EVALUATION SUMMARY
Transgender Health: Core Concepts for Primary Care
Cohort 1: 2/4/21 - 2/25/21

SERIES GOAL
To convey the core concepts of gender-affirming care to prescribing primary care providers interested in improving care for transgender and gender non-binary patients.

PARTICIPATION

<table>
<thead>
<tr>
<th>COHORT 1</th>
<th>Approved registrants</th>
<th>111</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participants</td>
<td>90</td>
</tr>
</tbody>
</table>

PROFESSION OF PARTICIPANT

<table>
<thead>
<tr>
<th></th>
<th>COHORT 1 n=89</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical staff or healthcare provider</td>
<td>70%</td>
</tr>
<tr>
<td>Behavioral health provider</td>
<td>12%</td>
</tr>
<tr>
<td>Health outreach, coordination and/or education</td>
<td>3%</td>
</tr>
<tr>
<td>Student</td>
<td>3%</td>
</tr>
<tr>
<td>Administrative staff</td>
<td>1%</td>
</tr>
<tr>
<td>Child welfare</td>
<td>1%</td>
</tr>
<tr>
<td>Doctor of pharmacy</td>
<td>1%</td>
</tr>
<tr>
<td>Public and environmental health</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Excludes one participant who did not provide a profession

CARE SETTING OF PARTICIPANT

<table>
<thead>
<tr>
<th>Professional Setting</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Direct Care Provider</td>
<td>93%</td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td>81%</td>
</tr>
<tr>
<td>Medicaid Provider</td>
<td>81%</td>
</tr>
<tr>
<td>Underserved Population</td>
<td>53%</td>
</tr>
<tr>
<td>FQHC</td>
<td>32%</td>
</tr>
</tbody>
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COUNTY DESIGNATION OF PARTICIPANT

<table>
<thead>
<tr>
<th>County Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>89%</td>
</tr>
<tr>
<td>Rural</td>
<td>9%</td>
</tr>
<tr>
<td>Frontier</td>
<td>2%</td>
</tr>
<tr>
<td># of non-Colorado counties</td>
<td>17</td>
</tr>
</tbody>
</table>

*Excludes non-Colorado participants
As of April 2, 2021, 32 individuals registered for both Transgender Health: Comprehensive Approaches in Primary Care (Comprehensive Approaches) and Transgender Health: Core Concepts for Primary Care (Core Concepts).

- Of the individuals registered for both series, 11 attended only Core Concepts, 20 attended both series, and one attended neither series.
- Participants in both series were 18.9% of the overall Comprehensive Approaches attendees.

Of the 20 individuals who attended both series:

- Five attended Comprehensive Approaches before attending Core Concepts but, as of April 2, 2021, have not attended that series since Core Concepts ended. This group was 4.7% of the overall Comprehensive Approaches attendees.
- Six attended Comprehensive Approaches prior to the start of Core Concepts, attended Core Concepts, and attended Comprehensive Approaches after Core Concepts ended. This group was 5.7% of the overall Comprehensive Approaches attendees.
- Nine attended Comprehensive Approaches only after attending Core Concepts. This group was 8.5% of the overall Comprehensive Approaches attendees.
SATISFACTION WITH SERIES

Total = Agree + Strongly Agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>COHORT 1 n=43</th>
</tr>
</thead>
<tbody>
<tr>
<td>My understanding of the subject matter has improved</td>
<td>98%</td>
</tr>
<tr>
<td>The information was presented in ways I could clearly understand</td>
<td>98%</td>
</tr>
<tr>
<td>I have identified actions I will take to apply information I learned in my work</td>
<td>98%</td>
</tr>
<tr>
<td>I was satisfied with this series overall</td>
<td>98%</td>
</tr>
</tbody>
</table>

Estimate the percentage of patients on your current patient panel who are on Medicaid or uninsured

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>COHORT 1 n=90</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>1-20%</td>
<td>23%</td>
</tr>
<tr>
<td>21-40%</td>
<td>22%</td>
</tr>
<tr>
<td>41-60%</td>
<td>19%</td>
</tr>
<tr>
<td>61-80%</td>
<td>17%</td>
</tr>
<tr>
<td>81-100%</td>
<td>12%</td>
</tr>
</tbody>
</table>
PARTICIPANT COUNTIES - COHORT 1

County Designation
(n=66 participants)
- **Urban**
- **Rural**
- **Frontier**
- **Not represented**

Note: Map excludes 24 non-Colorado based participants.
PARTICIPANT STATES - COHORT 1

- Oregon 1
- Wyoming 5
- Colorado 66
- Kansas 10
- Arizona 3
- New Mexico 1
- Texas 1
- Pennsylvania 1
- Kentucky 1
- Virginia 1
What is your comfort level in providing primary care to cisgender and transgender patients?

There was a significant difference between the comfort level of all respondents (p = .007), all prescribing providers (p = .008), and doctors of medicine/osteopathy (p = .034) in providing primary care to transgender patients before and after participating in Transgender Health: Core Concepts for Primary Care. The comfort level of all groups increased between these points in time.

There was a significant difference between the comfort level of all respondents (p = .026) and all prescribing providers (p = .047) in providing primary care to cisgender patients before and after participating in Transgender Health: Core Concepts for Primary Care. The comfort level of these groups increased between these two points in time. While doctors of medicine and osteopathy did not have a significant increase in providing primary care to cisgender patients between the beginning and end of the series, the lack of any variance in the post series comfort level and the small sample (n=15) may have impacted this analysis.

There was a significant difference between the comfort level of all respondents (p = .002), all prescribing providers (p = .008), and doctors of medicine/osteopathy (p = .026) in providing primary care to cisgender patients and transgender patients before participating in Transgender Health: Core Concepts for Primary Care. There was also a significant difference in the comfort level of all respondents (p < .001), all prescribing providers (p < .001), and doctors of medicine/osteopathy (p = .004) in providing primary care to cisgender patients and transgender patients after participating in the series. The comfort level of all groups was higher for cisgender patients than transgender patients at both points in time.
How we can improve this series to better meet your needs?

Additional recommendations for common complications and pitfalls patients face on gender affirming therapy

Consider having additional time for case studies

Feels like there is so much information to cover. Would love the series to be extended so that learning can be even more enhanced.

I feel this series was directed to medical providers who are also prescribers, I was hoping for some more general information on support of these individuals on an emotional level outside of medications. But it was still excellent information!

I know that it was only a “bootcamp” the expansion of another week should be considered.

I live in central time zone so it was not over my lunch break but otherwise there were no problems with attending.

I really like going over real cases and questions from the experiences of participants, more time for this!

I think given the amount of info, people, and questions it could help if the series was extended.

I think homework exercises (test your knowledge) after each lecture would be cool, it would help solidify the key parts of the session that day and also help to reinforce my learning :)

I think it was great.

I think the series is fantastic - I know the series is geared toward current providers and think the series does a great job of offering specific information, fielding questions, and creating a welcoming space to ask questions and learn.

I thought this ECHO series would be more about how to interact with transgender patients. How to become more comfortable with terms and non-offensive ways of addressing the transgender population

I work with more adolescents, so an ECHO series regarding adolescent trans care would be awesome.

I would love to have some cases that the speakers bring to the table to discuss specific nuances. A case-based approach generally would be more helpful than lectures I think!

it is perfect

It might be helpful to recommend readings prior to each session so those who are new and want to could show up with some more background. Since I have not yet actually provided this care, I don’t even know how much I don’t know.

It would be nice to have a few key handouts sent in a word document. I am not sure if the slides will continue to be available and are a little harder to use as a reference.

Just do it again so I can attend the last two!

Just keep it going! Thank you for your time and for sharing information with us

Let folks know ahead of time that they will be presenting their case on a certain day.

More case examples - like how to initiate therapy, a case on how to problem solve some adverse reactions, etc

More discussion of adolescents.

Not everyone uses EPIC, especially it the clinic isn’t attached to a large healthcare network and especially in an outpatient setting. They offered templates and “dot-phrases”, but having those available maybe in Word doc would be helpful as well. Thank you.

Offer over central Time lunch

Perhaps including more recommendations for treating the pediatric transgender population. Locally, we have CHCO TRUE clinic, and all of our transgender patients who are requesting gender affirming treatment get treated by specialists.

Resources and tips for pediatric providers-- comments on family and community support groups, guidance on binders, how to communicate with schools and sports teams.

slack
tape them!

To see they physical differences long term pending what age they started hormonal therapy. Like a 18 yo starting therapy vs a 40 year old.

Troubleshooting and case reports Patient experiences

Try to get more providers who are afraid to provide this care to get involved.
What additional training or resources would be helpful for furthering your knowledge?

Any and all resources are welcomed! Additional articles, standards of care, etc.

Any resources that would make the learning curve gentler—forms (like have already been shared), prescription ordering sets that would help us calculate amounts, etc.

Combatting stigma; ideas about how to make clinics spaces where gender diverse patients feel they are accepted, welcomed, and belong.

Consider a 1-2 day conference

GAHT cases that were mismanaged medically.

Handouts

How much medication sharing goes on in this community? How do others approach early refill requests, lost meds, etc. It would be nice to hear how others are handling this.

I can’t think of anything

I think that is will be addressed in the ongoing series....

I would like a behavioral health specific training.

I would love to know the realistic way to provide low-cost transgender care, such as navigation around prescribing the cheapest but effective options, community support groups that can help navigate the mental health and other SDOH barriers that I might need and also how best to market that our organization is “transgender friendly”

Learning more about “alternative” methods such as the Powers method when patient’s ask about it.

Maybe a senior level course—more advanced problem solving. This was just the basics, which was great.

Mental health training for this population

More case reviews.

More case-based small group training

more on hormonal prescribing

more peds info.
What change(s), if any, do you plan to make in your practice as a result of participating in this series?

Be more in tune about the ongoing needs of this population.
Better understanding of other hormone options that may become avail in the U.S. Learned about the auto injection pen
Continue learning more
Continuing to increase awareness of language (e.g. pronouns) to foster a more welcoming environment and be as patient-centered as possible
Do more indepth research into some of the topics presented so that I can provide even more support for the person, the provider, and the behavioral health community.
fell more comfortable with continuing hrt
Having more curious questions with patients who choose non-traditional pronouns or gender identity. Being sensitive to not giving patients the burden of educating me.
I am onboarding a gender-affirming provider for our telemedicine company that primarily serves the Medicaid community. This series has opened my eyes to ways we can provide the experience in a more inclusive and supportive way.
I now have a better grasp of suggested self care for the trans person
I will be more competent when I discuss gender affirming treatment with my patients and families.
I will feel more comfortable starting/continuing hormonal tx
I’m not a provider, but I plan to share the education to the providers in the organization
Improved comfort level discussing treatment options for transgender youth.
Improved dosing and monitoring
Integrating research
learn more how to prescribe and become very comfortable
More CME regarding hormonal therapy so I can best provide care to my patients

More comfort with initiating therapy
More training to staff regarding this population
Much more comfortable continuing gender affirming hormones until I can get them in with an appropriate specialist.
No changes as I don’t treat any trans patients (that I know of) but I’ll be more comfortable treating a trans patient if/when they present to me.
None, was pretty open before
Nothing specific
Share my pronouns/ ask patients for theirs
This helps me to know that there is variation within gender identity. Not all those who identify as masculine born into a female body will want medications to change their external appearance. And some will. There’s variability and it’s important to ask the person specifics about how they identify and what their goals are.
This series will help me collaborate with patients’ other providers from a much more informed space, which will also enhance my ability to advocate for my patients.
use the resource/ guideline and connection for better care for transgender pt.
We have already ordered pronoun pins for staff to wear. We will start offering hormone treatment as soon as we get informed consent paperwork together to make the discussion comprehensive.
Working to standardize our practice somewhat. Also, the Epic dot phrases will be very helpful to incorporate.
What was most valuable about this series?

Different aspects
Being able to see that other providers are also trying to figure out how to best serve / meet patient needs
being in a group of people who are providing the same kind of hormone therapy and asking questions about cases and learning from one another.
Case studies
Cases, access to so many experts!
community networking
Conversation, access to expert knowledge and also to the community of other providers working in this space to talk about problem solving
Expert perspectives
Getting an idea of the landscape. I have only had one patient who had gender dysphoria but it made me realize how unfamiliar I am with affirming care options and support groups for other family members.
Great overview of care of transgender patients.
Great overview of care of transgender patients.
having the slides, which were all well designed and interesting
Hearing others experiences.
I am somewhat of an atypical attendee of this series as an aspiring healthcare provider who does not yet work in clinical spaces. What was most valuable for me was the opportunity to listen and learn from the local experts about how to create a safe and affirming environment for gender diverse patients, as well as being introduced to appropriate clinical terminology and learning about the Integrated Transgender Program.
I found it very helpful to hear the discussions.
I found the opportunity to be a part of this ECHO series to be the most valuable element.
I liked the casual format and interaction between speakers and guests
Info/slides about dosing, goals for labs etc
Just getting other providers insight on how they approach treatment and patient questions.
Just having access to resources was great. Great lecture series.
Loved hearing the lived experiences from both providers in this field but also from people who have transitioned their gender
Resources for prescribing practices Reinforcing my current practice
Review of hormone regimes

Reviewing the risks/benefits/expectations of hormone therapy and the regimens used. Also, all of the guidelines/sources that are out there.
Seeing the available data on hormone levels and health risks with gender affirming treatment.
Sharing practical tools such as dot phrases for Epic that help make the information presented in these sessions very accessible at the point of care.
Specific case discussions.
the collaboration and networking
The definitions and explanations of the variety of ways people identify with gender. See the dialogue!
The hormonal therapy section.
The information presented - variety of topics. Mix of powerpoint presentation and case presentation. More conversational allowed for a comfortable space to comment and learn. Loved the variety of providers represented!
The information was extremely valuable and I really appreciated seeing how many health care workers are interested in making sure that the are treating trans patients with the same respect they would give to a cisgendered person.
The mental health session as I will be a therapist soon.
The most valuable part of the series is having a safe space to relate with other practitioners about the nuances in gender affirming care, how to identify and reduce the barriers to inclusive care that are currently in my clinical practice and the access to experts locally in the space to openly discuss real life cases.
The practical recommendations for treatment
the resources provided and having the slides, handouts, etc. to refer back to the speakers
The wealth of knowledge from the presenters. It was amazing!
to learn about how to care for transgender pts in a standard of care way
Understanding prescribing practices and requirements for surgical consultation for top/bottom surgeries
Useful straightforward clinical information. I haVe already used what I have learned
You took the fear out of this. Before I always felt this should be left up to providers who “know what they are doing.” I feel now like I would know where to go to get help if I had a question or concern. I am so excited for the ongoing series because I feel like the amount I can/want to learn is infinite. This is a very relaxed and welcoming environment in which to learn and the expertise of the presenters is top notch.
What barriers, if any, have you experienced or anticipate to experience in applying what you’ve learned from this ECHO series to your work?

Although resources shared are fantastic, for case-specific questions I’ll be reaching out to our UCH team and don’t really know where else I would go for guidance.

As always, lack of time in the exam room with patients.

costs

Difficulty with culture in our state

Getting all team members on board.

I can’t think of any at the moment

I live in a rural community and have no specialist to refer to, this is a barrier in other areas, as well.

I work at University of WY. Our Board of Trustees made the university switch to a student insurance that would not cover abortions. We are afraid to advertise that we will provide transgender care for fear that they or parents will tell us we cannot. We plan to try to stay under the radar for now :(

I work in a catholic facility

I work with adolescents, so I won’t prescribe the hormones discussed.

insurance barriers or lack of insurance

Insurance coverage for hormone therapy

just the know how.

Limited frequency would keep me from being really familiar and comfortable with gender affirming care options (specifically how to initiate and maintain hormone therapy).

Maybe small town stigma

My biggest concern is what to expect for the patient and providing that anticipatory guidance. The medication and lab management is great but I think I am nervous about having to provide navigation for the patient journey with other community support.

My employer needs me to prove that I attended CME to provide GAHT. I don’t have a CME certificate from this echo (or from the transhealth CME I attended in 1/2020). My employer has this credentialing barrier.

No significant barriers. I think having access to supervision in patient encounters will be a big help as well.

Patient volume to apply skill set

Systems

There are currently limitations in people’s understanding of transgender people. The more people are educated, including myself, the more understanding and acceptance there will be. Hopefully this is a first step towards eliminating those barriers. I haven’t identified any specifically outside of the usual lack of acceptance. Hopefully lack of acceptance will change with it education.

Unknown

While this doesn’t apply to me since I am not a provider, I anticipate it will be challenging for providers who are not working in clinics with integrated care models or do not have direct access to University’s wealth of resources (especially those in rural areas) to implement some of the recommendations put forth in the series.
Additional feedback or comments

Again, thanks for running this group
Attending this conference over the lunch hour was a little challenging in a busy clinical practice. I realize there is not a good time when everyone would be available.
ECHO trainings are wonderful! Thank you for making this free and accessible to everyone in the field.
Excellent work!
Excellent workshop
Great information. Thank you!
great series and presenters, wonderful information!
Great series!
Great talks!
I also asked about partnering with Sean and Micol for population data aggregation or possibly using certain standardized question sets to assess quality of care, certain barriers specifically for OUR transgender population receiving GAC. The population that we would be marketing to is CO Medicaid patients who are unable to get into the other facilities offering GAC especially in rural areas. I think it would be great to identify what specific gaps in care that can be improved by providing GAC through telemedicine and identify a good standard around providing a good experience and monitoring outcomes especially in mental health, improvement in quality of life and also how it affects their medicaid status/financial success perhaps (might be a good way to promote GAC within all medicaid populations and empower a new market that medicaid might feels incentivized in)
I am super grateful to all of the presenters and to Nich. This has been a very positive experience. Thank you.
I can’t think of anything
I really appreciate you.
I would have to give this question greater consideration. Sorry
it was a good program thank you
Shared above
Thank you for a great session!!
Thank you for addressing this very important topic!
Thank you for having me, and I look forward to continuing to participate!

Thank you so much for allowing me to participate!
Thank you very much, this is very helpful.
thank you!
Thank you! Such a great resource to be able to access. Very appreciated!