Northwest Regional Telehealth Resource Center
and the Telehealth Alliance of Oregon

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Non-profit:

- Pacific Northwest University of Health Sciences
- University of Utah Health Clinical Neuroscience
• Audio and video are muted for all participants
• Use the Q&A feature to ask questions
• Moderator will read questions to the speaker
• Presentation slides are posted at https://nrtrc.org/sessions. Recordings will be posted after the conference.
• Moderator: Deb LaMarche
• Presenter:
  – Crystal Beal, MD, QueerDoc
Improving Access to Gender Affirming Care

Crystal Beal, MD
About and Disclosures:

- Queer
- Non-binary
- Board Certified Family Medicine Physician
- Physician-Owner QueerDoc
- No other disclosures or funding sources besides my private practice
Healthcare that ignores social justice is malpractice.

This land belongs to the Duwamish Tribe. Pay Real Rent.

Medicalization of normal variance in humaneness pathologizes and traumatizes people.

Physicians and patients exist within an inherent power dynamic and some physicians abuse that power.

Systems oppress people of color, people with ovaries, people with disabilities, people with neurodiversity, people of lower SES, people in the LGBTQIAAI2S, people of different size.

Intersectionality amplifies oppression.
Agenda/Objectives

1. Define population
2. List obstacles to care faced by gender diverse people
3. Explain how telemedicine reduces said obstacles to care
4. Name limitations in telemedicine based care
5. Demonstrate ability to find referenced resources
What does gender diverse mean?

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Female/Woman/Girl</th>
<th>Male/Man/Boy</th>
<th>Other Gender(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Expression</td>
<td>Feminine</td>
<td>Masculine</td>
<td>Other</td>
</tr>
<tr>
<td>Sex Assigned at Birth</td>
<td>Female</td>
<td>Male</td>
<td>Other/Intersex</td>
</tr>
<tr>
<td>Physically Attracted to</td>
<td>Women</td>
<td>Men</td>
<td>Other Gender(s)</td>
</tr>
<tr>
<td>Emotionally Attracted to</td>
<td>Women</td>
<td>Men</td>
<td>Other Gender(s)</td>
</tr>
</tbody>
</table>

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
“gender is a spectrum” doesn’t mean this:

this isn’t even a spectrum it’s just a gradient

it means this:

and picture this in 3D
How many people are gender diverse?
• Fear of disclosure
• Lack of appropriate options

Results in Poor Data

• Range:
  ○ 1 in 250 people -to-
  ○ 1 in 40,000 people
Barriers to Care
Barriers to Care

- Cost
- Fear of being disrespected or mistreated
- Travel distance to gender affirming care
Cost Barriers

- Insurance coverage
- Surgery denials
- Hormone denials
- Inability to pay for healthcare
Washington State Cost Barriers

- Poverty rates
- Home ownership rates
- Unemployment rates
- Job discrimination rates
How does telemedicine address cost barriers?

- Decreasing travel costs
  - Gas
  - Transit fares
- Decreasing lost wages from time off work
  - evening, weekend appointments
Fear Barrier

- Fear of mistreatment
- Rates of negative experiences
  - Verbal harassment
  - Refusal to treat
  - Having to teach provider
- Outness to provider
How does telemedicine decrease fear of being disrespected or mistreated?

- Decreasing exposure to potential traumatic interactions
- Containing visit within safety of own home
- Funnels care to providers who are established experts
Distance Barrier

- 63% people receive routine care within 10 mile radius of their home
- Less than 45% receive gender care within 10 miles of their home
How does telemedicine decrease travel distance to gender affirming care barrier?

- Visit anywhere with private internet connection
- No need to drive to experts or centers of excellence
- Access available even in remote and rural areas
Further Benefits of Telemedicine

- Improved access
  - Parity laws
- Cost effective
- Improved Quality
- Provider to provider e-consults
Quality of Care Telemedicine Limitations

● Physical exam limitations
  ○ Blood pressure
  ○ Auscultation
  ○ Palpation

● Loss of team-based care
  ○ Care coordinator
  ○ Social worker
  ○ Multi-specialty care

● Procedural limitations
  ○ Implant placement
Creative Ways to Decrease Limitations

- Physical exam
  - Observe
  - Visually inspect
  - Self-palpation

- Team-based model
  - Care coordination
  - Incorporate telemedicine into existing COE

- Partner with local clinics for procedures
Physical Exam Example

- **HEENT**
  - Head: shape, trauma, rash, sinus tenderness (self exam), lesions
  - Eyes: redness, discharge, visual acuity (self exam/report), swelling, lesions
  - Ears: redness, swelling, discharge, lesions, deformity
  - Nose: redness, swelling, discharge, lesions, deformity, impetigo/crusting
  - OP/throat: cold sores, redness, swelling, exudates, dental hygiene

- **Skin**: lesions (quality, type, size), wounds (length, type, depth), pain/itching, erythema, cyanosis, blanching, extension, warmth (self exam)

- **GEN**: awake, alert, non-diaphoretic, no psychomotor agitation, orientation, speech, distress, appearance

- **Vitals**: temp, RR, pulse (regularity), sometimes BP and pulse ox

- **Cardiopulmonary**: skin tone, resp distress, speaking in clear sentences, signs of cyanosis, capillary refill (self exam), LE edema (self exam), calf swelling, pain with calf palpation (self exam), I:E ratio

- **AB**: appearance, distention, tenderness (self exam), guarding/rebound (self exam), CVA tenderness (assistant exam), scars

- **GU**: external appearance, rash, lesions, discharge, swelling, deformity

- **MS**: appearance (swelling, edema, brusing, lacerations), movement (full ROM, stability), tenderness (point)

- **Neuro**: cranial nerves, gait, speech, orientation, muscle strength/tone (with assistant exam), sensory function (with assist)

- **Pysch**:
  - appearance, behavior, and attitude
  - attention and concentration
  - Higher Integrative Function (Executive Function, Intellectual Function)
  - Thought Process (Thought Content, Thought Form, Delusion, Obsession, Abstract Thought)
  - Speech
  - Affect
  - Insight and Judgement
  - Memory Evaluation
  - Orientation
  - Perception (Misperception, Illusion, Hallucination)
Limitations in Access to Care

- Need for internet access
- Need for private space
- Communication disabilities (deaf, HOH, visual challenges, language)
- Cultural barriers
- Need to know services are available
My Model: QueerDoc

“Queer and gender affirming medicine by a queer and gender diverse doctor”

- Culturally competent
- Culturally humble
- High-quality
- Expert
- Affirming
My Model: QueerDoc- AK, MN, ID

- Direct care telemedicine model
  - Transparent pricing
  - Sliding scale
  - Improved access to provider
  - Shorter wait times

- Addressing barriers:
  - Cost - sliding scale, no travel costs, advocacy at state level
  - Travel - no travel!
  - Fear - leveraging social media
My Model- Alaska

Partnered with local brick and mortar LGBTQ clinic Full Spectrum Health

- They bill insurance
- Patients can use
  - Home based hardware
  - Community based hardware
  - In-office video chat hardware
Other Telemedicine Gender Affirming Care Models

- QueerMed
- Braeswood Endocrinology
- TRUE U Clinic
Resources

● American Telemedicine Association- [americantelemed.org](http://americantelemed.org)
● Center for Connected Health Policy- [https://www.cchpca.org/](https://www.cchpca.org/)
● QueerDoc- [queerdoc.com](http://queerdoc.com)