Advisory Board

Playbook for Building a Comprehensive Gender Affirmation Health Program

Three steps to meet the needs of your community

Executive summary

As insurance coverage for gender affirmation services expands and more patients request these services, providers have begun to consider not just how to offer welcoming and gender affirming care, but how to formalize these services into dedicated programs.

We recommend provider organizations take three steps to develop their programs:

1. Goal-setting: Determine why you're developing the program, and what goals you hope to achieve

2. Market-sizing: Evaluate the market need for services

3. Building and growing: Begin by determining which services you'll offer in the program, then decide the program's operational and leadership structure. Finally, plan staff education and training, and finish with branding and marketing.

> **Suggested readings**
>
> **Hospitals are building gender affirmation health programs. Here's how to decide which services to offer.**
>
> This blog post identifies the major differences in structure and staffing of the two main program types: surgery-only and comprehensive care.
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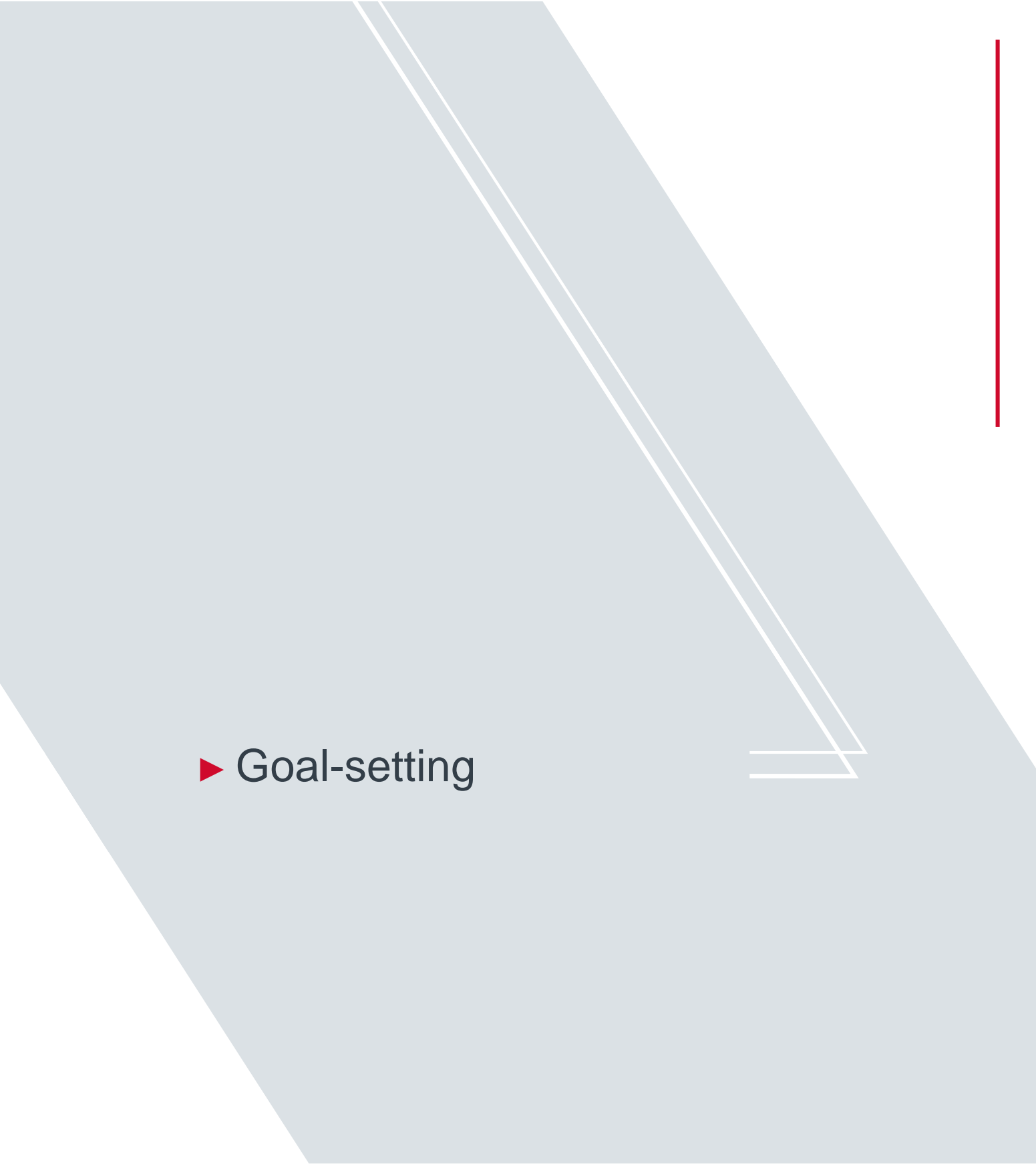> https://www.advisory.com/research/market-innovation-center/the-growth-channel/2019/02/gender-affirmation
>
> **Transgender patients need more than surgery-only care. Here's how to meet their needs.**
>
> This blog post outlines two considerations for creating a comprehensive care program that meets the needs of the transgender community.
>
> https://www.advisory.com/research/market-innovation-center/the-growth-channel/2019/05/gender-affirming

Source: Advisory Board research and analysis.

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► Goal-setting

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Organization vision creates parameters for program purpose

Goals guide subsequent efforts to define investment, success

Defining program goals from the outset creates helpful guideposts for program development. Knowing what you want to achieve and how you'll measure success will help appropriately scope planning and investment efforts.

Possible goals	*Possible success metrics*
1 Provide safe, sensitive, and holistic care to all potential patient populations; strive for inclusive care regardless of where patient enters program	• Positive word of mouth and reviews • Physicians receive WPATH[1] certification • High score on the HRC[2] Health Equality Index • Provide cultural training for all organization staff
2 Offer niche specialty services to grow overall surgical volumes and develop a progressive reputation	• Increase number of referrals • Referral network growth • Positive patient inmigration
3 Fill health care service gaps in the community	• Participation in local events (e.g., LGBTQ+ Pride Month events, community centers) • Patient loyalty

Key Questions

1

Why do you want to develop a program?

Many gender affirmation health programs feel that their organization's mission aligns with the goals of their program. Some hospital-centered programs formed after physicians noticed common referral relationships and health care needs for transgender patients. Their goal became to serve those patients in a more coordinated fashion. Some organizations develop programs because they believe it is the best way to provide holistic care for patients, or because it is the right thing to do for their communities. Others have recognized an unmet demand in the market. In all likelihood, the rationale for developing a program will be some combination of these factors.

2

What do you want to achieve, and how will you measure success?

Many programs track referrals and volumes to demonstrate growth success and seek to achieve volumes large enough to sustain the program, as well as reach every patient who may need or want care. Tracking revenue unique to the program may be difficult because of difficult-to-bill services like social work and other services that may be provided by a partner organization.

3

What is the timeline for development?

Determine if this is an immediate growth strategy or a long term growth goal. Doing so will allow you to better plan the services you will offer and staff participation.

1) World Professional Association for Transgender Health
2) Human Rights Campaign

Source: Advisory Board research and analysis.

▶ Market-sizing

- Market analysis
- Internal audit
- Financial feasibility

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Transition-related surgeries are growing nationally

Evaluate your local market demand for gender affirming services

Like any service line expansion, understanding local market demand for services helps inform the program's financial feasibility. It is also important to understand the competitive landscape for gender affirming health programs, as it's a growing market and innovation potential is high.

1

Is the national market for gender affirmation services growing?

Nationally, there is strong demand for gender affirming health services. There are an estimated 1.9 million transgender people living in the US. The American Society of Plastic Surgeons reported that its members performed over 8,300 gender affirming surgeries in 2017, a 155% increase from 2016. As access to care increases (in terms of geography and insurance), so has the number of surgeries performed each year.

2

What is the size of your local market for gender affirmation services?

Consider referral volumes, surgeries, medical services, and the size of the local transgender population. About 0.6% of the US population identifies as transgender, which you can use to roughly estimate the proportion of your market that identifies as transgender. If applicable, speak with physicians providing services to estimate the volumes already coming in your door. Transition-related services are often billed under various service lines, but the most common are plastic surgery, endocrinology, ENT, general surgery, urology, and gynecology.

3

Are competitors in your market already offering gender affirmation services?

Understand your competitor's service offerings: if they are branded as a dedicated transgender health program, if they offer transition-related surgeries, other medical care, and at what capacity they are operating. Are these competitors meeting physician and patient service expectations, or is there latent demand in any area of their practice? Research if competitors have any local or national name recognition for gender affirming care, such as being named on the Human Rights Campaign Healthcare Equality Index.

4

Should you partner with other organizations to provide gender affirmation services?

Identify areas where it may make sense to partner with another organization. For example, many gender affirmation health programs partner with a behavioral health provider to help their patients access psychotherapy services before, during, and after their transitions, as many hospitals don't offer those services in-house. Other considerations for partnerships are clinics for hormone therapy, or rehabilitation centers for physical therapy. Social workers are also typically contracted.

Source: Advisory Board research and analysis.

Perform internal audit to understand core competencies

Audit existing service offerings, clinical and non-clinical staff capacity

Performing an internal audit of your organization's current service offerings, clinical and non-clinical staff capacity, and relationship with the LGBTQ+ community will help scope the feasibility of starting a program. An internal audit helps evaluate whether the goals of the program are reasonable given the current capabilities of your organization, and will help you understand whether you'll need to make any investments or recruit additional physicians to offer a program.

Key Questions

1 **What is the state of your relationship with the local transgender community?**

Many organizations have physicians who treat transgender patients individually, whether for hormone therapy, surgery, or general primary care. Those physicians may gain recognition in the community as a provider of affirming care. Assess whether you have well-regarded physicians who are active in the community and can act as a program champion.

2 **Do current clinical staffing structures support growth of the program?**

Some organizations find it helpful to send out an organization-wide email survey to gauge interest in participation in the program. All programs should be multi-disciplinary to ensure all aspects of patient care are being attended to. Typical programs include ENTs, general surgeons, urologists, gynecologists, plastic surgeons, mental health professionals for pre- and post-surgical care, physical therapists for post-surgical care, and endocrinologists for hormone therapy.

Programs will need to determine how they integrate new patients into providers' established work loads, as well as if providers will be full-time dedicated to the program, or part-time. Often, one of the most enthusiastic providers emerges as the director or physician champion of the program. Lastly, performing an internal audit of your clinical staff will help you determine if your organization can meet the WPATH[1] guidelines for standards of care.

3 **Do current non-clinical staffing structures support growth of the program?**

Non-clinical program staff includes administrative staff, social workers, legal support, and insurance navigators. Many programs also offer peer support groups as part of their non-clinical offerings. Performing an internal audit of your non-clinical staff will help you determine if you have an appropriate structure already in place, if you will need to re-arrange the structure, or if you will need to hire externally for any position.

4 **Do you have strong executive buy-in?**

Executive support helps hold everyone in the program accountable for meeting the organization's goals for the program. In addition to providing guiding principles to the program, executive support can assist in securing financial backing for the program. Lastly, support from executives helps drive internal interest in the program and fuels physician participation.

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1) World Professional Association for Transgender Health

Source: Advisory Board research and analysis.

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Insurance coverage often difficult to determine

As such, many programs are subsidized by their organizations

Completing an assessment of financial considerations helps to get ahead of accounting for all pieces of the program, so that implementation runs smoothly and the program is sustainable. It is beneficial to understand the insurance landscape for transgender care, as it's often variable. Additionally, self-pay is often not an option due to the high cost of care, which can range anywhere from $75k to well over $150k for surgeries alone.

Insurance Landscape

Fourteen percent of transgender people surveyed by the National Center for Transgender Equality in the 2015 Transgender Survey reported they were uninsured, compared to 11% of adults in the US population. Over half of respondents reported they were denied coverage for transition-related surgery in the previous year, and a quarter reported they were denied coverage for hormone therapy in the previous year. As transition-related procedures may be prohibitively expensive for patients to pay out-of-pocket, their lack of insurance is problematic from both patient and provider perspectives.

In 2014, Medicare ended a blanket denial of transition-related surgery coverage. Currently, 12 states and DC offer Medicaid programs covering transgender care. Most national commercial insurers also cover some transition-related services, but coverage varies by state and employer, often with variable outcomes for the patient in terms of pre-authorization approvals.

Most insurers use the WPATH Standards of Care to determine surgical pre-requisites. Procedures like genital surgery are generally deemed medically necessary by insurers, while procedures such as hair removal and facial feminization may be considered cosmetic and may thus not be covered. Patients may be unable to undergo surgery if they are cannot pay out-of-pocket for surgical pre-requisites that insurance companies may consider cosmetic.

Clinical staff of any transgender health program should be equally familiar with the WPATH Standards of Care, as many surgeons use these guidelines to make surgical-readiness decisions about patients with their multi-disciplinary care team.
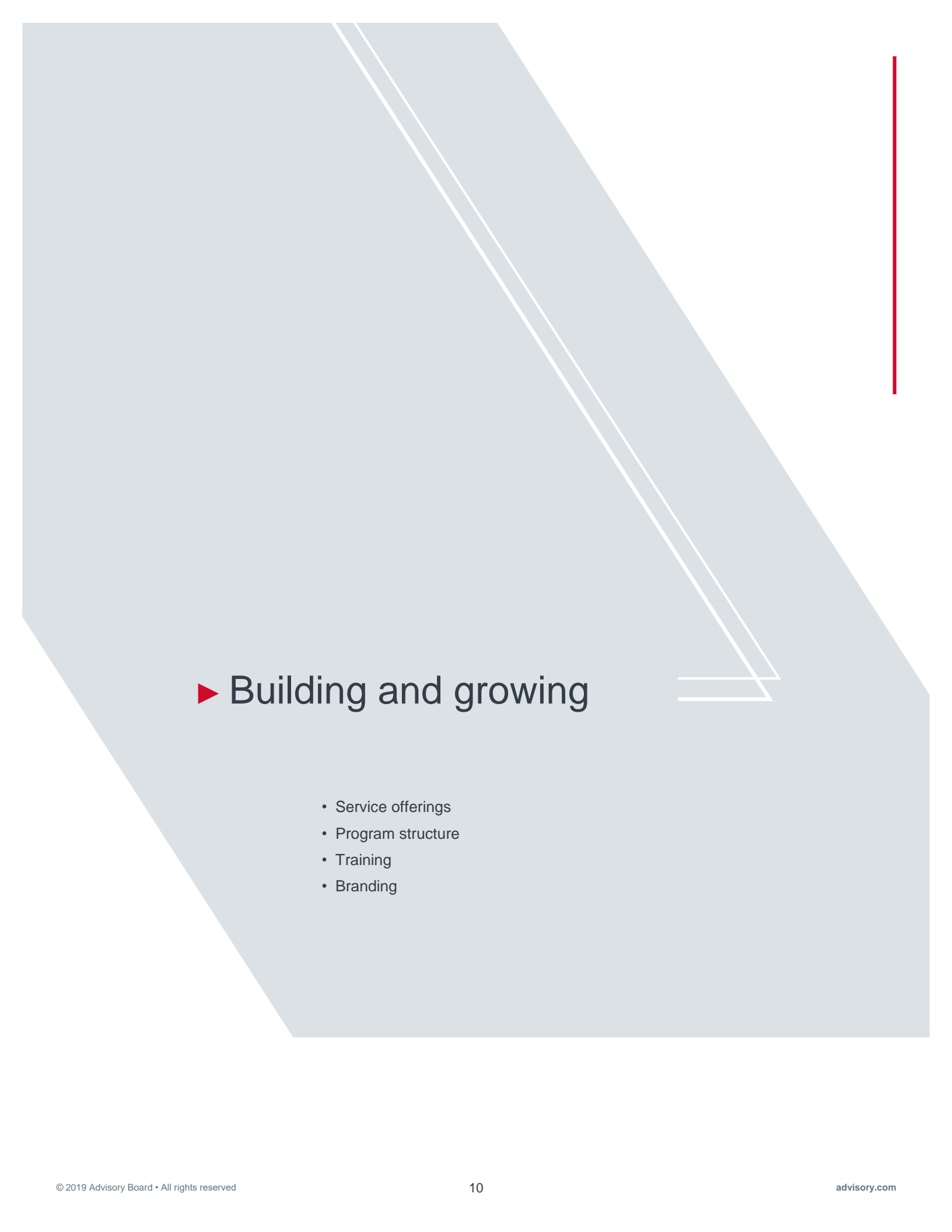
Key Questions

1 **What will the program cost?**

Consider both fixed and variable costs. Many organizations do not require additional investments in technology or space; rather, costs come from staffing needs such as insurance navigators and patient advocates or case managers.

2 **What are your key funding and revenue sources?**

As the insurance landscape shifts and state Medicaid and commercial payers now cover surgeries and other services, it is important to understand the policies in your state. Also keep in mind your payer mix, as self-pay patients may still come to your program. Apart from payers, consider funding sources like grants, community funding, or the internal budget, and determine where funding for the program will come from (e.g., community benefit). Other funding sources include private donors and local entities like community-based organizations.

Source: Advisory Board research and analysis.

▶ Building and growing

- Service offerings
- Program structure
- Training
- Branding

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Lean on internal audit to determine service offerings

Identify service gaps, and plan how best to fill them

Strategic imperatives for selecting service offerings

Use core competencies to determine service offerings

- It is difficult to build a gender affirmation health program without a strong physician foundation, as many programs are established around a group of physicians who have provided affirming care in the past. That is not to say that gaining interest organically isn't possible, but deciding which services to offer often depends on what services your organization currently has.

- For example, if you're a specialty physician practice, it would not be feasible to offer primary care in your gender affirming health program if your organization doesn't already offer primary care. Conversely, it may be easier to introduce new medical services to your program (like hormone and voice therapy), than it would be to introduce a variety of new surgical services, as some gender affirming surgeries can be very complex and require highly specialized providers. As such, deciding on your service offerings may also require physician recruitment.

Evaluate spectrum of programs to determine program model type

- Program models vary based on the scope of services provided and the extent to which the organization relies on external partnerships to provide non-surgical care required by patients.

- On one end of the spectrum are programs that offer comprehensive care in-house. These programs generally offer open and affirming medical and surgical care, both transition and non-transition related, as well as robust non-clinical services, such as patient navigation and social work. Consider this option if your organization already offers a full spectrum of comprehensive care services.

- On the other end of the spectrum lie programs that are primarily surgery focused. These programs rely on partnerships with existing community resources and other providers to create a care pathway for patients seeking gender affirming surgery, like mental health and hormone therapy.

Source: Advisory Board research and analysis.

Program models bounded by two poles

Programs vary by clinical, non-clinical services offered in-house

Spectrum of program model types

Completely comprehensive care

CASE EXAMPLE | **Mount Sinai Health System**
New York, NY

The Center for Transgender Medicine & Surgery at Mount Sinai covers the entire patient care pathway regardless of reason for care, and does not contract out for any services. The center offers puberty suppression, sex hormones for youth, primary care, medical care from a variety of specialists, behavioral health, a variety of transition-related surgeries, and support services such as social work.

Comprehensive care, with some partnerships

This type of program may be hospital centered, and provide gender affirming primary care, as well as specialized medical, surgical, and social services. They may partner with another organization to fill common service gaps, such as insurance navigation, legal support, case management, behavioral health consults, or physical or voice therapy.

Transition-related surgery, with some partnerships

This type of program may be hospital centered or a private practice, and specializes in transition-related surgery. These programs typically provide some non-clinical services such as insurance navigation, some medical services such as hormone therapy, and partner with other organizations for most other medical services such as voice therapy.

Transition-related surgery only

CASE EXAMPLE | **Brownstein & Crane**
San Francisco, CA

The Crane Center for Transgender Surgery (formally known as Brownstein & Crane Surgical Services) is a surgical practice with offices in Austin, Texas and San Francisco, California. The highly trained surgeons offer a full spectrum of gender affirming surgical procedures. Staff at the Crane Center are available to guide patients thought the entire surgical process, from obtaining insurance authorization and letters of support, to comprehensive postoperative care.

Source: Advisory Board research and analysis.

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Program structure depends on current staff and layout

Programs may be centralized or decentralized, regardless of service offerings

There are three components of program structure to consider—physical location, administrative staff, and leadership. The physical location and administrative staff components may be either 'centralized'—meaning that the program is collocated—or 'decentralized'—meaning that the program services are housed in the participating specialties/departments.

Centralized structure

Decentralized structure

1 **Centralized physical location**

- Centralized programs have one main location

CASE EXAMPLE | **Cleveland Clinic**
Cleveland, OH

Cleveland Clinic has centralized their transgender care into one health center for Lesbian, Gay, Bisexual and Transgender Health. With a comprehensive set of service offerings, most primary and medical care is based in the center, while surgical care is mainly located where participating surgeons see patients.

Decentralized physical location

- Decentralized programs are typically more spread out geographically

CASE EXAMPLE | **Forrest Health System[1]**
Academic System in the West

The Transgender Health Program at Forrest Health has each of its services housed in its original location and department, so that the program is integrated into the organization. This structure allows for every PCP to care for any patient, and allows Forrest Health to promote transgender care as part of everyday care at their facilities.

2 **Centralized administrative staff**

- Centralized programs may hire one or two non-clinical staff specifically to handle the referral and intake process
- These staff members will also typically schedule visits for the program

Decentralized administrative staff

- Decentralized programs may incorporate the added services and patients into the work flows that providers have already established
- Hiring additional staff may not be necessary

3 **Leadership**

- Leadership structure will depend on the size and scope of the program rather than the centralized/de-centralized structure
- Some programs may opt for one full or part time medical director to ensure a standard of care in the services offered, and to comply with WPATH guidelines
- Other programs may have a dyad model, comprising a medical director and program director/coordinator
- The program director or coordinator oversees administrative and business tasks, such as scheduling, case management, patient advocates, marketing, and community outreach

1) Pseudonym

Source: Advisory Board research and analysis.

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Train all staff involved in the program, at a minimum

Providing education will ensure the cultural competency of your program

Why is training necessary?

Based on prior unwelcoming and uninformed care experiences, many patients identifying as transgender may distrust health care providers. As such, organizations that seek to develop gender affirmation health programs must often undergo a substantial culture change and prove themselves to be affirming and welcoming.

To do this successfully, programs must, at minimum, undertake comprehensive education of, and training for, program stakeholders. Organizations that seek to provide open and inclusive care more broadly may choose to expand that training to all staff across the enterprise. There are many materials already created for this purpose, such as the National LGBT Health Education Center's learning modules.

1 out of 3

Respondents to the 2015 US Transgender Survey **reported having at least one negative experience with a health care provider in the past year related to being transgender**, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.

CASE EXAMPLE | **Celesteville Hospital[1]**
Academic hospital in the Midwest

Celesteville Hospital developed education materials in-house to train program staff and promote cultural competency.

Celesteville Hospital holds formal training for any staff involved in their Transgender Health program with materials they've developed in-house. This training is thanks to a member of their team who is part of the transgender community, and an asset in leveraging the trust with their local community. Celesteville also held a one day symposium for transgender health, where they hosted over 200 participants from across their organization.

CASE EXAMPLE | **Denver Health**
Denver, CO

Denver Health's training philosophy is about normalizing transgender care by integrating services across their organization.

The LGBTQ Center of Excellence at Denver Health has a dedicated trainer who trains all 7,000+ employees of the organization, since they have a decentralized program model. This broad training creates piece of mind for their patients knowing that if they ever need more specialized care, they will be referred within Denver Health and will receive open, affirming care throughout the organization. The Center holds 3-4 trainings per month, and are even training their current residents on transgender care. They use the National LGBT Health Education Center trainings. Denver Health utilizes on-line webinars, in person trainings, and one-on-one coaching to enhance every provider's and front-line staff's knowledge and skills around working with LGBTQ patients. Leadership at Denver Health are advocates for in-person training to make it interactive, as topics like respectful conversations are harder to learn through online training.

1) Pseudonym

Ties to the LGBTQ+ community foster program credibility

Marketing is a cost-effective way to drive volumes and spread word of mouth

Marketing is important to drive home a cultural shift, and make your organization known as an open, affirming environment for all. Many programs don't need to rely on a lot of marketing, as word of mouth spreads enough to keep referral volumes relatively high. However, some marketing is useful to have, as many people who identify as transgender or non-binary may not know about all of the treatment options available.

Core elements of gender affirmation health program marketing

Comprehensive webpage

Create a separate page within the organization's website that states the history, mission, services offered, phone number and email address, and provider participants in the program.

Centralized contact point

All programs should have a separate email address and phone number that patients may contact. It should go directly to the referral specialist or other administrative staff in charge of intake. Some patients may be self-referrals, and so this entry point will be crucial to serving them in a streamlined way.

Traditional channels

Additional marketing efforts may be done through targeted traditional channels such as program brochures, online and print advertisements, and external facing newsletters.

Community partnerships

Consider partnering with local organizations not only to help fill service gaps, but also to help with marketing the program through different channels. Some organizations have found that working with local LGBTQ+ community centers helps raise awareness about the gender affirming care their program provides.

CASE EXAMPLE | **Denver Health**
Denver, CO

Establishing relationships with the local LGBTQ+ community, like Denver Health has, can strengthen a program's mission and gets the word out locally.

Denver Health believes the only way to improve the health of transgender individuals is to also improve their lives outside of health care. This is why Denver Health works closely with community organizations, participates in local Pride events, and helps advise organizations on policy changes. They also have patient advocates in their LGBTQ Center of Excellence, a web and social media presence using Google ad words, Facebook, and even Snapchat filters during Pride. Denver Health features transgender patient stories on their website, and has an internal employee LGBTQ group.

CASE EXAMPLE | **Whitman-Walker Health**
Washington, DC

Partnering with care navigators that specialize in gender affirming care, like Whitman-Walker has, helps reaffirm your program's inclusive care branding.

Whitman-Walker Health provides primary care for patients seeking gender affirming care. They also provide Trans Care Navigation for working with a patient's entire care team, helping to coordinate insurance authorization, and walking patients through the referral process with surgeon's offices. A program focused on providing surgical care may choose to partner with an organization like Whitman-Walker Health to ensure their patients have coordinated access to a broad spectrum of care.

Source: Advisory Board research and analysis.

▶ Appendix

- Overview of key questions for program development
- Sources

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Overview of key questions for program development

Goal-setting

Goals

- Why do you want to develop a program?
- What do you want to achieve, and how will you measure success?
- What is the timeline for development?

Market-sizing

Market analysis

- What is the size of the local market for gender affirming services?
- Are competitors in your market already offering gender affirmation services?
- Should you partner with other organizations to provide gender affirmation services?

Internal audit

- What is the state of your relationship with the local transgender community?
- Do current clinical and non-clinical staffing structures support growth of the program?
- Do you have strong executive buy-in?

Financial feasibility

- What will the program cost?
- What are your key funding and revenue sources?

Building and growing

Service offerings

- What services are you already providing?
- What additional services do you plan to offer?
- What investment will be required?

Program structure

- What is the current structure of services at your organization?
- How do you want to incorporate your program into your organization?
- Who will be dedicated administrative staff and leadership for the program?

Training

- Will you outsource training or create content in-house?
- Who will lead and participate in the trainings?
- How will you measure if training is effective?
- What format will it take (virtual or in-person) and how often will sessions occur?

Branding

- Who will create the content and what channels will you use to distribute it?
- What community events can you take part in?
- Do you have any existing relationships with relevant local community organizations?

Source: Advisory Board research and analysis.

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Source: Advisory Board research and analysis.

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