

# AIDS PROJECT OF THE OZARKS

## Policy and Procedure

Subject	Number	Date Issued	Date Revised	Date Effective
Transgender Care	51	04/11/2016	05/28/18	04/11/16
		<b>Approved By:</b>		
Melissa Tiffany, Clinic Director		Dr. Stephen Adams, Medical Director/Lynne Meyerkord, Executive Director		

**Purpose:** To provide comprehensive gender affirming health care services for those living with HIV, and those who are not diagnosed with HIV infection, transgender clients in southwest Missouri including primary care and hormone therapy. This will also include wrap around services such as: medical case management to address limited sources of social supports, linkage to and retention in care, address possible high rates of unstable housing, economic instability, and transportation. Psychosocial distress and substance use will be addressed by the mental health coordinator or referrals will be made to off-site providers for counseling and substance use issues.

**Policy:** The APO clinic will provide gender affirming treatment services for those who are seeking health care. APO providers will act in accordance with public health guidelines and WPATH standards of care, Endocrine Society guidelines, and/or UCSF Protocols as well as CDC guidelines.

**Quality:** The APO clinic will audit charts of those who are being treated for primary care and hormone therapy to determine that proper protocol has been followed. All test results and patient information is entered into the patient E.H.R. and shared with the CQIC committee for review, comment, and follow up.

### Procedure:

- **First Appointment:**  
The transgender patient will be interviewed as to readiness for hormone treatment. The provider will pay particular attention to the gender pronoun being used-asking the patient what pronoun they prefer to be addressed by. (Patients may prefer non-binary such as they/them) The provider will note a willingness/readiness on the part of the patient to participate in treatment. Questions for review will be a basic health assessment, most recent substance use, mental health issues (suicidality), and/or other co-morbidities that might interfere with initiating treatment. Once this interview is conducted, the patient will be given the PHQ-9 depression inventory to determine recent periods of depression/anxiety. If the patient is not ready to begin treatment, they will be referred for counseling and offered a future appointment to discuss readiness once current issues have been addressed or resolved. The patient will have the following labs drawn at the first appointment: These will include but not be limited to: CBC, CMP, TSH, Estrogen, Testosterone, and Estradiol, and Estradiol.

- The Retention in care specialist will have a registration/initial appointment by phone with this patient prior to them coming into the clinic. This phone assessment will serve several purposes: to establish rapport, gather information about how the client wants to be addressed and which pronouns they prefer, determine insurance literacy or if the patient has insurance. If the patient does not have insurance they will be given information about the APO sliding fee scale. They will pay according to the fee scale as they must pay for outpatient visits and labs at the time of service. Patients will also be referred to Grove pharmacy for medications-the patient will be educated regarding our 340B program and how Grove pharmacy will continue to support our medical services through this program.
- The provider will educate patients on the effects and expected time course of masculinizing and feminizing hormones as well as the risks associated with hormone therapy.

Follow public health guidelines and <https://aidsinfo.nih.gov/guidelines>















