



Primary Care and Transgender and Gender-Diverse Patients

By Justin Hooks, MSN, APRN, FNP-BC, CCEMT-P I/C, HIVPCP, AAHIVS

P **PRIMARY CARE PROVIDERS** should feel comfortable treating all patients, including transgender and gender-diverse patients. As a primary care provider myself, I have dedicated my practice to serve the needs of LGBTQ patients and have found it to be incredibly rewarding.



My Background

For 15 years, I served as a flight paramedic and taught college courses. Four years ago, I moved into my current role as a nurse practitioner (NP) in primary care, with a focus on caring for the LGBTQ community. When I began as an NP, I wanted to ensure all LGBTQ clients were receiving the care they wanted and needed. This stemmed from a discouraging encounter years before with my own primary care provider.

I was a young, gay man who had established care at a primary care practice in Michigan. I wanted to access PrEP, which was only emtricitabine/tenofovir at the time. I assumed my NP probably did not know much about it, so I gathered background research and printed the information for his review. During my visit, it became clear he did not know much about PrEP. His first response to my request was that he was not the right provider to prescribe it. I tried to ease his uncertainty as I handed him the information I had printed and assured him that as a primary care provider, he was exactly the right person. He seemed receptive to the idea and said he would read through everything and get back to me. Several days later, I received a call from his office dropping me as a patient. The assistant said my NP suggested I see an

infectious disease doctor for PrEP and that he “doesn’t feel comfortable” taking care of “people like you.” I was told to seek treatment at Planned Parenthood where they are used to prescribing PrEP for people like me.

That was the moment I decided to change my career and provide the best primary care I could to anyone in the LGBTQ community seeking care.

Basics of Providing LGBTQ Primary Care

The best way to provide primary care to LGBTQ patients is by providing judgement-free care. Health care providers have a duty to provide the best possible options to all clients without applying the stigma that has been imposed on an already marginalized community. Sexual health is an important and often undertreated area of patient care and should be addressed to meet the needs of each individual, whether they have one monogamous partner or multiple partners. Any bias or judgment we have as providers must not factor into our decisions to provide the best measures available to prevent HIV and other sexually transmitted infections.

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When a patient confides in me, I thank them for sharing their story. I often thank my patients for simply making an appointment and showing up. Like many LGBTQ patients, I understand how difficult it may be to walk into an examination room and be denied care that could potentially save a life. As a health care provider, even I am not immune to discrimination and bias. I understand that coming in for an appointment may be frightening or even triggering to past injustices. Not all LGBTQ people are courageous enough to face potential discrimination, especially in a health care setting where one's provider should be a trusted ally.

The primary care provider is not the only aspect of a patient's experience with gender-affirming care. Acceptance and gender affirmation start with the first interaction a patient has with your office, whether they are browsing your website or walking in the door. A gender-affirming environment is crucial to providing appropriate care for the LGBTQ community. From the wording you use on your intake forms to the words spoken in the office, the environment as well as the attitudes of staff reveal your values and will either promote or exclude the LGBTQ community. The entire health care team should be trained in caring for LGBTQ patients and all office staff should approach patients in a judgement-free way. Using appropriate pronouns and being mindful not to misgender patients are two vital behaviors that provide gender-affirming care. Gender-neutral bathrooms and signs that show acceptance, such as a pride flag at the reception desk, are two ways the environment reflects gender-affirming care. You can read more about creating a gender-affirming environment on page 8.

One final way to assure gender-affirming care is to ensure the clinic's medical records reflect the patient's gender identity and their sex assigned at birth. Additionally, there should be fields to note patients' pronouns, including she/her/hers, he/him/his, they/them/theirs, or

ze/zir/zir. Staff should always refer to the patient's chart or ask the patient themselves to ensure the correct patient name and pronouns are used. If you accidentally misgender someone, quickly apologize and move on—mistakes are bound to occur, but a quick correction generally will clear up any misunderstanding.

Primary Care for Transgender and Gender-Diverse Patients

Primary care delivery for transgender and gender-diverse patients can be thought of in two different ways: providing the basics of primary care and wellness care and managing the gender-affirming or transitioning process for someone who is transgender or gender diverse.

Primary Care and Wellness Care

It is important to note that all primary care providers are capable of providing gender-affirming care. A provider's approach to primary care for transgender or gender-diverse patients should not be any different from the approach for cisgender patients. When taking a health history for a wellness visit, be sure to include a sexual health history that is neutral. You can ask, "Do you have sex with men, women, both, or neither." You should take an "anatomical inventory" so you can document the organs a patient has to guide preventive health screenings a patient needs.

When patients come in for a sick visit, it is not generally necessary to complete an "anatomical inventory." You will only need to verify specific organs if they are necessary to aid in diagnosis. For example, if you have a transman with lower abdominal pain, it is important to know whether they have an intact uterus, ovaries, and cervix so you know where the pain is originating and how to treat it. Knowing whether the patient had top surgery to remove breast tissue would not

be pertinent in the care of this transman. Know and respect the difference between information acquired for curiosity and essential information for diagnosis and care.

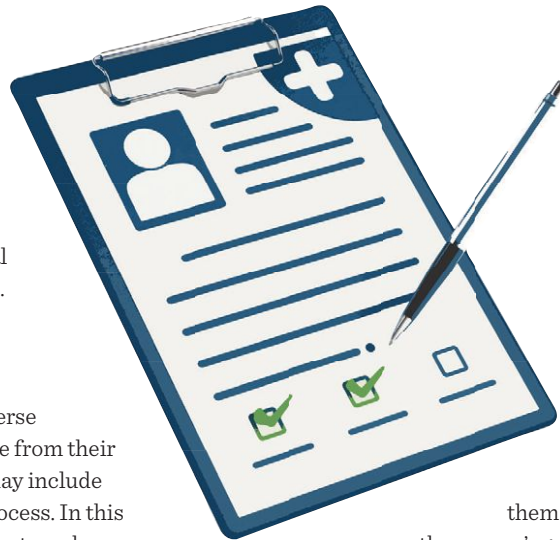
Gender-Affirming and Transitioning Care

Many transgender and gender-diverse patients seek gender-affirming care from their primary care provider. This care may include management of their transition process. In this instance, you will want to ensure that you have a multidisciplinary care team set up to support these patients. Members of this team may include a pharmacist, social worker, and psychiatric provider—among others, depending upon a patient’s specific needs.

For patients who want to transition or who are transitioning, it is important to know there are different levels of transitioning and where your patient is on the spectrum. Typically, the steps can be thought of as: 1. Social transition; 2. Medical transition; 3. Surgical transition; and 4. Legal transition. Some people may start to complete all four steps while others may only desire social transition or step one. Transition is personal and individualized—each patient will have their own journey and will go through the process the way that supports their needs.

As primary care providers, we should be the most involved in supporting all phases of transition and to refer to surgical providers if a surgical transition is desired. To best support a patient’s medical transitions, it is incredibly important that providers learn all they can about hormone therapy and other aspects of medical transition. A few sources I highly recommend for the most up-to-date training are the National LGBTQ Curriculum at Fenway Health and the University of California San Francisco Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (an update in 2025 is expected). Another place to find helpful information is through the World Professional Association for Transgender Health.

When delivering hormone therapy, there are a number of ways to approach it based on recommended guidelines and patients’ needs. It is important to approach every aspect from a shared decision-making process. (For more information about hormone therapy, please see the article on page 32.) Some primary care providers can be hesitant to initiate or manage hormone therapy because they do not feel they have enough experience caring for transgender or gender-diverse individuals. When I talk to providers who are worried about side effects or how to properly manage



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hormone therapy, I remind them to focus on the medicine, not the person’s gender expression. For example, I ask them how they educate their cisgender females about taking birth control pills. They generally answer that they advise them against smoking. I then explain that for anyone taking estrogen therapy the same education and precautions apply—it is based on the effects of the medication, not the person’s gender expression. They should be educating their transgender patient on the importance of smoking cessation when taking estrogen therapy just as they do for cisgender women on birth control pills.

Conclusion

Primary care providers are ideal clinicians for providing and managing gender-affirming care. Many times, specialty services are inaccessible for patients due to geographical location or lack of insurance coverage for transgender and gender-diverse people. Primary care providers can offer a critical lifeline for transgender and gender-diverse patients, especially in rural areas, where there are likely few providers who understand LGBTQ needs. My clinic is in a rural part of Michigan, and some of my patients drive an hour or more to get there. The more primary care providers who take the time to learn and provide gender-affirming care, the better the health outcomes of our communities. As health care providers we need to be well-versed to meet the needs of all patients, especially those who have faced widespread discrimination, poorer health outcomes, and misunderstandings about their basic health care needs. **HIV**



JUSTIN HOOKS, MSN, APRN, FNP-BC, HIV PCP, CCEMT-P I/C, AAHIVS, brings over two decades of diverse and impactful healthcare experience to the table. From his roots as a critical care paramedic to his roles as a director of quality improvement, registered nurse, and board-certified nurse practitioner, Justin’s journey has been defined by a commitment to excellence in patient care. His dynamic career also extends to the realm of education, where he serves as a college educator, sharing his wealth of knowledge and shaping the next generation of healthcare professionals.