

**Transgender Care:
Increasing Our Cultural Competence**

Kaiser Regional APPs – May 14, 2019
Mark Katz, MD & guests

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Danica Rosten of Virginia to be first openly transgender person elected, seated in a U.S. state house

Vermont gubernatorial election, 2018

	Phil Scott	Christine Hallquist
Party	Republican	Democrat
Popular vote	181,261	113,326
Percentage	55.1%	40.3%
Governor before election	Phil Scott	Second Governor
Phil Scott	Republican	Phil Scott
Republican		Republican

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Gender-Bending in Nature – A Chance to Expand Our Thinking



The bilateral gynandromorph:
Simultaneously male and female

The seahorse:
Males, not females, give birth!



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The Legality of Gender Change

■ Legally possible ■ Legal-regularly or with difficulty ■ Impossible or to be determined



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Why Now?

- Think about the past decade
- Increasing transgender consciousness
- The regulatory imperative
- The business imperative
- **The right thing to do**

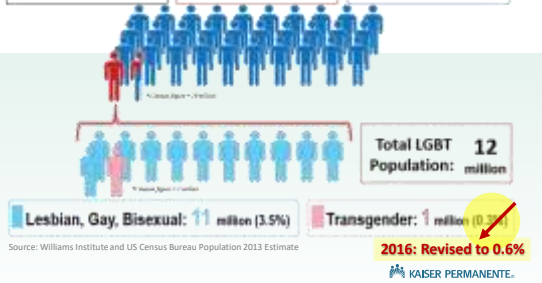


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Estimated LGBT Adults in the United States

Total US Population: 316 million
LGBT: 12 million (3.8%)
Non-LGBT: 304 million (96.2%)



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Transgender U.S. High School Students *(Johns et al, 2019, courtesy of The Trevor Project)*

- 1.8% of youth identify as transgender
 - Twice the amount of previously researched data



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Humbly put

CORPORATE EQUALITY INDEX 2016
Raising American Workplaces on Lesbian, Gay, Bisexual and Transgender Equality

90. **HEALTH LEADERS IN HEALTHCARE EQUALITY**

91. **Protege: Additional Best Practices Checklist**

92. **3.500+ Health System and Employer**

93. **Transgender Patient Care and Support**

94. **Health System Services**

95. **Medical Decision Making**

96. **Employee and Resident LGBTQ Issues**

97. **Community Engagement**

98. **Health Systems Leading the Way**

99. **Health System**

100. **Health System Health Equity**

101. **Health System**

...we're doing a great job!

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Kaiser Permanente Policies & Guidelines

Non-discrimination policy and practice

- Kaiser Permanente Principles of Responsibility (Section 7) says: “We believe that all our physicians and employees have a right to receive fair and just treatment and that we all have the responsibility to treat one another respectfully.”
- Equal Employment Opportunity and Affirmative Action (NATL.HR.003)
- Equal Employment Opportunity Internal Complaint Procedure (NATL.HR.004)
- Commitment to a Harassment-Free Work Environment (NATL.HR.005)
- Corrective/Disciplinary Action (NATL.HR.014)

Guidelines about transitioning in the workplace

Patient’s Visitation Policy

Patient’s Rights

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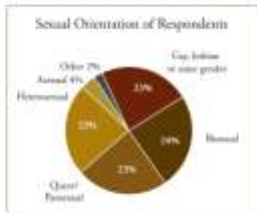
Understanding Our Transgender Members



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- **Sexual Orientation** - How one identifies their physical and emotional attraction to others. 3 components: attraction, behavior, identity.
 - Being transgender is not the same as being gay.
 - Transgender people can be of any sexual orientation.

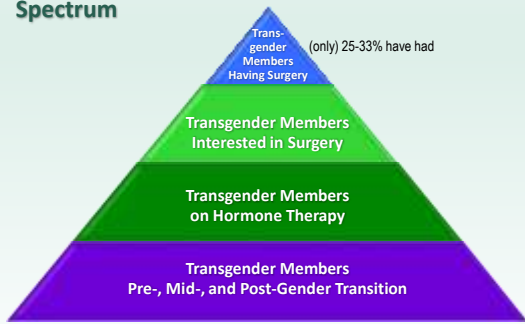


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Grant et al. (2011). Inclusive at Every Turn.
http://www.transgenderequality.org/files/Inclusive_at_Every_Turn_July.pdf
 Grant et al. (2014). http://transgenderequality.org/FILES/NTF%20Report%20Health_Final.pdf

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Transgender Care Spectrum



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The Standards of Care: World Professional Association for Transgender Health (WPATH)



- **WPATH sets the standard for diagnosis and appropriate requirements to qualify for treatment such as hormones or other services.**
- **WPATH also offers guidelines that the general public can access on line – we are on version 7.**

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The Transgender Journey: 1

- **Awareness / Thoughts / Feelings**
- **Mental Health**
 - Establishes diagnosis of gender dysphoria
 - Evaluates for severe depression, suicidality, psychosis substance abuse
 - Affirms presence of the social support and life circumstances for successful recovery
- **Endocrinology – Hormones**
 - Informed consent required, changes may be irreversible

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The Transgender Journey: 2

For Transgender Men:

- “Top” Surgery (mastectomy)
- TAH/BSO (total abdominal hysterectomy/bilateral salpingo-oophorectomy)
- “Bottom” Gender-Confirming Surgery (phalloplasty or metoidioplasty)

For Transgender Women:

- Electrolysis (contracted with outside providers)
- “Bottom” Gender-Confirming Surgery (vaginoplasty/labiaplasty + orchiectomy)
- Breast augmentation
- Tracheal shave (LAMC, Fontana, San Diego - anyone can refer to HNS)
- Facial feminization (per reconstructive surgery statute)

KP SCAL's Transgender Journey: *Then*

- **Benefits existed for mental health, hormones, post-op care**
- **Few had benefits for surgery prior to 2013**
Most/all members had surgical benefits in 2013
- **What else has happened?**
 - LAMC: Center of Excellence for LGBT Health Care
 - Regional RN Transgender Coordinators (housed at LAMC -> WLA)
 - Regional Diversity Committee – champions at each medical center
 - Transgender-aware/friendly providers at every medical center
 - Utilization Management (UM) Committee – to approve surgery
 - Regional/National LGBT Symposia – 2013, 2014, 2016, 2018 (10/19)

KP SCAL's Transgender Journey: *Now*

- **All medical centers retain primary care, mental health, endo, ob-gyn, late post-op services for TG**
- **Only West LA performs the gender-affirming surgery**
 - Nurse Coordinators (Ruben Celiz, Karen Hawkins, Susan Wong-Boucher, Bernie Duran)
 - Physician Assistant – Kayla McLaughlin
 - UM Review Team (Drs. Holly Kim, Mark Katz, Kimi Petrick)
 - Plastic Surgery (Melissa Poh, MD) + Urology (Polina Reyblat, MD, Amanda Chi, MD)
 - Mental health specialist (Joey Shanley, LCSW)
- **8-hour surgery; 6-day hospital stay on Med-Surg unit**
- **All vaginoplasties and phalloplasties have been internalized!**

Regional Transgender Surgery Program

In 2017, across the region we performed

- 260 mastectomies
- 92 hysterectomies
- 21 vaginoplasties (WLA)
- 3 facial feminization surgeries
- 3 breast augmentations

In 2018, we performed:

- 32 vaginoplasties (WLA)
- 13 phalloplasty surgeries (WLA)
- 35 facial feminization surgeries (WLA, WH, DO, SD)
- 3-7 breast augmentation surgeries

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WLA Transgender Surgery Program

- Surgeons: Dr Melissa Poh, Dr Amanda Chi, Dr Polina Reyblat
- PA: Kayla McLaughlin
- RN Case Coordinator: Ruben Celiz
- Program Manager –Psych: Joey Shanley
- Hospital Care: 2A



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Preferred Name 1



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Preferred Name 2



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“SOGI” = Sexual Orientation & Gender Identity



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Improving Our Culture & Care: Attitude



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Front Line Staff – Customer Service

Best Practices	Examples	Customer service Principle
Avoid specific gender markers	"How may I help you today?"	RESPONSIVENESS
Politely ask if you are unsure about a patient's preferred name or pronoun	"I would like to be respectful—how would you like to be addressed?" or "What name and pronoun would you like me to use?"	OPEN-MINDEDNESS
Ask respectfully about names	"Could your chart be under another name?" Avoid: "What is your legal name? What is your real name?"	COMMUNICATION
Did you goof? Politely apologize	"I apologize for using the wrong pronoun. I did not mean to disrespect you."	ACCOUNTABILITY
Gender neutral language	Use "they" instead of "he" or "she".	RELIABILITY
Only ask information that is required	Ask yourself: What do I want to know? What do I need to know? How can I ask in a sensitive way?	RESPECT

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Key Points in Transgender Care



- "Someone is the gender they say they are and when they say they are it" regardless of the transition process.
- Every transition is different and may or may not involve gender-affirming surgery. Most have at least one medical treatment and that is hormone therapy.

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"Get" the Importance of Pronouns...

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Transgender and Gender Nonconforming in Emergency Departments: A Qualitative Report of Patient Experiences

Robert Dwyer-Douglas, Megan Arntson, Carl Henratty, Wendy Brown-Thousand, Lauren Gray, Mary Ellen Fugman, PhD, Kate S. Stinson

Published Online: 1 Feb 2017 | DOI: 10.1016/j.trng.2016.09.004

Abstract View Article Tools Share

Abstract

Background: Individuals who have a transgender or gender nonconforming (TG/GNC) experience facing a marginalized segment of the U.S. population and disadvantaged due to barriers to healthcare through emergency departments (EDs) traditionally termed as health care "safety nets" for vulnerable populations. Qualitative studies outside the United States have found that TG/GNC experiences are viewed as more negative than positive. This qualitative study primarily describes the ED experiences of people with a TG/GNC history. Furthermore, the study explores reasons why this population avoids EDs and their recommendations for improvements to ED care.

Methods: This qualitative study used data about TG/GNC-related personal experiences in a U.S. EDs from retrospective interviews, written surveys (paper or web based), follow-up interviews took place from June 2013 through December 2014. Participant responses (n=246) were analyzed using thematic analysis.

Results: Using a framework that recognized positive and negative responses, the themes of Staff Ability and Power

5 commonest reasons why TG/GNC persons do not use the emergency department

- Providers poorly education in TG/GNC issues (40%)
- Medical facilities unable to provide accommodations for TG/GNC patients (42.9%)
- Past witnessing of medical personnel gossiping, laughing, telling jokes about them (45.7%)
- Fear of being outed, misgendered, or suffering discrimination (60%)
- Past experience of staff refusal to use preferred pronouns (62.9%)

Improving our Culture & Care: A Transgender Inclusive Environment

- Tell your staff you had this training!
- Have trans-friendly materials/posters around the medical center/clinic!
- Educate yourself
 - Go to movies, watch TV, read!
- Manage up Kaiser's commitment to outstanding transgender care!
- Talk about TG with others!
- Await all of our bathrooms to look like this one!



KP S Cal – Where We Are At!

- **Regional Transgender Coordinator – Holly Kim MD**
- **Database**
 - N > 6000
- **Research**
- **Increased services**
 - More surgeons for gender-affirming surgery
 - Facial feminization
 - Pediatrics



Conclusions

- **Transgender members have had many psychosocial stresses – Our presence can make a difference!**
- **Transgender surgery greatly improves lives**
(Murad et al, J Clin Endocrinology, 2010 – meta-analysis of N=1833)
 - 80% had significant improvement in gender dysphoria
 - 78% had significant improvement in overall psychological symptoms
 - 80% reported improved quality of life
 - 72% reported improved sexual functioning
- **Respect! Ask! Affirm! Apologize (when necessary)!**
- **Don't underestimate the power of using correct pronouns and modes of address**
- **Thank you!**