

FAMILY TREE CLINIC

# Prioritizing Sexual Orientation and Gender Identity in Patient-Centered Care

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Minnesota LGBTQ  
Standards of Inclusion

# EXECUTIVE SUMMARY

**The MN LGBTQ Standards of Inclusion were created to offer a framework for guiding LGBTQ inclusive and culturally responsive change work within health care systems and organizations.** Healthcare systems in the United States do not offer demographic options for people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) on intake documents or within their electronic health records. By not asking and documenting all identities, we not only have no data on who we are serving, we have no place to begin to create inclusive practices in order to begin to offer patient centered care to everyone who walks through the door.

Sexual orientation and gender identity are often overlooked as important demographic information to collect and inform patient centered care. This negates nearly 5% of the population (Williams Institute, 2013). Why does this matter? If you assume that all of your patients are heterosexual or cisgender, you will be wrong for at least 1 of every 20 patients. Not understanding the identity of the patient you serve means you do not have the ability to offer holistic patient centered care. Are the referrals you are giving safe places for LGBTQ folks? Are the clinical questions you are asking relevant to this patient? Is the small talk heteronormative or gendered? Do you know your patient's pronouns? The pronoun(s) of their partner(s)? The name their children call them? These are all assumptions that unless learned, we make and ascribe to the people sitting in front of us. It takes intentional learning to magnify our assumptions and retrain ourselves to see each person as an individual, asking the questions that help us meet a person where they are and deliver health care in ways that are more effective, more holistic and improve health outcomes.

For our transgender patients, even when insured, often insurance companies deny coverage for a myriad of exemptions. While systems are not collecting the data, it is left to underserved and marginalized communities to advocate for their own equitable care. This is neither just nor sustainable. Systems need to prioritize care for the people who need it most. While many people go into service work to do just this, there is often no framework in place to reduce systemic barriers, and even when inclusion is a focus, sexual orientation and gender identity are not prioritized because there is no current requirement. Without data and aligning priorities set to address these disparities, LGBTQ patients suffer.

Family Tree Clinic made a decision in 2009 to begin the work toward prioritizing gender identity and sexual orientation inclusion throughout every department and layer of the organization. This process included providing LGBTQ inclusion education for each employee, incorporating culturally responsive language, processes, and system improvements, implementing a change process at the board and executive levels of the organization and cultivating authentic community engagement with LGBTQ led organizations and formal and informal LGBTQ community leaders.

Making a commitment to this includes committing to a process of consistent evaluation, measurement and assessment and ongoing change. The majority of inclusion models do not include a commitment to the human aspect of change that is so desperately needed to actualize an environment where all queer and trans people can be offered the quality and informed care that they deserve. The SOI framework offers organizations a guide to understanding that this work must be built into each layer of service, employee education, and organizational priorities. This Case Study aims to offer an example of the work it takes to create, maintain and improve LGBTQ inclusive practices in a health care setting.

# INTRODUCTION

**Through this case study, we aim to build on the Standards of Inclusion by interconnecting the process by which Family Tree Clinic developed culturally responsive LGBTQ health care.** We will highlight the first year of our Trans Hormone Care program, and illuminate the steps we used to develop a culture and patient experience that has resulted in 100% of our patients surveyed in a 2016 satisfaction survey indicating they would refer Family Tree to a friend, loved one, or community member. We will offer a framework on where to begin and how to maintain prioritized culturally responsive environment for LGBTQ people.

This case study is meant to guide you through the process it takes to implement change on a topic where there is little to no models of inclusion that include LGBTQ identities. When Family Tree began this work in 2009 there was no guide. Seven years later, we know that maintaining inclusion for all patients takes intentional prioritization. Specifically, when nearly every system we work with including health insurance, Quality improvement initiatives, and electronic health records to name a few, are reinforcing systemic invisibility of LGBTQ communities. We are going to walk you through the work it took to get to where we are today with the input from staff and providers from all departments of our clinic. We believe that the value of the MN SO/GI SOI is ten-fold.

The work that took us seven years to develop, with continual improvements being made through research and promising practices, the SOI offers in a guide that can help assist any system have a strong foundational understanding of where to begin.

We hope that by offering a transparent look at Family Tree Clinic practicing standards of inclusion to get to a place where 100% of our patients recommend us to others will help you strategically plan your course of action in becoming a provider that can be confident serving LGBTQ communities.

# HISTORY OF FAMILY TREE CLINIC

Since 1971, Family Tree Clinic has been an integral part of the Twin Cities community, offering essential community-based reproductive and sexual health care and education. With integrity and commitment to high-quality care, we confront both persistent barriers to competent care and health disparities among our community members. As disparities in the rates of sexually transmitted infections (STIs), HIV, and unplanned and teen pregnancy continue to rise in the state and the U.S., Family Tree is a responsive resource, providing access to essential preventive reproductive, sexual and basic primary care health services, as well as robust culturally-driven community education and patient advocacy services. In recent years the dynamic health care sector has undergone change and transformation at an incredibly rapid pace. Amidst these driving forces, safety net clinics continue to be critical to supporting our most disenfranchised community members to live their healthiest lives. While Minnesota overall is one of the healthiest states in the nation, the disparities in health are profound and adversely impact communities of color and indigenous people, low income women, the uninsured and underinsured, and LGBTQ identified community members.

The mission of Family Tree Clinic is to cultivate a healthy community through comprehensive sexual health care and education. Our vision is to eliminate health disparities through innovative, personalized sexual health care and education for diverse needs. We fulfill the promises of our mission and vision by providing medical reproductive and sexual health services; offering culturally competent services to the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community; engaging community members to participate in the health of their community through our Volunteer Patient Education and Outreach Program; running community health education programming including comprehensive sex education and a Health Education Program for the Deaf, DeafBlind and Hard of Hearing; administering the MN Family Planning and STD Hotline; and by collaborating with other service organizations and nonprofits for the benefit of our patients and community.



# PLANNING FOR A LGBTQ-INCLUSIVE ENVIRONMENT

## STRATEGIC PLANNING

An LGBTQ inclusive environment takes time, planning and organizational development. In Family Tree's experience it pays to take it slow and develop a strong process to support organizational change so that the change lasts and becomes a part of the ongoing culture.

In 2009, stemming out of a strategic planning process and a significant time of change for Family Tree related to longtime leadership retirement and transformation in the community health sector; Family Tree launched its LGBTQ Health Access Initiative to increase the organizations cultural responsiveness to LGBTQ communities. The initiative was driven by program staff, in particular the Program Director Erin Wilkins. Family Tree had long been known as an accessible, non-judgmental place to access reproductive and sexual health care but the organization had not invested broadly or intentionally in the cultivation of its care, physical environment or staff training regarding LGBTQ health.

2009 launched the initiative, and placed staff and patients at the center of driving the change. Family Tree began by training staff and board on LGBTQ health disparities, needs, gaps in access and then implementing a community-driven assessment of the organization's current services. The work then began with changing demographic forms, going deeper with staff training, and beginning to collect data.

The board of directors had enthusiastically adopted the strategic focus on LGBTQ health access in 2009, while knowing little about the existing unmet need or what kinds of continued change that might propel for Family Tree. In 2009 9% of Family Tree's patients identified as LGBTQ, and by 2013 nearly 16% did.

In 2013 Family Tree embarked on a strategic planning process again, with growing data on LGBTQ health needs, Family Tree's growing and changing community of patients, and an environmental scan that brought community voices from across the Twin Cities into the planning process.

Key to the change process for Family Tree was the environmental scan.

The scope for the environmental scan was determined by the Family Tree Strategic Planning Design Team, with a specific focus on:

- Understanding Family Tree's community role
- Evaluating Family Tree's programs and services
- Assessing organizational strengths and areas for growth
- Analyzing trends and changes in the field and the community
- Responding to health care reform and identifying partners

These issues were seen as critical in evaluating Family Tree's current role in the community, constructing future planning scenarios, and determining strategic direction.

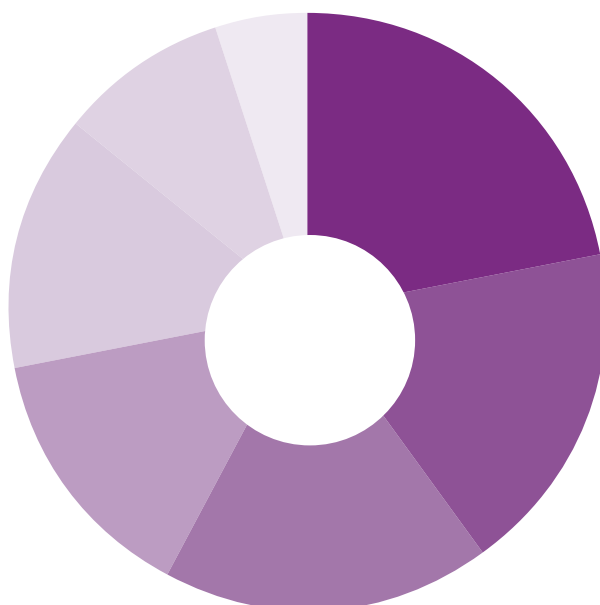
#### Environmental scan methodology:

The environmental scan for Family Tree included a review of information from Family Tree, three online surveys of stakeholder groups, including staff and volunteers, board members, and external stakeholders. These surveys assessed the strength of Family Tree's services and programs, areas for growth and potential improvements, and Family Tree's role in a changing community and changing health care environment.

#### External stakeholders

23 out of 31 individuals responded to the survey (74%)

External stakeholders' occupation and modes of engagement are shown below



#### OCCUPATION

Medical practitioner/clinician  
22%

Director or administrator in  
healthcare or related field  
18%

Government employee in health-  
care or related field  
18%

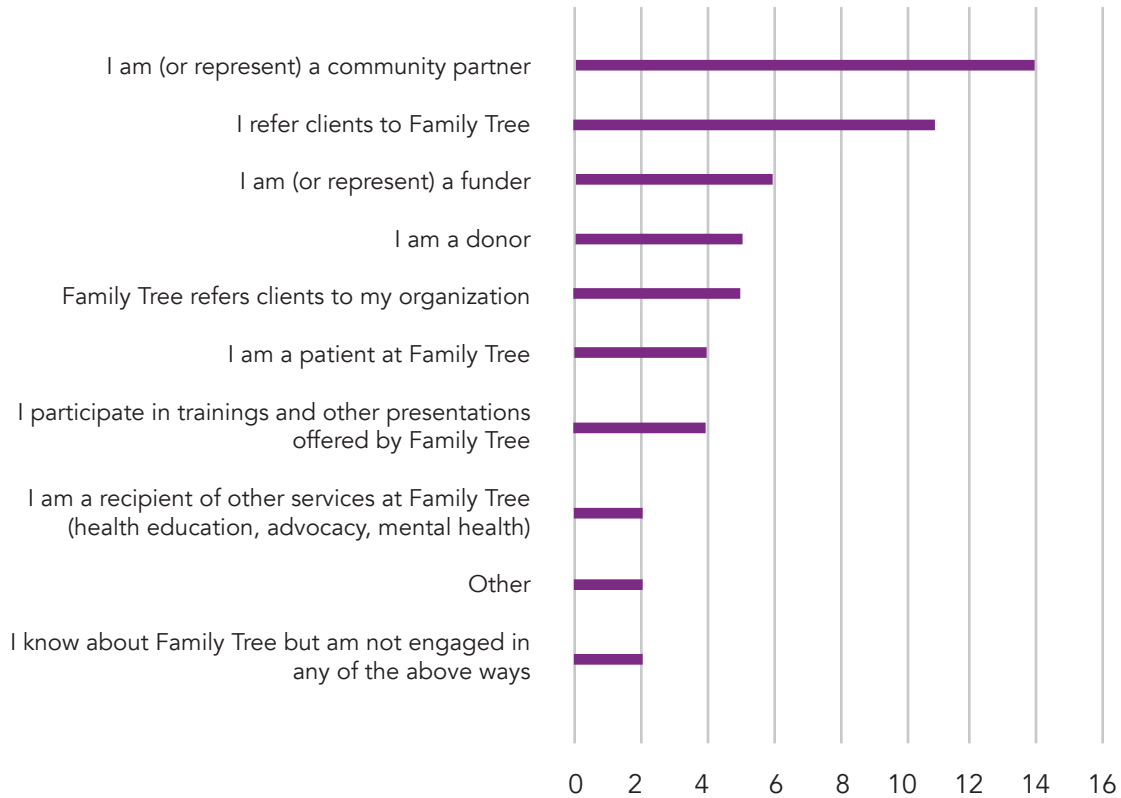
School system  
(teacher, administrator)  
14%

Other  
14%

Foundation or other funder  
9%

Researcher or academician  
5%

## HOW DO YOU ENGAGE WITH FAMILY TREE?



Stakeholders perceived Family Tree as an essential asset to the Twin Cities. Respondents across all stakeholder groups identified Family Tree as an innovative provider of sexual and reproductive health care and education committed to serving a diverse clientele reflective of all community members.

Respondents identify Family Tree's mission as providing affordable, accessible, and comprehensive sexual and reproductive health care and education services to all in the Twin Cities community.

Within its niche, Family Tree is a clear leader. Survey respondents indicated that this leadership role necessitates that Family Tree continue to advance its commitment to diverse communities including the LGBTQ community. As one respondent put it, "social values [are catching] up with Family Tree," likely leading to increased competition. In particular, providing more services to trans individuals was a priority identified by multiple respondents.

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**"I love what Family Tree is doing! Thank you for always being willing to improve and evolve. You are awesome!"**

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**“Family Tree is a valuable community asset with exceptional leadership.”**

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Staff, volunteers, and external stakeholders were asked to identify the programs and services Family Tree should pursue in the future. All three groups suggested sexual health training and education for professional practitioners and expanded trans health care as the top two programs Family Tree should pursue moving forward.

The environmental scan deeply informed what would become Family Tree’s 5 year strategic directions, and the intentional growth of its services and care for LGBTQ communities.





A key focus for the first two years of the plan was the expansion of services and programs as outlined in direction 3:

### **Direction 3:**

Expand services and programs to better connect the community with coordinated, quality care and education grounded in sexual and reproductive health.

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**“Family Tree must continue to stay abreast of the changing face of health care.”**

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## **VISION OF SUCCESS**

Family Tree Clinic will be successfully meeting community needs with services and programs when more services are offered based on identified priorities - such as services for the LGBTQ community, specifically hormone therapy to the transgender community, and primary health care. Family Tree should explore hiring new staff with specific expertise and developing pilot programs in new areas including for primary and transgender care.

### **Strategies**

- Expand LGBTQ services including exploring trans hormone care
- Offer expanded primary care services based on the needs of our community, our capacity and expertise
- Explore other opportunities for strategic growth and expansion

## **BOARD GOVERNANCE**

### **Board recruitment**

In 2014 the organization launched a planning phase for the expansion of LGBTQ services to incorporate a hormone care program. Family Tree had been researching and articulating hormone care as a goal for two years prior, but the formalization through the external scan and the strategic planning process was critical for board buy-in and support.

Throughout this time Family Tree had been intentionally and organically recruiting LGBTQ identified staff and board. The more work Family Tree undertook to become a culturally responsive resource for LGBTQ communities the more word of mouth

and organic interest there was from LGBTQ identified people to contribute to Family Tree's work through employment opportunities, board service, volunteerism and philanthropy.

As a community clinic, Family Tree had long sought to have broad community representation on its board of directors, and so articulating goals around board recruitment was a deeply held practice. The board determined it needed to form a specific committee in 2014 for board recruitment. The committee outlined the following charter:

### BOARD RECRUITMENT COMMITTEE CHARTER & DESCRIPTION

- To provide leadership and guidance to the board of directors regarding board recruitment, including recommendations regarding diversity, priorities and board retention

### 2015/2016 ROLES & RESPONSIBILITIES

- Evaluate board make up and set goals for recruitment priorities as related to Family Tree's strategic plan and governance focus
- Engage the full board in recruitment efforts as guided by the strategic goals
- Lead board recruitment and retention efforts resulting in a diverse and engaged board representative of the communities Family Tree serves and seeks to serve

### 2015 GOALS

- To recruit three new board members that align with the committee and full board recruitment priorities.

Key to the board recruitment process was an assessment of the current board profile, and current recruitment priorities, led by the board recruitment committee. In order to achieve buy in and support from the full board of directors, the Board Recruitment Committee felt it was important to be intentional about why they were developing and naming the priorities they did. See Appendix A for an outline of the recruitment priorities developed.

## **STANDARD: ADMINISTERING AN INCLUSIVE PHYSICAL ENVIRONMENT FOR LGBTQ COMMUNITIES**

With Board and stakeholder support and training for staff in place, Family Tree Clinic was prepared to begin making physical and programmatic changes.

### **LGBTQ advisory board**

While Family Tree Clinic has not convened a formal LGBTQ Advisory Board, we do employ smaller advisory groups as needed for different projects and purposes. Before embarking on the expansion to deliver trans hormone care, Family Tree convened a trans health work group which included staff from all departments of the organization, 2 community member liaisons, and the executive director. We actively seek input from LGBTQ communities through paper and digital surveys, community listening sessions and individual communications. LGBTQ folks work in every clinic department, hold leadership and management roles, and sit on the Board of Directors.

### **Signage**

Family Tree Clinic has enhanced our signage and physical environment to be more welcoming and reflective of the LGBTQ communities we seek to serve. At the entrance of our clinic, the main door is decorated with several LGBTQ identifiers, including a rainbow flag and upside down pink triangle. Our waiting areas feature many queer and trans-affirming posters as well as LGBTQ-focused magazines and publications. We also seek out informational posters and handouts about various health issues, such as intimate partner violence, cervical cancer, and sexually transmitted infections, that are gender neutral and have images of people with a broad spectrum of gender presentations and races. Family Tree creates our own handouts about a variety of sexual health topics, and in 2014 we re-wrote and designed every handout so that the language was gender neutral. One example of an inclusive language change that we made was to our breast exam materials. We renamed them "breast and chest exams" so that all people can see themselves in the terms we use. We use this on postcards, visit types, as well written materials. This way it is used by everyone regardless of where they work in the clinic and helps to maintain consistency.

### **Restroom and locker facilities**

Single stall, all gender, bathrooms are an important component of an inclusive physical environment. As with all change, resistance can play a role in the preparation and planning. Family Tree has two single bathrooms with all-gender signs on them accessible through the waiting room, which were donated to the clinic by a company that specializes in gender inclusive bathroom signs. We did not face resistance to this signage change but have received questions from other clinics looking to make these changes. To stay ahead of resistance it is easy to explain that all gender restrooms help create safe space for all patients; transgender and gender

non-conforming folks, parents with children, and patients who need assistance in the restroom.

## **STANDARD: RECRUIT AND RETAIN LGBTQ EMPLOYEES**

We believe to effectively serve LGBTQ communities, the board and staff make up must include the population we serve.

### **Staff recruitment**

LGBTQ individuals are highly encouraged to apply for positions at Family Tree, and we seek to employ a staff that is reflective of the clients and patients we serve. The majority of our current staff are LGBTQ-identified and many of the people that apply for positions at the clinic are drawn to the organization because of our work with the LGBTQ community. Our Racial Justice and Anti-Oppression Committee also has a board and staff recruitment work group that meets regularly to develop policies and procedures that assure we are reaching communities of color and LGBTQ communities in our recruitment processes. Positions are posted locally on non-profit job boards, as well as on our website and are also distributed widely among LGBTQ networks on social media. Interview questions are constructed so that during the interview process we can assess someone's current knowledge of LGBTQ health, trans cultural responsive, and/or a candidates' willingness and readiness to learn. This has been essential when hiring at all levels and in all departments.

As Family Tree launched the 2014 strategic plan, provider turnover began in rapid succession and for several different reasons. Two longtime providers departed -one retired and the other moved to Wisconsin. This provided an opportunity for Family Tree to recruit providers specifically enthusiastic about the direction towards delivering hormone care and LGBTQ health. It was also a challenging loss of historical knowledge, and anchor staff who held much of the essence of the change process since 2009, as well as deep historical knowledge regarding Family Tree's long-term patient-centered care and services.

That being said, Family Tree was able to recruit a team of engaged and enthusiastic providers who joined right at the hormone care planning stage so they could lead and drive the protocol development, participate in listening sessions, and co-create the program design and implementation plan.

### **Employment policies**

Family Tree Clinic's employment policy states that we will not unlawfully discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, gender identity or expression, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights commission, genetic information, veteran status, status with regard to public assistance, or any other status or relationship protected by applicable law. We also

have a recruitment and interview process in place that helps to ensure the candidates we hire strongly share the values and goals of our organization. This includes panel interviews with staff representing multiple clinic areas and departments, as well as interview questions that facilitate a conversation specific to the values that inform our work towards health equity.

### **STANDARD: REQUIRE LGBTQ CULTURALLY RESPONSIVE EDUCATION FOR ALL CARE PROVIDERS AND SUPPORT STAFF**

Currently, most nursing and medical education programs do not include adequate, if any, about sexual orientation or gender identity in their curricula. To supplement our provider's education, Family Tree has worked to develop ongoing training and professional development opportunities for all of our staff members, including providers and medical staff. Can we point to specific practices? Open ended questions? Patient-centered approach where providers facilitate a more narrative conversation vs following a set of standard questions, allowing patients more opportunity to set the terms of care? All new staff members participate in an onboarding process that includes training on the basics of LGBTQ health care and cultural responsiveness, as well as training about intersectional approaches to health care and harm reduction. Our providers and clinical staff participate in quarterly trainings on LGBTQ health issues as well as targeted education and training on LGBTQ-specific clinical topics. Additionally, we encourage staff to attend queer and trans health conferences and provide financial and logistical support to do so.

### **DEVELOP POLICIES, PROCEDURES AND CARE PROVISIONS THAT ARE INTERSECTIONAL**

The philosophy of care at Family Tree Clinic includes an intersectional vision of health care and patients' experiences. Our organizational mission and vision reflect this intersectionality and our medical providers carry out this approach in their delivery of care. Family Tree has not yet participated in a formal intersectionality-based policy analysis but we would be interested in doing so.

Family Tree Clinic has a racial justice and anti-oppression committee and it is the intention moving forward to have this committee review all recruitment and inclusion policy and provide recommendations for improvement toward intersectionality.

### **AN EQUITABLE AND INCLUSIVE LGBTQ PATIENT EXPERIENCE FROM IN-TAKE THROUGH COMPLETION OF CARE**

#### **Intake & assessment process**

Our intake and health history paperwork is continually updated to be optimally inclusive and reflective of a current and broad spectrum of gender identities and sexual orientations. Currently, our intake demographic forms list options for gender identity that include male, female, transgender, gender non-conforming, genderqueer, and a write-in option. Options for sexual orientation include straight, lesbian, gay, bisexual, queer, asexual and a write-in option. Additionally, we ask every

patient what their preferred name and gender pronouns are, which we record in our electronic health record system and communicate to all clinic staff via labels and written forms.

### **Electronic health records & client management systems**

Family Tree Clinic has invested a great amount of time and financial resources into modifying our electronic health record (EHR) system to be more inclusive of our trans, gender non-conforming and queer patient's lived experiences. On the practice management side of the application, we have created "user defined fields" that allow us to capture information about the gender identities and sexual orientations of our patients and link that information to their health outcomes. We have also found creative ways to record and recognize the patient's preferred name if it does not match their legal name or the name listed on their insurance.

On the health record side of the application, Family Tree has modified the exam templates so that they are not gender-specific. Typical EHR systems assume certain body parts based on the gender that is selected for the patient. For example, if a patient is marked "female" then a vaginal and cervical exam template will automatically be attached to the patient's chart, even if the patient does not have a vagina or cervix. The modifications we have initiated allow exam templates for every body part to be pulled through for every patient, regardless of gender.

### **Patient satisfaction surveys**

Family Tree Clinic distributes a paper LGBTQ-specific patient survey to patients in the clinic throughout the year, which can be filled out during or after a visit. The results of the survey are recorded and reported to the full staff on a quarterly basis and feedback is presented to individuals and teams as needed. Additionally, an evaluative survey is distributed yearly to all participants in our trans hormone program, the results of which are shared with our patients, staff, board of directors, and wider community.

### **Community outreach and engagement**

Community outreach and engagement are central to the work of Family Tree Clinic. We participate in as many LGBTQ-focused events as we can, and also sponsor events as well. Our organization works collaboratively with many LGBTQ organizations in the area and community outreach happens organically as a result. Family Tree Clinic just created a new role Community Engagement Director and our long time educator who has spent years in the field providing education and outreach in schools and prisons was appointed to this role.

While we are active in our work toward outreach and engagement, it is a process like any other, and we continue to strive to commit the resources and energy toward best utilizing the skillset of our team, the commitment of stakeholders, and enacting our organizational mission and vision.

### Background and description of the trans hormone program need and context

Transgender, non-binary, and gender non-conforming individuals experience high rates of health care disparities, in Minnesota and nationally. In most areas of the country, including the Twin Cities, access to affordable, non-pathologizing transition-related medical care is limited. The term “informed consent” refers to a model of health care that does not view transgender and gender non-conforming identities as mental health conditions, and therefore does not require patients to provide a letter from a mental health provider or proof of “real life experience.” While the national standards of care have moved towards an informed consent model of hormone provision, providers in the Twin Cities have lagged behind in their approach to care. Historically, the Twin Cities metro area has not had many, if any, sliding scale clinics providing trans hormone care using an informed consent model. This has presented a barrier to many individuals seeking care due to several significant factors including a lack of trans-affirming mental health providers and the financial burden of paying for therapy services. Additionally, there are very few providers of color or providers who are trans-identified in our community, which provides another layer of inaccessibility for some individuals.

### Objectives

The goal of the trans hormone program at Family Tree Clinic is to provide affordable, accessible, culturally responsive hormone care using an informed consent model and utilizing a harm reduction approach and trauma informed practices. Ultimately this will improve the health and wellbeing of trans communities. Additionally, we have a goal of influencing our medical provider colleagues in the upper Midwest to expand their practices to include hormone care using an informed consent model.

Our overarching focus for year one of the program was to build a *thoughtful, holistic, patient and community-centered trans hormone program, growing our internal expertise and becoming really good providers of trans hormone care*. In order to achieve this overarching goal, the following program objectives were identified:

1. Train medical provider team to provide high quality hormone care using current standards of care and best practices, and under the guidance of expert medical providers
2. Increase number of trans-identified patients seeking health care at Family Tree Clinic from 2% (48 unduplicated individuals in 2013) of total patient population to 5% (160 in 2015)
3. Strengthen collaborative relationships between organizations working to combat transphobia and improve health access by and for the trans community
4. Improve access to preventive health care among trans individuals in the Twin Cities community: a minimum of 70% of trans patients at Family Tree will access additional preventive health services
5. A minimum of 90% of trans patients will rate their care at Family Tree Clinic as “good” or “excellent”

## TRANS HEALTH ADVOCATE

### Job description

Family Tree Clinic seeks a Trans Health Advocate with a strong passion for sexual and reproductive health and a commitment to social justice. The Trans Health Advocate is a key team member in the clinic and will work to further our mission, vision, and values through providing direct service to our patients and supporting our medical and administrative staff.

#### Main responsibilities:

##### Patient advocacy and education (65%)

Provide education and information to patients in the clinic who are accessing trans hormone care on topics including Family Tree's hormone care program, community and additional health resources, basic information on feminizing and masculinizing hormones as outlined in Family Tree handouts, sexual health information including STI screening and contraception.

- Meet with patients for scheduled Trans Health Advocate visits, appropriately chart visits in NextGen electronic health record
- Provide safe injection training to patients, and medical assistant staff if needed
- Maintain certified MNsure navigator status and provide navigation services to individuals in the clinic seeking help accessing insurance coverage
- Maintain a working knowledge of the Minnesota Family Planning Program and assist with enrollment as appropriate
- Participate in full staff meetings, trans hormone work group meetings, care consultations, staff inservices and ongoing professional development trainings

##### Care coordination (25%)

- Create and maintain trans-competent provider referral list
- Assist with coordination of patient care in collaboration with medical providers and care coordination RN
- Participate in weekly care consultation meetings with medical providers and care coordination RN

##### Community outreach (10%)

- Conduct outreach about Family Tree Clinic hormone services at community events and to community groups, service providers, and members of the trans community
- Participate in professional presentations and trainings with Clinical Programs Director and other medical staff

## Clinical protocols

Family Tree Clinic guides provider clinical training through the review of Clinical Protocols created by Callen-Lorde Community Health Center, Lyon Martin, Cedar River Clinic, and WPATH Standards of Care.

## Care consult

During the first year of our Trans Hormone Care Program, we implemented a two hour a week Care Consult led collaboratively by the provider team and medical director with additional participation from the Clinical Operations Director, Clinical Program Director and Trans Health Advocate. The Care consult was a critical component of the ongoing program learning, quality of care, and team-based philosophy. At the Consult providers would present new patient cases, the team would identify inclusive referrals, and protocols were reviewed. This was essential to create an intentional opportunity to share learning, maintain consistent clinical care across the provider team, and keep up to date with ever changing SO/GI terms and definitions.

## Program learning

We anticipated 30 trans hormone patients within the first year. As a clinic committed to LGBTQ inclusion at all levels, we began to see the need for not only this specific care but the advocacy and culture that we created and offered grew our program within one year to over 180 trans patients. Surpassing our goal and creating a long waitlist. This is another example of why it is essential that all clinics, providers, and health centers are LGBTQ inclusive. Queer and Trans folks are in need of culturally responsive care. No one should have to be on a waitlist to receive care.



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**“I understand that the overwhelming demand caused the waitlist—but it has been the most frustrating element of Family Tree’s care program” (Patient Experience Survey, 2016)**

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**Trans health advocate: Damion Mendez**

Family Tree Clinic began seeing patients for hormone care a year ago, in that time we have seen more than 155 patients, including new patients and transfer of care patients. In the beginning when I was hired for the position of the Trans Health Advocate, the job description asked for me to work less than ten hours a week. We quickly realized that this was not enough time for me to do all of the work to advocate for my clients. At the moment, I see all of the hormone patients for at least one appointment before they start hormones. In this appointment I am able to give any resources the client might need, answer questions, and gauge their social and emotional support. I can also help bridge the relationship between the medical provider and the client. Intersecting identities play a large role in each individual's need for support. Some folks are very well supported by family, are connected with the trans and gender non-conforming community, and need little support. Other patients come to me with traumatic experiences of; homelessness, racism, violence, economic disparities, mental health concerns, little to no outside support, and may have varying ability levels. All of these factors play a role in the success of one's transition. I also am a part of case consultations with the medical providers who see hormone patients. During that time I share what I have learned about the clients and advocate for them in any way that is needed. Case consultations are integral to serving our hormone patients; this gives the providers a chance to connect with me about the clients who want to be seen at Family Tree Clinic. While we do employ queer med staff team members, all of our providers are cisgender. Due to systemic trauma and historic discrimination in healthcare settings, this often creates a power dynamic between the provider and the trans and gender non-conforming client where the patient doesn't feel able to tell them everything. As a trans person, I find patients often feel a bit safer sharing things with me and gives me the opportunity to ensure the provider team has the information they need to meet the client where they are at. I am in the process of receiving a Community Health Worker Certificate, Family Tree is supporting me to receive this certificate because of the benefit to our patients and the clinic. I believe that all clinics working to create inclusive practices should require advocates for trans and gender non-conforming patients. These advocates need to represent the communities they serve. Medical Providers are responsible for each client overall health, employing an advocate gives offers a true care coordination model, and the time dedicated to assisting with anything outside of the medical scope. As an advocate I am able to respond immediately to a patients' needs, while have a flexible enough schedule to meet each client where they are at. Harm reduction and informed consent need to be a part of every hormone program. This gives each client the ability to have bodily autonomy and a sense of control over their care.

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**“The staff is awesome! Very knowledgeable, which is greatly appreciated!” (Patient Experience Survey, 2016)**

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### **Care coordination**

#### **Liesl Wolf, RN Care Coordinator**

With the launch of the transgender hormone program at Family Tree Clinic, there were changes within my role as the clinic’s Nurse Manager and within the Medical Assistant role. It became apparent soon after the program launched in June 2015 that more care coordination was needed to support the provider team and ensure patients’ needs are met. My role changed from Nurse Manager to Care Coordinator, handing over my managerial roles and adding in more coordinating pts’ plans of care and working with their insurances as needed. We added a monthly follow up system, which is a list that providers can add pts to if they need labs at a certain time, are due for visits, need to ensure records received, or other needs. Due to the significant increase in prescriptions and monitoring lab values, we also added RN standing orders that allow refill requests and ordering labs based on specific criteria and algorithms. This greatly helped both the providers and RN’s workload with these requests. More time in general was spent triaging phone calls as well, fielding questions about injections, side effects, test results, dosage increases or decreases, etc. Within my role, I also manage the inventory and ordering of medications and supplies. We order much more injection supplies than prior to the program for both in-house injections, injection teaching, and for our injection kits. We now carry hormones as well, including testosterone cypionate, estradiol valerate, estradiol tablets, and spironolactone. Inventory processes had to be updated to reflect these changes. Another aspect that impacted my role was increased communication with insurance companies and advocating for patients getting their medications covered. Prior to the trans hormone program launch, I would receive one prior authorization per month on average. With the launch of the program, one to three prior authorizations were needed per week. The RN has mainly been responsible for doing all the prior authorizations and appeals. This responsibility is currently in process of being shifted toward our clinic assistants. With all of these changes, it became evident that my role had changed in numerous ways to ensure quality patient care and access to medications. At least ten hours per week or 25% of my time was spent working with our trans hormone patients.

There were changes with the Medical Assistant (MA) role as well. Prior to the program’s launch, a “Trans 101” training was given to the MA team, which included the importance of using chosen names and correct pronouns. The training also included how to ask ALL patients if they have menses and, if so, when the last menstrual period was. New appointments were added as well, including hormone injections and lab only visits. Currently, we have seven patients who receive their injections weekly with us. MAs also do hormone injection teaching, which can take

10-20 minutes with each patient, and they put together the injection kits to give to patients. With the launch of the program, there were significantly more Release of Information forms to be completed and considerably greater amounts of outside medical records and insurance paperwork to scan into patients' charts. MAs are also Family Tree's medical records team, so this really impacted their role.

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**"Overall, the process is accessible and affordable. Dawn Brintnell, my practitioner, is knowledgeable, understanding, and lovely."  
(THP Patient Survey, 2016)**

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### **Insurance billing & prior authorizations**

#### **Clive North, Front Desk and Billing Manager**

When a new patient comes to FTC for a visit with our Trans Health Advocate, without a primary diagnosis code attached to their chart yet, we always code it as Z71.9 (Counseling, unspecified). It is at the discretion of the provider and patient (informed by their medical knowledge, the patient's preference, and based on what the patient's insurance is most likely to cover) to assign a primary diagnosis code to their hormone care visits. The three most commonly used codes are:

F64.1 (Gender Identity Disorder in Adolescence and Adulthood)

Z79.899 (Other Long Term (current) Drug Therapy)

E34.9 (Endocrine Disorder, Unspecified)

Once a patient has that appropriate diagnosis code in their chart, we use that for any future lab-only (hormone injection or blood draw) or Trans Health Advocate-only (talking) visits. The providers assign the diagnosis codes for any visit in which they see the patient. Billing specialists enter the charges (as CPT codes) with all the diagnosis codes from within the provider's chart notes attached to each charge. Often, patients will want to have their hormone injections done in the clinic. We do have a supply of Testosterone Cypionate and Estradiol Valerate on hand in the clinic to dispense to patients with active prescriptions from our clinic. If a patient has insurance, we can bill their insurance for the cost of the the injection (CPT code 96372), but, unlike Depo Provera or Ceftriaxone (two other arguably medically necessary injections billed using the same CPT code) the cost of the drug itself is not covered by insurance and patients need to pay out of pocket. While we are providing it essentially at cost, it can still add up. If a patient has insurance and wants to get their prescription at a pharmacy, this can sometimes be cheaper and they can still bring that prescription to the clinic where a medical assistant can administer the injection. We charge self pay (uninsured or uninterested in/unable to use their insurance) hormone patients a significantly reduced rate for the cost of the injection (96372) than what we bill to insurance as part of our sliding fee scale. The

charge difference is built in to our EPM system as 96372 or T96372 so it is easy for people posting charges to distinguish and both insurance payers and patients get billed correctly.

Sometimes insurances will also reject outright the cost of the hormone care as “noncovered charges” for a variety of reasons including (if they specify at all) “the procedure/revenue code is inconsistent with the patient’s gender” or “...because this is not deemed a ‘medical necessity’ by the payer” but most commonly “This service/equipment/drug is not covered under the patient’s current benefit plan.” Billing specialists spend a lot of time on the phone working with insurance companies to get the costs of hormone care covered, but if it doesn’t work we set the costs of the visit(s) to the patient’s responsibility using the sliding fee scale.

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“I love Jen Demma, and most of the front desk staff is awesome. The MA s and techs have been aces as well. I tell everyone who’s interested what a stellar experience I’ve had here.”  
(Patient Experience Survey, 2016)

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## PROVIDER INTERVIEW

**Jen Demma, APRN, CNM**

### **How is Family Tree different than other places you have worked?**

Primary differences I have noticed are things like: the inclusivity of forms, bathroom labeling, dedication to trying to hire from diverse or representative groups, services offered (i.e., STI visits; trans hormone care), staff training from front desk to educators to back staff and providers, approach to care is aligned with the mission, longer visit times.

### **What was the learning curve like (considering current curriculum does not offer culturally responsive or clinical training in sexual orientation or gender identity)?**

The learning curve was steep in terms of hormone care mostly related to reading, reviewing, and learning the different guidelines and trying to develop systems to start offering hormone care.

**How has care consult helped maintain the learning necessary?**

This has been vital to helping with building knowledge and skills as a team (i.e., abnormal labs, need for referrals, atypical symptoms, complex medical or social histories, etc.), learning from the wisdom and experience of the group, and also helping to create consistency in approach to care. It has also been helpful in evaluating and improving the systems and processes and helping to strengthen the care provided. Also, it is helpful to have peer support to help with the stressors of providing hormone care and implementing a new initiative.

**Is there anything you would change looking back, knowing what you know now?**

The primary challenge has been trying to meet a great need with limited resources and growing too big too fast in terms of numbers. Also, I think we underestimated how much would be needed in terms of follow-up, i.e., abnormal labs, outside records review, prior authorizations, insurance appeals, letters for gender marker change/name change/surgeries/carry letters, etc. The other area that I think we underestimated was the need for mental health care and in looking back it would have been great if we could have been able to build capacity for mental health care at the same time as offering hormone care – but that is a huge challenge everywhere in terms of not enough mental health providers. There is a lot of administrative work with hormone care in terms of working with payers and pharmacies and it would have been great if we could have trained other staff or hired staff for this prior to launching services for hormone care.

**Can you speak to guiding new providers through this learning during their orientation?**

Of course our hiring process includes questions to guide us to hiring providers with knowledge and passion to serve their LGBTQ communities and are there any specific highlights that you feel as a provider is always important to convey when a new provider begins seeing patients here for trans hormone care?

We are just starting this with Rachel so we don't know much about this yet but a big challenge is that most programs do not provide the teaching/learning or clinical care experience related to hormone care or gender related topics. So, hiring is key so that we are not "starting from scratch."

# CONCLUSION

Most providers and health systems do not discuss sexual orientation or gender identity with their patients, nor do they gather this demographic information on forms or in their electronic health records systems. Thus, LGBTQ people are primarily invisible to their providers, and in health data. Invisibility in the data and in the health system results in a significant lack of attention paid to the health disparities and inequities that impact LGBTQ communities health and wellbeing. Understanding the health needs and barriers for LGBTQ patients starts with providing the opportunity for people to self-identify, and supporting patients' safety to self-identify through an inclusive health environment.

Family Tree Clinic's process to develop an inclusive and culturally responsive environment for LGBTQ communities was time and human resource intensive. It took engagement from all levels of the organization.

The impact of this work and commitment is most illustrated by the significantly positive patient experience data. Our goal in sharing Family Tree's story is to support clinics and health systems to commit to making change within their own structures, processes and approaches to care, and to validate that this work really does take time and energy and commitment. An authentic and intentional change process takes time, and it is worth the work.

While Family Tree Clinic is the only LGBTQ-focused clinic in Minnesota and devoted significant time and energy to cultivating its environment, the lessons learned and positive experience of patients can be a motivator and a guide to clinics and systems to make their own commitments to supporting health equity among LGBTQ communities. Both nationally and in Minnesota, LGBTQ individuals experience high rates of health disparities, especially when combined with additional societal variables such as poverty and structural racism.

The national Healthy People 2020 initiative has designated LGBTQ individuals as a target population, and specifically noted that LGBTQ health requires specific attention from health care and public health professionals to address a number of disparities. The Centers for Medicaid and Medicare have issued their rulings on the Meaningful Use measures for 2018, and these include gathering SOGI data from patients, which in turn will require health systems and providers to ask their patients about their sexual orientation and gender identity. Family Tree Clinic has been on the forefront of providing culturally specific care and is well acquainted with the specific health care concerns and needs of this community. A commitment to be inclusive of all sexual orientations and gender identities is one we believe that all health systems must make sooner than later.

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# APPENDIX A

## Board Recruitment Committee Profile and Recruitment Needs Assessment

### Current board profile

There are currently 13 members of the board out of 19 available spots

- 10 Female, 3 Male
- All White
- College-educated working professionals
- Age: 30's & 40's
- No trans or GNC
- Small % LGBTQ identified
- Small % current or former patients
- No medical providers
- 8 work at a nonprofit, 3 work at a for-profit business, 2 at a corporation
- Corporations represented: Cargill, Mozilla

### People we serve (2014 data)

35-40% POC	Juveniles in corrections (often
18% African American	Black American youth)
6% Asian	Youth
1% Native	DDBHH community
16% LGBTQ	Low income and uninsured
1-2% Trans / non-binary	

### Considerations for new board leadership recruitment

Skills vs. need for skills on the board

Capacity to make significant financial contributions to the organization

Connections to major individual, corporate, and foundation donors

Reflect current communities served

Reflect communities we hope to serve

Perspective and identity is divergent from the majority of our current BOD



**As a whole, we seek board diversity in:**

- |   |   |
|---|---|
| • Skills  | Skills Needed:  |
| • Gender  | Legal   |
| • Sexuality   | Finance   |
| • Race, ethnicity, culture                          | Fundraising   |
| • Age   | Medical   |
| • Family structure (single, married, kids, no kids) | Experience in reproductive justice/racial justice/economic justice/gender justice |
| • Religion  | Community organizing/group facilitation   |
| • Thought   | Human Resources   |
| • Geography   |   |

**Conclusion: Top priorities for board recruitment**

1. Trans and queer folks
2. People of color: Black American, Hmong, Karen, Somali, Native
3. Capacity to donate or connections to capacity (individuals, foundations, corporations)
4. Medical Providers
5. Adults who work with youth
6. Connection with the communities we serve or hope to serve

**How to identify potential board members**

Personal networks  
Recommendations from partner organizations  
Social media (e.g. groups on facebook)  
Conversations with MCN, MAP, Springboard  
Donor List  
Local Corporations

The Committee successfully recruited 5 new board members in 2015 — bringing key community input, perspective and enthusiasm for Family Tree’s strategic directions.



The background features five stylized human figures in a light purple color. Each figure consists of a circular head and a trapezoidal body. The figures are arranged in a row, with varying heights and positions. The text is overlaid on these figures.

TRANS HORMONE PROGRAM

# Evaluation Report for June 2015 – January 2016

**Prepared by:**  
Erin Wilkins  
Clinical Programs Director

**Family Tree Clinic**  
1619 Dayton Avenue  
St. Paul, MN 55104

## INTRODUCTION

In June, 2015 Family Tree Clinic launched its Trans Hormone Program, a unique and innovative model of hormone care utilizing an informed consent, harm reduction model and community-centered approach. The process of building a hormone care program began in 2009, the year that Family Tree launched its LGBTQ Health Access Initiative and was approached by community organizations, including the Trans Youth Support Network (TYSN) and RECLAIM, with a call to step up to fill a gap in care in the Twin Cities for trans folks, and especially trans youth of color. The pilot of the program has been primarily funded by a two-year Bush Community Innovation grant, which was awarded in August 2014.

### Evaluation goal

The goal of this evaluation is to determine the effectiveness of the first 7 months of Family Tree's trans hormone program in increasing access to care for trans and gender non-conforming individuals and ultimately improving their overall health and wellbeing. This evaluation will investigate components of the trans hormone program that are performing optimally and should be expanded and replicated in future initiatives. In addition, this evaluation will help determine the future directions of the trans hormone program as well as areas for improvement and adjustment.

### Evaluation team

Our evaluation team consists of program staff, medical providers and clinical support staff, front end clinic staff and volunteers. The Trans Health Advocate, Damion Mendez, Clinical Operations Director, EJ Olson, Administrative and Volunteer Manager, Kyle Meerkins, and Front Desk and Hotline Manager, Rita Molestina, helped inform the design of the patient, staff, and community stakeholder evaluation surveys. Laura Johnson, clinic volunteer, helped compile data for analysis. The Clinical Programs Director, Erin Wilkins, led the evaluation process, including evaluation design, collection, analysis and disseminating the results.

## Background and Description of the Trans Hormone Program

### Need and context

Transgender, non-binary, and gender non-conforming individuals experience high rates of health care disparities, in Minnesota and nationally. In most areas of the country, including the Twin Cities, access to affordable, non-pathologizing transition-related medical care is limited. The term "informed consent" refers to a model of health care that does not view transgender and gender non-conforming identities as mental health conditions, and therefore does not require patients to provide a letter from a mental health provider or proof of "real life experience." While the national standards of care have moved towards an informed consent model of hormone provision, providers in the Twin Cities have lagged behind in their approach to

care. Historically, the Twin Cities metro area has not had many, if any, sliding scale clinics providing trans hormone care using an informed consent model. This has presented a barrier to many individuals seeking care due to several significant factors including a lack of trans-affirming mental health providers and the financial burden of paying for therapy services. Additionally, there are very few providers of color or providers who are trans-identified in our community, which provides another layer of inaccessibility for some individuals.

### Target population

The target population for our trans hormone program are individuals seeking an informed consent model and holistic, harm reduction approach to hormone care. Additionally, we especially seek to serve those who are uninsured and underinsured.

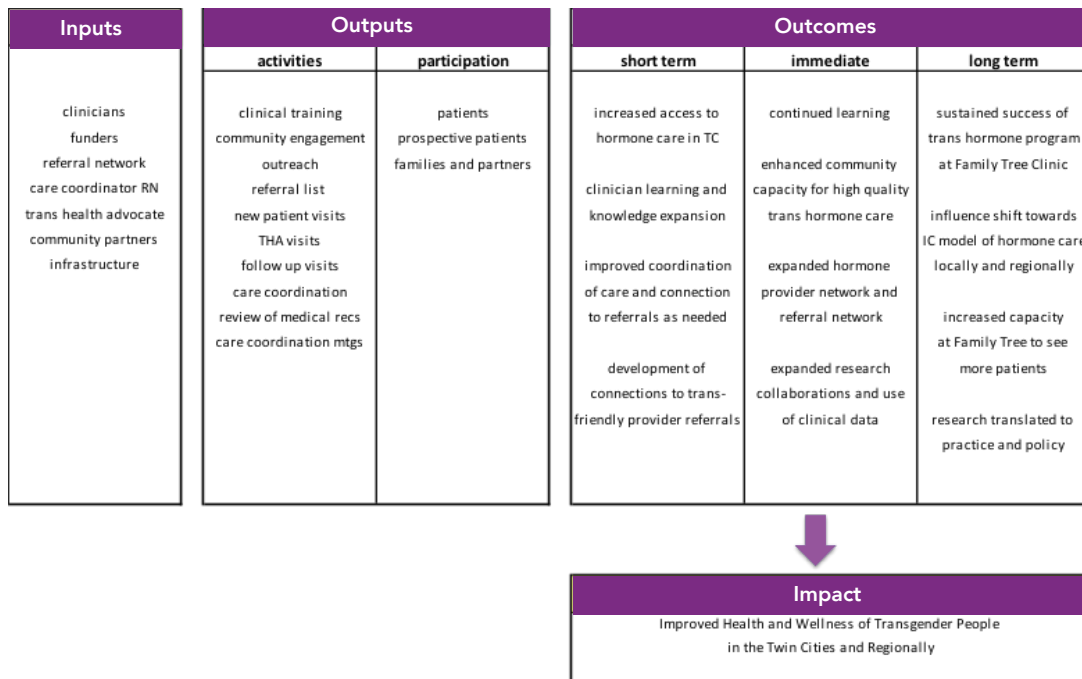
### Objectives

The goal of the trans hormone program at Family Tree Clinic is to provide affordable, accessible, culturally responsive hormone care using an informed consent model and utilizing a harm reduction approach and trauma informed practices. Ultimately this will improve the health and wellbeing of trans communities. Additionally, we have a goal of influencing our medical provider colleagues in the upper Midwest to expand their practices to include hormone care using an informed consent model.

Our overarching focus for year one of the program was to build a thoughtful, holistic, patient and community-centered Trans Hormone Program, growing our internal expertise and becoming really good providers of trans hormone care. In order to achieve this overarching goal, the following program objectives were identified:

1. Train medical provider team to provide high quality hormone care using current standards of care and best practices, and under the guidance of expert medical providers
2. Increase number of trans-identified patients seeking health care at Family Tree Clinic from 2% (48 unduplicated individuals in 2013) of total patient population to 5% (160 in 2015)
3. Strengthen collaborative relationships between organizations working to combat transphobia and improve health access by and for the trans community
4. Improve access to preventive health care among trans individuals in the Twin Cities community: a minimum of 70% of trans patients at Family Tree will access additional preventive health services
5. A minimum of 90% of trans patients will rate their care at Family Tree Clinic as "good" or "excellent"

### Logic model:



### Focus of the Evaluation

#### Evaluation questions

The evaluation team generated many questions during the design process, and prioritized several aspects of the program, both internal and external, that felt most important to examine for this initial evaluation. Our questions focused primarily on determining if the program has been implemented as planned, and if the program is effectively meeting the needs of the trans community. Questions included topics of patient satisfaction, demographics, clinical quality, billing and reimbursement trends, and community stakeholder experiences.

- Who have we seen so far?
- Are we reaching our target populations?
- Cultural responsiveness (using PGPs, name, welcoming clinic space, comfort with staff, etc)
- Access to care
- Patient education – do patients feel well-informed about their care, medications, and ongoing follow up?
- Trans Health Advocate – are patient’s needs being met, what can we improve on?
- Assessment of further training clinicians need

- People with other past medical conditions – assessment of successful connections to referrals
- Time spent on care coordination – records releases, prior authorization
- Percentage of patients accessing additional care at FTC (STIs, BC, Paps, MIC)
- Examine insurance reimbursement and patient payment trends
- # of visits and average reimbursements per month
- Who do you represent and why do you care about this program?
- What is important about this program to you?
- Feedback about what we are doing well and what we could improve on
- For folks who aren't coming here, why not?

### Evaluation design

This evaluation utilizes multiple data sources and will serve as a baseline for later evaluations. Because the program is new, the current data has been assessed against the initial benchmarks the program has set.

#### Evaluation data sources include:

- Patient satisfaction survey
- Community stakeholder survey
- Staff survey
- Retroactive chart review
- Patient demographics analysis
- Kept appointment analysis

### Data Collection

#### Data collection plan

The evaluation utilizes several methods of data collection in various ways: interview, survey, appointment analysis and medical chart review. A written survey was administered to patients in the clinic at the time of check in to assess patients' perception of the program, clinic, and staff. Stakeholder and staff surveys were conducted via online survey. Lastly, a review of hormone program-related medical appointments and charts was also conducted. Evaluation data was collected as anonymously as possible and all data will be kept confidential.

### Analysis and Interpretation

#### Analysis

Both quantitative and qualitative methods are used to analyze the data. Numbered scoring and counts of frequency are used for quantitative data analysis. Qualitative methods such as content analysis were used to review survey comments and medical charts for themes and patterns.

## Interpretation

Evaluation staff and stakeholders will be included in exploring and interpreting the findings. The data from the evaluation will be compared to the established program benchmarks. Stakeholders and those involved in program operations will have ongoing opportunities to review the findings and make recommendations and changes accordingly.

## Report and Dissemination

### Dissemination

Evaluation finding will be disseminated via multiple channels. Presentations will be given at the leadership team meeting, full staff meeting, board meeting, and to the providers at their regular staff meeting. The full evaluation report will be available to all staff and stakeholders online and in paper format. A short report will be drafted and offered to the community via social media and email outreach. An article will also be added to the Family Tree newsletter.

### Use

Program staff and providers will use the findings to refine program strategies for the Trans Hormone Program

## Evaluation Findings

### New patients and visit types

91 adult new hormone patients

17 minor new hormone patients

119 adult follow up visits

33 minor follow up visits

72 Trans Health Advocate visits

70 MA injection visits

## Patient Demographics

### Age

Regular Family Tree providers:

Ages range from 16-67

Average age = 28

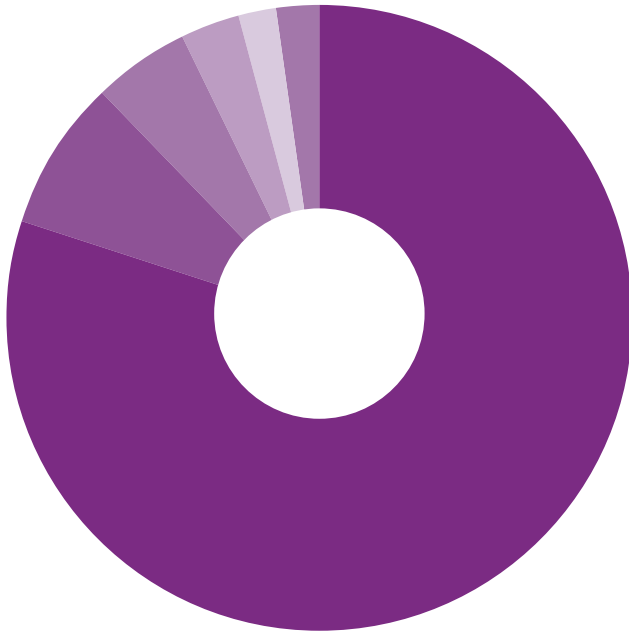
Dr. Meininger:

Ages range from 7-18

Average age = 15

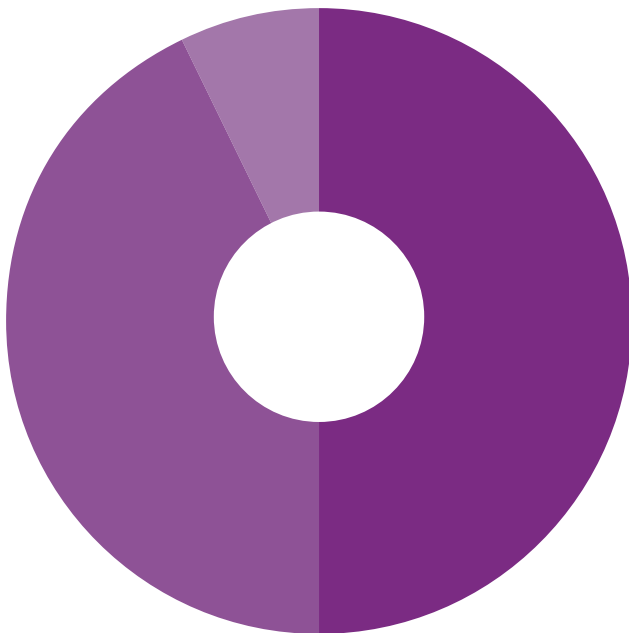


## RACE AND ETHNICITY



### Race

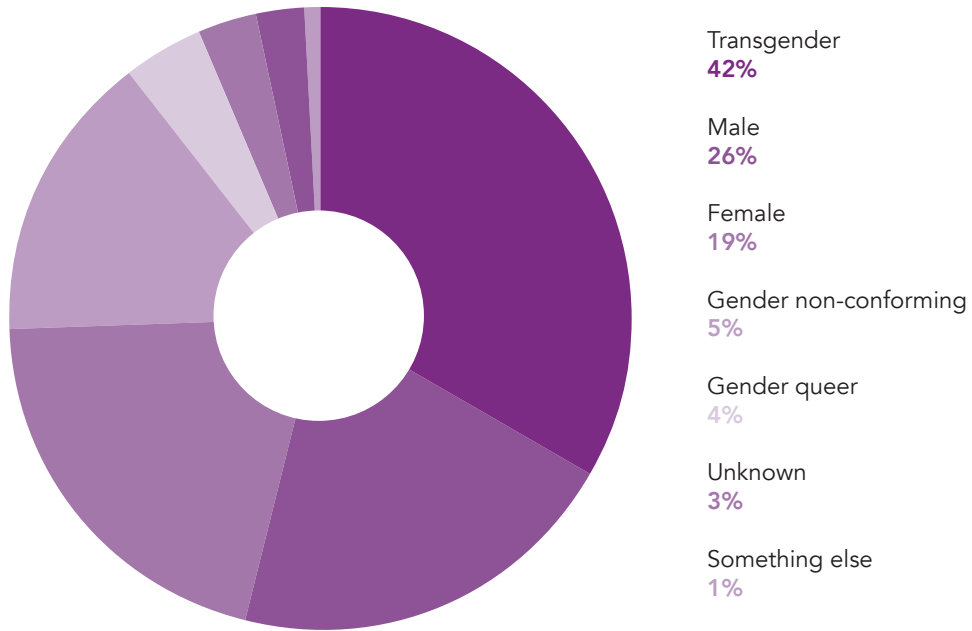
- White  
80%
- Multiracial  
8%
- African American/Black  
5%
- American Indian  
3%
- Asian  
2%
- Other  
2%



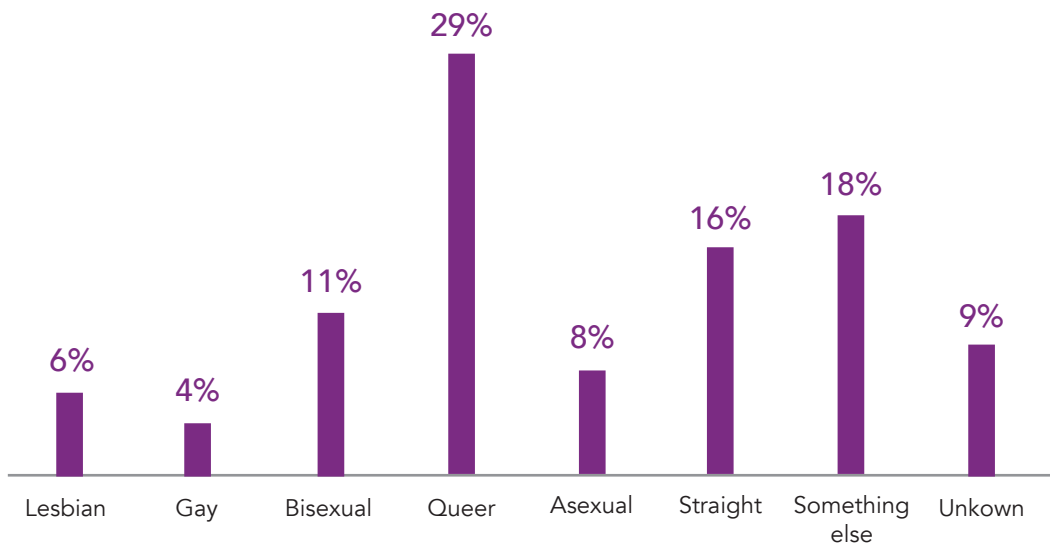
### Ethnicity

- Non-Hispanic  
50%
- Unknown  
43%
- Hispanic or Latino  
7%

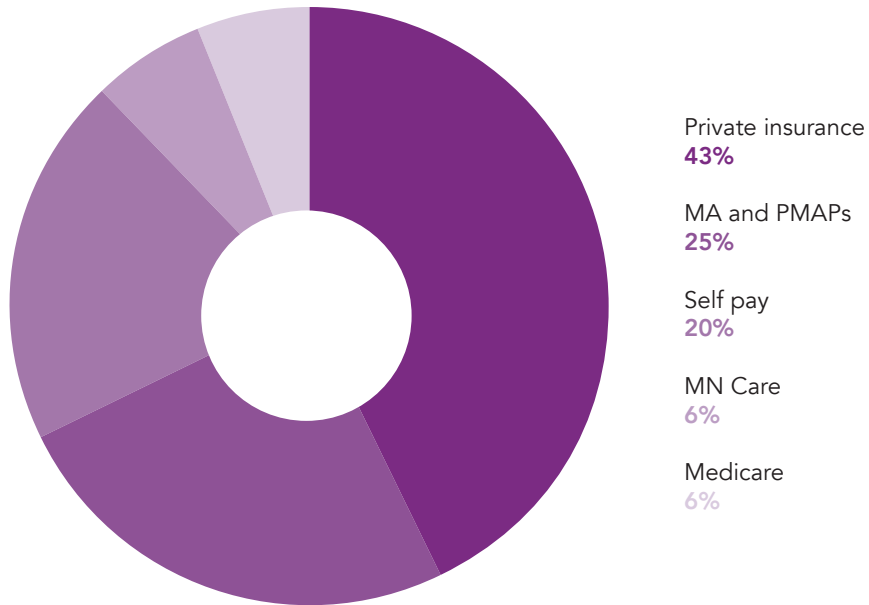
## GENDER IDENTITY



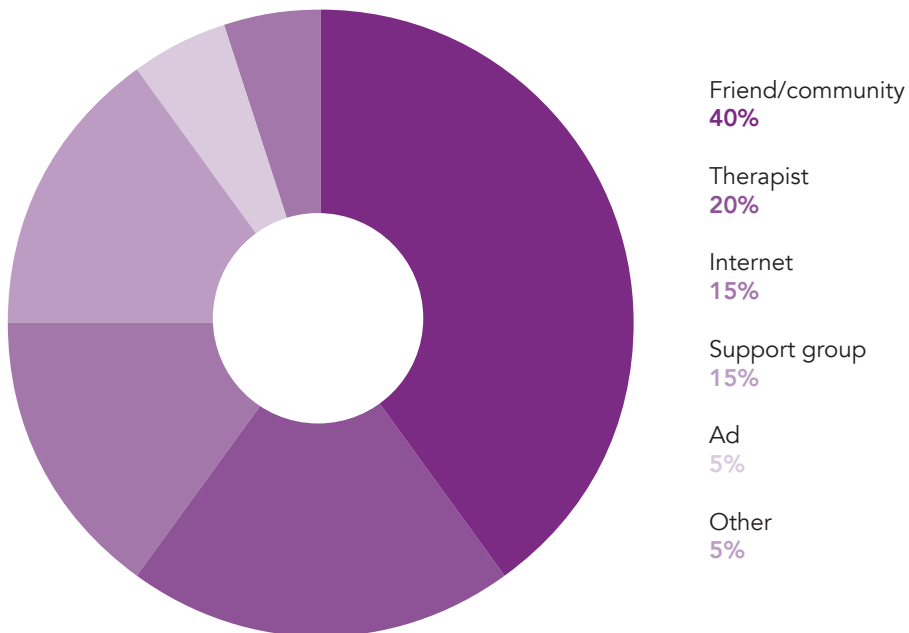
## SEXUAL ORIENTATION



## INSURANCE STATUS



## HOW DID YOU HEAR ABOUT OUR HORMONE PROGRAM?



## Patient Satisfaction Survey

24 completed surveys

### Comments:

"Overall, the process is accessible and affordable. Dawn Brintnell, my practitioner, is knowledgeable, understanding, and lovely."

"I love Jen Demma, and most of the front desk staff is awesome. The MA s and techs have been aces as well. I tell everyone who's interested what a stellar experience I've had here."

"Very friendly staff, felt very welcome right at the door."

"The staff is awesome! Very knowledgeable, which is greatly appreciated!"

"Everything has been amazing, I love it. All services have been great."

### Critical feedback:

#### How can we improve our care?

"Had some accidental deadnaming, think the cause was how patient info is organized in your systems. Just be sure to drive the point home with staff to always double check"

"Quicker callback times"

"Provider availability on days besides Tuesdays"

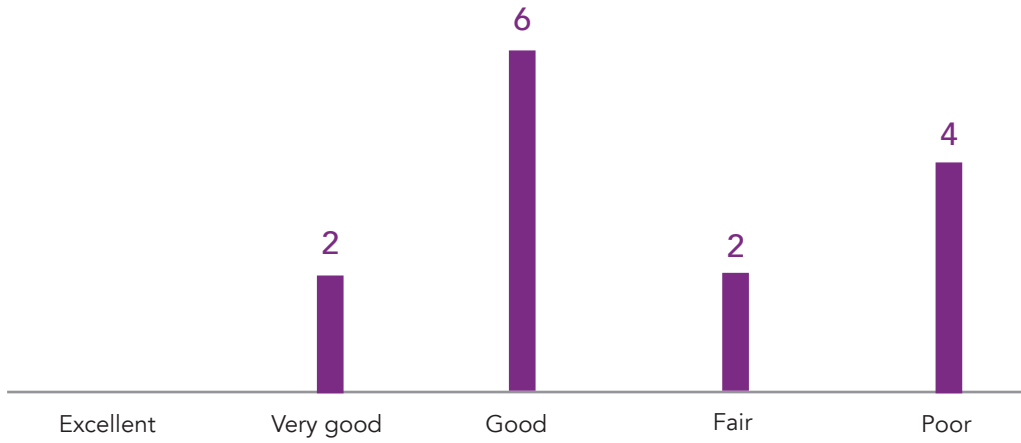
"I understand that the overwhelming demand caused the waitlist--but it has been the most frustrating element of Family Tree's care program"

"More days to schedule hormone care"

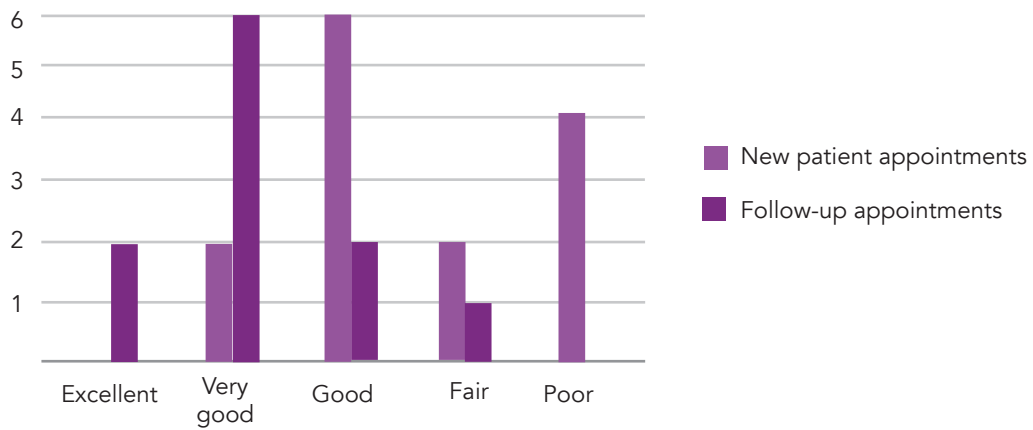
## Staff Survey

23 completed surveys

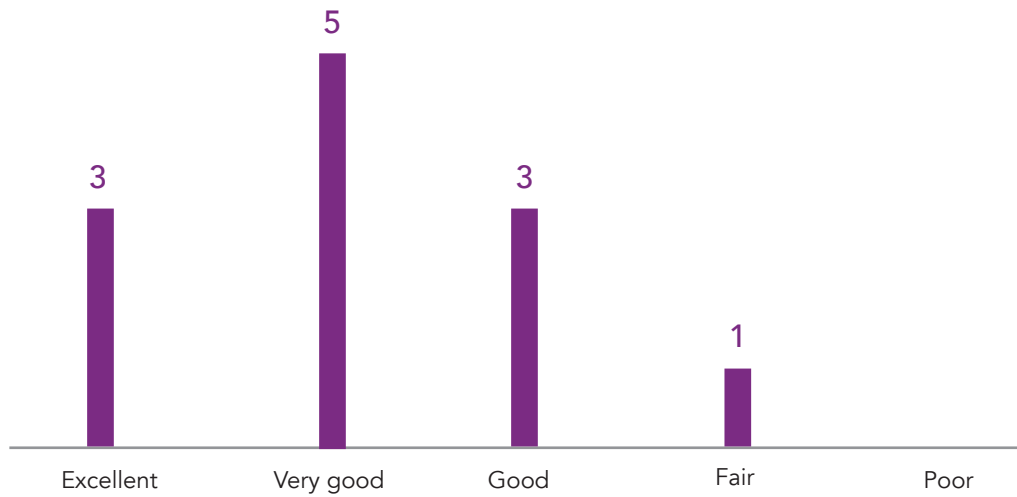
### Accessibility for patients to schedule new patient appointments



### APPOINTMENT SCHEDULING ACCESSIBILITY



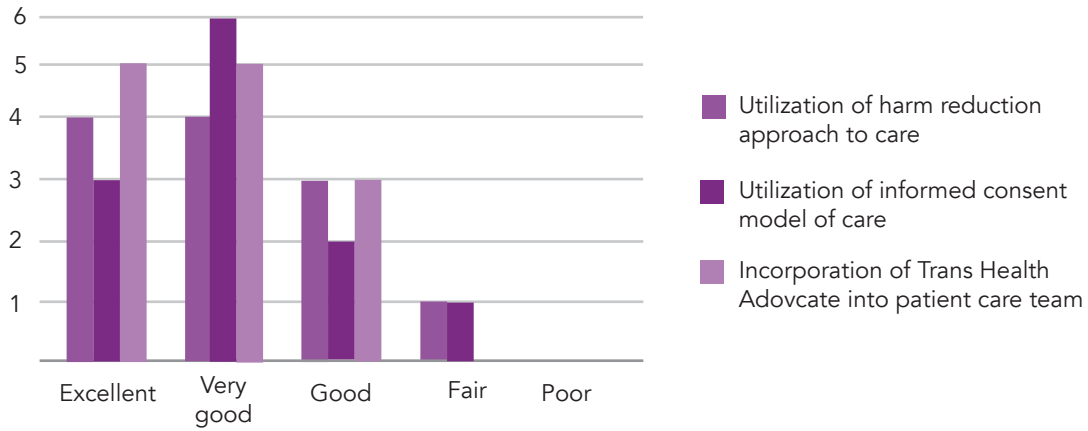
## COST OF SERVICES



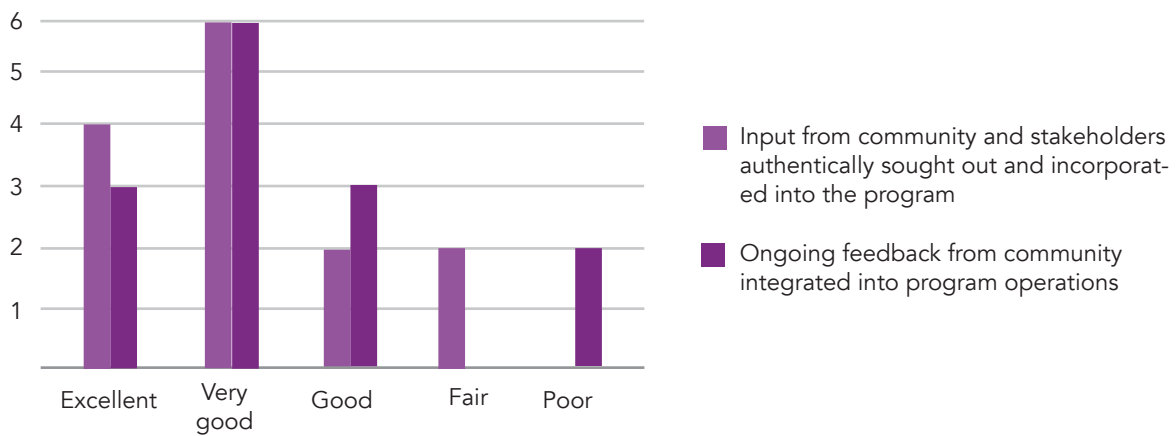
## CULTURAL RESPONSIVENESS



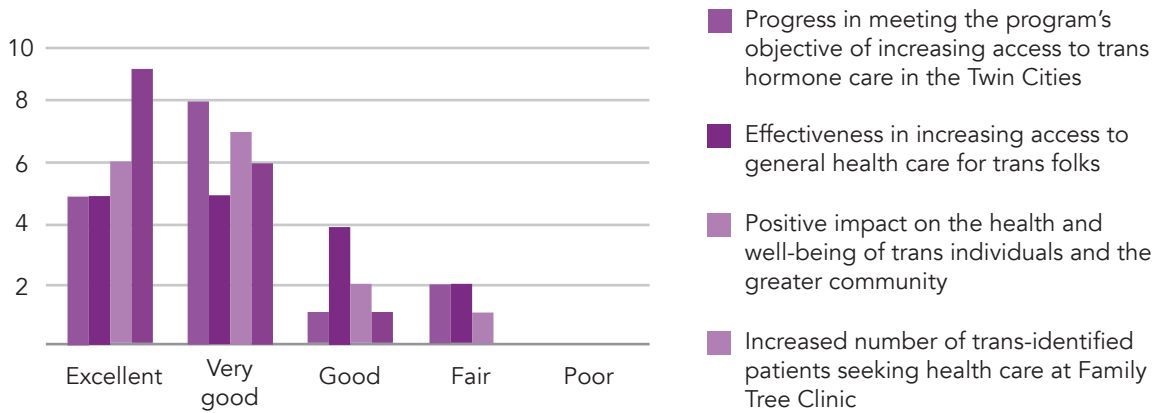
## MODEL OF CARE



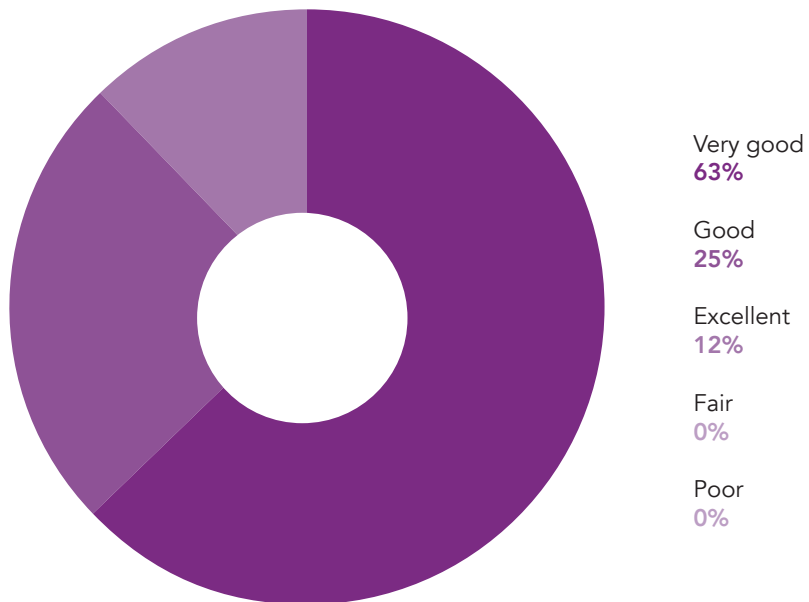
## COMMUNITY INVOLVEMENT



## PROGRAM PROGRESS



## OVERALL PROGRAM SATISFACTION















Advancing Health Equity

[RAINBOWHEALTH.ORG](http://RAINBOWHEALTH.ORG)

  /rainbowhealth

[info@rainbowhealth.org](mailto:info@rainbowhealth.org)

612-206-3180