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A Template for Gender-Affirming Care Referrals with Consideration for Patient Safety and Privacy

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September 2023

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Larner College of Medicine

Problem

- Currently there is no standard referral process for patients to receive gender-affirming care with UVMMC Family Medicine – South Burlington
- There are important considerations for privacy and safety that providers should address when referring someone for gender care, such as:
 - Has the patient come out to anyone?
 - Does anyone other than the patient have access to the provided contact information?
 - Does the patient have a name other than their preferred name that should be documented in the medical record?
- AHEC Focus Areas:
 - Medical practice transformation
 - Current and emerging health issues
 - Connecting communities & community health workers

Public Health Cost

- The US census reports that 0.6% of adults identify as transgender which equates to roughly 2 million individuals
- In VT, it's estimated that 0.53% of adults identify as transgender compared to 1.33% of individuals ages 13-17
- 29% of transgender people in VT who saw a healthcare provider in 2015 reported having at least 1 negative experience related to being transgender including:
 - Refusal of treatment
 - Verbal harassment
 - Physical or sexual assault
 - Having to educate providers about transgender people to receive appropriate care
- In 2015, 12% of transgender people in VT reported that they did not see a doctor over the prior year when they needed to due to fear of mistreatment for being transgender

Community Perspective

“We are currently lacking a formal referral process to family medicine for gender care. Creating a method by which community providers could refer their patients for gender care consult would improve access for patients to this specialty service.” – Anja Jokela, MD

“Consider the experience of the individual going through the process.” – Josh Shamoon, LICSW

Josh provides an example for consideration:

A 12-year-old is being referred for gender care and no parents/guardians are listed on the form. Has the 12-year-old disclosed their gender identity to their parents/guardians? Do the parents/guardians know that the referral was placed? Do the parents/guardians have access to and/or monitor the 12-year-old’s phone or email?

Intervention & Methodology

- Consulted with physicians and social workers at UVMHC Family Medicine – South Burlington to assess for unmet needs or gaps in resources for providing gender-affirming care
- Reviewed existing referral processes and referral form templates
- Created a referral form template that incorporates questions regarding privacy and safety of the individuals who are being referred for gender care

Results

- Referral template created with privacy and safety questions
- The template was shared with Josh Shamoon and Dr. Anja Jokela

Refer To			
Name of Healthcare Provider		Specialty	
Address		City	State
			Zip Code
Clinic Phone Number			
Patient Information			
First Name	Last Name	Pronouns	Date of Birth
Preferred Phone Number			
Relevant History			
Reason for Referral			
Please comment on any specific interventions or supports that are desired (i.e. social, medical, mental)			
Additional Comments			
Privacy and Safety			
Has the patient disclosed their gender identity to their family?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Does anyone other than the patient have access to and/or monitor the provided contact information?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
If yes, please obtain patient perspective and indicate their preferences for receiving communication:			
Does anyone else have access to the patient's medical record?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Does the patient have a different name from their preferred name that should be used for documentation purposes in their medical record?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Referring Provider Information			
Name of Healthcare Provider		Specialty	
Clinic Phone Number			

Evaluation & Limitations

- Patients being referred via this process could be surveyed to determine if they felt that the privacy and safety questions captured important information or if the questions felt intrusive and/or unnecessary
- Providers sending referrals via this process could be surveyed to determine ease of template use and provide recommendations for improvement
- Limitations include:
 - The privacy and safety questions were generated after a limited number of interviews
 - The template was only shared with providers and social workers at UVMHC Family Medicine – South Burlington
 - The template is not currently hosted online and must be shared via email
 - Providers outside of the clinic would be unaware of the template's existence at this time

Future Directions

- Interview and/or survey providers of gender-affirming care for additional privacy and safety concerns with current referral processes
- Broaden access and utilization of the referral template
 - Creation of an Epic dot phrase
 - Build an Epic referral order that utilizes the template
 - Uploading the template to the UVMHC intranet
- Encourage providers to utilize the template

References

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Refer To			
Name of Healthcare Provider		Specialty	
Address		City	State Zip Code
Clinic Phone Number			
Patient Information			
First Name	Last Name	Pronouns	Date of Birth
Preferred Phone Number			
Relevant History			
Reason for Referral			
Please comment on any specific interventions or supports that are desired (i.e. social, medical, mental)			
Additional Comments			
Privacy and Safety			
Has the patient disclosed their gender identity to their family?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Does anyone other than the patient have access to and/or monitor the provided contact information?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
If yes, please obtain patient perspective and indicate their preferences for receiving communication:			
Does anyone else have access to the patient's medical record?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Does the patient have a different name from their preferred name that should be used for documentation purposes in their medical record?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Referring Provider Information			
Name of Healthcare Provider		Specialty	
Clinic Phone Number			