

Welcome and Sign-In

- Please sign-in by chatting
 - your name,
 - your organization
 - anyone else joining you today
- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Betsy Payn, MA, PMP
- Esther Solano

Anna Ratzliff MD PhD has received book royalties from John Wiley & Sons (publishers).

Overview of Learning Collaborative

- Audience:
 - Psychiatric Consultants
 - Working or hoping to work in integrated care settings
- Goals:
 - Provide ongoing integrated care education (CME available)
 - Foster learning and support network
 - Support sustainment of integrated care
- Structure:
 - Monthly lunch hour on 2nd Tuesday
 - Didactic topic 20-30 mins
 - Open discussion remainder of time
 - Topics repeat every 6 months

Save the Date - Integrated Care Conference

Strengthening Integrated Mental Health: Building Trust in Relationships with Patients, Providers, and Community

- **Thursday, May 4, 2023**, 1:00 PM – 6:45 PM PST
- **Friday, May 5, 2023**, 8:00 AM - 4:30 PM PST
- The ongoing challenges in mental healthcare call for critical innovations, rethinking approaches and strengthening our frameworks. Distinguished keynote speakers, thought leaders, and community voices will lead a variety of sessions to discuss ideas and generate solutions.
- Conference registration coming soon
- **For more information visit:** <http://ictp.uw.edu/training/integrated-care-conference-2023>
- **Register at:** <https://cvent.me/A8QVq1>



When:

- Tuesday, May 9, from 10:00 a.m.– 3:30 p.m. (PDT)
- Wednesday, May 10, from 10:00 a.m.– 3:30 p.m. (PDT)

How and How Much: virtual conference and free to attend. Register at <https://bhinstitute.uw.edu/events/tbh-summit/>

Who Should Attend: Anyone providing/leading services for people living with mental health and substance use issues.

Continuing Education:

- ✓ Certificate provided at no cost
- ✓ Continuing Medical Education credits: max 8 credits for \$25. More information on TeleBH Summit website.

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Live Activity for a maximum of 8 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

What: free two-day, CME-accredited virtual conference, focusing on today’s emerging topics in digital and TeleBehavioral health care.

- National subject matter experts & thought leaders
- TeleBH challenges and innovations
- PN-25 TeleBH track
- New ‘digital landscape’ accelerated by PHE
- Policy issues as PHE ends May 11, 2023

Suicide Care in Health Care Systems: How We Can Do Better in Serving our Patients and Caring for our Clinicians

- To provide primary care providers and behavioral health clinicians with an understanding of how best to serve clients across the suicide care pathway
- Cost:
 - Free to UW Medicine, Seattle Children’s Hospital, and VA Puget Sound faculty, clinical staff, and trainees
 - \$200 for licensed clinicians outside the UW healthcare system
 - \$100 for non-licensed clinicians and trainees outside the UW healthcare system
- Six-hour virtual training
- CME approved*
- Register here: https://redcap.link/suicide_care
- Email: cspartrainings@uw.edu

*The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this other activity for a maximum of 15 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666
- [UW TBI-BH ECHO](#)

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

Transgender and Gender Non-Binary Surgical Services and Endorsements

JENNIFER M. ERICKSON, DO

SLIDES BY:

UNIVERSITY OF WASHINGTON MEDICINE'S
TRANSGENDER & GENDER NON-BINARY HEALTH PROGRAM

SSWLHC BOARD MEMBER

SEAN JOHNSON, LSWAIC

PRONOUNS: HE/HIM OR THEY/THEM

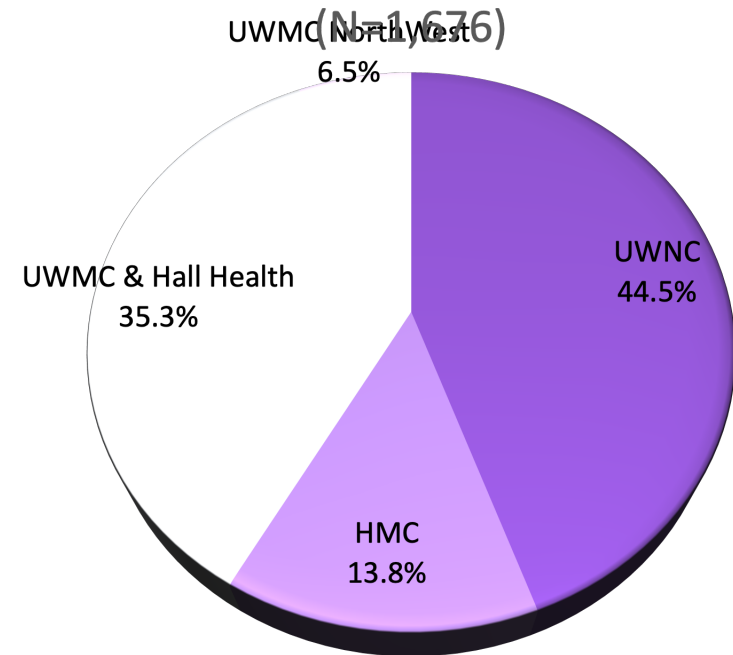
October 2020

LEARNING OBJECTIVES

- ❖ UWNC TGNB Population and Utilization
- ❖ TGNB Surgical Referrals and Coverage Requirements
- ❖ TGNB Surgical Endorsements
- ❖ TGNB Mental health Assessments

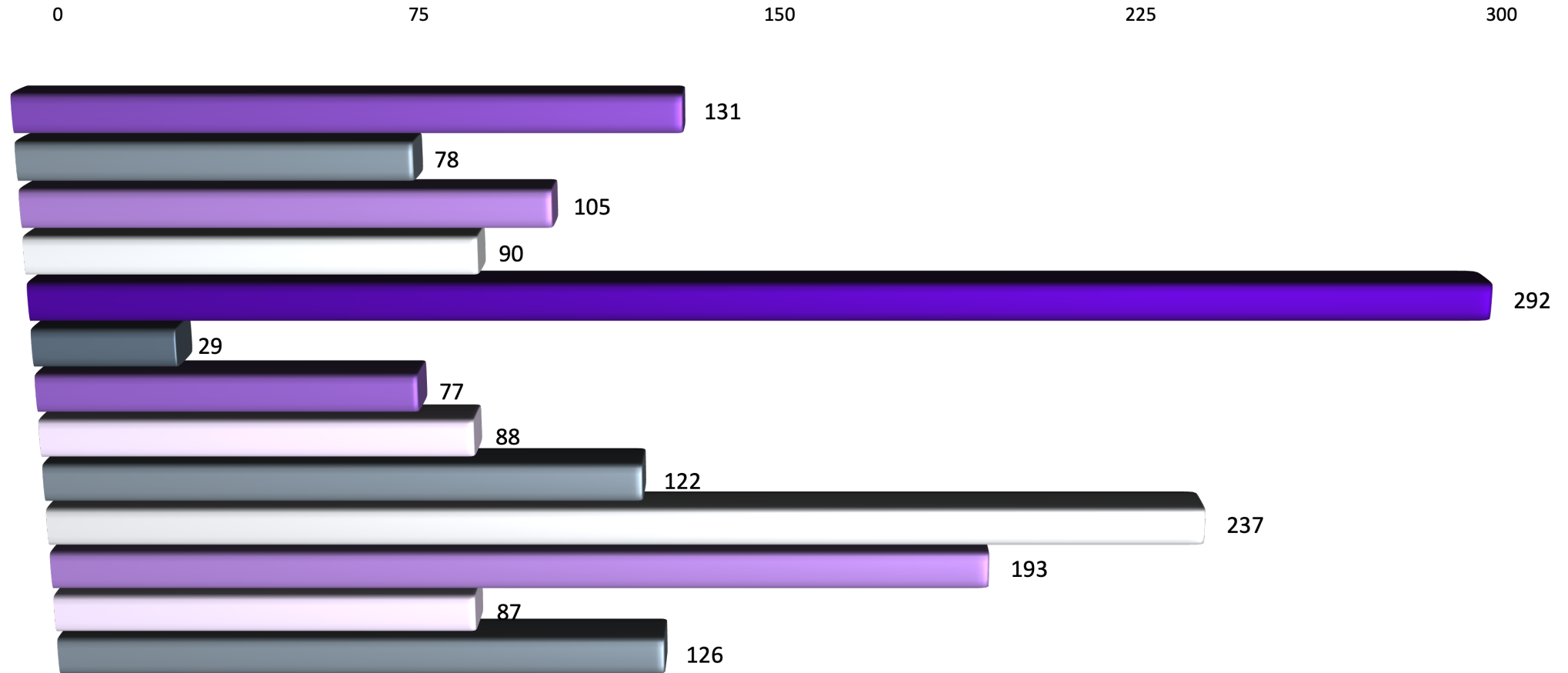
TGNB Payor Distribution and PCP Utilization

UWM TGNB Primary Care
Utilization, February 2019-2020



UWNC TGNB Utilization

UWNC TGNB Patient Distribution, April 2019 - October 2020 (N= 1,655)

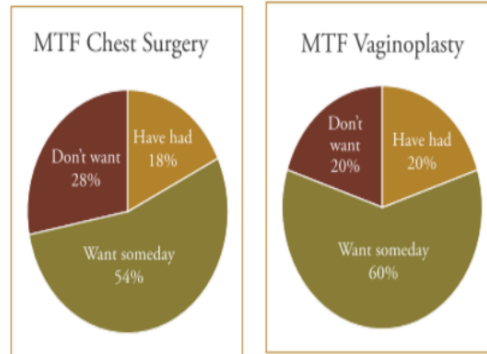


TGNB Surgical
Referrals, Support
Letters and
Coverage
Requirements

Diverse Bodies and Expressions

- 76% taking hormones whether monitored or not
- Surgical status and future desire to have surgery is diverse

MTF



FTM

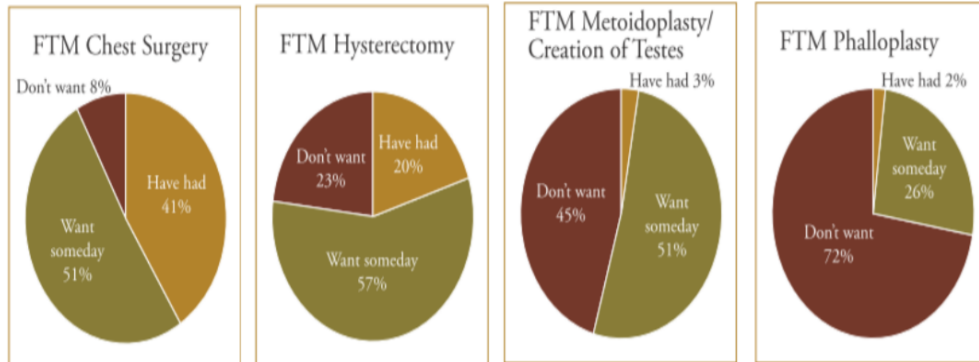
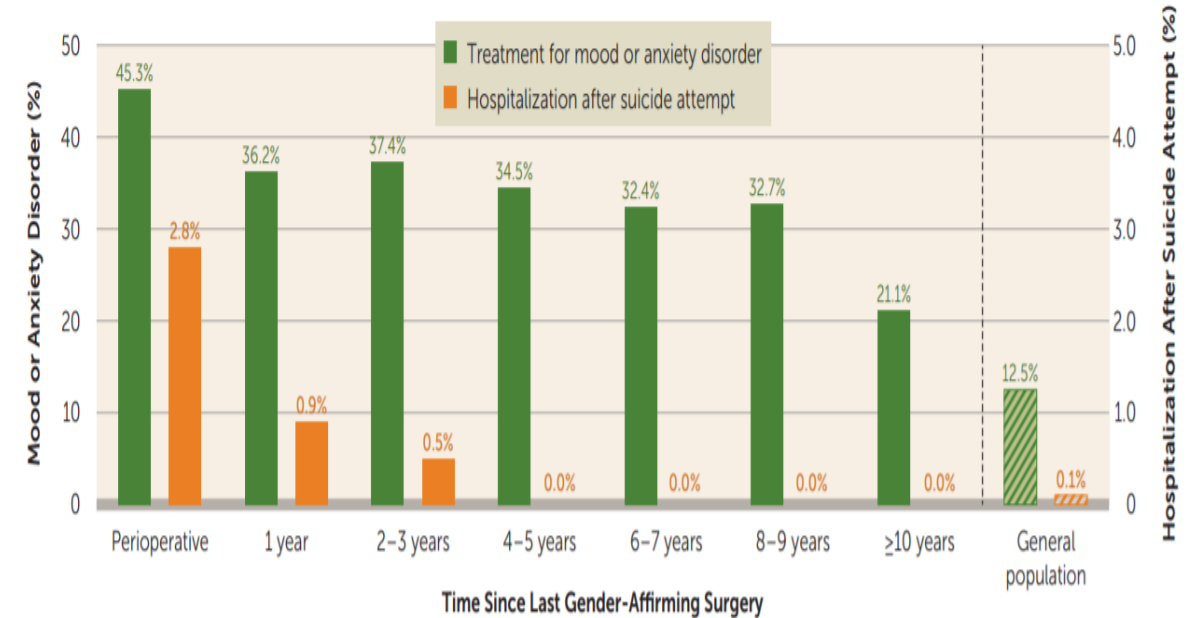


FIGURE 1. Prevalence of treatment for mood or anxiety disorders (health care visit or antidepressant or anxiolytic prescription) and hospitalization after suicide attempt in 2015 among individuals with a gender incongruence diagnosis, by number of years since last gender-affirming surgery



The likelihood of being treated for a mood or anxiety disorder was reduced by 8% for each year since last gender-affirming surgery.

Gender Dysphoria – DSM V

Formerly Transsexualism & Gender Identity Disorder (Gender Incongruence ICD-11)⁷

Two or more of the following features, present for > 6 mths

- A strong desire to do away with primary or secondary sex characteristics
- A strong desire to have sex characteristics of another gender
- A strong desire to be treated as another gender
- A strong desire to be another gender
- A profound need for society to treat them as another gender
- A strong conviction that one has the typical feeling and reactions of another gender

WPATH Standards

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Criteria for Breast/Chest Surgery :

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 SOC for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well controlled. Hormone therapy is not a pre-requisite.

*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.

Documentation to accompany referral:

- **letter of support from whomever is prescribing hormones**
- **1 mental health provider letter, which can be from any level of therapist**

Page 106:

Criteria for genital surgery (two referrals) Hysterectomy and ovariectomy in FtM patients and orchiectomy in MtF patients:

Same criteria as Breast/Chest surgery (1-4)

5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones). The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before a patient undergoes irreversible surgical intervention.

These criteria do not apply to patients who are having these surgical procedures for medical indications other than gender dysphoria.

(So if their TAH could be approved for another indication sooner, fine to proceed on that basis - CH)

Documentation:

- **letter of support from whomever is prescribing hormones**
- **2 mental health provider letters**
 - one from any level of therapist
 - one from doctorate level (PhD, PsyD or MD, i.e., psychiatrist)

**Insurance regulation vs WPATH recommendation*

Surgical Referrals

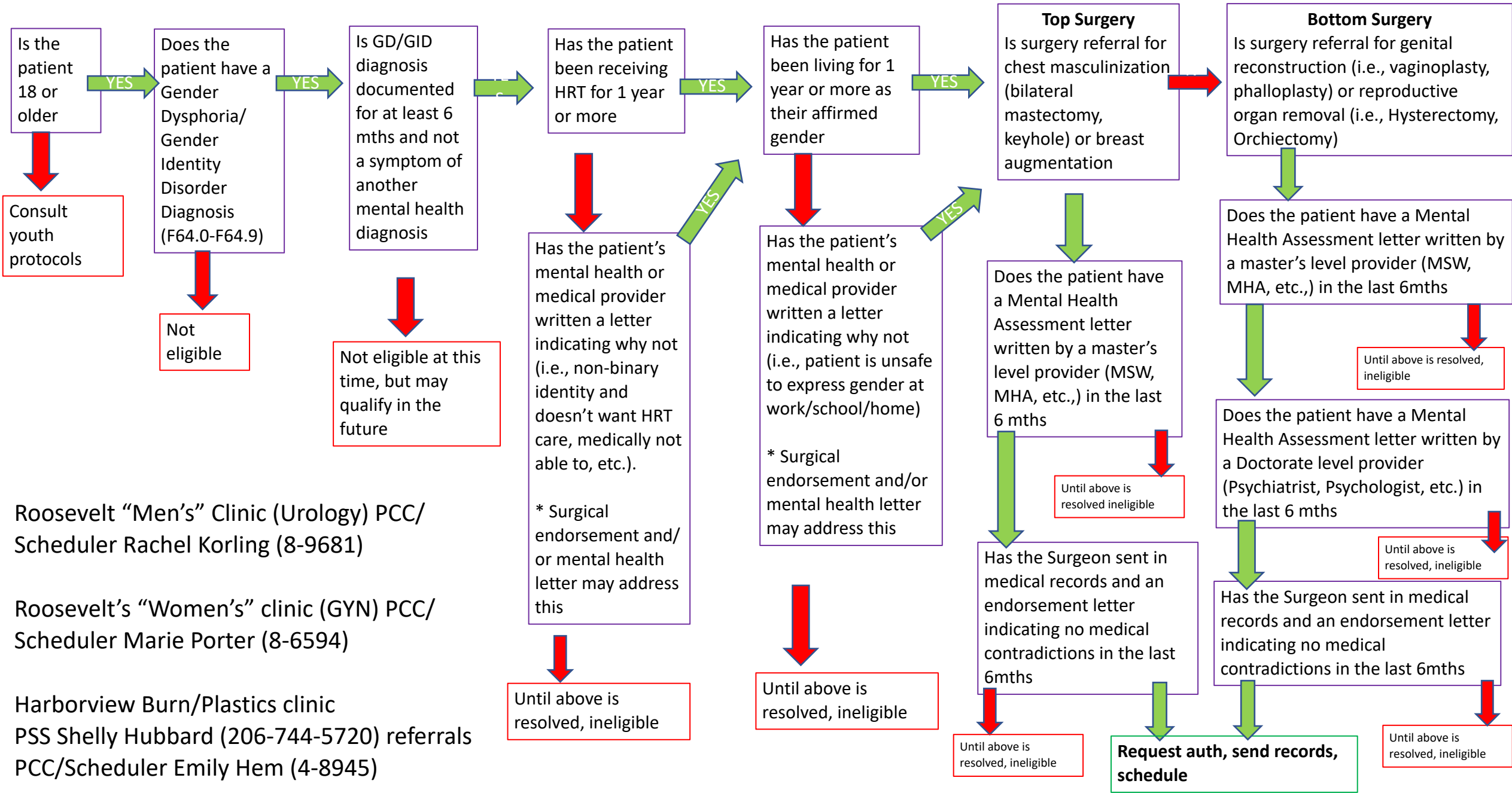
Surgery	Name	Phone	Office Location	Specialty	Surgical Location	PCC/PSS
Plastic	Russell Ettinger, MD	206.520.5000	Seattle Children's Hospital, Burn and Plastic Surgery at Harborview	Chest/Breast surgery, facial surgery	NWH	<u>Referrals</u> PSS Shelly Hubbard (206-744-5720) <u>Auths</u> PCC/Scheduler Emily Hem (4-8945)
Urology	Tom Walsh, MD, MS Hunter Wessells, MD	206.543.3640	UW Medical Center-Roosevelt "Men's"	Orchiectomies, post-op repair	NWH	PCC/Scheduler - Rachel Korling (8-9681)
Gynecology	Several Providers - TBD		UW Medical Center-Roosevelt "Women's"	Hysterectomies, Oophorectomies		PCC/Scheduler Marie Porter (8-6594)

Bottom Surgery is coming in 2021!

Things to keep in mind for future referrals as they can take time:

- Fertility Preservation
- Electrolysis
- 2nd Phd/MD level mental health assessment letter

TGNB Surgical Authorization Pathway



Roosevelt “Men’s” Clinic (Urology) PCC/
Scheduler Rachel Korling (8-9681)

Roosevelt’s “Women’s” clinic (GYN) PCC/
Scheduler Marie Porter (8-6594)

Harborview Burn/Plastics clinic
PSS Shelly Hubbard (206-744-5720) referrals
PCC/Scheduler Emily Hem (4-8945)

Be Aware of Gatekeeping and Transparency

- Mental Health and Medical providers are often placed in gatekeeping roles with our patients, and our patients know.
- Acknowledge the evaluation process required of TGNB patients for medical services related to their gender is exclusive to TGNB patients and can be re-traumatizing or triggering.
- Pathologizing gender is not unlike historical efforts to pathologize sexual orientation, and as such, TGNB stigma, oppression, and transphobia continue to intensify the experiences of both providers and patients/clients.
- Acknowledging the power dynamic in the room is important
 - “ I imagine you have been through a lot to get to this point already. It’s not always easy to share details about your body and gender identity with a stranger.”*

Surgical Endorsement Letter Requirements

- Date patient began HRT (or why patient is unable or does not desire to be on hormones)
- Patient's Adherence to HRT (if applicable)
- Outcome to patient's current HRT (if applicable)
- Any comorbidities patient may have that will interfere with surgery
- Statement that patient is a good surgical candidate
- Statement that surgery is next reasonable step in patients care
- Statement that surgery is medically necessary
- Must be signed and dated within 12 months of consult date

Additional needs:

- Your clinical **license** or credential information
- Statement confirming the **diagnosis** gender dysphoria (DSM 5)
- Letters must be hand written and scanned in

Sample PCP surgical endorsement letter

[on letterhead]

[date]

Re: [patient name on insurance card], [patient's chosen name], [patient DOB]

Dear Doctor,

[Patient name] is a patient in my care at [your practice name]. They have been a patient here since [date]. They identify as [gender identity] and go by [pronouns]. They note that they first knew their gender identity differed from their assigned sex at age [age]. They have socially transitioned by [list how - change name, pronoun, dress, make-up, hair, tuck, pack, binding, coming out etc). They have been successfully and consistently living in a gender role congruent with their affirmed gender since [date]. They have been consistently on hormone therapy since [date] (if contraindicated or chosen not to take hormones, state that here). Despite, these interventions, they report significant anxiety, depression, and distress due to their experience of dysphoria. By my independent evaluation of [patient name], I diagnosed them with Gender Dysphoria (ICD-10 F64.1). They have expressed a persistent desire for [surgery]. Their goals of surgery are [goals]. Surgery will address their gender dysphoria in these ways: [explain].

[Patient name] is physically healthy to undergo this surgery. [list any medical and mental health diagnoses that may be relevant to having surgery]. Their current medications include [medications]. Their surgical history includes [surgical history]. They are stably housed and have prepared for their post-op recovery (if this is true, if not, state plan for post-op recovery). They have no issues with illicit drug use or abuse (if this is true, if not, explain plan of care for stabilization).

[Patient name] has more than met the WPATH criteria for [surgery]. I have explained the risks, benefits, and alternatives of this surgery and believe they have an excellent understanding of them. They are capable of making an informed decision about undertaking surgery. I believe that the next appropriate step for them is to undergo [surgery], and I believe this will help them make significant progress in further treating their gender dysphoria. Therefore, I hereby recommend and refer [patient name] to have this surgery.

If you have any questions or concerns please do not hesitate to contact myself or my office.

Sincerely,

UW Medicine

Mental Health Assessment Letters

- Required for surgical insurance coverage
 - 1-2 Mental Health Assessment letters (master's or PhD level)
 - PhD level providers accepting Medicaid or Medicare are low
- Purpose – Assessment for emotional stability (capacity) and to address the below categories
 - ❑ Presence of persistent Gender Dysphoria (distress caused by misalignment of gender identity and gender assigned at birth, transphobia)
 - ❑ Any mental health issues present are reasonably well controlled
 - ❑ Someone has lived their identified gender for at least 1 year or barriers to this requirement have been documented

Mental Health Assessment Letter Requirements

- ❑ Statement confirming the **diagnosis** gender dysphoria (DSM 5)
- ❑ Your clinical **license** or credential information
- ❑ Assure the client/patient is a **good candidate for surgery** (consult surgery endorsement letter if needed or possible).
- ❑ Assure the surgery is the **next reasonable step** to treat patient's gender dysphoria
- ❑ Assure any mental health or co-existing behavioral issues present are **reasonably well controlled** and managed
- ❑ A statement indicating the client/patient exhibits a strong **persistent gender identification** outside of their assigned gender at birth.
- ❑ A statement indicating the client/patient exhibits **persistent discomfort** with their assigned sex and gender role of that sex.
- ❑ A statement indicating that the client/patient's gender dysphoria **causes clinically significant distress** or impairment in important areas of functioning (social, occupational, interpersonal, etc.,)
- ❑ **The date** the client/patient started their social transition or began living as their stated gender identity, or any medical or other barriers that may be preventing this

Sample mental health assessment letter template

[Letterhead]

DATE]

Patient Name: [NAME OF PATIENT]

Patient DOB: 00/00/0000

Dear Dr. [surgeons name],

[NAME OF PATIENT] is a patient of mine since [date of first visit]. I am writing this letter in support of [NAME OF PATIENT] undergoing [TYPE THE NAME OF THE SURGERY]

[metoidioplasty/vaginoplasty/phalloplasty/hysterectomy/oophorectomy/orchiectomy/bilateral reduction mammoplasty with chest reconstruction/ breast augmentation]. This is a medically necessary procedure.

[NAME OF PATIENT] experiences persistent gender dysphoria, and I am in support of this gender-confirming surgery as the next step in their transition process. I have determined that [NAME OF PATIENT] has capacity to make informed consent around gender-affirming surgery.

[Please provide relevant psychiatric history here including diagnosis, recent hospitalizations or suicide attempts, whether their symptoms are well controlled, and why the client is ready for surgery at this time in your opinion]

Their current medical hormone regimen includes [insert currently prescribed hormone] which they have been taking since [insert hormone start date].

OR

They are currently not taking hormones because they are contraindicated by the diagnosis of [insert diagnosis].

Please call me at (111) 111-1111 with any questions or to arrange follow-up care.

Sincerely,

[NAME OF PROVIDER]

UW Medicine

Things to Consider

- Consult some [letter examples](#) and/or webinars for the basics ([Fenway](#), [UCSF](#), etc.)
- Have some [templates](#) handy to reuse and establish consistency
- Allow yourself at least 2 weeks to write the letter and receive any feedback from the patient.
- Get to know your [local resources](#).
 - ✓ Some Insurance agencies have specific people or departments to handle TGNB surgical authorizations and can answer questions related to what information is needed/missing to move forward or appeal.
 - ✓ Some local organizations have resources and provider databases for TGNB experts (Ingersoll, County).
- [Prepare your patient/client](#) that surgery may not be approved initially, and it could take a few tries to get authorization depending on how familiar you, your facility, insurance agency, or health system is with this process.
- A structure that feels right to you
 - Billing – Intake/assessment CPT
 - Timeline - Most straightforward assessments include 1-2 visits
 - Assessment 1 offs vs. new patient establishment

QUESTIONS?



5 Tips To Be Gender Aware

1



Make Eye Contact

Show you SEE them as you would anyone else.
Remember to use GENDERLESS GREETINGS!

2



Pronouns Matter

Don't assume!
Ask : What pronouns do you use AND what name do you like to be called? If you aren't sure, using They/Them at first can be a safe alternative. Bonus: provide your own pronouns afterward!

3



Refrain From "Helpful Tips"

- You should try voice coaching.
- I'd never guess you were trans!
- You're so brave!
- I have a friend that's trans...

4



Don't Out Someone

Is she? Are they?
It doesn't matter. A TGNB's identity is their own, as is any previous names or gender markers. Stay in the now and meet them where they're at.

5



Learn Something

Utilize trainings, your Health Program Coordinator, and Gender Ally Providers.
The internet is full of resources, too!

2018 - Pickering, MA LMHC

Thank You

For questions contact Sean Johnson
Phone: 206.520.6205
EMAIL: sean2010@uw.edu

References

1. World Health Organization (2018). WHO releases new International Classification of Diseases (ICD 11). Retrieved March 4, 2019 from [https://www.who.int/news-room/detail/18-06-2018-who-releases-new-international-classification-of-diseases-\(icd-11\)](https://www.who.int/news-room/detail/18-06-2018-who-releases-new-international-classification-of-diseases-(icd-11))
2. Bränström R, Pachankis JE. Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study. *American Journal of Psychiatry* 2019 Oct 4:1-8. *AJP in Advance* (doi: 10.1176/appi.ajp.2019.19010080)
3. The World Professional Association for Transgender Health (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7. Retrieved February, 2019 from https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf.
4. Washington State Health Care Authority (Feb 1, 2020). Physician –Related Services/health Care Professional Services Billing Guide. Retrieved February 26, from <https://www.hca.wa.gov/assets/billers-and-providers/physician-related-servs-bg-20200201.pdf>.