Patient Engagement in Quality Improvement: Raising the Voice of Transgender Patients Experiencing Homelessness

BY MARGOT PRESLEY, DNP, FNP-C, MN-RN, BA 1, EOWYN RIEKE, MD, MPH 2, ANNE HEENAN DNP, FNP-C 3, SEIKO IZUMI, PHD, RN 1

1OREGON HEALTH & SCIENCE UNIVERSITY, SCHOOL OF NURSING, 2CENTRAL CITY CONCERN, OLD TOWN CLINIC, 3KAISER ADDICTION MEDICINE
Project Background

Integrate patient feedback and best-practice recommendations into trans-affirming quality improvement project and contribute to trans healthcare literature base

- Transgender people are disproportionately impacted by SDoH
  - high rates of unemployment, harassment, poverty, discrimination, and homelessness compared to cisgender counterparts

- Despite this overrepresentation of trans people in the homeless population, much of healthcare literature focuses on trans people with relative socioeconomic and racial privileges

- There is a gap in understanding of the unique needs of this subset of trans patients
Setting

- Old Town Clinic
  - Federally qualified health center in Old Town, Portland, OR
  - Housed within Central City Concern (CCC)
    - Offers integrated healthcare and social services
  - Serves 5,000 patients; 44 identified as trans (underestimate)
  - CCC in the midst of an agency-wide quality improvement (QI) initiative to become a trans-affirming organization
  - This qualitative inquiry project is a unique component within a quality improvement initiative that directly engages the patient perspective
Components of Trans Affirming QI Initiative

- SOGI: sexual orientation and gender identity
- HMA: health maintenance activities
- EMR: electronic medical records
- HR: human resources
Methods

- IRB approval and patient protections
- Development of a nine-item semi-structured interview guide, demographics & evaluation
  - Participatory approach, guide developed with input of consumer-led Health Services Advisory Board, OTC trans-serving clinicians, local trans health researchers (OCHIN), literature
- Recruited for 3 months, Dec 15-March 15
  - Snowball and convenience sampling (posters, word of mouth, provider outreach)
  - Eligible participants were 18 years and older, trans identified, patients of OTC
- 10 patients inquired about participation
- 5 individual interviews conducted face-to-face and telephone
  - Digitally recorded and transcribed verbatim
Data Analysis

- Directed Content Analysis Method
- Used pre-identified categories drawn from relevant trans healthcare literature
- Text describing a barrier or facilitator was coded with a category
- Text unable to be coded into one of these categories was coded with a new label that captured the nature of the barrier or facilitator

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paucity of knowledgeable providers</td>
<td>Educated/trained staff and clinicians</td>
</tr>
<tr>
<td>Lack of trust, reluctance to disclose identity</td>
<td>Sexual orientation and gender identity information integrated into electronic health record</td>
</tr>
<tr>
<td>Structural barriers e.g. physical environment, bathroom accessibility</td>
<td>Trans visibility within the organizational culture and clinic setting</td>
</tr>
<tr>
<td>Lack of health insurance</td>
<td>Accessible physical environment</td>
</tr>
<tr>
<td>Inability to afford care</td>
<td></td>
</tr>
</tbody>
</table>

Table: Preidentified coding categories for directed content analysis
Results
Sociodemographic Characteristics

Employment Status

Ever Experienced Homelessness

Education Level

Income

Race

- Diploma/GED
- Some College
- Yes
- No

- <10 k/yr
- <20 k/yr

- Black
- Multi-Racial
- White
Results
Sociodemographic Characteristics

- **Age (yrs)**: 20s, 30s, 40s, 50s
- **Gender Identity**: Trans Woman, Woman, Non-Binary, Man
- **Pt Time at Clinic (yrs)**: 1 to 2, 3 to 5, 6 to 9, >10
- **Hormone Therapy**: Currently Taking
- **Surgical Therapy**: Received, Interested, Not Interested
Results

Facilitators to Care
- Intentional patient panel assignment
- Feeling of “moving forward” in transition
- Patients were insured!
Results

Barriers to Care

- Inconsistent or lack of information re: lifespan health maintenance activities, path toward transition, and post-operative care
- Lack of communication amongst providers within multidisciplinary team
- Unclear regarding Medicaid coverage benefits
- Referrals to non-affirming outside healthcare environments
- Lack of trans community in the clinic setting
Recommendation 1:
Standardize Trans Care Workflows

- Utilize patient care-coordination template to document patients’ transition goals and health maintenance activities
- Formalize communication strategies amongst multidisciplinary trans health providers and offer team approach
- Offer “trans clinic” appointment time option (in unused Urgent Care space)
## Gender Transition and Health Maintenance Template

<table>
<thead>
<tr>
<th><strong>Components of Gender Transition Care Coordination Template</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Age of Social Transition</td>
</tr>
<tr>
<td>Community Connections/Social Support (Names, Contacts, ROIs)</td>
</tr>
<tr>
<td>Mental Health Provider (Name, Contact, ROI signed)</td>
</tr>
<tr>
<td>Goals for medical transition</td>
</tr>
<tr>
<td>Goals for surgical transition</td>
</tr>
<tr>
<td>Fertility Preservation and Options Considerations</td>
</tr>
<tr>
<td>Significant Mental Health Co-Morbidities &amp; Mgmt</td>
</tr>
<tr>
<td>Significant Physical Health Co-Morbidities &amp; Mgmt</td>
</tr>
<tr>
<td>Hormone Prescriber</td>
</tr>
<tr>
<td>Obtained Written Informed Consent</td>
</tr>
<tr>
<td>Date of Hormone Initiation</td>
</tr>
<tr>
<td>Current Hormone and Dose</td>
</tr>
<tr>
<td>Current lab monitoring schedule (Q3, 6, or 12 months)</td>
</tr>
<tr>
<td>Health Maintenance Considerations (eg pap, a1c, DEXA) *ideally linked to anatomy inventory</td>
</tr>
<tr>
<td>2 Letters for surgery (Name and Credentials)</td>
</tr>
<tr>
<td>Referral for Surgery (Date and Location/Surgeon)</td>
</tr>
<tr>
<td>Referral for Hair Removal (Date and Location)</td>
</tr>
<tr>
<td>Mental Health Supports During Hair Removal</td>
</tr>
<tr>
<td>Aftercare Plan for Surgery Post-Op Period</td>
</tr>
</tbody>
</table>
Recommendation 2: Increase Provider Knowledge

Areas of Focus:

- Gender affirming surgery post-operative care (primarily bottom surgeries)
- Health maintenance activities through the lifespan (e.g. hormone sensitive cancer screenings)
- Mental health needs
- Working with the EMR in a trauma-informed way (dx, names, pronouns, referrals)
Recommendation 3: Enhance Trans Community and Environment

- Create patient mentoring opportunities e.g. “big other”
- Develop offerings and creative advertising of trans psycho-education groups with open enrollment
- Distribute patient handouts outlining Medicaid coverage, processes and timelines for medical transition and surgical referrals
- Clearly label all bathrooms
- **Continue to advocate for and role model trans sensitivity in the community**
- **Consider every referral as an opportunity to demonstrate trans affirming care**
Conclusion

- Trans patients experiencing homelessness in Portland, OR demonstrate unique barriers and facilitators to care.
- Lack of insurance versus understanding insurance coverage.
- “Self-management” versus guided care coordination.
- Need for increased support regarding routine primary care health maintenance, post-op care, and mental health.
- Discuss medical chart in a trauma informed and advocate for affirming care when making referrals.
Acknowledgments

Anne Heenan, DNP, FNP (Chair-OHSU)
Seiko Izumi, PhD, RN (Second Chair-OHSU)
Eowyn Rieke, MD, MPH (Mentor-OTC)
Anne Arthur, (Health Literacy Consultant-OTC) and OTC Trans Working Group
MJ Dunne, MA (Research Mentor-OCHIN)
Lewis Raynor, PhD (Research Mentor-OCHIN)
Christina Sun, PhD (Research Mentor-PSU-OHSU)

Questions and Comments?
Contact: Margot.presley@multco.us