



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

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Project Background

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

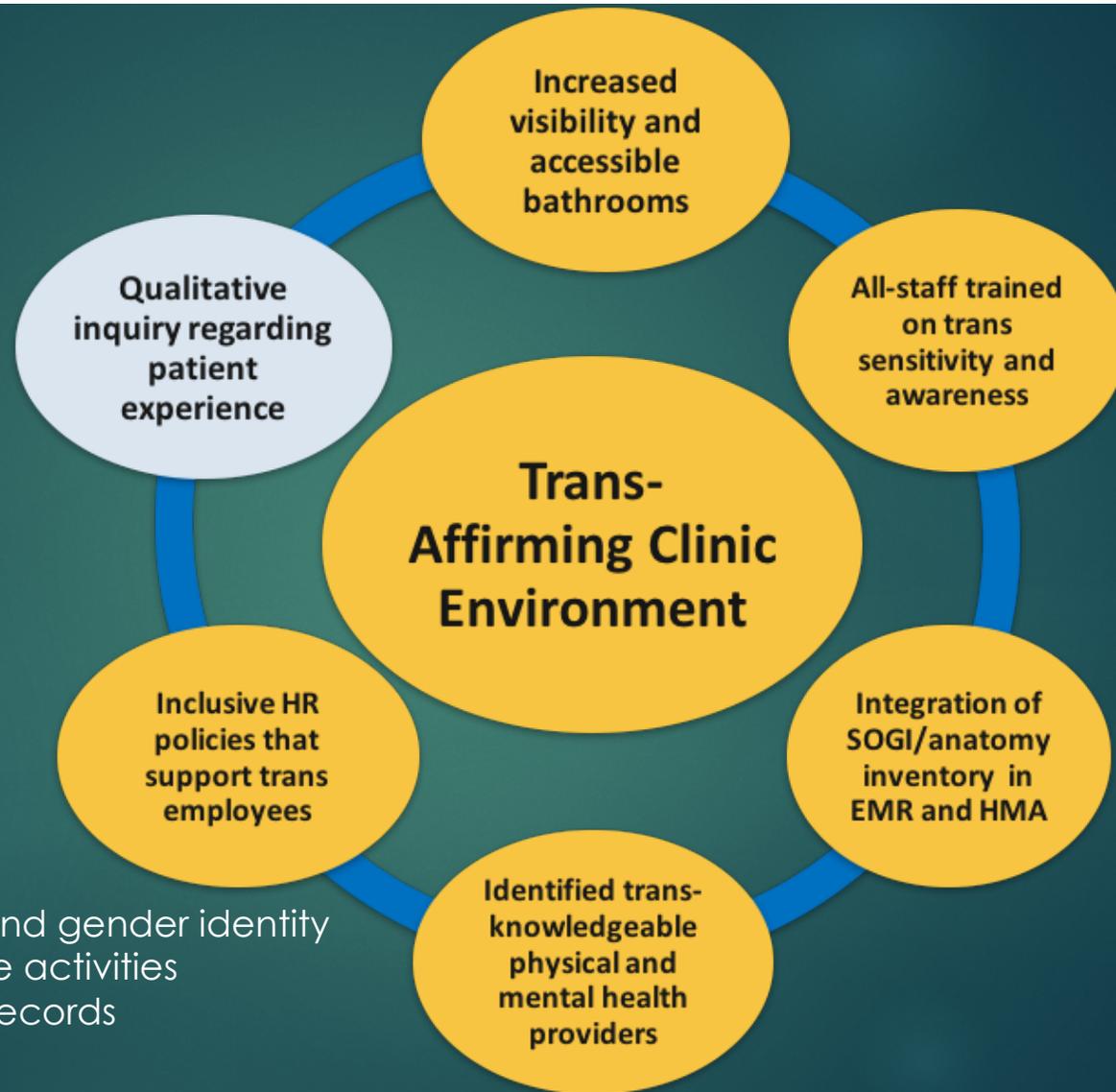
- ▶ **Transgender people are disproportionately impacted by SDoH**
 - ❖ high rates of unemployment, harassment, poverty, discrimination, and homelessness compared to cisgender counterparts
- ▶ Despite this overrepresentation of trans people in the homeless population, much of healthcare literature focuses 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

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

Table: Preidentified coding categories for directed content analysis

Results

Sociodemographic Characteristics

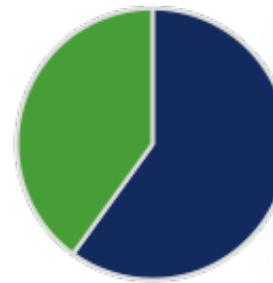


Employment Status



■ Yes ■ No

Ever Experienced Homelessness



■ Yes ■ No

Education Level



■ Diploma/GED ■ Some College

Income



■ <10 k/yr ■ <20 k/yr

Race



■ Black ■ Multi-Racial ■ White

Results

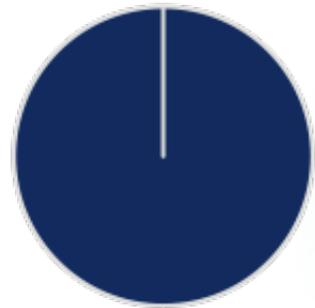
Sociodemographic Characteristics



Age (yrs)



Hormone Therapy



Gender Identity



20s 30s 40s 50s

Pt Time at Clinic (yrs)



1 to 2 3 to 5 6 to 9 >10

Surgical Therapy



Received Not Interested Interested

Trans Woman Woman Non-Binary Man

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

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

Components of Gender Transition Care Coordination Template

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?

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