

# Access to Gender-Affirming Hormone Therapy for Transgender & Non-binary Patients in a Primary Care Clinic

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## Background

There is a critical need to improve access for transgender 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 QI project was to improve access to GAHT in primary care clinics in the university system by implementing a multi PDSA cycle

## Methods

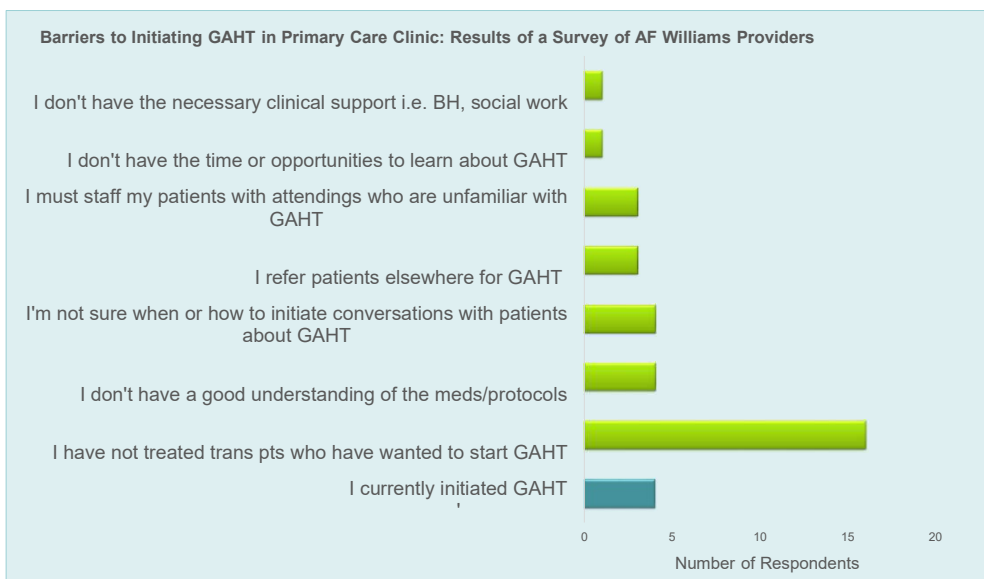
In order to better understand the landscape of GAHT prescribing at AF Williams and specific barriers around which interventions could be developed, a REDCap survey was developed and deployed to capture the perspectives of individual providers.

## Acknowledgements

Faculty Mentor: Rebecca Mullen, MD, MPH; Research Assistant: Cat Halliwell; This work builds upon work done by AF Williams UNITY project team, led by Rebecca Mullen, MD, MPH and Shandra Brown-Levey, PhD, and supported by CEPS small grants program.

## Results

50 clinic providers received the survey by email. 22 responded within the 2 weeks allowed. Of the respondents, 18% (4) indicated that, yes, they “currently initiate or start gender-affirming hormone therapy for transgender or non-binary patients”. Of the respondents who indicated that they do not currently initiate GAHT, 89% (16), indicated that a reason they do not initiate GAHT is that they “have not treated transgender or non-binary patients who have wanted to start GAHT”. This was by far the most frequently selected reason for why providers in this survey do not initiate GAHT. Other reasons cited included in chart below. Of the respondents who indicated that they do not currently initiate GAHT, 17% (3) selected “Other” and provided comments. Comments fell into 1 of 4 themes below.



There were 20 free-text responses to the question “What would make you more likely to initiate GAHT in the future”. Most responses fell into 1 or more categories related to the following.

What would make you more likely to initiate GAHT in the future?



Flowsheets and dot phrases

More patients to treat!

More experience and medical knowledge

Attending more comfortable with GAHT

## Discussion

The results confirmed our suspicion that a small number of primary care providers at AF Williams clinic (18% of respondents) are currently initiating GAHT as part of their practice and that the primary reason, by far, that providers have not done so is a perceived lack of patients presenting with need or interest. None of the providers who responded to the survey were categorically or ethically opposed to starting GAHT for their patients.

## Conclusion

The perceived lack of patients coming to the clinic in need of GAHT services is notably inconsistent with the estimation that AF Williams provides primary care for most likely hundreds of transgenders and non-binary people, and that, when transgender Coloradans were surveyed about hormone use, 70% had used GAHT at some point and 80% planned to use GAHT in the future. This inconsistency suggests that providers are under-aware of their patients' interests in GAHT, either because patients do not make their interest known to their primary care providers or, as we found in our survey, because providers are unsure of how or when to instigate conversations with patients about these treatment options. There is clearly an unmet need in Colorado given that 40% of transgender and non-binary people surveyed in 2019 felt they did not have sure access to gender-affirming hormones. There is clearly an interest on the part of primary care physicians at the AF Williams clinic to address this unmet need. This suggests that future efforts 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 available at AF Williams, while also making providers more comfortable instigating open conversations with their patients about gender-affirming hormone therapy. In addition, one salient and readily addressable way to increase provider comfort with the process of initiating GAHT might be to develop and disseminate templates for use in documenting visits related to initiation of GAHT.