



# ***Transgender and Gender Diverse Care:***

## ***St. Michael's Hospital Family Health Team's Drive to Create an Interprofessional Model for the Referral Process for Gender Affirming Surgery***

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**Ryerson  
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# Presenter Disclosure

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Relationships with commercial interests: **N/A**

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Relationships with commercial interests: **N/A**

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Relationships with commercial interests: **N/A**



# Disclosure of Commercial Support

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- Financial Support: **N/A**
- In Kind Support: **N/A**
- Potential Conflicts of Interest: **N/A**



# Department of Family and Community Medicine (DFCM)

## DFCM



St. Lawrence Health Centre



61 Queen St



Health Centre at 410



St. James Town



80 Bond



Sumac Creek



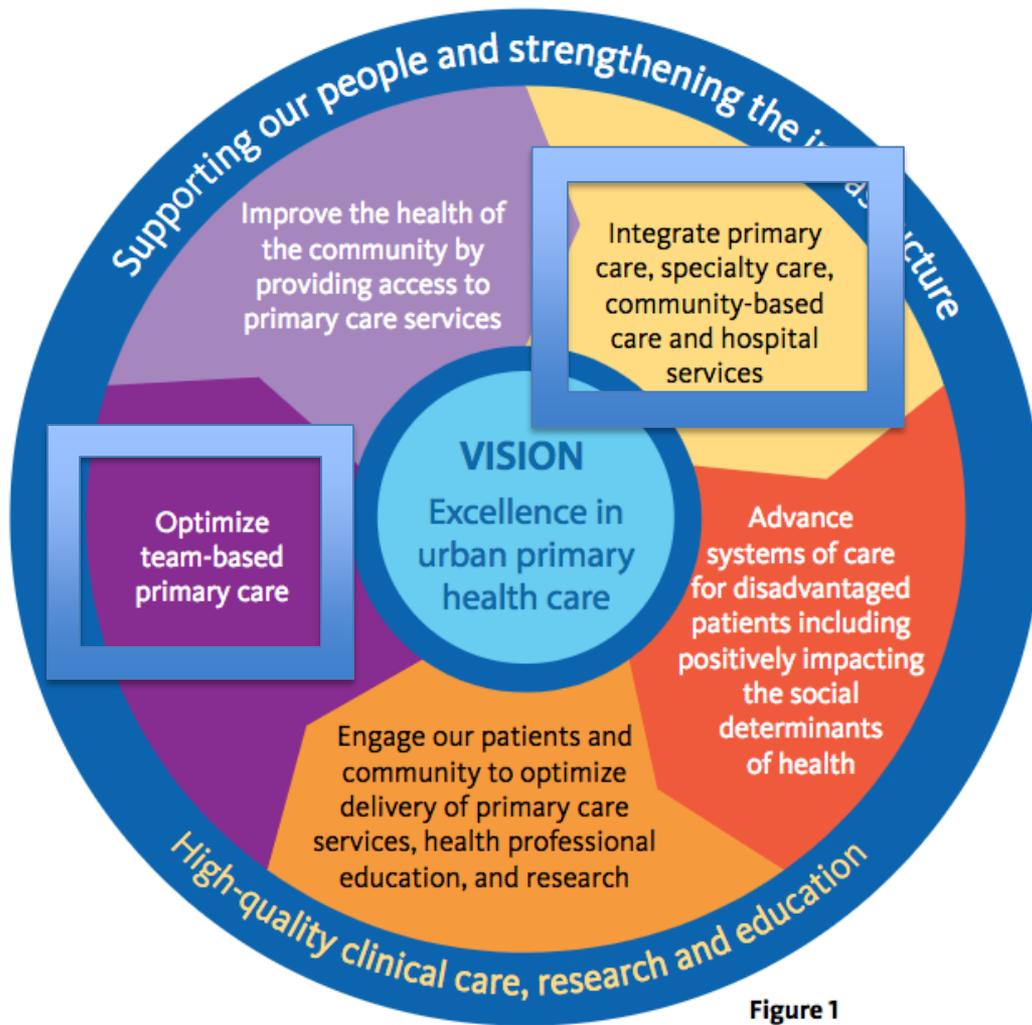


Figure 1

Approved Dec. 7, 2015 by the St. Michael's Hospital Academic Family Health Team's Board of Directors



## Background

- SMH DFCM has 365 trans/gender non-binary patients rostered
- DCFM has a history of providing trans-informed primary care
  - In 2013 Social Work helped co-author guidelines for helping support Transgender patients in medical transition.
  - These guidelines allowed for a referral to counseling only when needed



## Impact of MOHLTC Guidelines at DFCM

- MOHTLC Guidelines expand role of primary care for trans people
  - Gender Affirming Surgery assessment is part of competent primary care
- Unmet Needs:
  - Trans people report:
    - Higher levels of unmet healthcare needs
    - Barriers to care
    - Higher suicidality and suicidal behaviour
- \*Completing medical transition has been identified as a modifiable suicide risk factor\*

Bauer et al., 2015; Giblon & Bauer 2017



## Developing a Working Group

- Need to increase capacity for performing surgical readiness assessments.
- Interdisciplinary working group
- Needs Assessment Survey
  - Providers desire for learning about:
    - WPATH standards
    - Letter writing
    - Surgical procedures (e.g., external genital surgeries, gonadal surgeries)



## Development of Working Group

- Overarching Mission
  - Increase capacity to provide surgery assessment across all clinics within the St. Michael's Family Health Team
  
- Specific Steps
  1. Reviewed MOHTLC and WPATH guidelines
  2. Review existing protocols for surgery referral
  3. Consulted with existing services
  4. Developed a protocol that is MOHTLC and WPATH adherent
  5. Developed a protocol that would fit within the SMH DFCM structure
  6. Developed corresponding EMR forms
  7. Developed “pathways” that outline decision making
  8. Implement competency training



## Developing a Protocol

- Two stage process:
- Stage 1:
  - Review referral process
  - Assess
    - History of gender dysphoria
    - Surgical readiness
    - Barriers to surgery and recovery
  - Next:
    - Address barriers
    - Consult with second letter writers
    - Provide handouts

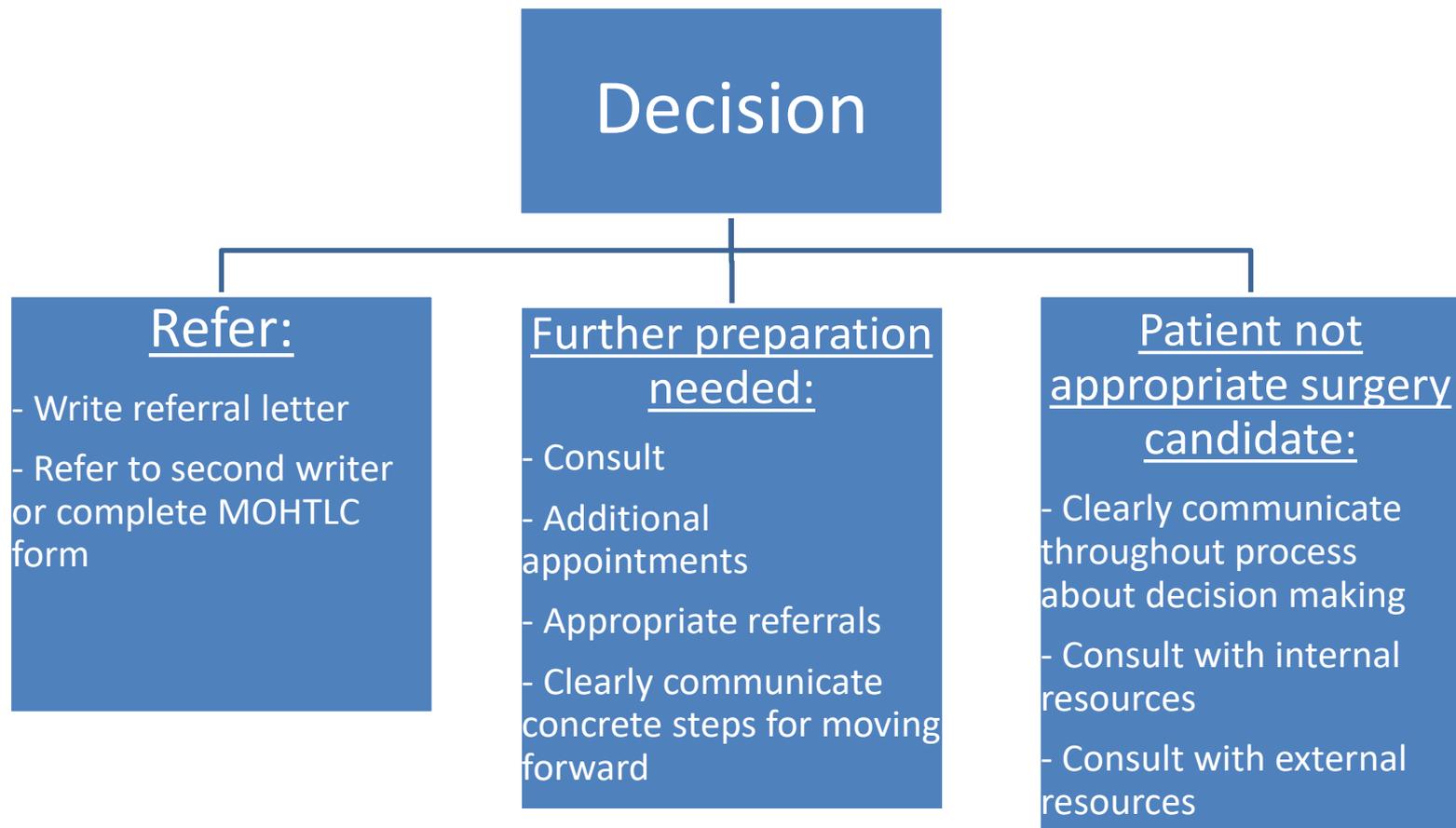


## Developing a Protocol

- Stage 2:
  - Address questions
  - Gather any remaining information
  - Discuss remaining surgery preparations
  - Discuss pre-op consultation with surgeon
- Referral decision

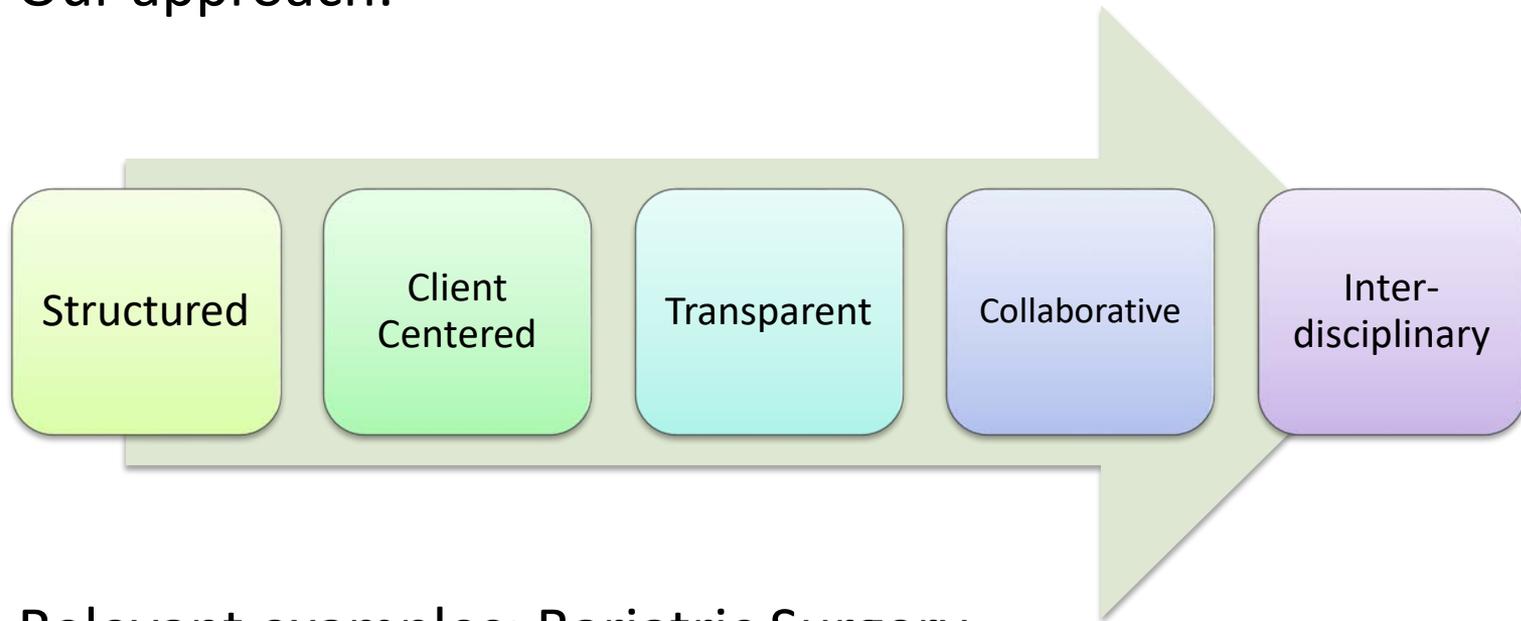


## Developing a Protocol



## Conceptualizing the Process

- A move away traditional “gate keeping” approach
- Our approach:



- Relevant examples: Bariatric Surgery
- Guiding metaphor

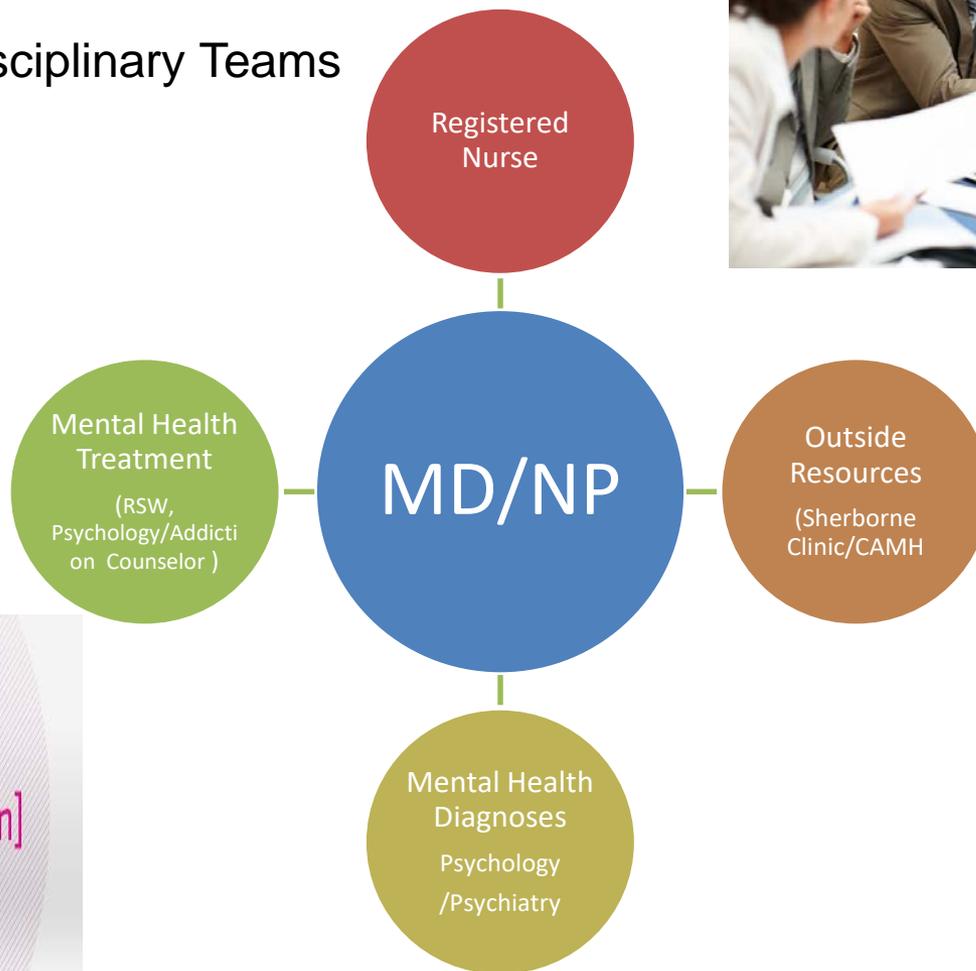


# A path through the village



# Pathways to Surgical Procedure

## Creating Interdisciplinary Teams



## Factors that Influence Pathways

- Type of surgery
- Readiness
- Complexity of Social Concerns
- Complexity of mental health concern
  - Brief treatment/intervention
  - Diagnostic Assessment needed
  - More intensive treatment related to diagnostic symptoms



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## CASE 1:

- New to clinic
- 26 yrs old
- Trans woman
- Recurrent depression
- No employment
- Came out in early 20's
- Living on own
- Minimal Supports
- Disconnected from Family
- Hormones for 2 years
- No prior mental health tx

## TEAM

- Initial Doc, Social Work
- Possible Psychology

## CASE 2:

- 11 years as a rostered patient
- 36 yrs old
- Working professional
- Trans man
- A lot of social support
- Came out in adolescence
- Hormone therapy since 18yrs old

## TEAM

- Only needed medical professionals



## Rationale for Model of Care

- Integrate trans care into primary care
- Create Interprofessional Team Approach
- Reduce barriers
- Reduce pathologizing
- Eliminate proscriptive practices
  - (e.g. mandating mental health practitioner involvement)
- Involve Community Resources
  - More complex patients
  - Make linkages beyond our scope or capability



## Why is Primary Care Well Suited For Surgery Preparation?

- Interdisciplinary team = comprehensive care
- Address social determinants of health
- Normalizes care, reducing stigma and marginalization
- Follow patients over time
  - Facilitates assessment
  - Support post-surgery



## Lessons Learned

- Each discipline has a unique scope they bring to process
- Get familiar with relevant resources
  - Sherbourne Health Centre
  - CAMH Adult Gender Identity Clinic
  - Rainbow Health Ontario



## Next Steps

- Implement minimum competency training
- Familiarize staff with protocol and templates
- Build in team support





***Thank you!***

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