Vancouver CoastalHealth

CONFIDENTIAL BRIEFING NOTE

October 10, 2014

Gender Reassignment surgery assessment funding gap
In British Columbia, the provincial government does not fund the assessment and approval process for gender reassignment surgery. To fill this gap, Vancouver Coastal Health has allotted 90 clinical sessions per year while waiting for the ministry to develop a funding framework and infrastructure.

Background:

- In 2003 VCH established the Transgender Health Information Program as a resource hub for patients, physicians, or other care providers. This program has never provided direct clinical patient services.
- Clinical services are provided by Dr. Gail Knudson who assesses and approves patients for MSP-funded gender reassignment surgery. Dr. Knudson is also the chief clinical assessor for this surgery for the entire province and completes education for additional assessors.
- Dr. Knudson is paid from a limited allocation of 90 clinical sessions per year from Vancouver Community's Mental Health program. For the last two years, demand for sessions has far outweighed capacity.
- VCH has on numerous occasions escalated this issue to the Ministry of Health. A project lead has been assigned twice by the ministry with a commitment to address the funding gap issue for the assessment process as well as funding for the role Dr Knudson provides within the province. However, there has been no change in the current state or any follow up information shared with VCH.
- On Sept. 30, 2014, Dr. Knudson reached her limit of 90 clinical sessions that were allocated for the entire year. Due to budget restrictions and other competing pressures on the system, increasing funding for her work is not possible at this time.
- Dr. Knudson has now closed her office and will no longer conduct assessments until funding resumes in the new fiscal year beginning April 2015.
- Dr. Knudson has sent letters to patients on the wait list informing them of her office closure.
- The waitlist currently has 40 clients. Dr. Knudson says there are 20 clients who are midway through the process who are now on hold and another 130 files that will need to be processed by her office. She estimates that 15-20 new referrals are received each month.
- Last month, MSP sent out letters to clients informing them a historical surgery cap for phalloplasty (plastic surgery performed to construct a penis) has been lifted. Previously limited to five a year, the number of permitted cases each year is now unlimited. MSP directed clients to Dr. Knudson's office, which is now closed until April.
- Along with limited clinical sessional time, there is a lack of infrastructure for the BC wide surgical waitlist.

Risks:

- s.13
-
-
- s.13,s.22

Recommendations

s.13,s.17

Contact information			
Contact	**Name**	**Title**	**Phone**
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Communications	Anna Marie D'Angelo	Senior Media Relations Officer	604-708-5340
Physician Involved	Dr Soma Ganeson	Medical Director Mental Health and Addictions	

Creation & revision history	
Date May 27, 2013	Briefing note created
Date June 4 2013	Reason for changes
Date Oct 3, 2014	Update
Date Oct. 9, 2014	Update

ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE Ministry: Health Date: September 23, 2014 Minister Responsible: Terry Lake	**Gender Reassignment Assessment Services**

ADVICE AND RECOMMENDED RESPONSE:

- **The Ministry of Health is committed to ensuring that British Columbians have access to any and all medically-necessary procedures and treatments, while ensuring our system is cost-effective and sustainable.**
- **There have been no discussions around ending this program, including funding for assessments.**
- **Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.**
- **MSP covers gender reassignment services for both Male to Female and Female to Male. For male-to-female, MSP covers penectomy/orchidectomy, vaginoplasty and breast augmentation. For female-to-male, MSP covers hysterectomy, oophorectomy, bilateral mastectomy and a limited number of phalloplasties.**
- **Working with our partners in VCH, in 2010 we expanded the province's GRS program to include coverage for chest contouring and to provide dedicated OR time for mastectomies.**

BACKGROUND REGARDING THE ISSUE:

- In 2013 Vancouver Coastal Health considered stopping funding for gender reassignment assessment services.
- After discussions with VCH – the health authority did not stop funding for gender reassignment assessment services until further discussions have taken place.
- Vancouver Coastal Health was reminded that a significant change like this would have to be reviewed by the Ministry.
- On November 1st or 2nd – the Trans* community is planning a "Day of Action" for surgery access.
- Dr. Gail Knudson – who performs a large proportion of the trans* work in B.C., will run out of sessional funding from VCH by the end of September. VCH claims there is no more funding available for gender reassignment surgery assessments.
- B.C. has recently lifted the limit on the number of phalloplasties funded by MSP. This procedure is still an out-of-province procedure, done in Montreal.

DISCUSSION/ADVICE:

s.13

s.13

s.13,s.22

Comment [SM1]: Any update on this.

s.13

Comment [SM2]: And any progress on this?

The health authority has also noted a recent physician newsletter (http://www.health.gov.bc.ca/msp/infoprac/physnews/winter-2012-physician-newsletter.pdf) – to inform about changes to the standards of care from World Professional Association of Transgender Health (WPATH).

s.13

- The Ministry has had several Human Rights complaints regarding access to services.

s.22

Budget:

- From 2001-06, MSP paid $691,181 for 117 OOP GRS procedures for 55 patients.
- In 2008, the GRS Surgical Review Committee approved 44 patients for MtF surgery, and 28 patients for FtM (Total: 72)
- In 2009, 43 patients were approved for (MtF) surgery and 32 patients for (FtM).
- In 2010, 38 patients were approved for (MtF) surgery and 27 patients for (FtM).
- In 2010/11, HIBC paid for 25 MtF (vaginoplasty) procedures performed out-of-province at a cost of $378,228.
- In 2011/12, HIBC paid for 41 MtF (vaginoplasty) procedures performed out-of-province at a cost of $660,592.

Communications Contact:	Stephen May
Program Area Contact:	Beverlee Sealey/HAD
File Created:	April 26, 2013
File Updated:	September 23, 2014

Minister's Office	Program Area	Deputy	Media Manager
			Ryan Jabs

—& Michelle and the contact from

BRITISH COLUMBIA

NEWS RELEASE

For Immediate Release
2014HLTH0119-001650
October 30, 2014

Ministry of Health
Vancouver Coastal Health
Provincial Health Services Authority

Programs and services for transgender community to be strengthened

VANCOUVER – The Ministry of Health, Provincial Health Services Authority and Vancouver Coastal Health are working together to ensure members of the transgender community have access to a new provincial program that will offer expanded and sustainable services.

"We are committed to supporting transgender people and recognize that we can improve access and delivery of these important health services," said Health Minister Terry Lake. "That is why beginning April 2015, the Provincial Health Services Authority will assume responsibility for provincial co-ordination of transgender services in B.C. and will look to expand capacity for these services in consultation with clinical experts and stakeholders from the transgender community."

Beginning immediately, Vancouver Coastal Health has committed to continuing the funding for the assessment program until the end of the current fiscal year, March 31, 2015. In order for an individual to undergo gender reassignment surgery, they must first complete a medical and psychological assessment to confirm diagnosis of gender dysphoria.

"Vancouver Coastal Health has a long history of supporting the lesbian, gay, bisexual and transgender (LGBT) community through numerous programs and services," said Mary Ackenhusen, VCH president and CEO. "This funding will sustain timely physician coverage for the assessment of gender reassignment surgery candidates throughout B.C."

Beginning in April 2015, the Provincial Health Services Authority will assume responsibility for the provincial co-ordination of transgender services in B.C. and look to expand capacity for these services over the next year.

"The Provincial Health Services Authority develops and oversees the delivery of specialty and provincewide health-care services across B.C.," said Arden Krystal, chief operating officer, PHSA. "Working closely with our partners at the ministry and Vancouver Coastal Health, the focus for this review will be on how we can improve the network of services, including improving access to care for those people who require transgender surgery, based on best practice."

In preparation for this transition, the Provincial Health Services Authority is establishing an expert advisory committee, to review current services and supports, and provide short- and long-term strategies to meet the needs of this population.

Current clinical experts will be asked to participate in the committee, which will also involve stakeholders from the transgender community.

Gender Reassignment Services (GRS) are publicly funded in British Columbia for patients with gender dysphoria through the Medical Services Plan (MSP). Since 2008, the ministry has approved over 500 procedures.

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BRITISH COLUMBIA

AGENDA

Model of Care for Gender Affirming Surgery

Date/Time: Tuesday March 31, 2015

Phone: s.15 **Participant code:** s.15

Participants: Vanessa Barron, Leah Dobell, Fin Garcau, Steve Kabanuk, Dr. Gail Knudson Michele Lane, Julia O'Dwyer, Morgane Ojay, Janice Penner,

Regrets:

	ITEM	RESP	INFORMATION / DECISION / DISCUSSION	TIME
1.	**Meeting Objective:** - Review March 17 feedback and determine what additional information/actions are needed for the MoH document - Begin dialogue on how to approach the next phase of planning work - Prepare for May 2	Vanessa	Information/ Discussion	5 min
2.	**Action Log**	Vanessa & Group	Discussion	10 min
3.	**March 17 Considerations:** **See DRAFT WG Matrix** - concerns re: linking data and diagnosis in Surgical Patient Registry - clinic/health liaison role for post-op follow-up of lower surgery - breast growth criteria change - alternatives to lower surgery in Montreal (cost & quality comparison)	Group	Decision	20 min
4.	**Review Table:** **DRAFT Surgery WG Recommendations 2015-03-28** -determine additional information/actions to implement **DRAFT Sx Milestones** -identify key points of community consultation in next phase of planning	Group	Discussion	60 min
5.	**May 2 Day** -presentation and representative	Vanessa	Decision	15 min
6.	**Wrap Up**			5 min

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AGENDA

Transgender/Trans* Health Steering Committee

Date/Time: Thursday February 5, 13:00pm-16:00pm

Location: PHSA Corporate – 700-1380 Burrard St. Room A

Phone: s.15 **Participant code:** s.15

	Barron, Vanessa	R	Hall, David (Dr)	R	McNabb, Anne		Wolfe, Natasha
	Case, Laura		Haworth, Gwen		Metzger, Daniel (Dr) (12-1)		
R	Coniglio, Connie		Kennedy, Theresa		O'Dwyer, Julia		
R	Ganesan, Soma (Dr)		Knudson, Gail (Dr)		Penner, Janice		
	Gareau, Fin		Krystal, Arden (chair)		Salander, Raven		
	Grieves, Lorraine		Lane, Michele		Tei, ChrYs		

Working Group Guests:

	Campbell, Jim	Executive Lead, Mental Health and Addiction Services	NHA
	Cornell, Trevor (Dr)	Medical Health Officer and Medical Director	IHA
	Hruschak, Val	Practice Lead, Mental Health and Substance Use Program	IHA
R	Kabaluk, Steve	Director, Perioperative Services	VCH
R	Lowes, Elaine	Director, Primary Health Care	FHA
	Victoria Lee (Dr)	Interim VP, Population Health and Chief Medical Officer	FHA
	Macfarlane, Devon	Manager, Community Development and Service Integration	VIHA

	ITEM	Resp	INFORMATION / DECISION / DISCUSSION	TIME
1.0	**Welcome to Facilitators and Working Group Members** **Meeting Objectives:** - Orientation to the work - Launch working groups - Determine working group membership	Arden	Information	10 min
2.0	Overview of Transgender/Trans* Health Steering Committee work - Background - ToR - Meeting dates & milestones - Working groups and membership - Update re: possible 5th working group - Stakeholder/Community Consultation & Engagement Day	Arden	Information & Discussion	30 min
3.0	Consultation Day in April – potential dates & venu	Vanessa	Decision	10 min
4.0	**Action Log** - See attachment	Vanessa	Information	10 min

	ITEM	Resp	INFORMATION / DECISION / DISCUSSION	TIME
	- Website: www.phsa.ca/Transgender **Statistics re: Montreal Gender Reassignment Surgery (GRS) Program: In the year 2014:** M to F Bottom surgery: Approval letters sent – 92 F to M chest surgery: Approval letters sent – 79 F to M Phalloplasty / Metoidioplasty letters sent to patients advising of new process for direct referral to Montreal for surgery sent - 108 The surgical facility in Montreal is a private hospital, but licensed under the Hospital Insurance Act for providing publicly funded care. MSP in BC is directly billed for surgical services provided there. Both pre-op and post-op services takes place at a private step-down facility (run by the Montréal GRS program)– called the House of Convalescence; http://www.grsmontreal.com/anglais.html Patients are directly billed for this, and it is not reimbursed. **GRS After-Care**: Transgender individuals may or may not have a physician to provide post-op follow up once they return home to BC. There is currently no formal postoperative program for follow up in BC for people who have had their GRS completed and may be experiencing post-operative complications. These complications are often post-operative infections that can impact their long term successful recovery and the functionality of the procedure performed. (Ref: A Review of the Current State of Gender Reassignment in British Columbia: Sex Reassignment Surgery August 30, 2013) **Travel Assistance Program**: http://health.gov.bc.ca/tapbc/			
BREAK				
5.0	**Working Groups** **Introduction & Connection**	Facilitator		5 min
6.0	**Brainstorm Working Group Requirements** - See attachment DRAFT Working Groups 2015-01-14	Facilitator	Discussion/Decision	90 min
7.0	**Working Group Membership** - In working groups, determine who else external to the Steering Committee should participate	Facilitator	Discussion/Decision	10 min
8.0	**Next Steps and Actions Reviewed**	Facilitator	Discussion	5 min

Next Meetings:

Tuesday February 17, 1:00-4:00pm
Thursday March 5, 1:00-4:00pm
Tuesday March 17, 8:30-4:00pm

Thursday April 2, 1:00-4:00pm
Tuesday April 21, 1:00-4:00pm

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Action Log

Transgender/Trans* Health Steering Committee

February 2, 2015

ACTIONS

Date	Action	Responsibility	Target Completion	Status
Jan 21	Follow-up with Health Authorities re: representatives for working groups.	Vanessa		Complete
	Send Vanessa Northern Health contacts as potential working group members.	Lorraine		Complete
	Follow-up with PHSA legal about cases where the family won't consent.	Vanessa		Complete
	Inclusion of GPSC member to Primary Care Access/Consultation group.	Arden		In progress
	Members to email their preferred working group to Vanessa by Jan 28.	All		Complete
	Vanessa distribute Dr Gail Knudsen's PowerPoint presentation on Youth Surgery Criteria.  Youth Surgery Criteria 2015-01-21.p	Vanessa		Complete
Jan 8	Follow-up on statistics about referrals to Montreal and criteria for the Travel Assistance Program	Michele	Jan 21	Complete
	Follow-up discussion with other Ministry of Education	Michele and Arden	March	In progress
	Meeting to discuss MoH expectations about transferring program responsibility to PHSA.	Michele and Arden	Jan 30	Complete

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Working Groups for the Transgender/Trans* Health Steering Committee

A. PRIMARY CARE ACCESS/CONSULTATION[1]

Outcomes:

- Increase provincial access to trans*-friendly and experienced healthcare providers
- Increase GP comfort/knowledge/ability in prescribing hormone therapy (*link with Health Provider Education)*
- Create low cost and accessible mental health supports throughout the province

	Considerations
→	Decision / recommendation on name "specialty" vs. "informed" primary care for this population (if considered "specialty" care, this may limit access)
→	Communication between GPs and resources for support/information
→	Communication with a client's GP with recommendations of how to provide ongoing care (knowledge transfer)
→	Is everyone currently getting "specialty" care who needs it?
→	What policies/protocols are required for care providers in providing hormone therapy to youth?
→	Access to other counselling services (i.e. detox, addiction services, suicide prevention) for this population
→	Increase capacity (size and scope?) of clinics?
→	Recommendation related to identifying kids under the care of MCFD and whether a case worker can remain as support across the transition ages of youth to adult?
→	How to develop practitioner competency (CMA resolution/policy) i.e. youth mental health (same pathway to access)
→	Yukon referrals? Sometimes to BC or Alberta (medium/long term recommendation?)

[1] Note: these areas of working group focus were identified from the THP Feedback Survey (Sept 2014) and from Steering Committee members

Actions	
→	Understand and describe access to primary care in general.
→	Clarify pathways for users and identify necessary/unnecessary variability
→	Understand current state access to primary care in other health authorities (i.e. through Divisions of Family Practice – any providers with trans* knowledge?)
→	Look at policies and guidelines we need to align with
Recommendations	
→	GP prescription of hormones (consider what current barriers are and how to increase ability/willingness/support)
→	Increased access to counselling/support and MH services (i.e. for gender exploration and when considering medical options. Should be available publicly and not a requirement for care)
→	Develop a more formal network of specialized GP knowledge/care (medium/long-term – link with Health Provider Education)

B. SOCIAL SUPPORT

- Increase provincial access and availability of peer/mentor support groups
- Increase provincial access and availability of partner/family support
- Create ways to support individuals in navigating the health care system

Considerations	
→	Support for living in gender identity and transition - how to do this and lower stress related to this
→	Change language i.e. real life experience
→	Skills/strategies to build confidence in self and identity
→	Mentorship program
→	Sibling/parental support
→	Youth support
→	Partner support
Actions	
→	Use evaluation results from Call Out! project

C. MODEL OF CARE FOR GENDER-AFFIRMING SURGERY

- Increase provincial access for upper/lower surgeries
- Increase provincial access to assessors (in a timely manner)
- Create counseling support for consideration of surgical interventions
- Create transparency of wait times for assessment and surgery
- Create provincial access to pre/post-operative care outside of Montreal
- Determine the components/requirements and feasibility of a lower GRS program in BC in the the longer term (i.e. including infrastructure such as operating room time, space, scheduling, clinic space, surgeon with expertise, patient volumes)

Considerations	
→	What should be the public access?
→	Funding for assessment as well as surgery (no conflict of interest in recommending surgery in a public system)
→	Counselling and support for readiness (fear around sharing hesitations or concerns when the same individual is an Assessor for surgery)
→	Old vs. new system – psychiatry assessment
→	Clarify assessment process and how to evaluate it (i.e. outcomes)
→	Assessment criteria – is it working and what can be improved upon?
→	How to quantify the numbers of people who choose not to have surgery?
→	Expectation/information around surgery outcomes – not available currently
→	Surgical care planning and support
→	Pre/post-surgery clinic in the interim? (when bottom surgery is not available in BC)
Actions	
→	Literature around 'regret' helpful for healthcare providers concerns
→	List of current assessors (public/private funded)
Recommendations	
→	Wait list transparency – clear pathway for public/providers (linked with hormone assessment)
→	Increase sessional funding for assessors (and # of assessors?)

D. HEALTH CARE PROVIDER EDUCATION

- Increase health provider knowledge of trans* Standards of Care
- Increase GP comfort/knowledge/ability in initiating and monitoring hormone therapy in adults (*link with Primary Care Access/Consultation)*
- Increase health care provider understanding of trans* issues (including non-binary gender identities)

Considerations	
→	Provincial educator – Doctors of BC link
→	Consider broad health care system (EHS, acute care, residential etc, colleges, universities, clinics)
→	Example of a good model - Indigenous Cultural Competency
→	Online modules/education for accessibility
→	Requirements/mandatory considerations
→	Clinical experience-practitioners in various regions who could provide face to face education (PRISM services)
→	Sexual health practices
→	How to build this into the broader educational curriculum? Social and Medical programs, Teachers' education
→	Cross collaboration with the Ministry of Education

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Action Log

Transgender/Trans* Health Steering Committee

January 21, 2015

ACTIONS

Date	Action	Responsibility	Target Completion	Status
Jan 21	Follow-up with Health Authorities re: representatives for working groups. .	Vanessa		
	Send Vanessa Northern Health contacts as potential working group members.	Lorraine		
	Follow-up with PHSA legal about cases where the family won't consent.	Vanessa		
	Inclusion of GPSC member to Primary Care Access/Consultation group.	Arden		
	Members to email their preferred working group to Vanessa by Jan 28.	All		
Jan 8	Follow-up on statistics about referrals to Montreal and criteria for the Travel Assistance Program	Michele	Jan 21	In progress
	Follow-up discussion with other Ministry of Education	Michele and Arden	March	In progress
	Meeting to discuss MoH expectations about transferring program responsibility to PHSA.	Michele and Arden	Jan 30	In progress

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Transgender/Trans* Health Steering Committee

Terms of Reference

1.0 PURPOSE

Develop a model for a provincial network of person and family-centric[1] services for transgender/trans* health care[2] for British Columbians throughout their lives.

This will be achieved using person/family-centred, current and emerging practice, evidence,[3] and the experience of transgender/trans* community members to make recommendations on future service integration[4] opportunities and improvements or enhancements to the Ministry of Health by April, 2015.

2.0 GOAL

Make initial recommendations on a provincial transgender/trans* health care model by April 2015. These recommendations will address the most urgent concerns, identify the resources required for a provincial program, and establish an ongoing process to further develop medium and longer term system improvements.

3.0 PRINCIPLES

Committee:

- Diverse experience, knowledge, and contributions of the transgender/trans* communities, families[1] and clinicians are critical
- Listen to and encourage diverse perspectives
- Consensus-based decision-making; everyone agrees to support the recommendations going forward

[1] Family-centred includes the network of support for the individual (i.e. may be chosen or biological family)
[2] Health care refers to both physical and mental aspects of health and well-being.
[3] Evidence will be used where it exists – such as community-based or participatory research and standards of care from World Professional Association for Transgender Health (WPATH). Trans-phobic evidence will not be included.
[4] Integration is defined as connection to a network of services within health and other ministries

Program Model [5] recommendations will be:

- Community-based, person/family-centered
- Accessibility – service close to home in health regions as appropriate.[6]
- Focus on gender health and wellness from gender-exploration throughout life
- Considers all aspects of gender variance
- Employs standards similar to services for other populations
- Is based on sustainable services and funding

4.0 IN SCOPE

- Set priorities to focus the work
- Make recommendations for service and integration opportunities
- Consider changes in the social environment (i.e. younger presentation of gender-exploration) and impact on future services
- Complete a review of current services, standards of care and evidence
- Establish working groups and define the scope and deliverables for each
- Financial analysis of current and future service costs
- Assesses viability of provincial-based specialty services
- Identify cross-ministry supports that augment the program services
- Develop a high-level timeline for program implementation[7]
- Define infrastructure requirements for provincial level resources
- Define the relationship between provincial & regional resources
- Identify areas of partnership with community level resources and supports
- Recommend a continuous learning, improvement, and research approach for evaluating new services

5.0 OUT OF SCOPE

- Implementation of the recommendations
- Services provided by Health Authorities to the broader LGBTQ
- Services and conditions that are not directly related to gender, gender identity and gender presentation healthcare. (i.e. higher smoking rates)

6.0 COMMITTEE PROCESS

The team will:

- Liaise with other providers/agencies/transgender/trans* community members in the system across the continuum of care in this process
- Inform the public and service providers/agencies/transgender/trans* community members about this work

7.0 ASSUMPTIONS

- Clinical and community experts will have the time to complete this work.
- Implementation of service delivery changes will not occur until resources are approved by MoH, after April 2015.
- Adequate fiscal and human resources will be allocated to establish a province wide program and measure its effectiveness

[5] Description of a provincial network of health care services at regional, community, individual levels
[6] Specialized services will remain centralized as per other populations. Telehealth opportunities to be considered.
[7] Could include more detailed planning phase

8.0 MEMBERSHIP

Chairperson: Arden Krystal, Executive VP and COO, PHSA

Members:

- Vanessa Barron, Consultant, Clinical Transformation, PHSA
- Laura Case, COO, Vancouver Community, VCH
- Connie Coniglio, Provincial Executive Director
  Children and Women's Mental Health and Substance Use Program
  BC MHSU Services, PHSA
- Dr. Soma Ganesan, Head & Medical Director, Department of Psychiatry, VCH
- Fin Gareau, Community Representative
- Lorraine Grieves, Manager, Youth Addictions & Prevention Services, VCH
- Dr. David Hall, Medical Director, Primary Care, VCH
- Gwen Haworth, Community Representative & LGBTQ2S Educator, VCH
- Dr. Gail Knudson, Psychiatrist, Sexual Medicine, VCH
- Michele Lane, Executive Director, Acute & Provincial Services, MoH
- Anne McNabb, Director, Urban Mental Health & Addiction Services, VCH
- Dr. Daniel Metzger, Pediatric Endocrinologist, BCCH
- Julia O'Dwyer, Parent Community Representative
- Janice Penner, Senior Director BCCH & Sunnyhill, PHSA
- Raven Salander, Community Representative
- Evan Taylor, Community Representative
- ChrYs Tei, Community Representative, Outside Lower Mainland
- Dr. Marria Townsend, VCH Lead Physician, Transgender Care
- Theresa Kennedy, PHSA Interim Chief Communication Officer
- Natasha Wolfe, Community Representative & Community Health Liaison, THiP

9.0 STRUCTURE

- Meetings will be twice monthly or as defined by the Chair in collaboration with the committee (working groups may convene in addition to the Steering Committee meetings)
- Committee consensus is required for the proposal of future service recommendations
- Vanessa Barron will be responsible for arranging meetings and issuing the agendas

10.0 ACCOUNTABILITY

- To the Ministry of Health

11.0 GLOSSARY

- See Glossary of Terms document

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SUMMARY

Transgender/Trans* Health Steering Committee

Date/Time: Thursday January 21, 11:00am – 2:00pm

Location: PHSA Corporate – 700-1380 Burrard St. Room A

Participants: Vanessa Barron, Connie Coniglio, Fin Gareau, Lorraine Grieves, Gwen Haworth, Theresa Kennedy, Dr. Gail Knudson, Arden Krystal, s.22 , Raven Salander, Dr. Marria Townsend, Natasha Wolfe

Phone: Laura Case, Anne McNabb, Daniel Metzger, Janice Penner, ChrYs Tei

Regrets: Dr David Hall, Dr. Soma Ganesan, Michele Lane, Julia O'Dwyer, Kyle Shaughnessy, Evan Taylor

	ITEM	ACTIONS
1.0	**Welcome** - s.22 in attendance on behalf of s.22 Julia O'Dwyer. - Angela Mezzomo, Executive Assistant will be supporting Vanessa and the steering committee for the next few months	
2.0	**Action Log** - Reviewed and reference materials were circulated and can be used by the working groups as needed - The list of BC transgender/trans* resources shared from VCH was collected in 2014 and is up-to-date. A condensed list version was created and attached in the Agenda - *Transgender / Trans* Community Support Snapshot* - A PHSA website location will be created for this Steering Committee and meeting materials will be posted. - Arden noted that request for representation from other Health Authorities for the working groups has been made and responses pending. First Nations Health Authority gets inundated with requests to be on committees.	Vanessa to follow-up with Health Authorities and will also ask Northern and Interior Health if they could recommend a First Nations representative as well.
3.0	**Draft Terms of Reference and Draft Program Model Standards** – Terms of reference have been approved as circulated. – Program Model Standards have been approved as circulated. – Question was raised about the change in deadline to April 2015 and concern about budget cycles starting April 1. Arden had a meeting with the Deputy Minister who	

	ITEM	ACTIONS
	continues to be supportive of this work and some funding has been notionally reserved to implement recommendations in 2015/16.	
4.0	**Timeline** - Discussed. Working groups to do more specific and detailed work to pull together in March to connect and align - If it becomes evident that critical pieces of work can't be completed in the timeframe, will discuss at Steering Committee - Additional resources/support requirements, or challenges facing the working groups should be escalated to the Steering Committee - The April full day session will aim to accommodate 100-150 people. Dates to be considered at next Steering Committee	
5.0	**Current State Overview of Youth Services – Dr Gail. Knudson** – See *Youth Surgery Criteria 2015-01-21* presentation. – Note: In order to be eligible for any surgeries prior to age 19, applicants must have a good support system and a committed caregiver for the post-surgery period. Discussion/Service Gaps: - There are various entry points into care - <16 tend to go through BCCH where there is an assessment by a psychiatrist/psychologist prior to seeing the endocrinologist. - Assessor training is happening at BCCH - At VCH clinic youth are assessed by a physician for hormone therapy. When there are more complex social situations, refer to BCCH where there is psychiatry/psychology support - Additional challenges noted when youth do not have a supportive family. Marria emphasized that it is not a benign decision to *not* provide care/hormone therapy. - Ministry of Child and Family Development (MCFD) has been supportive of child/youth in their care about autonomous decision-making. Connie noted that there are transition protocols for youth between PHSA and MCFD - Another marginalized population identified – immigrants who are unable to change their names due to birth records in another country. As this is a federal issue it will be out of scope for this work.	Need to clarify pathways for users and identify necessary/unnecessary variability – add to Primary Care Access/Consultation group Lorraine to send Vanessa Northern Health contacts as potential working group members. Vanessa/Arden to follow-up with PHSA legal about cases where the family won't consent. Primary Care Access/Consultation group to consider what policies/protocols are required for care providers in providing hormone therapy to youth. Consider recommendation related to MCFD – how kids are identified in the system and whether a case worker can remain as support across transition ages (youth-adult). Add size and scope of clinics and increasing capacity for MH services to Primary Care Access/Consultation

	ITEM	ACTIONS
	- Infant Act – children can give consent if they demonstrate an understanding of the decision - Access to mental health support is critical for youth, particularly for a child who may be in a foster home or is homeless.	working group
6.0	**Working Groups** See attached *DRAFT Working Groups Summary 2015-01-21.*	Inclusion of GPSC member to Primary Care Access/Consultation group to be considered – Arden will contact them.
7.0	**Working Group Membership** - Members were asked to volunteer to be part of the working group that best suited their interests and experience. Each group should have Trans* identified community representatives.	Members to email their preferred working group to Vanessa by Jan 28.

Next Meetings:

Thursday February 5, 1:00-4:00pm
Tuesday February 17, 1:00-4:00pm
Thursday March 5, 1:00-4:00pm
Tuesday March 17, 8:30-4:00pm
Thursday April 2, 1:00-4:00pm
Tuesday April 21, 1:00-4:00pm

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LEGISLATIVE ASSEMBLY
PROVINCE OF BRITISH COLUMBIA

Judy Darcy, MLA
(New Westminster)
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Phone (250) 953-4711
Fax (250) 387-4680

November 12, 2014

Hon. Terry Lake
Minister of Health
Room 337
Parliament Buildings
Victoria, BC V8V 1X4

Re: Programs and services for transgender community to be strengthened

Dear Minister Lake,

On October 30, 2014 the Ministry of Health announced a "new provincial program that will offer expanded and sustainable services" for transgender British Columbians to be delivered beginning in April 2015. We are pleased to hear the Ministry and PHSA has committed to delivering better services for transgender people in the province and applaud you for this anticipated step forward.

As you are aware, there are failures in the current health care system for transgender people, most notably barriers to accessing gender-reassignment-surgery (GRS). Our hope is that the implementation process for the new program will provide the correct forum in order to remedy these failures and ensure accessible, timely and patient-centered GRS.

On Sunday November 2nd in Vancouver, 130 health care providers, transgender people and their allies attended the Trans Day of Advocacy in Vancouver. The outcome of the day was identification of the main problems in the system for transgender health care services, and how the new provincial program can be implemented in such a way that ensures current failures are addressed. In order to assist with the proper implementation and operation of the new provincial program, we have outlined below the concerns and remedies determined by the 130 people in attendance.

Firstly, the Ministry and PHSA committed in the news release on October 30 to convening an "expert advisory committee to review current services and supports, and provide short- and long-term strategies to meet the needs of this population". It is essential that this expert advisory committee comprises transgender people and health care providers who serve this population - not just asked to "participate in" or be "involved" with the committee. The 130 people in attendance on November 2nd, unanimously voted that the committee be renamed to "partnership advisory committee" and comprise 50% transgender/transsexual/gender non-conforming people (which many of whom are also care providers) and includes representative from primary care. The Ministry and PHSA should take into account the experiences and expertise of transgender people and their health care providers and the importance of primary care in determining

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how the new provincial program can be implemented and delivered. We strongly suggest the Ministry and PHSA formulate a process implementation plan that is made available to the public, which outlines the nomination process to take place to form the committee and the committee's first steps.

Further, there are four main barriers to accessing GRS for transgender people that must be remedied. The Ministry has made some important steps to improving access to GRS, including adopting the most recent version of the World Professional Association for Transgender Health in 2012, exploring funding options for masculinizing bottom (genital) surgery (phalloplasty/metoidioplasty) for transgender men and decommissioning the Gender Reassignment Surgical Review Committee in 2012. Nonetheless, there are four more important steps to ensuring dignified access to GRS for transgender British Columbians:

1. Eliminate the MSP funding approval process (including the funding time limit of 24 months) and simply allow health care providers to directly refer their transgender patients to the appropriate specialist. That is, allow general practitioners to directly refer a patient to a surgical-readiness designated assessor and allow that assessor to refer directly to the surgeon. By doing this, the Ministry brings surgical policies on par with non-transgender British Columbians.
2. Create a MSP billing code for surgical-readiness-assessments. Currently, there is a two-tiered system of obtaining surgical-readiness-assessments because assessors must charge patients for assessments unless they have access to the Catherine White Holman Wellness Centre in Vancouver (a volunteer-run non-profit society) or an assessor funded through an alternative payment model such as those working for Vancouver Coastal Health. Completion of surgical-readiness assessments and the necessary documentation is very time-consuming and the 'general patient visit' fee is insufficient to compensate assessors for their time.
3. Move forward with Ministry plans to provide masculinizing bottom surgery with no yearly cap on the number of surgeries performed. According to a Ministry briefing note dated August 7th, 2012, then deputy minister Graham Whitmarsh approved the funding of five masculinizing bottom surgeries (phalloplasty/metoidioplasty) per year to be performed by Dr. Brassard in Montreal. We understand that this cap has allegedly been lifted; however, according to Dr. Brassard's office, no British Columbian transgender men have received this surgery through the public system. Clearly, the Ministry has not delivered on its intention to fund masculinizing bottom surgeries.
4. Enhance timely and safe access to GRS by training and/or recruiting more surgeons to perform these surgeries. To our knowledge, only one surgeon, Dr. Bowman, is allowed to perform transgender top surgery (bilateral mastectomy with chest contouring and breast augmentation) and there are no BC surgeons performing bottom surgery (phalloplasty, metoidioplasty and vaginoplasty). Sending transgender people to Dr. Brasard in Montreal for bottom surgery increases the risk of surgical complications and is too expensive for most patients because they must pay for travel, meals and stays in the after care clinic.

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Other issues for transgender health the committee must focus on are: providing MSP funding for transwomen to access tracheal shaving, electrolysis and facial feminizing surgery; enhancing medical training for physicians and all health science related programs in providing competent care; providing GRS-specific and primary care to transgender people outside of the lower mainland through tele-health; and updating the delivery of care based on future versions of the World Professional Association for Transgender Health or the Canadian Association for Transgender Health standards-of-care.

The province has a unique opportunity to learn from the expertise of the 130 people gathered at Trans Day of Advocacy and implement the recommendations above. We hope that the new provincial program will abandon the archaic pathologizing model of care for transgender people and provide patient-centred, dignified and primary care-focused transgender health services.

We look forward to a detailed response from the Ministry regarding our recommendations. In addition, in order to facilitate an informed and productive discussion for our meeting on November 25th, we would greatly appreciate and interim response by Friday, November 21st.

We look forward to working with you to ensure all British Columbians have access to quality, timely and equitable health services.

Sincerely,

Judy Darcy, MLA
Official Opposition Health Spokesperson

Spencer Chandra-Herbert, MLA
Vancouver West-End/Coal Harbour

CC: Arden Krystal, CEO, Provincial Health Services Authority

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Ms. Judy Darcy
MLA, New Westminster, and
Mr. Spencer Chandra-Herbert
MLA, Vancouver-West End/Coal Harbour
Room 201, Parliament Buildings
Victoria BC V8V 1X4

Dear Ms. Darcy and Mr. Chandra-Herbert:

Thank you for your letter of November 12, 2014, regarding the October 30, 2014 announcement of a new provincial program that will offer expanded and sustainable services for transgender British Columbians.

Please be advised that your letter is being reviewed and you will receive a detailed response regarding your comments and recommendations in the coming weeks.

I appreciate your interest in this important initiative.

Sincerely,

Terry Lake
Minister

Ministry of Health
Office of the Minister
Mailing Address:
PO Box 9050 Stn Prov Govt
Victoria BC V8W 9E2
Location:
Parliament Buildings
Victoria

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BRITISH
COLUMBIA

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MLA, New Westminster, and
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MLA, Vancouver-West End/Coal Harbour
Room 201, Parliament Buildings
Victoria BC V8V 1X4

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I appreciate the time you have taken to share the outcomes of the November 2, 2014, Trans Day of Advocacy event in Vancouver. I am pleased to know that the community is interested in seeking changes and improvements to services and I look forward to their input as we move forward.

The Provincial Health Services Authority (PHSA) is actively working to develop a steering committee comprising clinical experts, members of the transgender community, and administrators. PHSA understands the importance of partnering with those impacted by the service in developing a model for care delivery and support, and I understand a number of transgender-identified individuals have been invited to participate in the committee.

With regard to your interest in the naming of this committee, it is my understanding that the committee name and terms of reference will be discussed at the first meeting, which will be scheduled as soon as the membership is confirmed.

In order to establish an appropriate framework for service delivery, a review of best practices, current state and gap analysis will be conducted over the next several months. Many of your specific questions will be dealt with during the review process which will be led by PHSA.

Again, thank you again for writing and for your interest in this important initiative. I appreciate the opportunity to respond.

Sincerely,

Terry Lake
Minister

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Mailing Address:
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Victoria

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December 8, 2014 1024196

Ms. Judy Darcy
MLA, New Westminster, and
Mr. Spencer Chandra-Herbert
MLA, Vancouver-West End/Coal Harbour
Room 201, Parliament Buildings
Victoria BC V8V 1X4

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Terry Lake
Minister

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FEB 13 2015

Ms. Judy Darcy
MLA, New Westminster, and
Mr. Spencer Chandra-Herbert
MLA, Vancouver-West End/Coal Harbour
Room 201, Parliament Buildings
Victoria BC V8V 1X4

Dear Ms. Darcy and Mr. Chandra-Herbert:

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I appreciate your interest and ideas on how to improve transgender services. I want to assure you that staff are excited to launch this work in partnership with health authorities and community representatives to develop a provincial network of services.

As you know, the Provincial Health Services Authority (PHSA) has worked hard to develop a steering committee comprising clinical experts, members of the transgender community, and administrators (list of members attached). The Transgender/Trans* Health Steering Committee met for the first time on January 21, 2015, and looked to finalize the terms of reference for the committee; prioritize the areas of focus for working groups (primary care access/consultation; social support; models of care for gender-affirming surgery; and health care provider education) and determine working group membership. The diverse experience, knowledge, and contributions of the transgender/trans* community and their networks of support are critical to this process, and we continue to look for ways to ensure these voices are represented.

In your letter, you have identified a number of barriers to accessing Gender Affirmation Surgery for transgender people that you would like to see addressed. I have taken the liberty of forwarding these notations to the Transgender/Trans* Health Steering Committee for their review and consideration as they move through the process of looking at long-term system improvement for transgender services.

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Ministry of Health
Office of the Minister
Mailing Address:
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Victoria

The Transgender/Trans* Health Steering Committee's goal is to make initial recommendations on a provincial transgender/trans* health care model by April 2015. These recommendations will address the most urgent concerns, identify the resources required for a provincial program, and establish an ongoing process to further develop medium and longer-term system improvements. Community engagement has been identified as key part of this work. Program model recommendations will be based upon the following principles:

- Community-based, person/family-centered
- Accessibility – service close to home in health regions as appropriate.
- Focus on gender health and wellness from gender-exploration throughout life
- Considers all aspects of gender variance
- Employs standards similar to services for other populations
- Is based on sustainable services and funding

Again, thank you for your interest in this important initiative.

Sincerely,

Terry Lake
Minister

Attachment

TRANSGENDER/TRANS* HEALTH STEERING COMMITTEE MEMBERSHIP

Chairperson: Arden Krystal, Executive VP and COO, PHSA

Members:

- Vanessa Barron, Consultant, Clinical Transformation, PHSA
- Laura Case, COO, Vancouver Community, VCH
- Connie Coniglio, Provincial Executive Director
  Children and Women's Mental Health and Substance Use Program
  BC MHSU Services, PHSA
- Dr. Soma Ganesan, Head & Medical Director, Department of Psychiatry, VCH
- Fin Gareau, Community Representative
- Lorraine Grieves, Manager, Youth Addictions & Prevention Services, VCH
- Dr. David Hall, Medical Director, Primary Care, VCH
- Gwen Haworth, Community Representative & LGBTQ2S Educator, VCH
- Dr. Gail Knudson, Psychiatrist, Sexual Medicine, VCH
- Michele Lane, Executive Director, Acute & Provincial Services, MoH
- Anne McNabb, Director, Urban Mental Health & Addiction Services, VCH
- Dr. Daniel Metzger, Pediatric Endocrinologist, BCCH
- Julia O'Dwyer, Parent Community Representative
- Janice Penner, Senior Director BCCH & Sunnyhill, PHSA
- Raven Salander, Community Representative
- Evan Taylor, Community Representative
- ChrYs Tei, Community Representative, Outside Lower Mainland
- Dr. Marria Townsend, VCH Lead Physician, Transgender Care
- Theresa Kennedy, PHSA Interim Chief Communication Officer
- Natasha Wolfe, Community Representative & Community Health Liaison, THiP

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February 13, 2015 1026901

Ms. Judy Darcy
MLA, New Westminster, and
Mr. Spencer Chandra-Herbert
MLA, Vancouver-West End/Coal Harbour
Room 201, Parliament Buildings
Victoria BC V8V 1X4

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- Dr. Marria Townsend, VCH Lead Physician, Transgender Care
- Theresa Kennedy, PHSA Interim Chief Communication Officer
- Natasha Wolfe, Community Representative & Community Health Liaison, THiP

Brief history of the Gender Reassignment Surgery (GRS) file in BC
December 2014

SERVICE MODEL

- There is no formal service model for the gender reassignment services. However, a range of services are available which are consistent with the World Professional Association for Transgender Health (WPATH) standards.
- VCHA funds the Transgender Health Information Program to provide counselling, support, and advocacy services for the transgender community; however, this program does not provide clinical services.
- The surgical services that are provided in BC are mostly provided through VCHA and fee-for-service funding. In addition VCHA funds through APP, the majority of clinical assessments.
- Other services for transgendered individuals are funded through universal programs (i.e., Primary Care, specialist services, Mental Health, substance use services, etc.)
- The Deputy Minister of Health has instructed Ministry staff to work with PHSA to create a formal provincial program for patients with gender dysphoria. This will include development of a patient pathway based on best practices, as well as funding and oversight for specialized services delivered in BC (primarily through Vancouver Coastal HA).

What services are publicly funded?

- MSP funded procedures
- Services covered by VCHA: most assessments are provided by physicians paid by sessions through VCHA. VCHA also provides funding to Dr. Knudson for the roll she does with the Trans Advisory Group and Transgender Health Information Program.

MSP?	Surgery	Available in BC?	If not BC, where provided?
Male to Female (MtF) Surgeries insured by MSP	Penectomy (removal of the penis)	No	Vaginoplasties (which includes penectomy and orchidectomy as a package) are referred out of the province (OOP) to a contracted facility in Montreal. These surgeries are paid from two budgets: (1) the reciprocal OOP physician budget; and,
	Orchidectomy (surgical method of castration in which one or both testicles are removed)	This is available in BC listed in the payment schedule under FI S068329. Some GRS patients opt only for this bottom procedure or as a starting point in their transition. Currently once assessed by a qualified assessor with a medical	

		recommendation for surgery MSP provides funding and advises that their GP could refer them to a urologist for this to be completed.	(2) the reciprocal OOP hospital budget. There are also additional costs to the patient which they are informed about prior to surgery (i.e., benefits not covered under MSP such as: travel, accommodation and step down facility costs) *MoH does not reimburse the patients, the insured portion of the surgery gets paid via invoice sent from Montréal to the Ministry and paid by HIBC directly.
	Vaginoplasty (reconstructive plastic surgery and cosmetic procedure for the vaginal canal and its mucous membrane)	No	
	Breast Augmentation (under specific criteria are reviewed on a case-by-case bases)	Breast augmentation can be done in BC (all HAs?) through fee for service. The plastic surgeon who performs the surgery can apply to MSP via the allocation for surgery of alteration of appearance, just like any other plastic surgery request.	
Female to Male (FtM) Surgeries insured by MSP	Bilateral subcutaneous mastectomy with chest contouring	Available through VCHA under Dr. Bowman. Dr. Bowman provides this service through a contract with VCHA. There is currently a long wait list (≈200 patients) and Dr. Bowman is currently obtaining authority to train three more surgeons to perform this surgery, (target start date December 2014).	

		Surgeons bill the MSC listed FI P61054.	
	Hysterectomy (surgical removal of the uterus) / Oophorectomy (surgical removal of the ovaries)	Both procedures are done in BC without access issues. Both are often medically required for reasons other than gender dysphoria.	
	Phalloplasty (construction or reconstruction of a penis) / Metoidioplasty (less complicated than phalloplasty)	Both are MSP funded since August 7, 2012	These services are not available in BC, and are handled like other OOP requests (patients are sent to the same Montreal clinic noted above). The patient is responsible for costs associated with travel, accommodations and step down facility costs. The Ministry is currently contacting patients who have expressed interested in this surgery before it became available for MSP funding. Once this list has been cleared, it will be business as usual just like the vaginoplasty OOP requests.)
At this time MSP does not insure the following	(MtF) Tracheal Shaving (voice modification) (MtF) Hair removal (epilation) (MtF) Facial feminizing surgery (plastic surgery)		

associated surgeries:	

Pharmacare Coverage: Hormone Therapy Funding

- A patient might have a benefit plan that covers the cost of hormone therapy medications (i.e. through an employer, income assistance, or disability assistance).
- If a patient is enrolled in the Fair PharmaCare program, depending on their income, many hormone therapies will be covered.
- If the medication prescribed is not covered by the patient's plan or program they are enrolled in, they can apply for Special Authority to request to have it covered.
- If a patient is not covered by a benefit plan or social program, they will be required to pay for their hormone therapy.

Approval Process for GRS candidates

- Candidates must undergo several assessments with assessors – psychological and clinical – before the surgery.
- These assessments are funded through sessional payment, fee for services or private pay.
- *Currently* these assessments, along with the recommendation for the surgery and a request for MSP funding, are sent to the GRS program coordinator at MoH. The coordinator reviews the information to ensure that the patient meets the WPATH standards of care criteria for surgery, has a recommendation from a qualified assessor and then does up a MSP funding authorization letter outlining the funding and advising where these services that have been requested can be accessed.
- MoH's Medical Beneficiary Branch (MBB) is in the process of streamlining this approval process:
    - The Gender Reassignment Surgical Review Committee has recently been decommissioned and a standard request form is being developed. This request form covers: the WPATH criteria, the patient's information and assessor's recommendation for surgery (similar to what is submitted for plastic surgery requests).
    - MoH requests that this coordination role be transferred to the health authority and MBB no longer have any involvement in this program. Into the future, HAs will send this request form directly to HIBC for payment.
- This new approval process would mean each HA would develop a regional patient pathway for individuals to access GRS information. Each HA's qualified assessors would complete the new request form and send it directly to HIBC to ensure billing for all in province claims.

- Any OOP requests will follow the OOP/OOC medical care guidelines (similar to the requests for cosmetic surgery). HIBC would provide authorization of funding to the requesting assessor to proceed with sending their patients OOP. Any request that is asking for their patient to go OOC would be reviewed on a case by case bases as per the OOP/OOC medical care guidelines and funding application: https://www.health.gov.bc.ca/exforms/mspprac/2810fil.pdf.

Current issues

- There have been a number of complaints to the BC Human Rights Tribunal by patients seeking improved access to services, or reimbursement for out-of-pocket costs associated with GRS services.s.22
- In addition, common complaints are lack of timely access and a desire for a broader range of publicly funded services targeted at this population.

Formative Documents

1. "*A Review of the Current State of Gender Reassignment in BC: Sex Reassignment Surgery*" August 20, 2013 by Wendy Hill (contractor) ---- provides recent overview of:
    - best practice understanding of living with gender dysphoria (following WPATH)
    - gaps in care this population
    - agencies currently involved and their mandate (Transgender Health Program; Primary Care Consultation Clinic)
    - A list of options (administrative, clinical and financial) to better provide this surgery in a patient-centered and sustainable way

SRSreport4.pdf

2. Most recent briefing note outlining the Ministry's history with the GRS file and proposed change to service model:

991933 --approved BN --...

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff #991933

PREPARED FOR: Doug Hughes and Barbara Walman, ADMs- **FOR DECISION**

TITLE: Program Model for Gender Reassignment Surgery

PURPOSE: To seek a decision on future scope of the Gender Reassignment program and approval process for gender reassignment surgery

BACKGROUND:
Gender Reassignment Services (GRS) are publically funded in British Columbia for patients with gender dysphoria, funded through the Medical Services Plan (MSP) and Vancouver Coastal Health Authority (VCHA). The patient journey follows the World Professional Association for Transgender Health (WPATH) standards and begins with an initial consultation with a medical practitioner, moves through hormone therapy and living as the other gender, and may progress to surgery and post-operative care. While program standards exist, there is currently no formal program service model as there are for other specific patient groups.

VCHA provides funding for a number of services for the transgender population (see Appendix A). This includes operating room time and sessional funding for a surgeon who performs chest surgeries. VCHA also provides sessional funding and administrative support for Dr. Gail Knudson, the psychiatrist who performs the majority of assessments (a necessary precursor to surgery). VCHA reports spending roughly s.17 annually on non-surgical components of this program.

Wait times and access are a significant concern for the transgender community, resulting in a number of Human Rights complaints s.22 Dr. Knudson has raised concerns that the funding for assessments is inadequate, and is leading to increased wait times for completion of assessments. There are currently at least ninety individuals waiting for assessment. Wait times appear to range to more than one year with an average possibly being closer to twenty six weeks.[1] While currently services are concentrated in Vancouver, there are assessors elsewhere in the province.

There are also wait times for surgical services provided in BC. While the bench mark wait time for GRS surgery is 26 weeks, current wait times are considerably longer (and will increase due to the absence of the surgeon in spring 2014). Post-surgical care is also an issue, specifically for those patients who obtain GRS surgery outside BC. Current practice is for patients to be assessed locally, and then sent to the site which performed the original surgery for further treatment.

Currently, while VCHA provides a number of services for transgender individuals, VCHA does not provide formal program administration for the GRS surgical program, or see itself as being responsible for providing or coordinating a full continuum of care. The Ministry of Health's (the Ministry) Medical Beneficiary Branch (MBB) is responsible for ensuring that the appropriate assessments are complete and approving GRS surgery cases. The Ministry would like to transfer this responsibility to VCHA, as the Ministry's role in this process is a hold-over from a time when gender reassignment surgery was very unusual and tightly controlled. While the Ministry is responsible for approving surgeries, it does not monitor or manage waitlists for assessments or chest surgery (these are managed by Dr. Knudson and the surgeon respectively).

Reviews of GRS were performed in 2013 by a contractor and in 2014 by the Provincial Health Services Authority (PHSA). The latter consisted of a series of stakeholder interviews. These reviews identified issues with current services, and made recommendations including:

[1] The lack of accurate and complete records impedes an accurate assessment of the waitlist.

- Discontinuation of Ministry involvement in approving GRS surgical services;
- Provision of a wider range of services, coordination of services using a comprehensive program model, and improved access to primary care in all regions;
- Improved timeliness of assessments, and regional access in all health authorities;
- Reduced wait time for surgical services; and
- Repatriation of genital surgeries and post-operative care currently performed in Montreal.

DISCUSSION:
s.13,s.17

OPTIONS:
s.13

FINANCIAL IMPLICATIONS:
s.17

RECOMMENDATION:
Option 1 is recommended- ask PHSA to develop and submit an options paper, and transfer responsibility for surgical approval to VCHA.

Approved/Not Approved
Doug Hughes, ADM

May 20, 2014
Date Signed

Approved/Not Approved
Barbara Walman, ADM

June 11, 2014
Date Signed

Program ADM/Division: Doug Hughes/HSPQAD; Barbara Walman/MBPSD
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Date: May 16,2014

Appendix A: Formal Services for Transgender Population in British Columbia

Services specifically targeted at the transgendered population are concentrated in Vancouver Coastal Health Authority (VCHA) where the majority of the population appear to live.

A) Assessments

In BC, consistent with the World Professional Association for Transgender Health (WPATH) guidelines, patients must obtain a psychosocial assessment before proceeding with gender reassignment surgery. One assessor is required for chest surgery, and two assessors must give a recommendation for genital surgery. Currently, approval by the Medical Beneficiary Branch of the Ministry of Health (the Ministry) is also required, but the Ministry is working to phase this out.

VCHA provides some supports to Dr. Gail Knudson, the (self-titled) Chief Assessor for Gender Reassignment Surgery patients.

B) Services

The following are currently offered by VCHA:

- the Transgender Health program which offers navigational and community support services;
- a primary care clinic (both located at Three Bridges Health Centre);
- chest surgery for both male to female and female to male patients; and
- post-operative care for patients after chest surgeries.

The more complex, lower volume surgeries, phalloplasties (addition of male genitalia) and vaginoplasties (transformation to female genitalia), are sent out of province to a clinic in Montreal. [1]

It is difficult to determine the number of patients waiting for, or provided with, transgender services, due to the fact that waitlists are maintained elsewhere. There is also the difficulty in identifying gender reassignment surgeries from the Medical Services Plan data set, as some services (e.g. hysterectomy) can be performed to treat a number of conditions, including gender dysphoria.

[1] This is typical practice for complex, low volume surgeries as it ensures higher quality outcomes.

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A Review of the Current State of Gender Reassignment in British Columbia: Sex Reassignment Surgery

August 30, 2013

Prepared for: Effie Henry
Executive Director, Hospital and Provincial Services Branch,
Ministry of Health

Prepared by: Wendy Hill, RN, MN

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Executive Summary

The Ministry of Health Hospital and Provincial Services Branch engaged Wendy Hill to conduct a review of the current state of Sex Reassignment Surgery (SRS) with a focus on the roles and responsibilities of the Ministry in responding to requests for GRS services from members of the public and to stakeholders within the health authorities, particularly VCH.

The gathering of information included a detailed review and synthesis of materials provided by the Ministry on current processes, roles and issues in gender reassignment processes and referrals. It also included a face to face meeting with staff from the Medical Services Division and a subsequent face to face meeting with VCH front line managers directly engaged in providing services to transgender individuals through the Transgender Health Program and the Transgender Primary Care Consultation Service. From these meetings it soon became clear what some of the fundamental issues are in the management of health services for this unique population.

The continuing role of the Ministry in vetting and approving requests for transgender surgical interventions is no longer required nor is it contemporary with the way other approved surgical interventions are approved. Gender dysphoria is a well documented psychological phenomena with a physical manifestation requirement which SRS helps the transgender individual address and is considered an elective, not emergency or urgent surgical procedure. This dichotomy makes it difficult for staff to make a judgment call on either urgency or appropriateness of a situation when transgender people contact them as they so frequently do.

The gap analysis shows that there is a significant issue with the readiness for surgery pre-operative assessment process. This contributes in turn to a significant surgical wait and is what is causing the current level of discontent amongst the transgender community in Vancouver, the lower mainland and Vancouver Island.

The key recommendations are targeted at the absence of an agreed upon best practice model of care for transgender individuals who are seeking to change their gender status. As well, the absence of a continuum of care for these individuals who require significant psycho-social supports both in the preoperative period and post operatively, and also have significant post operative medical-physical needs to successfully recover from their surgery is addressed. There are also issues in determining what the wait lists really are for both the pre-operative readiness assessments and the SRS surgery itself. It is recommended that the role of MSD in GRS be re-examined, and that they cease to have a role in the decision making process regarding GRS requests. The goal would be to get GRS regularized as part of the BC medically required insured services program.

Detailed findings and recommendations are provided in the main report.

Background

The demand for SRS is increasing, in part due to this option becoming a more accessible and accepted avenue for people experiencing gender dysphoria as well as changes in international best practice standards created by the World Professional Association for Transgender Health (WPATH).

The path to SRS for individuals requires a course of living in the gender that is congruent with their gender identity for a period of time (one year) and undergoing hormone therapy. Once an individual has done so they undergo a pre-operative readiness assessment. These assessments are currently managed and coordinated through one individual psychiatrist, who functions as the Chief Assessor for SRS pre-surgical readiness in the province. Once the pre-surgical readiness assessment is completed, the transgender individual is referred to the appropriate surgeon who puts them on their surgical waitlist.

The management of SRS has been part of the work of the MSD for a number of years. This is due to the previous requirements for funding request approval of SRS and the need for two qualified assessors to complete a pre-operative readiness assessment that must be vetted through MSD. These requirements have recently changed for upper body surgery, with only one qualified assessor now being required before approval is granted. Lower body surgery still requires two qualified assessors to agree on the appropriateness of the request. The impact of this change on the length of time required for pre-operative readiness assessments is not yet known.The Medical Services Commission has recently removed the requirement for committee review prior to approval being granted. These moves in effect remove the requirement of a continuing role for MSD in the approval process for SRS, and the funding process now becomes no different from that required for other surgical interventions.

It must be understood though that SRS is different from other surgical consultations in that it requires a two step process. There is an initial pre-operative surgical readiness assessment done by qualified assessors who determine whether or not the applicant is a candidate for SRS which is then followed by the surgical consult with the surgeon. Both the pre-surgical readiness assessment and the surgical waitlists can be affected by the availability of resources, which means that the length of time for a transgender individual to be on either of the waitlists can be prolonged. To illustrate this issue, of the approximately 100 people on the current waitlist to the end of July 2013, 21 have been waiting for their pre-operative readiness assessment for over one year, while 57 people have been waiting for over six months. I

A human rights tribunal has confirmed that if the province is funding SRS through the public system, people seeking SRS should not be required to seek it or pay for it through the private system (Taylor decision) creating a continuing organizational risk if the current challenges in accessing SRS are not clarified and resolved. as it is reported that some transgender people are currently considering following the private stream to get their SRS.

Purpose

The purpose of the review was to gain an understanding of the current transgender service challenges faced by Ministry staff in MSD and HAD, to conduct a gap analysis on gender reassignment services in the province and to make recommendations on potential next steps.

Scope, Time Period and Limitations

The scope of the review was limited to a review of current issues and challenges being faced by the Ministry and VCH in the provision of transgender services, particularly the issue of the backlog of pre-operative surgical readiness assessments provided through a tripartite agreement between one individual physician, VCH and MSD.
The review was conducted over a two week period commencing July 31, 2013.

Review of the Literature

A review of the literature was undertaken. While there is substantive literature available on the clinical side of gender transition such as hormone therapy, risks and benefits as an example, this literature was not germane to the purposes of this report.
There was some qualitative literature on the subject of preparation for gender transition and reintegration post operatively as the new gender. There was also some literature on the need for continuity of care, both preoperatively and postoperatively.

In summary, the review of the literature clarified that the role of primary care in providing health services to transgender people is needed. A structured continuum of care is important due to the complexities involved in both the psychological support required preoperatively and postoperatively and the potential postoperative risks involved in the physical transformation to the opposite gender.

Relevant references are attached as Appendix A.

Approach to the Review

Following the review of extensive documentation provided by the Ministry, direct interaction occurred with the key stakeholders. This was done through the exploration of a set of pre circulated questions and the review of additionally provided documents outlining existing processes and practices in Transgender Health and GRS. There were two face to face meetings scheduled, the first one being with staff from MSD and second one being with staff engaged with overseeing transgender programming in VCH. The questions were discussed and additional data and documentation was requested as appropriate.

Gap Analysis

The VCH funds and operates the Transgender Health Program (THP) which provides community support and system navigation assistance primarily to people living in downtown Vancouver and the lower mainland. VCH also funds and operates the Transgender Primary Care Consultation Service at the same geographic site. These are the only formal transgender programs in BC.

One challenge identified by transgender individuals is finding physicians who are comfortable with caring for transgender people, are able to assist with the system navigation process to gender transition and who are experienced in the management of hormonal therapy. Even so, once transgender people do find a physician who will provide them primary care services on an ongoing basis there are issues with getting timely access to pre-operative readiness assessments in order to be placed onto a surgical waitlist.

Publicly funded surgery for bilateral mastectomy and chest contouring and nipple-areolar reconstruction or breast augmentation(under specific conditions) for gender transition are available and performed in BC. Up to 30 procedures per year are currently

scheduled and are performed through VCH surgical scheduling system. It appears that there are chest surgeries also being done for the purposes of SRS in some of the other HA's. This includes a substantive number being performed in FHA s.22 s.22 VIHA s.22 and IHA s.22

It is difficult to quantify what the actual wait times are for the pre-operative readiness assessments for transgender individuals seeking SRS. This is because there is no central registry or management system to track the waitlist for these consults. From information provided by the Ministry, it appears that there is additional work required to fully understand both the waitlist itself and to establish what a reasonable waitlist for these pre-operative readiness consults might be. Once the current waitlist backlog is better understood it will be seen whether or not there needs to be an increase or a decrease in the number of procedures per year currently being performed.

Vaginoplasty and phalloplasty surgeries are not currently performed in BC so people travel to Montreal for these surgeries. Phalloplasties are capped for funding at 5 procedures per year. To date no one has been sent or approved for phalloplasty. There is no cap on the number of vaginoplasties. There are some years when no patient follows through with having the SRS lower body surgery completed once funding approval has been granted. For example, though vaginoplasties and phalloplasties have been approved by MSD in the past, there have been few subsequent reports of the surgeries being performed. This may be due in large part to the financial obligations faced by the patient to pay for travel and accommodation costs, a standard accepted practice for people choosing to seek surgical services out of province.

Those who do have their surgery in Montreal may return to BC and find that some physicians are reluctant to take on their postoperative care. This is due in large part to a lack of familiarity with the postoperative complications related to SRS, and also due to the fact that very few medical records follow the patient home to BC. It is reported that requests for such records fall on deaf ears in Montreal.

Further to the completion of the SRS and postoperative recovery, there are currently no resources in place for assisting the person who has transitioned to a new gender to reintegrate into their social network.

Discussion

Requests for gender transition through SRS are becoming more common as the public awareness of SRS and the availability of skilled physicians in the performance of SRS procedures increases both in BC and across Canada . There may be an upward spike in the number of SRS requests in BC until the current backlog of requests is managed, and then will level off to represent the proportion of gender dysphoric individuals in the general population.

Though a small part of the general population, this is not just about a surgical procedure, but a complete change in persona, and requires extensive pre-operative mental and physical health support, the surgical intervention, and extensive post operative surgical support and reintegration in the new persona.

There appears to be a substantive history on the overall subject of gender transition and surgical support for it that goes back several years. It appears that there is no formal documentation of discussions that occurred at the time that the Gender Clinic at VCH was closed in 2003. The resulting programming for transgender people and SRS is not well coordinated nor is it comprehensive in nature, as it is for some other combined medical conditions such as reconstructive surgeries for congenital malformations, facial reconstructions or trauma and solid organ transplants. These issues also affect small numbers of people, are generally performed in selected clinical settings in large urban areas and operate under standards of care that address both psychosocial and physical elements of care. As a result, for SRS there have been many different streams used to achieve what funding is available either through the operating budget of VCH, the other HA's currently performing SRS surgeries and the MSD. Both VCH and MSD have been

putting dollars into primary transgender health services for a number of years and serving a broader population base.

As a result, there seems to be a number of players in the provision of services to individuals seeking SRS, no apparent coordination between them, and some obvious gaps in service to these individuals. For example, in BC the expert health care resources for transgender individuals are centred in Vancouver while transgender people live throughout the province, though it is suspected that most live in the lower mainland. One source suggests that over half the pre-surgical assessment waitlist reside in the lower mainland, with about 25% living on Vancouver Island and the remainder in the interior. Right now there is only one centre that specializes in the provision of transgender primary care services and that too is located in downtown Vancouver. There are standards of care for transgender care, but no model of care nor a continuum of care for transgender people seeking SRS. The surgical component currently performed in BC (upper body surgeries) is being offered in at least four of the health authorities. In VCH the surgeries are often contracted out to surgical centres except for cases with a higher complexity and/or anaesthetic risk due to other medical conditions, while the vaginoplasties and phalloplasties (lower body surgeries) are performed out of province. This decentralized approach raises questions regarding the coordination of post surgical follow up especially for the identification and management of postoperative complications. There is no apparent programming for the psychological support of transgender individuals for the completion of the gender transition process, all is focussed on readiness for surgical intervention and the surgery itself.

Dr Gail Knudson is the Chief Assessor for pre-operative readiness for SRS, and has a number of physicians on a roster who also are trained to complete assessments. In addition, there are some other health professionals who are included on the roster such as clinical psychologists. Clinical psychologists are generally on either a salaried or sessional fee schedule paid for by VCH. The physicians are paid either through sessional contracts with VCH or in some cases on Fee for Service billed to MSP. This

makes it difficult to calculate the current or projected full costs of providing pre-operative readiness surgical assessments for transgender people.

There are outstanding issues of payment for sessions for this individual which remain to be clarified at the time this report was written. Dr. Knudson has also done a substantive piece of work on incorporating the WPATH Standards of Care into ones for BC at the request of the MSD although MSD has not received an account of her time and supporting receipts from Dr. Knudson for services rendered.

The key physician remuneration issue that drives the pre-operative readiness assessment backlog seems to be clinical sessions for which Dr. Knudson is funded for the provision of these assessments. The length of a session is dependent on the needs of the patient - there is no standard length for a session, though it would be unusual for it to require more than an hour on average. It is not clear where the accountability for the payment of these sessions lies - it seems to be based in part on a historical informal agreement between the Ministry MSD and VCH dating back to 2003. Both the Ministry (through FFS) and VCH provide remuneration to Dr. Knudson at this time, but it appears that since 2003 both demand has increased for these services and the VCH funding envelope has remained static.

The waitlist for pre-operative readiness assessments are believed to be managed by Dr. Knudson and her administrative staff. There is no apparent accountability relationship between Dr. Knudson and the Ministry or VCH for the timely management of this waitlist.

At this point in time there are about 100 transgender people awaiting appointments for pre-operative readiness assessments. One source document suggests that the range in people waiting may be between 83 and 104 people. Other data provided by the Ministry suggests that the wait times for transgender individuals for the pre-operative assessment to the end of April 2013 may be as long as 52 weeks, with a median of 26 weeks and an average of 27 weeks from time of referral to consult. It is not clear if any assessments have been done since April 2013. If this is accurate, then the wait times have increased to 72 weeks at the longest, with a median of 46 weeks and an average

of 47 weeks from time of referral to consult. If it is not accurate and assessments have continued; and assuming that since May 2013 an average of 7 - 8.6 consults are being performed per month, the wait times may range from 44-48 weeks for the longest waits, a median of 33-35 weeks, and an average of 31- 35 weeks from time of referral to consult. The data on which these estimates are based are not complete and hence any wait times should be treated as very preliminary.

It would seem that a target of a median of 26 weeks from referral to consult would be a reasonable benchmark to achieve from time of referral to pre-operative readiness assessment as it is congruent with the policy on surgical wait time targets set by the Ministry.

The Transgender Health Program at Three Bridges provides strictly navigational and community support services to transgender individuals (non-clinical).At the same time, there is a Primary Care Consultation Clinic at the same site as the THP that provides clinical services to transgender individuals as part of their target population, and these physicians can and do provide pre-surgical readiness assessments for chest surgery to their patients who reside in the VCH catchment area.

While chest surgery and hysterectomy services are provided in BC, transgender people who go to Montreal for their lower body surgery have a pre-surgical readiness assessment done in BC and must have MSP coverage at the time of the service. Transgender individuals may or may not have a physician to provide post op follow up once they return home to BC. In addition, it is rare that medical records from Montreal follow the patient back home to BC.

There is currently no formal postoperative program for follow up in BC for people who have had their SRS completed and may be experiencing post operative complications. These complications are often post operative infections that can impact their long term successful recovery and the functionality of the vaginoplasty or phalloplasty performed.

As this community communicates frequently and requires a lot of resource time to manage, the MSD is struggling with the expectations of the transgender community to

resolve their issues with both the pre-operative readiness assessment and the surgical waitlists, when the Ministry has no direct control over the management for either waitlist.

It is important to note that there should not be an expectation that the SRS surgical waitlist be looked at any differently than the surgical waitlist for any other elective procedure. Other than policy direction, the Ministry MSD believes that they should not have any other role in this program.

VCH advises that it is currently receiving funding from MSD for physician sessions at 90 per year through Alternate Payment Plans (APP).

Recommendations for Consideration

Administrative Recommendations

s.13

s.13

Clinical Recommendations

1. Using the existing network of clinical expertise in Transgender Health and SRS, task VCH with the development of a provincial Transgender Model of Care that reaches across the continuum from early identification of gender dysphoria, through preparation for gender transition, SRS and through the post operative period through to new gender integration into society. It is suggested that the work done through WPATH may be of assistance in this effort. s.13,s.17

s.13,s.17

2. Using the existing expert clinical resources in VCH, plan and implement a formal post operative clinic setting for the care of postoperative trans gender surgical procedures. As stated in the body of the report, there are often significant post operative complications for patients when postoperative instructions are either not understood or followed. s.13,s.17

s.13,s.17

3. Once the model of care and continuum work is completed, determine where the best fit is for the program on a long term basis.
4. Based on the in house expertise it is suggested that the Trans Gender Program be provincial in scope, housed within VCH and funded as a Provincial Program.
5. Consider whether or not the current lower body surgeries (vaginoplasty and phalloplasty) should be repatriated from out of province s.13 to VCH. This

would require confirming that the necessary health professional skill sets, OR and surgical bed capacity exists s.13,s.17

s.13,s.17

Financial Recommendations

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