

# Introduction to Transition-Related Surgery: Assessment and Referral in Primary Care

Laura Pripstein, MD CCFP; Rahim Thawer MSW, RSW; Laura Sparrow, RN



SHERBOURNE  
Health Centre

# Presenter Disclosure



## Presenters:

- Dr. Laura Pripstein
- Laura Sparrow, RN
- Rahim Thawer, MSW RSW

## Relationships with commercial interests:

- None

# Disclosure of Commercial Support



- Financial Support: N/A
- In Kind Support: N/A

Potential for conflicts of interest:

- None

# Objectives



1. Provide background on Sherbourne Health Centre (SHC) services and structure
2. Increase awareness about legislative changes allowing primary care providers to carry out assessments and referrals for Transition Related Surgeries (TRS)
3. Review the World Professional Association for Transgender Health (WPATH) standards of care related to TRS
4. Discuss SHC model of care and clinical activities to support TRS

# Objectives...continued



5. Explore assessment and readiness components of the surgical referral process from a primary care and mental health care perspective
6. Identify resources needed/available to support FHTs to begin or refine assessments and referrals for trans clients interested in TRS
7. Panel discussion and audience Q and A

# Objective 1



## Provide background on SHC services and structure

- Who we serve
- What we offer, organizational structure
- History and scope of practice
- Evidence to support TRS

# Populations We Serve



## LGBTQ People

- Lesbian, Gay, Bi, Trans, Queer+ communities

## Urban (inner city) Communities

- Homeless and Under-housed People
- *People living on the streets, in shelters or transitional housing, or at risk of eviction, couch-surfing or other tenuous situations.*

## Newcomers to Canada

- Immigrants, irrespective of status, typically in Canada for less than 10 years. *Mostly South Asian, Latin American; with 'waves': Hungarian Roma; Nepali; Syrian.*

# Programs We Offer:



## Newcomer Primary Care

Diabetes Education and Management

St. James Town Community Corner programs & clinic

Settlement services

**Acute Respite Care**  
**(ARC; formerly the Infirmary)**

## LGTBQ Primary Care

Supporting Our Youth (SOY)

LGBTQ Parenting Network

Rainbow Health Ontario

Mental Health Counselling

## Urban Primary Care

Rotary Club of Toronto Health Bus

WINK ('Women in Need Klinik')

Toronto Community Hepatitis C Program

Support groups and services for adults

# SHC History and Scope

- Interdisciplinary team providing comprehensive primary health care
- One area of focus = LGBT health issues
- 14+ years providing care for trans people
- Protocols surrounding the administration of hormones for trans people
- Client-centered, collaborative relationship between clients and providers

# What's the Evidence that TRS has Positive Outcomes?

- Prospective study in Netherlands: 325 seeking TRS
- Those who had hormone and surgical intervention showed improvements:
  - Gender dysphoria
  - Body satisfaction
  - Psychological functioning
- Less than 2% experienced some form of 'regret'

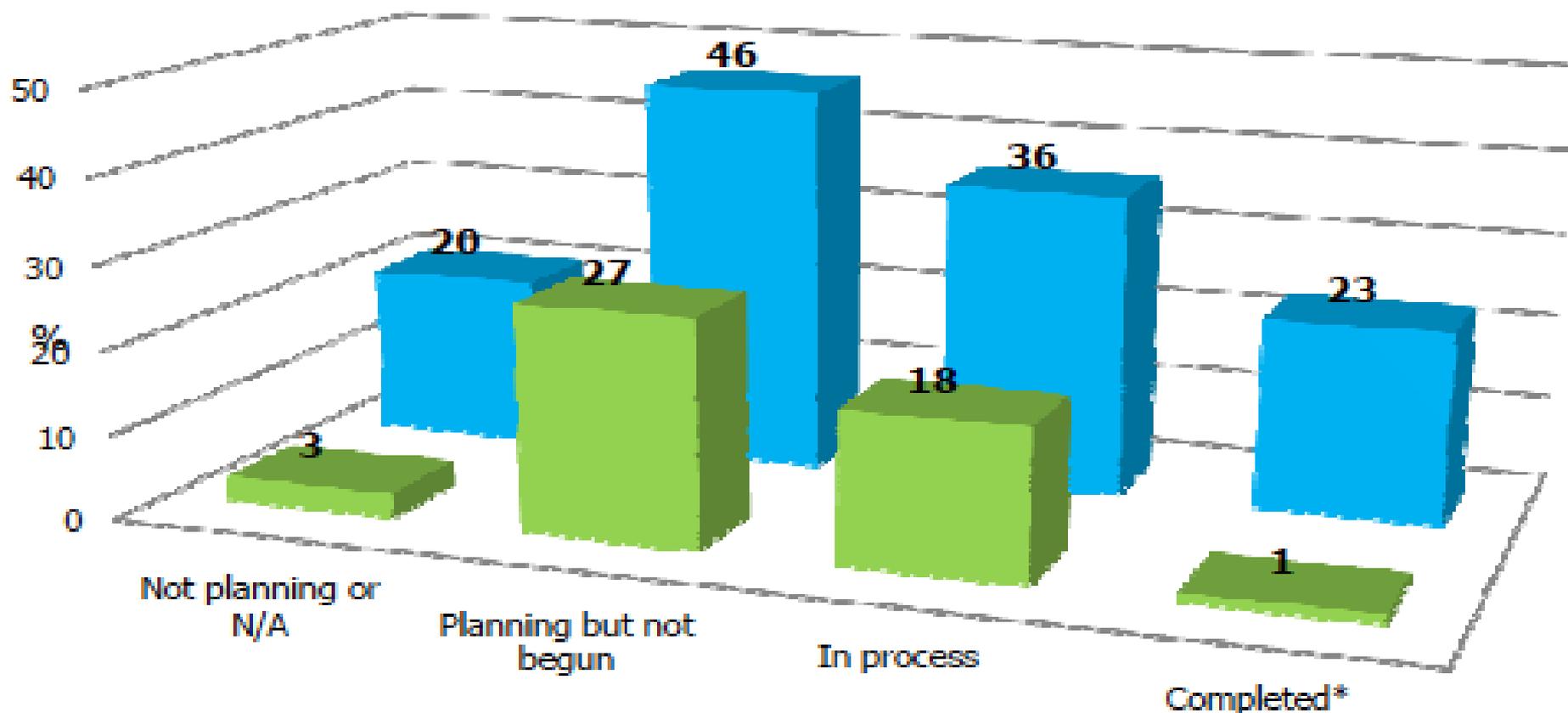
*(WPATH pg 109: Smith, Van Goozen, Kuiper, & Cohen-Kettenis, 2005)*

# Trans Pulse: Suicidality & Transitioning

## Medical Transition Status and Past-year Suicidality

■ Attempted Suicide

■ Seriously Considered Suicide



\*Completing a medical transition was self-defined, and involved different combinations of hormones and/or surgery for different people

## Objective 2

Increase awareness about legislative changes allowing primary care providers to carry out assessments and referrals for TRS

- Change in funding criteria, March 2016
- OHIP-funded procedures
- MOHLTC's definitions of qualified providers

# Legislative Change

- As of March 1, 2016
- OHIP has changed the funding criteria for sex reassignment surgery by allowing qualified providers throughout the province to assess and recommend patients for surgery



# Legislative Change



“The amended OHIP criteria for sex reassignment surgery align with the internationally-accepted Standards of Care for *gender dysphoria*, which are established by the World Professional Association for Transgender Health (WPATH).”

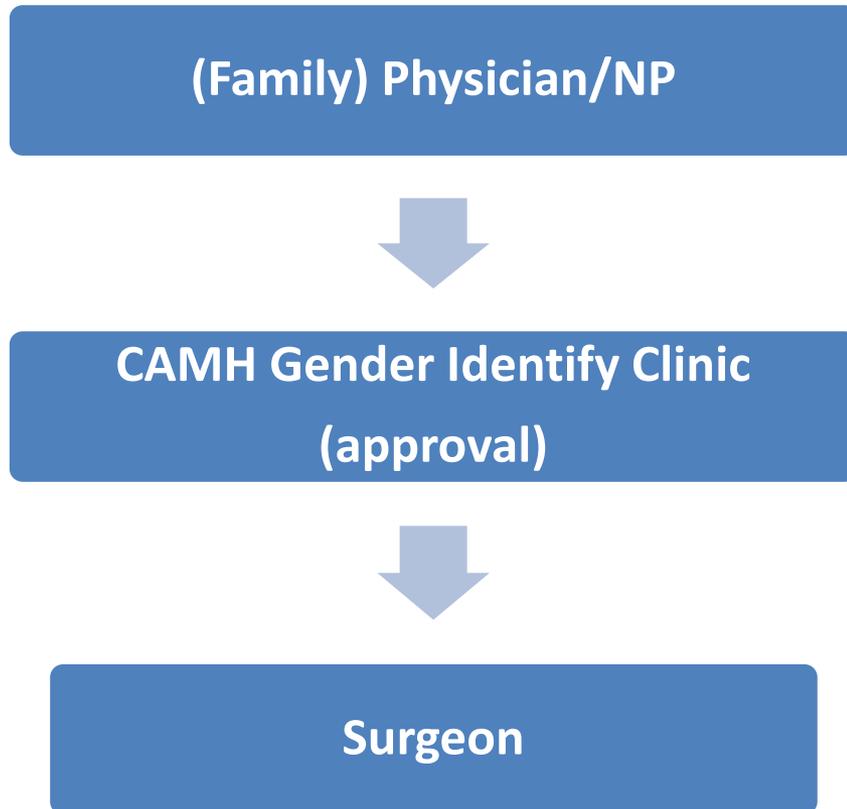
# Legislative Change



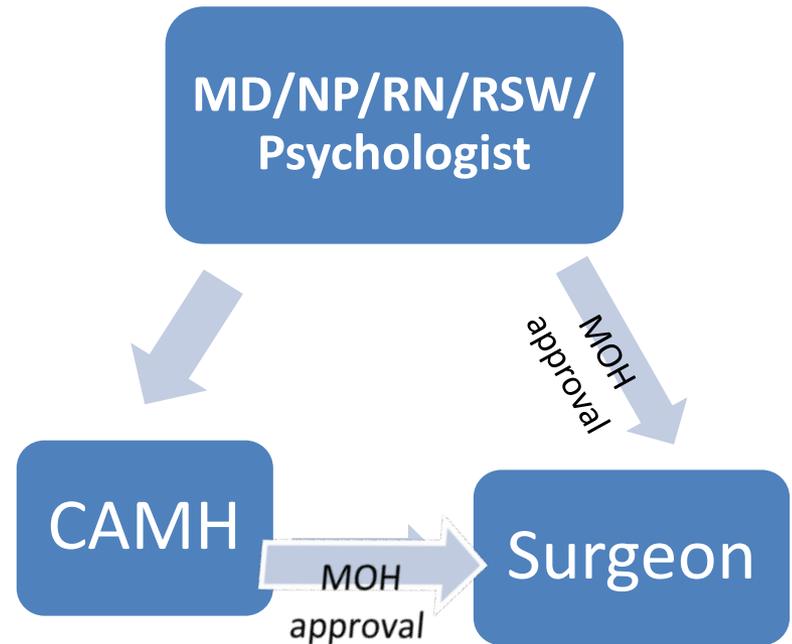
“A physician or nurse practitioner needs to submit a prior approval form on behalf of their patient, which includes supporting assessments recommending surgery from specified qualified health care providers confirming that the OHIP funding criteria have been met.”

# New Options for Surgery Assessments

## Old System



## New System



# Feminizing TRS: What's OHIP-Covered?



- Augmentation Mammoplasty - breast implants
- Orchidectomy - removal of testes
- Vaginoplasty - creation of vagina  
(penectomy, orchidectomy, clitoroplasty,  
labiaplasty)

*Other surgeries are considered feminizing but aren't currently covered (e.g. facial feminization surgery (FFS), other implants)*

# Masculinizing TRS: What's OHIP-Covered?



- Mastectomy: removal of breast tissue
- Hysterectomy: removal of uterus
- Salpingo-oophorectomy: removal of fallopian tubes + ovaries
- Metoidioplasty: using clitoris to make phallus, often with scrotoplasty
- Phalloplasty: creation of penis with scrotoplasty, vaginectomy, urethroplasty, glansplasty
- Other surgeries that are OHIP covered: clitoral release with vaginectomy, testicular implants with scrotoplasty, penile implant

# WPATH SOC and MOHLTC Surgery Criteria



	Gender Dysphoria	12 months Hormones	12 months GRE	Medical and Mental Health Conditions reasonable well controlled	Medical and Mental Health Conditions well controlled	Capacity to make informed decision <sup>2</sup>
Chest	X			X		X
Breast Aug	X	X <sup>1</sup>		X		X
Gonadal (Orchiectomy, Hysto+BSO)	X	X			X	X
External Genital (vaginoplasty, phalloplasty, metoidioplasty)	X	X	X		X	X

<sup>1</sup> MOHLTC requires 12 months continuous hormone therapy with no breast growth defined as Tanner Stage 1  
<sup>2</sup> There is no age of consent/age of majority in Ontario

# MOHTLC's Definition of Qualified Providers



## “Qualified Mental Health Professionals”:

- ✓ Physicians, Nurse Practitioners, Registered Nurses, Registered Social Workers (RSW) and Psychologists
- ✓ Note: Registered Social Worker refers to a social worker who has a master's degree in social work and who holds a current certificate of registration from the Ontario College of Social Workers & Social Service Workers

# MOHTLC's Qualified Providers



“Health care providers recommending surgery must have training in the assessment, diagnosis and treatment of gender dysphoria in accordance with the WPATH Standards of Care that are in place at the time of the recommendation.”

## Objective 3

# Review the WPATH Standards of Care related to TRS

- Terms: GD, HRT, GRE/RLE
- SOC – Gender dysphoria
- Criteria for referral letters

# Quick Review of Terms

## Gender Dysphoria (GD):

- discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)

## Hormone Therapy:

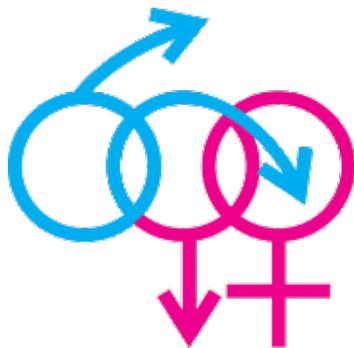
- masculinizing = testosterone;
- feminizing = estrogen, androgen blocker

## Gender role experience (GRE)/Real life experience (RLE):

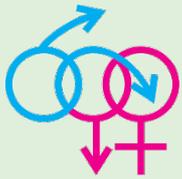
- living in a gender role that is congruent with client's gender identity

# WPATH

- An international association devoted to the understanding of transgender, transsexual and gender nonconforming individuals
- Founded in 1979
- Over 700 clinical members
- Engaged in research and/or clinical practice



**WPATH** WORLD PROFESSIONAL  
ASSOCIATION for  
TRANSGENDER HEALTH

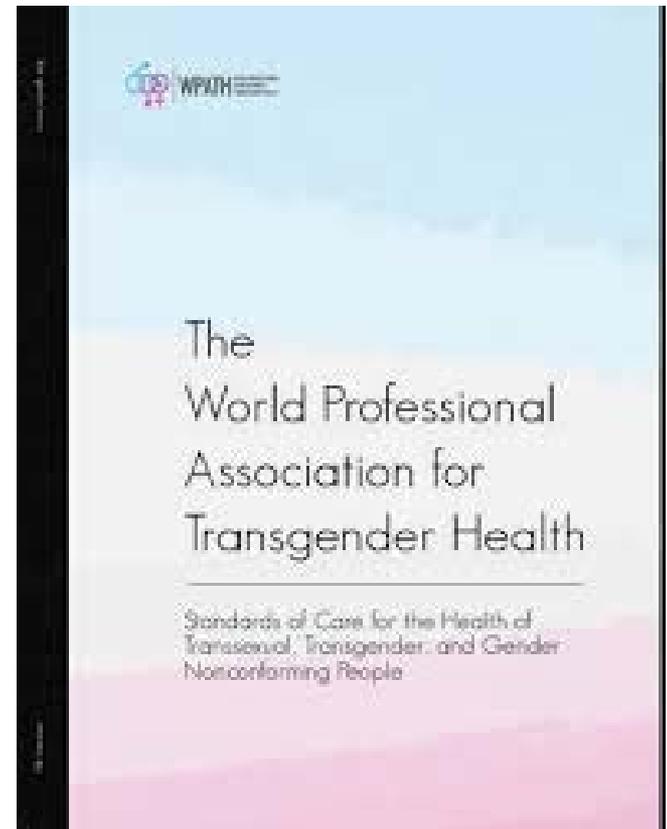


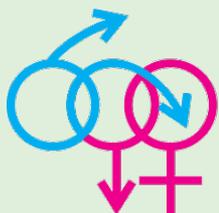
**WPATH** WORLD PROFESSIONAL  
ASSOCIATION for  
TRANSGENDER HEALTH



## WPATH SOC (2012) include:

- WPATH's criteria for Qualified Mental Health Professional
- Core principals for Transgender Health Care
- **Options for treatment of Gender Dysphoria**





## **SOC - Gender Dysphoria:** *Options for psychological and medical treatment (p. 9)*

- Changes in gender expression and role (which may include living in some capacity in another gender role)
- Hormone Therapy to feminize or masculinize the body
- Surgery to change primary or secondary sex characteristics (breasts/chest, external and/or internal genitalia, facial features, body contouring)
- Psychotherapy
- (Treatment should be individualized)

# WPATH Criteria for Referral Letters



- Identifying data
- Medical and mental health diagnoses
- Duration of provider-client relationship
- Confirming WPATH surgical criteria are met
- Describe the clinical rationale for supporting the client's request for surgery
- State you are available to coordinate care with the surgeon and contact info

## Objective 4

Discuss SHC model of care and clinical activities to support TRS interdisciplinary rollout

- Trans Health Expansion
- Primary Care Training, Trans Health
- Approach to Surgery Planning Visits

# Trans Health Primary Care Group



- Needs assessment - *internal*
- Gathering information from different sources- *external*
- Developing training to help providers with assessments and referrals
  - Understanding the legislative change
  - The new approval process in primary care
  - The assessment, referral
  - Improve knowledge of surgeries and post-operative care
  - WPATH standards of care
  - GIC CAMH Site Visit
  - Montreal Surgery Clinic

# Trans Health Primary Care Training



- Training material and client handouts developed
  - Transferred to Rainbow Health Ontario for further development and publication
- The training had been carried out in four workshops
  - Workshop 1: Introduction to Gender Affirming Surgery (GAS)
  - Workshop 2: GAS Upper Body Surgeries
  - Workshop 3: Surgery Planning Visits in Primary Care
  - Workshop 4: GAS Lower Body Surgeries
- Two clinical providers from SMH attended the training
- SMH used Sherbourne's training material for their staff training

# Trans Health Primary Care Group: Evaluation Data



	GAS Baseline Knowledge Assessment (10: very familiar to 1: not familiar at all)				GAS Post Knowledge Assessment (10: very familiar to 1: not familiar at all)			
	<i>Average</i>	MD	RN	Counsellor	<i>Average</i>	MD	RN	Counsellor
Knowledge of the World Professional Association for Transgender Health's Standards of Care (WPATH SOC) regarding surgery.	<b>4.4</b>	5.0	4.4	3.7	<b>5.9</b>	6.0	6.0	5.0
Knowledge of the overall process of Gender Affirming Surgery Assessment and Referral in Ontario.	<b>4.7</b>	5.6	3.9	4.7	<b>6.4</b>	6.6	6.4	5.0
Knowledge on how to conduct thorough Gender Affirming Surgery Assessments (which are informed by WPATH SOC).	<b>3.5</b>	4.4	2.8	3.3	<b>6.0</b>	6.3	5.8	5.0
Knowledge of Gender Affirming Surgeries, specifically information needed for pre-operative counselling on the techniques, benefits, risks, post-operative recovery and other surgical options.	<b>5.0</b>	6.1	3.9	3.7	<b>6.8</b>	7.1	6.8	5.0
Knowledge of Gender Affirming Surgeries, specifically information needed for post-operative care, including care of drains, catheters, wound care, dilations and complications which require surgical attention.	<b>4.1</b>	4.8	4.0	1.3				

# Client Consultation: Language



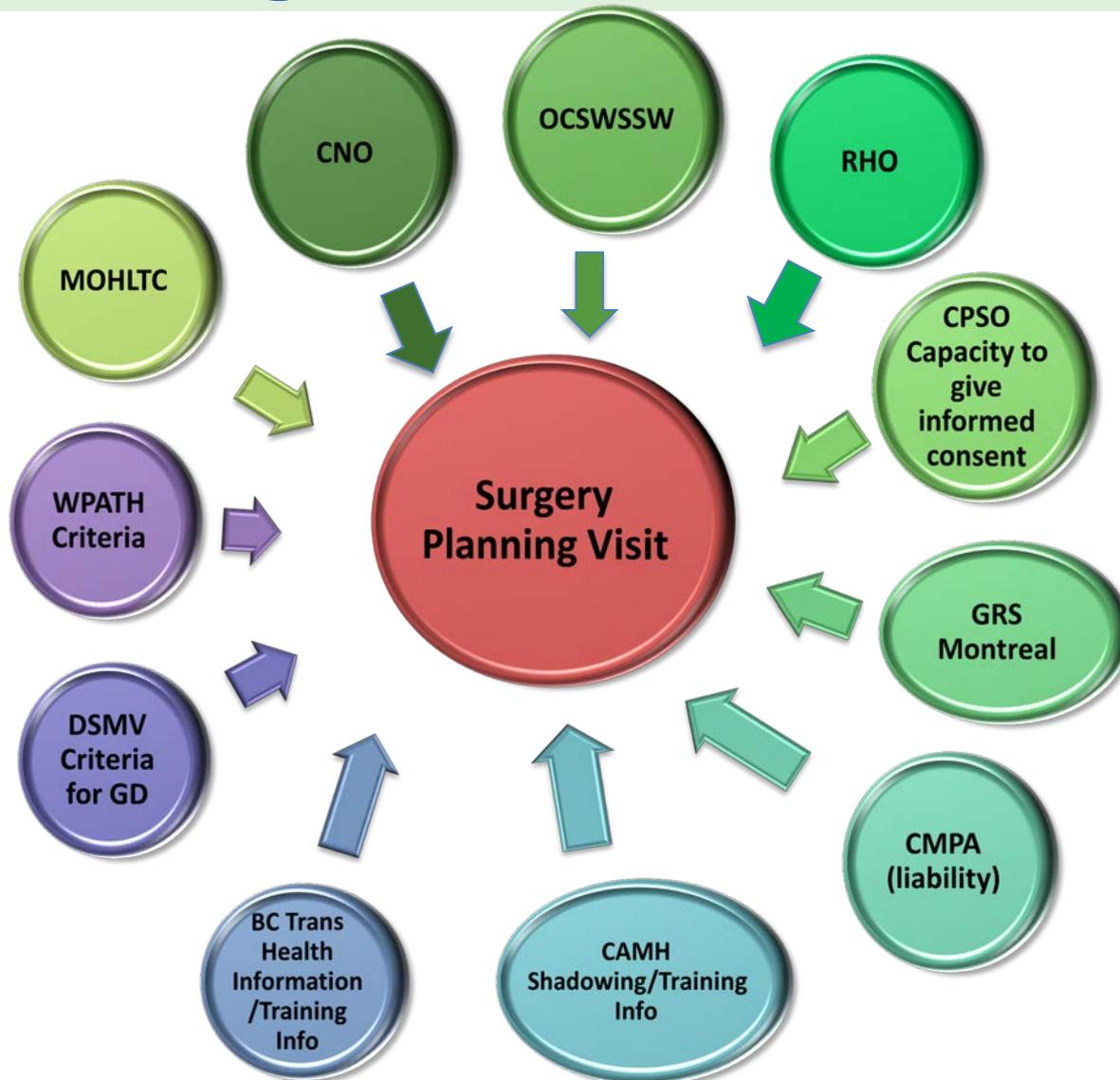
- TRS = Transition Related Surgery
  - ✓ room for non-binary
- GAS = Gender Affirming Surgery
- GCS = Gender Confirming Surgery
  - ✓ Good alternate terms to TRS
- SRS = Sex-Reassignment Surgery
  - ✓ Older term, implies binary genders
  - ✓ Still used by MOHLTC and WPATH SOC v7

# Trans Care Primary Care Training



- Held several trans primary care Lunch & Learns after the training
- Four clinicians (2 physicians & 2 nurses) went to Montreal GRS for site visit for lower-body surgeries
- The knowledge transfer lunch & learns on the site visit delivered to FHT primary care/ARC program

# What Resources Did We Consult in Developing an Approach to Surgery Planning Visits?



# Surgical Referral Training (RHO)



- **Sherbourne developed content and trained internal clinical team**
  - Prepared team to assess and complete referrals for clients seeking transition-related surgery
- **RHO Surgical Curriculum Advisory Committee:**
  - Built on Sherbourne's internal work
  - Developed a one-day training module to equip eligible providers across Ontario to provide safe and effective referrals
  - Committee included GPs, NPs, community members, and other trans health and social service providers

## Objective 5

Explore assessment and readiness components of the surgical referral process from a primary care and mental health care perspective

- **Surgery Planning Visits**
  - Informed consent
  - Registered Nurse and Social Work/Mental Health roles
- **MOHLTC Prior Approval Forms**
- **MOHLTC Referral Process**

# “Surgery Planning Visits”

- Visits with the client and provider
- In depth discussion about surgery as part of their transition goals
- Preparing the client by providing information and creating a plan around surgery
- *“the true purpose of these appointments really isn't to prove someone's gender but rather to prepare them for surgery”*

*-Laura Sparrow*

- Components of discussion include MOHTLC and WPATH SOC criteria for surgery, which are required for OHIP funding

# Surgery Planning Visit: Key Topics



- **Gender Dysphoria History**

- Confirm Persistent GD, their experience so far with transition (medical/social)
- Include Eligibility MOHLTC & WPATH: duration of hormones, Gender role experience

- **Why Do They Want Surgery?**

- How will surgery help them achieve their gender goals/reduce dysphoria?
- Are their expectations for surgery realistic?

- **Detailed Surgery Discussion / Capacity for informed consent**

- Description, realistic outcomes, risks, SE (irreversibly, sterility), alternate options

- **Safety (Medical and Psychosocial)**

- How well controlled are medical and mental health conditions
- Smoking, alcohol, drug use
- Aftercare

# Lots of Flexibility in How These Topics are Discussed



- Covering the key components is important
- How you carry out these discussions is flexible
- Flexible number of visits
- Flexible length of time
- Flexible follow up
- Individualize for the client, surgery, provider

# Informed Consent



- A client has capacity for informed consent if:
  - They understand the nature of the surgery, risks
  - They can appreciate foreseeable outcomes
- According to WPATH SOC the decision for surgery is shared responsibility between client, referring provider and surgeon
  - Encourage pre-op consultation with the surgeon
  - Allows for individualized surgical planning, surgeon specific techniques and complication rates

# RN Role in Assessment



- Scope of practice – role not of diagnosis but of confirmation of WPATH Criteria
- Long – term nurse/client relationships allow for improved assessment and individual client support in the process
- RN skilled in providing health teaching and also system navigation
- OHIP accepts RN assessments – however some surgeons will not accept RN assessments
- Case conferencing with other approved provider who provides an accompanying letter with the RN assessment has been accepted

# Mental Health



## Relationship Framework

- Frequency and number of sessions before/after surgery
- Role of counselling: assessment vs. readiness
  - System navigation & anticipating stressors
  - Psychoeducation and resources
  - Expectations and changes to come
  - Connecting physical changes and emotional wellness
  - Planning for difficult situations
  - Supporting client to ask the right questions
- Support letter to surgeon

# Mental Health... continued



## Emotional Care planning:

- Identify if there have been difficulties/diagnoses in the past and what the context was
  - e.g., depression, eating disorders, or psychotic episodes in the past; considerations for post-surgery and explore what support looks like
- Problem substance use
  - reduction plans, abstaining requirements, quit dates
- Past suicidal ideation/attempts
  - Safety planning worksheets
- Sound awareness of procedure, risks, outcomes

# Mental Health...continued



## **Supports: before and after**

- Who is able to support and help?
- Where are they located, what's their capacity?
- Friends
- Family
- Partners, relationships, children, etc....
- Gender affirming spaces
- Groups, programs, post-op support group

# Planning for Surgery\*



- Supports
- Travel
- Accommodations
- Time off-work, school
- Finances – cost of travel, accommodations

*\*Any qualified provider can facilitate this discussion in their SPV*

# Aftercare Planning\*

## Housing

- Safe, clean, stable, appropriate for recovery

## Physical and Functional limitations

- Can they adjust their activities and responsibilities?  
Childcare, other caregiver roles –pets, parents

## Personal Support

- Who can help with ADLs/IADLS
- Prepare frozen meals ahead of time, stock pantry
- Help with showering, dressings, meal prep, groceries, cleaning, laundry

*\*Any qualified provider can facilitate this discussion in their SPV*

# Aftercare Planning\*, cont'd



## Post-op medical care:

- Do they have enough support and resources at home?
- Would additional resources be beneficial? Infirmery, CCAC, home visits, close medical FU
- Do they need additional support for long term medical care (dilations etc.)

*\*Any qualified provider can facilitate this discussion in their SPV*

# Summary of Prior Approval Forms

- Section 1: Location of services
- Section 2: Patient information
- Section 3: Referring Physician/Nurse Practitioner
- Section 4: Proposed Health Facility  
Name of Surgeon
- Section 5: Treatment (Type of Surgery)
- Section 6: Treatment Availability: Out of Country (OOC)
- Section 7: Signature of MD/NP
- Section 8: Supporting Assessments ( 1 or 2)

# MOHLTC Prior Approval Forms



Ministry of Health  
and Long-Term Care

## Request for Prior Approval for Funding of Sex-Reassignment Surgery

Sex reassignment surgery (SRS) is insured under the Ontario Health Insurance Plan (OHIP) when prior authorization has been obtained from the Ministry of Health and Long-Term Care (ministry).

### Instructions

1. This SRS application must be completed to request prior approval for full payment by the ministry for insured SRS.
2. For patients requesting in-province or out-of-province within Canada services, this form must be completed by an attending Ontario physician or nurse practitioner.
3. In accordance with subsection 28.4(1) of Regulation 552 under the *Health Insurance Act*, patients seeking insured SRS out-of-country (OOC) must have section 6 of this form completed by a practicing Ontario physician.
4. Regardless of the proposed service location, referring providers will be notified by letter regarding the outcome of this funding application. A copy of the notification will also be provided to the patient.
5. Please ensure the patient's health number and address is correct and current (i.e., they must match the information on the ministry's database) or the application will be returned.
6. If completed manually, print clearly and ensure that all sections of this form are submitted. Incomplete or illegible forms will be returned.
7. When complete, fax form to: Health Services Branch, Program Manager, Policy and Projects Team at 613 536-3188. For information or clarification regarding this form, please call 1 866 684-8620.

### Supporting Assessments

This prior authorization request must include supporting assessment(s) that recommend surgery and confirm that the criteria listed in the Schedule of Benefits for Physician Services are met.

The supporting assessment(s) must be completed by a provider trained in the assessment, diagnosis, and treatment of gender dysphoria in accordance with the World Professional Association for Transgender Health (WPATH) Standards of Care that are in place at the time of the recommendation.

A provider must be able to provide documentation of their training in the assessment, diagnosis and treatment of gender dysphoria on request by the ministry.

The physician or nurse practitioner submitting a request for prior authorization may also be one of the providers completing a supporting assessment.

Supporting assessments recommending surgery may be provided by an appropriately trained:

1. Physician;
2. Nurse Practitioner;
3. Registered Nurse;
4. Psychologist; or
5. Registered social worker.

**Note:** "Registered social worker" refers to a social worker who has a master's degree in social work and who holds a current certificate of registration from the Ontario College of Social Workers and Social Service Workers.

### Checklist

Prior to submitting this application, please ensure that you have completed and/or included:

- Section 1 - Location of Services
- Section 2 - Patient Information
- Section 3 - Referring Physician or Nurse Practitioner
- Section 4 - Proposed Health Facility/Hospital
- Section 5 - Treatment- General Information

- 7 pages total
- page 1: instructions
- pages 2-7 actual form
- Prior Approval Form has 8 sections.

# What's the MOHLTC Referral Process?

1. Surgery Planning Visit
2. Complete and submit MOHLTC Prior Approval Forms and Supporting Assessment Forms (*MOHLTC does not require any clinical notes, only the MOHLTC Documents*)
3. MD/NP receives OHIP Funding Approval Letter from MOHTLC
4. MD/NP faxes surgeon
  - a. Surgery planning visit assessment(s)
  - b. Referral letter(s) consistent with WPATH SOC
  - c. OHIP funding approval letter
5. Surgeon accepts the referral and conducts their intake/pre-op consultation process (*for GRS Montreal this include sending a medical package to the patient, which the client completes and sends back to Montreal*)
6. *Surgery is booked, pre/post surgery planning continues*

# The Referral Letter to Surgeon

- WPATH SOC have criteria for referral letters
- Surgeons must have sufficient information to feel comfortable that a thorough assessment occurred, the client has been prepared and an aftercare plan is in place
- Even if Ministry Approval is given, if the surgeon doesn't get the information they require, the process may be delayed

# Objective 6



Identify resources needed/available to support FHTs to begin or refine assessments and referrals for trans clients

# Suggested Resources



- Become familiar with Sherbourne's Protocols for Hormone Therapy and Primary Care for Trans Clients  
[https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce\\_uploads/2015/04/SHC-Protocols-for-Hormone-Therapy-Final.pdf](https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2015/04/SHC-Protocols-for-Hormone-Therapy-Final.pdf)
- Register with the Trans Health Connection (of Rainbow Health Ontario) for Surgical Referral Training and the Mentorship Call  
<https://www.rainbowhealthontario.ca/trans-health-connection/>

# Rainbow Health Ontario (RHO)



- A province-wide knowledge transfer and capacity – building program of Sherbourne Health Centre, that is mandated to improve health outcomes of LGBTQ people in Ontario (Provincial Program)
- Training (ranges from Primary Care focused modules for MD/NP/RN in trans health care including how to make a gender dysphoria diagnosis, prescribe hormones, make a surgical referral to other modules that have more of a Mental Health/Social Work focus.
- Approx. 5,000 professionals participated in RHO training sessions in the 2016/17 fiscal year

# Acknowledgments



## **BC Transgender Health Information Program:**

- Dr. Gail Knudson
- Dr. Marria Townsend,
- Dr. Michael Richardson

## **CAMH:**

- Dr. Chris MacIntosh
- Dr. Nicola Brown
- Christina Yager

## **GRS Montreal Clinic:**

- Anne Dube

## **RHO:**

- Jordan Zaitzow

# Questions?



***Please sign in***  
***Please complete evaluations***