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A Quality Improvement project on Gender Affirming Hormone Therapy for transgender patients in a rural Vermont clinic

JIMMY CONTOMPASIS MS3 LARNER COLLEGE OF MEDICINE

HINESBURG FAMILY MEDICINE (JAN 2022)

MENTORED BY DR. CANGIANO



Gender Affirming Hormone Therapy Management

- Problem Identification: Lack of training of primary care physicians in LGBT+ health
- A 2011 article in JAMA showed that Medical schools nationwide average 5 hours of training on LGBT+ health needs (Obedin et al 2011)
- At Hinesburg, family medicine transgender patients are frequently referred to clinics 25 minutes away for their gender affirming hormone therapy.
- Providers at Hinesburg Family Medicine asked
- Need: Protocols to reference for gender affirming care initiation and maintenance

Public Health Cost

- A literature review for “transgender health, cost, Vermont” yielded no results
- There appears to be no literature about cost saving in
- However talking to a community member this would significantly lower there medical costs by an estimated 200 dollars a year due to decreased travel costs and less co-pays for fewer visits (by having primary care and gender affirming care wrapped into one

Community Perspective

- I interviewed Dr. Cangiano at Hinesburg family medicine and estimated the practice has about 50-60 openly transgender patients. It's unclear at this time how many are on hormone therapy whether through outside providers (not in the EMR) (It is also difficult to tell as cisgender people also take these medications which can make an EMR search difficult)
- I also interviewed an openly transgender patient of the clinic who wished to remain anonymous who recently started masculinizing hormone therapy.
- This patient reported that having gender affirming care at his Hinesburg Family Medicine would lower cost and time burden for care. He stated the these benefits would “overweigh the downside of having a doctor with less experience” in transgender health

Intervention

- I obtained protocols from the largest LGBT+ Health and Research facility in the United States (Fenway Health) that are used by their primary care and transhealth teams.
- I modified and updated the protocols as appropriate for the clinic
- I then provided the updated protocols to the clinic for their use in
- Used motivational interviewing questioning to determine the likelihood and frequency of use in the clinic



Response

- I received positive remarks from providers at Hinesburg Family Medicine about this project as well as from faculty members in UVM family med elsewhere
- It remains to be seen how much benefit will be seen but Dr. Cangiano stated that this would help her practice in conjunction with attending a conference on gender affirming hormone therapy.
- A future project could see if these protocols are used or not in practice (see slide 9)

Limitations and effectiveness

- Based on interviews of providers approximately 10-15 patients at Hinesburg Family medicine identify openly at the clinic as transgender (although at a national rate of 0.6% of patients [2])
- With such a small population, it would be difficult to have any statistically significant data about improvement
- The best metric of this effect would likely be a survey of transgender patients at this clinic using a Likert scale

Recommendations For Future Projects

- Quality improvement project on identifying surgeons who do gender affirming surgery and as well as their requirements for surgery
- Evaluate if the protocols I provided were helpful to patients or providers
- Interprofessional training on incorporating gender affirming care in the primary care clinic.
- Updating the protocols, I provided as research continues in this field



References

- 1] Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. JAMA. 2011;306(9):971–977.<https://doi.org/10.1001/jama.2011.1255>
- 2] Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). How Many Adults Identify as Transgender in the United States? Los Angeles, CA: The Williams Institute

Interview consent form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Consented _____

Name: _____Michelle Cangiano MD_____

Name: _____John Doe (identity redacted)_____