TRANS*GENDER INCLUSIVE HEALTH CARE

Challenges and Opportunities
Is Trans*gender care medically necessary?

- AMA: “An established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy, and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with GID (gender identity disorder)”

- RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient’s physician. (AMA HOD Resolution 122, 2008)
Medical Necessity Statement from APA

- APA: American Psychological Association:
  - “transgender people may be denied appropriate gender transition related medical and mental health care despite evidence that appropriately evaluated individuals benefit from gender transition treatments”.
  - APA recognizes the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments. (APA Policy Statement, 2008)
On Health Disparities Experienced by Gender Non Conforming Patients

- Institute of Medicine Report, 2011
- The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a foundation for Better Understanding
- Challenges posed by lack of adequate data, as few surveys include gender identity questions
- Barriers to accessing healthcare: personal and system
- Increased risk of depression and suicide, STI, lack of routine health care, suffer violence and bullying, lack of social support
WPATH: Standards of Care

- World Professional Association for Transgender Health
- International, multidisciplinary professional organization whose mission is to promote evidence-based care, research, public policy...developing standards for best practices
- Standards of Care for the Health of Transsexual, Transgender, and Gender Non Conforming People, 7th edition, 2011
- Recognized as authoritative guidelines and standards of care by American Medical Association, American Psychological Association, National Association of Social Workers
  - www.wpath.org
In October of 2012 the new LGBTQ clinic was launched.

- A bit of history and reasons why we created the clinic, with the help from many here in this audience: faculty, staff, students and community members.
- Dr Imborek and I met at the Transweek, organized by the UI Trans* students and allies. The idea came up as we heard their stories...
- Let’s create an LGBTQ home, a safe and welcoming space.
Luna* is a 62 year old Trans* woman whose sex assigned at birth was male. She was married for several years and has 2 daughters. Later in life she transitioned to her true gender identity as a Trans* woman. I am ready to complete a physical and she says: “Doc, you are about to enter uncharted territory”. What do you mean? I reply. “I have never had a full physical including breast and pelvic exam since my transition 10 years ago”. I pause shocked and think: but you have received care every 3 months here...But I say, well, today is the day, get undressed and put on the gown dear and I will come right back.
And then I tried to make an appointment...

- Jack* is a 22 year old Gender Non Conforming person who identifies as Queer and who uses He/Him/His as pronouns, he was a female as his sex assigned at birth.

- He has been receiving testosterone for several months but has been experiencing heavy vaginal bleeding. He tries to make an appointment in two different areas at a Health Center and is met with barriers, because of his gender identity and finally needs to be seen at the ETC, where he feels disregarded, is told that “we don’t know how to treat people like you” and has his pronoun and preferred name incorrectly used and disrespected.
Is this common? Sadly, yes…

LGBTQ individuals across their life spectrum are target of discrimination, stigma, harassment and violence. They have a higher risk of depression and suicide, homelessness, STI including HIV and substance abuse than their heterosexual peers. They have less access to health care and even when access is available, they use the health system less frequently. The health of LGBTQ patients is not well known and research is particularly lacking on Transgender specific health needs.

The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding. Institute of medicine, 2011
Providers for Trans*gender inclusive care at the UIHC

- LGBTQ clinic: provides primary care home for gender non conforming patients, initiates hormone management, generates appropriate surgical referrals and provides post surgical follow up.

- It was launched in October of 2012 to address a critical need for safe and effective evidence-based care and care coordination for gender non conforming patients.

- Health provider education and training and research initiatives are part of the mission for this program.

- Team approach with Gynecology, Urology, Breast Surgery, Plastic Surgery, Psychology and Psychiatry, Speech Therapy, Dermatology, Pharm D, Social Work
Early experience for UI LGBTQ clinic

- New patients to UIHC seeking gender affirming care
- Most interested in hormone therapy care
- Those interested in surgery are most interested in surgical procedures widely utilized by many and available at the UIHC:
  - Orchiectomy, TAH/BSO, Mastectomy, Breast Augmentation
  - As need and volume grow, will expand to complete sex change operations.
Gender Non conformity

- Gender non conformity: expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative. (WPATH 2011)

- Gender non conforming people may experience minority stress from chronic experience of suffering stigma, discrimination, prejudice, abuse, neglect, violence, which may make people vulnerable to anxiety, depression. (IOM 2001)

- Gender non conforming people are not inherently disordered.
Gender Dysphoria

- Discomfort and distress that is caused by a discrepancy between a person’s gender identity and their sex assigned at birth.
- Treatment to assist people with such distress to explore their gender identity is individualized. What helps one person may not help another.
- Gender dysphoria can in large be alleviated through treatment.
- A diagnosis of dysphoria should lead to evaluation and treatment consideration
- Unrecognized gender dysphoria may be diagnosed when patients are seen for GAD, MDD, substance abuse, etc
Issues of Cost Vs Benefits Analysis

- Medical benefit: widely recognized. These are medically necessary, life-saving treatments

- Hidden cost of no treatment: suffering, mental health costs, suicide risk, campus violence, work place intolerance

- Insurance coverage for City and County of SF:
  - 30,000 employees
  - 80,000 plan members
  - Estimated cost: 35 people per year accessing $50,000 in services
  - 5 year utilization: 97 claims, total of $383,000
Opportunities

- Education: physicians, residents and students, nurses, social workers, counselors, lawyers, corrections officers
- Research: bridge the gap. Ideas: LGBTQ health registry, Trans* folks in the corrections systems
- Information dissemination: web site, publications, lectures
- Change the system, eliminate health disparities of sexual minority folks
- Advocacy
Identity and how to support our patients: basics

- Sex assigned at birth (legal sex for most people) vs gender identity
- Male, Female, Intersex --- Trans*man, Trans*woman, Gender Queer and Non-Binary Identities
- Trans*gender and Cisgender
- Sexual orientation: who am I attracted to, who do I have sex with, how do I see my identity
- Lesbian, Gay, Bisexual, Asexual, Pansexual
- The importance of identity: name, pronoun
Identity and how to support our patients

- Gender affirming care, including hormones, surgery, voice therapy
- Personnel training, creating a welcoming environment
- Electronic medical records and appropriate documentation
- Addressing barriers: insurance, limited access
- Supporting transition: family and personal counseling, support groups, name and I.D. changes, legal issues addressed
Questions and Discussion

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