## Trans Healthcare:

A community journey from (almost) nothing to something

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# Faculty Disclosure

The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.



### Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at

https://www.cfha.net/page/Resources 2019 and on the conference mobile app.





# Learning Objectives

#### At the conclusion of this session, the participant will be able to:

- Discuss a few of the stats related to healthcare discrimination and avoidance as related to transgender individuals
- Identify steps YOU might take within your organization to improve transgender healthcare
- Understand the importance of including (paid) members of the transgender community in healthcare improvement projects



## Bibliography / Reference

- 1. 2015 U.S. Transgender Survey (USTS); <a href="http://www.ustranssurvey.org/"><u>Http://www.ustranssurvey.org/</u></a>
- 2. National LGBT Health Education Center / www.lgbthealtheducation.org
- 3. Supporting and Caring for our Gender Expansive Youth / Lessons from the Human Rights Campaign's Youth Survey / report can be found online <a href="https://www.hrc.org/youth-gender">www.hrc.org/youth-gender</a> or <a href="https://www.genderspectrum.org/youth">www.genderspectrum.org/youth</a>
- 4. Madeline B. Deutsch, MD, MPH Editor; Guidelines for the Primary Care of Transgender and Gender Nonbinary People Medical Director, UCSF Transgender Care Associate Professor of Clinical Family and Community Medicine; University of California, San Francisco; Department of Family and Community Medicine / Download pdf here <a href="https://transcare.ucsf.edu/quidelines">https://transcare.ucsf.edu/quidelines</a>
- 5. The World Professional Association for Transgender Health: Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People; Version 7 can be found here in 18 different languages / <a href="https://wpath.org/publications/soc">https://wpath.org/publications/soc</a>
- 6. Healthcare Equality Index 2018: Rising to the Nre Standard of Promoting Equitable and Inclusive Care for Lesbian, Gay, Bisexual, Transgender & Queer Patients and Their Families / 2018 final report can be found here <a href="https://assets2.hrc.org/files/assets/resources/HEI-2018-FinalReport.pdf">https://assets2.hrc.org/files/assets/resources/HEI-2018-FinalReport.pdf</a>
- 7. Reference



# Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



## Trans Healthcare

A community journey from (almost) nothing to something





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## Term in o logy

#### Some Basics For the Presentation

**Transgende** r-Gender identity is incongruent with sex assigned at birth

Cisgender - Gender identity is congruent with sex assigned at birth

Sex – Typically assigned at birth based on external genitalia

Gender Identity - Relates to sense of self
WPATH - World Professional Association of

Transgender Health

SOGI - Sexual Orientation Gender Identity



#### **CENTRAL OREGON**

- 3 counties
- Total Population = 228k in 2017
- One CCO (Pacific Source)
- One hospital system (4 hospitalsin St Charles Health System)
  - One FQHC (Mosaic)
- One Education Service District (High Desert)
- One Community College
- One 4 year University (since 2015)
- One adult endocrinologist
- 3+ hours over a mountain pass to get to Portland

#### **OREGON MEDICAID**

Effective Jan. 1, 2015, Oregon extended coverage for most transition -related healthcare under the State's Medicaid Program, the Oregon Health Plan.

These services include coverage for:

- puberty suppression
- primary care and specialist doctor visits
- mental health care visits
- cross -sex hormones
- anti -androgens
- lab work
- some surgeries



#### SUICIDE

More than 40 percent of trans adults and up to 50 percent of trans youth report attempting suicide.

#### **AVOIDANCE**

1 in 4 trans people avoided necessary medical care due to discrimination.

#### DISCRIMINATION

1 in 3 reported a negative experience with a healthcare provider in the past year.



# An Origin Story

After Oregon Health Plan (OHP) began covering affirming care, people began seeking it. But in our isolated community providers were not trained nor even thinking about trans healthcare. A few people provided some care — if you could find them.

Most trans patients were sent to Portland for most care or told that there was no one in the clinic who had any experience / ability to work with them.



#### 2016

- Spring Patient makes over 100 calls seeking someone to work with them
- Aug. Apply for grant to host training DENIED
- May 2017 Reapply with stats about discrimination and prevalence. AWARDED \$5000
- Reach out to medical and mental health experts in Portland, OR
- Strategize with top health officials to plan training
- Start building an email network of local providers with interest in trans healthcare

DECEMBER 2017 - HIT BRICK WALL





Jan 2018 – Medical and Community members unite locally, connecting local stakeholders with providers.

March 2018 – MD from Portland presents at Grand Rounds, followed by a panel of local trans community members. Providers only listened as they facilitate their own fishbowldiscussion.

April 2018 - St Charles gets EPIC

May 2018 - Frances, EPIC analyst, connects with Erin, Frances, at Becki

May 2018 – Mosaic Medical (our only FQHC) applies for Trans ECHO and gets it!

June 7,2018 — With only 2 weeks lead time a training is planned for front office managers at the hospital—Mosaic invited. Led by LGBTQ educator at Legacy
June 8, 2018 — About 100 providers attend a training with medical and MH tracks, led by about 12 presenters. More than have of the presenters are part of the trans community and they decide on most of the content.

# TIMELINE continued

# Summer of 2018

- Official SOGI Working Group formed at the hospital
- Official working group formed at Mosaic and their providers start ECHO project
- Planned Parenthood hires new provider to manage horm one therapy
- ° COPA (largest pediatric practice) identifies provider champion
- Central Oregon Trans Healthcare Coalition
   (COTHC) founded to keep agencies, community
   members, and providers connected
- O Pacific Source. (CCO) features articles on trans healthcare and PAYa trans employee to do internal trainings
- O Deschutes County hires trans individual to serve as peer mentor in young adult program

# INTEGRATED MODEL

The key to how we swiftly took newly acquired training straight into patient care!

WPATH and insurance mandates are such that evaluations and letters of support from licensed MH folks are required to access medical care. In the previous world patients had to run from place to place and coordinate their own care. An integrated model allows us to follow standards of care while eliminating barriers and working as a team to provide affirm ing care and to continue to learn together (patients included)

**Evaluate** patient with good psychosocial interview

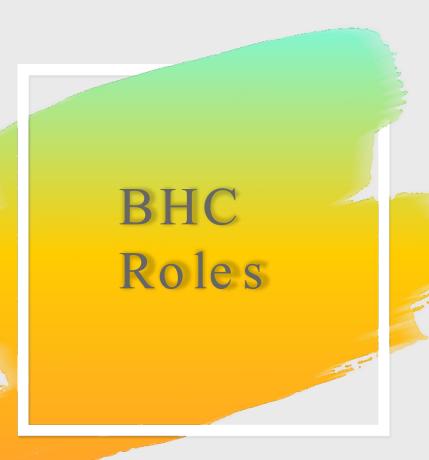
**Educate** patient, review informed consent, provide resources

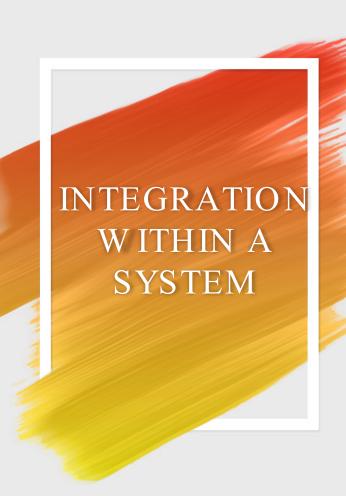
Address health behaviors

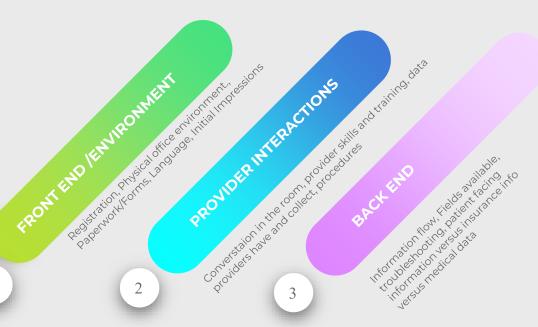
Refer to or collaborate with therapists as needed

Write letters of support

Coordinate with medical team









- 1. FORMED OFFICIAL WORK GROUP
- 2. IDENTIFIED A FEW CHANGES WE COULD MAKE QUICKLY TO POSITIVELY IMPACT PATIENT CARE
- 3. OUR INITIAL CHANGES INCLUDED REMOVING SEX FROM WRIST BAND, PREFERRED NAMES, PATIENT FACING INFO
  - 1. Note: We moved quickly, worked with marketing to run a news story about wrist bands, and it hit national news. Although not the intent, the impact was that hospital quickly found a voice
- 4. SET TRAINING GOALS WHICH INCLUDED PAID COMMUNITY MEMBERS IN PREPARATION FOR MORE CHANGE (Allyship In Action was local collaborator)



- WE DECIDED TO USE A TRAINING OF THE TRAINERS MODEL (think EPIC super user)
  - 5 In 2 months led 30 minute training with leadership from ALL hospital domain groups
- 6 IN THE NEXT MONTHS 2 HOUR TRAININGS ON LGBTQ
  AFFIRMING CARE / GENDER 10 1 WERE OFFERED TO ANY
  CAREGIVER AND WERE DONE AT ALL CAMPUSES
  - SOME GROUPS, THEN DECIDED TO CONDUCT SECOND TIER TRAININGS FOR THEIR SPECIFIC PROCESSES
- 8 BY SUMMER 20 18 ALL PATIENTS ASKED ALL SOGI QUESTIONS
- 9 MANYPROCESSES ADDRESSED ALONG THE WAY
- 10 INITIAL DATA SHOWS A SIGNIFICANT INCREASE IN PATIENTS IDENTIFYING AS TRANS AND/OR SEEKING AFFIRMING MEDICAL CARE SO...

BACK TO PROVIDER TRAINING! Mosaic gets the grant!



Rainbow Buddy Badge Humans of St Charles

PRIDE

# FIND OPPORTUNITIES ALL OVER TOWN

City Club hosted talk on Trans Healthcare and why it matters. Totally different audience Better Together (A group run by our education service district) hosts a discussion about kids, gender, and the book "George."

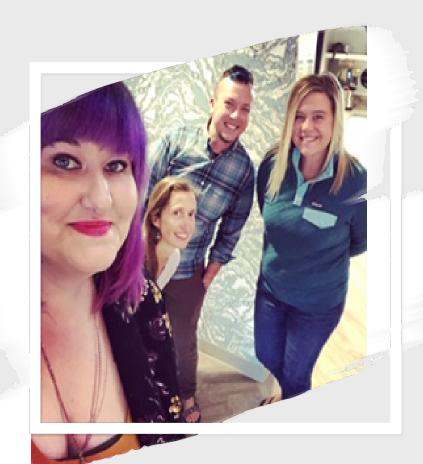
- What gender language is being used by presenters, on form s, and on CFHA website?
- Are people using pronouns? Are they on name tags?
- o Is it clear where the single stall bathrooms are OR that people can choose facilities based on equipment they need?
- O How are community members treated? Is their input actively solicited at this conference?
- Are there barriers for community members as presenters, experts, and collaborators at this conference?



HOW IS CFHA DOING?

#### WHAT NEXT?

- More Provider Trainings
- Getting more healthcare groups on board
- Office of Diversity & In clusion?
- ° Community wide CHW?
- Continue to review employee policies
- Apply for Health Equality Index





## THANKS!

Please see handouts for resources, a community action plan, an agency action plan, and our contact info.

# Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.





Join us next year in Philadelphia, Pennsylvania! Thank you!