

## **ABSTRACT**

Background: Approximately 20,850 transgender people reside in Colorado.<sup>1</sup> In a state-wide survey, 85% of transgender respondents reported that there were not enough adequately trained health professionals; 53% had been denied services due to their gender identity.<sup>2</sup> The UCHHealth Integrated Transgender Program (UCHITP) was created to centralize care of the transgender community in a gender neutral space. Unlike other models of care, UCHITP consists of a multidisciplinary team from internal medicine, endocrinology, psychiatry, and gynecology to provide comprehensive adult care within a single visit.

Goals/Specific Aims: UCHITP should improve transgender patients' access to and experiences with health care. To evaluate our unique model of care, we aimed to obtain the perspectives of all UCHITP patients who had visits within the first year through post-visit phone surveys.

Materials and Methods: After obtaining IRB exemption, we contacted patients for a phone survey. All surveys were conducted in English. We assessed patient satisfaction on a Likert scale (0-10) and open responses about the model of care, patient intake and flow, and areas for clinic improvement.

Results: All of the 73 patients seen at the clinic during the first year were contacted and 34 participated. Respondents self-identified as 9 female, 8 transgender female, 4 male, 10 transgender male, and 3 non-binary. UCHITP was the first source of gender-affirming care for 26%. The average overall satisfaction score was 8/10. The most frequently described concerns were insurance (12%) and long appointment wait times (52%). Twenty-one respondents (62%) saw more than 1 provider during a single visit.

Of those, 14 saw them sequentially, 5 saw providers as a panel, and 3 saw them as a combination of sequential and panel. Every person spoke positively about their experience with the format; 1 person expressed frustration about repeating themselves to different providers and another patient complained about waiting between seeing providers. Primary recommendations for improvement were: hire a surgeon (8), improve affordability (4), and provide social work (4) and therapist (3) support. Other suggestions included more information about clinic resources, clear expectations for the first visit, and better communication and follow-up.

Conclusions: An integrated model of delivering services within a single visit received favorable reviews. Streamlining visit times can be helpful for those who have difficulty accessing care, while administrative details remain in need of improvement. In response, we will develop patient information handouts, work on clinic processes, and expand our team to cover more needs.