



Inclusivity Leads to Patient Satisfaction: How the APO and Dr. Stephen Adams Welcomed Transgender Patients into Primary Care



Stephen Adams, MD

The AIDS Project of the Ozarks (APO) has served Missouri residents since 1985. For more than two decades, the facility operated primarily as a health care center for individuals diagnosed with HIV to receive primary and specialty care. Today, it's a thriving clinical practice for all Missouri residents and the region's leading facility for transgender care.

Dr. Stephen Adams, APO's Medical Director and Past Board President, documented this evolution in the practice's focus in a recent Performance Improvement (PI) activity submission to ABFM in the "Health Disparities/Equity Self-Directed Clinical" category. In this activity, physicians identify an area of their practice that could better address health inequities, review baseline data, implement a change to improve care, and measure to assess the results of that change. We connected with Dr. Adams to learn more about how APO expanded its mission to include gender affirming primary care for transgender patients.

Although APO had been an important piece of the Missouri health care community for several decades, their latest updates began with the passage of the Affordable Care Act. This allowed Missouri's 340B Drug Rebate Program to expand and soon provided APO with additional funding and the ability to see more patients.

"Seven years ago, in 2015, APO started utilizing the 340B Program. Around that same time, we were seeing increased interest in Pre-Exposure Prophylaxis (PrEP) for HIV prevention. These opportunities allowed us to open the practice to patients who did not have HIV," Dr. Adams explained.

"We began actively promoting our practice to transgender women, who are a group at a higher risk for HIV," he continued. "Because they felt this was a safe, welcoming place for care, our transgender patients asked us if they could invite others for treatment at APO. Initially, we had two or three transgender patients, but within six months there was a huge flood of new people who needed care."

The facility's patient population expanded from 480 to almost 1,600 in just a few years, and they soon moved to a larger building. However, adding more space didn't solve every issue. To serve the increasing transgender patient population, more inclusive measures needed to be taken.

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"We realized our intake forms and EMR did not allow for proper identification of a patient's preferred name and gender identity," said Dr. Adams. "We also realized that many transgender patients don't access the health care system except in emergencies due to systemic transphobia and discrimination. This decreases their access to routine medical care and preventive services."

Now that the service needed by APO's new patients had been identified, the staff moved to the implementation phase. Intake forms and EMR updates were simple enough to update. Adding items such as birth gender, preferred name, and preferred gender allowed for patients to feel welcome and considered as they checked in. However, training staff to use correct pronouns when engaging with the transgender population was a little more complicated.

"A nurse may talk about a patient and choose the wrong pronoun. Daily, we'd be correcting each other. It took three or four months for it to become a habit for everyone. Now, as new staff join, it is easier for one person to acclimate to what all their coworkers are doing," Dr. Adams said, noting that transgender patients have expressed their appreciation for the change and welcoming atmosphere. "It's been eye opening to see minor changes have such a profound effect on the experience of care for this group of patients."

Internally, the changes became the standard operating procedure, but APO discovered that many in rural Missouri aren't as inclusive. "Often, when we send our patients to other health systems, they get treated very badly. Some have been fired from the practice once they came out. Others aren't properly identified or gendered. It's taken a long time to figure out who outside of our practice will take care of our patients and treat them right," Dr. Adams remarked.

APO has become a significant positive force in rural Missouri, and we're pleased that Dr. Adams shared this growth and experience with us. If you have an example of a project your office took on to provide more equitable patient care, consider submitting it as a PI activity. Successful submissions are worth 20 points toward your certification requirement. Learn more in the MyABFM Portfolio.

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American Board
of Family Medicine

American Board of Family Medicine
1648 McGrathiana Pkwy, Suite 550
Lexington, KY 40511
877-223-7437 • theabfm.org



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