| Wednesday, April 1, 2020 | | |
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| Time | Торіс | Objectives |
| 8:00—8:30 am | Breakfast and Networking | - |
| 8:30 – 8:45 | Opening Remarks | Recall health disparities that are experienced by sexual and gender minority groups, specifically transgender individuals, in Utah and in the United States Identify factors that contribute to providing safe, effective, comprehensive and compassionate transgender care |
| 8:45—9:45 am | Trans 101: The Basics | WPATH standards, Endocrine society standards, UCSF, Fenway Overview of masculinizing/feminizing therapy Detailed regimen and monitoring of masculinizing/feminizing therapy |
| 9:45 – 10:00 am | Break/time to move rooms | |
| 10:00 – 10:45 (Concurrent sessions) | Pharmacology of Transgender Hormone Therapy | Describe the mechanism of action, pharmacodynamics and monitoring parameters for masculinizing and feminizing hormone therapy |
| 5055101157 | Mental health | - TBD |
| 10:45 – 11:00 am | Break/time to move rooms | - |
| 11:00 – 11:45 am | Adolescent Medicine | Adolescent component (identifying transgender adolescents, puberty blockers, hormone therapy, comprehensive care) |
| 11:45 – 12:00 pm | Giving Voice to the Person Inside: Voice and Communication Therapy | Detailed review of voice and communication therapy and outcomes for voice feminization, masculinization, and beyond binary |
| 12:00 – 1:30 pm | Non-CME lunch (Gilead sponsored) | |
| 1:30 – 2:15 pm | Panel discussion with transgender patients | Better provider understanding of barriers from client perspective |

| | | Better provider understanding of transgender experiences from client perspective Opportunity to gain better understanding of transgender community for provider practice improvement |
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| 2:15 – 3:00 pm | Writing a Letter for a Transgender Client who is Preparing for Surgery | Describe the WPATH standards of care regarding writing a letter of medical necessity Recall the information needed to write a strong letter for support of medically necessary surgical intervention Explain reasons you would and would not support a patient for surgery |
| 3:00 – 3:15 pm | Break | |
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| 3:15 – 4:15 pm | TRANSformation: What really happens in a top or bottom surgery | Top surgery approaches and after care Bottom surgery approaches and after care |

Thursday, April 2, 2020

| Time | Session | Objectives |
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| 8:00 – 8:30 am | Breakfast, networking & registration | |
| 8:30 – 9:15 am | Welcome/logistics & Epidemiology of HIV in Utah | Introduce conference goals and objectives How far we have come in the last year (US Preventative Task Force recommendations) Introduce UT initiative and campaign Where are new transmissions occurring? What areas are or are not testing? |

| | | - Some specifics on HIV transmission in the intermountain west |
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| 9:15 – 10:00 am | History of HIV: At risk populations and trauma informed care | Historical context/timeline LGBTQ+ health topics History of HIV drug development The state of HIV care in the US and in the world today HIV care continuum the past and future |
| 10:00 – 10:20 am | Break | |
| 10:20 – 11:05 am | HIV life cycle, acquisition, testing options | Discuss mechanisms of HIV acquisition and risk of transmission Review the life cycle of HIV Describe signs and symptoms of acute HIV Identify current testing options |
| 11:05 – 11:50 am | PrEP 101 (updated with Descovy) | Who would benefit from PrEP? What are the criteria for being on PrEP? How is PrEP prescribed What labs are required What sort of follow up is needed Sero-discordance & pregnancy |
| 11:50 – 12:15 pm | Break | |
| 12:15 – 1:15 pm | Non-CME lunch (Gilead sponsored) | |
| 1:15– 2:00 pm | PrEP pharmacology | Explain the mechanism of action of PrEP medications in the prevention of HIV infection Categorize and identify possible side effects of PrEP medications Identify benefits and limitations of patient assistance programs for PrEP. Design with your patient, using shared decision making, strategies for maximizing adherence in order to support efficacy for the prevention of HIV infection |
| 2:00 – 3:00 pm | PrEP patient panel | - Better provider understanding of barriers from client perspective |

| | | Better provider understanding of PrEP experiences from client perspective Opportunity to gain better understanding of PrEP community for provider practice improvement |
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| 3:00 – 3:20 pm | Break | |
| 3:20 – 4:20 pm | The Future of PrEP/Call to action | The role of primary care providers in ending the HIV epidemic On-demand PrEP/Intermittent dosing Injectables, etc. |
| 4:20 – 4:35 pm | Closing remarks | - Review day 1 conference materials and answer follow-up questions |

Friday, April 3, 2020

| Time | Session | Objectives |
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| 8:00 – 8:30 am | Breakfast, networking & registration | |
| 8:30 – 9:45 am | PrEP cases: 101 | Review HIV PrEP basics and prescribing through case-based discussion Address common issues encountered when prescribing HIV PrEP Build knowledge related to the patient experience through a PrEP visit |
| (Concurrent sessions) | PrEP cases: 201 | Address more complex, rare issues encountered when prescribing HIV PrEP Develop strategies for managing the non-traditional patient PrEP in adolescents PrEP in women PEP to PrEP Hormones & PrEP |
| 9:45 – 10:00 am | Break/time to move rooms | |
| | STD update | - Present and discuss challenging STD diagnosis and treatment situations |

| 10:00 – 11:00 am (Concurrent sessions) | | Updates and clarifications of the CDC guidelines, relevant to HIV PREP patients Using epidemiology data to understand the relationship between PrEP usage and STIs Understanding which labs to order for different STI screenings Review available options for affordable access to HIV PrEP medications Discuss billing codes that could impact patient costs |
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| | PrEP financing: Billing, patient assistance, etc. | Develop strategies for challenging health care coverage Review scenarios & eligibility for PrEP access programs ICD10 codes Cases |
| 11:00 – 11:15 am | Break/time to move rooms | |
| 11:15 – 12:15 am (Concurrent sessions) | How to take a sexual history | Explain what makes sexual histories difficult in primary care: time, comfort, assumptions Review one method of sexual history taking: The 5Ps from the CDC Identify the strengths and weaknesses of the 5P method Practice taking a sexual history in small groups |
| | Advance Syphilis | Review pathogenesis, staging, treatment and co-morbities of syphilis Practice appropriate staging and treatment through case-based discussion |
| 12:15 – 12:45 pm | Break | |
| 12:45 – 1:45 pm | Non-CME lunch (Gilead sponsored) | |
| 1:45 – 2:30 pm | Post-exposure prophylaxis (PEP) | What is PEP, when to use How to transition from PEP to PrEP Common side effects How to introduce PEP in general practice |
| 2:30 – 2:45 pm | How to deliver a positive result | - Discuss approaches to delivering difficult diagnoses |

| | | - Highlight important topics to discuss surrounding a new HIV diagnosis |
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| 2:45 – 3:15 pm | Rapid initiation of ART | Updates on important laboratory tests needed prior to starting therapy Review appropriate antiretroviral therapy used for rapid initiation of ART Present available resources and connection to HIV care |
| 3:15 – 3:30 pm | Closing remarks | Review conference materials and answer follow-up questions (Handout- post conference questions) How do you take back to your clinic and make the changes? (Goals, next steps, & resources) |