Adolescent health brief

Transgender Youths’ Perspectives on Telehealth for Delivery of Gender-Affirming Care

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Article history: Received April 27, 2020; Accepted August 24, 2020
Keywords: Transgender youth; Telemedicine; Gender-affirming care

ABSTRACT

Purpose: We aimed to examine transgender youths’ interest in receiving gender-affirming care via telemedicine or through primary care with telehealth support.

Methods: We surveyed 12- to 26-year-old transgender youth receiving care in a multidisciplinary gender clinic. Descriptive statistics and bivariate analyses were used to assess relationships between demographic and gender-related characteristics and interest in receiving care via telemedicine.

Results: Almost half (47%) of the 204 youth surveyed expressed interest in receiving gender care via telemedicine. Additionally, youth with lower levels of perceived parental support were more likely to express an interest in utilizing telemedicine (p = .001). Approximately half (45%) of youth were interested in receiving gender care in the primary care setting, with a majority expressing willingness to do so if their primary care provider had telehealth support.

Conclusions: Many transgender youth expressed interest in receiving gender care via telehealth, particularly for ongoing care and monitoring. Increased interest in telemedicine was seen among youth with lower perceived parental support.

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IMPLICATIONS AND CONTRIBUTION

Telemedicine is an acceptable model for gender-affirming care delivery that should be considered, particularly for ongoing care and monitoring. Telehealth-supported gender-affirming care delivery in the pediatric primary care setting is desired by youth, and opportunities to expand its access should be explored.

Nearly 2% of high school and college-aged students in the U.S. identify as transgender [1–3], and this group experiences significant mental health disparities, including a four times higher rate of attempting suicide [3]. They also face barriers to accessing gender-affirming medical care, such as puberty blocking medications and gender-affirming hormones, which have been associated with improved mental health and quality of life [4–8]. One significant barrier is the paucity of clinicians with expertise in providing gender-affirming care for minors; because these specialists often practice in academic medical centers, many youth also face transportation challenges [9, 10].

As defined by the Health Resources and Services Administration, telehealth describes the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration [11]. It includes two-way, real-time, synchronous,...
patient-to-clinician audio–video visits (telemedicine) and the use of video conference technology to connect pediatric specialists and primary care providers (PCPs) to provide education and consultation regarding patient management in a focused clinical area (tele-education) [11], both of which show promise as tools to improve access to specialty expertise in the primary care setting. In the context of the COVID-19 pandemic, health care systems have rapidly adopted these technologies to provide remote patient care. Both during and after the pandemic, telehealth has the potential to expand the reach of gender specialists. Data in adults suggest telehealth can reduce barriers to care by providing specialist support to PCPs [12,13], but this has only recently begun to be explored in youth for whom care is complex and assurances regarding privacy and confidentiality are essential [14]. The objective of this study was to examine transgender youth’s interest in receiving gender-affirming care from gender specialists via telemedicine or from their PCP with telehealth support.

**Methods**

**Study design and population**

We recruited transgender youth aged 12–26 years to complete an online survey during their visit to a multidisciplinary gender clinic. Details regarding survey development, terminology, sample site, and recruitment methods have been published previously [15]. This study received institutional review board approval with a waiver of parental permission for participants aged <18 years.

**Measures**

Two cognitive interviews with transgender young adults and content validation with seven transgender care experts informed survey development. To assess participant views about receiving care through different modalities, we inquired about their interest in receiving gender care from gender specialists via telemedicine and from their PCPs with varying levels of telehealth. We also inquired about what components of gender-affirming care youth would be most interested in receiving via telemedicine.

**Analyses**

This analysis focuses on items related to telehealth, participants’ use of primary care, and interest in PCP-based gender-affirming care. We used Stata version 14.2 (Stata Corp, College Station, TX) to perform descriptive statistics and bivariate analyses analysis using chi-square (and Fisher’s exact tests when expected cell sizes were <5) to explore associations between demographic and gender-related characteristics and interest in receiving gender care through telemedicine.

**Results**

**Sample characteristics**

Three fifths (59%) of the 204 youth identified as transmasculine, more than half (56%) were aged <18 years, and two-thirds (67%) traveled over 30 minutes to the gender clinic. A majority (59%) of youth reported a visit with a PCP outside of the gender clinic within the last year. Of these, 61% reported this visit occurred in a pediatrician’s office, and 57% indicated their provider knew their gender identity at that visit.

**Receiving gender care from gender specialists via telemedicine**

Almost half (n = 94) of the sample reported interest in gender-affirming care from gender specialists via telemedicine. Youth with greater interest in receiving care via telemedicine

| Table 1 |
| Bivariate analysis of factors associated with interest in receiving care via telemedicine (n = 204) |

| Overall sample | Interested in gender care via telemedicine n (%) |
|----------------|-----------------------------------------------|
| Patient demographics |                                              |
| Gender identity |                                              |
| Transmasculine | 121 (59) 56 (47) .918 |
| Transfeminine | 43 (21) 19 (44) |
| Nonbinary | 40 (20) 19 (49) |
| Age (years) |                                              |
| <18 | 110 (54) 44 (49) .130 |
| ≥18 | 102 (49) 47 (45) |
| Travel distance |                                              |
| <30 minutes | 64 (33) 36 (56) .241 |
| 30 minutes to 1 hour | 70 (36) 30 (42) |
| >1 hour | 59 (31) 26 (44) |
| Gender-related characteristics |                                              |
| Outness |                                              |
| Out to everyone | 82 (42) 33 (40) .118 |
| Out to most | 68 (35) 34 (51) |
| Out to some | 28 (14) 18 (64) |
| Out to few/none | 17 (9) 10 (59) |
| Time since first gender identity disclosure to anyone |                                              |
| <1 year | 23 (12) 13 (57) .201 |
| 1–2 years | 32 (17) 10 (31) |
| 2–3 years | 63 (33) 31 (49) |
| >3 years | 72 (38) 37 (51) |
| Time since first gender identity disclosure to parent |                                              |
| <1 year | 46 (24) 25 (54) .095 |
| 1–2 years | 44 (23) 14 (32) |
| 2–3 years | 53 (28) 25 (47) |
| >3 years | 47 (25) 26 (55) |
| Perceived passing as gender |                                              |
| Pass all of the time | 42 (22) 14 (33) .049 |
| Pass most of the time | 58 (30) 35 (60) |
| Pass some of the time | 78 (40) 34 (44) |
| Do not pass at all | 17 (9) 7 (41) |
| Gender expression |                                              |
| Masculine | 138 (70) 67 (49) .737 |
| Feminine | 33 (17) 15 (42) |
| Equally feminine/masculine | 18 (9) 7 (39) |
| Neither feminine/masculine | 9 (5) 3 (33) |
| Parental support |                                              |
| 10 | 77 (41) 24 (31) .001 |
| 7–9 | 72 (39) 37 (51) |
| 1–6 | 37 (20) 25 (68) |

Bold values indicate p < .05 in the bivariate analysis using chi-square (and Fisher’s exact tests when expected cell sizes were <5). The following statement “Telemedicine is a way that healthcare providers talk with and treat patients through a computer or smartphone, similar to a video chat” was provided before asking about interest in receiving care via telemedicine: How interested would you be in receiving some of your gender care from one of the gender clinic doctors via telemedicine? Response options ranged on a five-point Likert scale, from “very interested” to “not interested,” and affirmative responses were defined as “very interested” or “somewhat interested.”

*Column percentage.

Row percentage.

Definitions of terminology in this section are referenced in our prior work [15].
No association was seen between interest in telemedicine and barriers to accessing gender-affirming care. Our sample of youth was somewhat interested, or “neutral” about receiving some gender care via telemedicine (n = 176), most indicated a desire to receive refills for hormones (80%) and laboratory monitoring (72%) via this modality (Table 2), whereas very few (10%) desired sick visits with gender specialists through telemedicine.

**Receiving gender care via PCP with varying levels of telehealth support**

Overall, 44% of youth indicated they were somewhat or very interested in receiving gender-affirming care from their PCP, whereas 19% of youth expressed no interest. The percentage of youth willing or very willing to receive care from their PCP increased if PCPs could receive varying levels of telehealth support from gender specialists. Among the entire sample of youth (n = 204), 85% were willing to receive care from PCPs “participating in regular trainings about trans health.” 76% from PCPs “able to communicate regularly over the phone with one of the doctors in the gender clinic,” and 68% from PCPs with “a gender clinic doctor present for the visit via telemedicine.”

**Discussion**

Among youth receiving care in a specialty gender clinic, a two-thirds (67%) reported an interest in receiving gender-affirming care through either telemedicine or from their PCP, suggesting clinicians and health systems should explore these strategies as ways to decentralize gender-affirming care.

Transgender youth with limited parental support are at higher risk of experiencing mental health disparities [16,17] and barriers to accessing gender-affirming care. Although youth in our sample reflect a subset actively receiving care, our finding that youth with lower perceived parental support were more likely to report interest in receiving care via telemedicine suggests it may be a promising strategy to reach this high-risk group of youth. Although efforts to expand access to telehealth have previously focused on patients in rural communities, our finding that youth who live in close proximity to a specialized gender clinic are similarly interested in telehealth highlights the need for its availability, regardless of geographic location.

As has been seen in nonclinical samples [2], most transgender youth in our study were also receiving care from PCPs outside of gender clinics. Our results build on this knowledge by finding that many of these youths were interested in receiving gender-affirming care in the primary care setting. The form of PCP support that garnered the most enthusiasm from youth was PCP participation in regular transgender health training, which could be achieved through webinars, learning collaboratives, or Project ECHO models [12]. Further investigation is needed to assess PCP interest and understand how currently centralized gender specialists can best support more decentralized care.

**Conclusion**

Our findings highlight telehealth’s potential to meet the needs of an underserved population of youth by increasing access to care among youth for whom barriers have previously prevented care receipt in specialty gender clinics.

**Acknowledgments**

This work was accepted for presentation at the 2020 Society for Adolescent Health and Medicine national meeting.

**Funding Sources**

This work was funded by the following training grants: T32 HD71834-5 (principal investigator: Dermdy) and T32 HD087162 (principal investigator: E.M.). This research was also supported by the National Center for Advancing Translational Sciences and the National Institute on Alcohol Abuse and Alcoholism (TL1TR001858 and K01AA027564 to R.W.S.C through the University of Pittsburgh).

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