

Barriers to Initiation of Gender-Affirming Hormone Therapy for Transgender and Non-Binary Patients in a Primary Care Clinic

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Abstract

There is a critical need to improve access for transgender and non-binary individuals to inclusive, gender-affirming primary care. This includes, but is not limited to, safe, reliable, medically supervised access to gender-affirming hormone therapy (GAHT). At AF Williams Family Medicine Clinic, a primary care clinic within the University of Colorado/UCHealth system, 22.2% of the 36 providers who responded to a survey on attitudes towards transgender individuals and their care were not willing to initiate GAHT.

The objective of this quality improvement project was to improve access to safe, reliable, medically supervised GAHT in primary care clinics in the university system by implementing a multi PDSA cycle quality improvement approach with the first cycle designed to identify specific barriers to initiating GAHT among providers at AF Williams clinic, devise interventions based on specific barriers, pilot intervention(s) at AF Williams clinic, quantify and discuss the impact, and disseminate best practices to other primary care clinics within the university system.

As a first step, and in order to better understand the landscape of GAHT prescribing at AF Williams and specific barriers around which interventions could be developed, a REDCap survey was developed and deployed to capture specific barriers from the perspectives of individual providers. Results of this survey suggest that less than 20%

of providers at AF Williams are currently initiating GAHT as part of their practice. The most frequently cited reason for not currently initiating GAHT was a perceived lack of patients presenting to the clinic in need of these services, despite prior studies suggesting that there is a great need for these services in the community at large. This suggests that future efforts of this work should focus on raising awareness among clinic patients and the community at large that these services are within the scope of primary care clinics and are available at AF Williams while also making providers more comfortable encouraging, eliciting, and instigating open conversations with their patients about gender-affirming hormone therapy.

Limitations of this work in applying successful interventions and strategies to other clinics the university system, or outside the system, are a relatively small sample size of providers, the unique provider demographics inherent to a resident continuity clinic site, and the payer makeup of the patient population.