

Title: Exploring Adult Patient Experiences During the First Five Years of the UHealth Integrated Transgender Program

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Statement of Problem/Question

Our project sought to investigate patient utilization and experience at the UHealth Integrated Transgender Program (ITP) by assessing 1) services accessed, 2) communication quality, 3) factors contributing to patients exiting the program, and 4) opportunities for improvement.

Description of Program/Intervention

ITP was founded in 2017 to provide comprehensive, interdisciplinary care to gender diverse adults.

Measures of Success

We surveyed ITP patients aged 18+ years who had access to electronic health record messaging. Surveys sent in English included demographics, adapted validated Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questions, and free text.

## Findings to Date

Complete responses were received from 295 out of 1,328 patients surveyed (22%). Most respondents were white (84%). Patients accessed interdisciplinary services within ITP: primary care (65%), hormone therapy (65%), surgery (54%), mental health (38%), OBGYN (28%), dermatology (18%), social work (14%), voice training (14%), infectious disease (7%), other services (19%).

Overall, seventy-five percent (range 66%-88%) of respondents awarded the top box score of "Always", "Yes Definitely", or "Very Satisfied" across HCAHPS communication domains. Across care logistics domains, 65% (range 55%-76%) of patients awarded the top box score. The highest scored communication domain was "Did your provider explain things in a way that was easy to understand" within OBGYN, where 91% of patients selected "Always." Urology earned the highest logistic score of "Always" (91%) in response to "Did the staff from this provider's office treat you with courtesy and respect?"

Fifty-five respondents (19%) indicated that they no longer utilized ITP services. The most common reasons were geographic barriers (20%) and issues with scheduling (20%). Of note, no one reported leaving due to "detransitioning or stopping hormones."

Patients reported the most dissatisfaction with scheduling. Patients wanted more virtual options and experienced challenges with waiting for procedures, particularly electrolysis, which has downstream effects of delaying surgeries. Several patients expressed dissatisfaction with weight loss thresholds for surgery and desired less reliance on body mass index. Others wanted to see more gender diverse providers and staff.

## Key Lessons for Dissemination

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. For our program and similar offerings, ongoing patient feedback and discussions can identify variability between departments and opportunities to streamline scheduling processes. Encouraging supportive

relationships and diversity among patients, providers, and support staff is essential for positive patient outcomes and experience.

Improvements are needed to ensure that patients can smoothly shift their care to more geographically convenient locations. Reviewing opportunities to increase capacity of services could reduce waitlists and improve patient experience. Additionally, recruiting more gender diverse staff and providers can create a more inclusive atmosphere for patients.

### Learning Objectives

Please provide 2 ACGME-specific Learning Objectives. Each learning objective should reflect one of the six ACGME core competencies.

1. **Patient Care:** Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with and educate patients; share decision-making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
2. **Systems-Based Practice:** Actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.