

AN INTRODUCTION TO TRANS IDENTITIES: WORKING WITH AND SUPPORTING GENDER DIVERSE PEOPLE



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Objectives

1. Discuss medical considerations for transgender and gender diverse patients
2. Educate providers on the initial behavioral and medical health assessments and services transgender patients may require
3. Address barriers to quality health care and behavioral health treatment and the need for incorporation trans healthcare into everyday behavioral health
4. Increase knowledge in medical options for transgender individuals as well as preventive health care considerations
5. Provide a medical ethical construct for the provision of gender affirming care

Cei Lambert- Transgender Program Patient Advocate for Fenway Health





Some people prefer to think of gender as a sliding scale, with man on one end, woman on the other, and a continuum of possibilities in between.

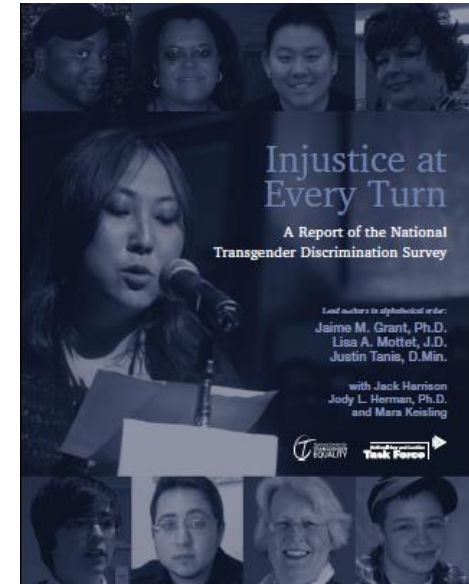
Others prefer conceptualizing gender as a constellation, with many different gender characteristics as different stars. Each individual is a unique constellation, with their own combination of characteristics that together add up to their gender identity.



Another well known model of gender is to think of it as a performance - we perform gender in the daily acts that we repeat. For example, somebody who identifies as a woman may wear a dress, and somebody who identifies as a man may shave his beard, and these acts are a part of what make them feel feminine/masculine.

Barriers to Medical Care for Transgender Patients

- Economically disadvantaged
- Geographic and social isolation
- Lack of insurance coverage
- Lack of clinical research and limited medical literature
- Provider ignorance
- Stigma of Gender Clinics

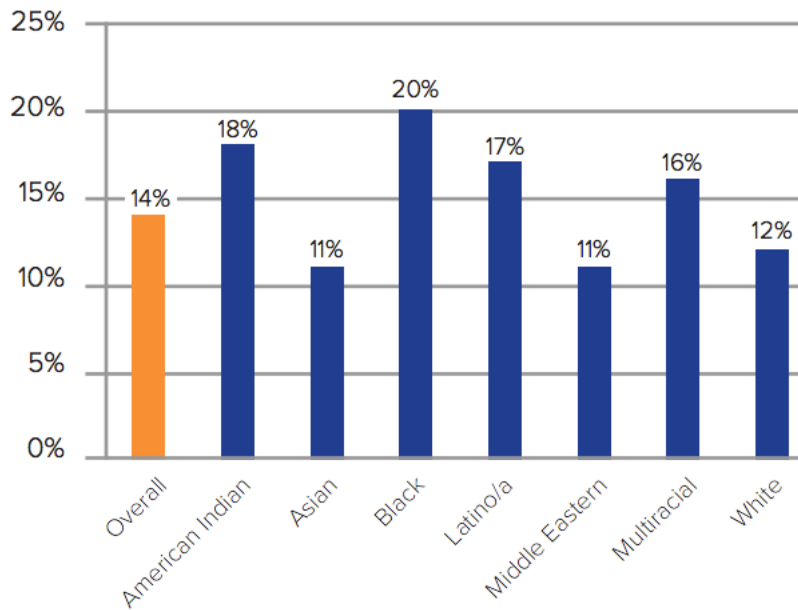


Morbidity and Mortality in the Transgender Community

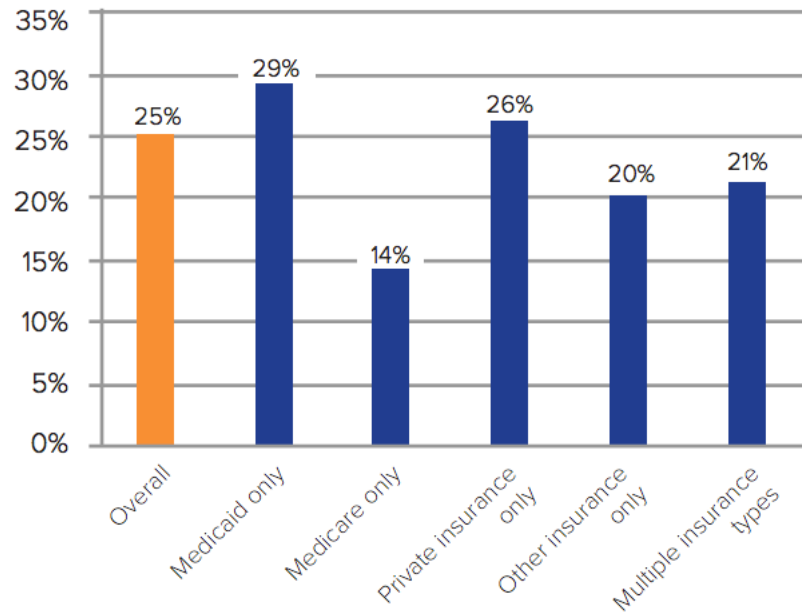
- Significant increase in mortality is seen amongst transgender individuals compared to the general population
- Most of the increase in mortality was due to higher rates of **AIDS, suicide, drug-related deaths**
- Asschermann's 2011 review of Dutch patient cohort: 50% higher mortality rate in **MTF** patients



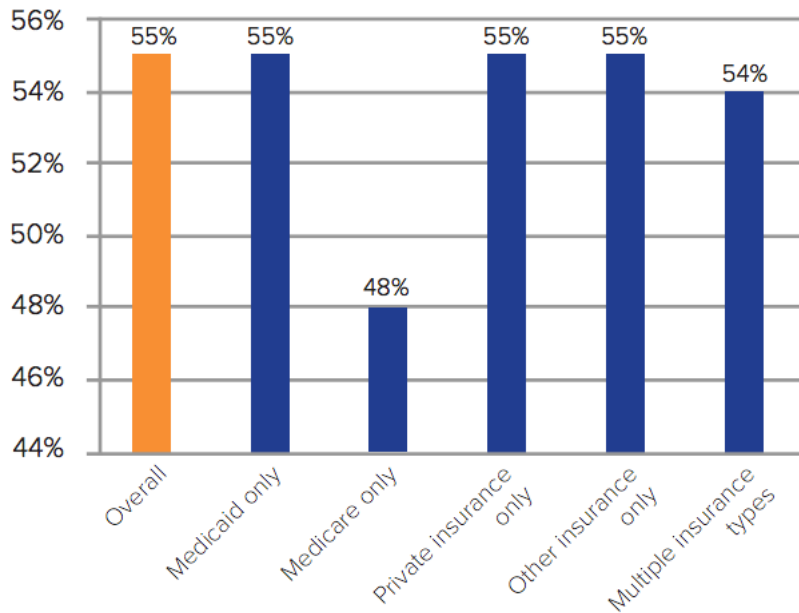
Uninsured by Race



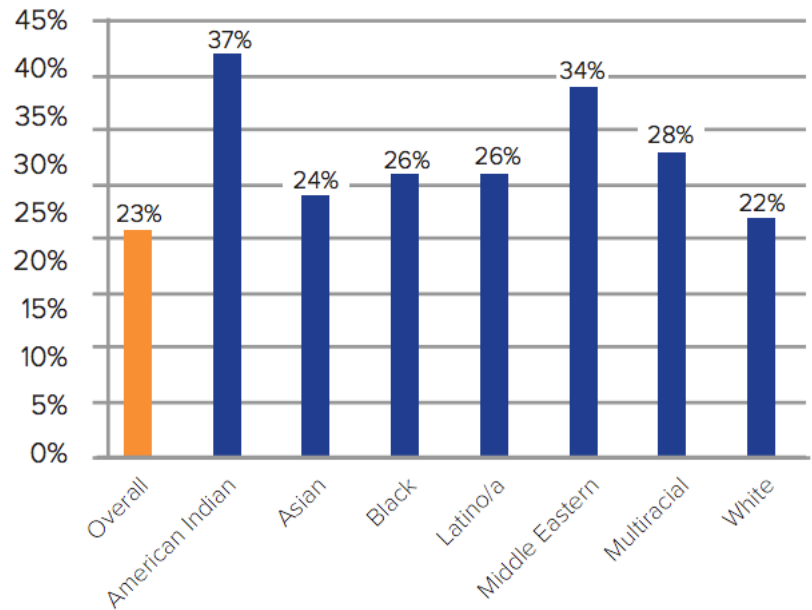
Denied Hormone Coverage- by Insurance Type



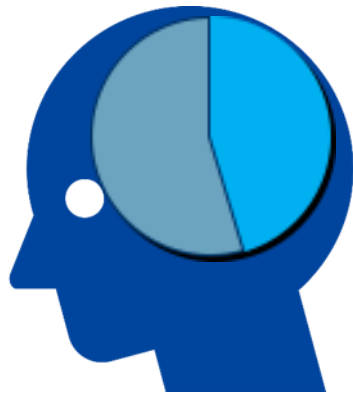
Denied Surgery Coverage- by Insurance Type



Did Not Seek Care This Past Year Due To Fear of Mistreatment



Psychological Distress



45.35% reported Serious psychological Distress, compared to 5% US Nat'l Average

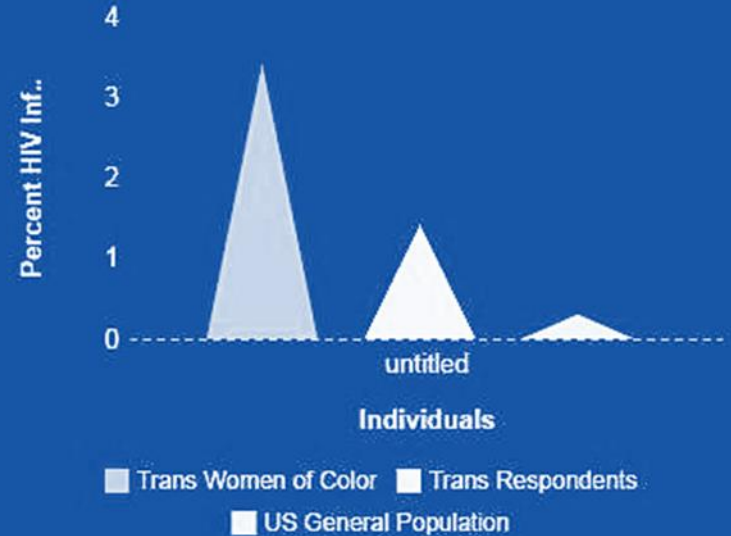
46.51% reported At least one suicide Attempt in their lifetime Compared to 4.6% US Nat'l Average



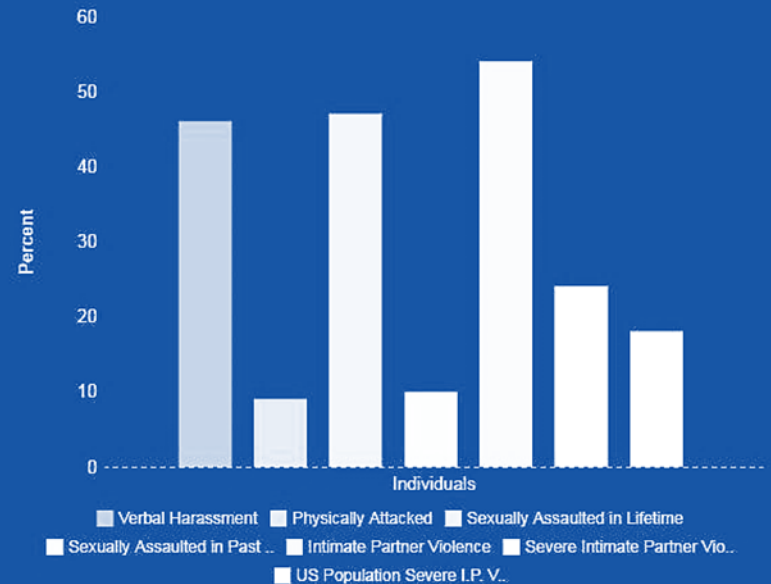
8.41% reported a Suicide attempt in the Past year, compared to 0.6% of the US Population



HIV



Harassment and Violence



HIV Infection

HIV Infection by Race, Compared to U.S. General Population

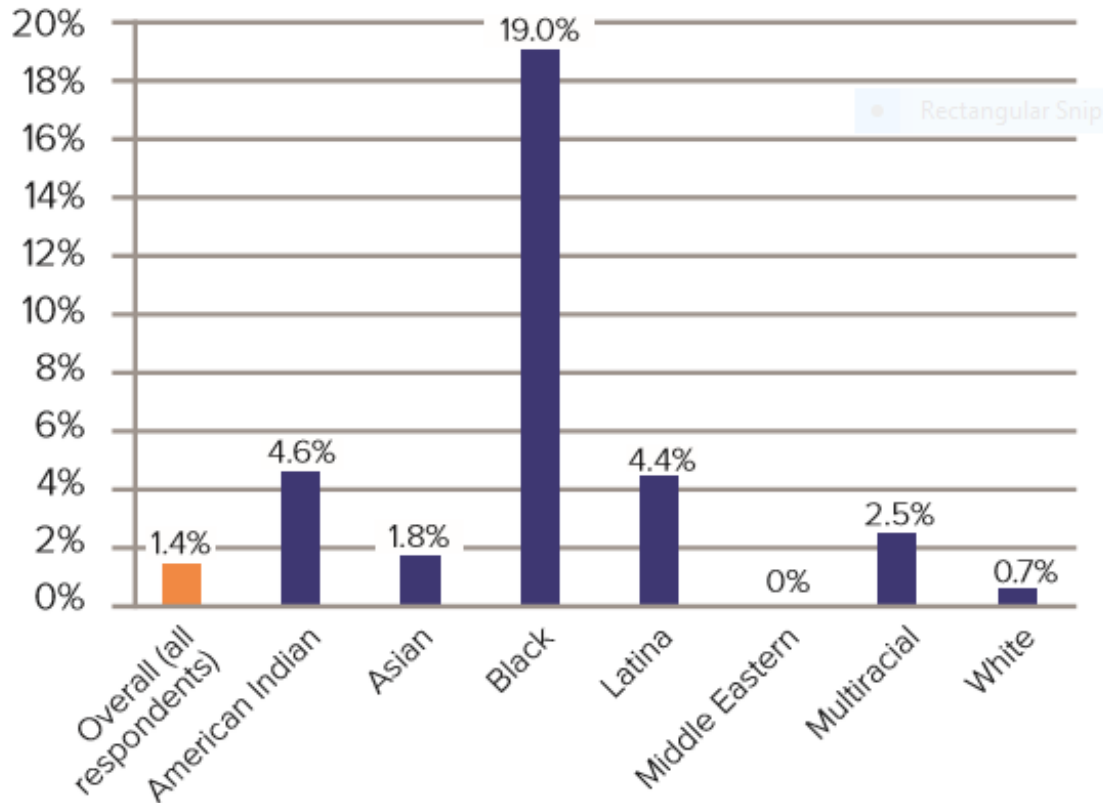


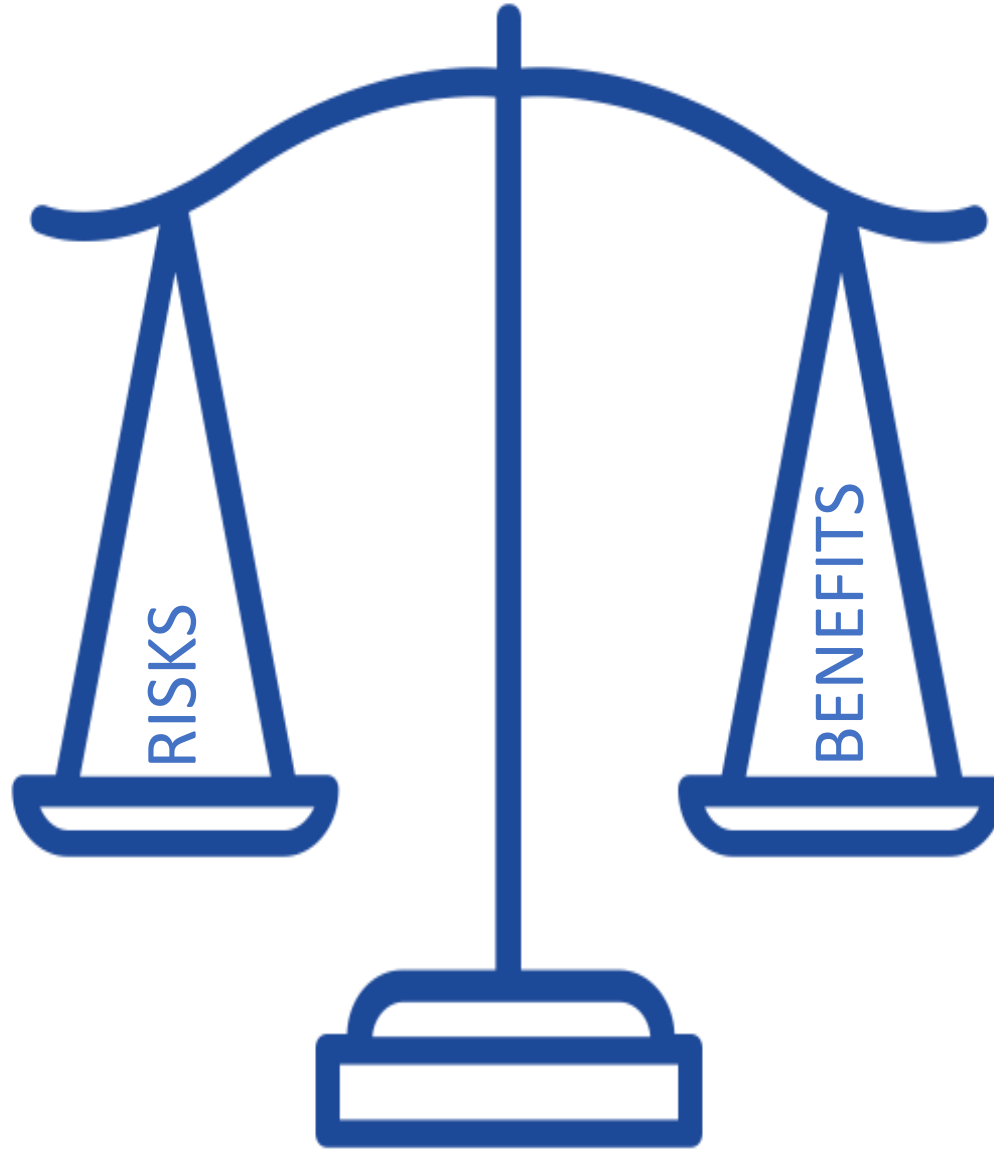
Fig. 1: Graph from 2015 US Transgender Survey⁵

- Increased health disparities for trans women of color
 - 19% of black trans women reported to be HIV positive
 - 4.6% of AI and 4.4% of Latina trans women were HIV infected

Primary Care

- Increasing access
 - Caregiver need not be an endocrinologist
- Increasing comprehensive care
 - Goal of care is to facilitate affirmation and alleviate gender dysphoria
 - Two categories:
 - **General health concerns** – promote and ensure physical health and emotional and social well-being
 - **Issues specific to transgender people** – Varying emotional, behavioral, medical, surgical and ethical issues

Hormone Readiness



Transgender Standards of Care

UCSF University of California, San Francisco | About UCSF | Search UCSF | UCSF Medical Center

Increasing access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities

center of excellence FOR TRANSGENDER health

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Learn how we work to improve trans health

Learning Center
Access current guidelines, articles, and online learning

Connect
Find partners, services, and leadership

Calendar
See what's happening in trans

Learning Center

Primary Care Protocols

- **Primary Care Protocol for Transgender Patients**
Practical reference for clinicians

Professional Literature

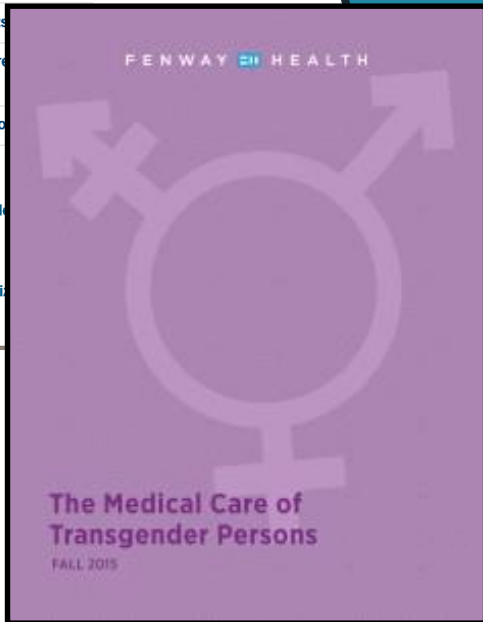
Guidelines & Reports

Conferences, Lectures, Training

Community Education

Audiences

- Health Care Providers
- Researchers
- Community Organizations
- Individuals



WPATH Standards of Care, 2011

The criteria for hormone therapy are as follows:

- Persistent, well-documented gender dysphoria
 - Capacity to make a fully informed decision and to consent for treatment
 - Age of majority in a given country
 - If significant medical or mental health concerns are present, they must be reasonably well controlled
-
- WPATH does not specify a behavioral health requirement— neither a letter nor an endorsement— for the provision of gender affirming hormone therapy. It is hugely productive for transitioning individuals to have behavioral health care, but not if it acts primarily as gatekeeping to gender affirmation.

Informed Consent Model

Consistent with WPATH, Standards of Care v7

- Requires healthcare provider to effectively communicate benefits, risks and alternatives of treatment to patient
- Requires healthcare provider to judge that the patient is able to understand and consent to the treatment
- Informed consent model does not preclude mental health care
- Recognizes that prescribing decision ultimately rests with clinical judgment of provider working together with the patient
 - Informed consent is not equivalent to treatment on demand

(Deutsch, 2012)

Primary Care Considerations for Gender Diverse Patients

- ✦ Breast and Chest Screening
- ✦ Cervical Cancer Screening
- ✦ Endometrial hyperplasia
- ✦ Prostate Cancer
- ✦ Prolactinoma



*NO
increased risk
in cancers in
transmen and
transwomen



Boston Health Care for the Homeless Program

Pam Klein, RN, MSN

- BHCHP Transgender Services Program Manager
- BMC Nurse Liaison for the Center for Transgender Medicine and Surgery



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

BHCHP

- Transgender Primary care and BH Care since 2008
- Support group Thursdays 5-6:45pm at 780 Albany
- Barbara McInnis House – 104 beds

Boston Health Care for the
Homeless Program



BMC

- Transgender Taskforce in response to complaints
- New surgery for transwomen
- New Center for Transgender Medicine and Surgery

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In 2016 BMC established the Center for Transgender Medicine and Surgery. With the unified structure, patients have a single point of contact for their care needs. We are the first center in New England to provide such a comprehensive program and we are a leader nationally in delivery of transgender medical care.

The Center for Transgender Medicine and Surgery at Boston Medical Center follows the WPATH (World Professional Association for Transgender Health) Standards of Care and the Endocrine Society Guidelines for the care of transgender patients.

Surgery and Insurance

- Insurance changes 2014 – MediCare no longer can deny services based on gender identity. Other insurance followed (including Mass Health)
- BMC first in MA to offer genital alignment surgery for transwomen - “neo-vaginoplasty”
- Other services: chest surgery, hysterectomy, oophorectomy, orchiectomy, hair removal, facial feminization*

*not covered at BMC by insurance yet

BH role

- Follow World Professional Association of Transgender Health (WPATH) guidelines
- Therapy and psychiatry
- Support letters for surgery

BH letter requirements

- The patient's general identifying characteristics and information
- The BH clinician's experience with treating TG patients
- The duration of the BH provider's professional relationship with the patient , including the type and duration of evaluation and therapy or counseling to date
- Results of any psychosocial assessment including any diagnoses
- A description of how the criteria for surgery* have been met
- Identify support systems, any progress made in transition socially or medically
- Any BH diagnosis or concerns and how they are being managed
- Contact information for the BH provider and a statement that this provider is available for coordination of care and welcomes a phone call to establish this

*Criteria for GAS include

- Persistent, well-documented Gender Dysphoria as defined by DSM-5
- Capacity to make a fully informed decision and content to treatment
- 18 years of age or older
- If significant medical or BH concerns are present they must be well-controlled
- Documentation of at least 12 months living in the gender role congruent with identity or, if this has not been possible, clear documentation explaining why
- 12 continues months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated)

Specifics re: BH support letter requirements (MassHealth)

Procedure	BH requirements	PCP requirements
Breast augmentation/chest reconstruction	<ul style="list-style-type: none"> BH assessment with diagnosis of gender dysphoria One support letter from BH for procedure 	Letter attesting to medical clearance
Hysterectomy/oophorectomy/orchiectomy/Gender Alignment Surgery	<ul style="list-style-type: none"> BH assessment with diagnosis of gender dysphoria **Two support letters from BH for procedure 	Letter attesting to medical clearance
<p>“Cosmetic” procedures: Tracheal shave, voice modification surgery, body contouring, rhinoplasty, hair transplant, skin resurfacing, mastopexy (breast reshaping)</p>	Not covered	Not covered

2 BH Support Letters

- One from a provider with a long term relationship with the patient who also will continue to follow the patient post-surgery
- Second letter can be “evaluative” only.

But what can I do?
YOU CAN DO A LOT!

Action

- Educate yourself
- Educate others
- Listen
- Treat trans patients the same way you would any other patient- do not single them out →

Ethics

- Autonomy
- Beneficence
- Nonmaleficence
- Fidelity
- Justice

RESILIENCE



REVEL & RIOT

Questions?

