gender questioning/fluid you must consider whether or not the minor has parental support or parental knowledge of their transgender status
Case Study: Gender Non Conforming Child

- The setting: A busy Friday night at the urgent care clinic
- The patient:
  - Four year old child presents with fever, cough, and severe ear pain
  - Insurance card gives name as "William Smith"
  - Mother signed in child as "Lily Smith" and informed receptionist of child's transgender status, preferred name, and pronouns

It is imperative that the institution, not only the individual, make changes to ensure that transgender patients receive the same quality of care as other patients.

Over time, institutional policies, can effect population change

- We want to bring the transgender patient to the healthcare system by creating an unbiased and supportive environment
- Institutional polices should cover not only patients, but family members, and employees as well
- Particular to the site of practice, every specific recommendation will not apply to all practice settings
Non-Discrimination Policy

- The Affordable Care Act (2010) prohibits sex discrimination in any hospital or health program that receives federal funds
- U.S. Department of Health and Human Services, Office of Civil Rights, has stated that this extends to discrimination based on gender identity
- A number of state and local municipalities now specifically prohibit discrimination based on gender identity
- Also required (as of 2011) under Joint Commission standard RI.01.01.01, EP29

See:
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals. The Joint Commission. [Link](https://www.jointcommission.org/assets/1/18/93%20Report%20Issue%201%202011%20011.pdf)
Non-Discrimination Policy

“[Name of Facility/Practice] does not discriminate against any person based on the basis of gender identity or gender expression.”

- Post publicly: on website, in patient waiting areas, and in employee work and break areas
- Include in all materials that might already feature a non discrimination statement (e.g., non-discrimination on the basis of sex, race, religion, etc.)
- Emphasize in employee orientation and trainings
  - Explain what gender identity and gender expression mean as these concepts are unfamiliar to some

Patients’ Bill of Rights

- Issues of gender identity and gender expression need to be specifically addressed in a patients’ bill of rights
- Include that patient has the right to:
  - Competent, considerate, and respectful care in a safe setting that fosters the patient’s comfort and dignity and is free from all forms of abuse and harassment, including that based on gender identity or gender expression
  - The patient has the right to privacy and confidentiality during medical treatment or other rendering of care within the [Facility/Practice]
  - Privacy can be a matter of mental health and/or safety for gender non-conforming patients
Sample Wording from a Patients’ Bill of Rights

- Medical students, residents, and other persons not directly involved in the care or treatment of a transgender or gender-nonconforming patient should not be present during the patient's case discussion, consultation, examination, or treatment except for legitimate training purposes.
- Before observing or participating in a transgender or gender-nonconforming patient's case discussion, consultation, examination, or treatment for training purposes, trainees should be counseled on the [Practice/Facility] Gender Identity and Gender Expression Non-Discrimination Policy and the Protocols for Interaction with Transgender Patients.
- Transgender and gender-nonconforming patients have the right to refuse to be examined, observed, or treated by medical students, residents, or any other facility staff when the primary purpose is educational or informational rather than therapeutic, without jeopardizing the patient's access to medical care, including psychiatric and psychological care.

Admitting, Registration, and Insurance

Recording gender:
- Only record when necessary
- Go beyond M or F
- Include:
  - Transgender Male/Man (F to M)
  - Transgender Female/Woman (M to F)
  - Non Binary
  - Agender
  - Other
  - Decline to State

Preferred name:
- This can be included for all patients
- Staff needs training to follow
- Use last names in public situations (i.e., waiting rooms)

Luxicare Health Plan
Name: Gina Buccolo
Medical Record: 1234567
Gender: F

Preferred pronouns:
- He/him
- She/her
- They/them
- Other
Most EHRs use a binary gender field, which creates an inaccurate health record.

Recommendations:
- Additional data fields for preferred name and pronouns, as well as birth gender
- Allow a smooth transition when name or gender changes
- Maintain an accurate inventory of transition-related medical care

What if your current EHR doesn’t support this?
- 1. Keep asking for it
- 2. Consider the scheme below
Admitting, Registration, and Insurance

- Not all transgender persons desire to legally change their name and/or gender
- The ability of a transgender person to legally change their name and/or gender varies by state and socio-economic status
  - No option for appropriate gender recording for non-binary individuals
- Because health insurance is linked to taxation, often name and gender cannot be changed on insurance cards unless name and gender are legally changed
- Billing will need to occur under the patient's legal name
- Name and gender change complicates insurance and medical recording for “gender specific” issues such as pregnancy, lactation, urological issues etc.
Room Assignments

- When room assignments are based on gender patients will be assigned to a room based on their identified gender
- A private room may be the most appropriate for a patient in transition, or with gender non-conforming features, if available
- The transgender patient’s request should be honored to the extent possible
- Consider privacy concerns in areas separated only by curtains

Restroom Policy

- Patients and staff should generally use the restroom that matches their perceived gender identity (not necessarily their gender expression)
- Never be asked to show documentation to gain access to a restroom that is consistent with their gender identity
- Offer as many unisex bathrooms as possible

Gender Neutral Restroom at Kaiser Permanente Los Angeles Medical Center. Photo courtesy of Gina Marie Buccolo.
In nearly all cases, transgender patients are seeking care from your organization. There is a large knowledge gap among healthcare workers about transgender individuals. Many resources are available to assist healthcare workers and organizations in improving the experience of transgender patients.

Conclusions