

Models of Care and Getting Started

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HOW
WHERE
WHAT
???????

Models of Clinical Care

How to people with diverse gender identities obtain clinical care?

How can professionals get started in providing clinical care?

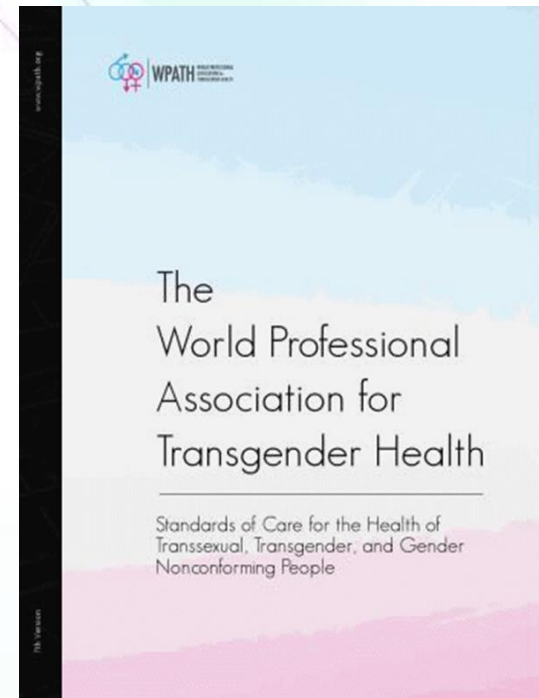
STANDARDS

Wpath Standards of Care

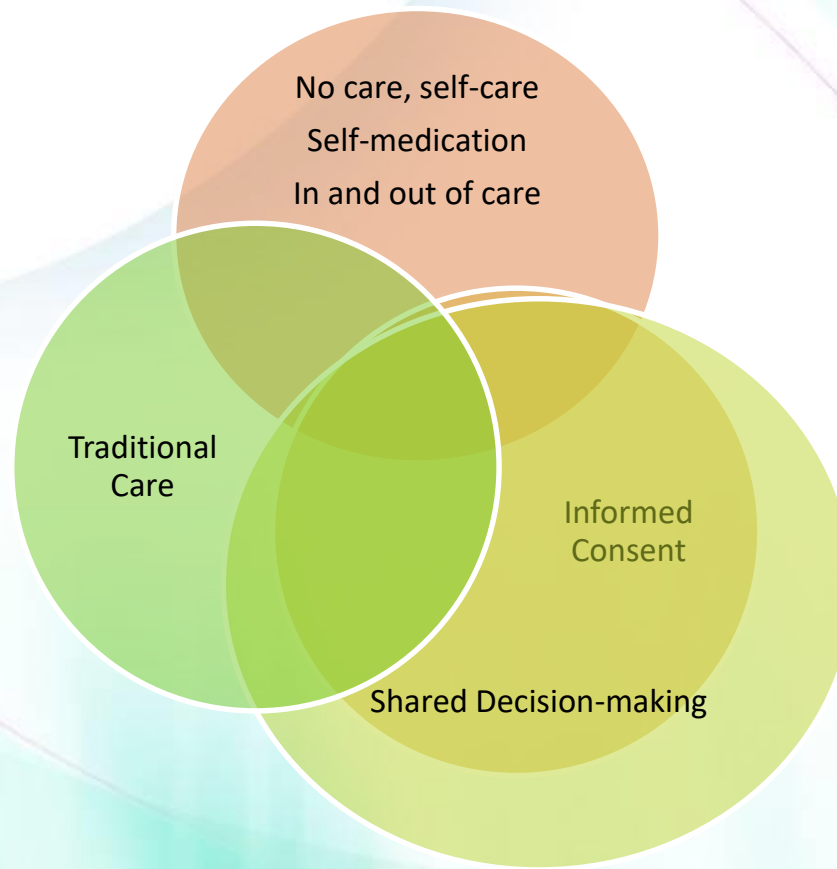
Clinical guidelines for safe and effective pathways based on expert consensus and available evidence

Versions 1-6 supported **Traditional Care**
referral to **MHP + Endocrinologist + Surgeon**

Version 7 quite different from previous versions
affirms the unique identity of an individual and their gender goals.
Still a emphasis on the MHP as the one to
assist with patient adjustment
preferred as assessor for hormone therapy
mandated for surgery.



OVERLAPPING MODELS OF CARE



Informed Consent

“Informed Consent” Model

Supports the patient’s autonomy
assists the patient to weight risks and benefits
involvement of a MHP not mandated but encouraged.

A North American evolution in trans health to deal with
the exponential growth in presentations
community mistrust of gate keepers
growing expertise among primary providers caring for hundreds of patients
the dissolution of the binary



Shared Decision-Making. Similar model with a literature outside trans health
The co-ordinator of care develops an understanding of the patient
builds capacity to make informed decisions
involves multiple professionals *as needed* for progressing the patient’s goals.

The features of Informed Consent + room for wpath’s emphasis on MHP.




**Creating a trans affirmative,
person centred, peer led
trans & gender diverse
health service**



The guidelines



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- Stage 1 Introduction to service
 - Stage 2 Initial medical review
 - Stage 3 Hormone counselling session
 - Stage 4 Initiation HRT
 - Stage 5 Ongoing monitoring and support

Guidelines are a guide only and are flexible

Multiple stages can be covered in one visit, some stages may require more than one visit

STAGE 3**Hormone counselling and education session**

PROVIDER**GP****GOALS OF THE SESSION**

- Complete any outstanding tasks from STAGE 2
- Results of investigations provided to patient
- Examination including baseline BMI, BP
- Referrals organised if required to other Specialists (e.g. Psychiatry, Endocrinology, Psychology)
- Discussion regarding hormone therapy to include
 - Client's goals and expectations
 - Likely effects, side effects, and potential irreversible side-effects with HRT
 - Counselling regarding fertility preservation options
 - Explore client's social transition needs
 - Assess and document capacity to provide informed consent
 - Consider written consent form



How do people with diverse gender identities obtain clinical care in Queensland? In your region???

- RBWH Gender Service, a assessment service, also offering hormone initiation, and surgical letters. GP referral to Metro North Central Referral Hub.
- GPs with assessment and hormone prescribing experience, can share-care with usual GP/Psychologist. Specialist referral as needed. This is private care, patients simply book, and bring helpful information with them.
Holdsworth House, Gladstone Rd Medical Centre, Stonewall Medical Centre
- Traditional care, private. Usual GP refers to Psychiatrist and Endocrinologist.
- Clinics at QuAC, bulk-billed. The Brisbane Gender Clinic and Clinic 30 take some new patients each year, targeting financially disadvantaged and vulnerable in a safe holistic community setting. Mental Health Social Worker available.
- Sexual Health Physicians. Private - Gold Coast. Public - Cairns. As specialists they can offer Skype consults for regional patients.
- Children: LCCH - GP referral. Also private options, but Lucrin not PBS.

Costs and Navigating Medicare

Care is affordable.

Public or bulk-billed medical care is available: some tertiary hospitals, some Sexual Health Services, some Aids Councils. General Practices will often subsidise concessional care.

GPs use your Item Numbers: 721,723, 732, 2713

Hormone therapy is PBS

Medicare does not require a gender marker for any script.

Testosterone on PBS Authority requires an *initial* specialist prescription

Surgery is not subsidised

Battle on two fronts: appropriate Medicare Items, state health funding for public patients

Advantages of Generalist Setting

- Toleration of uncertainty, complexity, undifferentiated or fluid labels.
- Can extrapolate to small populations from the full generalist skill-set acquired with larger populations.
- Anonymity and main-streaming if patient preference
- Privacy level across health settings can be managed for specialist referrals, imaging, pathology
- Continuity of care: trust improves mental health outcomes, preventive care across the lifetime improves medical outcomes

How can the interested professional get involved?

Develop your pattern recognition: listen carefully to your gender diverse patients, ask some to write 1-2 pages about their identity and story

Read something if you want to.

wpath Standards of Care <http://wpathsoc.com/>

<http://transhealth.ucsf.edu/>

<http://www.brisbanegenderclinic.org.au/>

Refer a new patient (to Metro North, or an experienced GP or Psychiatrist) for assessment, and then take on the hormone prescribing role yourself.

Try doing an assessment of a new gender patient yourself as well as referring. Use the GP long case format. A check-list is in your resources.

Join anzpath www.anzpath.org.au for a robust useful List-Serve involving many different professionals and learn heaps.

Assessment

- History

Gender. Ask **Open-ended Questions** about identity, childhood and pubertal history, current expression, disclosures, body transformations so far

Medical, Surgical, Family History

Medications, Substances

Relationships and support

Sexual History

Psychological/Psychiatric history – current distress, self-harm, anxiety, depression, personality vulnerability, previous and current psychotherapy, other known diagnoses eg Autistic Spectrum

Vocational history

- Physical Exam esp BP, BMI. OK to defer genital examination.

Assessment cont

- **Tests:**

FBE, E&LFTs, lipids, baseline Testosterone and SHBG

Consider Oestradiol, LH & FSH, Prolactin, 17hydroxyprogesterone

Explore need for Cervical test and STI check, PSA

Karyotype if Klinefelter's suspected



- **Gender Literacy.** Level of information and support required, expectations.

- **Fertility preservation.** Have a pathway

- **Multidisciplinary care.** Plan future care. May need to rebook for: Mental Health Plan, deeper exploration of individual goals, discussion of test results, further general health investigations.

Any Mental Health Professional can help gender diverse clients

- Explore the client's identity over time with a personalised open-ended approach
- Explore the degree of distress and what the client thinks would alleviate it
- Explore losses and potential losses (altered relationships, fertility) and tasks that may impact on transition (disclosures, workplace issues)
- Treat any Anxiety and Depression with psychological strategies
- Encourage healthy behaviours to assist transition (reduce or cease substances of dependence, lose weight)

Preventive Health Care

What difference does hormone therapy make?

- **Cancer**

Breast cancer is rare. It can occur in any identified gender, and can occur many years after mastectomy.

Prostate cancer is rare. Case reports have been elderly, on oestrogen for many years. Oestrogen lowers PSA, but it can still be tracked.

Cervix, ovaries, uterus: Case reports but **no significant increase**. Cervical cancer rare. Endometrial cancer possible. Scan abnormal bleeding if previously amenorrhoeic. Cervical HPV test as per guidelines.

- **Sex markers and lab testing.** Labs use the sex marker you give them. This matters for sex hormones. There is also a sex shift for haematology and renal function. Reference ranges probably lie in-between for most patients on cross-sex hormones.

Preventive Health Care 2

- **Cardiovascular Health**

On Testosterone: male risk but no other increase observed.

On Oestrogen: MI rates similar to male controls so use male Risk Calculator. Type of oestrogen stratifies VTE risk.

- **Bone Health**

Hormones are good for bone. Risk occurs when post-op hypo-gonadal patients are lost to follow-up and have inadequate doses across time.

- **Diabetes**

Possible small increase in both FtM and MtF.

Strengths and Weaknesses



- More GPs and Psychologists becoming comfortable and skilled
- Public Service at RBH
- Permanent public funding for kids
- Removal of Family Court barrier



- No funding for top surgery for even the most depressed and suicidal patients
- Minimal public Endocrinology
- Low Medicare rebates particularly affect long consults, disadvantaged patients and generous practitioners
- Inconsistent protocols across private specialists
- Public Sexual Health Physicians are actively discouraged from doing gender work
- ID requirements vary across states and territories
- “Pot-luck” at provider of first contact. Exacerbates regional disadvantage

Mind

Science

Body

Art

