QUESTIONNAIRE FOR PROVIDERS FOR TRANSGENDER MEMBERS

IEHP is interested in identifying Providers who have experience and interest in providing high quality care to Transgender Members. Please complete the following survey if you would like to be listed in our Provider Directory, as a Provider available to our Transgender Members.

NPI: _____

LAST NAME: _____ **FIRST NAME:** _____

SPECIALTY: _____ **EMAIL:** _____

PHONE: _____ **FAX:** _____

1. Please assess your ability in providing high quality care to Transgender Members:

☐ Advanced ☐ Moderate ☐ Minimal ☐ No experience (Move to Question 6)

2. Approximately how many Transgender patients have you cared for in the past twelve (12) months?

☐ None ☐ 1 – 2 ☐ 3 – 9 ☐ 10 – 25 ☐ Over 25

3. How long have you been providing care to Transgender patients?

☐ Under 1 year ☐ 1 – 5 years ☐ 5 – 9 years ☐ Over 10 years

4. What training, if any, have you received to treat Transgender patients? (Please provide documentation for all that apply)

☐ CME events. Please list organization that provided CME: _____

_____

☐ Are you a Member of World Professional Association for Transgender Health (WPATH)?

☐ Transgender certifications through WPATH, date: _____

☐ None ☐ Other: _____

5. What clinical practices guidelines/resources do you use in proving transgender care? (Select all that apply)

☐ WPATH Standards of Care

☐ UCSF Center of Excellence for Transgender Health – Guidelines for the Primary and Gender – Affirming Care of Transgender and Non-Binary People

☐ Endocrine Society Clinical Practice Guidelines ☐ None

☐ Other, please list: _____

6. What steps have you taken to make your practice trans-friendly? (Select all that apply)

☐ Date of most Recent Staff training for transgender care: _____

☐ Submitted copy of Office policies/procedures ☐ Bathroom policies

☐ Unique gender identification/name/pronoun capture in EMR? ☐ None

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7. Have you ever written a letter to support the acquisition of gender affirming surgery?

☐ Yes ☐ No

8. Are you willing to write letters to support the acquisition of gender affirming surgery?

☐ Yes ☐ No

9. How many of these letters have you written in the past twelve (12) months?

☐ None ☐ 1 – 3 ☐ 3 – 10 ☐ Over 10

10. What resources would you recommend IEHP offer to support you in your efforts at providing high quality transgender care? Any other comments:

_____

_____

TRANSGENDER SERVICES AND SKILL LEVEL

Listed below are services for Transgender members. Please identify your ability or skill level for each service.

ABILITY/ SKILL LEVEL				SERVICE	
No Experienc	Minimal	Moderate	Advanced		
☐	☐	☐	☐	Breast Augmentation	Feminizing Procedure
☐	☐	☐	☐	Facial/Body Hair Removal	Feminizing Procedure
☐	☐	☐	☐	Facial Feminization	Feminizing Procedure
☐	☐	☐	☐	Genital Laser/Electrolysis	Feminizing Procedure
☐	☐	☐	☐	Hormone Treatment	General
☐	☐	☐	☐	Hysterectomy with or without Oophorectomy	Masculinizing Procedures
☐	☐	☐	☐	Integrated Mental and Physical Health Service Model	General
☐	☐	☐	☐	Mastectomy with male chest reconstruction	Masculinizing Procedures
☐	☐	☐	☐	Mental Health Services	General
☐	☐	☐	☐	Metoidioplasty	Masculinizing Procedures
☐	☐	☐	☐	Orchiectomy	Feminizing Procedure
☐	☐	☐	☐	Phalloplasty	Masculinizing Procedures
☐	☐	☐	☐	Procedures (Office Based, please describe:	General
				_____	
☐	☐	☐	☐	Voice Therapy	General