Interprofessional Care Delivery

Meeting the Behavioral Health Needs of TGNB and LGB-Identified Patients in a Primary Care Setting

David A. Guggenheim, PsyD
David A. Guggenheim, PsyD
• Has no relevant financial relationship to disclose
• Will not be discussing the off-label or investigational use of products
Overview

Callen-Lorde Community Health Center
General Health Disparities
Specific LGBTQ Disparities & Treatment
Primary Care as a Vehicle for BH Delivery
Operational Integration
Quality of Care & Integration
Training the Next Generation
Callen-Lorde’s grassroots heritage dates back to 1969 when the St. Mark’s Clinic was founded to provide screening and treatment for sexually-transmitted diseases for LGBT people who were routinely stigmatized in mainstream health care. In 1972 Gay Men’s Health Project joined St. Mark’s in providing these critical services. In 1983 these clinics merged to form Community Health Project, a volunteer-staffed, episodic care program housing the nation’s first community-based HIV clinic.

Upon the opening of our fully licensed flagship location on West 18th Street in 1998, Community Health Project renamed itself Callen-Lorde Community Health Center, to honor acclaimed musician and AIDS activist Michael Callen and New York State Poet Laureate and breast cancer activist Audre Lorde. Over the next two decades Callen-Lorde has served more than 100,000 unique patients at this location.

In 2014 we opened the Thea Spyer Center, our second clinical location one block away in Chelsea, which houses Callen-Lorde’s long-term mental health program that serves thousands of LGBTQ New Yorkers each year, offering short and long term counseling, psychotherapy, crisis intervention, group therapy and more, all delivered through a supportive and culturally competent model by experts in LGBTQ health and wellness.

After being invited by long-time Bronx service provider BOOM!Health, we opened our first site outside of Manhattan in the Morrisania section of the Bronx in 2016. Callen-Lorde Bronx provides primary care, HIV care, transgender care and hormone therapy, lesbian and bisexual women’s health care, young adult care, sexual health care, and short-term mental health services. Patients also have access to a convenient on-site pharmacy.

Earlier this year, Callen-Lorde signed a long-term lease and is in development of a new site in downtown Brooklyn, which is expected to open in 2019.
17,645 unique patients
108,318 patient visits

BY SITE LOCATION:
- MANHATTAN
  - 16,901 patients served
- THE BRONX
  - 1,565 patients served

BY SERVICES:

<table>
<thead>
<tr>
<th>Service</th>
<th># of visits</th>
<th># of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY CARE</td>
<td>57,604</td>
<td>16,472</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH</td>
<td>31,303</td>
<td>3,293</td>
</tr>
<tr>
<td>DENTAL</td>
<td>9,085</td>
<td>2,440</td>
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<tr>
<td>HIV</td>
<td>13,193</td>
<td>4,119</td>
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<tr>
<td>ENABLING</td>
<td>14,733</td>
<td>6,712</td>
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</table>
HOT T is a welcoming, non-judgmental, confidential program designed specifically to meet the medical and social needs of LGBTQ young adults aged 13-24. HOT T provides services to insured and uninsured youth regardless of ability to pay.

We Offer:
Primary care
Trans care
HIV care
Sexual health services
Case management

Behavioral health
Insurance enrollment
Groups
Flu shots and vaccines
Onsite pharmacy services

*Minors need written parental consent for primary care*

For more information check out our website: Callen-lorde.org/HOTT
HOTT Offers Mobile Health Services

HOTT has a fully-equipped medical vehicle that travels throughout the city bringing health care to youth aged 13-24, with a focus on LGBTQ care.

**FREE and CONFIDENTIAL** services provided on the MMU regardless of insurance include:

- Urgent medical care
- Sexual health services
- HIV/STI screening and treatment
- Physicals for school and work
- Transgender healthcare
- Flu shots and vaccines
- Crisis counseling
- Referrals

HOTT regularly partner with Safe Horizon-Harlem, City AS School, Hetrick Martin Institute, Streetworks-LES, and St. Luke's in the Field. Call our clinic to learn about where to find our health van.

Clinic: 256 West 18th Street, New York 10011   (212) 271-7212
**Where to find the MMU**

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<td>41</td>
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</tr>
</tbody>
</table>

**Check our website for monthly special events**

**Callen-lorde.org/HOTT**

Clinic: 256 West 18th Street, New York, NY
LGBT youth are more likely than straight youth to report histories of initiation into misuse of prescription opioids and tranquilizers.

As compared with their non-LGBT counterparts, LGBT youth are significantly less likely to engage in moderate/vigorous physical activity or to participate in team sports.

LGBT people suffer from higher lifetime risk of violent victimization and maltreatment than straight, cisgender individuals.

LGB adults have more than twice the risk for cardiovascular disease compared with their straight counterparts.

Smoking prevalence is higher among the LGBT population than among the population as a whole.

LB women have twice the risk of obesity compared with straight women.

LGB adults have 1.5 times the risk of asthma compared with straight adults.

Gay men and transgender women are at elevated risk for HIV/AIDS and other STIs

LGB individuals have twice the risk of lifetime exposure to traumatic experiences compared with straight people.

Bisexual men and women have almost three times the risk of becoming disabled as straight men and women.

GB men have a 2 to 4 times increased risk of suicide ideation compared with straight men, when measured in 12-month intervals and lifetime prevalence.

GB adult men and LGB youth have a significantly increased risk for depression, anxiety, suicide attempts and substance use disorders

One-third of LGB youth engage in hazardous weight control behaviors, such as fasting for more than 24 hours, using diet pills, or vomiting/using laxatives.

Young GB men show on average significant elevations in biomarkers of cardiovascular disease compared with straight men.

LGBT youth are more likely than straight youth to be suicidal, and much more likely to make serious attempts at suicide. While LGB youth are twice as likely to have suicidal ideation as straight youth, they are four times as likely to make suicide attempts requiring medical attention.

Gay men are at greater risk for anal cancer than straight men.

Bisexual individuals have twice the risk of smoking as straight individuals.

Transgender individuals are more likely than cisgender individuals to be uninsured and to postpone medical care due to lack of insurance and experiences with discrimination. The risk of postponing medical care is highest for transgender men (FtM).

Compared with their straight counterparts, young gay men are more likely to report inconsistent condom use, multiple partners within the past 30 days, and a history of illicit drug use.

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About 20% of TGNB folks face discrimination when seeking a home
About 10% are evicted because of their gender identity
About 20% of TGNB folks have experienced homelessness
About 20-40% of homeless youth are LGBTQ-identified

According to the Williams Institute, 40% of the homeless youth served by agencies identify as LGBT
43% of clients served by drop-in centers identified as LGBT
30% of street outreach clients identified as LGBT
30% of clients utilizing housing programs identified as LGBT

LGBTQ young adults had a 120 percent higher risk of reporting homelessness compared to youth who identified as heterosexual and cisgender.

(Human Rights Campaign, 2017)
Family Support

Respondents with family support were:

- More likely to be employed (65%) than those with unsupportive families (52%)
- Less likely to have ever done sex work (11%) than those with unsupportive families (16%)
- Less likely to have experienced homelessness (27%) than those with unsupportive families (45%)
- Less likely to report currently experiencing serious psychological distress (31%) in contrast to those with unsupportive families (50%)

Twenty-two percent (22%) of respondents rated their health as “fair” or “poor,” compared with 18% of the U.S. population.

Thirty-nine percent (39%) of respondents were currently experiencing serious psychological distress, nearly eight times the rate in the U.S. population (5%).
Family Support

Family Rejection & Risk for Suicide
LIFETIME SUICIDE ATTEMPTS BY LGBT YOUNG ADULTS REJECTED BY FAMILIES IN ADOLESCENCE
Ages 21-25

Low rejection  Moderate rejection  High rejection

Level of Family Rejection


Davis, B (2016)
Counselor Support

Thirteen percent (13%) of respondents reported that one or more professionals, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

Participants who had a professional try to stop them from being transgender were:

- Far more likely to currently be experiencing serious **psychological distress** (47%) than those who did not have the experience (34%).
- More likely to have **attempted suicide** (58%) than those who did not have the experience (39%).
- Nearly three times as likely to have **run away from home** (22%) than those who did not have the experience (8%).
People of transgender experience have higher rates of trauma and face increased discrimination and violence.

In addition to helping patients cope with distress, therapists often work as advocates and provide health and resource education.

Therapists should be aware of treatment in emergency and residential facilities; inpatient facilities sometimes stop hormones, believing that they cause psychological distress.
Substance Use

• One-quarter (25%) of respondents used marijuana within the past month, compared to 8% of the U.S. population.

• Seven percent (7%) of respondents used prescription drugs that were not prescribed to them or used them not as prescribed (“nonmedical prescription drug use”) in the past month, compared to 2% of the U.S. population.

• Four percent (4%) of respondents used illicit drugs (not including marijuana and nonmedical use of prescription drugs) in the past month, and 29% have used them in their lifetime.

• Overall, 29% of respondents reported illicit drug use, marijuana consumption, and/or nonmedical prescription drug use in the past month, nearly three times the rate in the U.S. population (10%).
Suicidality

- Forty percent (40%) of respondents have attempted suicide at some point in their life, compared to 4.6% in the U.S. population.

- Forty-eight percent (48%) of respondents have seriously thought about killing themselves in the past year, compared to 4% of the U.S. population, and 82% have had serious thoughts about killing themselves at some point in their life.

- Nearly one-quarter (24%) of respondents made plans to kill themselves in the past year, compared to 1.1% of the U.S. population.

- Seven percent (7%) of respondents attempted suicide in the past year, compared to 0.6% in the U.S. population.

- More than two-thirds (71%) of respondents who have attempted suicide have done so more than once in their lifetime, with 46% of those who have attempted suicide reporting three or more attempts.
Trauma & Suicidality

Snapshots of transgender life

The National Transgender Center for Equality surveyed 6,450 transgender individuals in the U.S. Full results are available at transequality.org.

- 41% can't change their gender on their IDs
- 57% were rejected by families
- 19% have experienced homelessness
- 19% were refused medical care
- 47% have attempted suicide

CALLEN-LORDE
Trauma and Suicidality

45%

Of patients who complete suicide have had contact with their primary care provider in the previous month.
Integration

70% of primary care visits are driven by patients' psychological problems, such as anxiety, panic, depression, and stress.

More than 80% of patients with medically unexplained symptoms receive psychosocial treatment in primary care by a physician—only 10% will follow up on a referral to a mental health provider that is not co-located.

Research has also shown a “cost offset of 20 to 40 percent for primary care patients who receive behavioral health services.” Fewer hospitalizations result in significant cost reductions for patients with chronic physical illness and/or mental health conditions. Access to behavioral health services during medical visits likewise improves treatment adherence, which has been associated with $105 billion in annual avoidable health care costs.

Service Delivery Integration

Foundations of Interprofessional Care Delivery

- Leadership Structure
- Facilities/Systems
- Workflow/Processes
- Training
- Evaluation
Service Delivery Integration

Foundations of Interprofessional Care Delivery

- Interdisciplinary leadership meetings:
  - Patient care integration
  - Workflow
  - Quality Metrics
  - Leadership training
More than 80% of patients with medically unexplained symptoms receive psychosocial treatment in primary care by a physician—only 10% will follow up on a referral to a mental health provider that is not co-located (APA, 2014)
Service Delivery Integration

**Communication**
- Shared EHR
- Co-location of services
- “Tasks” between providers

**Collaboration**
- Warm Hand-Offs
- Interdisciplinary Huddles
- Integrated Care Meetings

**Training**
- Interdisciplinary Clinical Trainings
- Interdisciplinary Research Teams
- Agency-Wide LGBTQ Sensitivity Trainings
- Agency-Wide LGBTQ-Affirmative Care Trainings

**Research**
- Grants inclusive of primary care and other services
- Interdisciplinary Research Teams
- Measuring Team-Based Care Outcomes
Service Delivery Integration
Service Delivery Integration

Shared Medical Appointment Checklist

The checklist provides information about preparing for a shared medical appointment (SMA). The list is comprehensive and focuses on productivity and quality measures. The model may be adapted depending on size and scope of the SMA, such as for practices with medical providers alone. Dr. David A. Guggenheim was the author of this checklist.

2 NEEDS ASSESSMENT
- Project Manager: Review electronic health record (EHR) data for prevalent chronic health conditions based on diagnoses, and elicit provider feedback.
- Project Manager: Review any quality metrics demonstrating need for improvement, including national data.
- Project Manager: Consider treatment of co-occurring disorders with multiple disciplines by reviewing patient data regarding substance use, mental illness, and other co-occurring conditions.
- Project Manager: Evaluate patient demographics, and look for specific patterns among different groups.
- Project Manager: Bring in additional support (other providers/administrators), and identify disease processes and patient demographic to be addressed by the SMA.

2 INITIAL PLANNING
- Project Manager: Identify stakeholders. Staffing may include only medical providers, nursing, and support, though it is recommended that an interdisciplinary team work to address the area of need. This may include elevating from providers to reception staff.

CALLEN-LORDE
# Service Delivery Integration

## Integrated Planned Care

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Service Delivery Integration
Integration of Records

Coordination Along the Continuum of Care
Integration of Care

Patient

Medical
Dental
Pharmacy
Nursing
Care Coordination

External Referrals
Other Assistance
Housing
Legal Aid
Food Security
Integration of Workflow

Lifespan Model

- Patients seen throughout the lifespan
- Screenings as appropriate by age
- Behavioral health “check-ups” at time of physical
- Focused psychotherapy throughout the lifecycle
  - One issue at a time
  - Brief, evidence-based interventions
  - Assist in transitions

The “hand back”
Integration: Psychiatry eConsults
Integration of Care

Medical
- Schedule follow-up visit in 1 month

Behavioral Health
- Referred for Immediate BH Triage
- Scheduled for Intake for Therapy, Psychiatry Services

Dental
- Dental visit scheduled to establish care

Nursing
- Nursing develops patient plan, including health education to lower A1C
- Nursing to educate for hormone self-injections

Care Coordination
- Trans Case Management to explore GAS options
- Referral made to external resource for employment services

On-site Pharmacy
- Pharmacy available for prescription pickup and to educate re medications prescribed

• Patient A1C >9
• Patient PHQ = 18
• Patient to start prescribed hormones
• Patient to explore gender-affirming surgery options
• Patient with oral hygiene needs
• Patient looking for employment
Integration to Address HIV

Living with HIV: 5x more likely to have engaged in sexual activity for food

Living with HIV: More likely to have been paid for underground economy work

Living with HIV: Almost twice as likely to be homeless
Integration to Address HIV

Disparities Affect TGNB, Young & Black Patients

Viral Load: Youth & Trans People Carry Disproportionate Burden
Integration of Quality Improvement

<table>
<thead>
<tr>
<th>Category</th>
<th>Index Number</th>
<th>Indicators (%)</th>
<th>Benchmark</th>
<th>Target</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>Current Denominator</th>
<th>Current Numerator</th>
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<td>Core Clinical</td>
<td>Primary 1</td>
<td>Tobacco Cessation Intervention</td>
<td>80%</td>
<td>50%</td>
<td>45%</td>
<td>58%</td>
<td>2,336</td>
<td>1,363</td>
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<td>Preventive</td>
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<td>Breast Cancer Screening, Patients Ages 50-74</td>
<td>59%</td>
<td>42%</td>
<td>38%</td>
<td>43%</td>
<td>566</td>
<td>242</td>
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<td>Equity</td>
<td>3</td>
<td>Viral Suppression, HIV+ Transgender Women</td>
<td>88%</td>
<td>86%</td>
<td>78%</td>
<td>82%</td>
<td>353</td>
<td>290</td>
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<tr>
<td>Clinical</td>
<td>Bronx 4</td>
<td>Colon Cancer Screening, Patients Ages 50-75</td>
<td>67%</td>
<td>19%</td>
<td>17%</td>
<td>15%</td>
<td>147</td>
<td>22</td>
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<td>Dental</td>
<td>5</td>
<td>Dental Crowns Completed Within 3 Visits</td>
<td>100%</td>
<td>87%</td>
<td>79%</td>
<td>81%</td>
<td>67</td>
<td>54</td>
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<td>6</td>
<td>Depression Screening and Follow-Up Plan</td>
<td>65%</td>
<td>48%</td>
<td>44%</td>
<td>37%</td>
<td>13,026</td>
<td>4,882</td>
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<td>Access</td>
<td>7</td>
<td>Calls Answered in &lt; 2 Minutes (Call Center)</td>
<td>69%</td>
<td>55%</td>
<td>50%</td>
<td>47%</td>
<td>132,941</td>
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<td>External PCP Documented, Limited Services Patients</td>
<td>TBD</td>
<td>25%</td>
<td>0%</td>
<td>8%</td>
<td>2,923</td>
<td>246</td>
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<tr>
<td>Management</td>
<td>9</td>
<td>Completed Annual Staff Evaluations</td>
<td>76%</td>
<td>85%</td>
<td>78%</td>
<td>86%</td>
<td>276</td>
<td>236</td>
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Green = At or Above Target
Integration of Quality Improvement

Behavioral Health
Medicine & Nursing
Care Coordination
Pharmacy
Quality Team
Past Year Illicit Drug Use among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Drug Type: Percentages, 2015

Source: In 2015, the National Survey on Drug Use and Health (NSDUH)
Integration: Substance Use

Substance Use Disorder in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older: Percentages, 2015

Source: In 2015, the National Survey on Drug Use and Health (NSDUH)
Integration of Care

• Patients seamlessly transitioned to BH with score of 10 or higher

• Patients given access to behavioral health triage as entryway to behavioral health services

• Future directions:
  • SBIRT (DAST, AUDIT)
  • GAD-7
  • Trauma Screenings
  • Duke Health Profile
At time of evaluation:

The clinician evaluates the patient’s capacity to make informed consent. The clinician does not evaluate whether or not the patient is transgender.
Integration of Care

May 31, 2018

Rt. Michael Clinton (DOB: 1/7/1946)

To Whom It May Concern:

Michaela Dante has been seen at Callel-Lorde Community Health Center since 2/13/88. This writer has worked at Callel-Lorde Community Health Center since January 2016. Ms. Dante has been evaluated for services by our medical team and is seen in writing this letter in support for Ms. Dante undergoing breast augmentation.

Callel-Lorde’s Integrated Transgender Health Program

Callel-Lorde Community Health Center is a New York City, NY, has been at the forefront of providing medical care for transgender and non-binary people in the U.S. for more than three decades. In 2018, Callel-Lorde served nearly 5,000 transgender patients across all clinical specialties, including primary care and clinical services on the East Coast. Callel-Lorde provides comprehensive care, including surgery following established protocols. Body dysphoria is often greater than patient’s daily life. The medical procedure attendant to gender-affirming surgery is not “cosmetic” or “elective” or “for the mere convenience of the patient.” This procedure is necessary for the treatment of the dysphoria condition (WPATH). Alleviating Ms. Dante’s mental health concerns and, in turn, combat the negative effects of gender dysphoria as she continues to transition.

Ms. Dante reports that she attended therapy years ago for mood symptoms. While mental health counseling can be helpful for patients as they navigate the transition process. As a result of this evaluation, further mental health counseling is not deemed medically necessary at this time.

Ms. Dante reports that she is financially stable, and in the event that she needs assistance, she has a wide network of friends to help her. Ms. Dante states that her best friend plans to provide full emotional support for her post-surgery. In addition, as a patient at Callel-Lorde, Ms. Dante has access to primary care, behavioral health, dental, and case management services. Should complications arise, our staff is available on call 24 hours a day, including urgent care and walk-in appointments. Case management services are available that are specific to patients in this transition experience. Please call us at (212) 271-7180 with any questions or to arrange follow-up care.

Please call me at (212) 271-7180 with any questions or to arrange follow-up care.

Sincerely,

[Signature]

Dr. David A. Goldstein, PhD
Chief Behavioral Health Officer

Integration of Care
Integration of Care

Gender-Affirming Surgery Evaluation

Medical & Behavioral Health

- Meta-analyses show improvement in quality of life after gender-affirming surgery
- 2018 study showed 94-100% satisfaction rate with gender-affirming surgery, those satisfied with surgery reported increased level of “happiness,” improved life satisfaction, alleviates feelings of dysphoria
- Much further study is needed to more fully understand improved outcomes

Guideline

Members are eligible for GRS coverage when all of the following criteria are met:
1. ≥ 18 years of age.
2. Satisfaction of all of the following diagnostic criteria for “true” transsexualism:
   A. A sense of estrangement from one’s own body, so that any evidence of one’s own biological sex is viewed as repulsive.
   B. A stable transsexual orientation, as evidenced by a desire to eradicate one’s genitals and assimilate into society as a member of the opposite sex lasting ≥ 2 years (not limited to periods of stress).
   C. Absence of physical intersex or genetic abnormality.
   D. Desire to construct one’s body as congruently as possible with the preferred sex through surgery and hormone treatment.
   E. **Inability to achieve sexual arousal from cross-dressing**.
   F. Life-long sense of belonging to the opposite sex and of having been born into the incorrect sex (often since childhood).
   G. The above must not be attributable to another biological, chromosomal or associated psychiatric disorder, such as schizophrenia.
3. Member has completed a program of gender identity treatment, as evidenced by all of the following:
   A. Successful completion of ≥ 12 months of living and working within the desired gender role on a full-time basis (real-life experience simulation) without period of reverting to the original gender.
   B. Receipt of ≥ 12 months of continuous hormonal gender reassignment therapy (not required for mastectomy), as recommended by a mental health professional and carried out by an...
Integrated Training Programs

Onboarding of New Staff

Medical Providers
Dental Providers
Behavioral Health Providers
Nursing
Operations Staff
Patient Care
Finance & Billing
Students
Communications
Management
Pharmacy
Integrated Training Programs

Evaluation of Integration

Clinical Benchmarks
- Screening - DSRIP
- Screening - UDS
- Measuring BH Outcomes

Practice Management Measures
- Patient ED Utilization
- Waitlists
- % of patients in BH
- Avoidable Hospitalization

Experience/Feedback Metrics
- Patient feedback
- Staff feedback

Sustainability
- Financial Data
- Productivity Measures
Integrated Training Programs

Student Training Programs

- Medical Providers
- Dental Providers
- Social Work Students
- Psychology Post-Doctoral Fellows
- Nursing Students
Barriers to Integration

Staffing
- Primary care behavioral health providers
- Primary care psychiatry providers
- Primary care providers with understanding and knowledge of what we do

Operational
- Workflow issues
- Visit volume
- Measuring outcomes
Future Directions for Integration
Pronouns Matter & TGNB Best Practices Campaigns
Questions

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