Trans* Care Boot Camp:

Providing medical care - including hormones - to transgender patients... a hands-on workshop for primary care physicians, nurse practitioners and physicians' assistants who WANT to do this, but aren't sure how to get started

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Disclosures

- I have no disclosures.
- I will be discussing the off-label use of medications used to provide feminizing and masculinizing effects. While these are off-label, they are standard practice in the medical care of transgender and gender nonconforming people who wish to change their bodies to affirm their gender identity.

Starting points

- I am not an expert. I am a family doctor who believes this is essential care that people need and there are not enough medical providers doing this.
- Transgender and gender nonconforming people represent a great deal of diversity.
- I do not speak for transgender and gender nonconforming people.
- This is not rocket science, and it isn't "specialty care." It is and should be a part of the primary care that you provide to your patients.
- This is a starting point. Continue to educate yourself. Join WPATH. Attend conferences. Learn from your peers. Learn from your patients. CONTINUOUS QUALITY IMPROVEMENT.
- It's really important for you to be humble and open to learning from your patients!

During this workshop, you will learn and/or examine resources to learn how to:

- Make your office welcoming to trans* and gender nonconforming patients
- Describe the application of the WPATH 2012 Standards of Care* (*Updated SOC is currently in development!!!)
- Delineate the differences between “Therapist Letter” versus “Informed Consent” approaches to trans* health care
- Locate and describe three Primary Care resources for providing health care to trans* individuals
- Understand coding and billing related to medical care for trans* patients, regardless of insurance/lack thereof
- Apply the UCSF Primary Care Guidelines to some common adult patient scenarios

Objective 1: Make your office welcoming to trans* and gender nonconforming patients

- You AND your staff participate in SafeZone trainings.
- ***Ten Tips: http://transgenderlawcenter.org/wp-content/uploads/2011/12/01.06.2016-tips-healthcare.pdf ***
- Consider your forms and processes that gender and out people. Adapt them.
  - Webinar: https://www.lgbthealtheducation.org/wp-content/uploads/Collecting-SOGI-Data-Webinar-Final.pdf
- Humility: tell your patients…
  - 1. Being a gender affirming provider is important to you.
  - 2. You (and your staff) are not perfect but you are trying.
  - 3. Encourage their feedback and even their criticism so that you/staff can do better.

Objective 2: Describe the application of the WPATH 2012 Standards of Care* (*Updated SOC v.8 is currently in development!!!)

- https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf
- The overall goal of the SOC is to provide clinical guidance for mental health and medical professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. – WPATH SOC7, p1
- The SOC articulate standards of care but also acknowledge the role of making informed choices and the value of harm reduction approaches. – WPATH SOC7, p2

Objective 3: Delineate the differences between “Therapist Letter” versus “Informed Consent” approaches to trans* health care

- *For provision of hormones*
- Therapist Letter:
  - You request that the patient be evaluated by a gender-competent, qualified mental health professional to confirm that they are, indeed, transgender or gender nonconforming, and that this is a persistent, stable identity, and that the patient has the capacity to give consent to receive hormones.
- Informed Consent:
  - *You evaluate the patient*. Does the patient have capacity to give informed consent? Is their identity persistent and stable? Does the patient understand the risks, benefits, and alternatives to receiving hormones?
- You must do what YOU are comfortable and qualified to do. Over time, as you provide care for more trans patients, you may choose to do informed consent.
- This is NOT the same as asking/requiring them to be seeing a therapist while transitioning.

Objective 4: Locate and describe three Primary Care resources for providing health care to trans* individuals

- UCSF Center of Excellence for Transgender Health
  - http://www.transhealth.ucsf.edu/protocols
- Callen-Lorde Community Health Center
  - Request copy of protocol: http://callen-lorde.org/graphics/2012/10/TG_Protocol_Request_Form2.pdf
  - The protocol: http://www.tmeltzer.com/assets/callen-lorde-revised-protocols.pdf
- Tom Waddell Health Center
  - http://www.twtransgenderclinic.org/wp/wp-content/uploads/2012/06/TG-protocols-2011-revision.pdf

Objective 5: Understand coding and billing related to medical care for trans* patients, regardless of insurance/lack thereof

- First: Is it covered?
- Sometimes patients know, sometimes they don't
- ICD-10 codes for Gender Dysphoria in adolescents and adults
  - **F64.0 Transsexualism** is preferred (DSM-V Criteria for Gender Dysphoria)
  - (F64.2 Gender Identity Disorder of Childhood)
  - F64.8 Other Gender Identity Disorders
  - F64.9 Gender Identity Disorder, Unspecified
- If NOT covered, some providers will use E34.9, particularly once patient is taking hormones
  - E34.9 Endocrine disorder, unspecified

Objective 6: Apply the UCSF Primary Care Guidelines to adult patient scenarios

- *These are some very basic clinical scenarios*. You may experiencing more challenging scenarios, and situations where you scratch your head, have no idea, and find no recommendations in the literature and guidelines.
- Use your networks of fellow clinicians
- Use the TransDesk helpline (the greatest!)
  - https://transline.zendesk.com/hc/en-us
- Ask WPATH peers (must join)
- Ask Yahoo group
  - https://groups.yahoo.com/neo/groups/TRANSMEDICINE/info
- National Center for Transgender Equality (LOVE!)
  - https://www.transequality.org/

OVERVIEW

- Establish gender identity, history, persistence, goals, questions
  - Is there more information you need?
- Review timeline, risks/benefits/alternatives
- Establish/evaluate co-morbid medical and mental health concerns
- Determine preventive services appropriate for this patient
- Baseline labs needed for starting hormones (GENDERED LABS)
  - And for any other medical concerns
- Address lab abnormalities/medical/mental health concerns
- Prescribe half-strength hormones/supplies, labs & visit in 4 weeks to check in
- At 4 weeks, address lab abnormalities, review effects, concerns, increase to full strength. Labs & visit in 4 weeks to check in.
- Next visit w/full labs at 3 months, then q 3-12 months routinely.

Intake information

- Example of form that we use in our clinic to establish diagnostic criteria and address any sexual health concerns
- Please feel free to adapt this to your setting.
- Ask your patients to provide you with feedback about it.
- Inquire about patient's knowledge, goals/expectations relative to taking hormones
- Encourage patients to know their health insurance coverage, whether or not F64.0 is covered

Patient 1

- 33yo transwoman, working with her therapist for past 6 months, wants to start hormones
- PMHx: anxiety and depression (not on medication)
- FMHx: anxiety, depression, HTN
- PSHx: tonsils and appendix in childhood
- SocHx: occasional etoh, denies tobacco/illicits
- Meds: none
- VS: HR 110, BP 125/85, BMI 24; physical examination unremarkable

What else do you need to know?
What do you recommend for this patient?

- Explore depression and anxiety – are they reasonably well controlled?
- Discuss timeline of expected changes that hormones may bring.
- Discuss risks, benefits of hormone therapy, including worsening of pre-existing mental health concerns.
- Discuss importance of treating medical conditions, not necessarily stopping hormones (unless life-threatening).
- Discuss fertility preservation.

- Informed consent “form”?
- Discuss need for regular and sometimes frequent office visits, bloodwork, as hormones are starting, continuing.
- Discuss need for age-appropriate preventive services
- Do you routinely examine asymptomatic breast and genitalia of your cisgender patients?
  - Medical “necessity” of examination?
  - Gender-affirming nature of examination?

Questions

- What baseline bloodwork do you need?
- How will you address tachycardia?
- What are the starting doses of
  - Spironolactone?
  - Estradiol?
- What # should you dispense?
- What formulation of estradiol should you choose?
- What bloodwork should be done prior to the next visit?
- When should the next visit be?
- What preventive services does this patient need?

Patient 2

- 38yo transman wanting to start hormones, hoping to have top surgery eventually
- PMHx: healthy – has not seen a doctor for 20 years
- FMHx: MI dad 50yo, DM2 and kidney dz mom
- PSHx: tonsils
- SocHx: etoh 6/weekend, tobacco “socially,” occas MJ, no exercise/diet plan
- Meds: none
- VS: HR 90 BP 130/80 BMI 40; physical examination – obese, wearing a chest binder, but otherwise unremarkable

What else do you need to know?
What do you recommend for this patient?

- Explore weight, blood pressure
- What preventive services has this patient ever had? Pap? STI testing?
- Discuss timeline of expected changes that hormones may bring
- Discuss risks, benefits of hormone therapy, including worsening of pre-existing health conditions
- Discuss importance of treating medical conditions, not necessarily stopping hormones (unless life-threatening)
- Discuss fertility preservation
- Discuss need for reliable contraception if sperm-making partners
- Plan for nursing to teach self-injections
- Discuss risk of contact with others if testosterone gel used

- Informed consent “form”?
- Discuss need for regular and sometimes frequent office visits, bloodwork, as hormones are starting, continuing
- Discuss need for age-appropriate preventive services
- Do you routinely examine asymptomatic chest and genitalia of your cisgender patients?
  - Medical “necessity” of examination?

Questions

- What baseline bloodwork do you need?
- Additional bloodwork needed due to hx, fm hx, vs, examination?
- What is the starting dose of testosterone?
- What formulation of testosterone should you choose?
- How do you order injection supplies?
- What bloodwork should be done prior to the next visit?
- When should the next visit be?
- What preventive services does this patient need?

Patient 3

- 27-year-old transman who has been on IM testosterone for 5 years, just moved to your area and needs a new physician. He complains of “uterine cramps” and irritability starting 4 days before each injection and read somewhere that taking his injection weekly might help this.
- PMHx: several elevated bp readings but never dx with HTN; Pap age 21yo “horrible experience” and has not had again; has had top surgery. Family Hx of HTN, MI and DM2. PSHx: mastectomy with nipple/areola reconstruction 2 years ago. Soc Hx: occasional etoh, denies tobacco/illicits, no particular diet/exercise program.
- Meds: testosterone cypionate 200mg/mL, 1 mL SC q other week
- VS: HR 90, BP 140/90, BMI 33; Exam of heart, lungs, extremities unremarkable.

What else do you need to know?
What do you recommend for this patient?

- Obtain records
- Discuss preventive services, Pap hx and experiences
  - How do you conduct a sensitive speculum/pelvic exam?
  - What are other options for Pap and STI testing?
- Addressing medical concerns: weight, blood pressure
- Discuss need for regular office visits, bloodwork
- Discuss splitting T dose into weekly injections of half current dose

Patient 4

- 45yo transwoman who wants to start hormones
- PMHx: bipolar d/o, androgenic alopecia
- FMHx: HTN, DM2
- PSHx: None
- SocHx: etoh 2/day, denies tobacco, MJ daily for anxiety, walks 20 min/day
- Meds: olanzapine
- VS: HR 90 BP 130/88 BMI 27

What else do you need to know?
What do you recommend for this patient?

- Explore bipolar – reasonably well controlled? Involve psychiatrist in care.
- Discuss timeline of expected changes that hormones may bring.
- Discuss risks, benefits of hormone therapy, including worsening of pre-existing mental health concerns.
- Discuss importance of treating medical conditions, not necessarily stopping hormones (unless life-threatening).
- Discuss fertility preservation.

- Informed consent “form”?
- Discuss need for regular and sometimes frequent office visits, bloodwork, as hormones are starting, continuing.
- Discuss need for age-appropriate preventive services
- Do you routinely examine asymptomatic breast and genitalia of your cisgender patients?
  - Medical “necessity” of examination?
  - Gender-affirming nature of examination?

Questions

- What baseline bloodwork do you need?
- Additional bloodwork needed due to hx, fm hx, vs, examination?
- What are the starting doses of estradiol, spironolactone?
- What formulation of estradiol should you choose?
- What bloodwork should be done prior to the next visit?
- When should the next visit be?
- What preventive services does this patient need?
- What additional baseline lab test should you check, due to current medication? Why is this important?

Patient 5

- 28yo transwoman wanting to start hormones
- PMHx: healthy
- FMHx: Mom PE post-partum, MAunt DVT on OCP in 20s, Dad HTN
- PSHx: None
- SocHx: Occas etoh, no tob/illicits; runs 2 miles/q other day; no particular diet
- Meds: none
- VS: HR 65 BP 120/80 BMI 28

What else do you need to know?
What do you recommend for this patient?

- Explore family history. Will insurance cover a “screening thrombotic panel”?
- Discuss timeline of expected changes that hormones may bring.
- Discuss risks, benefits of hormone therapy
- Discuss importance of treating medical conditions, not necessarily stopping hormones (unless life-threatening).
- Discuss fertility preservation.
- Informed consent “form”?
- Discuss need for regular and sometimes frequent office visits, bloodwork, as hormones are starting, continuing.
- Discuss need for age-appropriate preventive services

Questions

- What baseline bloodwork do you need?
- Additional bloodwork needed due to hx, fm hx, vs, examination?
- What are the starting doses of estradiol, spironolactone?
- **What formulation of estradiol should you choose?**
- What bloodwork should be done prior to the next visit?
- When should the next visit be?
- What preventive services does this patient need?

Patient 6

- 23yo gender fluid patient, wanting to feminize their body – less body/facial hair, develop breast/hip, wants to maintain erectile function, athleticism
- PMHx: Depression
- FMHx: heart disease, DM2, depression
- PSHx: none
- SocHx: Runs 40 miles/week, occas etoh, denies tob/illicits, vegetarian
- Meds: citalopram
- VS: HR 50 BP 120/75 BMI 24

What else do you need to know?
What do you recommend for this patient?

Important considerations unique to this patient case

- Review the timeline of expected changes
- Discuss the limitations/lack of control of effects of estrogen/spironolactone
- Discuss electrolyte replacement drinks, risk of hyperkalemia from spironolactone

Other considerations

- Patient wanting to change gender marker on driver's license
- Patient wanting to change gender marker on passport
- Patient needing letter about medications/supplies for travel
- Patient having pain/problems with IM testosterone
- Patient with hyperkalemia on spironolactone
- Patient who smokes on estradiol

Thank you very much!

- There is no “one way” to provide care to transgender and gender nonconforming people.
- There are many of us out there who can support you and answer your questions, including TransLine.
- You may want to start out by having your patient start with an experienced provider, then providing their ongoing hormones once they are on a stable regimen and being able to consult with the experienced provider as needed.
- Feel free to email me balbo@ohio.edu with any questions.
- Thank you to TransLine, UCSF, WPATH, Callen-Lorde, Waddell Health Center, Dr. Krista Duval, Dr. Henry Ng, Dr. Maria Barnett, Dr. Katy Kropf.
- THANK YOU ESPECIALLY TO MY AMAZING PATIENTS.