



Patient Feedback on A Novel Multidisciplinary Model of Adult Transgender Care in Colorado

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Introduction

- 20,850 transgender people live in Colorado¹
- Physicians recognize the need to offer gender-affirming care, but major service gaps still exist^{2,3}
- UCHealth Integrated Transgender Program (UCHITP) was created to improve access. The core team consists of internal medicine, endocrinology, psychiatry, and gynecology
- Specific Aim:** To evaluate our unique model of care, we aimed to obtain the perspectives of all UCHITP patients who had visits within the first year through post-visit phone surveys.

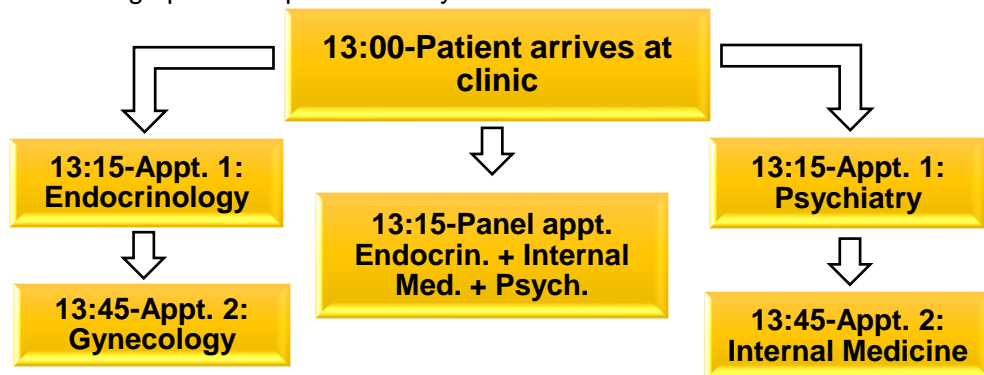


Figure 1. Examples of patient pathways in clinic.

Methods

- IRB exempt phone survey with Likert scale and qualitative questions
- 73 patients seen in the first year were contacted.
- Too few open responses to perform an inductive content analysis. Patient recommendations and concerns were categorized. Fisher Exact test used for demographic comparison.

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Results

N	Sequential Appointments	Panel Appointment	Mixture of seq. & panel appts.
21 pts saw >1 provider	14	4	3
16 pts said a preference	9	4	3

Demographics: 34 participants. Self-identified: transgender male (29%), transgender female (24%), female (26%), male (12%), and non-binary (9%)

Positive Comments:

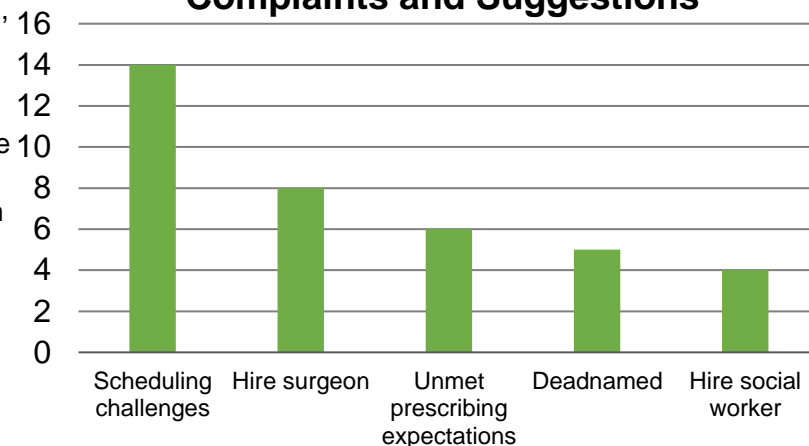
- "I strongly preferred the panel...to go over the range of topics.. and have different doctors chime in with their opinion."
- "I like that the physicians communicate with each other. It feels more efficient for me if it's one at a time. It's less intimidating and scary than seeing them all at once."

Negative Comments:

- Mix of seq. & panel, "...very frustrating... having to repeat things"

Average Satisfaction= 8 (out of 10)

Complaints and Suggestions



Conclusions

An integrated model of delivering services within a single visit received favorable reviews. Streamlining visit times can be helpful for those who have difficulty accessing care, while administrative details remain in need of improvement. In response, we developed patient information handouts, hired a coordinator to improve accessibility, initiated a Community Advisory Board, and expanded our team to cover more needs.

References:

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