Trans Health Future Directions: Common Questions and Answers

Primary Care Access and Consultation:

Q: How can GPs be more suited to work with trans individuals in the long term?

A: We know that access to trans-friendly and experienced health care providers is inconsistent across health authorities, particularly outside the Lower Mainland and that trans people deserve access to competent and respectful care no matter where they are living. That is why we have focused on multiple strategies to improve healthcare provider cultural sensitivity and knowledge including an awareness campaign, face-to-face teaching, and on-line learning opportunities. If your doctor needs more information about trans specific care you can also refer them to the RACE line (Local Calls: 604-696-2131Toll Free: 1-877-696-2131).

Q: Will there be a public list of primary care providers who work with trans individuals?

A: No, there is not a public list and we are unable to track primary care providers’ experience with trans individuals in a formal and ongoing way; however, if you contact THiP they can help you find resources. http://transhealth.vch.ca/about/contact-us

Q: How will people living in rural areas access care?

A: The future goal is for GPs to feel comfortable initiating and maintaining hormone therapy. Using telehealth (a secure videoconference network) is an option for some services, such as readiness assessment. There are 800 locations across the province supported by health authorities. Provincial Health Liaisons will be accessible by phone and can also help navigate access to care.

For peer support, a network will be developed in each region and include individual support, drop-in groups and potentially phone support. Also, the expansion of an on-line system will support access to information, including services.

Q: How will the current system be accessed by those who are homeless or without internet access/computer, access to telephone?

A: As the peer support network is developed, we will need to consider how to connect with harder to reach populations such as those living in shelters and prisons, and those who lack access to telephone and internet. Communities across the province will have unique needs and that is why it is important to partner with trans individuals, and non-profit organizations locally to work together and be flexible in how to address these issues.

Q: Will there be expanded access to voice feminization therapy?

A: A recommendation for increased access and Speech Language Pathologist support is being put forward. The Trans Health Information Program offers voice feminization therapy for people, however it is under-funded and there is a long wait list.

Q: Planning is all good but will there be money from MoH to fund all these initiatives?

A: Yes, there is a commitment to fund this program.

Q: Is the cost of hormone therapy covered by the health system? Can Nurse Practitioners (NP’s) prescribe testosterone?

A: Gaps exist system-wide in drug plans and are not limited to hormone therapy. Fair Pharmacare benefits may reduce medication costs for those with lower incomes. Medications, including hormone therapy, are fully covered for those
receiving provincial income assistance. If you have an extended health plan through your employer hormone therapy may be covered. Some medications will only be covered by pharmacare or extended health plans if your physician applies for Special Authority; examples include injectable testosterone, estrogen patches and cyproterone.

No, NP’s cannot prescribe testosterone currently although work is underway to change this.

**Community/ Peer Supports:**

**Q:** What is meant by peer support and could you give some examples of the services they would provide?

**A:** A peer support network is a regional or community service to connect people on topics of common interest in various ways such as drop-in groups, on-line, or one-to-one coaching. A peer support person has lived experience and provides short-term emotional support, coaching, education, and referral to other services. Peer support services will be delivered throughout the province by a team of trained facilitators and organizations which provide peer support services will be members of a provincial knowledge exchange network.

**Q:** Is the funding plan long-term and is a portion of the funding allocated to non-governmental resources?

**A:** Yes, the funding plan is long-term and funding for peer and community supports to various health authorities and partners (not-for-profit groups) has been included.

**Q:** How will you make sure the hub and spoke model is flexible enough to integrate existing resources and community experience across the province?

**A:** Further community consultation is needed to understand what is already available in communities and where the gaps are. This will look different throughout the province and is not a once size fits all model. Consideration will be given on how to meet the diverse and marginalized community needs.

**Q:** How would a provincial peer support model meet the unique needs of youth?

**A:** A youth engagement strategy is needed. At VCH there is a Trans youth drop-in group – this and other models that exist would be good to duplicate. There is also a Health Canada initiative named Call Out! that has new temporary funding available for training multiple stakeholders to be more supportive of LGBT2 youth.

**Health Care Provider Education:**

**Q:** How will healthcare providers be educated/trained?

**A:** There are many educational tools available and healthcare providers are a wide audience, so we considered approaches that could be flexible on a large scale. These include supporting the Rapid Access to Consultative Expertise (RACE) line, face-to-face sessions, webinars, and membership in the BC Trans Clinical Care Group. A key recommendation is to develop a facilitated on-line learning approach which removes barriers to geographic access and can be tailored to specific audiences including basic clinical, advanced clinical and social modules.

**Q:** How will you ensure that trans education is included in the training curriculum to the broadest range of health care providers and other professions?

**A:** We are currently exploring training linked to employment opportunities in health authorities, including contracted agencies. The training will be provided at no cost for health care providers (including Allied Health). We will also explore opportunities to link our educational efforts with post-secondary educational programs in health disciplines such as medicine, nursing, pharmacy and occupational therapy.
Q: How do you incentivise doctors and others to be trained to work with trans people? What about education?

A: The intent of initial training is to raise awareness about trans health issues and encourage care providers to learn more about providing care to trans people. The Ministry of Health and the Canadian Medical Association are advocating for the inclusion of trans health education in curriculums and the online learning modules we develop could potentially be used within professional training programs. The majority of physicians are in private practice and not accountable to a local health authority, making it difficult to mandate participation in education. Many care providers are grateful for learning opportunities that address gaps in their formal education and better prepare them to meet the needs of their clients - we hope to engage these clinicians through our awareness and education campaigns.

**Gender-Affirming Surgery:**

Q: Are you looking at training additional doctors to perform Gender-affirming Surgery in BC?

A: Yes, there has recently been some training of surgeons for upper surgeries.

Hysterectomy/bilateral salpingo-oophorectomy and orchiectomy are routine procedures that should be widely available through gynecologists and urologists in each health authority. We recommend efforts be made to increase trans awareness and knowledge of the WPATH Standards of Care among these specialists.

Genital reconstruction will continue to take place outside of BC for now but a plan is being developed over the next year to determine whether a comprehensive gender-affirming surgery program is feasible in BC. Several types of surgical specialties including plastics, gynaecology, and urology would be required and surgeons would need to have additional training in gender affirming surgical techniques.

Along with surgeons, a resource plan is needed to make a program sustainable: operating room time, hospital beds, nursing care, and follow-up would all need to be considered.

Q: How will the issues with waitlists be dealt with and expedited?

A: Some of the improvement opportunities can be implemented immediately once the program is underway. The recommendations which address this are: training and funding more readiness assessors, increasing the number of upper surgeries, and providing more options for lower surgery beyond the Montreal program. To have better data and information to understand demand, we are increasing the number of surgical consultations. This provides more transparency of data in the system to make better decisions about resourcing and how to meet the population needs.

Q: Can a person have a hormone and surgery readiness assessment at the same time? Why four assessors per region and what qualifications are needed?

A: Yes, a person can have a hormone therapy and chest surgery readiness assessment at the same time. One year of hormone therapy is required prior to other surgeries including breast augmentation, hysterectomy/bilateral salpingo-oophorectomy, orchiectomy and genital surgery. This is in accordance with the WPATH Standards of Care and is felt to be best practice from a clinical perspective. While on hormone therapy, other procedures can be considered and done (such as voice therapy and electrolysis).

Four is a best guess knowing that there are no assessors in some health regions. The World Professional Association for Transgender Health (WPATH) Standards of Care state that with training a GP, NP, Psychiatrist, Psychologist, Registered Clinical Counsellor, Registered Nurse or Registered Social Worker can be an assessor.

Q: Why is a readiness assessment needed?
A readiness assessment is considered best practice by the World Professional Association for Transgender Health. There are other populations that also require a similar step prior to surgery (e.g., organ transplantation or bariatric surgery). The readiness assessment is intended to ensure that you are prepared for the surgery and will have the best possible post-surgical outcomes. For more information about what you can expect from a readiness assessment check out the “Hormone Readiness Assessment” and “Surgical Readiness Assessment” sections on the Transgender Health Information Program website (www.transhealth.vch.ca).

According to the Standards of Care, WPATH, Version 7, the criteria for hormone therapy and breast/chest surgery, one referral, are:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the Standards of Care for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well-controlled.

Although not an explicit criterion, it is recommended that MtF patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results. (Note that in BC, breast augmentation may be covered by MSP but only if there is inadequate breast development after one year of hormone therapy).

Criteria for genital surgery (hysterectomy, salpingo-oophorectomy, orchietomy), two referrals, include the above plus:
5. 12 continuous months of hormone therapy as appropriate to patient’s gender goals (unless hormones are not clinically indicated for the individual).

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before the patient undergoes irreversible surgical intervention.

Criteria for metoidioplasty, phalloplasty, or vaginoplasty, two referrals, include all of the above plus:
6. 12 continuous months of living in a gender role that is congruent with their gender identity.

This criterion is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery.