

PRIDE in the health of all – Transgender health analytics

Background

Transgender is a term used to describe people whose gender does not match the one usually associated with the sex they were assigned at birth, such as transgender women (male-to-female), transgender men (female-to-male), genderqueer individuals and many others. According to the American Journal of Public Health, approximately 150,000 youth and 1.4 million adults identify as transgender in the United States.

Transgender members have unique, often complicated, medical, emotional and psychological needs. The social stigma associated with transgender identity can be a significant barrier to care. Therefore, in addition to appropriate medical and pharmacy, mental health plays a critical role in the care of transgender individuals.

To promote evidence-based care around transgender health, the World Professional Association of Transgender Health (WPATH) developed the Standards of Care (SOC). The SOC provides clinical guidance for health professionals to assist transgender people with safe and effective pathways to maximize their overall health and well-being. SOC provides guidance on preventive screening, appropriate primary care and hormone therapies.

June is PRIDE month, when transgender people, as part of the LGBTQ+ community, are celebrated across the world. In that spirit, HDMS is proud to provide analytics that help track and support transgender health care.

Where do the numbers come from?

A transgender cohort (using ICD-10 principal diagnosis codes related to gender identity, transsexualism, sex reassignment and sexual disorders) applied to medical and pharmacy claims for the last three reporting years.

Data for the three most recent reporting period shows

No primary care provider (PCP)/psychiatrist/psychologist visit

In the latest reporting period, 75 transgender claimants did not have a visit with a PCP/psychiatrist and/or psychologist in the last 12 months. This number is lower than in the previous year (a good thing).

What's in your data?

How many members have transgender-related claims?

~1,200

What's the Allowed per year?

~6.8M

The dashboard with all the reports used for this analysis, is available to HDMS clients.

Transgender claimants average

500 transgender claimants YOY

Mental health / Behavioral health

Greatest prevalence: psychosexual disorder (episodes/1,000)

Most expensive: Alcohol dependence (allowed/episode)

Attempted suicide/suicidal ideations

In the last two years an average of 63 members have sought care for attempted suicide or having suicidal ideations.

Substance use disorder (SUD)

Other drug dependence (including prescription medications) was most prevalent.

Hormone therapy recipients

There has been a sharp increase in members receiving hormone replacement therapy in the past two years: 58% in 2019 (compared to 2018) and 26% in 2020 (compared to 2019).

AIDS and HIV episodes

Have increased YOY

Gender reassignment surgeries

In the past two years mastectomies were the most common procedure (services/1,000 and claimants/1,000); (male to female) sex transformation was the most expensive (highest allowed dollars).

How to use this data

Number of members on hormone therapy

Estrogen and testosterone are usually the harbingers of upcoming gender reassignment surgeries.

Number of newly diagnosed members with a mental health condition or SUD

Most transgender members don't seek care early and may have a more severe condition at the time of diagnosis, requiring more intense care coordination to prevent adverse events.

Attempted suicide rates

Much higher than in the transgender population and a cause of high morbidity and costs.

Number of members who have not had a visit with a PCP or psychiatrist/psychologist

As rates trend upward, an increase in ER visits for MH/SUD-related reasons can be expected.

Average spend

Allowed dollars remain steady at around

\$6.8M

per year

(last three years)

Gender split

About

51%

of the population identifies as male and

49%

as female.

There are no unknown gender members in this transgender cohort.

Opportunities for intervention

Members who have not had a visit with a PCP or psychiatrist/psychologist should be engaged and encouraged to do so as soon as possible

All transgender people would benefit from proactive engagement in EAP or similar programs that promote regular access to psychotherapy and counseling services, especially those who have attempted suicide or had suicidal ideations.

Health disparities among transgender people include an increased risk of HIV infection, especially among transgender women of color. Identifying these sub-populations would be helpful in ensuring care parity.

All transgender individuals should be counseled about the importance of routine preventive health care.

Gender reconstructive surgery

Ensure that all members receive the recommended psychological support and counseling prior to decisions regarding gender reassignments.

Interesting insights

Look what I found in your population.

PCP visits are down. This is a specific, focused step we can influence that will help with many other health concerns.

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