Improving Primary Care for Trans and Gender Nonconforming Patients at an Urban Family Medicine Residency Clinic

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Disclosures

None
Objectives

- Recognize the steps Smiley’s Clinic took to become more transgender and gender nonconforming (TGNC) friendly and competent
- Understand qualitative and quantitative data gathered to evaluate ways primary care can become more TGNC friendly
- Leave today understanding it’s possible for an entire family medicine clinic to care for a sizable TGNC population
Clinic Background

- Urban family medicine residency clinic
- ~65% gov’t sponsored health insurance
- ~50% visits are interpreted (Somali, Oromo, Amharic, Spanish, Nepalese, Vietnamese, Korean, Hmong...)
- Resident Training: 18 in Family Medicine, 1 Pharmacy, and 2 Behavioral Health fellows
- Student Training: medicine, pharmacy, nurse practitioner, CMA
Project Background

- TGNC patients face systemic barriers to accessing primary care, and TGNC competent providers are not widely available.

AHRQ: Agency for Healthcare Research & Quality
2011 Health Disparities Report
HUGE Health Disparities

- 61% GLBT pts in MN in 2011 not out to MD
- 1 in 4 (26.2%) received poor quality care because of sexual orientation or gender identity
- Tobacco Use: 30.8%
- Almost double the rate of all Minnesotans

Rainbow Health Initiative, MN Nat’l Transgender Center for Equality 2013
Over the past 4 years, Smiley’s Clinic has worked to improve care and access to care- and has seen an exponential increase in TGNC patients presenting to clinic.
Dr. Link conducted needs assessment of community attending Trans Health conference 10/31/2013

Resident research grant awarded to Dr. Hinrichs from MAFP, research group established 11/15/2014

IRB obtained 12/31/2014

TGNC visits approximated 3% of clinic visits

Focus groups formed Fall 2015

TGNC population increases to 416, approximately 4.7% of all clinic visits 6/1/2016

Resident research grant to Dr. Larson from MAFP 11/15/2016

Less than 5 patients known to the clinic 10/1/2013

FM resident assessment of TGNC knowledge/needs completed by Dr. Hinrichs August 2014

Focus groups formed Fall 2015

Questionnaires sent out Summer 2016

Shared smart sets with other clinics and expanded online resources August 2016

Assessed questionnaires and initiated clinic changes from questionnaires 7/15/2016

Ongoing initiatives

2013-present Implemented TGNC clinic modifications

2013-present TGNC care by residents and faculty

2013-present FM resident assessment of TGNC knowledge/needs completed by Dr. Hinrichs August 2014

2013-present Focus groups formed Fall 2015

2013-present Analyzed focus group data and developed questionnaire 11/15/2015
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10/31/2013

Resident research grant awarded to Dr. Hinrichs from MAFP, research group established

11/15/2014

IRB obtained

12/31/2014

Less than 5 patients known to the clinic

10/1/2013

UMN FM resident assessment of TGNC knowledge/ needs completed by Dr. Hinrichs

August 2014

Ongoing initiatives

2013-present

Implemented TGNC clinic modifications

2013-present

TGNC care by residents and faculty
2013-present

Ongoing initiatives

2013-present

- Implemented TGNC clinic modifications

2013-present

- TGNC care by residents and faculty

2013

- TGNC visits approximated 3% of clinic visits

2015

- Phase I
- Smiley's clinic saw increase to > 350 TGNC patients

Spring 2015

- Phase II
- TGNC visits approximated 3% of clinic visits
- Patient focus groups

Fall 2015

- Analyzed focus group data and developed questionnaire

11/15/2015

December 2015

- Implemented Epic Smart Sets, pharmacy collaboration, RN education and faculty/resident expansion

12/1/2015

Today
TGNC population increases to 416, approximately 4.7% of all clinic visits

6/1/2016

Resident research grant to Dr. Larson from MAFP

11/15/2016

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August 2016

Assessed questionnaires and initiated clinic changes from questionnaires

7/15/2016

Ongoing initiatives

2013-present  Implemented TGNC clinic modifications
2013-present  TGNC care by residents and faculty
<table>
<thead>
<tr>
<th>TGNC Healthcare Improvement Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Offering provider and staff trainings at our clinic</td>
</tr>
<tr>
<td>● Educating rotating medical students about TGNC primary care</td>
</tr>
<tr>
<td>● Creating an accessible TGNC care manual for providers to reference during clinic</td>
</tr>
<tr>
<td>● Providing TGNC patients access to prescriptions for feminizing and masculinizing medications using an informed consent process</td>
</tr>
<tr>
<td>● Making single-stall bathrooms gender neutral throughout the clinic</td>
</tr>
<tr>
<td>● Modifying the EMR to easily show preferred names and pronouns</td>
</tr>
<tr>
<td>● Designing specific TGNC note templates and order sets for the EMR</td>
</tr>
<tr>
<td>● Building a referral network</td>
</tr>
</tbody>
</table>
EMR Modifications

Zz, Sunflower Seed

First View of Patient Chart

Goes by AJ. Identifies as agender. Uses they/them pronouns.

Specialty Comments
Adding preferred name

**Demographics**

**Contact Information**
- **Name:** Sunflower Seed Zz "Sundeep"
- **Sex:** Female
- **Birth date:** 5/20/1943

**Clinical Information**
- **Patient status:** Alive
- **Marital status:** Unknown
- **Ethnic group:** African American

**Additional Information**
- **SSN:** xxx-xx-9999
- **Aliases:** ZZ, SUNFLOWER SEED

**Advance Directives**

**Patient MRNs:** 13988518, 123456789
- **Patient type:** Living Donor
Example schedule with preferred name

<table>
<thead>
<tr>
<th>Time</th>
<th>Checked In</th>
<th>Patient</th>
<th>Preferred Name</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>7:44 AM</td>
<td>L... Liz</td>
<td></td>
<td>F/U HRT</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>9:10 AM</td>
<td>S...</td>
<td></td>
<td>Hives</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>9:40 AM</td>
<td>K... Michelle</td>
<td></td>
<td>HRT Consult</td>
</tr>
<tr>
<td>10:20 AM</td>
<td></td>
<td>L... Chris</td>
<td></td>
<td>Follow up with Dr. Link</td>
</tr>
</tbody>
</table>
## Smartset

### UMP FM TRANS CARE

#### Documentation
- **Progress Note**: 0 of 2 selected

#### Medications
- **Masculinizing Meds**: 0 of 2 selected
- **Feminizing Anti-androgens**: 0 of 2 selected
- **Feminizing Estrogens**: 0 of 4 selected
- **Feminizing Progestins**: 0 of 1 selected

#### General Supplies
- **Needle, Disp. 25G X 1-1/2" MISC**: Disp-25 each, R-3, E-Prescribe
- ** Needle, disp. 18G X 1" MISC**: Disp-25 each, R-3, E-Prescribe
- **Syringe, disposable, 1 ML MISC**: Disp-25 each, R-3, E-Prescribe

#### Labs
- **Masculinizing - Today's Labs**: 0 of 5 selected
- **Masculinizing - Future Labs**: 0 of 5 selected
- **Feminizing - Today's Labs**: 0 of 6 selected
- **Feminizing - Future Labs**: 0 of 6 selected

#### Patient Instructions
- **Transgender Consents**: 0 of 2 selected
- **Trans Resources and Information**: 0 of 5 selected
Focus groups
Fall 2015 - 3 Focus Groups

- 3 separate groups
- Facilitators from outside clinic
- Recruited by mail or phone call
- Inclusion: rcv’d care at Smiley’s clinic in 2 yr, identify as TGNC
- Sessions recorded, transcribed
- 22 participants total, age 18-65

What is an ideal healthcare experience for you?

If you or a family member are a trans* or gender nonconforming patient, we would like to hear your thoughts and opinions about the care you receive at Smiley’s Clinic.

What are we doing well and what can we improve?
Focus group content

- Consent forms and gift cards distributed first
- Facilitators had a script, including ground rules & confidentiality

Questions Assessed
- General patient experience, unique aspects or things to change
- Main health concerns precipitating appointment
- Experiences with medical provider
- Experiences accessing hormones, especially among different providers
Focus group demographics

- 77% White
- 1 vote each for
  - Human
  - American Indian/AK Native
  - Mexican Native
  - Asian/Pacific Islander
  - Did not answer

n=22
# Focus group demographics

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender man</td>
<td>4</td>
</tr>
<tr>
<td>Transgender man; Male</td>
<td>4</td>
</tr>
<tr>
<td>Transgender woman; Female</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
</tr>
<tr>
<td>Transgender woman</td>
<td>1</td>
</tr>
<tr>
<td>Transgender; Male</td>
<td>1</td>
</tr>
<tr>
<td>Transgender man; Other-&quot;trans&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Transgender man; Male; Genderqueer; Gender nonconforming</td>
<td>1</td>
</tr>
<tr>
<td>Transgender woman; Other^b-(left blank)</td>
<td>1</td>
</tr>
<tr>
<td>Gender nonconforming; Other^b-&quot;transmasculine, bigender, masculine of center&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Gender nonconforming; Other^b-&quot;transgender&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Other^b-&quot;both&quot;</td>
<td>1</td>
</tr>
</tbody>
</table>
Shared negative experiences with healthcare

The need for sensitive and inclusive primary care

Defining TGNC-sensitive care

The challenges of mainstreaming TGNC care into primary care settings

4 Main Themes
1. Shared negative experiences

“I visited a doctor at one point that almost ran out of the room when he got a sense I was different somehow. He could not leave the examination room fast enough. You could just smell the fear on him that I was different.”

“If I'm nervous to tell you about something, like it burns to pee, it might take me a bit to jump out and say that. Give me that patience just to know that it's safe.”
1. Shared negative experiences

• Seeking healthcare
  • Being misgendered
  • Use of non-preferred name
  • Stigma or rejection from providers
  • Being assumed to be sex workers
  • Being assumed to be TGNC due to some previous trauma
  • Not believed or understood

• Navigating the health system
  • Finding providers
  • Insurance barriers
2. The need for sensitive and inclusive primary care

“So, it's really nice when I come here, because I think I have the flu or something else, that my trans status doesn't come into it. Maybe I just need antibiotics and not talking about surgery.”
2. The need for sensitive and inclusive primary care

Participants wanted to:

• Seek care that met all of their needs
  • Physical, mental, transition-related health, etc.
• Seek care where their identity was NOT the focus for the provider
3. Defining TGNC-sensitive care

“I really appreciate when people can see me as a whole person. Like being trans is part of me, but I'm also a parent, and I – there's a lot of other parts of me that come into play.”

“It is gold that when I come in, we're having a conversation as two people who have information about the issue in question. One from a medical perspective and one from actually living it, and they are equally valid. You have resources I don't, I have resources you don't, and we're a team. I really value that we are totally equal partners in what we're doing.”
3. Defining TGNC-sensitive care

- Acceptance of TGNC identities
  - Importance that entire healthcare team demonstrate knowledge and acceptance

- Being treated as a whole person
  - Being trans or gender nonconforming is only one part of an individual’s life

- Partnership
  - Value in developing a feeling of partnership with providers
4. Challenges of mainstreaming TGNC care

“With the training, my doctor’s always training someone, and that’s really cool, and I’m excited for the new providers to get that knowledge, but sometimes I just don’t want 50 people in the room when I’m trying to talk about this really difficult thing.”

“And the clinic – whatever they call it, the clinic manager came and was like, "What's wrong?" And he's like, "Well, you know, not everybody's – not everybody who's a provider is comfortable with this, and please try to understand." And it's, like, it's not my place to understand. They're providing a service. They need to adapt to each patient.”
4. Challenges of mainstreaming TGNC care

• Inconsistency in the level of TGNC-competent care across providers
• A need to educate providers
• A need for sensitive medical learners
Lessons learned from focus groups

• One of the aspects of care most highly valued in this group of participants was being treated as a whole person, with a range of needs
  • *some* of which happen to relate to a TGNC identity
• A challenge to providing TGNC-competent care in the primary care setting is providing consistent care clinic-wide
• We found the initiatives at Smiley’s, such as training on using preferred gender pronouns and clinic-wide education regarding patient-centered care for TGNC patients aligned with participants’ desires and positive perceptions of primary care.
Limitations

• Potential selection bias (people who had particular previous experiences may have been more inclined to participate)
• Varied duration of time receiving care at Smiley’s
• The number of participants was small and do not adequately represent all of the particular TGNC sub-groups
Questionnaire
Questionnaire

• Focus groups used to design a larger 20 question survey
  • Focused on healthcare experience at Smiley’s clinic
  • Mailed to 253 patients
  • Qualitative and Quantitative questions
Analysis methods

• Quantitative
  – Described statistics for survey responses (counts and proportions)
  – Tested for differences in responses by subgroups using Fisher’s exact tests
    • Age group
    • Gender identity
    • Time as a patient at the clinic
    • Primary provider

• Qualitative
  – Nvivo
Survey results

Overview:

• N=65 completed (25% response rate)
• Most were under age 45 (80%)
• Most common gender identities were transman (47%), transwoman (29%), and genderqueer (22%)
• Majority had been receiving care at Smiley’s Clinic for more than 1 year (58%), and 77% are seeking general primary care
• 76% reported Dr. Hinrichs or Dr. Link, our first “trans competent providers” as their primary care provider
### Gender identities

<table>
<thead>
<tr>
<th>Identity</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transman</td>
<td>30 (47%)</td>
</tr>
<tr>
<td>Transwoman</td>
<td>19 (29%)</td>
</tr>
<tr>
<td>Genderqueer</td>
<td>14 (22%)</td>
</tr>
<tr>
<td>Nonbinary</td>
<td>10 (16%)</td>
</tr>
<tr>
<td>Gender non-conforming</td>
<td>7 (11%)</td>
</tr>
<tr>
<td>Agender</td>
<td>5 (8%)</td>
</tr>
<tr>
<td>Genderfluid</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>Two spirit</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Cisgender male</td>
<td>0</td>
</tr>
<tr>
<td>Cisgender female</td>
<td>0</td>
</tr>
<tr>
<td>Intersex</td>
<td>0</td>
</tr>
<tr>
<td>Transwoman 19 (29%)</td>
<td></td>
</tr>
<tr>
<td>Genderqueer 14 (22%)</td>
<td></td>
</tr>
<tr>
<td>Nonbinary 10 (16%)</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>Cisgender male 0</td>
<td></td>
</tr>
<tr>
<td>Cisgender female 0</td>
<td></td>
</tr>
<tr>
<td>Intersex 0</td>
<td></td>
</tr>
</tbody>
</table>

Others (self-described):
- Male to Female legally and hormonally- not binarily identified
- 60% female/40% male born and look male. I don't believe God makes mistakes.
- Trans, full stop- don't really identify as a man.
- Male
- Depends on the day - context etc., including: transgender man/man/transsexual/ but usually 'my gender is a story, not a label'
- Me! Person
- Transmasculine
- transsexual or transgender
- just 'woman' would be nice for a change
- woman who happens to be transgender
# Types of care at Smiley’s

<table>
<thead>
<tr>
<th>Type of Care at Smiley’s</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans-specific care</td>
<td>60 (92%)</td>
</tr>
<tr>
<td>General primary care</td>
<td>49 (75%)</td>
</tr>
<tr>
<td>Mental health services</td>
<td>6 (9%)</td>
</tr>
</tbody>
</table>
How long receiving care at Smiley’s

- 0 - 3 months: 3%
- 3 - 6 months: 5%
- 6 - 12 months: 22%
- 12 - 24 months: 42%
- > 24 months: 17%
- No longer receive care at Smiley's: 12%
How often feel gender identity is supported and accepted at Smiley’s

• 95% felt their gender was supported mostly or always
How often feel gender identity is supported and accepted by...
Do you believe you get good medical care at Smiley’s?
Type of provider

- Nurse Practitioner, Resident Physician, Faculty Physician
- Most patients reported no difference in experience
- 2nd most common answer was “I don’t know”
Type of provider and experience in care

- 30% of participants reported a PCP that was not one of the 2 perceived “trans-competent” providers.

- Patients who reported these 2 providers as their PCP had slightly more favorable experiences although these differences were NOT statistically significant.
Ways Smiley’s provides good care

“My doctor treats me like I am a normal person”
“I can trust my doctor”
“They call me by my preferred name”
“My gender is acknowledged and respected”
Ways Smiley’s could improve care

- Cleaner bathrooms
- HRT clarification (clarity on how to get access to HRT, clarify regarding monitoring and hormones checked)
- Using preferred name in waiting room
- More access-- “Long waits to see Dr. Link but worth it”
- More in-depth explanations to questions
- Improve privacy (patient list on monitors)
- Sensitivity (pap test only asked by doctor in private setting, wait to take blood pressure)
- Host trans support groups
Suggested changes

• Advertise to the community (i.e. website, waiting room sign)
• Safe bathrooms
• Community outreach (resource list, referral list), education process, assistance with navigating insurance and affording transition care
• More mental health resources (on-site and off-site)
• More training/improvements with using preferred name and preferred pronouns including gender neutral pronouns
• Providing heads-up or warning prior to having student doctor
Teaching medical providers

- 68% said they have had to teach a medical provider at Smiley’s clinic about transgender care
  - Examples of what they have had to teach:
    - Difficulty of urgent care
    - HRT
    - Preferred name
    - Pronouns including gender neutral pronouns (i.e. they/them and ze/zir)
    - Pregnancy after taking T
  - From the National Transgender survey, 50% had to teach their medical providers about transgender care

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Suggested Smiley’s to others

• 73% have suggested Smiley’s clinic to others
• 75% says that trans inclusiveness does influence whether friends or family members go to Smiley’s
• 38% have family members or friends who get health care at Smiley’s Clinic
Increased referrals

• Dramatic increase in TGNC patients at our clinic from less than five patients to over 350 in 18 months
• Currently TGNC patients comprise 4.6% of our annual clinic visits
• Monetary implications-- 3% commercial insurance increase
  – The ONLY increase in commercial insurance holders accessing care in 2016 to 4 metro area FM residency clinics!
Other survey comments

• “I appreciate going to a Family clinic that has good trans care as opposed to some specialty center. I actually feel like I'm in a whole community here.”

• “I really appreciate that I don't have to look up individual doctors. I can trust that everyone in this building is trans competent”

• “Have been happy to go here! Long journey, (250 miles) but is better than the care I would get locally. Thanks.”
Distance travelled

- 65 patients travel more than 30 miles
- 51 patients travel more than 50 miles
- 38 patients travel more than 100 miles
- 19 patients travel more than 200 miles
Conclusions

– Trans inclusiveness increases clinic referrals and clinic numbers
– Unique and successful model for trans-inclusiveness
Culture spreads throughout Clinic

“Buy in and opt out”

Smiley’s Clinic representing equality at the PRIDE parade

T-shirt design for Smiley’s Clinic created by residents
Culture continuing to spread

New sign in Smiley’s lobby!

At Smiley’s Clinic we welcome all people.
We are dedicated to caring and advocating for all races, ethnicities, religions, genders, disabilities, & sexual orientations.
Next steps

– Ongoing provider education
– “Gender clinic”
– Expanding mental health services
– Disseminate results to TGNC (and general) community
– Applying initiatives to other family medicine residency clinics
Objectives (revisited)

• Recognize the steps Smiley’s Clinic took to become more transgender and gender nonconforming (TGNC) friendly and competent
• Understand qualitative and quantitative data gathered to evaluate ways primary care can become more TGNC friendly
• Leave today understanding it’s possible for an entire family medicine clinic to care for a sizable TGNC population
Thanks!
References


