A Student-Led Model for Providing LGBTQ+ Directed Healthcare

Equal Access
Clinic Network
A Family of Patient-Centered Free Clinics

UFHealth
UNIVERSITY OF FLORIDA HEALTH

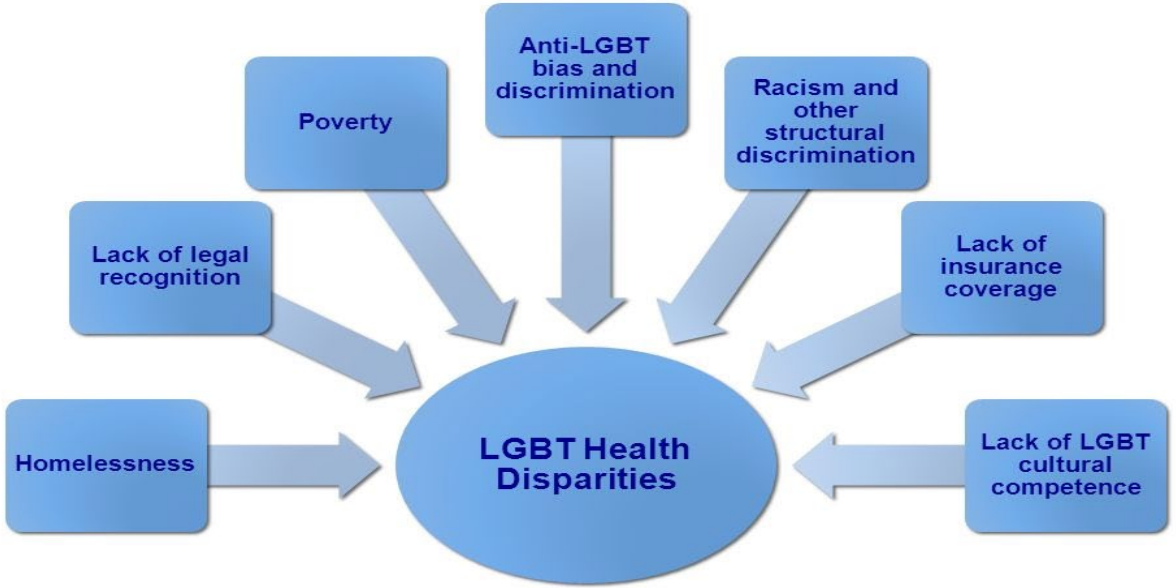
Objectives

1) Describe a student led model for delivering LGBTQ+ affirmative healthcare

2) Describe a protocol-driven approach to providing gender affirming therapy

3) Outline steps in the development of a PrEP clinic for vulnerable populations in a student-run free clinic

LGBTQ+ Healthcare Disparities

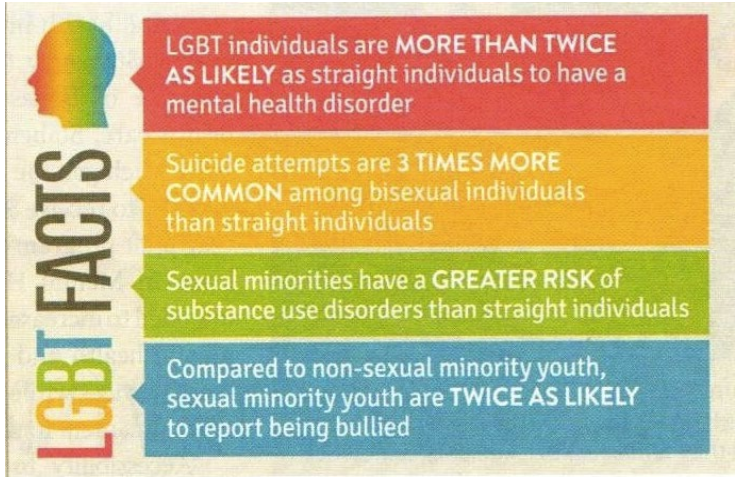


Source: The Health of Lesbian, Gay, Bisexual and Transgender People (Institute of Medicine, 2011), Healthy People 2020

OUT2ENROLL

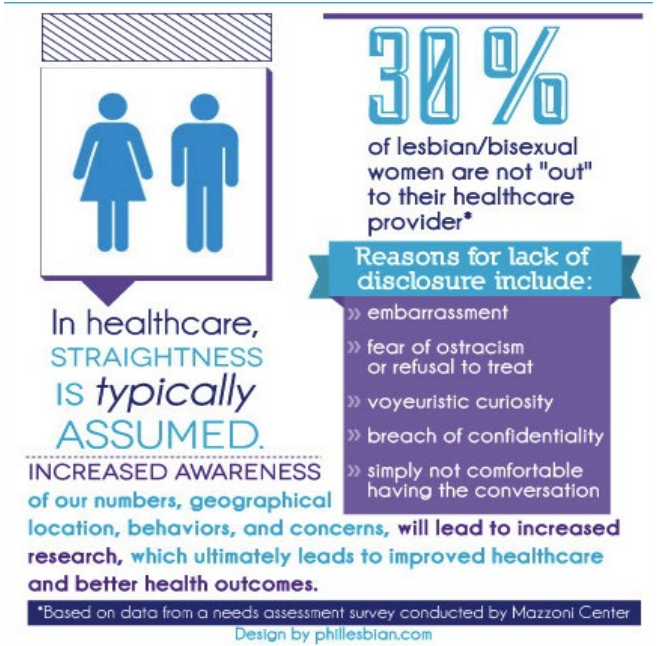
www.Out2Enroll.org

LGBTQ+ Healthcare Disparities



https://www.ecu.edu/counselingcenter/

LGBTQ+ Healthcare Disparities



https://www.mazzonicenter.org/

One in four LGBTQ respondents (26.2%) reported receiving poor quality care because of their sexual orientation or gender identity.

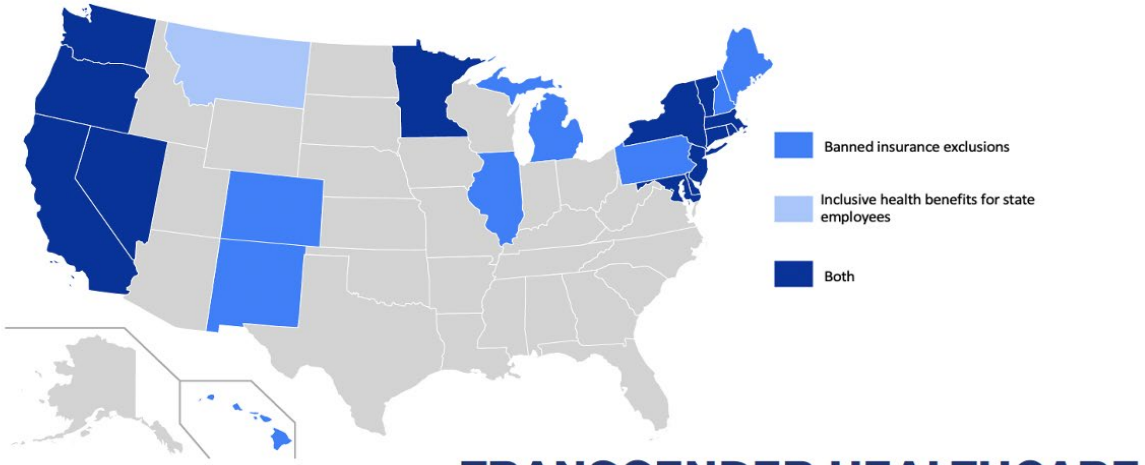
Only 61.7% of LGBTQ respondents were "out" to their doctor about their sexual orientation and gender identity.

http://www.rainbowhealth.org/files/1013/6318/9525/VoicesofHealth_Rainbow_Health_Initiative.pdf

LGBTQ+ Healthcare Disparities

Health Care Discrimination and Health Outcomes

26% were refused medical care due to their gender identity/expression
29% postponed needed medical care, when they were sick or injured, due to discrimination
Only 27% of the respondents had employer-based health insurance, compared to 59% of the general population at the time of the survey.
35% reported attempting suicide at some point in their life, nearly 22 times the rate of the general population of 1.6%



https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf
https://www.hrc.org/state-maps/transgender-healthcare

LGBTQ+ Healthcare Disparities

"The doctor basically told me he thought I was trans because I must have been molested and kidnapped as a child. That wasn't a subtle thing; he said that." (non-binary, asexual)

"I'm sure you've heard of the term, 'minority stress,' … A lot of those comorbidities like anxiety and agoraphobia and on-and-off bouts of depression and low self-esteem, lack of safety in society to express yourself. They lead to all sorts of issues. It makes it scary to be myself."

"Most of the time they don't realize how hurtful and damaging it is, especially when it's repetitive from multiple people throughout the day. Even if it's just a slip… it's partly that they're not assuming any cognitive burden to make the correction." (transgender woman, pansexual)

"I've found providers who are accepting, but there's a gap in knowledge. It's more of a situation where I'm educating a provider instead of a provider educating me… I shouldn't have to do that. I go to get answers and then I just have to do all of the research on my own."

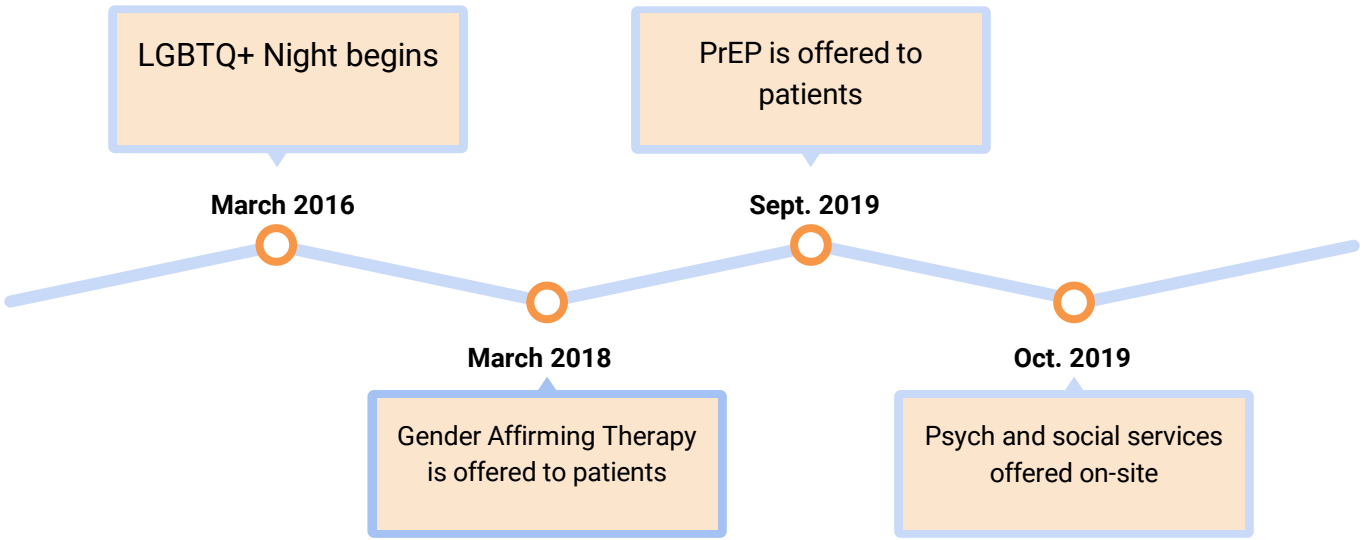
A Needs Assessment of LGBTQ Health Disparities in Rural North Central Florida and the Role of Student-Run Free Clinics in Addressing these Disparities. Erika Wert, BS, Ryan W. Nall, MD

Equal Access Clinic History

- Free, student run clinic started in Gainesville, Florida in 1992
- Health professional graduate students and undergraduate students work in collaboration with University of Florida faculty
  - Organized primarily by medical students
- Includes primary care and specialty clinics
- Provided free healthcare to over 2,500 patients in the past year

Equal Access
Medical Clinic
at Eastside

LGBTQ+ Night History

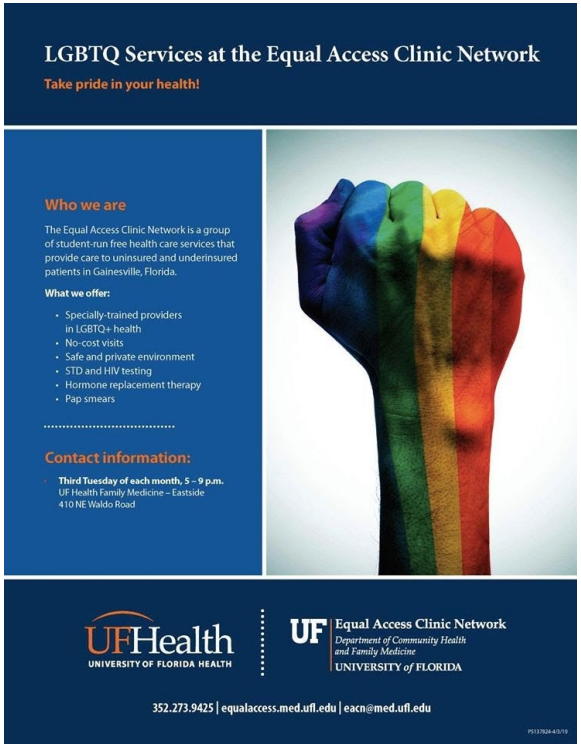


LGBTQ+ Night Mission

- Enrich the overarching mission of the Equal Access Clinic Network of providing healthcare to underserved populations of Alachua County
- Create a safe clinic environment for sex and gender minorities
- Provide informed and empathetic healthcare in-tune with LGBTQ+ patient specific health needs and disparities
- Aid in navigating access to and monitoring for physician-guided hormone replacement therapy, including arranging labs, counseling, prescriptions, and follow-up care for transgender healthcare
- Offer information regarding local and state resources for LGBTQ+ healthcare

Our Model

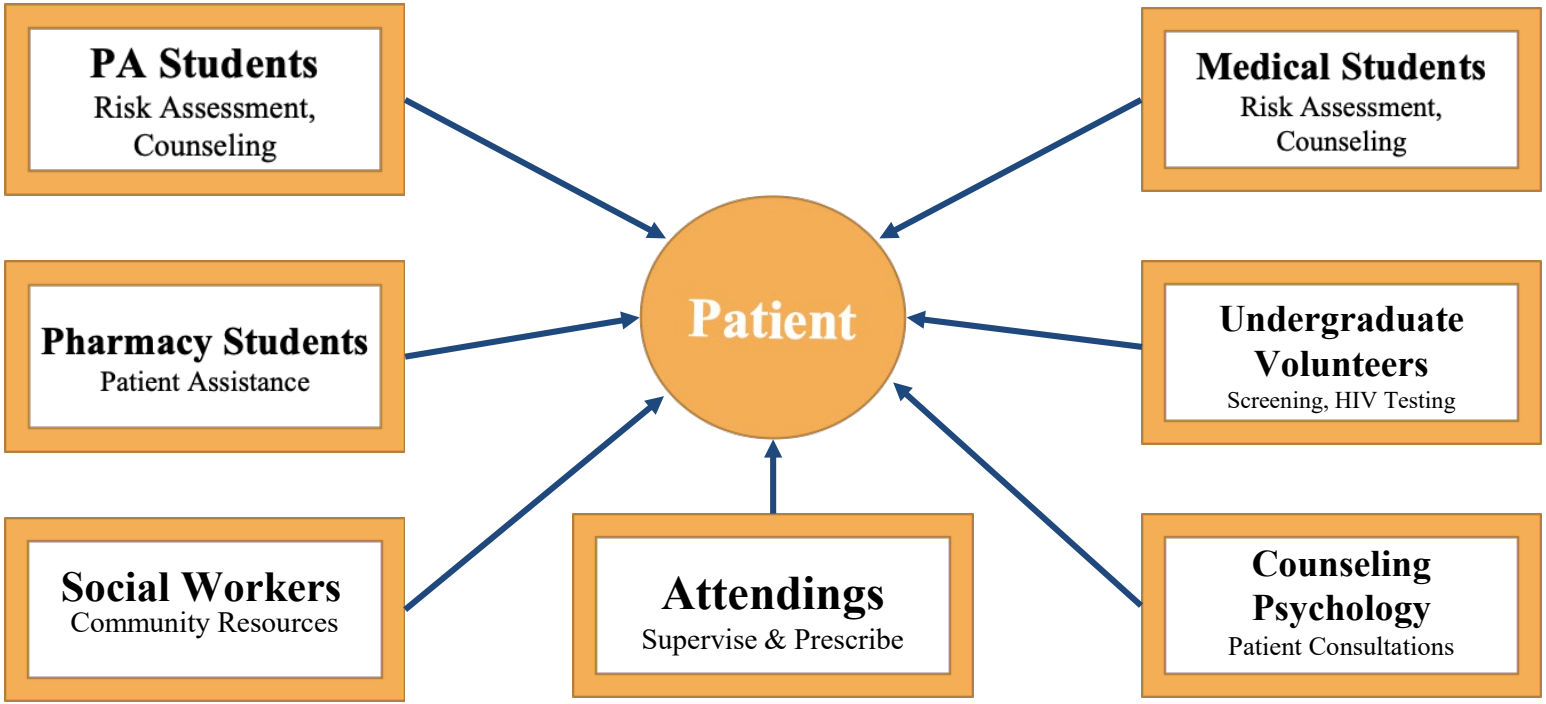
- Two LGBTQ+ Night student officers
- LGBTQ+ Proficient Providers
- Student Volunteer Training
  - Beginning of semester
- Bathroom Signs
- Information Board
- Advertising Online and in community
  - Social Media
  - Public Spaces
  - Gainesville Pride
  - Local Health Fairs
- Tracking Forms → Clinic Navigator



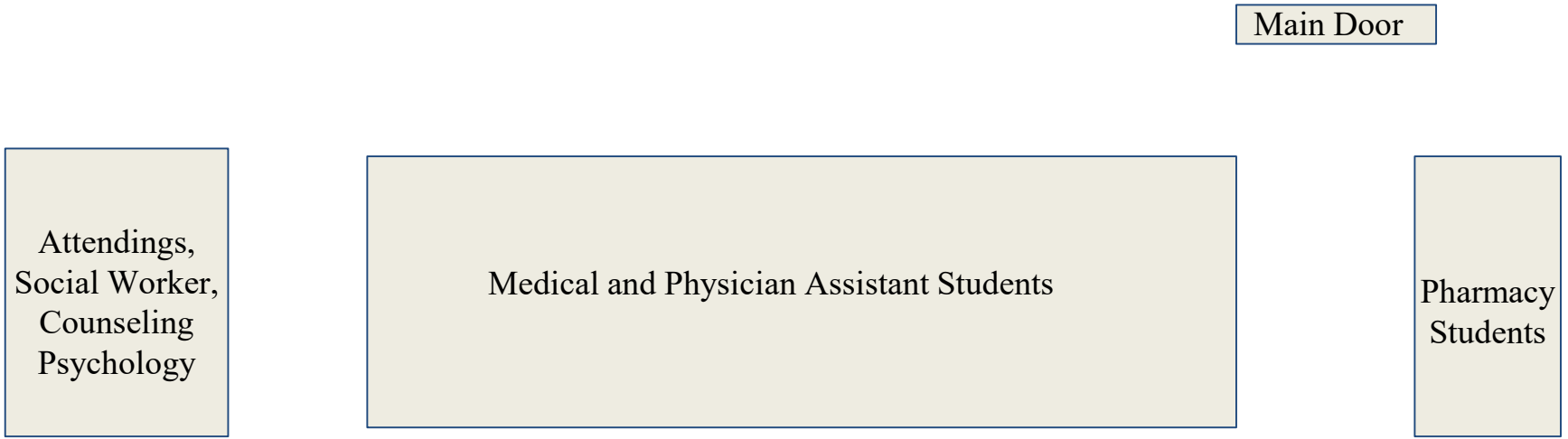

EAC LGBT
NIGHT
Equal Access Clinic
UF MEDICINE


University of Florida
amsa
EAC LGBT
NIGHT
Equal Access Clinic

Who Are We?


PA Students
Risk Assessment, Counseling
Medical Students
Risk Assessment, Counseling
Pharmacy Students
Patient Assistance
Patient
Undergraduate Volunteers
Screening, HIV Testing
Social Workers
Community Resources
Attendings
Supervise & Prescribe
Counseling Psychology
Patient Consultations

Precepting Room Layout



Clinic Tracker

Main View | Derm View | MS3/4 Officer

Equal Access Clinic Tracker

10:21 AM

Med Officers

Tonight's Attending 1 is: No One! #clinicclosed | NPI: Attending NPI

Tonight's Resident is: No One! #clinicclosed | NPI: Resident NPI

Available Rooms

Front: A1 A2 A3 B1 B2 B3

Back: C1 C2 C3 M56 M58 D1 D2 D

Extra Rooms: IR PR

0 patients awaiting intake

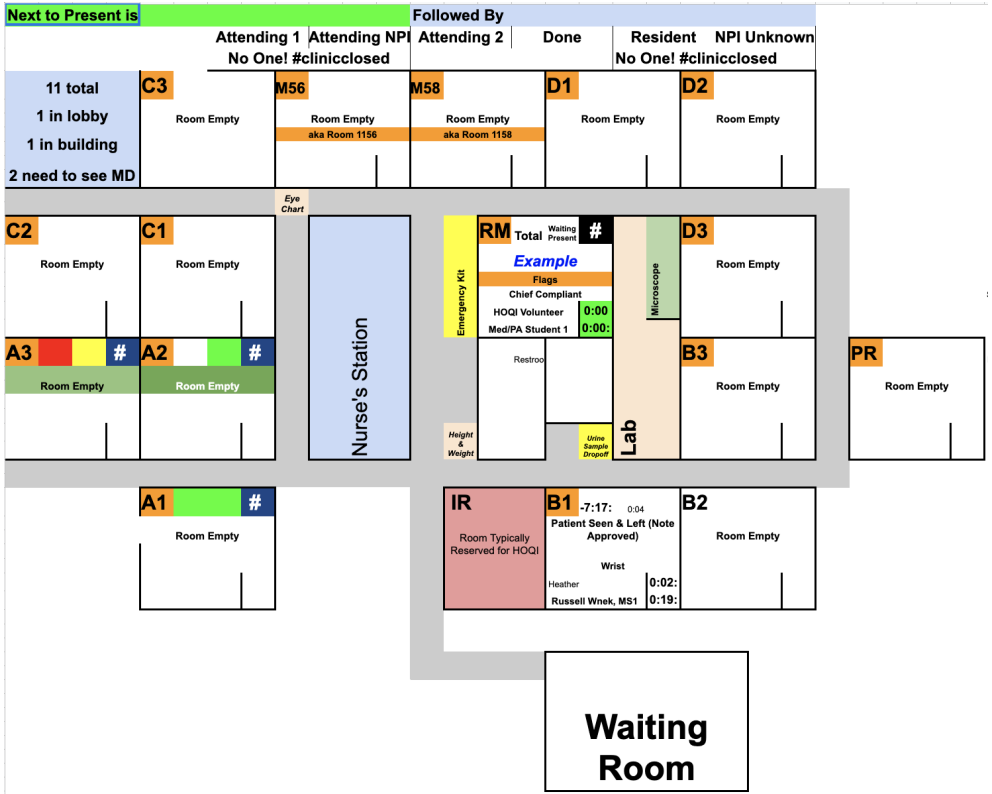
0 med students awaiting room

0 pts need to see MD

0 patients in building

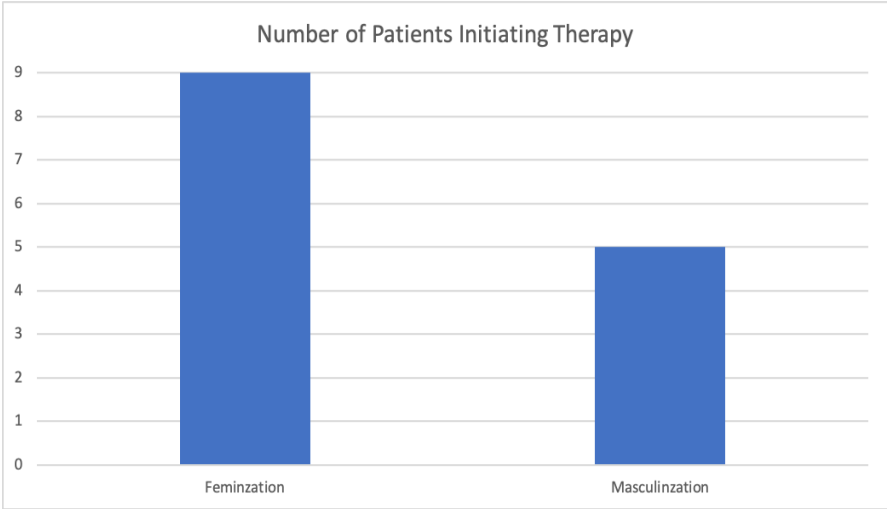
PT #	Clinic Navigator	Flags	Chief Complaint	Room	Total	Intake (HOQI)	Med/PA Student	Waiting to Present	MD Seeing	Status	HOQI Volunteer	Med/PA Student 1	Med/PA Student 2	Attending / Resident
1	1-CN		*Follow up*		*3:10:*	0:15:	0:46:	0:12:	1:26:	*(9) Patient Seen & Left*	*Jessica Davis*	***Alex Hanlon, MS1***		#clinicclosed/#c
2	2-CN	Star,	*Rx refill*		*2:32:*	0:21:	0:27:	0:22:	0:34:	*(9) Patient Seen & Left*	*Cheyenne*	***Pranshu Bhardwaj, MS1***		#clinicclosed/#c
3	3-CN	Star,	*Dental Extractions*		*2:09:*	0:23:	-0:22:	0:05:		*(9) Patient Seen & Left*	*Elijah*	***Sina Aghili, MS1 Farsi***		#clinicclosed
4	4-CN	Star,	Wrist	~~B1~~	~~*7:17:*~~	0:02:	0:19:	0:04:		Patient Seen & Left (Note Approved)	Heather	**Russell Wnek, MS1**		#clinicclosed
5	5-CN	Star,	*Neck, Shoulder pain*		*2:51:*	0:17:	0:41:	0:25:	0:48:	*(9) Patient Seen & Left*	*Nicole*	***Emily Loe, MS1***		#clinicclosed
6	6-CN		Sick Visit		~~*2:52:*~~	0:12:	0:37:	0:48:	0:13:	Patient Seen & Left (Note Approved)	Josh	**Mario Blondin, MS1 Spanish**		#clinicclosed
7	7-CN		*Rx refill*		*2:43:*	0:19:	0:31:	0:06:	1:09:	*(9) Patient Seen & Left*	*Kate*	***Michelot Michel, MS1 Creole***		#clinicclosed
8	8-CN	Star,	*Wellness Exam*		*2:40:*	0:15:	0:34:	0:05:	1:19:	*(9) Patient Seen & Left*	*Chadrick Schwipper*	***Jaymi Baxter, PAS1***		#clinicclosed/#c
9	9-CN		*Pneumonia, shortness of breath*		*2:17:*	0:40:	0:11:	0:48:	0:19:	*(9) Patient Seen & Left*	*Eva*	***Ellery Altshuler, MS4 Spanish***		
10	10-CN		*GAT refill*		*1:22:*	0:22:	-9:09:			*(9) Patient Seen & Left*	*Raghav*	***Sina Aghili, MS1 Farsi***		
11	11-CN		Rx refill		1:49:	0:16:	-9:35:			Patient Left Without Being Seen	Alexandra	**Russell Wnek, MS1**		

Clinic Tracker



Gender Affirming Therapy

- Since February 2018, LGBTQ+ night has initiated 14 patients on gender affirming therapy
- Average of 1-2 new GAT patients per month
- Of the 14 patients initiated on therapy, 9 have been for feminization therapy and 5 for masculinization



Gender Affirming Therapy Protocol

- Initial consultation
  - Baseline H&P
  - Baseline labs at Quest
  - Informed consent model of initiating treatment
  - Psychology and social services offered onsite on an as-needed basis

- Initiation of therapy if deemed appropriate:
  - Initiate starting dose of their target hormone (testosterone or estradiol)
  - +/- adjunctive therapy (spironolactone for MtF)

- Follow up:
  - Every 3 months for 1 year → 1-2 times per year
  - Monitor hormone levels until levels in normal physiologic range

FtM Informed Consent from Fenway Health

Informed Consent for Masculinizing Hormone Therapy

The use of hormone therapy for gender transition/affirmation is based on many years of experience treating trans persons. Research on hormone therapy is providing us with more and more information on the safety and efficacy of hormone therapy, but all of the long-term consequences and effects of hormone therapy may not be fully understood.

This informed consent asks you to consider the expected benefits of hormone therapy and the possible side effects of hormone therapy, so that you can decide, with your medical provider, if hormone therapy is right for you. By signing this form, you are stating that you have discussed the risks and benefits with your medical provider or a member of the medical team and that you understand and accept how these apply to you personally.

Testosterone is used to masculinize the body, to reduce the female features and increase the masculine features. Your medical provider will determine the form of testosterone (shots, gels or creams, patches, implanted pellets) and the dose that is best for you based on your personal needs and wishes, as well as any medical or mental health conditions you might have. Each individual person responds to testosterone differently, and it is difficult to predict how each person will respond. You agree to take the testosterone only as prescribed and to discuss your treatment with your doctor before making any changes.

To access the full copy of the informed consent, visit:
https://fenwayhealth.org/wp-content/uploads/Consent_Form_for_Masculinizing_Therapy.pdf

MtF Informed Consent from Fenway Health

Informed Consent for Feminizing Hormone Therapy

The use of hormone therapy for gender transition/affirmation is based on many years of experience treating trans persons. Research on hormone therapy is providing us with more and more information on the safety and efficacy of hormone therapy, but all of the long-term consequences and effects of hormone therapy may not be fully understood.

This informed consent asks you to consider the expected benefits of hormone therapy and the possible side effects of hormone therapy, so that you can decide, with your medical provider, if hormone therapy is right for you. By signing this form, you are stating that you have discussed the risks and benefits with your medical provider or a member of the medical team and that you understand how these benefits and risks apply to you personally.

Androgen (testosterone) blockers are used to decrease the amount and/or block the effect of testosterone on and reduce the male features of the body.

Estrogen (usually estradiol) is used to feminize the body; estrogens can also decrease the amount and effect of testosterone. Your medical provider will determine the form of estrogen (pills, patches, gels or shots) and the dose that is best for you based on your personal needs and wishes, as well as considering any medical or mental health conditions you might have.

Each individual person responds to hormone therapy differently, and it is difficult to predict how each person will respond. You agree to take the androgen blockers and/or the estrogen only as prescribed and to discuss your treatment with your medical provider before making any changes.

To access the full copy of the informed consent, visit:
https://fenwayhealth.org/documents/medical/transgender-resources/Fenway_Health_Consent_Form_for_Feminizing_Therapy.pdf

Equal Access LGBT Health Clinic at Eastside

Gender Affirming Therapy: Women (MtF)

Developed by Catherine Bielick, 2017-2018 Clinic Director, updated 2019 by Patrick Bliven, 2019-2020 Clinic Director

Initial evaluation in clinic → Patient visits and obtains letter from free therapy night → Patient obtains baseline labs → Begin HRT after discussion of risks and benefits → Reevaluation at 3 months (with labs prior) → Reevaluation at 6 months (with labs prior) → Reevaluation at 12 months (with labs prior)

Initial Evaluation

- Baseline history and counseling
  - Mood status (PHQ-9, GAD6, Mood Disorder Questionnaire)
  - Suicidal ideation
  - Smoking status & other VTE/hypercoagulable risk factors
  - Desire for fertility – counsel on fertility options
- Set **expectations** for what changes to expect from GAT (reference)
  - Body fat redistribution; 3-6 months; 2-5 years
  - Decreased muscle mass/strength; 3-6 months; 1-2 years
  - Softening of skin/decreased oiliness; 3-6 months; unknown
  - Decreased libido; 1-3 months; 3-6 months
  - Decreased spontaneous erections; 1-3 months; 3-6 months
  - Male sexual dysfunction; variable; variable
  - Breast Growth; 3-6 months; 2-3 years
  - Decreased testicular volume; 3-6 months; 2-3 years
  - Decreased sperm production; variable; variable
  - Thinning and slowed growth of body and facial hair; 6-12 months; >3 years
  - Male pattern baldness; no regrowth, loss tops 1-3 months; 1-2 years
- Absolute Contraindications: any active estrogen-sensitive cancer
- Complete Informed Consent Form & Upload to patient chart
- Enroll patient in Gender Affirming Therapy in the Clinic Navigator

Therapeutic Options

Estrogen – administer FIRST [36]

- Bioidentical Estradiol Oral/Sublingual (*most typical*)
  - Initial: 2-4 mg/day
  - Maximum: 8 mg/day (BID dosing if >2 mg daily)

Others:

- Estradiol Transdermal (lower or absent clotting risk [35])
- Initial 100 mcg per [timing brand/product-dependent]
- Maximum 100-400 mcg per timing brand/product
- Estradiol valerate IM: Initial 20 mg IM q 2wk; Max 40mg IM q 2wk
- Estradiol cypionate IM: Initial 2 mg IM q 2wk; Max 5 mg IM q 2 wk
- Note: Conjugated equine estrogens (Premarin) are no longer recommended due to high risk of thrombogenicity and cardiovascular risk [38,39]

Androgen Blocker – Administer SECOND [32,36] –

- Spironolactone: Initial: 50 mg BID, Max: 200 mg BID

Optional Adjuncts (for reference)

- Finasteride 1-5 mg/day depending on desired effect
- Dutasteride 0.5 mg/day
- Progestagen
  - Micronized progesterone 100-200 mg/night
  - Medroxyprogesterone acetate (Provera), less preferred
    - Initial 2.5 mg/night; Max 10 mg/night

Estrogen Treatment Risks

Venous Thromboembolism

- VTE background rate in general pop: (1/1,000-1/10,000)
- Data on risk of oral 17-Beta estradiol (bioidentical) is MIXED – Some = no increased risk [49]
  - Some = 2.5-4 fold increase in relative risk (still low absolute risk) [50,51]
- Often quoted study: [52,53] Found 20-40-fold times risk of VTE in transgender women, BUT:
  - 1) high doses (100-200 mcg/day)
  - 2) thrombogenic ethinyl estradiol (conjugated) used and
  - 3) Mix of smokers and non-smokers in cohort
- Routine hypercoagulability screening is not recommended
- Withhold estrogen therapy when: 1) patients with significant risk factors/history of VTE and 2) who continue to smoke tobacco
- If risks are great, but manageable—consider transdermal estrogen application

Loss of erectile function

- Some do not lose, can be safely preserved with Viagra or Cialis

Libido loss

- 22% met criteria for Hypoactive Sexual Desire Disorder (HSDD), no correlation with testosterone levels [59]
- Mental health therapy – continue throughout treatment to help with body image issues and dissociative symptoms

Prolactinoma [56]

- Few case reports reporting association with estrogen therapy
- Prolactin levels should only be checked in cases of
  - Visual disturbance, Excessive galactorrhea, New onset headaches

Migraine

- Estrogen known association with menstrual migraines (by period cycle in non-transgender women)
- May be exacerbated with feminizing GAT

Infertility

- Sperm cryopreservation may be required

Labs *Baseline & Prior to Every Visit*

- Serum Estradiol (NOT TOTAL estradiol)
- Serum TOTAL testosterone LC/MS/MS

(free testosterone is unreliable [33])

- CMP (to include BMP & albumin)

Goals: Titrate GAT dosing to the physiologic range of non-transgender individual of identified gender

(levels vary by lab – Quest lab ranges listed)

- Physiologic range of mid-cycle non-transgender female
  - Estradiol = 64-357 pg/mL (test code 4021 – can google to order)
  - Total Testosterone = 2-45 ng/dL (test code 15983)

No evidence to support extra monitoring: lipids, A1c/glucose, cholesterol

Other Health Concerns

Prostate Exams: follow current guidelines, prostatic atrophy may be severe if on finasteride

Hernias: If pre-operative SRS – MUST monitor – tucking genitals can cause hernias or perineal skin breakdown

If post-operative SRS and needs vaginal exam – NO cervix or fornices – pap smears unnecessary (/impossible)

Visualization of tissue may be better with an anoscope (if necessary, EAC would need WeCare referral)

Equal Access LGBT Health Clinic at Eastside

Gender Affirming Therapy: Men (FtM)

Developed by Catherine Bielick, 2017-2018 Clinic Director, updated 2019 by Patrick Bliven, 2019-2020 Clinic Director

Initial evaluation in clinic → Patient visits and obtains letter from free therapy night → Patient obtains baseline labs → Begin HRT after discussion of risks and benefits → Reevaluation at 3 months (with labs prior) → Reevaluation at 6 months (with labs prior) → Reevaluation at 12 months (with labs prior)

Initial Evaluation

- Baseline history and counseling
  - Mood status (PHQ-9, GAD6, Mood Disorder Questionnaire)
  - Suicidal ideation
  - Smoking status & other VTE/hypercoagulable risk factors
  - Desire for fertility – counsel on fertility options
- Set **expectations** for what changes to expect from GAT (reference)
  - Skin oiliness; 1-6 months; 1-2 years
  - Facial/body hair growth; 3-6 months; 3-5 years
  - Scalp hair loss; >12 months; variable
  - Increased muscle mass/strength; 6-12 months; 2-5 years
  - Body fat redistribution; 3-6 months; 2-5 years
  - Cessation of menses; 2-6 months; n/a
  - Clitoral enlargement; 3-6 months; 1-2 years
  - Vaginal atrophy; 3-6 months; 1-2 years
  - Deepened voice 3-12 months; 1-2 years
- Absolute Contraindications: any active estrogen-sensitive cancer
- Complete Informed Consent Form & Upload to patient chart
- Enroll patient in Gender Affirming Therapy in the Clinic Navigator

Therapeutic Options

Testosterone Cypionate IM or SQ:
- Initial 50 mg/wk; Max 100 mg/wk

•Can double each dose for q 2-week dosing

Others (for reference)
- Testosterone Enthanate IM or SQ: Initial 50 mg/wk; Max 100 mg/wk
- Testosterone topical gel 1%: Initial 50 mg qAM; Max 100 mg qAM
- Testosterone topical gel 1.62%: 40.5-60.75mg qAM; Max 103.25mg qAM
- Testosterone Patch: Initial 4 mg qPM; Max 8 mg qPM
- Testosterone cream: initial 50 mg, Max 100 mg
- Testosterone Axillary gel 2%: Initial 60 mg qAM; Max 90-120 mg qAM
- Testosterone Udecanoate: Initial 750 IM repeat in 4 weeks, q 10 weeks

Testosterone Treatment Risks

Erythrocytosis/polycythemia

•Use reference male range

Management of polycythemia

1)Check testosterone levels, including peak levels – adjust dose

2)More frequent injection schedule with lower peak dose may lower risk [59]

3) Phlebotomy or blood donation short term solution

4)Rule out pathologic causes of polycythemia (OSA, tobacco, etc)

Hair Loss
- Fronto-temporal pattern, severity based on genetics

Management
- OTC Minoxidil (Rogaine)
- 5-alpha reductase inhibitors (finasteride/dutasteride)
- Surgical approaches – scalp advancement, hair transplantation

Acne
- Peaks in first year of testosterone therapy then declines
- Treat as normal with topical skin treatments escalating with severity

Weight gain
- Must use with caution and informed consent with PCOS, obese, or hyperlipidemic patients

Labs *Baseline & Prior to Every Visit*

- CBC without diff (Hg and Hct for erythropoietic effect)
- Serum Estradiol (not total estradiol)
- Serum Total Testosterone LC/MS/MS (free testosterone unreliable [33]
- Serum Albumin
- No evidence to support extra monitoring: lipids, A1c/glucose, cholesterol

Goals
- Titrate GAT dosing to the physiologic range of non-transgender individual of identified gender

(levels vary by lab – Quest lab ranges listed)

Physiologic range of non-transgender males ≥18yo
- Total Testosterone = 250-1100 ng/dL (test code 15983)
- Serum Estradiol = can vary greatly – not great priority
  - Only 29% of 31 trans men achieved physiologic male-range estradiol levels

Health Maintenance

Pap smears: follow USPSTF, likely behind, based on age
- Can be traumatizing – "checkitoutguys.ca" is good patient resources for FTM's
- MUCH higher rate of inadequate cytologic sampling (possibly due to rushing procedure from patient discomfort) [31]
- Can pre-medicate with vaginal estrogens 1-2 weeks prior to exam to decrease vaginal atrophy due to testosterone therapy
- If still refuses – offer external OR bimanual as initial step towards establishing trust

GENDER AFFIRMING THERAPY MONITORING

In Transgender Females (MtF)

MONITOR FOR APPROPRIATE SIGNS OF FEMINIZATION AND FOR DEVELOPMENT OF ADVERSE REACTIONS:

Evaluate patient every 3 months in the first year and then 1-2 times per year.

MEASURE SERUM TESTOSTERONE AND ESTRADIOL:

Evaluate every 3 months until levels are in the normal physiologic female range:

Serum testosterone levels should be <50 ng/dL
Serum estradiol should not exceed peak physiologic range: 100-200 pg/mL.

FOR INDIVIDUALS ON SPIRONOLACTONE:

Monitor serum potassium every 3 months in the first year and annually thereafter.

ADDITIONAL MONITORING

Routine cancer screening is recommended:

Screening is based on which tissues are present.

Osteoporosis screening:

In low risk individuals, screening schould be conducted at age 60 years or in those who are not compliant with hormone replacement therapy.

GUIDELINES FROM UPTODATE.COM

GENDER AFFIRMING THERAPY MONITORING

In Transgender Males (FtM)

MONITOR FOR APPROPRIATE SIGNS OF VIRILIZATION AND FOR DEVELOPMENT OF ADVERSE REACTIONS:

Evaluate patient every 3 months in the first year and then 1-2 times per year.

MEASURE SERUM TESTOSTERONE:

Evaluate every 3 months until levels are in the normal physiologic male range:
Testosterone enanthate/cypionate injections: measure midway between injections.
Parenteral testosterone undecanoate: measure just before the following injection. If level is < 400 ng/dL, adjust dosing interval.
Transdermal testosterone: wait to measure levels until there has been at least one week of daily application.

MEASURE HEMATOCRIT OR HEMOGLOBIN:

Evaluate at baseline and every 3 months for the first year and then 1-2 times per year.

Monitor weight, BP, and lipids at regular intervals.

ADDITIONAL MONITORING

Screen for Osteoporosis:

In those who stop testosterone treatment, are not compliant with hormone therapy, or who develop risks for bone loss.

If cervical tissue is present:

Monitoring as recommended by the American College of Obstetricians and Gynecologists.

Ovariectomy can be considered after completion of hormone transition.

If mastectomy is performed:

Conduct sub- and periareolar annual breast examinations.

If mastectomy is not performed:

Consider mammograms as recommended by the American Cancer Society.

GUIDELINES FROM UPTODATE.COM

Clinic Navigator

Clinic Protocols

Make sure anything completed at clinic for your patient is selected so the correct team can follow up on them.

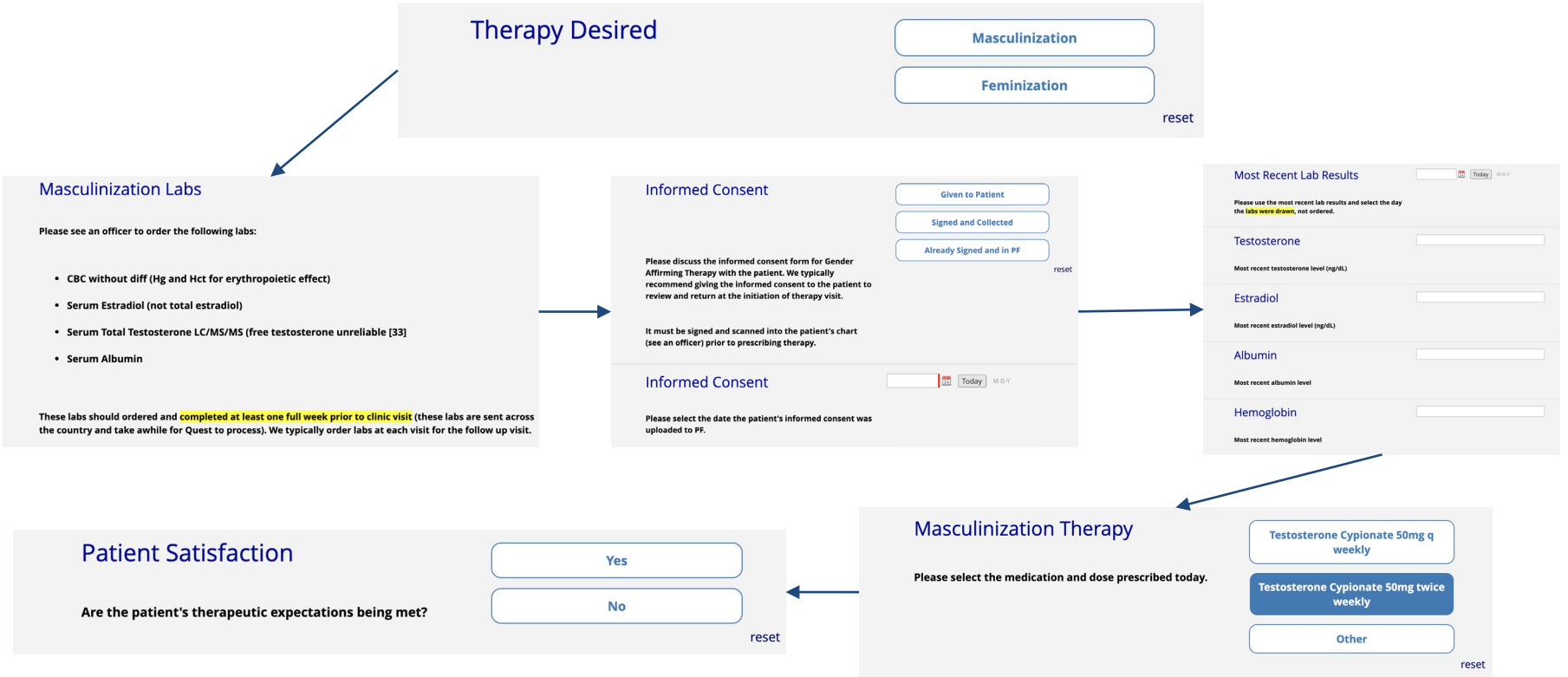
Please select anything relevant for your patient and you will be provided with more information once you scroll down.

- Baker Act
- Prescribe HIV Pre-Exposure Prophylaxis
- Prescribe: Long-Acting, Reversible Contraception
- Request Outside Records

Additional Eastside Options

- Enroll a Patient in Gender Affirming Therapy

Clinic Navigator for FtM GAT



PrEP Protocol

INITIATING PrEP

A Quick Guide

Assess risk factors and identify recommended indications for PrEP use

MSM

- Adult man
- Without acute or established HIV infection
- Any male sex partners in past 6 months
- Not in a monogamous partnership with a recently tested, HIV-negative man

AND at least **one** of the following

- Any anal sex without condoms in the past 6 months
- A bacterial STI diagnosed in the past 6 months

Heterosexually active persons

- Adult person
- Without acute or established HIV infection
- Any sex with opposite sex partners in past 6 months
- Not in a monogamous partnership with a recently tested, HIV-negative partner

AND at least **one** of the following

- Is a behaviorally bisexual man
- Infrequently uses condoms with partners who are at a substantial risk of HIV infection
- Is in an ongoing sexual relationship with an HIV-positive partner
- A bacterial STI diagnosed in the past 6 months

Persons who Inject Drugs

- Adult person
- Without acute or established HIV infection
- Any injection of drugs not prescribed by a clinician in the past 6 months

AND at least **one** of the following

- Any sharing of injection or drug preparation equipment in the past 6 months
- Risk of sexual acquisition

Clinical Eligibility

HIV Testing

- **Document HIV status**
- HIV testing and the documentation of results are required to confirm that patients do not have HIV infection when they start taking PrEP medications.

Renal Function

- **Document renal function**
- Any person with an eCrCl of <60 ml/min should not be prescribed PrEP with TDF/FTC.

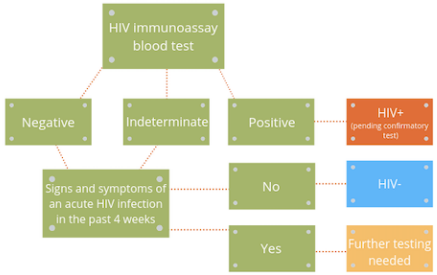
Hepatitis Serology

- **Document hepatitis infection and vaccination status**
- HBV and HCV testing recommended as part of baseline laboratory assessment

Prescription

- **TDF/FTC** (Truvada) is the recommended medication that should be prescribed for PrEP for MSM, heterosexually active men and women, and PWID who meet recommended criteria
- **Dose:** 300 mg/200 mg
- **Frequency:** Once a day

Determining HIV Status for PrEP



Adapted from CDC's 2017 PrEP clinical practice guideline
https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf

Initiating PrEP

- Assess risk factors
- Clinical Eligibility
- Determining HIV status
- Prescription
- Safe Sex Education

PrEP Protocol

PrEP FOLLOW UP AND MONITORING

Once PrEP is initiated, patients should return for follow-up approximately every 3 months

OPTIONAL 1st MONTH

- Evaluate and support adherence
- Assess risky behaviors and provide risk-reduction counseling and condoms
- Evaluate for side effects
  - Common side effects include: Nausea, flatulence, rash, or headache
    - Discuss OTC medications as needed for symptoms

AT LEAST EVERY 3 MONTHS

- Assess side effects, adherence, and HIV acquisition risk behaviors
- Repeat HIV testing and assess for signs and symptoms
- Conduct STI testing
  - Sexually active persons with signs or symptoms of infection
  - Asymptomatic MSM at high risk for recurrent bacterial STIs

AT LEAST EVERY 6 MONTHS

- Check serum creatinine
  - A rise in serum creatinine is not a reason to withhold treatment if eCrCl remains ≥60 ml/min
- Conduct STI screening for sexually active adolescents and adults EVEN IF asymptomatic
  - Syphilis and gonorrhea for both men and women
  - Include chlamydia for MSM

AT LEAST EVERY 12 MONTHS

- Evaluate the need to continue PrEP as a component of HIV prevention

MEDICATION ADHERENCE

- Establish trust and bidirectional communication
- Provide simple explanation and education
  - Medication dosage and schedule
  - Management of common side effects
  - Relationship of adherence to the efficacy of PrEP
  - Signs and symptoms of acute HIV infections and recommended actions
- Support adherence
  - Tailor dose to patient's daily routine
  - Identify reminders to minimize forgetting doses
  - Identify and address barriers to adherence
- Monitor medication adherence in a non-judgmental way

RISK REDUCTION

- Establish trust and bidirectional communication
- Provide feedback on HIV risk factors
  - Elicit barriers to consistent condom use
  - Elicit barriers to reducing substance abuse
- Support risk-reducing efforts
  - Assist patients to identify 1 or 2 feasible steps toward risk reduction
  - Identify and address anticipated barriers to accomplishing planned actions to reduce risk
- Monitor behavioral adherence in a non-judgmental way

Adapted from CDC's 2017 PrEP clinical practice guideline
https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf

Follow up and Monitoring

- Patient follow up appointments at predetermined intervals.
- Using RedCap to follow patients and monitor their progress
- Medication adherence and risk reduction

Financial Assistance

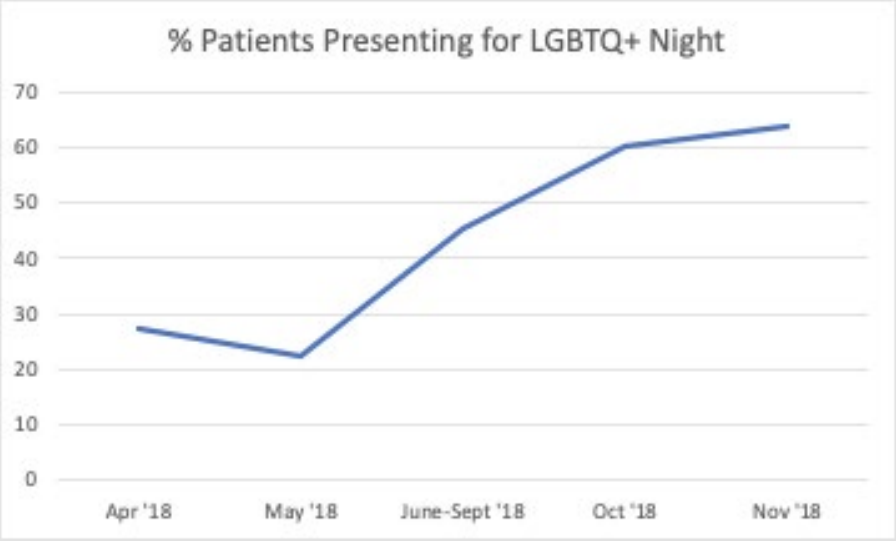
- Equal Access Clinic is able to help patients receive PrEP at low to no cost.
- Advancing Access Patient Assistance program
- Ready, Set, PrEP at https://www.getyourprep.com

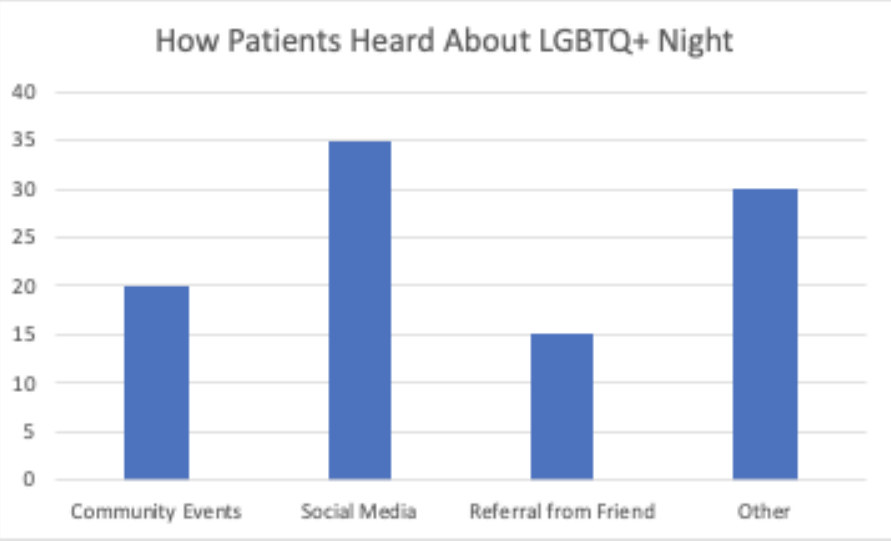
Cost

Gender Affirming Therapy		
Estradiol	**$7.50** 3-month supply **Free**	Publix Grace Marketplace
Testosterone	**$7.50** Cost dose-dependent	GoodRx Coupon - Walgreens - Publix

PrEP	
Free 1-year enrollment	Gilead fee-assistance program

Initial Evaluation of Services





n = 20

Patient Impact

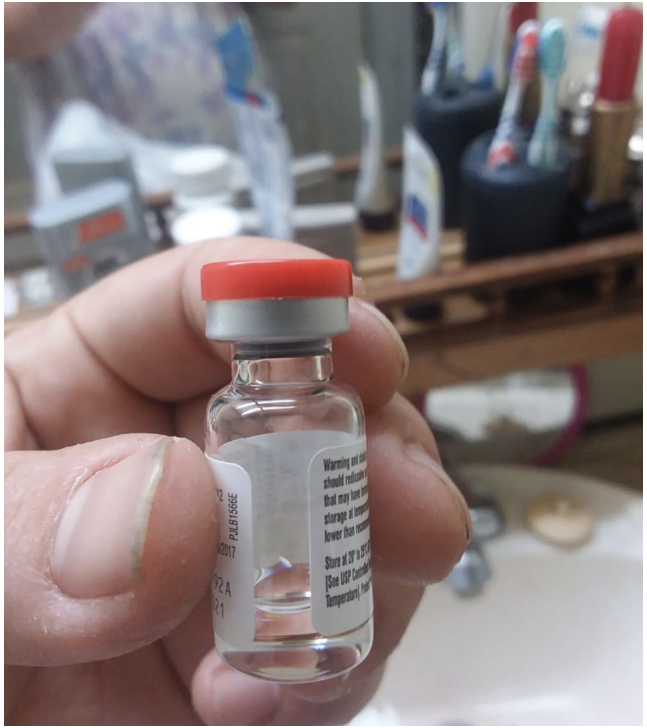
A few months ago, I posted desparetly looking for a place that would help get my HRT.
I had been on hormones for 2 years prior, but in a different state with an 'informed consent' clinic.
I felt defeated because Florida laws require a therapist to clear a person undergoing gender transformation..

Someone in this group informed me of the Equal Access Clinic in Gainesville. And here I am today back on my prescribed amount of hormones!

I went on a Tuesday night where you get to see a doctor for free. I was able to get my bloodwork done in Ocala for free.
After two free doctors visits, I got my hormones at a local Walgreens for $24.99.

I highly encourage any transgender/non-binary person looking for a way to start HRT to call and visit Equal Access Clinic in Gainesville!
My only complaint was that it was a bit of a wait to see a doctor that day, but remember these people are helping those with little income and no insurance.
They also have a list of resources of LGBT friendly doctors/endocrinologists/therapists in the area.

An enormous thank you to the person who told me about this clinic. You literally saved my life ❤️



Other Services

HIV & STI Screening - Department of Health HIV Test Site

Cancer Screening

Specialty Referrals (We Care)

Preventative Care

What's Next

- HIV Test & Treat
  - Rapid HIV testing
  - Antiretroviral therapy offered onsite
- Explore adding LGBTQ+ night to other EAC locations
- Expand training with standardized video modules

Setting Up a Clinic

- Recruit faculty with a background in LGBTQ healthcare
- Establish volunteer training to ensure LGBTQ competent care
- Establish protocols to standardize care
- Spread the word to the community!

Thank You

Questions?

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