



Module 14: Mazzoni Center

Case Study: Robert Winn

I'm Dr. Robert Winn. I'm the medical director of Mazzoni Center of Family and Community Medicine. Spelled out for you its LGBT Health Center. I've been working for Mazzoni since 2000, I'm sorry, since 1999, so about over ten years as the medical director. We provide primary services such as care for HIV, family planning services, and women's health.

So, for providers, I would say Mazzoni offers a place where we can discuss with patients their sexual orientation and gender identity in ways that we don't typically see in primary care. We are trained to be able to talk to patients about that and to understand what their special needs are based on those two factors. For patients, I think it provides an opportunity to be out, essentially, with their sexual orientation/gender identity. We've got this feedback from patients directly in ways that they haven't been able to do anywhere else.

So, many patients' comments say this is the first place they've been able to actually tell their doctor or their practitioner that they're a gay man or that they think they're a trans-woman and they don't really know how to move forward. Also we find some people who have done that with previous doctors or clinicians actually, even in 2013, then told "I'm sorry, you can't be serviced here, we can't do that, or we don't feel comfortable with you," or literally you have to find care elsewhere. We provide a safe haven in a place where people can be out about who they are.

I started the medical center with the premise that we're going to be a family medicine primary care site. And to that end, we provide care from birth to death, so any age. We don't do obstetrics, but pretty much everything else we do. We really provide a medical home for patients where they can get anything from a cold to their HIV care. If they're an older person, geriatric services. So, pretty much everything in between we do as primary care sites. Now, because HIV does affect especially the gay male population pretty heavily, we also all trained in doing HIV primary care. So, it's sort of a specialty within family practice that we do in addition to just primary care.

There're a couple of unique things about what we do at Mazzoni. I think the first one and most important one at the moment anyway is that we provide primary care services to anyone, no matter how they identify, regardless of their ability to pay. What we mean by that is we certainly take insurance and we bill insurance for anyone that has insurance. Unfortunately lots of people don't have insurance now and so if you don't have insurance, we've found granting structures and various ways that we can provide affordable care for people that don't have insurance.



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And the other thing that happens with insurance that's important to understand is that many people have insurance at one moment and then they don't have it three months later because they lost their job or their partner lost their benefits, or whatever it might be. And so we provide that continuity regardless of their insurance status at the time. It will be interesting to see what happens with the Affordable Care Act and how that will change that. But at least right now, about 35% of our patients don't have insurance at any given point and time.

So, last year we saw 14,000 visits and we just hired two new clinicians starting this summer. We're looking at having 20,000 visits next year. That will be 20,000 visits probably in a 6,000 to 8,000 patient range. So, many people get seen more than once a year. But, 14,000 visits last year, 20,000 next year.

So, when I started the health center officially as an open health center in 2004, it was me, a physician assistant, one exam room, tiny. I forget how many patients we had, but probably around 1,000 that we took care of. We have not literally advertised at all in the growth of Mazzoni, specifically to grow the health center. It's all been through word of mouth and I think it's an example of the great need that's out there for LGBT care. But I think we also appeal to a lot of people because we have that whole it doesn't matter if you have insurance or not, we'll find a way to take care of you. And, oh by the way, if you lose your insurance, we'll still be your doctor, we'll still continue your care for you. We'll keep that continuity going. So, we haven't had to advertise.

In the trans communities, that word of mouth has spread like wildfire. Over the years, we've seen more than 2,000 trans folks for primary care. Probably around 1,500 right now who are in active care. It's 20% of our population. I mean it's a tiny percent of the world population but 20% of ours. So, it's a big need that's out there and we meet that and I think that's great.

We also, by word of mouth, see a lot of gay men. The group of people that we see the least of are actually lesbian and bi-women. But, again, we don't advertise. So, we actually this year decided to make a peer campaign to go out specifically recruit that sub-population which we have the smallest group of. It's not that there aren't lesbians and bi-women in Philadelphia. They've just either have found other places to go or they're not getting care. Hoping it's not the latter but we're going to make a focused effort towards women's health and that's one of the reasons we hired one of the physicians for this summer. She focuses on that. It's definitely something we haven't had to advertise for, but I think we're going to start advertising.



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I think there are two key competencies. It's important for anyone dealing with LGBT issues to understand that there is LGB, sexual orientation, lesbian-gay-bisexual issues. Then there is transgender; gender identity issues and they are a completely separate groups of people with different kinds of issues. I think uniquely we provide the trans and gender identity services in a way that is very hard to find for anyone anywhere. There are certainly other LGBT centers around the country that do similar things, but if you're in Philadelphia and you want to get trans healthcare, it's hard to find a place that does it as well as we do.

The reason for that is from the very beginning we said we need to learn and understand what it means to be trans. What it means to take care of people who are transgender. What are the medical issues, what are the specific hormonal issues and surgical issues that these populations deal with? Understand, at least to the extent of the knowledge that's out there in the literature about how to do that. Then also talking and sort of other places that do trans care about what's important; people who have been doing it longer. Figure out what we need to do.

So, we did a lot of research and a lot of study and protocol development around gender identity and that's certainly to understand how to take care of those people. But then we took it a step beyond that and said okay so now all of our staff, whether you're the person answering the phone, the medical assistant, the nurse, the practitioner, all of those people needed to be continually trained and educated about how do you speak to someone who's transgender, what pronouns do you use, how do you sort of live up to their expectations about good care in that realm. So, that's one piece.

The lesbian, gay, bisexual piece I think is a little better documented and we understand a lot better about what some of the risks that are higher rates in LGB populations. So things like being overweight, or smoking, or drug use, certain sexual behaviors that put them at risk for STDs or HIV. Understanding what those risks are, addressing them with the populations, and importantly for the clinicians, understanding how to talk to patients about what they do in the bedroom. I repeatedly told my patients that a doctor's never asked me that question before about anal sex and they don't even really talk about that subject and we don't talk about it all and so we don't address it. So, people have problems. They want to be able to talk about it and they have a place to do that in Mazzoni.

I think we serve as a model for, hopefully, we serve as a model for primary care practices in general about how you can learn to talk about LGBT issues and learn what they are and then address them appropriately. I think we provide a model where you can learn how to do that. And by that I mean we do take medical students, nurse practitioner students, residents, those sorts of folks who are learning how to be a practitioner. We actually do let them have rotations at Mazzoni and help them understand how to talk about LGBT issues. How to talk about it is a really important piece that's missing from medical education in general. I think we provide that in a real time way because it's with patients who are



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LGBT and you learn from that. And we of course are continuing learning because we don't think that we necessary know everything and as the research evolves, we'll probably learn more.

We serve as a model that way and then we serve as a model... I mean we sort of say we'd love to put ourselves out of business. I mean you should be able to get culturally sensitive LGBT care at any primary care office anywhere. That not true, but that's what we strive for. So, by educating young clinicians who are learning how to be a good doctor or nurse practitioner, we hope they'll go out and take that to whatever kind of practice setting they're going to. I'm not afraid I'm going to lose my job anytime soon. There's a lot of work to do but, we sort of try to serve as that model as a learning institution, and also be learners ourselves to learn how to do it better.

The other thing that we get a lot of requests for, and we do this at least three or four times a year, is practitioners who have discovered that they have transgender patients in their population and they really don't know what to do about that and how to care for them. We either on the phone, or through email, sometimes they actually come to Mazzoni, spend a day with us learning how to do what we do. There's certainly interest out there from practitioners who want to do that better and it usually involves trans health. They think it's easier for people to get information about how to do LGB sensitive care. There's a lot more written about it. I think there're more protocols. There's more information. So, trans gender piece, which I think is the hardest for doctors in particular to understand and develop protocols around because none of us learned this in medical school. So, you have to learn it on your own.

So, we get those requests and we gladly have people come to see what we do. But the most important thing, I think, that they glean from that visit with us, or conversation via email, is that can understand how to do trans care incredibly well and that if they don't get their entire staff to be on board with this, it's not going to work because a transgender patient, unfortunately, often has differences between their appearance, and their legal name, and their school ID and all these things don't necessarily match. And it may or may not match their insurance coverage and you have to as a trans care provider understand how to navigate that whole system but you also have to remember that I'm not the only person that interacts with the patient, my entire staff does. To make appointments, to get refills, to get referrals. All these people need to be on board about pronouns and how to refer to folks and that's a pretty daunting task. There are people that just can't do that in their office. Their office has 30 clinicians and 60 employees and they just... it would be very hard to do that. If people want to do trans care, that's what they need to do is get everyone on board.

We hit on an important term, patient engagements. For a long time, medicine has been practiced as a sort of top down I'm the doctor, I figure out what's wrong with you, and I tell you what to do and you get better. But we definitely know that doesn't always work. In fact that often doesn't work because if the patient's not engaged in said care, then I can



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make whatever recommendation I want and it will never be followed through with by the patient. So, patient engagement is the whole idea that the patient and the clinician need to work together to make better care.

So, you're asking about our patient portals. So, we certainly find that now a days almost regardless of socioeconomic status, people have access to either via smartphone or a phone or a computer have access to the internet. Because of that, we're able to communicate in a secure but compliant way with patients through our patient portal to have them schedule appointments, ask for refills, ask clinical questions or from the other end, us give results or ask people questions about their health, or even just check in on them in a way that's interactive. The patient then has access at all times to their chart and what's in it. Their medication list, if they ever see a specialist, who did they go see? Or if there's an emergency even, they can sort of present here's my history because it's all written down here.

So, it's proved to be incredibly helpful in patients sort of owning their own health, understanding their health better. It has an inadvertent affect of them having everything at their fingertips and asking lots more questions and I'm happy to answer all of their questions but I get a lot more of "What does this mean? What is this little lab result here?" Which I know doesn't mean anything. It says abnormal on the sheet, so they see it now instead of me just saying, "Oh, your labs were normal." I now say, if you have questions about any of them, feel free to ask. The patient portal allows us to do that in a way that it's not just face-to-face in the office, which requires a visit and a co-pay and time out of my schedule and their schedule. It's a way for us to communicate how they're doing health wise and to work on their healthcare better.

I think having access to your own medical record in a manner that is understandable to a non-clinical person. They don't see everything. They see sort of the pieces that make the most sense for them to see, gives people a lot of power in how they can advocate for their own health. So, particularly, now people have discovered... people move, they get new jobs and they move to new places. What they find is instead of signing a form and hoping that their medical records get transferred, they're actually able to if they want print out everything that's on their web portal and say to their new clinician, "Hey here's my history. I'm just going to give it to you directly." So, it gives people a lot of power in engaging and sort of maintaining their own health and directing their own health in ways that they hadn't really had access to before.

I think the most important things for people to understand if they're going into public health or any medical field right now is to understand that there are people and then there are sub-populations of people with special needs and special risks and special concerns. LGBT folks are definitely in that category. We do have enough research to understand what some of those issues are, why they happen, why people are at higher risk for certain things, and then probably, most



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importantly, how to talk to people about them and hopefully change behaviors so that risks reduce or behavior changes so that they can be healthier.

I think it's important for people to understand that no matter what their environment is, they may live and work in a place that is very open to LGBT folks. If you live in a place like that, are around people that are open-minded you may think, "Oh, this isn't really an issue anymore." Everybody understands that gay people exist and trans people exist and everyone's okay. That's absolutely not true. I'm glad it's true in some environments. For many, many people who live in places that are not as open-minded, people are still killed for these reasons. They certainly get sick and don't get care either because they're afraid to go to get care or they're rejected from care or they're literally told you can't be seen here because of your gayness or because of your gender identity.

It is still a hot topic in 2013. People are still in a lot of danger of not getting care, of not getting healthy. It's an important thing to learn, no matter where you live. Even if you live in the best place in the world that is open-minded, there're people that don't live there.