



## Sexual Orientation, Gender Identity & Expression (SOGIE) Provincial Advisory Council Meeting Minutes

September 25, 2021/Zoom

ATTENDEES & INTRODUCTIONS	
<b>Members</b>	Jennifer Kneller (Chair), Rebecca Alley (Vice Chair), B Adair, J. Anderson, Kenyo Arujo, Jason Beck, Stephanie Booth, Renate Braul, Carla Grant, Jane Oxenbury, S. Stewart, Dr. Kristopher Wells. Jolene Wright
<b>AHS</b>	Dr. Sid Viner, Heather Cobb, Shahnaz Davachi, Andrea Jackson, Marni Panas, Janine Sakatch
<b>Regrets</b>	Murray Crawford, Carla Grant, Diane McNeil, Bryan Peffers, Lori Roe, Shawn Singer
<b>Welcome &amp; Introductions</b>	Jenn welcomed all in attendance and went through introductions. Stephanie Booth provided a land acknowledgment.
<b>Approval of previous minutes</b>	May 8, 2021 minutes were reviewed and approved by consensus.
STANDING ITEMS	
<b>Action items from previous meeting</b>	<ul style="list-style-type: none"> <li>Carol (Taylor) will take feedback on wording in the application form re: hysterectomy and associated surgeries back to her team for revision consideration. Carol will loop back with the PAC with confirmed intent of the form – <b>In progress</b>.</li> <li>Andrea will compile feedback re: naming of Alberta Gender Surgery Program and share with Carol. <b>Complete</b></li> <li>Janine and Andrea to provide final draft of 2021-2023 Commitments to Council via email for approval. <b>Complete</b></li> </ul>
<b>Alberta Health Services Update</b>	<p>The AHS Update was replaced by a check-in with members and AHS Permanent Resources, due to the state of the pandemic.</p> <p>Dr. Sid Viner, Vice President &amp; Medical Director-Clinical Operations, AHS, introduced himself as the new Executive Sponsor to the SOGIE PAC. Dr. Viner replaces Dr. Ted Braun.</p>
<b>Council Check-In</b>	Council members shared how they've spent their time since the May meeting, and how they're currently managing through wave four of the pandemic. Many folks are tired and some are struggling with their mental health. Members also acknowledged the stress on healthcare workers and staff. The check-in was a reminder to connect with one another, and to reach out whenever needed.



## NEW BUSINESS

### Presentation

#### **AHS Primary Health – Home to Hospital to Home Transitions (H2H2H) Guideline**

*Mona Delisle, Executive Director, Primary Health Care*

*Analacia Bozzo, Consultant, Integration & Innovation, Primary Health Care*

Highlights include:

- The Transitions Guideline was developed as a standard approach to improving continuity of care, helping bridge connections between hospitals, primary care and community services with patients, families and caregivers at the centre.
- It is also intended to: reduce practice variability; create common understanding of processes; improve patient outcomes, experience and satisfaction; drive improvement and improve provider satisfaction.
- Guideline Elements include: confirmation of the primary care provider; admit notification; transition planning; referral and access to community supports; transition care plan and follow-up to primary care.
- A discharge planning tool called *My Next Steps* is a resource for any patient transitioning out of hospital after being admitted.
- This resource is intended to empower patients to be active members of their transition conversations, so care happens with them, not to them.
- It helps patients feel prepared to go home and to manage their health when they get there.

#### **Not everyone has a so-called 'home.' Have you talked about the use of the word 'home' and its meaning?**

There was much discussion about this and there is a definition in the guideline. Ultimately, it's whatever home is in one's community.

#### **For the LGBTQ2S+ community, many have to go out of province for gender-affirming care.**

In these situations the provider sends a consult letter to Alberta with a summary of the care provided. The summary is shared with the provider of the patient's choice. Patients can also request their records to bring to their provider.

#### **What training will be available for staff to complete this with patients in hospital?**

The next step is understanding how to develop a tool that works with their work flow, and not to overlap with discharge summaries. This is intended to compliment that work, not supplant it.



<p><b>Presentation</b></p>	<p><b>Metta Gender Clinic – program overview</b> <i>Teresa Coker, Family Counsellor, Metta Gender Clinic</i></p> <p>Highlights include:</p> <ul style="list-style-type: none"> <li>• The Metta Gender Clinic has gone from one half-day, once per month, to the multi-disciplinary pediatric clinic it is now.</li> <li>• It sees kids as young as six from Red Deer, throughout southern Alberta.</li> <li>• There is one family counsellor (Teresa), two child/adolescent psychiatrists, two mental health workers, three endocrinologists, a half-time nurse and a half-time clerk.</li> <li>• The Clinic does not accept referrals over age 18 as there is an adult program available. The adult clinic has a full-time therapist and two full-time psychiatrists. It is not involved with endocrinology.</li> <li>• There is a two-year waitlist for the adult program; 15-20 new referrals/month; 700 people on the waitlist, not including transfers of care.</li> <li>• The clinic follows World Professional Association for Transgender Health (<a href="#">WPATH</a>) association guidelines which requires patients meet with a psychiatrist to receive service.</li> <li>• After seeing the mental health therapist, Teresa and another staff complete an assessment. The waitlist to see the mental health specialist is 12-15 months. Kids under 12 get in to see Teresa within 1-3 months, followed by the endocrinologist.</li> <li>• The Clinic is available most days; some it can only take mental health appointments, and some only medical appointments.</li> <li>• There are 394 people on the waitlist right now, with 500 open files at the Clinic. They average 30+ referrals/month and the overall wait is 12-15 months. For urgent endocrinology appointments it's 2-4 months.</li> <li>• Once on the waitlist, folks can access Teresa for support.</li> </ul> <p><b>How do families get in to the Clinic?</b> The clinic accepts referrals from any professional with a practice ID (e.g. school counsellors, et al.). It doesn't accept self-referrals.</p> <p><b>What are the chances the Clinic will increase staff in the near future?</b> The clinic has been advised it is at the top of the list for funding though there isn't anything available right now.</p> <p><b>What is the role of the nurse in case management?</b> Nurses do all fertility clinic and top surgery referrals.</p>
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**It's not easy finding information on the Metta Clinic. Why is that?**

There is information on the AHS [website](#) now, in addition to a new pamphlet. Teresa will also do presentations at schools.

**What changes have been implemented re referral for gender-affirming surgery?**

It is no longer required to see a psychiatrist for a referral for top surgery. The guideline is age 16 for top surgery. The clinic sends pre-approvals to Alberta Health (none have been refused; quick turn around time), then to the surgeon. Surgery usually doesn't occur until age 18 though, since referrals are made through the adult program which requires one to be 17.

**Where does funding come from?**

The family counsellor's funding comes from Child and Adolescent Mental Health. Endocrinologists are funded via endocrinology. Psychiatrists are fee-for-service – Alberta Health.

**How can youth/teens access the clinic if they don't have parental or familial support?**

As long as they are referred (school; The Alex; anywhere) the Clinic will see them.

**There is no fee-for-service billing code for top surgery, correct?**

Correct. If the form is not completed, surgeons don't get paid. Dr. Viner will enquire how payment for the surgery might be supported.

**What role do primary care physicians have in youth care?**

If youth receive the hormone blocker while under the care of Alberta Children's Hospital, it is covered. If not, it is very expensive. The Clinic provides information to family doctors to advise what to do in the meantime.

**Is there support for primary care physicians who are ready to help alleviate pressure from the clinic?**

The clinic is happy to build capacity in others, where possible (e.g. medical school) but there isn't a formal channel for this.

**Has access to hormone replacement therapy (HRT) been an issue in Alberta since the pandemic?**

There have been temporary shortages which is distressing to patients because it means they need to switch time and brand.



	<p><b>What can this group/public do to support/advocate for the clinic and other supports/services for trans health in Alberta?</b></p> <p>The clinic is doing the best it can and would do better with more support, but is unsure what more to do. There just isn't enough.</p>
<b>Action Item</b>	<ul style="list-style-type: none"> <li>• Teresa to consider providing a write up for a link on the website.</li> <li>• Dr. Viner will enquire how payment for top surgery may be supported.</li> </ul>
<b>Date of Next Meeting</b>	<p>Date: Saturday, November 27, 2021</p> <p>Time: 9:00 a.m. to 12:00 p.m.</p> <p>Location: Zoom</p>

Our meetings are open to the public. Dates and locations are [available here](#).  
 Visit [Together 4 Health](#) (T4H) to engage with AHS online.