

IMPROVING PATIENT EXPERIENCES IN HEALTHCARE SETTINGS + LGBTQ HEALTH ACTIVITIES ON THE FROEDTERT & MCW CAMPUS

3rd Annual Cancer Disparities Virtual Symposium: Challenges in Cancer
Care for Sexual & Gender Minorities

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Pronouns: he/him/his

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Disclosures

- Gilead Sciences: Research funding
 - Not relevant to today's presentation

Objectives

- Understand the concepts of gender identity and sexual orientation
- Review demographic and health disparities of LGBTQ populations
- Increase cultural competence in providing care to LGBTQ patients
- Understand services currently offered for LGBTQ patients at F&MCW

Case 1

- Jake is a 45-year-old man who came in with chest pain
- A chest x-ray was done
 - It appeared he had metastatic cancer
- Workup showed that he had developed cancer in his residual breast tissue
 - He had bilateral mastectomies 10 years prior

No one had discussed breast cancer screening with Jake, even though his mother and sister had breast cancer

Case 2

- Crystal is a 44-year-old trans woman who started feminizing hormone therapy (estradiol, spironolactone, progesterone) at age 30
- Several years ago, diagnosed with metastatic carcinoid tumor of the small bowel with mets to liver, ER positive
- Required liver transplantation
- Estradiol was discontinued at diagnosis
- Following treatment, she rated her quality of life extremely poor due to dysphoria and lack of fulfillment since discontinuing estradiol

She sought an opinion with a provider specializing in transgender care

Case 3

- Shay is a 33-year-old man, assigned female sex at birth
 - He has been on masculinizing hormone therapy prescribed by an endocrinologist for 8 years
 - He had had receptive penile-front hole (vaginal) sex prior to starting masculinizing hormone therapy
 - Shay had been offered cervical cancer screening, collected by pelvic exam, once in the past and declined due to dysphoria generated by contemplating the procedure and perceived discomfort
- At a second clinic visit, Shay's new PCP offered him the option of a self-collected swab for cervical cancer screening
 - Shay agreed, and completed his first-ever cervical cancer screening
 - The specimen was deemed adequate by the lab

CONCEPTS AND TERMINOLOGY



Sexually Attracted to

Nobody {



(Women/Females/Femininity)



(Men/Males/Masculinity)



Romantically Attracted to

Nobody {



(Women/Females/Femininity)



(Men/Males/Masculinity)

Gender Identity

Transgender people have a gender identity that is different than their sex assigned at birth

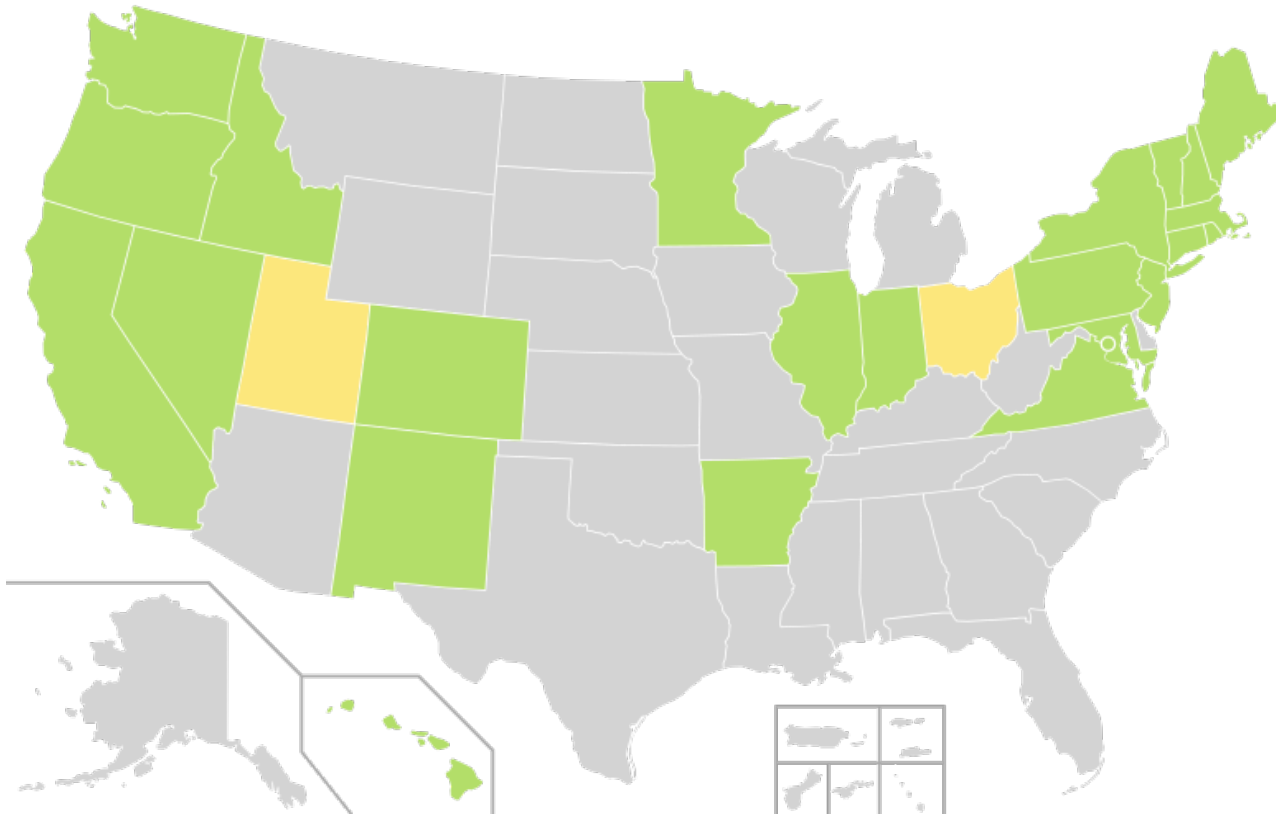
- Transgender woman, trans woman, male to female (MTF)
- Transgender man, trans man, female to male (FTM)
- Trans masculine; trans feminine

Cisgender people have a gender identity that is the same as their sex assigned at birth

Nonbinary people may not identify with any gender, or have a gender that blends aspects of being a man and a woman

- Nonbinary
- Genderqueer
- Gender fluid
- Agender

Jurisdictions recognizing nonbinary gender



+ US Passports by
end of 2021

Transgender presentations

Some individuals medically or surgically alter their body to affirm gender identity

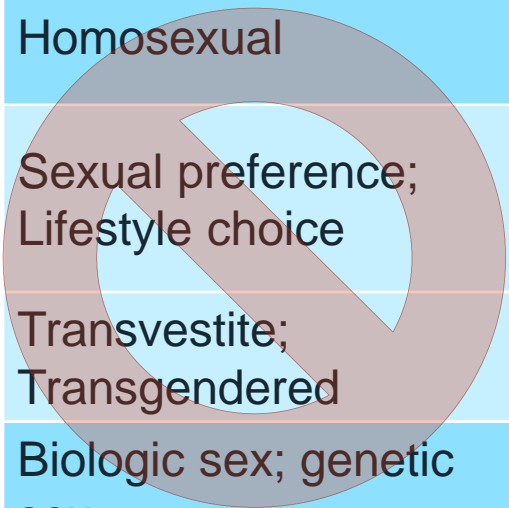
Some change outward appearance

Some make no changes to their appearance

Some change their name and gender legally

Keeping Up with Terminology

Avoid these Outdated Terms	Consider these Terms Instead
Homosexual	Gay, lesbian, bisexual, or LGBT
Sexual preference; Lifestyle choice	Sexual orientation
Transvestite; Transgendered	Transgender; genderqueer
Biologic sex; genetic sex	Sex assigned at birth; birth sex



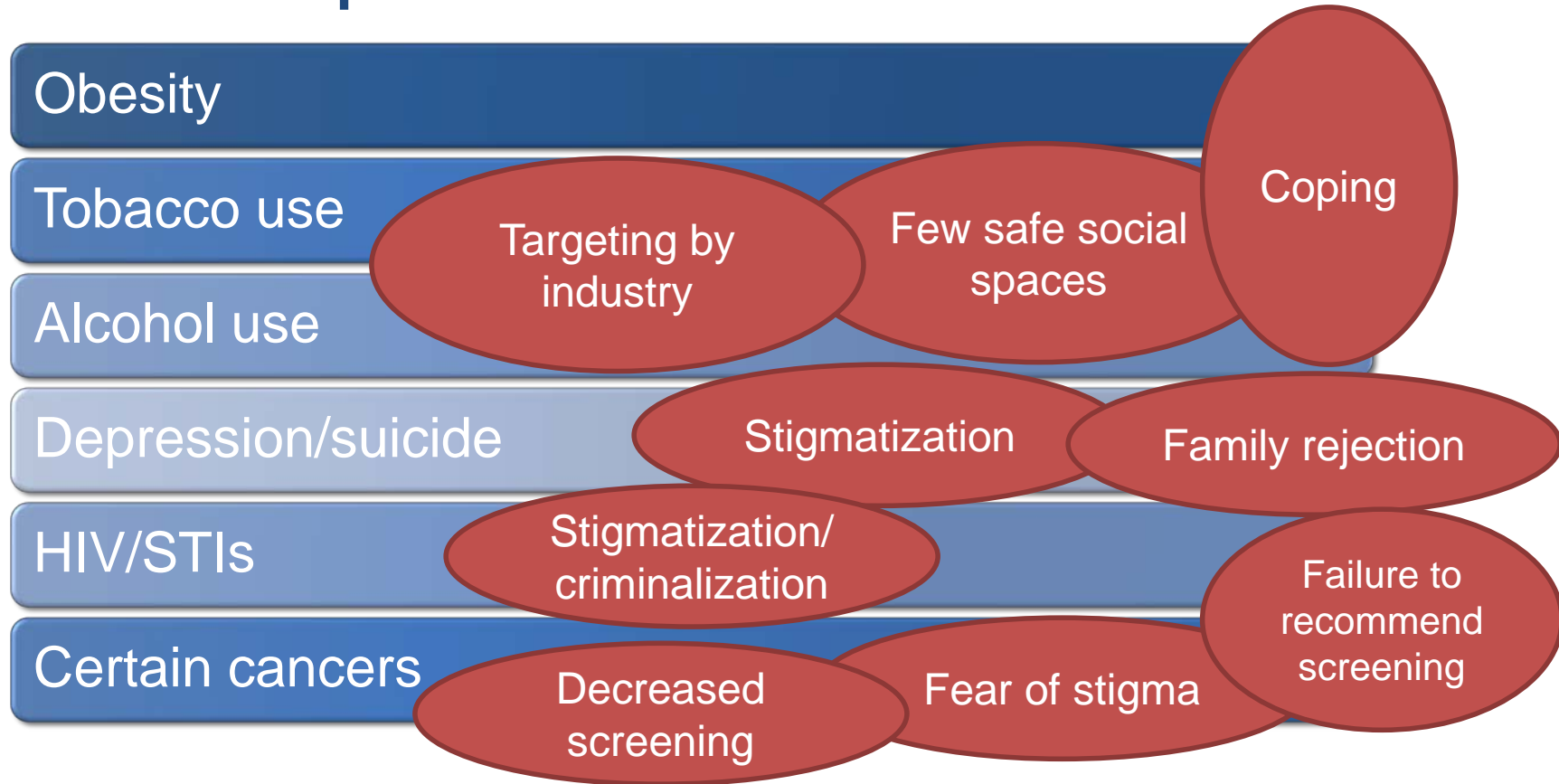
DEMOGRAPHICS

Estimates of LGB and T populations

	Identity	Behavior	# Individuals in Wisconsin
LGB	1.3% - 8.0%	3% to 12%	75,400 – 696,000
Transgender/ gender expansive	0.2% - 1.0%		11,600 – 58,000

DISPARITIES AND EXPERIENCES

Health Disparities in LGBTQ individuals



Barriers to Health Care

More likely to be uninsured

Fear of judgment and stigmatization

Provider-patient relationship:

- Perceived lack of understanding or trust
- Confidentiality issues

2015 US Transgender Survey

National Center for Transgender Equality

27,715 respondents

50 US states + US territories

2015 USTS

- 14% of trans people were uninsured (11% gen pop)
- Out to HCPs:
 - 40% - All HCPs knew they were transgender
 - 30% - Some HCPs knew
 - 31% - none of their HCPs knew they were transgender



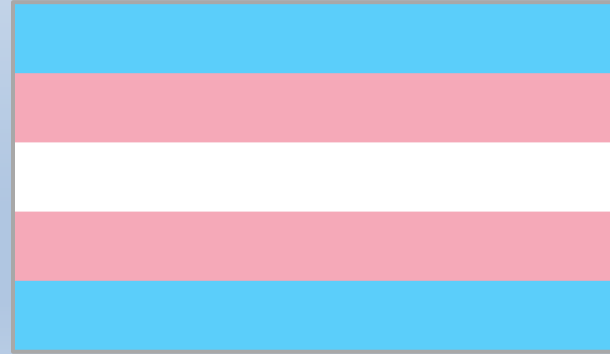
2015 USTS: Negative experiences in healthcare

- 33% one or more negative experiences
- 24% had to teach HCP about trans care
- 15% were asked unnecessary/invasive questions about trans status unrelated to visit
- 6% verbally harassed in healthcare setting
- 5% HCP used harsh or abusive language toward them
- 3% refused to care for them (unrelated to gender care)
- 2% HCP was physically rough or abusive

2015 USTS: Seeking/avoiding care

23% of respondents
avoided seeking healthcare
in the past year due to fear
of being mistreated

INCREASING YOUR CULTURAL FLUENCY WITH LGBTQ+ PATIENTS



Before the visit: Improve your clinic's intake forms

Reproductive

- ☐ Bleeding or spotting between periods
- ☐ Heavy or painful periods
- ☐ Irregular periods
- ☐ Vaginal discharge
- ☐ Prostate problems
- ☐ Scrotal pain or swelling

PERSONAL INFORMATION

Name: _____

I like to be called: _____

What is your primary spoken language? _____

What is your current gender identity? _____

Comment: _____

What was your assigned sex at birth? _____

Date: ____ / ____ / ____

Birth: ____ / ____ / ____

Language? _____

☐ Nonbinary/Queer

Before an outpatient visit...

- Look through paper or online forms the patient has completed
- Record the information on the form (or collected during discussion)
- And, look at any information entered previously

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

Patient's sexual
orientation:

Legal Information

Legal first name:

Legal last name:

Legal sex:

Gender Identity

Autofill with default
responses for:

Patient's gender
identity:

Patient's sex
assigned at birth:

Female

Male

Unknown

Not recorded on birth certificate

Uncertain

Patient's pronouns:

she/her/hers

he/him/his

they/them/theirs

patient's name

decline to answer

unknown

Affirmation steps
patient has taken,
if any:

presentation aligned with gender identity

preferred name aligned with gender identity

legal name aligned with gender identity

legal sex aligned with gender identity

medical or surgical interventions

Patient's future
affirmation plans, if
any:



abc



Insert SmartText



Organ Inventory

☐ Organs the patient currently has:

+ breasts	—
+ cervix	—
+ ovaries	—
+ uterus	—
+ vagina	—
+ penis	—
+ prostate	—
+ testes	—

☐ Organs present at birth or expected at birth to develop:

+ breasts	—
+ cervix	—
+ ovaries	—
+ uterus	—
+ vagina	—
+ penis	—
+ prostate	—
+ testes	—

☐ Organs surgically enhanced or constructed:

+ breasts	—
+ vagina	—
+ penis	—

☐ Organs hormonally enhanced or developed:

+ breasts	—
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Hippolyta, Iris-IDS

PLAYGROUND FINN-IM A. Search

Iris-IDS Hippolyta

Male 42 Y, 9/9/1977

Cur Location: SCB
INFECTIOUS DISEASECode: Not on file
(no ACP docs)

E MRN: 2021600

Search

McQueenie, Diana,
MD
PCP

Coverage: None

Allergies: No Known Allergies

9:00 AM VISIT LEVEL 3
for Sexually Transmitted
Disease

Wt: 94 kg (207 lb 3.7 oz)

BMI: 33.46 kg/m² !

BP: 120/77

CARE GAPS

Cervical Cancer Screening

Breast Cancer Screening

Start Review

Iris-IDS Hippolyta

42 Y, 9/9/1977

Pronouns: she/her/hers

Gender Identity: Transgender Male / Female-to-Male
(Sensitive)

Legal Sex: Female (Sensitive)

Sex Assigned at Birth: Female (Sensitive)

MRN: 80034644

CSN: 241308

Home Phone: 608-334-5875

Patient's gender identity:	Female	Male
	Transgender Female / Male-to-Female	Transgender Male / Female-to-Male
	Other	Choose not to disclose
	Genderqueer/Queer	Gender Fluid

Patient's sex assigned at birth:	Female	Male
	Unknown	Not recorded on birth certificate
	Uncertain	

Patient's	she/her/hers	he/him/his	they/them/theirs	patient's name
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10/14/2019 visit with Hippolyta, Ira-Ids, MD VISIT LEVEL 3 - Hepatitis C consult

Chief Complaint Vitals Allergies Outside Meds Verify Rx Benefits

MyChart Answer Qnrs Goals

Screening/LDA Episodes MyChart Sign-up

Progress Note

Nursing Notes

H&P Notes

Procedure Notes

Progress Notes

+ Create Note in NoteWriter

+ Create Note

No notes of this type filed.

+ ADD ORDER

PRINT AVS

SIGN VISIT

Create a Safe and Welcoming Environment



Add welcoming
visual cues



Make your organization safe for LGBTQ patients and employees

8. A patient may not be denied appropriate hospital care because of the patient's race, creed, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, marital status, age, newborn status, handicap or source of payment.

- And, hire trans employees



GENDER NEUTRAL
RESTROOM



ALL GENDER
RESTROOM

Anyone can use this restroom,
regardless of gender identity
or expression



ALL-GENDER
RESTROOM



At the visit: Starting off well

Cultural humility

- Approach each patient without preconceptions; meet pts “where they are”
- Your life experiences may not project onto those of others

Avoid using gendered terms unless certain (but, why not always avoid?)

- “Your next patient is here. They are in room 3.”
- “How may I help you sir?”

In the room...

Introduce yourself and welcome patient to your clinic

- “My name is Andy and I use he/him/his pronouns”

Ask patient how they want to be addressed

- “By what name should I call you?”
- “What pronouns do you use?”

Use names/pronouns used by patient – also, terms they use for body parts

Asking about gender identity...

- “How do you identify your gender?*** and “What was your sex assigned at birth?”

OR

- “Tell me about yourself” OR
- “Is there anything in particular that I should know about you and your health in order to take care of you the best way possible?”

What to write in the chart

Bryon is a 24 year old man...

Aspen is a 20 year old adult who is here to...

Bryon is a 24 year old transgender man...

Aspen is a 20 year old gender nonbinary adult who is here to...

Bryon is a 24 year old man (assigned female at birth)...

Aspen is a 20 year old gender nonbinary adult, assigned male at birth, who is here to...

Things to think about during your H&P

Performing a thorough history

Current complaints

Medical history

Mental health history

Social history

Sexual health history

Family history

Family planning/fertility concerns

Hormone use

Silicone use

Surgical history

Organ inventory

Physical exams may be emotionally distressing for patients

- Create a culture of consent
- Explain why the exam is necessary and/or prep for next visit instead

Consider how you can minimize body dysphoria

- Use affirming terminology for body parts
 - "Are there any words you would like me to use to refer to specific body parts"
 - Use gender neutral terms (e.g., "your genitals", "your chest")
- Draping
- Ongoing permission

You may notice

- Trans men may wear a chest binder or penile prosthesis
- Trans women may wear a padded bra or do "tucking" of the penis/testes and wear a gaff



Other things to consider

The need to affirm one's gender can supersede other health concerns

Case 2

Many patients will have had previous negative experiences with healthcare

Avoid asking questions solely out of curiosity

Cancer Screening

Evidence of best practices for cancer screening among transgender patients is generally lacking

Case 1

- Meanwhile, some cancer rates in this population are disproportionately high

Generally, follow screening guidelines currently available for each organ/tissue the patient has

- Keep “organ inventory” up to date, and refer to it
- Keep in mind, mastectomy performed for chest masculinization is not a radical mastectomy

Watch for emerging data on alternate cancer screening methods

Case 3

Test result interpretation

- “Normal” ranges for some tests are gender-specific
 - E.g., hematocrit, bone density
- Generally, use affirmed-gender normal ranges for labs once a person has been on hormones for > 6 months
 - Evidence is lacking on best timing
- Less consensus on bone density results

WHAT ARE WE DOING AT FROEDTERT & MCW?

Froedtert & The Medical College of Wisconsin Inclusion Health Clinic



Why did we open the Inclusion Health Clinic?

Improve health of LGBTQ individuals by providing...

- An affirming environment
- Excellent healthcare
- A focused and well-known clinic

Provide training opportunities for MCW (and other) students and residents

- Clinical experience
- Development of LGBTQ health elective for M4 students:

Leverage expertise to improve patient care and patient experience throughout Froedtert Health

Froedtert & MCW Inclusion Health Clinic

Services offered:

- General primary care
- Gender-affirming hormone therapy
- OB/Gyn care
- HIV treatment
 - HIV linkage to care
 - HIV case management
- HIV PrEP
 - PrEP navigation
- Endocrinology
- GI
- Psychiatry
- Dermatology

Insurance accepted:

- Medicare
- Medicaid
- Commercial

Criteria:

- Any LGBTQ+ identified person or family member
- Age 15+

We provide the highest standard of medical care, specifically designed to comprehensively meet the health care needs of the LGBTQ community. Whether you need primary or specialty care, the Froedtert & the Medical College of Wisconsin Inclusion Health Clinic is here for you.



Mary Beth Alvarez, MD
Psychiatry and Behavioral
Medicine



Jamie Butth, MD
Internal Medicine



Jesse Ehrenfeld, MD, MPH
Anesthesiology



James Esteban, MD
Gastroenterology



Jessica Francis, MD
Obstetrics and
Gynecology



Annie Lakatos, APNP
Internal Medicine



Abi Musholt, PA-C
Psychiatry and Behavioral
Medicine



Raj Narayan, MD
Obstetrics & Gynecology



Andrew Petroll, MD, MS
Infectious Diseases



Jenna Sarvaideo, DO
Endocrinology



Kevin Robertson, MD
Family Medicine



Juan Pablo Trivella, MD
Gastroenterology

Froedtert & MCW Inclusion Health Clinic

414-805-2018 Froedtert.com/lgbtq



Other gender-affirming services available at Froedtert Hospital

- Voice therapy
- Laser hair removal
- Makeup training
- Facial fillers
- Facial and neck surgeries
- Breast reduction and breast augmentation
- Hysterectomy
- Orchiectomy
- Vaginoplasty coming soon
- Phalloplasty coming soon(ish)



Children's Wisconsin Gender Health Clinic



CW Gender Health Clinic Services

- Care for children of any age seeking gender-related care
- Clinic staff includes:
 - Pediatric endocrinologists
 - Pediatric health psychologists

Education

- LGBTQ health education within multiple courses in the pre-clinical and clinical years in medical and pharmacy schools
- Annual Transgender Health Symposium
- Ongoing departmental and clinic-based education
- >70 learners have been precepted within the Inclusion Health Clinic
- New in 2020:
 - M4 4-week elective: “Clinical Care of LGBTQ+ Patients”

THANK YOU

Educational Resources

- National LGBT Health Education Center
- UCSF Center of Excellence for Transgender Health
- World Professional Association for Transgender Health (WPATH)
- GLMA: Health Professionals Advancing LGBT Equality

Local Organizations

- Brady East STD Clinic
- Diverse & Resilient
- FORGE Wisconsin
- Milwaukee LGBT Community Center
- LGBT Center of SE Wisconsin