



Transgender Healthcare

Improving Quality of and Access to Care

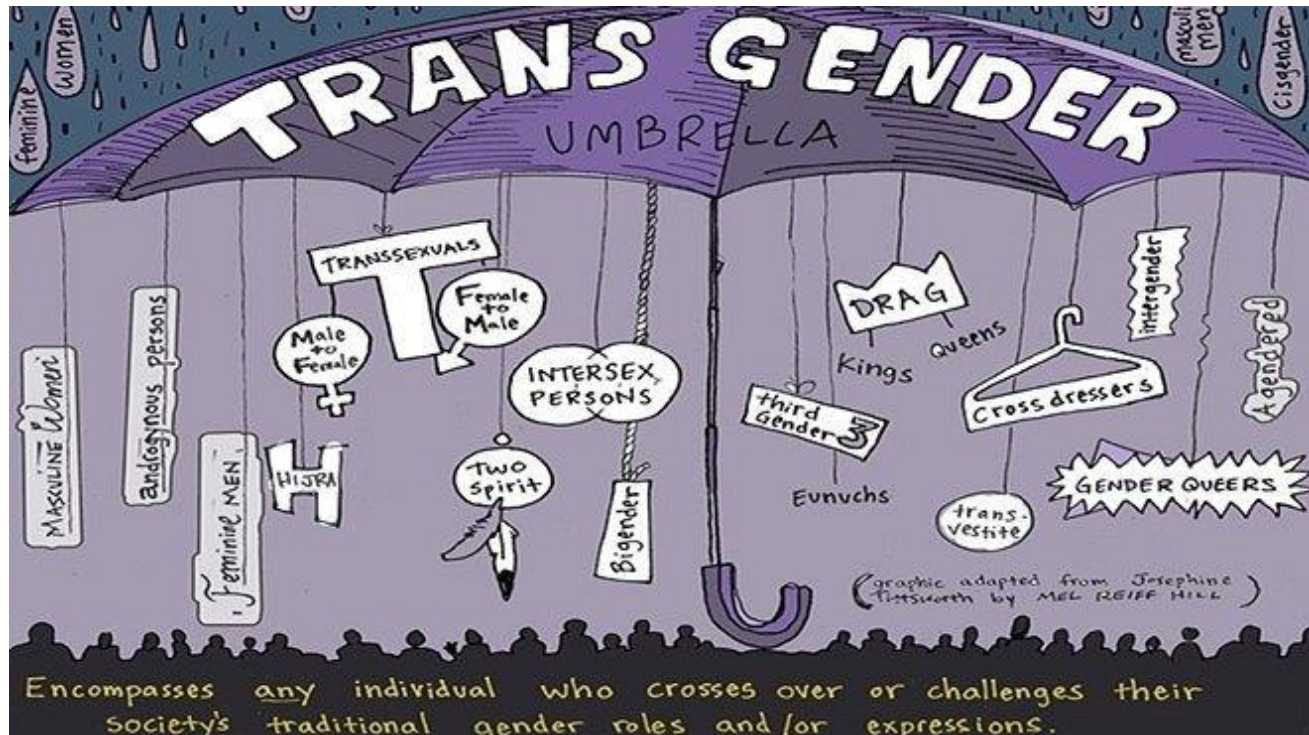
DATE: January 31, 2018 PRESENTED BY: Christina Milano, MD and Amy Penkin, LCSW

Agenda

- Gender identity and gender transition
- Affirming environments of care
- OHP benefit for treatment of Gender Dysphoria and Pre-requisites to care
- Barriers experienced by OHP members
- Needs and opportunities

Gender Identity and Transition









Gender identity



Reference: www.thegenderbook.com

The “Trans*” term is an umbrella term to encompass a variety of self described identities.

Gender identity

Gender is...	Gender is not..
 <p>a spectrum</p>	 <p>just male or female</p>
 <p>a range of expression</p>	 <p>defined by body parts</p>
 <p>how you relate to yourself</p>	 <p>sexual orientation</p>
 <p>a personal identity</p>	 <p>determined by chromosomes</p>

Reference: www.arewehuman.me

Gender identity



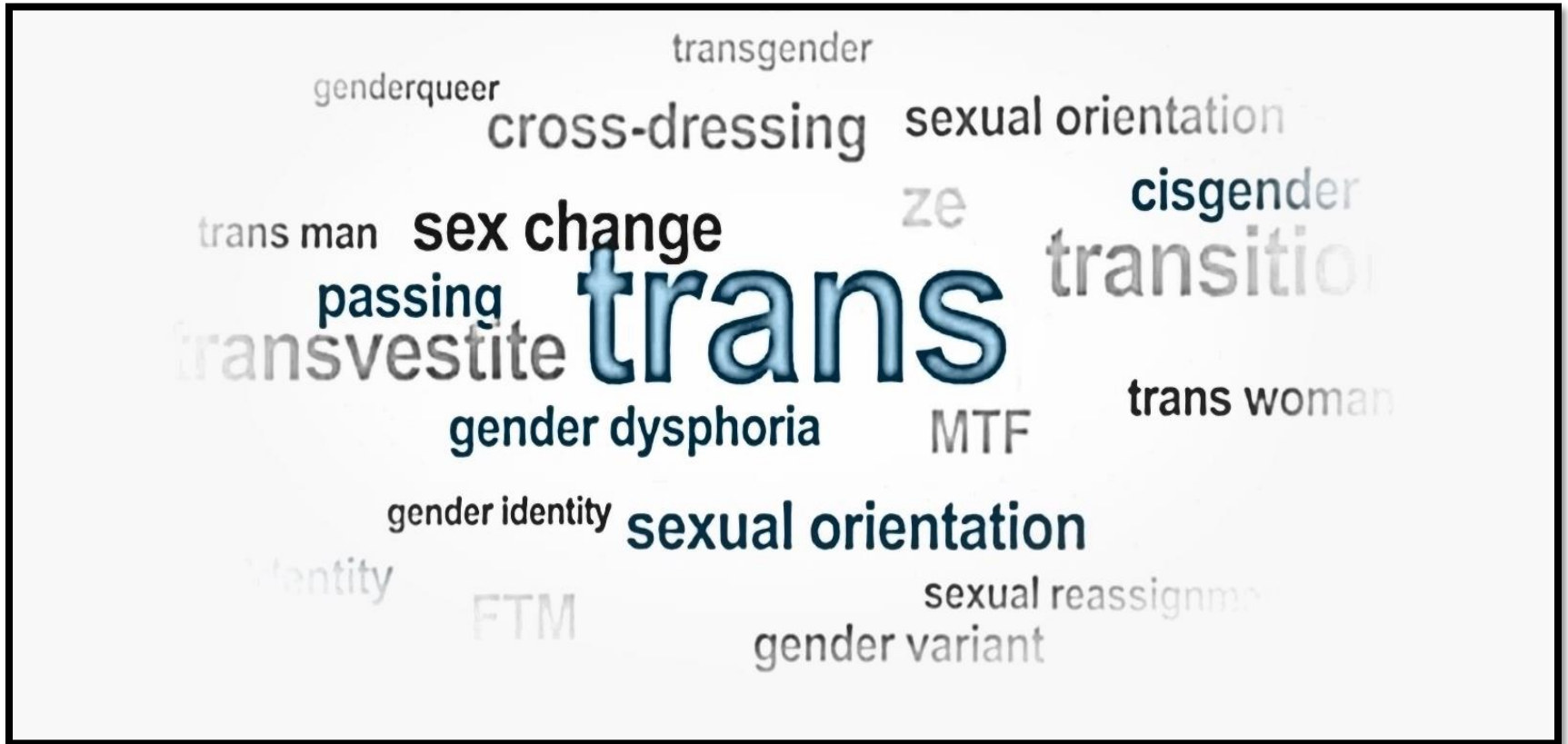
Reference: www.arewehuman.me

Gender identity and LGBTQ labels

- For many, the acronym LGBT (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning) reflects a community of individuals who, in some way, are attracted to members of the same sex. This refers to sexual orientation.
- Many people fail to realize that the “T” in the acronym does not relate to sexual attraction at all; rather, it refers to a person’s sense of gender (referred to as gender identity).



Language and terminology



Transgender is used as an **adjective**, not a noun or a verb: **“a transgender person”** vs. **“a transgender”** or **“a transgendered person”**

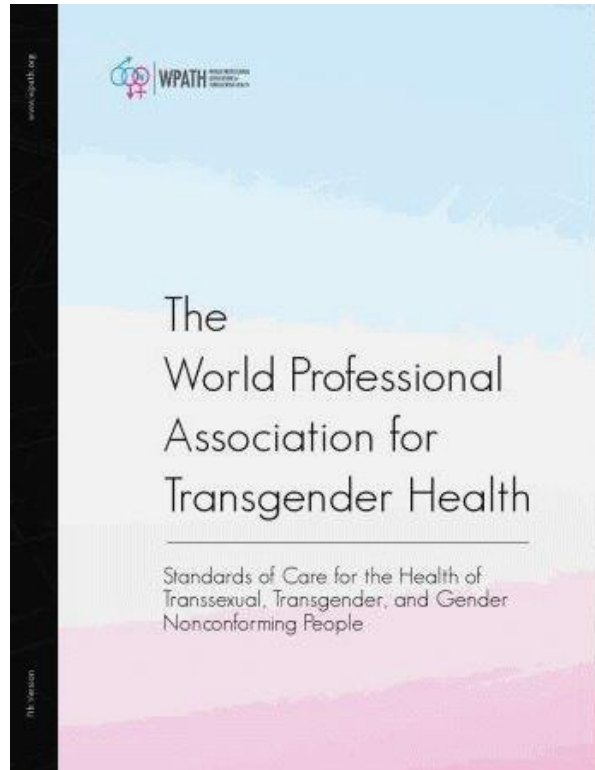


Gender transition

- Transition is the process of changing one's external appearance and expression to better represent one's internal gender identity.
- One can have a **SOCIAL TRANSITION, PHYSICAL TRANSITION** or a **MEDICAL TRANSITION** or a combination.
- An individual who has transitioned ultimately may not identify as transgender, but rather as their affirmed gender only.



WPATH Standards of Care



www.wpath.org

Promotes standards of care for transgender and nonbinary individuals that reflect best practices in delivering affirming care.

Allows for flexible clinical guidelines and offers professional discretion – recommendations NOT requirements

Exceptions to standards of care permitted for anatomical, psychological or social reasons.

Recognizes and values of harm reduction strategies.

Range of Medical Services

Pubertal suppression and hormone therapy

Electrolysis and laser hair removal

Voice and communication training

Fertility and assisted reproduction

Chest surgery (FTM and MTF)

Facial feminization surgery

Oophorectomy/hysterectomy

Orchiectomy

Vaginoplasty

Metoidioplasty

Phalloplasty

Affirming Environments of Care

Patient experience in healthcare

- Affirmed name, pronoun, both sex and gender identification in EHR, health plan records, etc.
- Use of affirmed name and pronoun with:
 - ✓ Manual Reminder Calls
 - ✓ Patient correspondence
 - ✓ Chart notes and smart phrases
 - ✓ Labs/paperwork
 - ✓ Labels and wristbands



Respecting Names and Pronouns

Always use a person's affirmed name and pronoun...always.

- Even if they are pre-transition
- Even if you feel silly or uncomfortable
- Even if they use gender neutral pronouns that are hard to remember
- Even if they aren't close enough to hear you, or are not in your presence.

If you are unsure of a person's gender or pronoun use...

- Listen for cues in introduction or in the conversation.
- Ask politely and privately "What pronouns do you use?"
- Use neutral pronouns until you know what they use.
- Avoid referring to pronoun "preference" as this suggests it is optional.

Misgendering Mishaps

If you make a mistake with someone's name or pronoun:

- don't dwell
- own it
- correct it
- learn from it
- and
- move on!



Keep the focus to what is relevant

What is the nature of the contact today?

Asking questions about an individual's transgender status, if the motivation for the question is **ONLY** your curiosity and is unrelated to care or the purpose of your interaction with them, is inappropriate and can create an unsafe and unwelcoming environment.



Reference: Transgender Law Center

OHP Benefit and pre-requisites to care

Qualifying for hormones*

Cross-sex hormone therapy is included on this line for treatment of adolescents and adults with gender dysphoria who meet appropriate eligibility and readiness criteria.

To qualify for cross-sex hormone therapy, the patient must:

- have persistent, well-documented gender dysphoria
- have the capacity to make a fully informed decision and to give consent for treatment
- have any significant medical or mental health concerns reasonably well controlled
- have a comprehensive mental health evaluation provided in accordance with Version 7 of the World Professional Association for Transgender Health (WPATH) Standards of Care

* Per Guideline note 127

Qualifying for surgery*

Sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria.

To qualify for surgery, the patient must:

- have persistent, well documented gender dysphoria
- for genital surgeries, have completed twelve months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not clinically indicated for the individual
- have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient

* Per Guideline note 127

Qualifying for surgery (cont)

- have the capacity to make a fully informed decision and to give consent for treatment
- have any significant medical or mental health concerns reasonably well controlled
- for breast/chest surgeries, have one referral from a mental health professional provided in accordance with version 7 of the WPATH Standards of Care.
- For genital surgeries, have two referrals from mental health professionals provided in accordance with version 7 of the WPATH Standards of Care.

Benefit and Pre-requisites

Procedure	SOC pre-requisite	Hormone pre-requisite	Living in affirmed gender x 12 months
Pubertal Blockade (minors)	Informed consent, MH evaluation 1 letter of support	n/a	No
Hormone therapy (minors)	Informed consent, MH evaluation 1 letter of support	n/a	No
Hormone therapy (adults)	Informed Consent, MH evaluation	n/a	No
Masculinizing Chest Surgery	MH evaluation and 1 letter of support	Not required	Yes
Feminizing Chest Surgery	MH evaluation and 1 letter of support	12 months unless contraindication documented	Yes
Hysterectomy Oophorectomy	MH evaluation and 2 letters of support	12 months unless contraindication documented	Yes

Benefit and Pre-requisites

Procedure	SOC pre-requisite	Hormone pre-requisite	Living in affirmed gender x 12 months
Orchiectomy	MH evaluation and 2 letters of support	12 months unless contraindication documented	Yes
Vaginoplasty	Informed consent, MH evaluation 2 letter of support	12 months unless contraindication documented	Yes
Vulvoplasty	Informed consent, MH evaluation 2 letter of support	12 months unless contraindication documented	Yes
Metoidioplasty	Informed consent, MH evaluation 2 letter of support	Required, no exception	Yes
Phalloplasty	Informed consent, MH evaluation 2 letter of support	12 months unless contraindication documented	Yes

Mammoplasty

Mammoplasty (CPT 19316, 19324-19325, 19340, 19342, 19350) is only included on this line when 12 continuous months of hormonal (estrogen) therapy has failed to result in breast tissue growth of Tanner Stage 5 on the puberty scale OR there is any contraindication to, intolerance of or patient refusal of hormonal therapy.

Surgical Site Hair Removal

Required for: Vaginoplasty, Vulvoplasty, Phalloplasty

Electrolysis (CPT 17380)

- All hair and skin types
- Apx 12 months

Laser Hair Removal (CPT 17110, 17111)

- Light skin
- Dark Hair
- 6-8 treatments spaced 4-6 weeks apart

Physical Therapy

Pelvic physical therapy (CPT 97001, 97001, 97110, 97140, and 97530) is included on this line only for pre- and post-operative therapy related to genital surgeries also included on this line and as limited in Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES.

Benefit Exclusions

- Facial and body hair removal not necessary for surgical site preparation
- Facial Feminization
- Voice and communication training
- Genetic testing
- Fertility preservation or assisted reproduction
- Erectile devices
- Revision surgery for aesthetic/cosmetic purpose
- Reversals

Barriers

Provider Access/Competence

- Limited availability of PCP's familiar with hormone therapy, especially in rural areas
- Referrals to specialty care for hormone therapy - long wait times
- Limitations of trained/competent MH providers for ongoing MH care
- Limitations of MH providers with specific knowledge of medical transition

Hair Removal

Scarcity of providers outside of Portland Metro

Prior Authorization process – variability plan to plan regarding:

- Expectations of 1 WPATH letter on file vs 2 WPATH letters on file
- Use of surgeon consult as attestation for PA
- Completion of surgical consult before PA for hair removal
- Expectation of confirmed surgical date before hair removal can begin

Guideline note interpretation

Variability from plan to plan about:

- Who is qualified to conduct MH assessment and letter writing (MH vs PCP)
- Credential of letter writer – licensed vs unlicensed but supervised by licensed provider who can co-sign assessment/letter
- Expectation of ongoing MH care

Name/Sex/Gender Fields

- Discordance in Electronic Health Records and Health Plan records
- Opportunities for changes with state of origin are widely heterogeneous
- Major patient satisfaction issue that leads to interruptions of care

Opportunities

Navigators

Dedicated champions who can serve as navigators in health systems and/or health plans who can provide:

- Service/Care Coordination
- Prior Authorization Review
- Review of benefits
- Referrals to providers

Standard Work Flow for Hair Removal PA

Existing standardized work flow for prior authorization now in place with:

- Care Oregon
- DMAP/Open Care

Emphasizes:

- Reduced barriers
- Ease of access
- Surgeon attestation

Regional Education

Model of full day CME/CE training offered in Portland Metro Area in 2015 can be replicated.

Training focus on:

- Creating affirming interactions and environments of care
- Managing hormone therapy
- Care for transgender and gender diverse youth
- Overview of surgical care
- MH assessment/letters of support for surgical referrals

Transgender Health Program
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Thank You