



# Building Capacity For Transgender Care in Rhode Island: An Interdisciplinary Primary Care Approach

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# Disclosures

- Conference received unrestricted funding from:
  - Lifespan Community Health Institute
  - Blue Cross & Blue Shield of RI
  - Neighborhood Health Plan of RI
  - RI Department of Health
  - RI Chapter of American Cancer Society



# Objectives



Saturday, January 30, 2016  
Rhode Island College  
600 Mount Pleasant Avenue, Providence, RI 02908

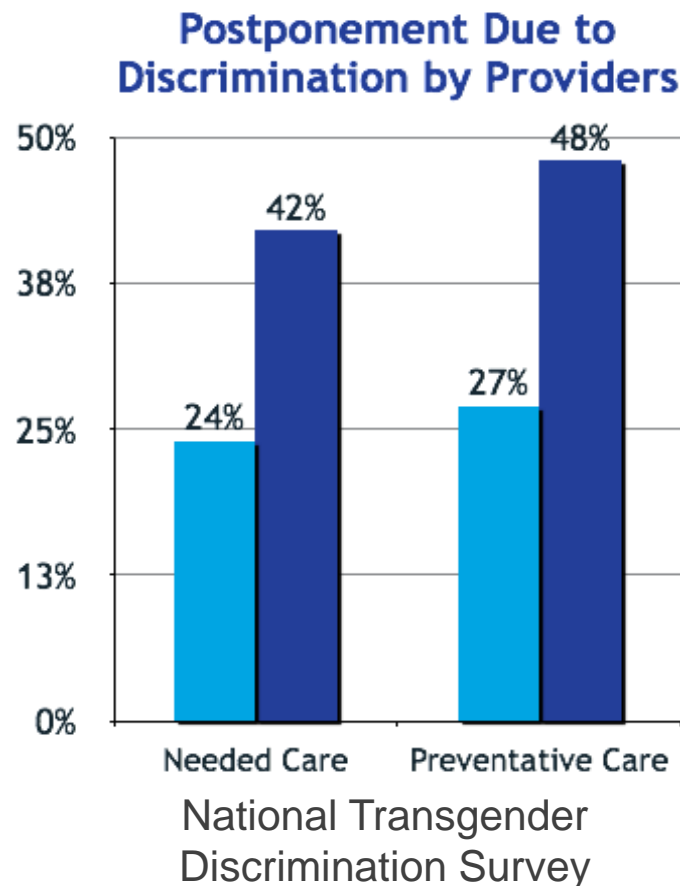
- **Participants of This Workshop Will:**
  - **Leave With a Working “Game Plan” and Feel Empowered**
  - **Increase Their Awareness of Why This Work is Important**
  - **Learn Necessary First Steps for Planning**
    - Identify Goals & Audience
    - Build a Committee
    - Curriculum Development
    - Anticipate Barriers
  - **Identify Budget Considerations & Funding Opportunities**
  - **Further Consider Survey Design and Potential**



# Importance of this work

- **UCLA 2011 Survey:**
  - ~3.5% of US identifies as LGBT.
  - ~ 0.3% (700,000 individuals) identify as transgender.
- **Enormous disparities exist in our current health system.**
  - Transgender patients receive less preventive care. (McLaughlin, et al).
  - Face increased risk of poor health outcomes and stigma in medical settings. (McLaughlin, et al).

McLaughlin, KA, Hatzenbuehler ML, Keyes KM. Responses to discrimination and psychiatric disorders among black, Hispanic, female, and lesbian, gay, and bisexual individuals. Am J Public Health. 2010;100(8):1477-84.





# Barriers to Providing Trans\* Care:

## Survey data from 1st conference

- **Top 3 Barriers to providing Trans Care**
  - Lack of Comfort with Hormone Therapy (74%)
  - Lack of comfort with level of knowledge (58%)
  - Unsure how to bill/code (38%)
- **1/3<sup>rd</sup> of providers in attendance had no prior training.**
- **Those with training:**
  - Most from outside reading, on the job or conferences.
  - Only **7%** reported training from **required curriculum.**



# What We Did

- Primary Goal: **Build Capacity** for Trans\* Care in RI
- Organized a **One-Day Conference** to address this **knowledge gap** and increase **Self efficacy**
- **Interdisciplinary Approach/Partnership**
  - Identify those interested in medical & mental health field
  - Identify leading local transgender org (TGI Network)



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# Identify Your Audience

- Audience of **M**ostly **P**rimary **C**are **P**roviders:
  - MD, DO, PA, NP, CNM
  - Nursing
  - Behavioral Health: MSW, Psychologist
- Trans Community Partnership:
  - TGI Network: Developed a Community Track
- Other considerations?:
  - Front desk staff, MA
  - EMS, ED, OBGYN, etc.





# Our Audience

	Year 1	Year 2
Type of Provider	Respondents (56)	Respondents (42)
MD, DO, ND	60%	40%
NP, DNP, CMN, PA	20%	26%
RN, MSN	7%	29%
Other	13%	28%
Response rate	85%	53%
Specialty		
Family Medicine	50%	38%
Internal Medicine	26%	9%
Pediatrics	7%	5%
Other	17%	51%
Practice Setting		
Academic/University Based	28%	22%
Community Health Center	39%	34%
Private Practice	11%	2%
Muti-specialty Practice	6%	10%
Other	16%	22%
Consider Themselves a PCP	83%	45%





# Medical Track Topics

- Intro Track:
  - Trans\* Pediatric Perspectives - 101
  - Caring For Transgender Adults: The Basics - 101
- Advanced Tracks:
  - Gender Expressive Youth Cases - 102
  - Transgender Medical Care - Advanced Case Discussion - 102
- Preventive Care Needs of Transgender Patients
- Keynote: The State of Transgender Health
- Legal Transitions and Advocacy
- Assessing Sexual Health and Sexuality
- Gender Affirming Surgeries
- Panel Session



# Community and BH Track Topics

## Community Track

- Social Identities
- Intersectionality
- Respecting Identities
- Positive Femininity/Masculinity
- Legal Healthcare Basics
- Legal Transitions and Advocacy
- Community Board
- Communication with Gender-Divers Lens
- Ask a Doctor

## Behavioral Health Track

- Intro to providing Trans-informed care
- Advanced clinical skills for BH care providers
- Legal transitions and advocacy
- Case presentations and discussion
- Assessing sexual health and sexuality with transgender and gender non-conforming patients



# Timeline



## **\*\*Consider Starting to Plan 1 Year Ahead\*\***

- **7-9 months before**
  - Pick date and location
  - Confirm curriculum and speakers
  - Meet with CME offices (MD, RN, MSW)
  - Start fundraising
- **6 months before**
  - Send Save the Date
  - Start advertising
  - Submit CME applications
- **2-3 months before**
  - Open registration
  - Order food based on estimates of number attending
- **1 month before**
  - Update food estimate
  - Anticipate venue needs: rooms, IT, etc



# Conference Logistics

## Advertising

- Send **Save The Date**
  - F/u with **Registration Link**
- CME Office Outreach
- Local Professional Societies:
  - AAFP, AAP, STFM, ACP
- Local Health centers / Health Center Network
- Local Residencies
- Large Local Private Practices
- Local LGBT Resources
- Traditional publicity: papers, posters, radio

## Fundraising

- Registration fees
- University based LGBT organizations
- Grants
- Health plans
- Dept of health
- Hospital networks
- Local LGBT businesses
- Local LGBT organizations (PFLAG, Lambda, GLMA, etc)
- Sell ads in program booklet



# Budget: Income

Income	Yr1 (180)	Yr 2 (375)
Registration	\$5240	\$7500
Health Plan Sponsorship	\$1500	\$7500
American Cancer Society	0	\$1000
RI Dept of Health	0	\$1000
Hospital Corp	0	\$500
University organization/club	\$1150	\$250
Balance from Year 1	0	\$2000
Grant	\$2850	0
<b>TOTAL</b>	<b>\$10740</b>	<b>\$19750</b>



# Budget: Expenses

Expenses	Yr 1 (180)	Yr 2 (355)
Venue – Room Rental	\$400	\$1250
Police/Safety/Housekeeping	\$175	\$775
Paper supplies, etc	\$400	0
AV support	0	\$50
CME – MD	\$1100	\$2500
CME – RN	n/a	300
CME – MSW (waived by RI College)	\$150	0
Speaker Honoraria (10 x 200/speaker) + 10 panel mem	\$1500	\$2500
Program Design/Marketing	0	\$850
Food (coffee & lunch)	\$5700	\$4000
Brown CME reg., financial mgmt., staff	\$280	\$2750
<b>TOTAL</b>	<b>\$9705</b>	<b>\$14975</b>



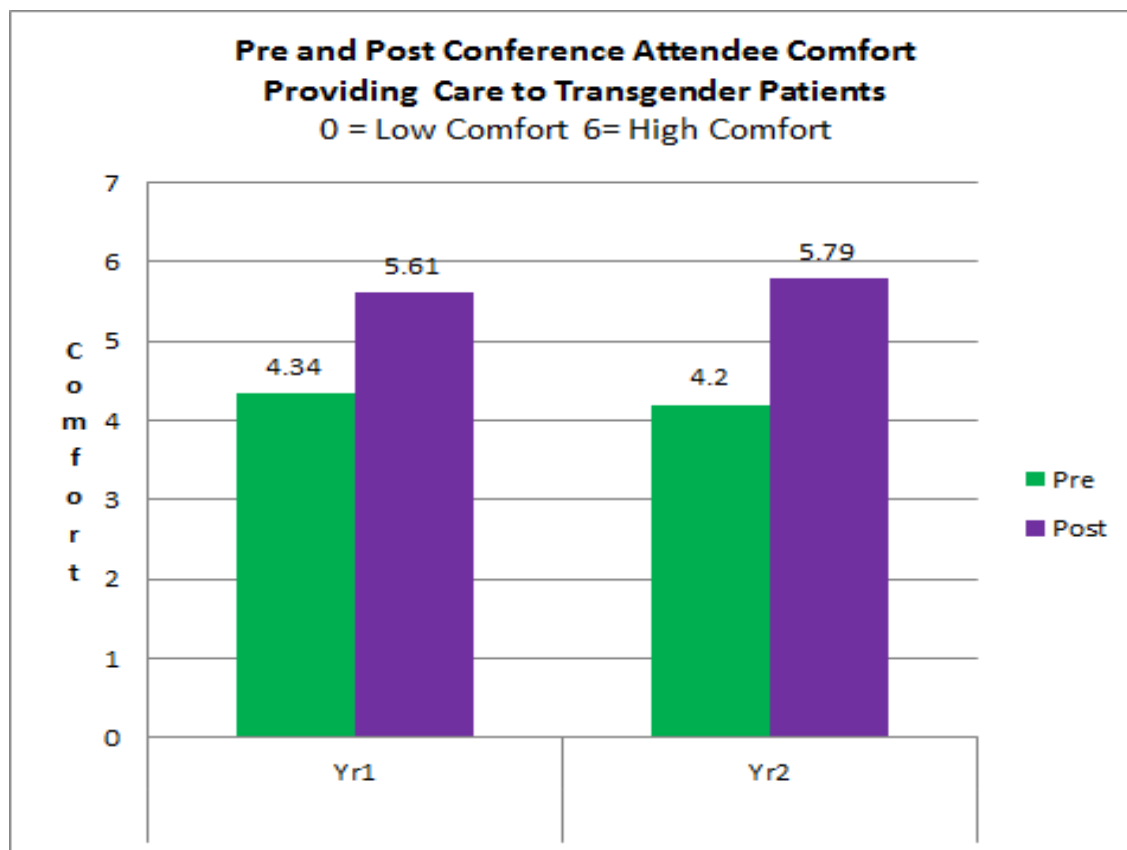
# Evaluation

- Pre and Post anonymous conference survey
- Administered on paper (yr1) or online (yr2) to all medical providers at registration
  - ***Yr 1 84.5% response rate (n=65)***
  - ***Yr 2 54% response rate (n=79)***
- Surveys matched using a participant generated code.
- Data analyzed using a matched design to look for a change in confidence and intention to treat transgender patients as a result of this conference



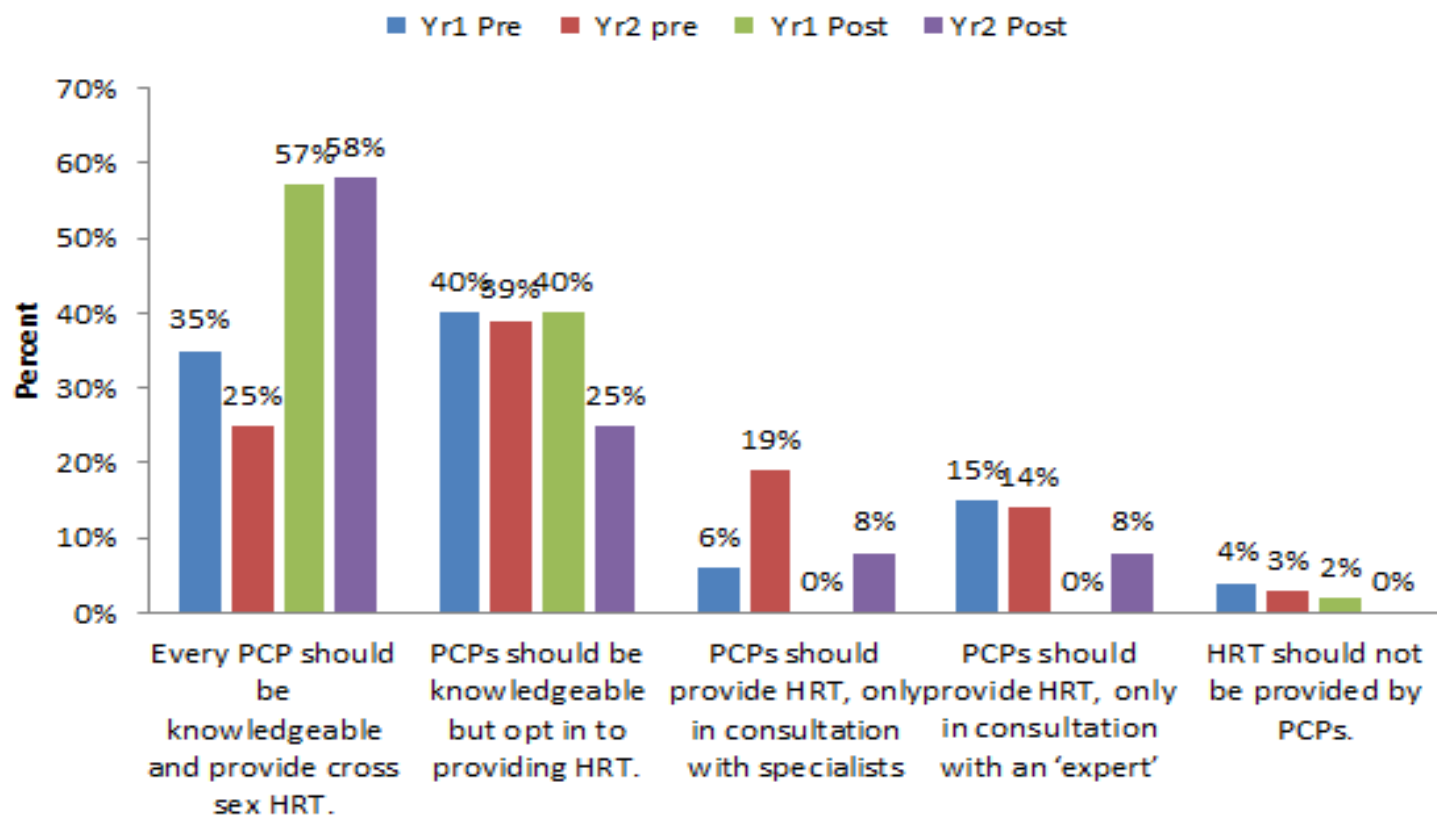


# Impact of 1 Day Conference





## How and To What Extent Should PCPs Provide Cross Sex HRT





# Discussion

- 65 providers attended in yr1 and 80 in yr2: large need/desire for training
- Majority of providers were primary care physicians
- Top three barriers to care were all issues of training and education, not functional or organizational.
- After attending, majority thought cross-gender hormone therapy should be provided by primary care physicians (35% vs. 57%).
- After attending, more providers felt trans\* medicine should be taught in medical school (71% vs. 90%).
- Data demonstrated that a one day conference can increase providers' comfort in providing care to transgender patients



# References

- **Fenway Guide to LGBT Health**
  - <http://www.lgbthealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons.pdf>
- **WPATH Standards of Care**
  - [http://www.wpath.org/uploaded\\_files/140/files/IJT%20SOC,%20V7.pdf](http://www.wpath.org/uploaded_files/140/files/IJT%20SOC,%20V7.pdf)
- **UCSF: Primary Care Protocols**
  - <http://transhealth.ucsf.edu/trans?page=protocol-00-00>
- **National Center for Innovation in HIV: Transgender Women and PrEP**
  - <https://careacttarget.org/sites/default/files/file-upload/resources/PrEP%20and%20Transgender%20Women%20NCIHC%20Brief.pdf>
- **Trans Populations and HIV: Time to End the Neglect**
  - [http://www.amfar.org/uploadedFiles/\\_amfarorg/Articles/On\\_The\\_Hill/2014/IB%20Trans%20Population%20040114%20final.pdf](http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2014/IB%20Trans%20Population%20040114%20final.pdf)



# Thank You