



QI Summary: Integration of GAHT

Meredith Campbell- CHC Middletown
Grace Mills- CHC New Britain
May 23, 2024

Background

- Access to a broad scope of care within the primary care setting is crucial to the role and mission of community health centers
- Gender-affirming care and gender-affirming hormone therapy (GAHT) are well within the scope of primary care providers at community health centers
- Reducing barriers to this care will increase access for CHC's patient population
- Restricted access to gender affirming care in the primary care setting results in increased costs and increased morbidity and mortality related to the patient experience



Aim Statement:

We aim to improve access to gender-affirming care, specifically gender-affirming hormone therapy (GAHT), within the scope of primary care in the community health setting

Stakeholders

- Primary care providers in the community health setting (us!)
- Patients of the community health center
 - All patients
 - Patients who identify as trans and gender diverse (TGD)
- CKP
- Administrators and leadership within CHC



Models

Diabetes order sets

Order Set: DM Freestyle Lite

Assessments

Medications

NOTE: You will not receive allergy/drug interaction

<input type="checkbox"/>	<input type="checkbox"/>	Name
<input type="checkbox"/>	<input type="checkbox"/>	FreeStyle Freedo...
<input type="checkbox"/>	<input type="checkbox"/>	FreeStyle Lancets
<input type="checkbox"/>	<input type="checkbox"/>	FreeStyle Lite
<input type="checkbox"/>	<input type="checkbox"/>	FreeStyle Test

Labs

DM OneTouch Ultra

DM OneTouch Verio

Assessment:

Assessment:

- Encounter for IUD ins

Plan:

Treatment:

- Encounter for IUD insertio
- Start Liletta (52 MG)

Notes:

-CALLING GUIDELINES: Pa

severe abdominal pain, if can

-SIDE EFFECT COUNSELIN

approximately 1-6 months.

- BACK UP CONTRACEPTIO

post insertion. Patient advise

- REMOVAL: Latest date for

Procedures:

Long A

Type

Cons

Lot#

Expi

Pre-I

Proc

Next Appointment:

6 weeks (Reason: IUD string check)

Billing Information:

Visit Code:

Procedure Codes:

- 58300 INSERT INTRAUTERINE DEVICE.
- J7297 Liletta, 52 mg. Modifiers: JG

Sample of string shown and examined by patient.

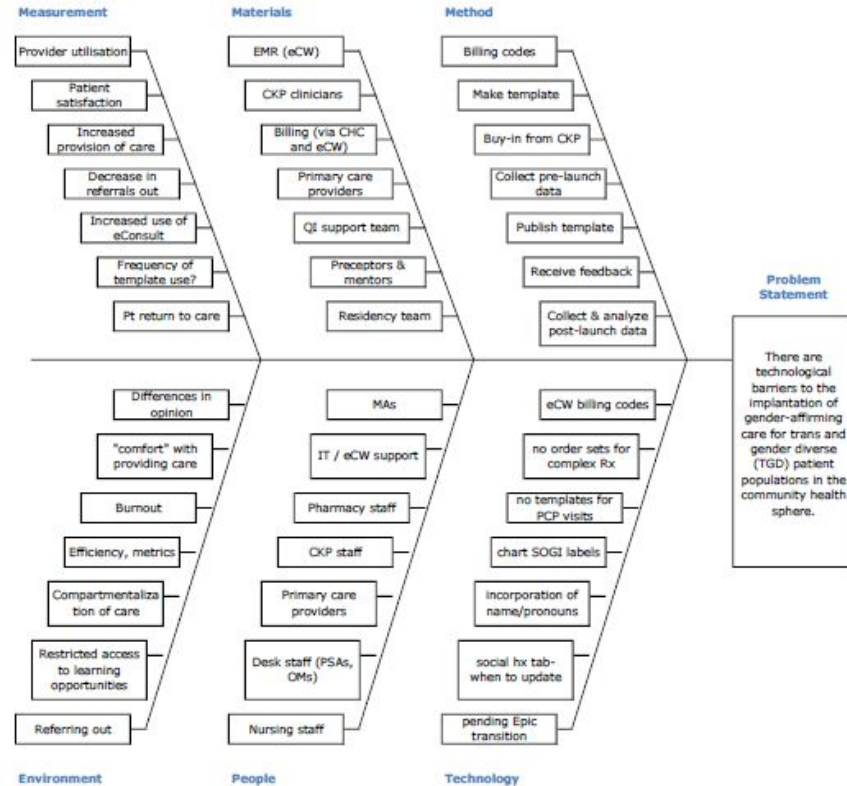
Uterus Sounded to: __.

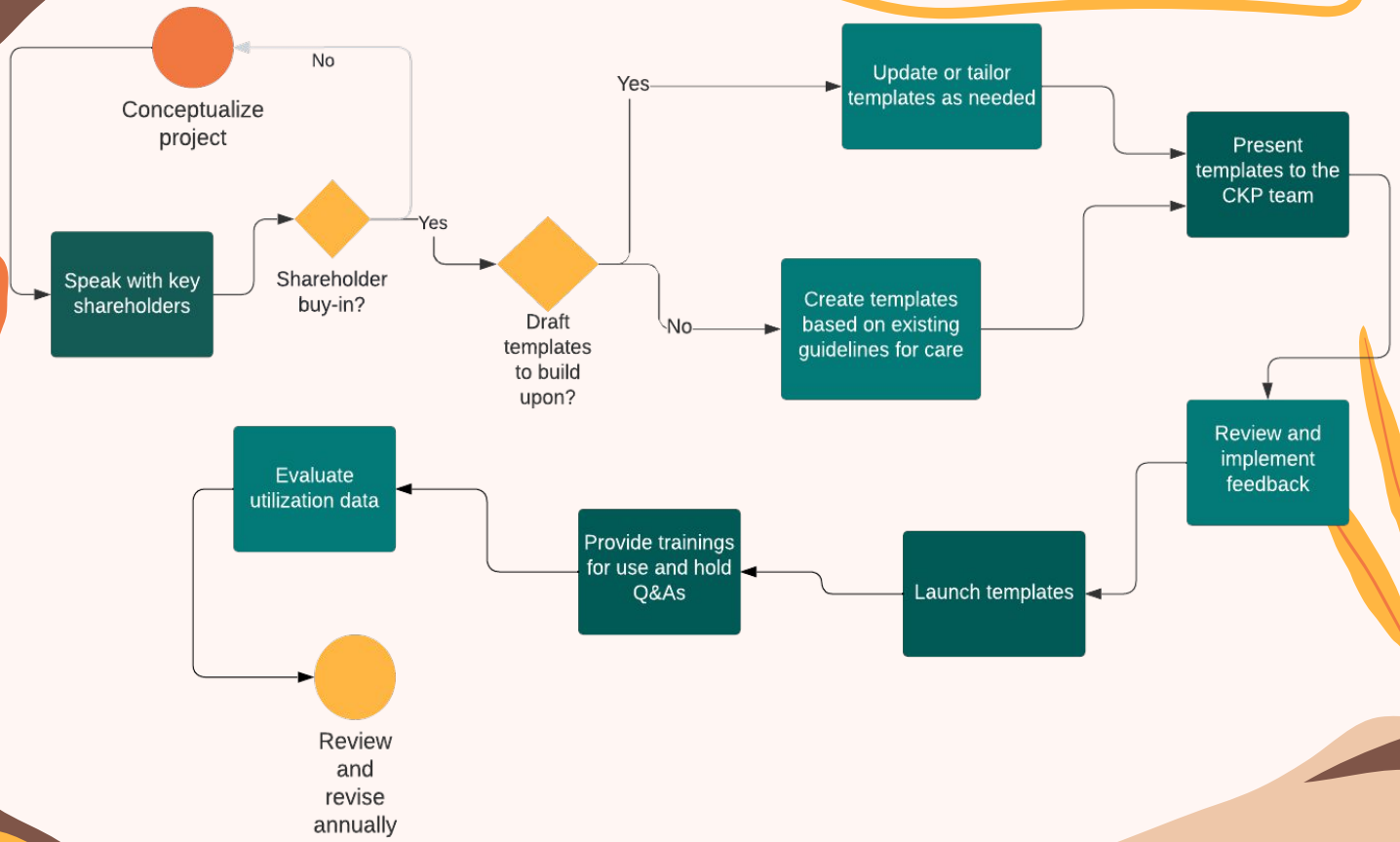
Tenaculum Removed and Sites Hemostatic with: __.

Strings Trimmed to: __.

Patient Tolerate the Procedure: __.

Process





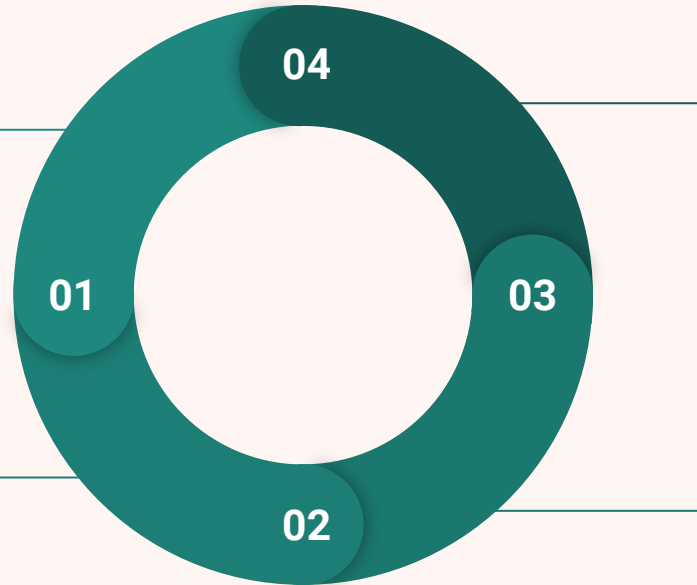
PDSA Cycle #1

Plan

Conceptualized which data would be useful to inform our process: billing data on code use frequency vs. polling CHC providers

Design

Submitted a request to the CHC Data team for billing information under the ICD-10 codes F64.0, F64.1, F64.9, and Z78.9. Received data and connected with MHWS' Director of Business Intelligence



Act

Formulated a plan to structure the data in a suitable way that enables us to measure change prior to and following our intervention is launched.

Study

Evaluated the data and were disappointed to find inconsistencies make data analysis difficult: many providers use the Z78.9 code for transgender care; however, it may also be a number of other diagnoses

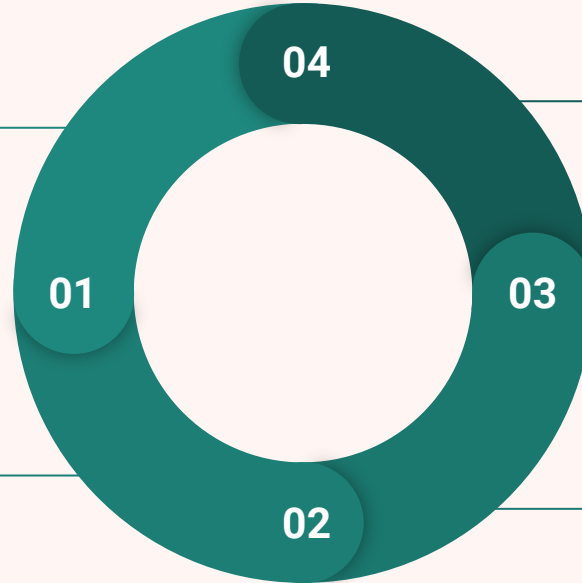
PDSA Cycle #2

Plan

Formulated a plan to structure the data in a suitable way that enables us to measure change prior to and following our intervention is launched.

Design

Separated out the data into each individual billing code, site, and provider type over certain periods of time.



Act

Plan to track F64.9 codes throughout the organization, from baseline, with additional monitoring for an array of other factors e.g. overall variation from the mean.

Study

Identified patterns through first visual review and then targeted data analysis.

Approach to Change

Order Sets:

Order Set: New Copy Update Delete 🔍 ☆

Rx Medications Major Interaction Add

Name	Strength	Take	Frequency	Duration	Refills	Route	Formulation	Disp
AndroGel Pump		1 pump to skin in the						1
Testosterone C	F							2 mL
Testosterone C	Hemoglob Testostero							4 mL
Syringe (Disposable)	1 ML	testosterone injection dx F64.0	weekly	84	3	Injection	Miscellaneous	12
Needle (Disp)	23G X 1"	as directed for testosterone injection dx F64.0	weekly	84	3	injection	Miscellaneous	12
Needle (Disp)	18G X 1-1/2"	as directed for testosterone injection dx F64.0	weekly	84	3	draw up medication	Miscellaneous	12
Alcohol Prep Pads	70 %	use before injection dx F64.0	weekly	90	2	topical	Pad	50

Labs Message Add

Clinician guidelines: <https://transcare.ucsf.edu/guidelines/masculinizing-therapy>
Patient information: <https://transcare.ucsf.edu/article/information-testosterone-hormone-therapy>

Approach to Change

Templates:

History of Present Illness

General:

Pt presents to clinic for gender-affirming hormone therapy.

Name:

--legal name on chart-- pt interested in legal name change

Pronouns:

Pt endorses social support at home, at work.

Established with BH at ***

Gender journey:

Interested in gender-affirming surgery:

Interested in hormones:.

Assessments

1. Transgender – F64.1

Treatment

1. Transgender

Start AndroGel Pump Gel, 20.25 MG/ACT (1.62%), 1 pump to skin in the morning to shoulder, upper arms or abdomen, Transdermal, Once a day, 30 days, 1, Refills 2

Notes: Reviewed options for gender-affirming testosterone, including topical and injections.

Reviewed lab monitoring, adverse effects, reversible and non-reversible changes associated with initiation and continuation of GAHT on testosterone.

Reviewed need for contraception, options for monthly bleeding management. Reviewed fertility counseling: Testosterone can cause cessation of monthly bleeding and disrupt ovulation, and fertility may return with cessation of testosterone but impossible to guarantee.

Recommend seeking fertility counseling for retrieval and preservation of oocytes before starting testosterone for maximal chance of successful retrieval and to avoid needing to interrupt GAHT in the future.

Pt has considered having biological children but not interested in working with Reproductive Endocrinology and Fertility specialists at this time; not interested in process of egg retrieval

and storage. Pt expresses understanding of impact of testosterone on fertility and unpredictable impact on long-term fertility, even if hormone therapy is discontinued in the future.

Informed consent obtained from pt following individualized discussion of the risks, benefits, unknowns, alternatives, and risk of no treatment. Shared decision-making and autonomy-supportive model of care used in discussion of treatment options. The use of consent forms for hormone therapy is no longer recommended by leading transgender care organizations given that medications used in gender affirming hormone therapy are commonly used substances already routinely prescribed in the primary care setting.

Reviewed proper use of transdermal testosterone gel: Manufacturer labeling recommends applying in the morning. After application, the testosterone moves into the dermis, where it slowly releases over the course of the day. Care should be taken to avoid any contact of the gel with others, especially pregnant people and children. Gel should be applied only to upper arms or shoulders. Site of application should remain dry for at least 2 hours. It is also recommended that the application site be washed at a later time if close skin-skin contact with another person is expected.

Reviewed injection of testosterone: While testosterone for injection is labeled for the intramuscular route, many providers have administered testosterone using the subcutaneous route with good efficacy and patient satisfaction, and without complications. Benefits of subcutaneous administration include a smaller and less painful needle, and may avoid scarring or fibrosis from long term intramuscular therapy. **Pt to schedule nurse visit to review injection technique *****

Supplies sent to pharmacy. Starting at low dose, reviewed f/u in 1 mo to see if dose is comfortable or interested in increased dose. Handout printed & provided to pt.

<https://transcare.ucsf.edu/article/information-testosterone-hormone-therapy>
for patients



Next Steps

- Meet with CKP and GDR teams to review templates and solicit feedback
- Implement changes
- **Make templates public**
- Inform providers of template availability
 - Residents rotating with CKP
 - Providers who provide this care
 - Site meetings
- Continue to solicit feedback through go-live
- Monitor data going forward



Thanks!

CREDITS: This presentation template was created by **Slidesgo**, and includes icons by **Flaticon** and infographics & images by **Freepik**