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Framework for Clinical and Non-Clinical Best Practices for Care for Transgender Individuals

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By

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A doctoral project submitted to the faculty of the Medical University of South Carolina
in partial fulfillment of the requirements for the degree
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BY

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Abstract of Doctoral Project Presented to the
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This framework studies the gap in healthcare transgender individuals experience and aims to provide competent clinical and non-clinical best practices for care within a clinical setting. The literature indicates the challenges transgender individuals face when accessing appropriate care. Amid the current political climate and rise of anti-transgender healthcare bills, clinical settings need to be inclusive of gender diverse communication and language to ensure equitable care. Therefore, this framework addresses the clinical and administrative gaps that exist through the development of two case scenarios. Furthermore, the case scenarios indicate the need for core competencies within a clinical setting. The framework recommends core competencies and provides a clinical discussion design to establish an appropriate and equitable medical visit. Nonetheless, this framework can serve as a reference that can be used for all vulnerable populations to address their specific healthcare needs.

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1 CHAPTER I INTRODUCTION

1.1 Background and Need

Improving access to health care results in increased health care visits, decreased urgent and emergency care visits, decreased inpatient admissions, decreased surgeries, and lower costs (Glass, et al., 2017; Shi, 2012). Research confirms that transgender patients experience discrimination throughout their lives, which is especially true when accessing the health care system (Bradford et al., 2013; Safer et al., 2016a). However, the shift in cultural attitudes and legislation has increased the focus on the healthcare needs of transgender patients (Rossman et al., 2018). Poor competence in transgender medicine prevents transgender patients from accessing necessary health care services. Safer et al. (2016a) identified that the most significant barrier reported by transgender individuals is a lack of knowledgeable providers. Feldman et al. (2021) examined the differences in health care access and outcomes between transgender individuals and a cisgender sample utilizing the TransPop survey, the first US transgender population health survey. They found that only half of the transgender individuals reported having a transgender-related health care (TRHC) provider. Of those, only 67.3% felt that their TRHC provider had the knowledge necessary to provide complete and comprehensive care (Feldman et al., 2021). Further, several studies have shown that transgender treatment is neglected in conventional medical curricula, and too few physicians have the requisite knowledge and comfort level to treat transgender patients (Haymer et al., 2014; Rowan et al., 2019; Sherman et al., 2014).

Current literature focuses on the perception of transgender patients, with very few studies from the provider's point of view (Redfern & Sinclair, 2014; Safer et al., 2016a).

Additionally, medical programs in the United States do not adequately prepare providers to be inclusive and welcoming to people in the transgender community (Redfern & Sinclair, 2014). Healthcare providers with low health competency believe that identity and orientation are not related to health concerns or outcomes (Rossman et al., 2018). Post-educational training in cultural competency is critical to resolving the communication gap between health providers and transgender patients (Safer et al., 2016b).

1.2 Political Environment

According to the transgender legislation tracker, the number of anti-trans bills considered across the U.S. has broken records for four consecutive years. In 2023, the number of healthcare bills increased five-fold, and they continue to be introduced in 2024. In 2024, 527 bills are being tracked and that number is anticipated to grow. Oklahoma, Missouri, South Carolina, West Virginia, Iowa, Tennessee, and Mississippi are the states that have the greatest number of anti-trans bills under consideration. Bills that are seeking to deny gender-affirming care, medical care that is supported by every major medical association, has surged in recent years. The political climate and legal environment in the US have continuously shown minimal support to transgender individuals which impacts their ability to access appropriate and equitable healthcare (Transgender Legislative Tracker, 2024).

1.3 Healthcare Barriers

Transgender individuals experience multiple challenges accessing quality healthcare, endure systemic discrimination, and generally have poorer outcomes than other minority groups (Gonzalez & Henning-Smith, 2017). Many transgender individuals may avoid seeking care out of fear. Providers and medical facilities must increase competency in using the correct gender

pronouns, discussing medical problems without stigmatization, and be generally aware of the disparities experienced by the transgender population and their social determinants of health (Safer et al., 2016a). Further, there is a lack of funding to research the disparities in the transgender population (Wanta & Unger, 2017).

1.4 Unsupportive healthcare environment

The literature that we reviewed combined with anecdotal evidence from gender diverse people indicates that clinicians have difficulty in assuring that their transgender patients are experiencing the medical clinic as a supportive environment. Many primary care settings are not set up to address the specific health needs of transgender and gender diverse patients. They tend to lack acceptable sensitivity, dignity and respect when interacting with transgender patients. Many primary care settings have clinicians who are poorly educated or biased about gender diversity which can perpetuate transphobia and avoidance of health care for transgender patients. Educational efforts increase gender diverse competency for clinicians and support staff. Allowing for improved clinician and support staff awareness of barriers experienced by transgender people can lead to more supportive healthcare environments.

1.5 Minimal support for clinicians to improve transgender patient experience

There is little support available to help clinicians shape the clinical environment to better support their transgender patients. Therefore, this structural framework will provide guidance for self-assessment and improvement of healthcare teams. Staff development for both clinical and support staff is a well-recognized and effective tool for quality improvement in a medical setting. This type of education is inexpensive and helps improve staff engagement in changing clinic norms and culture. Thus, we suggest that this approach will be able to assist and support clinicians as a tool for their staff in improving the clinic environment for transgender

patients. Topics of importance include proper pronoun usage, discussing medical problems utilizing neutral, non-stigmatizing language and exhibiting awareness of the disparities experienced by the population and their social determinants of health. This project provides two case scenarios and a discussion guide to assist primary care teams in developing best practices to improve the care experience for transgender patients. The Value Statement below has informed our case development.

Clinical Value Statement to Guide Design

As clinical and non-clinical healthcare leaders in the delivery of healthcare in America, it is our goal to be proficient and knowledgeable in treating gender and sexually diverse patients. Leading with the inclusiveness of LGBTQIA+ health care competency will increase access to equitable and appropriate health care.

2 CHAPTER II SCOPING LITERATURE REVIEW

2.1 Scoping

In this framework, a comprehensive search was conducted utilizing various search engines and academic libraries, including the Medical University of South Carolina online library, PubMed, Google Scholar, and Hofstra University Library. The search terms utilized were as follows “transgender health,” “gender diverse,” “lgbtq healthcare,” and “transgender best practice.” Following the initial search, a total of 13 articles were identified that met the specified inclusion criteria. All 13 articles were selected for an in-depth analysis and review, creating the foundation and informing the analysis and discussion forthcoming.

2.2 Literature Review

Queer, Transgender and Non-Binary individuals struggle with accessing appropriate healthcare due to stigma and isolation. Individuals who identify as lesbian, gay, bisexual, and transgender continue to encounter stigma, bias, and discriminatory experiences in their daily lives as well as when they go to the doctor. Transgender and non-binary individuals have reported high levels of discrimination in medical care. These include insurance denials or exclusions for gender affirming care such as surgery and hormones, harassment by care providers such as being called the wrong name or addressed as the wrong gender, being outed by medical practices by indicating the patients gender identity and/or orientation, misdiagnoses or non-recognition of health conditions and receiving dehumanizing treatment through unnecessary questioning, probing, or exhibiting of their bodies (Kirkland, 2021). Experiences of discrimination drive transgender people from care (Glick et al., 2018). Concern over the health consequences of these experiences has driven policy change, most notably the transgender

inclusive interpretation of Section 1557 of the Affordable Care Act, the anti-discrimination clause of the health care law that prohibits discrimination based on sex (Kirkland, 2021).

Transgender individuals, whose gender differs from their sex assigned at birth, experience significant health disparities (Feldman, et al., 2021). Transgender people present across a gender spectrum, including transgender men, transgender women, and nonbinary people. Currently, inequities have been identified in accessing health care, general mental and physical health, and a variety of other health conditions for transgender individuals (Feldman, et al., 2021). The 2022 US Transgender Survey (USTS), the largest nonprobability study of transgender adults to date, utilized a two-step method to identify transgender participants: self-identified gender and sex assigned at birth. The USTS sample was national and consistent with the distribution of the US general population. Results showed that transgender people experience significant difficulties with insurance, cost of care, and overall health (Feldman, et al., 2021). TransPop, a first of its kind U.S. transgender population health survey results confirmed important health access disparities for transgender people. Despite high rates of insurance, transgender people experience a clear disparity in accessing health care due to cost, suggesting economic barriers to care beyond insurance (Feldman, et al., 2021). TransPop is a great example of how transgender individuals experience delays in care due to cost. Similar findings of cost-related barriers to care among sexual and racial/ethnic minorities were confirmed (Feldman, et al., 2021). Even among those with health insurance, financial barriers, such as co-pays, deductibles, transportation, or unpaid time off work, limit access due to lack of socioeconomic resources. Transgender people of color and transgender people who are also sexual minorities are likely to experience greater barriers to health access due to the intersection of multiple marginalized identities (Feldman, et al., 2021). In addition, access to gender affirming care plays

a significant role in health for many transgender people. These medical interventions may not be covered by insurance, compounding cost-related delay of care (Feldman, et al., 2021).

Furthermore, the current shift in cultural attitudes and legislation has increased focus on the healthcare needs of the transgender community. However, much remains to be done to provide equitable and accessible healthcare to this community. Largely, healthcare providers address health from a cis hetero-normative perspective, which prevents gender diverse patients from having transparent bilateral conversations when discussing issues or concerns related to their health. Healthcare providers with low gender affirmation health competency believe that identity and orientation are not related to health concerns or outcomes (Rossman et al., 2018).

According to the 2022 US Transgender Survey, the prevalence of HIV infection among transgender and GNC adults (1.4%) was 5 times the HIV infection prevalence in the general population (0.3%) due to inaccessibility to appropriate healthcare. Meanwhile, 40% of transgender adults had attempted suicide at some point in their lives, compared with 4.6% of the general population (Gonzales & Henning-Smith, 2016). Given the current political climate, there is very little population-based research which has examined health and access to care among transgender populations. Nonetheless, the 2014-2015 Behavioral Risk Factor Surveillance System was utilized to estimate an accurate number of individuals which experience barriers to care (Gonzales & Henning-Smith, 2016). Vital concern over the health consequences of these experiences has driven policy change, most notably the transgender inclusive interpretation of Section 1557 of the Affordable Care Act, the anti-discrimination clause of the health care law that prohibits discrimination based on sex (Feldman, 2021).

As healthcare leaders in the delivery of healthcare, it is vital to be aware of the political climate and legal environment in the United States over the last few years which has created

increased hostility towards transgender individuals. Due to the criminalization of receiving and providing gender affirming care, transgender individuals are facing even higher barriers to accessing medical and mental care.

To provide high quality medical care, healthcare providers must understand the social ramifications of openly existing as a transgender person. Transgender people experience disproportionately high rates of harassment and violence (Doan, 2010) which can have a traumatic impact on them and cause them to avoid or feel reluctant to pursue healthcare, particularly healthcare involving physical examinations (Grant, et al., 2010). Therefore, the need for best practices for gender affirming care is critical to providing equitable and appropriate healthcare. Transgender patients must be made to feel comfortable when undergoing examinations to ensure that they will access the necessary health screenings. Changing practices to increase patients' comfort may require altering the way in which one has "always done things," but small changes can play an important role to the larger picture (Vermeir, et al., 2018). Consider Table 2.1 below. The table speaks to the background and need addressed throughout the case study. Structural, interpersonal, and individual forms of stigma are highly prevalent among transgender people and have been linked to adverse health outcomes including depression, anxiety, suicidality, substance abuse, and HIV.

Transgender individuals experience several kinds of barriers to healthcare including negative interactions with healthcare providers. Healthcare providers often lack the cultural competence necessary to provide appropriate healthcare for transgender patients which is likely a consequence, at least in part, of the little to no education that many healthcare providers receive on trans identity and health (Beagan, et al., 2015; Moll, et al., 2014). There have been noteworthy critiques of the term "cultural competence," including that it is impossible to become

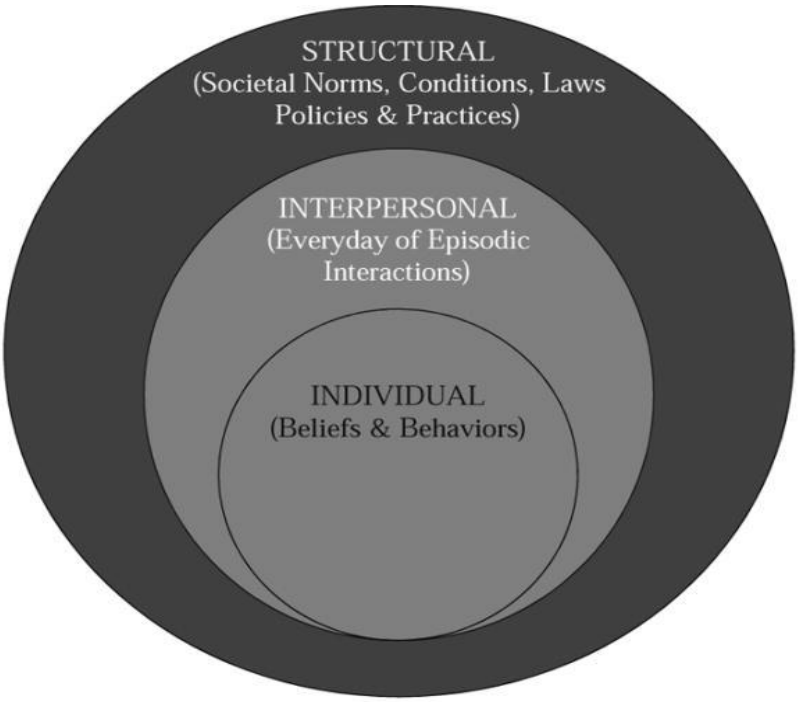
competent in an experience that one has not actually lived (ex: the experience of being a trans person). However, there are components of cultural competence that are critical to providing informed and compassionate healthcare to members of diverse populations. Such components include having a sensitive understanding of how gender identity influences interactions with the healthcare system, as well as acknowledging the pervasive power differentials that exist between healthcare providers and patients, especially those from marginalized groups. These fundamental components of cultural competence should be encouraged in the delivery of healthcare and supported through appropriate interventions. Core competencies and recommendations will contribute to the reduction and/or elimination of some of the barriers experienced by the transgender community. In 2024, anti-trans bills continue to be introduced across the country and 11 bills have already passed. Of those, 4 have been signed into law and 7 others have yet to be vetoed or signed. Amid the current political climate and with the passage of these bills, we are seeing a lot more individuals identify as transgender and live out and proud. The growth in the number of individuals reporting a transgender identity underscores the increased need for healthcare providers to have the appropriate knowledge, attitudes, and behaviors when interacting with transgender patients (Vermeir, et al., 2018).

As healthcare providers and professionals, it is our goal to lead in the creation and implementation of a robust healthcare system, through various strategic techniques, that considers all populations being served at the national level, more specifically, those in the transgender community. It is also our duty to advocate for those in healthcare that may not have the tools and resources necessary to do so on their own. A better understanding of the barriers to care within organizations may help bridge the gap to allow for more comprehensive standards of care for the gender diverse population. Academic medical centers in the United States should

lead the way in reducing healthcare disparities. Healthcare organizations can better serve transgender patients by establishing uniform policies and processes for caring for marginalized communities, including the transgender population.

Changing attitudes and behaviors does not happen easily or in a straightforward way which is why the ongoing education and support is vital to move the needle forward in the right direction. The framework aims to suggest that although it is imperative for individual healthcare providers to take the initiative to improve their interactions with trans patients, it is equally necessary for educational institutions and healthcare organizations to encourage better interactions and actively promote the cultural competence of healthcare providers (Vermeir, et al., 2018).

Figure and Table Summary of Key Factors Impacting Transgender Individuals:



Structural

Types of Stigma

- Gender conformity to natal sex norms
- Stigmatizing policies and enforcement practices
- Lack of provider training and education
- Healthcare access barriers
- Economic inequality
- Gender inequality

Interventions

- Non-discrimination policies
- Access to care policies
- Transgender health content in medical school curricula

Interpersonal

Types of Stigma

- Healthcare discrimination
- Workplace discrimination
- Family rejection
- Hate crimes
- Sexual assault
- Physical assault

Interventions

- Family/partner support groups
- Healthcare provider trainings
- Intergroup contact

Individual

Types of Stigma

- Concealment of stigma
- Avoidance of stigma
- Internalization of stigma

Interventions

- Counseling/therapy
- Self-affirmation
- Transgender support groups
- Collective activism

Table 2.1 – Source -Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions.

3 CHAPTER III METHODOLOGY

The objective of this project is to use the current literature to identify and distill critical components that form the most important dimensions of a clinical environment that is supportive of transgender individuals. By using the literature and clinical experience, two case scenarios have been developed that may be useful for clinical staff who seek to improve the process and culture to meet the needs of transgender patients. Lastly, a brief checklist is developed to utilize for diagnosing areas for improvements in clinic process, structure, and culture.

Aim 1: Identify and distill critical components that form the most important dimensions of a clinical environment that is supportive of transgender people

Aim 2: Develop 2 clinical scenarios that may be useful for clinicians who seek to improve clinic process and clinical practice to meet the needs of transgender patients

Aim 3: Develop and test a discussion guide to use for diagnosing areas of improvements in clinic process and culture

Process for Developing and Validating Scenarios

1. First author describes the process of care for an exemplar patient and use examples from the literature and individual clinical experiences to inject examples of issues that do not reflect competency
2. Second clinician edits the case scenario
3. Clinicians meet and discuss how to reach consensus on how best to communicate the issues
4. Non-clinical expert review for readability and comprehension

5. First author edits and revise
6. Present final scenario to volunteer clinical staff for critique and suggestions, revise if needed

Additionally, the framework aims to review the literature and make note of key points as well as assess key points across data sources. These key points are formulated into a structural framework. To address the gaps in transgender care, five factors are assessed and structured within the framework to curate a more effective care process. The five factors are as follows: scheduling, reception/rooming, clinical history, examination, and documentation.

To provide a framework for team discussion of the challenges transgender individuals face when accessing their healthcare, two unique case scenarios have been developed which are respective to a specific gender identity within the results section below.

The following process was used in the development and validation of the case scenarios and the discussion guide.

4 CHAPTER IV RESULTS

The following two case scenarios encompass key factors for consideration in all clinical/non-clinical interactions to ensure appropriate care for transgender patients. To curate in-depth scenarios, the five factors addressed above are incorporated for a well-rounded care process for the transgender community.

4.1 Oliver (he/him) Case Scenario

Background

Oliver is a 35-year-old transgender man who presents for routine gynecological care. Oliver notices that the waiting room within the medical practice is mainly focused on women's healthcare. Prior to checking in, the front desk staff inquire if Oliver is in the correct medical office as he is male presenting and not female. During the check in process at the front desk, Oliver observes that he is the only male presenting patient in the waiting room. As Oliver fills out his registration and HIPAA forms, he struggles with whether he should use his preferred name vs. legal name. He opts to use his legal name because there are no fields to indicate preferred name and pronouns. Once filled out and handed to the front desk staff, Oliver waits to be called by the Medical Office Assistant to be brought back into the exam room for his visit.

Rooming

The Medical Assistant is surprised when Oliver stands up after his legal name is called in the waiting room to be brought into the exam room.

Medical History

Oliver has been on intramuscular testosterone for more than 5 years and has undergone chest masculinization surgery. He is sexually active with his wife only. He is a social drinker, does not use tobacco, and has no chronic medical conditions. He has never had testing for

sexually transmitted infections or a pelvic exam. He has heard that he does not need to have cervical cancer screening because he has never had receptive vaginal sex with a penis. He has not received the human papillomavirus (HPV) vaccine.

Clinical Issues

During his visit with the provider, Oliver is informed that anyone with a cervix is at potential risk for cervical cancer regardless of the type of sexual contact. Oliver and his provider discuss options on how the pelvic exam will be conducted. Due to the high prevalence of trauma within transgender patients, trauma informed care is best suited.

Team Discussion Questions:

Q1: Did you identify any issues in your part of the care process that may have made Oliver feel uncomfortable in our clinic?

Q2: Any suggestions for how we as a team could improve on the issues discussed in Q1?

4.2 Dime (she/her) Case Scenario

Background

Dime is a 55-year-old transgender woman who attends her first primary care appointment as a transgender woman. Dime came out as transgender later in her life causing her to experience isolation as she has no family support. Dime notices that patients in the waiting room tend to keep staring at her as she is about to check-in, creating a sense of discomfort and insecurity. At check-in, Dime is greeted and welcomed by the front desk staff and handed her registration and HIPAA forms. Dime notices that her legal name is on the paperwork, and she quickly crosses out her legal name and replaces it with her preferred name as there was no option for preferred name.

Rooming

Once the paperwork is completed, Dime hands it to the front desk and is escorted by the Medical Office Assistant for vitals. Due to the high volume of patients, the front desk doesn't notice that the legal name has been crossed out, and they proceed to scan in the paperwork into the patients' chart. When processing the insurance, the front desk proceeds to obtain eligibility and verification using the preferred name and date of birth. The system proceeds to indicate that the insurance is inactive.

Clinical Issues

Subsequently, Dime is in the examination room and is inquiring about gender-affirming hormone therapy and undergoing vaginoplasty and breast augmentation surgery. The provider seems to disregard Dime's inquiries and proceeds to only do the physical examination. Given Dime's age and anatomy she needs to have a prostate cancer screening but is not willing to do so as it is triggering to her gender dysphoria. Dime becomes upset when the provider pressures her to undergo prostate cancer screening and abruptly leaves the encounter. This causes her to feel

like her primary concern was not addressed, and she loses hope that she will be able to start hormone therapy to alleviate her gender dysphoria. Due to this encounter, she is subsequently lost to follow-up care. Additionally, due to oversight in submitting the insurance claim under Dime's chosen name, she receives a large self-pay bill which further solidifies her decision to avoid further medical care.

Team Discussion Questions:

Q1: Did you identify any issues in your part of the care process that may have made Dime feel uncomfortable in our clinic?

Q2: Any suggestion for how we as a team could improve on the issues discussed in Q1?

4.3 Core Competencies & Discussion Guide

1. Create a welcoming and safe environment:

Does the practice respect the patient's identity and foster affirming communication by inquiring about chosen name and appropriate pronouns during check-in and then using them throughout the office visit and thereafter?

2. Appropriate use of gender identity and administrative gender:

Does practice staff successfully collect and share information regarding gender identity for use in patient interactions, while using the appropriate administrative gender for insurance billing purposes to avoid claim rejections and unnecessary patient expenses?

3. Awareness of clinical needs of transgender people:

Does the practice maintain a basic working knowledge of gender affirming care and services and options for referral if unable to provide in-house?

4. Respect for patient autonomy and individual needs:

Does the practice respect patient autonomy by acknowledging that patient and provider priorities may differ due to the unique needs of transgender patients and work to effectively engage patients in care that is both appropriate and affirming?

5. Cultural awareness:

Does the practice recognize and appreciate how discrimination and stigma towards transgender individuals may impact their ability to receive appropriate and equitable healthcare?

5 CHAPTER V DISCUSSION

5.1 Discussion of Results

To see the results implemented within care settings, care coordination teams can lean on performing self-efficacy, which is associated with changes in behavior, thus impacting the patient's medical experience. Healthcare organizations and settings must align with having proper competency for patients with special needs outside of the mainstream. Assumptions cannot be made because every patient comes with different experiences and trauma. Therefore, the framework can be applied to other populations that would benefit from it such as those who are disabled, low vision/blind, deaf, neurodiverse and so on.

This study examined the literature and utilized working experience in a transgender primary care setting to develop case scenarios with respect to a transgender man and transgender woman. Additionally, five core competencies were derived from the case scenarios to address best practices within a primary care setting to care for transgender patients. To determine that each competency was met, a discussion guide was curated for interpersonal communication within the administrative and clinical team for checks and balances. The developed core competencies and discussion guide are a standard for clinicians to use for education and team development within the primary care setting. The delivery of the structured framework is rooted in good team development and communication. These leading questions will assist in guiding the discussion for core competencies to care for transgender patients. The structural framework will provide a manner to bridge gaps amongst clinicians and non-clinicians that lack training in transgender healthcare. The results showcase how transgender cultural competency can be increased as well as improving healthcare provider awareness within the primary care setting. This framework for care for transgender individuals can be mirrored to provide appropriate and equitable care to all diverse vulnerable populations to address their specific healthcare needs.

Through the applicability of case scenarios, the structured framework fits well within the quintuple aim addressing healthcare costs, enhancing the patient experience, improving overall population health, care team well-being and health equity.

6 CHAPTER VI CONCLUSION

The transgender community has a history of mistrusting the healthcare industry and have high stresses of accessing healthcare due to traumatic experiences. Stigma plays a significant role in widespread health inequities amongst the transgender community. Even though we have seen societal acceptance and attitude changes, transgender individuals increasingly experience high rates of adverse health outcomes which are contributed to societal stigma. In 2024, anti-trans bills continue to be introduced across the country impacting accessing to healthcare. Some states are prohibiting physicians from performing gender affirming services and procedures. This structural framework is medically necessary to engage clinical and administrative teams to be educated on proper best practices when providing appropriate and equitable healthcare to the transgender community. This framework addresses the barriers in healthcare and how that has manifested the need for, and importance of proper care being provided to the transgender community. The recommendations for best practices suggested are a supportive tool to promote appropriate and trustworthy care.

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