Best Practices in HIV Care: Providing Gender-Affirming Care for Transgender and Nonbinary People

Linda Wesp, PhD, APNP, FNP-C
Adjunct Faculty
University of Wisconsin – Milwaukee
Milwaukee, Wisconsin

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Dr Wesp has no relevant financial affiliations to disclose.
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Learning Objectives

After attending this presentation, learners will be able to:
• Recognize culturally safe gender-affirming patient-provider interactions and their impact on health outcomes
• Discuss gender-affirming interventions (hormones and surgery) and considerations for HIV management
• Implement gender-affirming care best practices in HIV clinical settings
ARS Question 1

How many transgender adults (>age 18) are estimated to be living in the U.S. today?
A. 250,000
B. 500,000
C. 1.4 million
D. 4 million

Background

• “Transgender” refers to individuals with a gender identity/expression that does not align with sex assigned at birth
• Myriad of terms and identities under the “trans umbrella”
• Sexual orientation is NOT gender identity
• 1.4 million transgender adults in US
  ▫ More than # of adults and children with type 1 diabetes
  Flores et al, 2015

Stressful realities

• Shape environment where live, learn, work, and seek healthcare
• Unsafe public spaces
• When compared to US adult population
  ▫ 2x as likely to be living in poverty
  ▫ 3x as likely to be homeless
  ▫ 3x as likely to be unemployed
  ▫ 9x higher suicide rate
  ▫ Higher rates of sexual/physical assaults
  James et al, 2016; Miller & Orlutman, 2015; Reisner et al, 2016; Sevelius et al., 2014; White Hughto, Reisner, & Pachankis, 2015
National Transgender Discrimination Survey

Lack of provider knowledge
- 50% reported having to teach their providers about trans health care

Negative experiences in healthcare
- 19% were refused care
- 28% were subjected to harassment in healthcare settings
- 28% postponed care due to discrimination by healthcare providers
- 33% delayed or did not try to get preventative healthcare due to discrimination by healthcare providers.

James et al, 2016

CDC, 2019

HIV Diagnoses Among Transgender People in US by Race/Ethnicity, 2009-2014

Clark et al, 2017
HIV Estimates: Trans Women

  - Prevalence in US: 22% (OR=34); highest prevalence among trans women of color
  - Transfeminine individuals have some of the highest concentrated HIV epidemics in the world with laboratory-confirmed prevalence up to 40%.

HIV Estimates: Transgender Men

- Systematic review (2012 – 2015); 6 U.S. prevalence studies
  - 1 self-report: 0.4%
  - 5 laboratory-tested: 0.5% – 4.3% (n=1)
- Possible underestimated high risk for trans men who have sex with men – have not been focus of research or data collection

Gender Affirmation & HIV Continuum of Care

- Transgender women had lower proportions of retention in care compared to cisgender women and cisgender men, with little change over time.
  - Transgender women engaged in care had similar proportions of VS
- N=400 transgender women in 9 demonstration SPNS sites
  - 47.6% used hormones within previous 6 months
  - If HIV primary care provider was hormone prescriber, trans women were 3 times more likely to have VS and to be engaged in care (HIV primary care visit in past 6 mos)
- Among transgender women of color living with HIV, gender affirmation and healthcare empowerment significantly and fully mediated the total effect of discrimination on VS.
Framework of Cultural Safety

- Making health care safe and free from harm
- Caring for the unique experience of each individual
- Becoming aware of our own individual biases and assumptions to avoid perpetuating harm
- Understanding structural inequalities and dynamics of power that impact health encounters

(Ramsden, 1990)

Managing Uncertainty
(Poteat et al., 2013)

- Grounded theory study of trans health providers
- Power dynamic impacts care
  - Providers' authority is challenged when we are uncertain
  - Uncertainty is managed with stigmatizing responses towards patients
  - Blaming, shaming, othering, discriminating

Self-reflection...

Where am I resistant to relinquishing power in health care encounters?

How do I react when I’m uncertain and uncomfortable?

Where have I responded (consciously or unconsciously) with stigmatizing actions/reactions?
**Gender Affirming Care Model**

Affirming and recognizing authentic gender across 4 domains:

- Social: Name, pronoun, interpersonal, institutional acknowledgement
- Psychological: Self-actualization, preventing internalized negative beliefs, behavioral health services
- Medical: Gender-affirming medical interventions and other body modifications, primary and preventative healthcare
- Legal: Name and gender markers on identity documents, health insurance

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**Approach to Creating Gender Affirming Clinical Care**

Clinical Environment

Advocacy

Patient-Centered Care

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**Changes to Clinical Environment**

- Intake forms:
  - Name and pronouns
  - Name/gender as printed on insurance card w/ explanation about why
  - Two-step data collection: current gender + sex assigned at birth
- Ensure EMR has names/pronouns visible
- Bathrooms
- Training all staff
- Making your org a safe place & hire trans people
Two-Step Gender Identity Data Collection:

- 97% of respondents at large FQHCs were able to answer without problems
- (Cahill et al, 2014)

Patient Centered Care

- Care which is respectful of and responsive to patient preferences, needs, and values
- Ensure patient values guide care
- Prioritize community engagement & leadership
  - Learn what trans/nonbinary people want/need!
  - (Institute of Medicine, 2001)

Establishing Trust

Trust= "Choosing to risk making something I value vulnerable to another person's actions"

Distrust= "What is important to me is not safe with this person in this situation (or any situation)"

(Institute of Medicine, 2001)
ARS Question 2

The following would be an example of gender affirming communication and language:

A. Hello my name is Linda and I use she/her pronouns. What name and pronouns may I use for you?
B. Thank you, sir.
C. A sign that says: Welcome to Women’s Health Clinic
D. Do you have sex with men, women, or both?

Communication and Language

- Protocol for asking and documenting name and pronouns
- Avoid language that assumes binary gender – strive for gender neutral or non-gendered language
- Medical terminology may be different than how patients experience or describe their gender/body parts

Advocacy

- Disrupting status quo, getting creative
  - EMR, policies/procedures, bathrooms, pharmacy, lab, insurance
  - Find/facilitate referrals to affirming providers and surgeons
  - Provide documentation for legal affirmation of gender
    - Schools, employers, housing, etc
  - Complete prior authorizations or appeals to insurance
  - Advocate via legal system (expert testimonies)
Ongoing Process

Current Best Practices

• Incongruence between gender identity and physical characteristics can lead to distress
• DSM V diagnosis “Gender Dysphoria”
• New WHO diagnosis will be “Gender Incongruence”
• Gender affirming hormone and/or surgical interventions are shown to relieve gender dysphoria and are considered medically necessary
• World Professional Association of Transgender Health Standards of Care Version 7: www.wpath.org

Recommended Clinical Guidelines

Long term clinical trials are lacking; Guidelines compile evidence-based and expert opinion to provide graded recommendations

Deutsch et al, 2016 - UCSF Transgender Care Guidelines
https://transcare.ucsf.edu/guidelines

Hembree et al, 2017 - Endocrine Society Guidelines
Clinical Support: TransLine
https://transline.zendesk.com/hc/en-us

- Hormone Prescriber Protocols
- Office set up, billing and coding, legal, surgical, and other resources
- Consultation Services – submit request and receive feedback within 24 hours

Medical Gender Affirmation

- Guided by patient goals, highly individualized
- Hormone Therapy:
  - Masculinization – use testosterone formulations and doses similar to hypogonadism in cisgender men
  - Feminization – use estrogen alone in combination with anti-androgen usually spironolactone

Medical Gender Affirmation (cont’d)

- Guided by patient goals, highly individualized
- Surgeries
  - Multiple surgical options
  - May have mental health, hormone, BMI requirements
  - Pre-op clearance: consider immune function/VL
  - Consider social factors as well for post op recovery
Potential Comorbidities

• Osteoporosis
  ▫ Trans women may have lower BMD prior to feminizing hormone therapy due to reduced physical activity, lower muscle mass, lower vitamin D levels
  ▫ Additional risk for people who have had gonadectomy or use of androgen blockers alone/without sufficient estrogen

Radix et al, 2016

Potential Comorbidities (cont’d)

• Cardiovascular Disease
  ▫ Possible increased risk related to hormone therapy, more research is needed
  ▫ Transdermal estrogens safest for those with CV history or many risk factors
  ▫ Minority stress and trauma

Radix et al, 2016

ARS Question 3

Feminizing hormone therapy for gender affirmation is contraindicated with most ARVs due to severe drug drug interactions.

A. True
B. False
Estrogen and Antiretroviral Agents

- Data lacking: mostly based on studies with ethinyl estradiol – we DO NOT use in gender affirming tx
- Metabolism of estrogens occurs via cytochrome P450
  - Several ARVs also metabolized by cytochrome P450 (PI, NNRTI, cobicistat)
  - If at all, more likely to lower estradiol levels than ARV levels

Radix et al. 2016

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Key Points:

- HIV is not a contraindication to gender-affirming medical interventions
- Most ARVs and single tablet regimens unlikely to have major drug-drug interactions
- Combining hormone therapy into the HIV clinical care streamlines management and increases access to care
- Several comorbidities that we monitor more closely in HIV should also be monitored in people on hormone therapy or post-gonadectomy
- HIV providers are well-equipped to provide comprehensive gender affirming care within HIV clinical settings!
Ongoing Educational Opportunities

- Attend local community events
- Trans Health ECHO Program: transecho@fenwayhealth.org
- Documentaries and Films
- Trans Health Conferences
  - Philadelphia Trans Wellness
  - USPATH/WPATH
  - Chicago LGBTQ Symposium
- Online webinars, CME modules, etc:
  - Center of Excellence for Transgender Health
  - National LGBT Education Center

Recommended Reading


UCSF Guidelines for Transgender Care https://transcare.ucsf.edu/guidelines