



To: All IEHP Providers
From: IEHP – Provider Relations
Date: May 22, 2017
Subject: **Transgender Care Provider Questionnaire**

Inland Empire Health Plan (IEHP) is conducting a network assessment of Providers related to transgender care and services with the goal of improving overall quality of care to the IEHP transgender community. To that extent, we are surveying our Providers regarding their experience, skills, and overall approach in providing quality transgender care. You are not obligated to respond to the attached questionnaire but any response will help in our assessment.

Please fax the completed survey to (909) 296-3550 by June 5, 2017.

Thank you for your continued support to our Members. If you have any questions or concerns, please call the IEHP Provider Relations Team at (909) 890-2054.

Enclosure: Transgender Care Provider Questionnaire



Transgender Care Provider Questionnaire

IEHP is interested in identifying Providers who have experience and interest in providing high quality care to Transgender Members. Please complete the following questionnaire and fax to (909) 296-3550 on or before June 5, 2017.

Provider Name/Group Practice Name	
Provider ID	
Address	
Phone #	
Contact Person	

1. Please assess your ability in providing high quality care to Transgender Members:	
a. Advanced	<input type="checkbox"/>
b. Moderate	<input type="checkbox"/>
c. Minimal	<input type="checkbox"/>
d. No Experience (skip to question 5)	<input type="checkbox"/>

2. What services do you provide to Transgender Members? (select all that apply)	
a. Hormone treatment?	<input type="checkbox"/>
b. Mental health services?	<input type="checkbox"/>
c. Integrated mental and physical health service model?	<input type="checkbox"/>
d. Procedures (surgical, office-based) and what type: _____	<input type="checkbox"/>
e. Other: _____	<input type="checkbox"/>

3. Approximately how many Transgender Members have you serviced in the past 12 months?	
a. Over 25	<input type="checkbox"/>
b. 10-25	<input type="checkbox"/>
c. 3 - 10	<input type="checkbox"/>
d. 1 – 3	<input type="checkbox"/>
e. None	<input type="checkbox"/>

4. How long have you been providing care to Transgender patients?	
a. Over 10 years	<input type="checkbox"/>
b. 5-10 years	<input type="checkbox"/>
c. 3-5 years	<input type="checkbox"/>
d. Under 3 years	<input type="checkbox"/>



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5. What training, if any, have you received to treat Transgender Members? (select all that apply)	
a. CME events? Please list organization that provided CME event (please attach additional page as needed): _____	<input type="checkbox"/>
b. Member of WPATH?	<input type="checkbox"/>
c. Transgender certifications through WPATH?	<input type="checkbox"/>
d. Other: _____	<input type="checkbox"/>
e. None	<input type="checkbox"/>

6. What clinical practice guidelines/resources do you use in providing transgender care? (select all that apply)	
a. WPATH Standards of Care	<input type="checkbox"/>
b. UCSF COE for Transgender Health – Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-Binary People	<input type="checkbox"/>
c. Other -please list(attach additional page as needed) _____	<input type="checkbox"/>
d. None	<input type="checkbox"/>

7. What steps have you taken to make your practice trans-friendly? (select all that apply)	
a. Staff trainings? When was the last training? _____	<input type="checkbox"/>
b. Office policies/procedures?	<input type="checkbox"/>
c. Unique gender identification/name/pronoun capture in EMR?	<input type="checkbox"/>
d. Bathroom policies?	<input type="checkbox"/>
e. None	<input type="checkbox"/>

8. Are you willing to write letters to support the acquisition of gender affirming surgery?	
a. Yes	<input type="checkbox"/>
b. No (skip to 10)	<input type="checkbox"/>

9. How many of these letters have you written in the past 12 months?	
a. Over 10	<input type="checkbox"/>
b. 3-10	<input type="checkbox"/>
c. 1-3	<input type="checkbox"/>
d. None	<input type="checkbox"/>



Transgender Care Provider Questionnaire

10. Are you willing to be listed in our Provider directory as “Transgender Qualified”?

a. Yes	<input type="checkbox"/>
b. No	<input type="checkbox"/>

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