HRC Gender Clinic Workbook

This workbook is designed to help you develop the business model, care plan, and protocols associated

with your gender clinic. This workbook is intended to assist Gender Clinic planners

in organizing and mapping their assets, strengths, weaknesses, opportunities, and threats as they

create their pediatric gender service in their community.

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| **Mission, Vision, Self-Assessment** | |
| What is your Clinic’s Goal or Mission Statement? | |
| Key Questions to Ask: | Response: |
| 1. What is our goal for creating the service? |  |
| 1. Who are the stakeholders in our community who should participate in our service development?    1. Are community members involved in the assessment and planning of this service? |  |
| 1. Who are the potential patients?    1. Demographics (age, sexual orientation, gender identity, race, sex, etc)    2. Insurance status (private, public, under/uninsured)    3. *Connectedness to care – do they have an existing PCP, transgender health hormone provider, surgeon, behavioral health provider, HIV care, PrEP provider, etc*    4. *Are the potential patients willing to change providers?* |  |
| 1. Staffing and Services    1. What clinical services do we have capacity for? Who/what are our strengths, assets and resources?    2. What services are already provided in the community? Who is our competition (if any)? How will we be perceived in comparison to their services?    3. What are the prioritized needs of our client/patients? (medical, surgical, mental health, social, legal, etc). Do we have capacity to meet their needs?    4. What services are we not able to provide initially? What services are we not able to provide at all? |  |
| 1. Partnerships and Referrals    1. If we cannot provide a service for a client/patient need, who can we partner with (internally or externally) to provide that service?    2. What will be the sources of our client/patient referrals? |  |
| 1. Clinical Space and Service Timing:    1. Where will the services be held (physical location)? Is this an existing used/unused space? Do we need to acquire new space? Build out shell space?    2. Does the space have the resources we need for the clinic?       1. Reception area/waiting room       2. Restroom(s)       3. Lab       4. Counseling space       5. Office/work area       6. Meeting space       7. Other need    3. When is the clinic’s hours of operation?       1. Business hours (8:00 AM – 5:00 PM)       2. Afternoon/Evenings (5:00 PM – 9:00 PM)       3. Weekends (Saturday AM or PM sessions) |  |
| 1. Clinical Team:    1. Who will be on the clinical team?    2. What are the roles and responsibilities of each team member? | Medic al Director:  Administrative Champion:  Medical Provider (MD, DO, PA, NP):  Behavioral Health Provider (MD, DO, PA, NP):  Specialty Providers:  Clinic Navigator:  Nursing:  Social Work:  Child Life:  Parent/Family/Sibling/Patient Support Group:  Other: |
| 1. Patient Interface (Forms, Registration and Interactions):    1. How is gender identity and pronoun use addressed currently in the organization?    2. How do providers/staff demonstrate their pronouns? (e.g. pronoun buttons, stickers, pins)    3. How do providers/staff affirm client’s pronouns?    4. How are health records maintained to allow for the patient’s pronoun and affirmed name?    5. What staff training has been/will be done to prepare staff (registrars, medical assistants, nursing, social work, providers and all others with patient/family contact) on interacting with transgender patients and best practice communications?    6. How will the care team address calls from pharmacies and other interactions regarding patient care prescriptions, denials, prior authorizations?    7. What diagnoses will providers use to code for their services? How will this be communicated with patients/families?    8. What is the patient care work flow between providers and specialists?    9. What model of care for hormonal care will providers follow (triadic therapy vs. informed consent)? |  |
| 1. Workflow Protocols    1. How do patients get appointments?       1. Call Center/scheduler       2. Office number       3. Web-based appointment interface       4. Drop in/walk in    2. Referrals       1. How are internal/external referrals handled?    3. How are patients transferred for care once they “age out of the system?”       1. Referral to internal provider(s)       2. Referral to external provider(s)       3. No referral needed – care is part of a health care service for all ages. |  |
| 1. Budget: 2. Staffing    1. Provider Time/Salary       1. Medical/Hormonal       2. Behavioral Health       3. Surgical    2. Nursing    3. Social Work/Case Management    4. Med Technician/Phlebotomy    5. Laboratory    6. Other 3. Overhead    1. Space – owned vs. leased    2. Utilities, start-up fees, licenses 4. Supplies    1. Laboratory supplies    2. Basic medical supplies – saline, dressings, etc.    3. Sharps, syringes 5. Medications    1. Will you administer testosterone to patients? (Multivial stock vs. unopened patient supply).    2. *Truvada Patient Assistance forms/link:* [*https://www.gileadadvancingaccess.com/*](https://www.gileadadvancingaccess.com/) |  |
| 1. Advertising/Marketing/Public Relations    1. What budget is available for marketing this service?    2. Is it a standalone service or part of a larger service line?    3. How do you stand out from others in your community offering similar services?    4. Do you participate in community LGBTQ events/youth-focused events?    5. Can you co-sponsor any educational events/LGBTQ health awareness with other organizations and agencies? |  |
| 1. Academia & Research    1. Is the clinic formally or informally associated with any schools of medicine, nursing, physician assistant training, residency training, or schools of public health?    2. Do you collaborate with any of these programs or institutions already by lecturing/teaching LGBTQ health topics?    3. Is there interest in offering students and health professional trainees limited, intermittent to longitudinal LGBTQ health education experiences at the gender clinic? (Shadowing opportunity 🡨-🡪 college/university elective course)    4. Who are your teaching faculty?    5. What have you identified as your learning objectives and reading/learning materials?    6. Are you conducting research/do you wish to conduct research on LGBTQ topics at the gender clinic?    7. With whom have you partnered with/would you like to partner on your research endeavors?    8. Is the community you serve involved in some advisory capacity in your research activities? |  |

Items in italics are included, but may pertain to services geared toward more mature clients of a gender clinic.