

TransECHO: A National Tele-Education Program for Expanding Transgender and Gender Diverse Health Care

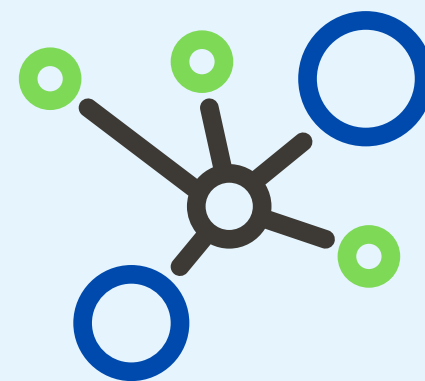
TransECHO was the first national tele-education program designed to enhance the capacity of HCs across the U.S. to provide comprehensive and high-quality primary care for TGD patients. Through videoconference sessions of knowledge-sharing and case discussions, TransECHO reached a larger number of clinicians than is typical of TGD health education initiatives. Overall, TransECHO participants reported knowledge gains, intentions to apply knowledge and change their practice, fewer barriers to providing care, and improvements in self-efficacy to treat TGD patients. As such, TransECHO has filled a gap in training on TGD medical and behavioral health care in the US.

01. Introduction

Few clinicians have received training to provide comprehensive primary care for transgender and gender diverse (TGD) people. This article describes the program design and evaluation outcomes of TransECHO, a national professional development program for training multidisciplinary health care teams on the provision of affirming care for TGD people. TransECHO is based on Project ECHO (Extension for Community Health Outcomes), a tele-education model that aims to reduce health disparities and increase access to specialty care in underserved areas.

02. Objective

To describe the program design and evaluation outcomes of the TransECHO program after the participation of 7 national cohorts of Federally Qualified Health Centers between 2016-2022.



03. Methodology

- Between 2016 and 2020, TransECHO conducted 7 year-long cycles of monthly training sessions facilitated by expert faculty via videoconference technology.
- Teams of medical and behavioral health providers from federally qualified health centers and other community health centers across the US engaged in didactic, case-based, and peer-to-peer learning.
- Participants completed monthly post-session satisfaction surveys and pre-post TransECHO surveys.

Data sources:

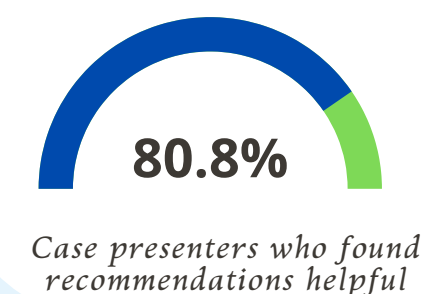
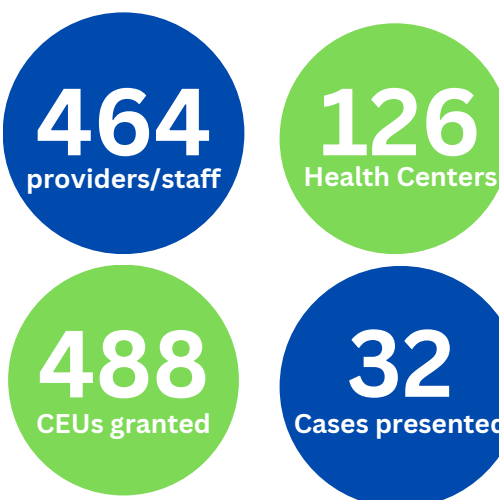
- Registration forms
- Post-session surveys
- Quarterly surveys

04. Results/Findings

TransECHO participants reported knowledge gains, intentions to apply knowledge and change their practice, fewer barriers to providing care, and improvements in self-efficacy to treat TGD patients.

- **Post-session survey outcomes**
 - 80.8% of participants who presented a case found recommendations helpful
 - All but one item scored above 4.40 on 5-point scale
- **Pre/post-ECHO survey outcomes**
 - Barriers to care - All participants reported (1.0) minor barriers to treating TGD patients at baseline. Post-ECHO saw a decrease for average barrier score to .71
 - Self-efficacy - On average, participants reported self-efficacy as 3.14. Post-ECHO saw an increase to 3.91.

Participation outcomes



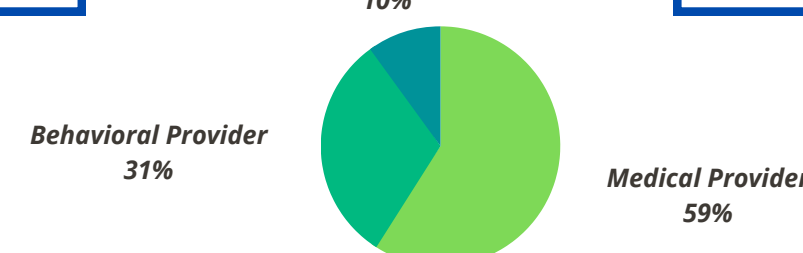
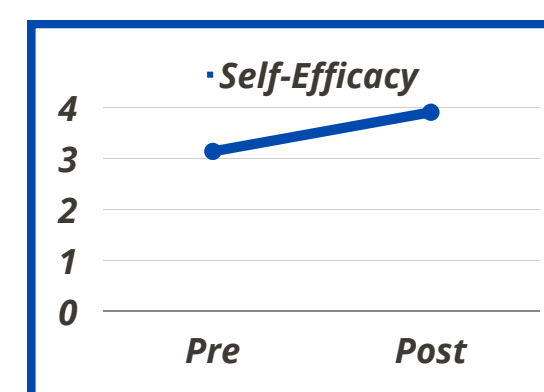
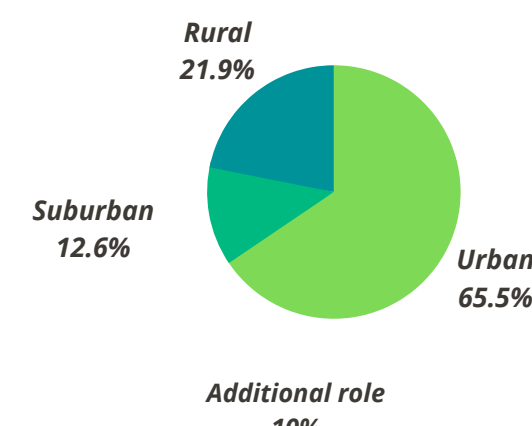
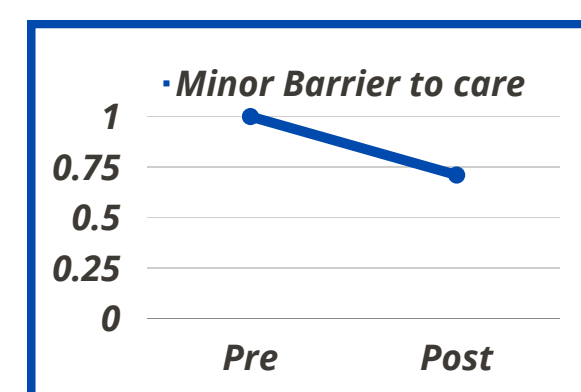
Locations of participating Health Centers



05. Analysis

The data for this study were originally collected as program evaluation data not intended for generalizable human research or publication. The Fenway Community Health Institutional Review Board (IRB) granted the authors a memorandum stating that if the project had been prospectively reviewed, it would have been deemed not human subject research and therefore excluded from IRB review per 45 CFR Part 46.

- **Participation data**
 - Participant numbers and locations were gathered from registration data.
 - The numbers of case presentations and CEU credits were calculated from program documents.
- **Survey data**
 - Satisfaction questions were based on standard wording used by The Fenway Institute, and included 5-point Likert scale questions (1-low to 5-high) on quality of teaching methods, knowledge gain, and intention to use knowledge and change practice.
 - Self-assessment questions, asked of medical and behavioral health providers who reported giving direct patient care, included items on: a) perceived barriers to treating TGD patients (4-point Likert scale), and b) self-efficacy in providing care to TGD patients (7-point Likert scale).
 - Microsoft Excel was used to calculate weighted mean scores for each item across all 12 sessions of all 6 cohorts (2017 to 2020). For the self-assessment survey, SPSS Statistics 25 was used (IBM, Poughkeepsie, New York) to calculate weighted mean scores for each item and a combined mean score for each domain across all 6 cohorts (2017 to 2020) at baseline (pre-ECHO) and after the final ECHO session (post-ECHO).



06. Conclusion

As of 2022, TransECHO continues to run successive cohorts, with funding set to continue at least through June 2023. Though TransECHO has reached many HCs, there are still over 1,300 more that are eligible to participate. To meet the evolving needs of health care teams and TGD patients, TransECHO will continue to innovate.

Plans for innovation include:

- Conducting cohorts that focus on specialized competencies, such as advanced-level TGD medical care, mental health care, and youth
- Developing drop-in TransECHO sessions on emerging topics for “graduated” participants.
- Measuring programmatic impact by considering options for collecting data on clinician behaviors, systems-level changes, and patient outcomes
- Building capacity to bring TransECHO to non-HC primary care practices across the US, and potentially other countries, in response to requests and applications from a range of health care organizations that we do not have the funding or faculty capacity to accept

Ultimately, expansion and innovative program development could help to achieve more access to TGD care across the world, with the overall goal of reducing health disparities among TGD people.

Authors
 Jack Bruno¹
 Virginia Vedilago, MPH¹
 Hilary Goldhammer, SM¹
 Juwan Campbell, MA²
 Alex S. Keurogljian¹⁻⁴

Affiliations
¹ Division of Education and Training, The Fenway Institute, Fenway Health, Boston, MA.
² Fenway Health, Boston, MA.
³ Division of Public and Community Psychiatry, Massachusetts General Hospital, Boston, MA
⁴ Harvard Medical School, Boston, MA.

Related literature

Braun HM, Garcia-Grossman IR, Quinones-Rivera A, et al. Outcome and impact evaluation of a transgender health course for health profession students. *LGBT Health* 2017;4(1):55-61, doi:10.1089/lgbt.2016.0119

Lund EM, Burgess CM. Sexual and gender minority health care disparities: Barriers to care and strategies to bridge the gap. *Prim Care* 2021;48(2):179-189, doi:10.1016/j.pop.2021.02.007

McBain RK, Sousa JL, Rose AJ, et al. Impact of Project ECHO models of medical tele-education: A systematic review. *J Gen Intern Med* 2019;34(12):2842-2857, doi:10.1007/s11606-019-05291-1

Zhou C, Crawford A, Serhal E, et al. The impact of Project ECHO on participant and patient outcomes: A systematic review. *Acad Med* 2016;91(10):1439-1461, doi:10.1097/ACM.0000000000001328