

Morgan Wharton, MHA¹, Marie E. Jetté, PhD², Kaila J. Harris, MS^{2,3}, Natalie J. Nokoff, MD, MSCS⁴, Danielle F. Loeb, MD, MPH^{5,6}, Quin Axelson, BA², Mary P. Mancuso, MA⁶, Micol S. Rothman, MD⁷, Rita S. Lee, MD⁶, Sean J. Iwamoto, MD^{7,8}

¹University of Colorado School of Medicine, Aurora, CO, ² Department of Otolaryngology-Head & Neck Surgery, University of Colorado Anschutz Medical Campus, ³Voice and Speech Laboratory, Massachusetts Eye and Ear Infirmary, Boston, MA, ⁴Department of Pediatrics, University of Colorado Anschutz Medical Campus, ⁵Division of General Internal Medicine, Icahn School of Medicine at Mount Sinai, ⁶Division of General Internal Medicine, Department of Medicine, University of Colorado Anschutz Medical Campus, ⁷Division of Endocrinology, Metabolism and Diabetes, Department of Medicine, University of Colorado Anschutz Medical Campus, ⁸Endocrinology Service, Rocky Mountain Regional VA Medical Center

INTRODUCTION

The UHealth Integrated Transgender Program (ITP) was founded in 2017.

Program consists of program coordinators, clinical staff, and health care providers representing internal medicine, endocrinology, obstetrics/gynecology, psychiatry, psychology, plastic surgery, speech, dermatology, infectious diseases, and social work.

Specific Aims (SA):

- 1) Describe which **services** patients accessed
- 2) Assess quality of care team **communication**
- 3) Identify factors contributing to patients **departing** the program
- 4) Determine **opportunities to improve** ITP offerings and operations.

METHODS

Study Design

A self-report survey was designed by the authors with input from a Community Advisory Board to explore individuals' perceptions of their experience as patients of the ITP.

Participants

- Recruited 1,328 individuals through electronic health record messaging.
- Eligible participants were 18+, had visited the ITP with the intent of receiving care at some point since its inception, and had current access to electronic health record messaging.

Survey

- Opened February 10, 2023 and closed May 9, 2023.
 - Conducted in English
 - Adapted validated Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
 - Free text comments
 - Piloted with 6 transgender patients

RESULTS

SA 1: Services Accessed

Complete responses from **295** were received out of **1,328** patients surveyed (**22%**).

The majority of respondents were white (84%).

Patient Reported Utilization of Interdisciplinary Resources within ITP

Department Accessed	% Respondents
Primary Care	66
Hormone Therapy	65
Surgery	54
Mental Health	38
OBGYN	28
Dermatology	18
Social Work	14
Voice Training	14
Infectious Disease	7
Other Services	19
Unsure	7

SA 2. Communication Quality

Top Box Scores "Always", "Yes Definitely," or "Very Satisfied"

% Respondents (range)

Communication Domains	75 (66-88)
Logistics Domains	65 (55-76)

- **Voice training** had the highest % respondents select the top box score for communication (88%) and clinic logistics (76%).
- The highest scored communication domain was "Did your provider explain things in a way that was easy to understand" within **OBGYN** (91% "Always").
- **Urology** earned the highest logistic score for "Did the staff from this provider's office treat you with courtesy and respect?" (91% "Always").

SA 3: Departure Factors

55 respondents (19%) indicated that they no longer utilized ITP services.

The most common reasons were:

- **Geographic barriers** (20%)
- **Issues with scheduling** (20%)

No one reported leaving due to "detransitioning or stopping hormones."

SA 4: Opportunities for Improvement

Patients reported:

- The most dissatisfaction with scheduling
- Wanting more virtual options
- Challenges with waiting for procedures, particularly electrolysis, which has downstream effects of delaying surgeries
- Dissatisfaction with weight loss thresholds for surgery and desire less reliance on body mass index
- Wanting to see more gender diverse providers and staff.

LESSONS LEARNED

Overall, patients reported high degrees of satisfaction with their care teams at ITP and most often cited geographic and scheduling barriers as reasons for leaving.

Action items for our program and similar ones:

- Identify variability between departments and opportunities to streamline scheduling.
- Consider expanding to geographically convenient locations.
- Encourage supportive relationships and diversity among providers and support staff.
- Recruit more gender diverse staff and providers, which can create a more inclusive atmosphere for patients.

ACKNOWLEDGEMENTS

We thank the UHealth ITP patients for participating in the survey and community advisory board members for their feedback during survey development.

CITATIONS

1. James, S. E., et al. (2016). The Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC.
2. Safer, J.D., et al. (2016). Barriers to health care for transgender individuals. *Curr Opin Endocrinol Diabetes Obes.*, 23(2): 168-171. DOI: 10.1097/MED.0000000000000227
3. James, S.E., et al. (2024). Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC.
4. Christian, R., et al. (2018). Measuring the health of an invisible population: Lessons from the Colorado transgender health survey. *Journal of General Internal Medicine*, 33(10): 1654-60. DOI: 10.1007/s11606-018-4450-6
5. Coleman E, et al. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*. 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644