

Addressing Challenges in Meeting the Demand for Pediatric Gender-Affirming Care: A Case Study of the Doernbecher Gender Clinic

The Doernbecher Gender Clinic (DGC) at Oregon Health & Science University (OHSU) plays a vital role in providing comprehensive care to gender-diverse youth and their families. However, the clinic is facing significant challenges in meeting the growing demand for services due to various limitations. The surge in referrals and patient volume, coupled with structural, resource, and organizational constraints, has highlighted the need for improvements to ensure prompt and quality care. Additionally, transgender, and non-binary youth, who already face high rates of mental health issues, require specialized support that the current program design of DGC may not adequately address given capacity limitations. The purpose of this project is to complete a market and financial analysis to create a framework to show the value of adding more behavioral health staff, explore the extent of revenue generation and capture rates, and supply recommendations on how to sustain needed growth while keeping the commitment of the program to equitable access to care. Additionally, the project considers the implications of growth and alternative structural models for the clinic and a proforma to calculate the financial implications of this growth. Research methods included primary research in the form of interviews with several Academic Medical Centers, billing and finance experts at OHSU, a site visit, and an exhaustive literature review.

Background

The Doernbecher Gender Clinic (DGC) at Oregon Health & Science University (OHSU) is dedicated to providing comprehensive care to gender-diverse youth and their families. However, the clinic is facing significant challenges in meeting the increasing demand for services due to structural, resource, and organizational limitations (Zhang et al., 2020). The number of new patient referrals and the overall volume at DGC have grown by over 300% in the past five years, with around 890 unique patients seen in 2022 alone (Ibid). This surge in demand can be attributed not only to the increased need within Oregon but also to the influx of gender-diverse youth relocating from states with limited access to gender-affirming care (Zhang et al., 2020). As the only university-based gender-affirming care center in Oregon, DGC plays a crucial role in providing evidence-based care, but its current program design is insufficient to meet the rising demand.

TGNB (transgender and non-binary) youth face numerous challenges and have disproportionately high rates of mental health issues, including depression, anxiety, self-harm, and suicide (Handler et al., 2019; Human Rights Campaign Report, 2020). Studies have estimated that the prevalence of TGNB identity ranges from 0.3% to 0.5% among adults and 1.2% to 2.7% among children and adolescents, with even higher figures when considering broader manifestations of gender identity (Zhang et al., 2020). The need for specialized care for TGNB youth has led to a significant increase in referrals to gender clinics, such as DGC, over the past few years (Engel et al., 2022). However, the staffing levels at DGC have not kept pace with the growing demand, resulting in long wait times for initial visits and a shortage of providers to meet the behavioral health needs of patients (Mazzola et al., 2022). The inadequate behavioral health support poses a significant barrier to increasing access to high-quality and timely care for TGNB youth (Mazzola et al., 2022)

Methods

In our research, we employed a combination of primary and secondary methods to analyze the DGC and its operations. Primary research involved conducting interviews with key stakeholders from within DGC. To gain insights into gender-affirming care practices at other academic medical centers (AMCs), interviews were conducted with representatives from two AMCs under conditions of anonymity due to the sensitive nature of the subject. Additionally, an onsite operational review was conducted, which involved direct observation of patient care delivery at the DGC clinic location, providing valuable insights into the clinic's workflow, patient interactions, and overall operations. Financial analysis was also performed, including reviewing the program's current structure and identifying potential revenue opportunities. Interviews with coders, billers, and revenue cycle analysts from OHSU hospital were conducted to gain insights into the financial aspects of pediatric gender clinics, and a review of billing practices was carried out to ensure accurate and compliant financial processes.

Secondary research included literature and internet searches to determine the standard structure for pediatric gender clinics embedded in AMCs. However, a lack of literature on this specific topic was identified, highlighting the need for further research and collaboration to develop comprehensive guidelines for effective and supportive pediatric gender clinics. Through these research modalities, we aimed to gain a comprehensive understanding of DGC's operations, identify challenges, and inform recommendations for improvement and optimization.

Results, analysis, and recommendations

The analysis of the data provided valuable insights into the financial realities faced by the DGC. It shed light on focus areas for improving operational efficiencies to optimize financial outcomes and highlighted future lines of inquiry to enhance the program's financial health. The findings revealed that the current structure of the DGC, which spans three departments at OHSU, may exacerbate operational and financial challenges. The organizational structure showed a complex reporting hierarchy and a potentially fragmented oversight, introducing potential competing priorities and communication challenges between departments. The DGC also faced challenges related to under-resourcing, particularly in terms of behavioral health (BH) staffing. Existing literature on pediatric gender-affirming care is limited, and research on BH staffing in AMCs showed a wide range of Full-Time Equivalent (FTE) structures. Comparisons with other AMCs highlighted the importance of adequate BH staffing and timely referrals in accommodating increased demand for gender-affirming care. In addition, the financial analysis of the DGC identified several areas of opportunity and potential revenue growth. Low collection rates for pharmaceutical injections were observed, attributed to high costs and inconsistent reimbursement rates for these medications. Billing and coding practices were also analyzed, revealing potential revenue opportunities through accurate coding and billing for follow-up visits. The study emphasized the need for proper documentation of intake appointments and multi-disciplinary visits to maximize revenue capture. Furthermore, the analysis explored the clinic's current clinical production and built a proforma to assess the potential revenue capture of increasing BH staffing to address the referral backlog. Constraints related to physical space and geographical location were also identified, emphasizing the need for a dedicated clinic space to accommodate the growing demand for services. Addressing these issues and optimizing revenue opportunities will contribute to the financial sustainability of the DGC, enabling it to provide comprehensive and inclusive healthcare services to transgender and gender non-binary youth.

Conclusion

Pediatric gender-affirming care is critical for addressing the mental health crisis faced by transgender and gender non-binary youths. However, the DGC encounters financial challenges, space constraints, and a need for more mental health and administrative support. Inadequate staffing resources, low collection rates for pharmaceutical injections, billing, and coding practices, missed revenue opportunities, and physical space limitations have been identified as key findings. To address these issues, recommendations are proposed, including reducing wait times for the marginalized community through expanding capacity for behavioral health services, improving billing and coding practices, and exploring payor strategies to maximize revenue capture. Furthermore, it is essential to secure funding through partnerships with organizations like HealthShare of Oregon and explore grants to support the important care provided by the DGC. These recommendations are crucial for enhancing access to care, increasing operational efficiency, and ensuring the clinic's financial viability while effectively serving transgender and gender non-binary youth

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