Transgender patient care: a two-part series

Session 2 : Monday, May 23

How to improve care and the care experience for transgender people

We strongly encourage you join the call by receiving a call-back.

If you choose to dial-in, please be sure to use your **attendee #** found under the "Event Info" tab.

California Health Care Foundation

California Improvement Network
Better Ideas for Care Delivery

Housekeeping

- This session will be recorded.
- Slides and recording will be posted on CIN website within a week.
  - –www.chcf.org/cin
- To ask a question:
  - Logistical questions: Use CHAT to the ORGANIZER
  - Questions for Speakers : Use QUESTIONS/CHAT
- Survey: Please look for quick online survey to let us know what you think.

Today's Speakers

JM Jaffe

Trans Health Manager

Lyon-Martin Health Services

Madeline Deutsch, MD, MPH

Director of Clinical Services,
UCSF Center of Excellence
for Transgender Health

CREATING A GENDER-AFFIRMING CLINIC ENVIRONMENT

J.M. Jaffe
Trans Health Manager
Project HEALTH
Lyon-Martin Health Services

health services LYON MARTIN

a program of healthRIGHT 360

Primary care clinic in San Francisco that services cis-women, lesbians, transgender and gender non-conforming people regardless of their ability to pay

PROJECT HEALTH

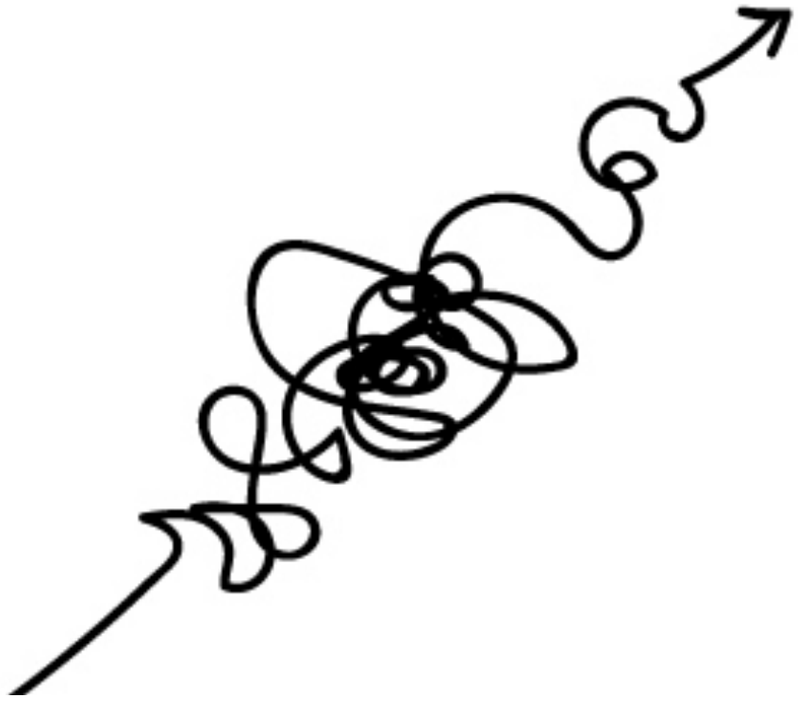
HARNESSING EDUCATION, ADVOCACY & LEADERSHIP FOR TRANSGENDER HEALTH

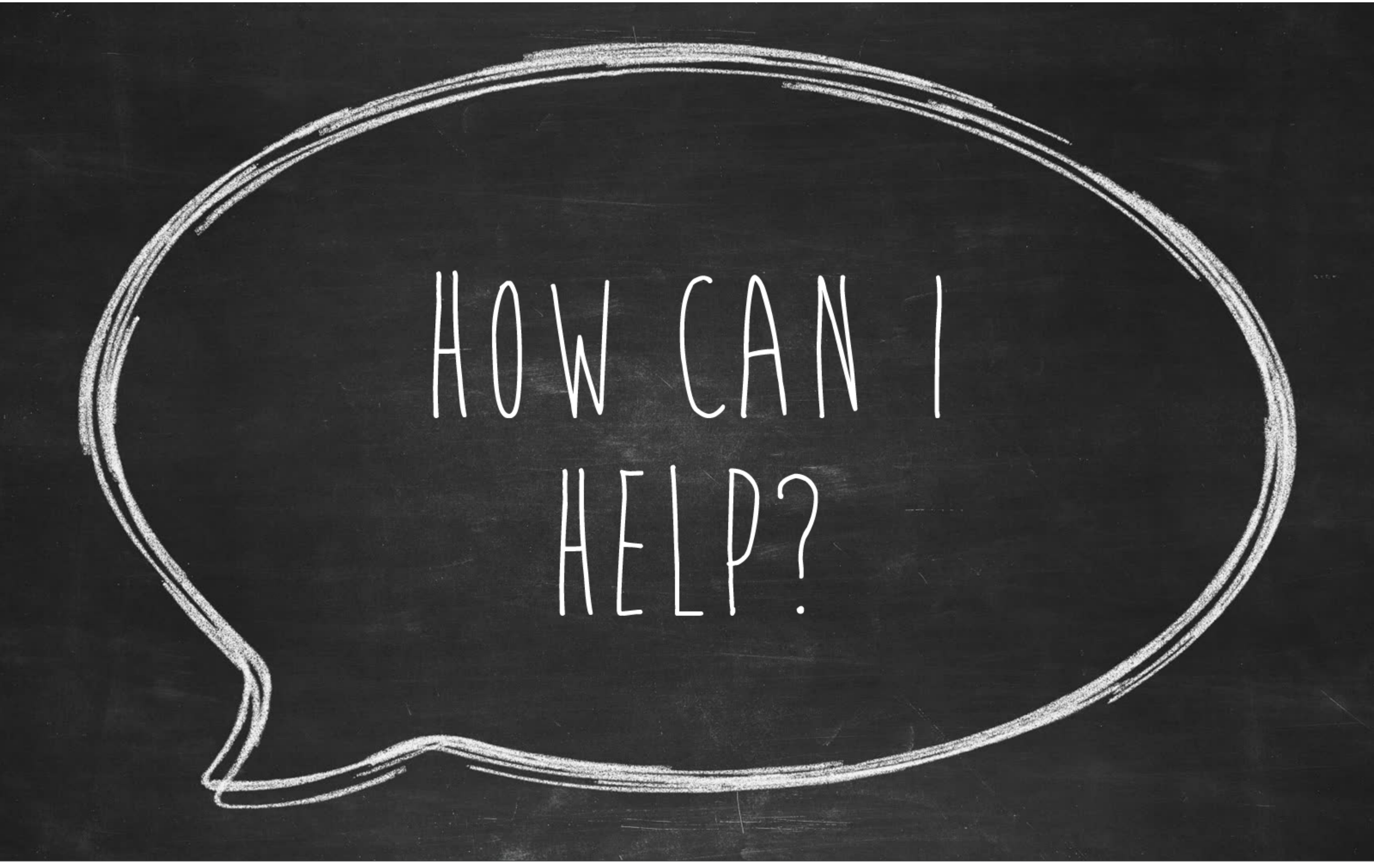
Project HEALTH aims to improve access to transgender health through education, advocacy, and leadership

- *Trainings*
- *Clinical Rotation in transgender medicine at Lyon-Martin*
- *The TransLine*
- *Policy change on local, state, and national level*
- *Surgery referrals at Lyon-Martin*

TECHNIQUES OF GENDER TRANSITION: EVERYONE'S DIFFERENT

- Change Name
- Change Pronouns
- Come "Out" to Friends, Family, Community
- Change Dress, Clothes, Hair, Make-Up
- Use Different Gendered Facilities (Bathrooms, Dressing Rooms)
- Change Identity Documents
- Use Compression and/or Prosthetic Device
- Speak in Different Vocal Pitch
- Body Modification (tattoos, piercings, etc)
- Hormone Therapy
- Surgery



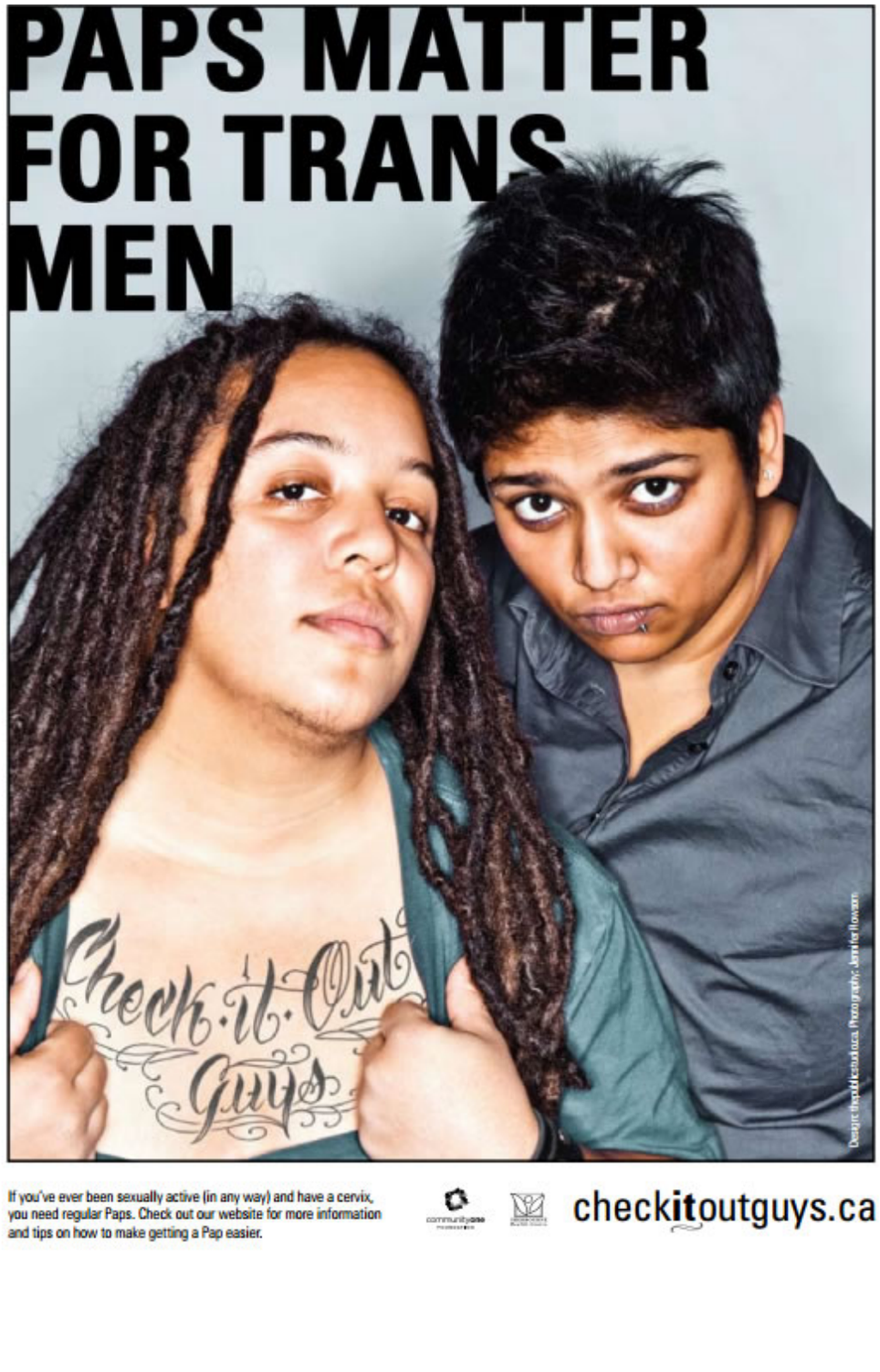

HOW CAN I
HELP?

ORGANIZATION NAME

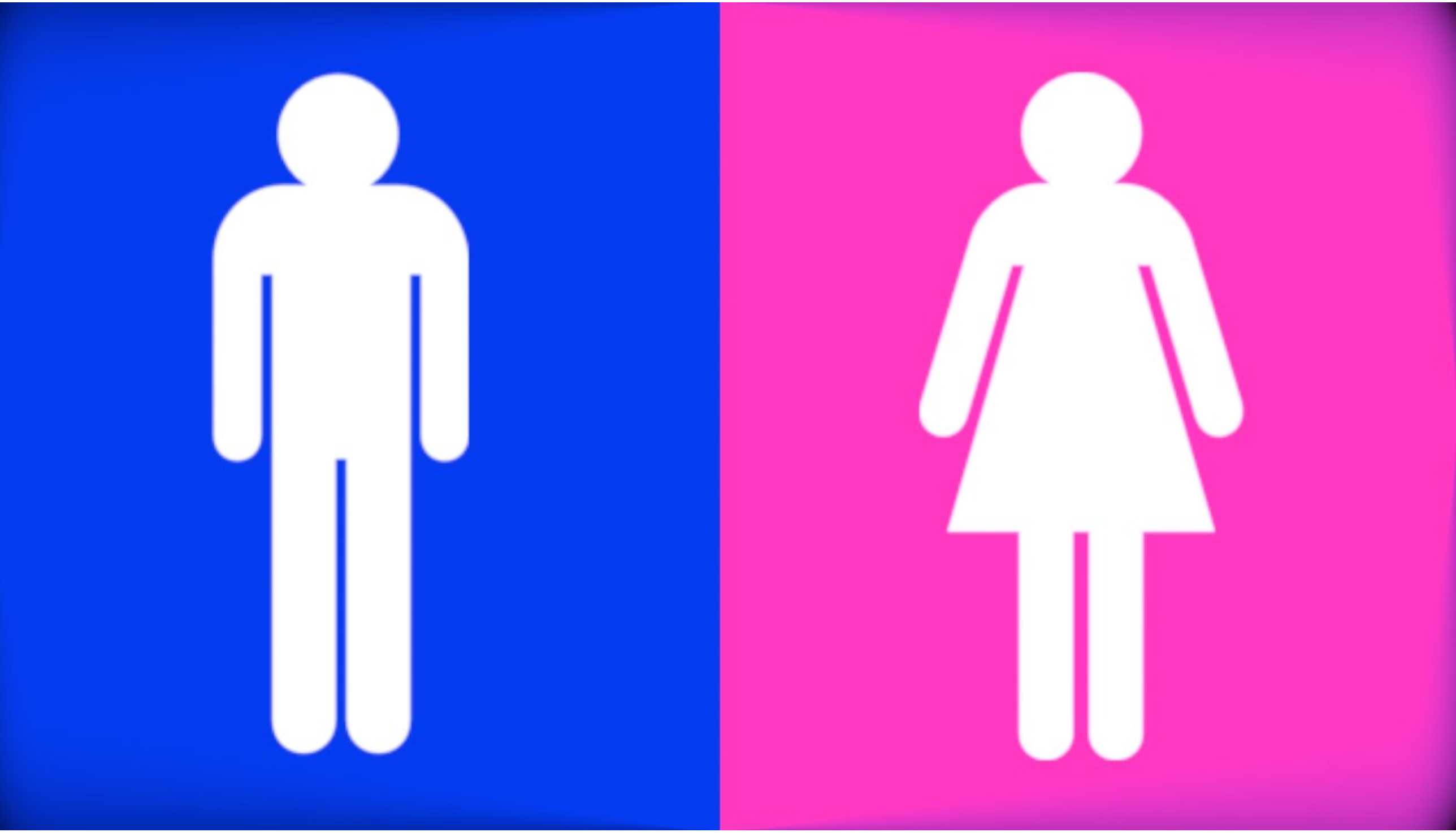
ABANDON THE TERM

ADVERTISE THAT YOU ARE LGBT FRIENDLY ON YOUR WEBSITE

INCLUSIVE POSTERS



ABANDON PINK / BLUE COLOR SCHEMES



HIRE TRANS PEOPLE!

- Make sure insurance options cover hormones/surgery
- Establish non-discrimination policy to protect trans employees

INTAKE FORMS AND ELECTRONIC MEDICAL RECORDS

My gender identity is:

- ☐ Female
- ☐ Male
- ☐ Trans (MTF)
- ☐ Trans (FTM)
- ☐ Genderqueer
- ☐ Other: _____
- ☐ Decline

My sex assigned at birth is:

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Other: _____
- ☐ Decline

My marital status is:

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Registered Domestic Partner
- ☐ Widowed
- ☐ Unmarried Partner
- ☐ Legally Separated
- ☐ Other: _____
- ☐ Decline

My sexual orientation is:

- ☐ Lesbian
- ☐ Gay
- ☐ Queer
- ☐ Bisexual
- ☐ Heterosexual
- ☐ Celibate
- ☐ Other: _____
- ☐ Decline

My pronoun preference is:

- ☐ She/her
- ☐ He/his
- ☐ They/Them/Their
- ☐ Zie/Hir
- ☐ Other: _____

New SO/GI Data Collection Requirements (HRSA)

RESPECT CHOSEN NAME AND PRONOUNS

- All the time, on everything
- Even if the person is not around
- Even if you've never heard of it before
- Even if the person hasn't medically transitioned
- Even if it makes you feel uncomfortable

- If you are ever unsure of what pronouns someone uses, just privately and politely ask!
- Use they/them until you know what they use

- **For Staff: Chosen name and pronouns on e-mail, e-mail signatures, name tags, anything HR related unless insurance or bank name needs to be the same as name on ID (everyone)**

PRONOUN PRACTICE MAKES PERFECT!

- He/him/his/himself
- She/her/hers/herself
- They/them/theirs/themselves
- It/it/its/itself
- Zie/hir/hirs/hirself
- Co/co/co's/coself
- Yo/yo/yos/yoself
- No pronoun, just name

- Abandon Titles, sir/ma'am
- Latinx, ellos

GENDER NEUTRAL RESTROOMS

AB1732: CA recently passed law requiring all single-stall bathrooms be designated as gender neutral

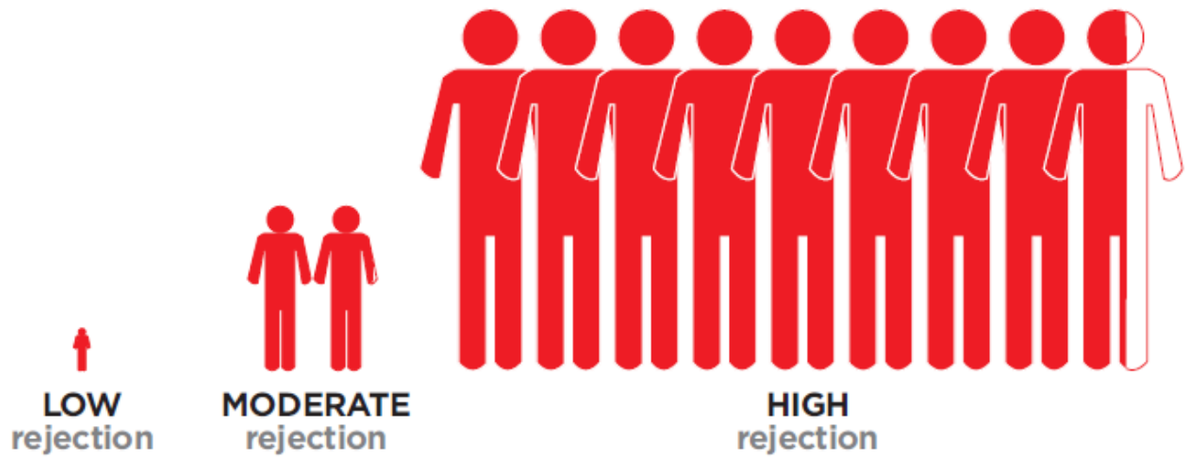
SUPPORT CHANGING IDENTITY DOCUMENTS

- To obtain court order, need to complete lots of paperwork, and obtain a physicians letter to change gender marker
- Then more paperwork and more fees for each document needing to be changed
- ID Please--Transgender Law Center
- Australia and India have "x" option

COMING OUT / MENTAL HEALTH SERVICES

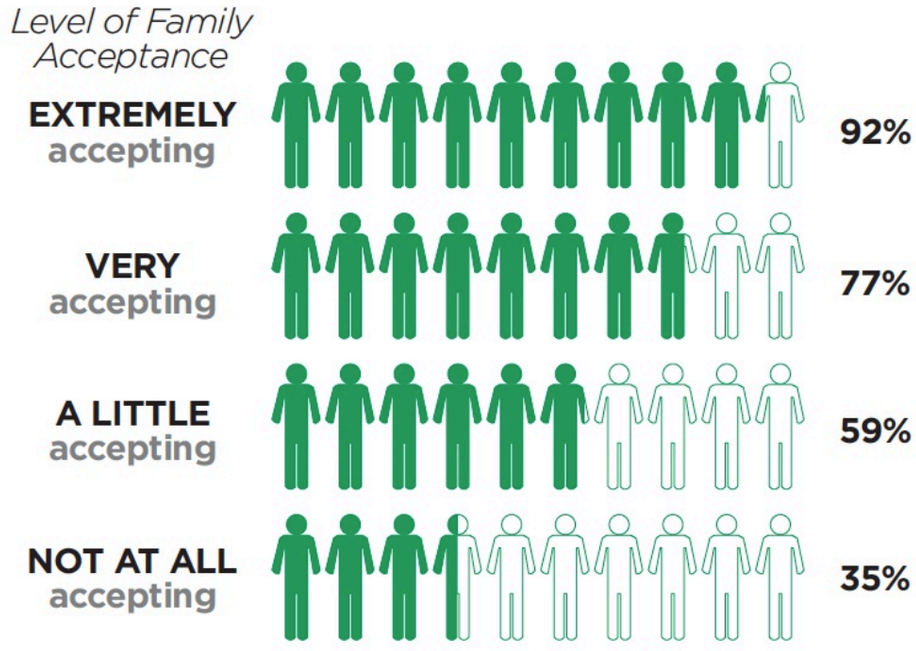
Lifetime Suicide Attempts for Highly Rejected LGBT Young People

(One or more times)



Ryan, Family Acceptance Project, 2009

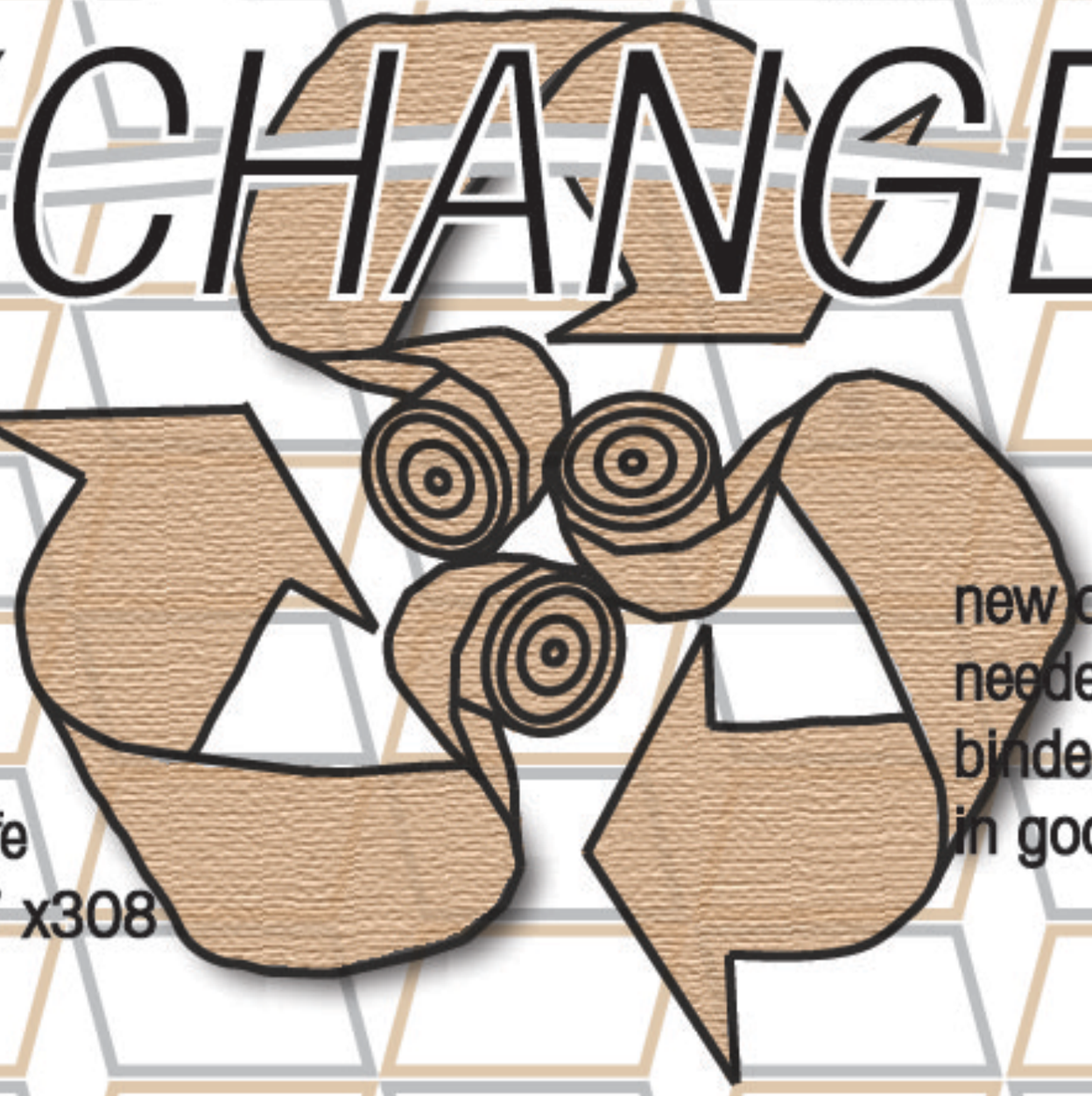
Youth Believe They Can Be A Happy LGBT Adult



Ryan, Family Acceptance Project, 2009

BINDER EXCHANGE

SHARE WHAT YA GOT
GET WHAT YOU NEED



new or used binders needed! please ensure binders are clean and in good condition.

QUESTIONS?
Contact JM Jaffe
415 565 7667 x308

DROP OFF AT THE CLINIC: 1748 MARKET ST #201, SAN FRANCISCO

HARM REDUCTION IN MEDICAL GENDER TRANSITION

- **Risk of Treating vs. Risk of Not Treating;** Compare to cis-gender people

- **The Danger of Black Market Hormones:** increased risk of blood clots, blood born disease transmission (HIV, Hepatitis), liver toxicity, hyperprolactemia, incorrect dosing

- **The Danger of Untreated Gender Dysphoria**, increased anxiety, depression, and suicide: rates of anxiety, depression, drugs and alcohol abuse much higher than general population, suicide attempts are at 41% in the trans community, compared to 1.6% in the general population

HARM REDUCTION SUPPORT WITH NEEDLE USE

- Learn How to Safely Prescribe Hormone Therapy and Understand the Risks/Benefits
- Informed Consent Model for Hormone Therapy
- Provide Injection Teaching Trainings for Safe Self-Injection Technique
- Provide Sharps Containers
- Provide List of Local Needle Exchange Sites
- Test Regularly for HIV/Hepatitis

SURGERY COORDINATION

- Familiarize yourself with local surgeons, voice training and hair removal resources and what insurance they take
- Familiarize yourself with surgical options for gender transition
- Create Pre-op planning check-list
- Familiarize yourself with post-op complications
- Familiarize yourself with insurance requirements for coverage

MEDICAL NECESSITY

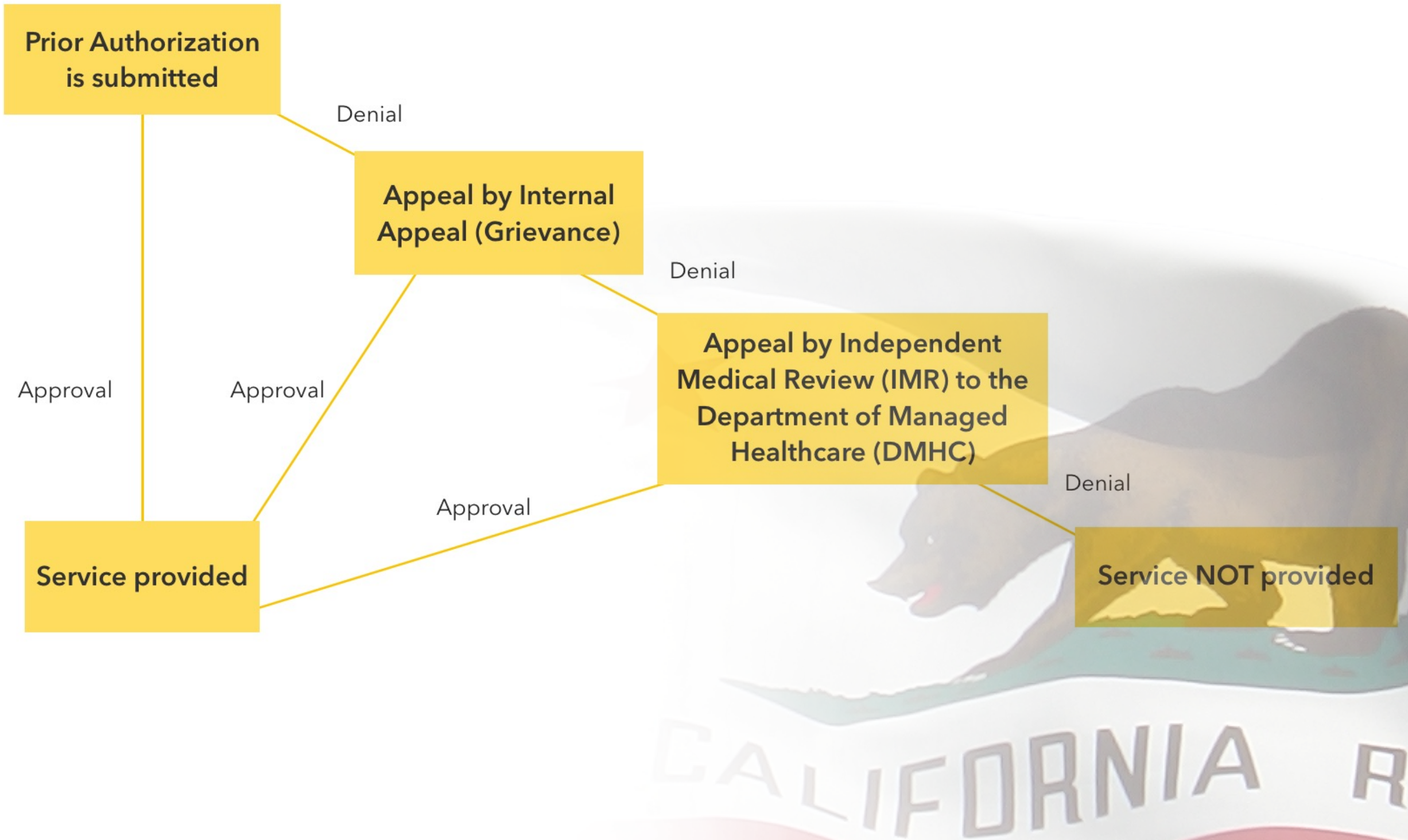
WPATH WORLD PROFESSIONAL ASSOCIATION for TRANSGENDER HEALTH

- Persistent, well-documented gender dysphoria
- All other diagnoses "well-controlled"
- 12 continuous months of living and presenting as "true gender"
- 12 continuous months of hormone therapy, unless contraindicated (except mastectomy)
- Capacity to consent
- >18 years old

- One medical provider letter of support
- One licensed mental health provider letter of support
- For surgery below the waist, an additional letter from a different licensed mental health provider

NAVIGATING APPEALS

DMHC Help Center
1-888-466-2219



LEGAL LANDSCAPE

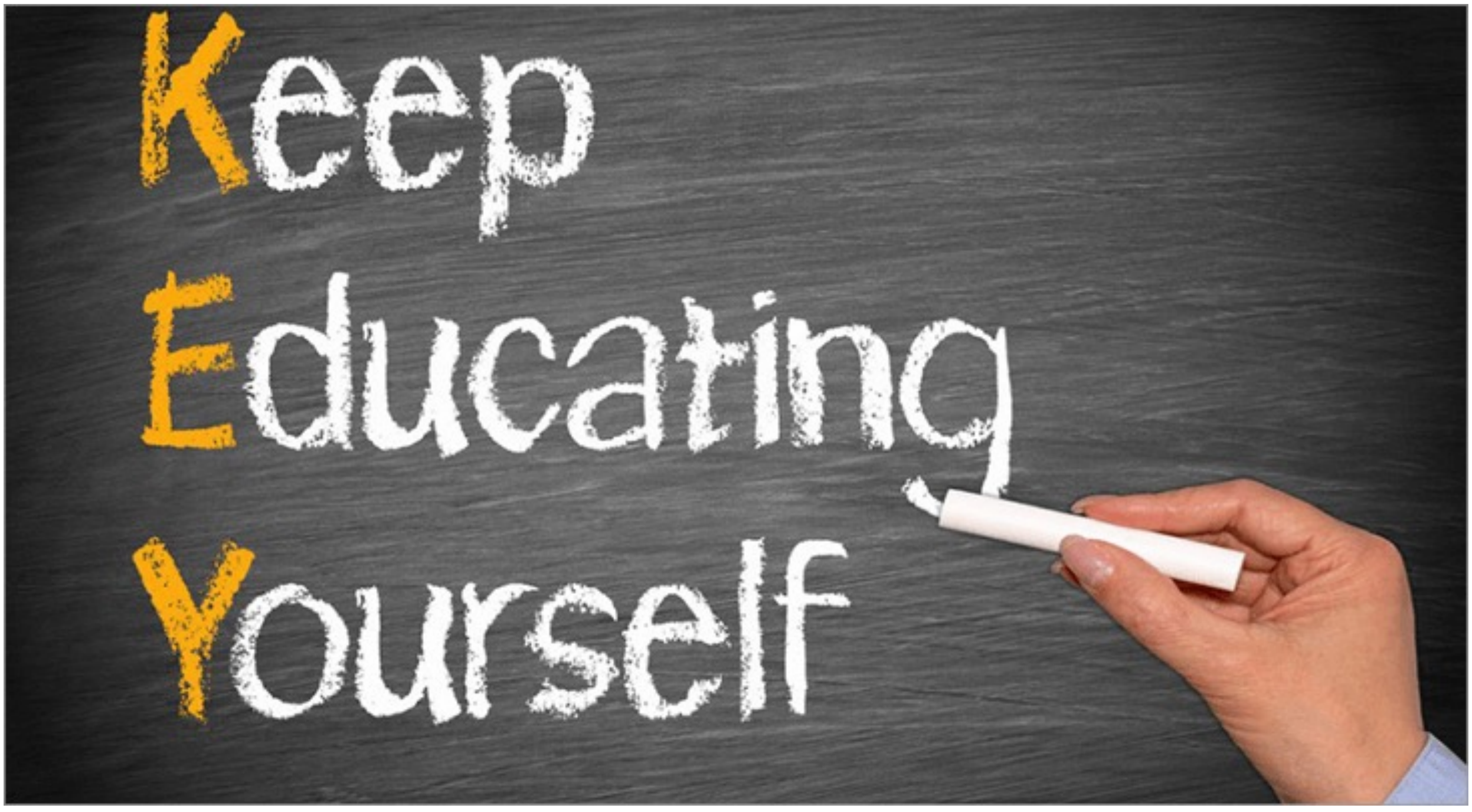
- State Level (CA)
  - AB1586, Insurance Gender Non-Discrimination Act (IGNA), 2005, prohibit blanket exclusions
- Federal Level
  - ACA Section 1557 prohibits discrimination based on race, sex, gender, nationality, age, disability

BED-SIDE MANNER

- Test based on what organs are present; don't assume (ask)
- Use language the patient uses for their body parts (ask)
- Don't assume what kinds of sex people have based on their gender or biology (ask)
- Don't be invasive, only ask relevant questions
- Review educational materials and gendered language

EDUCATE EVERYONE!

- Providers
- Medical Assistants, RNs
- Social Workers, Therapists, Psychiatrists
- Support Staff (front desk, receptionists)
- Billers
- HR
- Grant writers, development team


Keep
Educating
Yourself

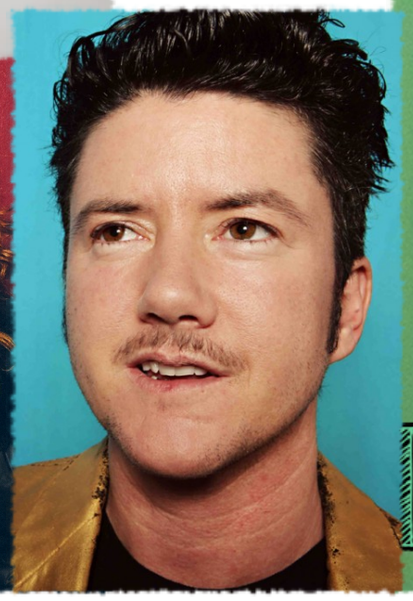
PROTOCOL RESOURCES

- TransLine
- Fenway's National LGBT Education Center
- Project ECHO LGBT
- WPATH Standards of Care
- UCSF CoE Primary Care Guidelines
- Callen-Lorde Hormone Therapy Guide

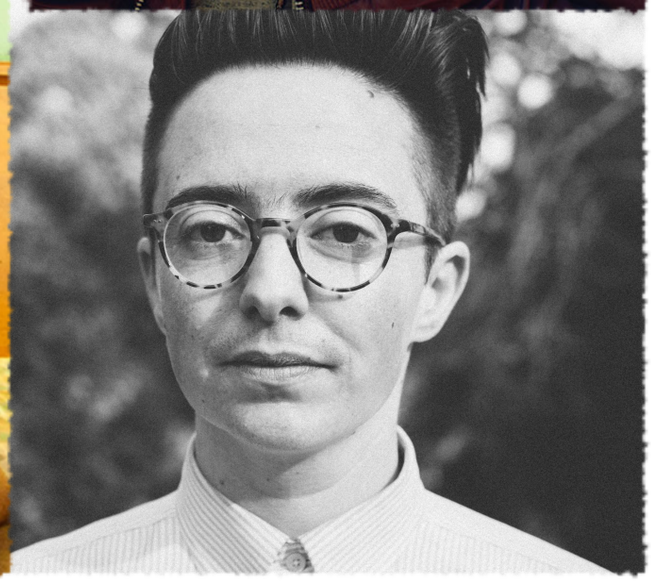

TIME
THE
TRANSGENDER
TIPPING
POINT
America's next
civil rights frontier
BY KATY STEINMETZ
Laverne Cox, a star of Orange Is the New Black, is one of an estimated 1.5 million Americans who identify as transgender


PUBLIC

THANK YOU!




Miss
Major



Transgender Medical & Surgical Care

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Director, Transgender Care Navigation Program
Women's Health Primary Care
National Center of Excellence in Women's Health

Dimensions LGBTQ Youth Clinic
San Francisco Department of Public Health

center OF excellence FOR TRANSGENDER health

UCSF
University of California
San Francisco

Gender Affirming Treatments and Procedures

- Hormone therapy
- Surgery
- Other procedures
  - Hair removal
    - Transgender women -> facial and/or body hair removal
    - Transgender men -> Hair removal at graft site for phalloplasty
  - Speech therapy for voice feminization or masculinization
    - Role of voice surgery is evolving

Gender Affirming Interventions – Non Medical

- Chest binding - > use of a tight bra or elastic bandage to flatten breasts and give a male chest contour
- Packing -> Use of an external penile prosthesis to give a male genital contour
- Tucking -> Displacement of the testicles into the inguinal canal, movement of the penis posteriorly into the perineum, and use of a tight undergarment to give a female genital contour
- Scalp hair replacement procedures – hairpiece, wig, hair transplants

Common Surgeries

- Transmasculine
  - Mastectomy (“top surgery”)
  - Hysterectomy / oopherectomy (removal of ovaries and uterus)
  - Phalloplasty (creation of penis)
  - Metaoidioplasty (clitoral reconstruction)
- Transfeminine
  - Breast augmentation
  - Vaginoplasty
  - Orchiectomy (testicle removal)
  - Facial feminization
  - Reduction thyrochondroplasty (tracheal shaving)
- Other “cosmetic” procedures
  - Cosmetic in quotes, since many of these procedures are not at all cosmetic, but instead therapeutic in transgender people

Why offer gender affirming care?

- Hormone therapy reduces anxiety, depression and improves social functioning & QOL
  - Newfield E, Hart S, Dibble S, Kohler L. Quality of Life Research. 2006 Jun 7;15(9):1447–57.
  - Gómez-Gil E, Zubiaurre-Elorza L, Esteva I, Guillamon A, Godás T, Cruz Almaraz M, et al. Psychoneuroendocrinology [Internet]. 2011 [cited 2012 Dec 10];
  - Meier SLC, Fitzgerald KM, Pardo ST, Babcock J. Journal of Gay & Lesbian Mental Health. 2011;15(3):281–99.
  - Gorin-Lazard A, et al. J Sex Med. 2012 Feb;9(2):531–41

- Surgery improves global functioning, sexual functioning, family and interpersonal relationships, body image, and quality of life
  - Eur Psychiatry 2002; 17: 353-62
  - Archives of Sexual Behavior, Vol. 32, No. 4, August 2003, pp. 299–315 (2003)

Why offer gender affirming care?

- Regret relating to surgery is very rare (1% or less) , and generally relates to surgical complications
- Note that studies have been conducted in a variety of country/language settings
- Bundling of hormones and other gender affirming procedures may improve participation in other important health care, such as HIV care or smoking cessation.
- Gender affirming procedures, including hormone therapy, genital, chest, and facial surgery, voice procedures, and hair removal are defined as medically necessary by WPATH SOCv7

Is transition care coverage cost effective?

- $8655/QALY savings
- Cost of coverage is $0.016 per-member per-month

Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis

William V. Padula, PhD MS MSc[1], Shiona Heru, JD[2], and Jonathan D. Campbell, PhD[3]

J Gen Intern Med
DOI: 10.1007/s11606-015-3529-6

Feminizing Hormones - Goals

- Development of feminine secondary sex characteristics
- Suppression/minimization of masculine secondary sex characteristics

Feminizing hormones – physical effects

- Breast development
- Feminine redistribution of subcutaneous facial and body fat.
- Reduced muscle mass
- Reduced body and (to a lesser extent) facial hair
- Changes in perspiration and odors
- Arrest (and possible reversal) of scalp hair loss

Feminizing hormones – other effects

- Reduced libido and erectile function
- Reduced size of testes, reduced or absent ejaculatory fluid and sperm count
- Changes in emotional and social functioning
  - Effects vary from person to person
  - Avoid projecting stereotypes

Feminizing hormones – general approach

- Estrogen plus:
- Androgen blocker plus:
- (Sometimes) progestagen

Estrogens – side effects

- Migraines
- Mood swings
- Weight gain
- Hot flashes

Masculinizing Hormones

Goals of therapy

- Development/emphasis of masculine secondary sex characteristics
- Elimination/minimization of feminine secondary sex characteristics

Masculinizing hormones – physical effects

- Development of facial and body hair
- Redistribution of body fat
- Increased muscle mass
- Deepened/masculine voice
- Increased perspiration, change in urine and body odors
- Frontal and temporal hairline recession, possible male-pattern baldness/crown recession
- Clitoral growth

Masculinizing hormones – other effects

- Increased libido
- Vaginal dryness and atrophy
- Cessation of menses
- Infertility/anovulatory state
- Possible changes in emotional and social functioning

Masculinizing hormones – general approach

- Use of one of several forms of parenteral testosterone

- Other adjuncts may include progestagens, 5-alpha reductase inhibitors or aromatase inhibitors

Transgender Youth

- Benefits of early identification
  - Avoid irreversible hormonal changes
  - Avoid trauma of undesired puberty
  - Gain socialization benefits of age-appropriate, felt-gender transition

- Interventions
  - Puberty blockers (GnRH analogs)
  - Other hormone blockers
  - Gender affirming hormones

Transgender Youth - Outcomes

- Transgender kids who transition have better mental health outcomes than those who do not

- Transgender kids who transition have mental health outcomes similar to non-transgender kids

Pediatrics
March 2016

Mental Health of Transgender Children Who Are Supported in Their Identities

Kristina R. Olson, Lily Durwood, Madeleine DeMeules, Katie A. McLaughlin

Health outcomes?

Table 2 SMR adjusted for age and period of follow-up on hormone treatment by biological sex in 1331 male-to-female and female-to-male transsexual subjects.

	Male-to-female transsexuals		Female-to-male transsexuals	
Cause of death	Observed cases	SMR (95% CI)	Observed cases	SMR (95% CI)
Malignant neoplasm	28	0.98 (0.88–1.08)	5	0.99 (0.65–1.44)
Lung	13	1.35 (1.14–1.58)	1	1.06 (0.26–3.19)
Digestive tract	3	0.42 (0.28–0.60)	2	2.41 (0.90–5.18)
Hematological	6	2.58 (1.97–3.30)	1	2.86 (0.69–8.57)
Brain	2	1.59 (0.95–2.46)	0	–
Other: kidney, melanoma, bone, and prostate in MtF. In FtM: leiomyosarcoma	4	0.79 (0.57–1.07)	1	0.77 (0.25–1.77)
Ischemic heart disease	18	1.64 (1.43–1.87)	1	1.19 (0.39–2.74)
Cerebrovascular accidents	5	1.26 (0.93–1.64)	0	–
AIDS	16	30.20 (26.0–34.7)	0	–
Endocrine/diabetes	2	0.85 (0.41–1.32)	0	–
Respiratory system diseases	4	0.85 (0.61–1.14)	0	–
Digestive system diseases	3	1.01 (0.68–1.45)	1	2.56 (0.62–7.69)
Genitourinary system disease (ESRD)	1	1.21 (0.58–2.17)	0	–
Nervous system disease (MS)	0		1	3.57 (0.86–10.7)
External causes	24	7.67 (6.84–8.56)	2	2.22 (1.07–5.44)
Illicit drugs use	5	13.20 (9.70–17.6)	1	25.00 (6.00–32.5)
Suicide	17	5.70 (4.93–6.54)	1	2.22 (0.53–6.18)
Unknown/ill-defined symptoms	21	4.00 (3.52–4.51)	2	2.08 (0.69–4.79)
Total	122	1.51 (1.47–1.55)	12	1.12 (0.89–1.59)

European Journal of Endocrinology (2011) **164** 635–642 ISSN 0804-4643

CLINICAL STUDY

A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones

Henk Asscheman[1], Erik J Giltay[3], Jos A J Megens[2], W (Pim) de Ronde[1], Michael A A van Trotsenburg[2] and Louis J G Gooren[1]

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Education and practical resources

UCSF Center of Excellence for Transgender Health
www.transhealth.ucsf.edu

Lyon-Martin Project Health, TransLine Service
project-health.org

Recordings available www.chcf.org/cin