



Transgender-Gender Health Center of Excellence (COE) Program Guidelinesⁱ

Revised: 09/06/2019

Overview

The Inland Empire Health Plan (IEHP) is dedicated to providing the highest level of care to all its Members, including those who identify themselves as Transgender and Gender Non-Binary within the Inland Empire. An estimated 0.5% of the population of the U.S. identify as Transgender, meaning that their gender identity is different from their assigned sex at birth.ⁱⁱ Both local and national surveys have identified multiple health inequities among Transgender individuals.ⁱⁱⁱ The 2015 U.S. Transgender Survey Report included over 27,000 Transgender respondents throughout the United States.^{iv} Multiple noteworthy disparities were identified, including 23% of respondents who did not see a doctor when they needed to because of fear of being mistreated as a transgender person and 33% having at least one negative experience with a health care provider related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care. Through the establishment of Transgender Centers of Excellence (COEs), IEHP is committed to minimizing the discrimination around Transgender healthcare.

Core Program Elements

Below are best practices that IEHP is looking to include in its Transgender COE program:

1. Care Environment

- a. Ongoing staff trainings specific to care and improving patient experience for patients that identify as transgender or gender non-conforming.
- b. Bathroom policies should either define all bathrooms as gender-neutral, or specifically state that patients may choose either women's or men's restrooms based on their own preference.
- c. Providers should be fluent in basic gender identity terminology.
- d. Gender identity data should be collected and used appropriately (gender identity, assigned sex at birth, chosen name, chosen pronoun).

2. Office Documentation and Terminology

- a. Office documentation should incorporate the proper terminology and definitions for Transgender patients.
- b. Office policies related to Transgender healthcare.

3. Care Team

- a. Physician
- b. Nurse Practitioner or Registered Nurse
- c. Behavioral Health Provider
- d. Care Coordinator
- e. Researcher or research team housed within the COE's organization or a qualified affiliate institution

4. Clinical Practice

- a. Well versed on IEHP’s Utilization Management Subcommittee Guideline: Gender Dysphoria.
- b. Providers receive American Medical Association (AMA)-approved continuing medical education (CME) training related to Transgender healthcare.
- c. Utilize standards of care as defined by organizations including The World Professional Association for Transgender Health (WPATH), University of California, San Francisco (UCSF) Center of Excellence for Transgender health, and the Endocrine Society. Contracted and credentialed IEHP Provider (Primary Care Provider or Specialist) competent in prescribing gender affirming hormone therapy.
- d. Capacity to provide letters to support gender affirming procedures when deemed medically necessary.
- e. Provide coordination of care in obtaining medically necessary procedures and post-operative care.
- f. PCPs and/or affiliated Specialists who provide HIV and Hepatitis C care.
- g. Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) care.
- h. Access to Behavioral Health Providers contracted and credentialed with IEHP and with supervised training and competence in psychotherapy and counseling, knowledge about gender-nonconforming identities/dysphoria, and ongoing continuing education in these areas.
- i. Demonstrated affiliations and formal partnership with community-based organizations and resource centers that serve Members who are transgender or gender-nonconforming.

5. Connections to Affiliated Services

- a. Peer support
- b. Support for family and friends
- c. Voice and communication therapy (including speech-language pathologists, speech therapists, and speech-voice clinicians)
- d. Hair removal
- e. Supplies to manage physical characteristics (including binding, padding, and prostheses)
- f. Name and gender identification changes to legal documents

Program Evaluation

COE sites will be evaluated on cost, utilization, patient outcomes and program engagement.

1. Cost Analysis (IEHP):

- a. Cost & utilization analysis.

2. Utilization Analysis (IEHP):

- a. Emergency Room (ER) and Urgent Care (UC) utilization of the members.

3. Patient Outcomes (COE):

- a. Member Satisfaction Survey.

4. Program Engagement (COE)



- a. Percent of Members that agree to referral to COE.
- b. Percent of Members referred that show for initial visit.
- c. # of missed appointments by Member.
- d. # of Grievances and Appeals

Target Population

The COE target population is any individual who identifies as Transgender, Intersex, Gender Non-Conforming and/or Binary.

References:

ⁱ The IEHP Transgender COE Program Guidelines were developed using the following document: Deutsch, M, **Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People**, UCSF Center of Excellence for Transgender Health, June 17, 2016; <http://www.transhealth.ucsf.edu/trans?page=guidelines-home>

ⁱⁱ Conron KJ, Scott G, Stowell GS, Landers SJ. Transgender Health in Massachusetts: Results From a Household Probability Sample of Adults. *Am J Public Health*. 2012 Jan;102(1):118–22.

ⁱⁱⁱ Riverside University Health System - Public Health. (2017). *Inland Empire Transgender Health and Wellness Profile, 2015*.

^{iv} James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M; The Report of the 2015 U.S. Transgender Survey [Internet]. Available at: <http://www.ustranssurvey.org/report>.