

**Department of Veterans Affairs
Comprehensive Gender Affirming Surgical Center (CGASC) Proposal**

Facility(ies)/VISN(s):

VA Puget Sound Health Care System (663)/VISN 20

1. Please describe interest for development of a CGASC at your facility(ies)/VISN(s).

Seattle is a sanctuary city for LGBTQ+ refugees from across the United States. Per a 2022 analysis of VISTA/CPRS data, Washington State has the fourth largest number of Veterans with a gender dysphoria diagnosis in their charts. VA Puget Sound HCS has a strong track record of commitment to serving the LGBTQ+ community, particularly gender diverse Veterans who seek care at our facilities. The VA Puget Sound HCS has been providing gender affirming hormone therapy (40+years), prosthetics (binders, packers, gaffs etc), mental health and social supports, voice therapy, permanent hair removal referrals, pelvic physical therapy, and even orchiectomies (~15years), hysterectomies, and breast-reduction surgeries for gender affirmation in combination with additional indications for many years. Our facility is committed to continuing and expanding these medically necessary, lifesaving services. At the end of 2021, we launched a dedicated Gender Diversity Clinic to exclusively serve the needs of our gender diverse Veterans as well as to train future generations of health care providers (residents, fellows, medical students, nurses, pharmacists, etc) through our position as a key academic affiliate of the University of Washington. VA Puget Sound HCS's full-time LGBTQ RN care coordinator provides extensive staff education and training as well as support for our gender diverse Veterans. Our Chiefs of surgery, endocrinology, obstetrics and gynecology, urology, nursing, primary care, social work, pelvic physical therapy, occupational therapy, and mental health are all excited for and committed to successfully launching and building a program for gender affirming surgery here in Seattle. Finally, we at VA Puget Sound HCS have the privilege of collaborating closely with several outstanding surgeons at the University of Washington (Drs Russell Ettinger, Alex Skokan and Shane Morrison) who provide a broad spectrum of gender affirming surgeries, and who are actively seeking expansion of these surgeries to the VA Puget Sound HCS so that we can provide this much needed service to our Veterans.

2. Please describe facility and VISN leadership commitment in support of this center.

The executive leadership team at VA Puget Sound HCS has reviewed the plan and is in support of this proposal. Members of our Diversity Equity Inclusion (DEI) committee are actively engaged in the development of this proposal.

VA Puget Sound HCS's Chief of Surgery Dr. Roger Tatum, Associate Chief of Surgery and Section Chief of Urology Dr. Michael Porter, Section Chief of Gynecology Dr. Carolyn Gardella, Section Chief of Plastic and Reconstructive Surgery Dr. Kari Keys, Patient Experience Chief Officer Mr. Richard Royse, Director of Nursing for Surgery Mr. Frank Lee, ACOS for General Medicine Dr. Chris Vanderwalker, Senior Social Worker Mr. Brandon Barrera, Acting ACOS for Mental Health Dr. Vivek Jain, Chief of Endocrinology Dr. Jenny Tong, Chief of Seattle Primary Care clinic Dr. Scott Hagan and Chief of Women's Health Clinic Dr. Traci Takahashi, representatives from Rehabilitation

Services in pelvic physical therapy and occupational therapy, and Section Chief of Dermatology Dr. April Schachtel have all voiced their commitment to bringing gender affirming surgery to the VA Puget Sound HCS.

3. Please provide a facility business plan that addresses resources for establishing and maintaining this proposed program, including projected budget with categorization. Itemize proposed annual budgets for fiscal year 2023-2027 assuming availability of supplemental program-specific funding.

A Comprehensive Gender Surgery Program requires integration of numerous clinical subspecialties including but not limited to Plastic Surgery, Urology, Obstetrics & Gynecology, Primary Care, Endocrinology, Social Work, Nursing, Mental Health, Physical Therapy, Occupational Therapy, and Speech Therapy. Complex care coordination is a prerequisite for gender diverse patients to both navigate the health system and to create individualized care plans based on each patient’s goals and needs. Elements specific to gender affirming surgery such as pre-surgical letters of medical necessity from medical and mental health providers, pre-operative permanent hair removal, and post-operative pelvic physical therapy also increase the administrative requirements for patients to reach and complete individual surgical interventions. To achieve the goal of a comprehensive gender surgery program at the VA Puget Sound HCS we propose the following staged build-up of programmatic support to ensure scaled care resources to match gradual increase in operative case volumes over FY 2023-27. Key strategic personnel additions are front biased (FY 2023) to offer full scope gender affirming surgical services at program launch while leveraging existing clinical infrastructure, with additional support positions to be added over subsequent years (FY 2024-27) to handle increased patient volume as the program builds intramurally as well as through regional referrals. Please see Section 6 for job descriptions for strategic personnel additions outlined in the itemized business plan.

	2023	2024	2025	2026	2027	5 Yr Total
Staffing Need						
Strategic Personnel Additions						
Plastic Surgery (Morrison - Genital/body/chest)	0.1					0.1
Plastic Surgery (Ettinger - Facial/chest)	0.1					0.1
Urology (Skokan - Genital)	0.1					0.1
VA Gynecology	We plan to utilize existing FTE (current clinical FTE: 2.0)					
VA Urology	We plan to utilize existing FTE (current clinical FTE: 6.0)					
VA Plastic Surgery	We plan to utilize existing FTE (current clinical FTE 0.5)					
RN Care Navigator	1.0		2.0			2.0

MSA						
Social Worker	0.5	1.0				1.0
Medical director	0.5		1.0			1.0
Clinical Psychologist	0.5	1.0				1.0
Psychiatrist for consultation	0.2					0.2
Program Manager				1.0		1.0
Electrologist	0.25	0.5				0.5
Laser Hair Technician		0.25	0.5			0.5
Dermatologist (supervision of Aestheticians)	0.05		0.1			0.1
APP (ARNP vs PA)				1.0		1.0
Pelvic Physical Therapist	0.1		0.2		0.4	0.4
Chaperone for Pelvic Physical Therapy			0.1		0.2	0.2
Endocrinology Gender Specialist				0.2		0.2
Total FTEE	4.4					10.4
Total FTEE cost years 1 and 5 (recurring)	\$612,062					\$1,363,955
Veteran Stipend to participate in monthly feedback meetings	\$500	\$500	\$500	\$500	\$500	
Immediate Equipment Requests						
Capital for Gender Surgery Clinic Outfitting	\$7,000					
Capital Purchase of Gender Specific DME	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	
Capital Purchase of Gender OR Instruments	\$10,000					
Electrolysis machine/Equipment (Apilus Senior 3G)	\$10,000					
Equipment total cost	\$30,000					\$47,000
Future Equipment Requests						
Laser hair machine (Candela Gentle Max Pro)		\$102,000				
Pelvic PT Biofeedback machine/equipment					\$10,000	
						\$112,000
Total Estimated cost years 1 and 5 (including recurring):	\$642,562					\$1,523,455

Salary data (each represented as 1.0 FTEE below):

MSA \$52,000
GS-12 Social Worker \$91,676-\$119,183
GS-13 Psychologist \$110,000-130,000
Electrologist - \$64,400
Laser hair tech - \$52,000
Pelvic PT specialists - \$162,592
Medical Director - \$263,878
Psychiatrist \$263,878
Dermatologist \$314,772
Endocrinologist \$226,407
RN Care Navigator \$112,000
Program Manager \$105,000
Advanced practitioner (ARNP) \$128,406

Contracted physician salaries within above plan (cost analysis dependent on contract terms):
Plastic and Reconstructive Surgery \$330,000
Urology \$371,000

4. Please describe background, role and expertise of anticipated clinical leaders and key personnel for the proposed center.

Dr Alexander J. Skokan - Board-certified trauma and reconstructive urologist with specialty expertise in genital gender affirming surgery. He completed his urologic surgery residency at the University of Pennsylvania, where he worked extensively with the world-renowned faculty at the Children's Hospital of Philadelphia. He gained significant experience in the surgical care of congenital conditions affecting the genitalia and urinary tract such as hypospadias, bladder exstrophy, and differences of sexual development. During fellowship at the University of Washington, he honed his skills in surgical reconstruction of the genitalia through care of the most complex disease states after trauma, radiation therapy, and other cancer treatments. In his free time, he pursued additional dedicated experience at several high-volume gender care centers throughout the country to develop the surgical techniques necessary to meet the unique needs of trans and non-binary patients. Upon joining the UW faculty, he began constructing the health system's program to provide genital gender affirming surgery and comprehensive gender affirming care. He has partnered with providers across disciplines throughout UW Medicine and the greater Puget Sound community to help develop a world-class program for Seattle and its surrounding communities.

Dr. Shane Morrison - Plastic surgeon with specialized training in gender affirmation surgery at the University of Washington and Seattle Children's Hospital. Prior to medical school, he conducted research in Switzerland as a Fulbright Scholar. During medical school at Stanford, he spent time as a Howard Hughes Medical Institute Medical Research Fellow and worked on healthcare policy in Kosovo as a Boren Fellow. He completed his plastic surgery residency at the University of Washington and did further specialized training in gender affirmation surgery at the University of Michigan and

Ghent University Hospital in Belgium.

Dr. Russell E. Ettinger – Craniofacial Plastic & Reconstructive Surgeon, and Assistant Professor within the University of Washington, Department of Surgery. I joined the UW faculty in 2019 and initiated development the Adult Gender Affirmation Surgery Program at the University of Washington based at Harborview Medical Center. I received my Plastic Surgery training at the University of Michigan which has operated the longest standing academic gender surgery program in the country. Through this training I gained exposure to the full breadth of gender affirming surgical procedures and with my additional subspecialty training in craniofacial surgery, I now perform full scope of facial gender affirming surgery including facial feminization, facial masculinization, gender affirming rhinoplasty, chondrolaryngoplasty, as well as gender affirming chest surgery.

Dr. Carolyn Gardella, MD, MPH - Professor of Ob/Gyn University of Washington, Gynecology Section Chief VAMC Puget Sound has 15 years' experience in VAMC healthcare and provides trauma informed care to gender diverse patients as part of her usual practice. Her service provides minimally invasive outpatient hysterectomy.

Dr. Michael Porter - Chief of Urology and Associate Chief of Surgery at VAMC Puget Sound, and Professor of Urology and Adjunct Professor of Epidemiology at the University of Washington. Dr. Porter has 20 years of experience in urologic cancer surgery and general urology. He will participate by leading the urology team in providing urology specific transgender care. He will use his close connections with our UW affiliate and the UW Department of Urology to coordinate personnel resources and coordination of care for any urology care that occurs between sites, and he has already received strong support for the VAMC Puget Sound's proposal by the Urology Department Chairman. He will also work with Dr. Tatum in securing OR and clinical resources for multidisciplinary transgender surgical care.

Dr Kari Keys – Board certified Plastic and Reconstructive surgeon with 100% reconstructive practice comprising both truncal and lower extremity soft tissue surgeries for trauma and functional improvement. She completed her plastic surgery residency at the University of Washington and has spent her career working for both Harborview Medical Center trauma hospital and Veterans Affairs Puget Sound where she now serves as Section Chief of Plastic Surgery. She has extensive experience is non-cancer breast surgery and reconstruction of the torso. She will provide surgical care in the gender affirmation program specifically in breast and chest surgeries. As head of the Plastic Surgery section at the VAMC in Seattle, she will serve in a strategic and organizational role for the multiple aspects of plastic surgery care in the gender affirmation program amongst multiple plastic surgeons providing facial, chest, and genital surgeries.

Dr David E. Cummings – VA Puget Sound HCS endocrinologist and Professor of Medicine at the University of Washington. Together with Dr. Lauren Campbell, he is a founding Co-Director of the Gender Diversity Clinic in the Seattle/Tacoma VAMC system. He has 35 years of experience providing gender-affirming care to thousands of

Veterans throughout the Pacific Northwest. For much of that time, roughly 30-40% of his clinical practice has consisted of gender-affirming care. A graduate of Harvard Medical School, he had some experience at Boston's Fenway Health, an LGBTQ+-centered community health and research center where Dr. Lauren Campbell also received training in this domain.

Dr Lauren Campbell – VA Puget Sound HCS primary care provider in the primary care and women's health clinics, co-director of the Gender Diversity Clinic, and clinical instructor at the University of Washington. Prior to working at VAMC, she spent several years working at Fenway Health, an LGBTQ+-centered community health and research center in Boston, MA where the majority of her work focused on providing care for gender diverse people. She has expertise in providing medical care for gender diverse people including gender affirming hormone therapy, trauma-informed care, and sexual health care. She also has expertise in caring for people living with HIV.

Bridget Reposa, BSN RN – LGBTQ+ Veteran Care Coordinator for the VAMC Puget Sound Health Care System. She is the patient advocate for LGBTQ+ Veteran concerns and the staff/patient educator for LGBTQ+ Veteran Care. She leads and assists in projects to create an LGBTQ+ affirming environment at the VAMC Puget Sound facility and nationally.

Dr. Jesse Markman – Acting Chief of Staff at VAMC Puget Sound, and Associate Professor of Psychiatry and Behavior Sciences at the University of Washington. He provides psychiatric care to many gender diverse Veterans as part of his outpatient clinical practice. He will participate by providing executive leadership support for the program and future growth efforts. In addition, he will provide direct psychiatric evaluation and care as part of the collaborative, comprehensive care that the future program will offer.

Dr. MJ Mariano - I am a clinical health psychologist in the Women's Health Clinic at the VA Puget Sound HCS, and clinical assistant professor at the University of Washington. I have worked in a variety of clinics at VA Puget Sound HCS over the last 30 plus years. I began caring for gender diverse people about 25 years ago when services to this group of Veterans was rare in the VAMC system. I have conducted assessments, individual therapy, and group therapy for gender diverse Veterans, including what I believe may be the first psychotherapy group for transgender Veterans within the VAMC starting in 2006. My background in psychological and interpersonal trauma is particularly relevant to the needs of many gender diverse Veterans. I have conducted many training presentations on the psychological and mental health care of gender diverse people to a wide variety of audiences including general hospital staff, multidisciplinary mental health staff, social work staff, psychiatry residents at VAMC and UW and other groups. I co-authored a paper on neuropsychological assessment with transgender individuals.

Dr. Desta Gebregiorgis – I am the Primary Care Mental Health Integration (PCMHI) Graduate Psychologist located within the Seattle VAMC Women's Health Clinic (WHC). While at the Seattle VAMC, I have provided brief, individual psychotherapy, assisted

with gender-affirming surgery evaluations, co-facilitated a psychotherapy group for gender diverse Veterans, and led didactics on LGBTQ+ health/affirming care. Prior to this position, I was a co-lecturer at a university teaching on human sexuality, and I trained in a variety of settings in which I prioritized increasing access/providing care for marginalized populations. Throughout my training and career, I have also worked with multiple diversity committees to create a more inclusive and equitable environment to better support providers, trainees, clinical staff, and Veterans.

Kathryn Rice and Maureen Wilson – Doctors of PT, Pelvic floor clinical specialists at VAMC Puget Sound in Seattle and American Lake VAMC, respectively. They both have extensive training and expertise in evaluation and treatment of individuals of all genders with urinary, bowel, pelvic pain, and sexual health diagnoses and concerns. They are particularly passionate about care of LGBTQ+ Veterans and addressing gender affirming care from an interdisciplinary and holistic perspective.

Dr. Claire Richardson - Board certified Internal Medicine provider with an interest in gender affirming care. As an internal medicine resident, she contributed to the development of a Transgender Health rotation for residents, including constructing curriculum and organizing clinical opportunities. She cares for transgender and non-binary patients in her clinical practice and is passionate about increasing primary care faculty education to make gender affirming care a standard part of primary care practice.

Dr. Roger Tatum - Professor of Surgery at the University of Washington in Seattle and the Chief of Surgery at VAMC Puget Sound Health Care System. He will support this program by securing OR and clinical resources for multidisciplinary transgender surgical care.

5. Please describe any anticipated challenges for addition of this CGASC and planned mitigation.

Hiring for multiple positions – We will need to hire new personnel or shift FTE to fill several core positions including RN care navigator, Social worker, Clinical psychologist and MSA with intention towards hiring people who have lived experience and understanding of gender diversity. While we will try to hire people who currently work at VA Puget Sound HCS, we may need to outreach to the community to hire for these positions.

Space limitations – There is limited operating room capacity at VA Puget Sound HCS and University of Washington to provide these procedures; however, this is a national issue with current waitlists for certain surgeries of over two years so we hope that adding OR space in future years at the VA Puget Sound will help improve access in the longer term. While many Veterans will be able to leave the hospital same day, for the Veterans requiring an overnight stay, there are also a limited number of private rooms on the surgical ward for post-operative recovery. We would be able to support 1-2cases/week for surgeries requiring an overnight stay (e.g., vaginoplasty, phalloplasty). We anticipate

needing more private rooms with private bathrooms should the need expand beyond 2 cases/week.

Cultural competency at facility level – This will involve improved data gathering, developing more inclusive forms and policies, highlighting preferred names and pronouns in Veterans’ charts, improving representation with directives around hiring and leadership positions as well as representation in media and fliers at VAMC, ongoing education of staff, requesting feedback from gender diverse Veterans generally and at a monthly meeting, etc. Please see response to question 8 for more details.

Hair removal access – Of the 12,500 Veterans nation-wide who have an accurate gender dysphoria diagnosis in their chart, 73% want some kind of procedure with the highest requested procedure being hair removal so not only is this an incredibly important part of the surgery proposal but an incredibly important part of providing gender affirming care overall. It is also a medically necessary part of providing gender affirming care: per this study in *Jama Dermatology* <<https://jamanetwork.com/journals/jamadermatology/article-abstract/2782063>>, gender affirming hair removal was associated with lower odds of past-month severe psychological distress and past-year suicidal ideation. However, there are a number of bottlenecks in providing this medically necessary service including a mismatch in supply and demand (every current provider in the Seattle area is booked out for months with customers who are willing to pay full price out of pocket), lack of standardized training and NPI numbers, limited insurance coverage, and lack of aesthetician interest in accepting insurance coverage (given that they are already booked out with paying customers). Another difficulty specific to VA medical centers is that community care can only refer to aestheticians who work in Dermatology offices which limits the pool significantly. We currently are working with a single community provider who is selectively accepting VA reimbursement for laser hair removal though this vastly under-supports the current need, and cannot approach the anticipated need as gender affirming surgeries become available. Therefore, we propose a two-fold approach:

- 1) National directive regarding community care referrals allowing Veterans to pay out of pocket for laser and electrolysis for hair removal in the community [including with independent aestheticians (electrologists and laser hair technicians) outside of Dermatology offices] with the ability to request reimbursement
- 2) Providing laser and electrolysis services at the VAMC. This will require that we purchase a laser and 2 electrolysis machines (one time purchase) as well as their associated equipment and hire an electrologist and laser technician.

6. Please describe plans to assure comprehensive clinical coordination throughout longitudinal care, including management of referrals, pre-operative care, operative care, post-operative care, and long-term support. Address planned use of virtual care and integration of care with referring facilities.

Several new positions will need to be added to the VAMC Puget Sound Health System to assure comprehensive clinical coordination of a multidisciplinary gender affirming surgery program. These strategic hires will be carefully selected with a focus on cultural competency in working with the gender diverse Veterans. Existing staff members will also require supplemental education on gender affirming care.

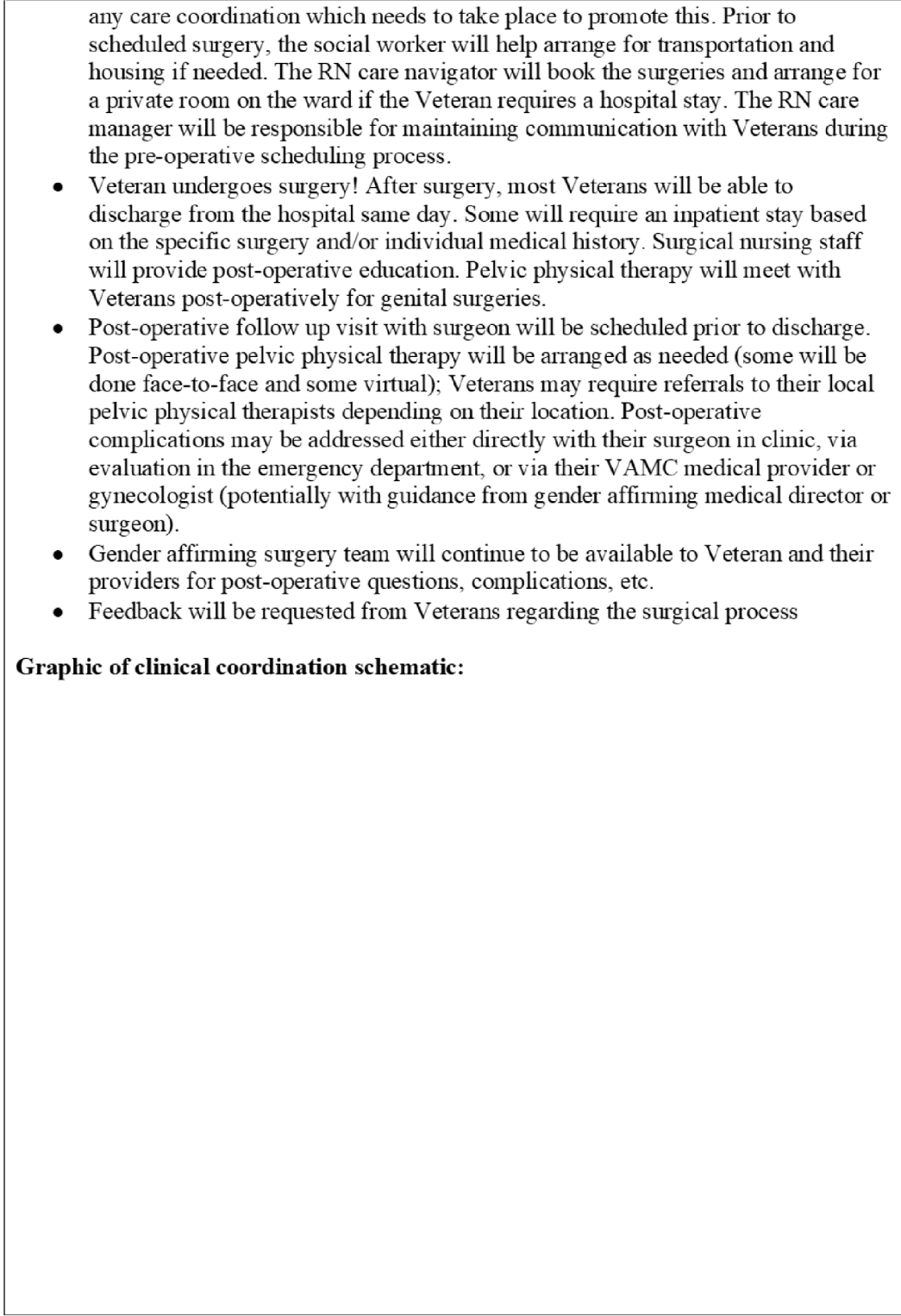
Description of clinical coordination:

- Primary care providers (PCPs) and mental health providers typically offer the initial point of contact for Veterans seeking gender affirming surgery. PCPs and mental health providers will be supported in providing the required documentation and pre-operative evaluation including medical and mental health referral letters (per WPATH standards of care 8) commenting on any areas needing pre-operative optimization (smoking habits, hypertension, self-harm, etc). If the PCP and/or mental health provider needs guidance on how to write letters, there will be templates available and they can enter a Non-Visit Consult to request guidance from the medical and/or mental health clinicians in the gender affirming surgery clinic. Alternatively, they can refer to the clinic for assistance with assessments and letters.
- PCP places an interfacility consult to the gender affirming surgery program detailing the desired surgery and attaching the referral letters.
- Gender affirming surgery clinic MSA schedules a virtual introductory appointment with the RN care navigator .
- RN care navigator reviews the referral and letters, provides education about the desired surgery, identifies any ancillary pre-operative services (hair removal, social work, mental health, pelvic PT etc), and coordinates the surgical referral. RN care navigator facilitates referrals for hair removal and pre-operative pelvic floor physical therapy from the Veteran's PCP or the gender affirming surgery medical director if needed. *If letters are still needed, RN care navigator will coordinate virtual appointments with the gender clinic psychologist and/or medical provider prior to scheduling an appointment with the surgeons.
- Veteran meets with the surgeon for initial consult (ideally face-to-face). The surgeon provides anticipatory guidance and education, and reviews the surgical process. The RN navigator, social worker, and MSA will arrange for any needed ancillary services identified by the surgeon. These services may be provided at the Veteran's local VAMC, through community care, or through VA Puget Sound HCS depending on the Veteran's location and preferences.. The Veteran may require follow up consults depending on the waitlist for surgery and whether the Veteran needs to complete further hair removal, coordinate social services, quit smoking, etc pre-operative. Veterans will require an annual update of referral letters, including an annual exam by their PCP and mental health provider, while awaiting surgery so as to confirm that their physical and mental health status remain appropriately safe to proceed.
- Gender affirming medical director will run monthly virtual case conference meeting with the surgeons and core team (RN care navigators, social worker, MSA, psychologist) to discuss which Veterans are ready to schedule surgery and

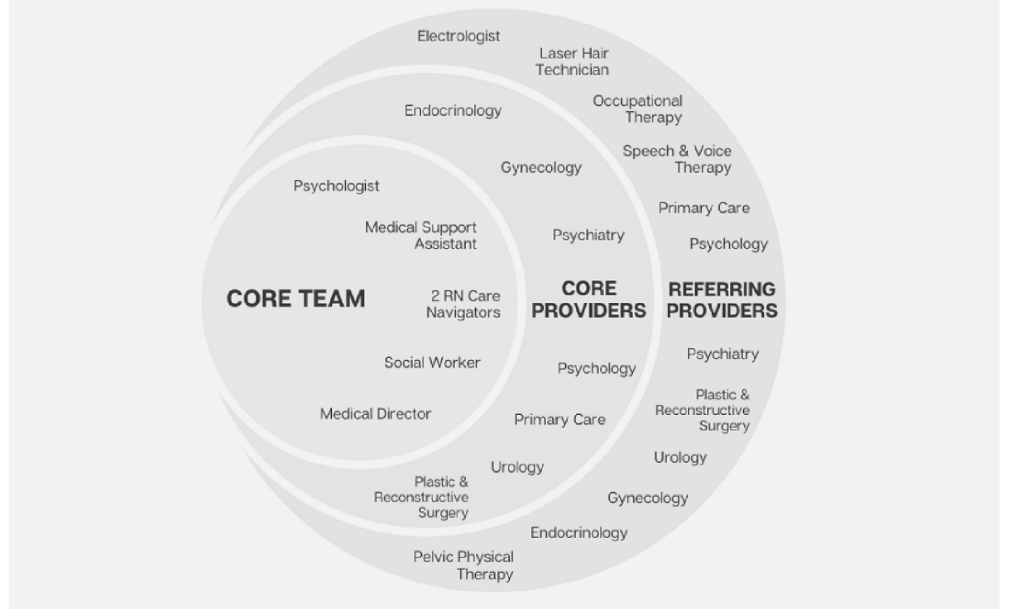
any care coordination which needs to take place to promote this. Prior to scheduled surgery, the social worker will help arrange for transportation and housing if needed. The RN care navigator will book the surgeries and arrange for a private room on the ward if the Veteran requires a hospital stay. The RN care manager will be responsible for maintaining communication with Veterans during the pre-operative scheduling process.

- Veteran undergoes surgery! After surgery, most Veterans will be able to discharge from the hospital same day. Some will require an inpatient stay based on the specific surgery and/or individual medical history. Surgical nursing staff will provide post-operative education. Pelvic physical therapy will meet with Veterans post-operatively for genital surgeries.
- Post-operative follow up visit with surgeon will be scheduled prior to discharge. Post-operative pelvic physical therapy will be arranged as needed (some will be done face-to-face and some virtual); Veterans may require referrals to their local pelvic physical therapists depending on their location. Post-operative complications may be addressed either directly with their surgeon in clinic, via evaluation in the emergency department, or via their VAMC medical provider or gynecologist (potentially with guidance from gender affirming medical director or surgeon).
- Gender affirming surgery team will continue to be available to Veteran and their providers for post-operative questions, complications, etc.
- Feedback will be requested from Veterans regarding the surgical process

Graphic of clinical coordination schematic:



VA PUGET SOUND HEALTH CARE COMPREHENSIVE GENDER AFFIRMING SURGICAL CENTER



Key Personnel (regarding care coordination and ancillary service provision):

RN Care Navigator/Nurse Educator:

Guides patients through the healthcare system. Serves as a point of contact for referring providers. Gathers and coordinates pertinent clinical information for the referrals. Coordinates preoperative care including referral letters, connection with ancillary services such as preoperative hair removal, pelvic physical therapy, social work, psychotherapy, fertility preservation/gamete storage, voice therapy and medical providers. Books surgical procedures. Coordinates durable medical equipment. Triage Veteran phone calls and MHV email messages. Prepares educational materials and provides in-service learning of gender care competencies and post-operative care protocols. Acts as a resource for referring providers. Maintains a registry of surgical patients and tracks key program metrics.

Social worker:

Assists with pre-surgical assessments with particular attention towards social determinants of health. Coordinates connection with mental health and/or medical services. Assists in coordinating transportation, housing, and financial support to ensure optimal outcomes and equitable distribution of care. Connects patients to community resources. Answers non-clinical patient questions. Provides advocacy within and outside the VAMC. Assists with training and education.

MSA:

Answers and screens telephone calls through a centralized phone number. Creates and manages schedules. Answers non-clinical patient questions. Schedules appointments including virtual introductory appointments with the RN care navigator. Coordinates and communicates ancillary appointments and procedures. Manages faxes.

Medical Director:

Oversees clinical aspects of the core gender affirming surgery team, participates in the surgical readiness planning processes, and collaborates with multiple clinical departments across the institution to help optimize gender affirming care. Works with leadership, the LGBTQ+ care coordinator/advocate and the DEI committee on clinical, educational and policy initiatives to improve care for gender diverse Veterans. Directs provision of gender affirming care in primary care and endocrinology with predominantly VVC care. Oversees the core gender affirming surgery team including RN care navigators, social worker, program manager, etc. Develops and maintains clinical protocols relevant to gender affirming care. Maintains membership in the LGBTQ+ VAMC workgroup, TransAllies group (through University of Washington), and the proposed gender diverse Veterans feedback committee. Supports education for residents, medical students, fellows, NP students, and pharmacy students in gender affirming care. Broadens community engagement efforts and partnerships. Addresses patient experience concerns. Develops more robust data gathering and research infrastructure.

Practice coordinator/Program manager:

Assume leadership of programmatic development for both medical and surgical gender affirming services to meet the demand of gender diverse Veterans. Steer the direction of the program. Oversee growth and development of clinical and admin operations. Create and edit policies and training manuals. The program manager will be a strategic addition to the gender affirming surgery team in FY 2026 in accordance with program growth.

Advanced care practitioner:

Provides continuity of care for patients inpatient post-operative and in the ambulatory care setting. Provides support for patient instructions/education on wound care, dilators, and rinses. Facilitates triage, evaluation, and management of acute postoperative issues as well as initial assessment of complications in coordination with surgeons. This position will be a strategic addition to the gender affirming surgery team in FY 2026 in accordance with program growth.

Psychologist:

Provides direct consultations/evaluations for Veterans seeking gender affirming surgery. Triage any urgent mental health needs brought to the attention of the core clinical team during the pre-operative and post-operative process. Provides context and guidance for Veterans regarding the mental health challenges around surgery. Educates other mental health providers about this process. Assists in creating and supporting a consultation group for Veterans seeking gender affirming surgery. Participates in the monthly team conference. Develops and maintains protocols relevant to gender affirming mental health care. Supports education for mental health trainees.

Psychiatrist:

Provides direct consultations/evaluations for Veterans seeking gender affirming surgery. Assists in creating and supporting a consultation group for Veterans seeking gender affirming surgery.

Aestheticians:

Electrologist – Licensed esthetician with experience performing electrolysis on all areas of the body including genital areas and interest in working with gender diverse Veterans. We currently collaborate with an independent electrologist who is willing to provide free training for an electrologist to work at the VAMC. This independent electrologist has a track record of delivering high-quality care and understanding of the critical need for this service.

Laser hair technician – Licensed esthetician (or advanced care practitioner) with experience performing laser hair removal on all areas of the body including genital areas. Interest in working with gender diverse Veterans. Of note, an advanced care practitioner working in Dermatology is interested in providing laser hair removal, although they would need to receive training in this care.

Dermatologist

Provides supervision of Aestheticians. Addresses any complications of permanent hair removal.

Pelvic Floor Physical Therapy specialist:

Provides outpatient pre-operative and post-operative care for genital/pelvic surgeries. Prehabilitation and postoperative/maintenance for genital/pelvic surgeries as well as urinary/bowel/sexual health conditions. Physical therapy care for musculoskeletal conditions related to binding and tucking. Care will occur with at least 50/50 face-to-face versus VVC care to allow for continuity once Veterans have returned home after surgeries.

Chaperone

Acts as a chaperone for face-to-face care when appropriate. Group class coordination and scheduling of patients for face-to-face care.

Community advisory board:

Create a community advisory board of gender diverse Veterans who are paid a small stipend to participate in monthly meetings to provide feedback and recommendations about the program.

7. Please detail how your program will leverage a whole health approach to align with CGASC care, including consideration of the complex interplay between medical, psychological and spiritual elements with housing, nutritional and financial stability among other social determinants of health.

Veteran-centric care in the context of gender affirming surgery will require a Whole Health approach that incorporates an understanding of the Veteran's social supports,

nutrition, medical and mental health, pain management, trauma history, transportation, and housing needs. Ensuring that the necessary resources exist and are equipped to provide Whole Health care throughout the referral, operative and post-operative process is imperative to the success of this program.

By definition, Whole Health is an approach to health care that empowers and equips people to take charge of their health and well-being, and live their lives to the fullest. It shifts focus away from a disease-centered system and towards understanding and supporting our Veterans' goals for their own mental, spiritual, and physical well-being. The Whole Health System is complementary to disease treatment in that it also addresses self-empowerment, self-healing, and self-care. The three main components to the Whole Health System include the (1) partnership among Veterans and VAMC staff, (2) well-being programs, and (3) Whole Health Clinical Care. In the context of Whole Health and gender affirming surgery, the Veteran and their VAMC providers will work collaboratively to navigate VAMC and community systems to achieve the Veterans' goals around understanding and affirming themselves in their genders.

A Veteran's primary medical and mental health providers as well as the gender affirming surgical team will play a role in addressing any medical, mental, spiritual, or social barriers preventing Veterans from accessing gender affirming surgery. These needs will initially be assessed and addressed by their own primary care and mental health providers during the referral letter writing and anticipatory guidance process. Once Veterans are referred to the gender affirming surgery team, the Veteran will again be screened for any potential medical, mental and/or social needs. Veterans requiring additional resources/assistance can be connected to the dedicated social worker, mental health provider, and/or medical provider on our gender affirming surgery team who can also coordinate with the Veterans PACT team to address their needs. The team social worker, RN care navigator and medical provider can also help connect Veterans with mental health and community resources.

A supportive community for gender diverse Veterans is important for social and mental wellness. Support groups are one method to promote self-healing and care with a Whole Health lens. Supportive people and groups are imperative to a Veteran's recovery, especially if their initial environment and support system is not conducive. VA Puget Sound HCS currently hosts two LGBTQ+ support groups. VAMC Puget Sound also has an LGBTQ+ Veteran outreach coordinator who assists Veterans in connecting with their earned benefits as well as community supports. They can direct Veterans towards resources on housing assistance, financial management, counseling, and wellness services.

The VAMC gender affirming surgery program will also work to support and develop continuing cultural competency for staff and culturally competent care for patients (see question 8 for details). The gender diverse surgery program will also work with the DEI committee and utilize the tools and resources found on the VAMC Office of Health Equity website to help improve racial, ethnic, and socioeconomic disparities experienced by our gender diverse Veterans.

8. Please detail how your program will develop cultural competency for staff and culturally competent care for patients.

VAMC Puget Sound plans to build upon and expand our current and ongoing LGBTQ+ education to prepare our staff and facility for the launch of a gender affirming surgery program. We plan to focus on six key areas to develop cultural competency 1) Ending invisibility through data gathering and representation, 2) Improving affirming communication, 3) Creating a more affirming environment in our facilities, 4) LGBTQ+ education, 5) Improving access to LGBTQ+ services, and 6) Recruitment and retention of gender diverse staff.

Regarding our first goal of ending invisibility, VAMC Puget Sound has been increasing awareness of the ability for Veterans' chosen names and self-identified gender identities (SIGI) to be added to their electronic medical record. All MSAs at VA Puget Sound HCS were required to complete a training on how to enter SIGI and preferred name. MSAs were also trained on the importance of addressing Veterans correctly and how to ask Veterans for their preferred name, pronouns, and SIGI. VAMC Puget Sound clinicians and staff have also begun to enter data on sexual orientation and gender identity (SOGI) in the electronic health records. This data will help us (1) identify how many LGBTQ+ Veterans are using services on our campus, (2) better understand the health disparities faced by LGBTQ+ Veterans, and (3) support policies and practices that are affirming, inclusive, and culturally competent through the VAMC Puget Sound campus. Thirdly, we plan to develop and include more representation of gender diverse Veterans in media and signage throughout VAMC Puget Sound.

Our second goal is to improve affirming communication. Our LGBTQ+ Veteran care coordinator (VCC) has already provided multiple trainings emphasizing to all staff the importance of avoiding making assumptions regarding our Veterans' genders/pronouns based on how they sound or look. She has also been encouraging staff to call Veterans by "Veteran Last Name" to prevent misgendering and deadnaming our patients. Part of the role of our gender diverse surgery program will be to ensure that staff understand their involvement in creating an affirming environment by using Veterans' correct chosen names, pronouns, and forms of address, and collecting gender identity data. We also plan to work towards updating Veteran forms and documentation to reflect gender neutral language (changing "Family history" to "Blood relatives," "Mother" to "Parent," etc) and auto-populated letters/forms to reflect Veteran's preferred names and SIGI. Our CAC team recently received a request to revise auto-populated letters sent out to Veterans such that they read "Dear Veteran Last Name" rather than "Dear Veteran First Name Last Name" so that they do not unintentionally dead-name a Veteran by using their legal rather than their preferred first name. As part of building a gender affirming surgery program, we also plan to work towards getting Veterans' chosen names (rather than legal names) printed on their hospital wristbands.

Our third goal is to create a more affirming environment in our facility. Our facility has a large banner outdoors that reads "We serve all who serve" with progress flag dog tags which is displayed prominently all year round. Pronoun pins are available and encouraged for all staff and Veterans. Rainbow lanyards are available to all staff that

complete LGBTQ+ TMS or attend one of the LGBTQ+ VCC's trainings. We have integrated all gendered care into our main primary care clinic and are working to update the name of our "Women's" clinic to be more gender inclusive. There was a project request placed last year to make all single stall restrooms gender neutral. We were recently given a budget to purchase gender neutral signs and the project will be starting soon. We are also in the process of making sure our lactation pods are gender affirming by posting fliers with gender neutral language and gender diverse Veterans inside. Our gender affirming surgery team and LGBTQ+ VCC plan to work closely with management, our DEI committee, and our gender diverse Veterans' feedback committee to continue to improve upon our current environment.

Regarding LGBTQ+ education, the LGBTQ+ VCC has provided thirty-eight LGBTQ+ trainings this year to staff throughout our healthcare system. The LGBTQ+ VCC hosts a monthly teams workgroup meeting to educate staff on policy updates, LGBTQ+ services available to the Veterans and to work with the group on various facility improvement projects. This spring, we hosted a gender diverse Veterans panel during a Chief of Medicine meeting where several Veterans spoke about their experiences receiving healthcare at the VAMC to bring awareness to providers on the struggles they have faced. The providers expressed positive feedback about being able to learn from our patients. Starting this month, the LGBTQ+ VCC will present at every new nurse orientation to reinforce and educate on the importance of providing LGBTQ+ affirming care. The LGBTQ+ VCC also purchased literature for staff to read on LGBTQIA+ healthcare to improve their practice and understanding. One thing we would want to work on to make our facility more culturally competent is making the "Assessing Gender Identity in CPRS Improves Care for Veterans: What Clinicians and Staff Need to Know: VA 131002535" TMS mandatory for all our staff.

The LGBTQ+ VCC received education materials from the University of Washington (UW) to help build staff competencies for gender affirming surgery pre/post-operative care. The LGBTQ+ VCC will work closely with the UW registered nurse and social worker who helped create these materials to educate VAMC staff involved in the perioperative period. We will ensure the staff are comfortable with any specialized care necessary for their role in the gender affirming surgery process. We also plan to develop a committee of gender diverse Veterans who meet monthly with the LGBTQ+ care coordinator (and potentially other staff) to provide feedback and recommendations about the gender affirming surgery program.

VA Puget Sound HCS offers many gender affirming services already to our Veterans. We have two psychotherapy and one support/skills group just for our gender diverse Veterans. We also have two general LGBTQ+ support groups. We have three speech therapists providing gender affirming voice therapy who are also involved in the national Gender Affirming Program with Speech (GAPS). We have two pelvic floor physical therapists trained to provide gender affirming pelvic physical therapy. We have a community care provider who is providing our patients with laser hair removal beyond preop coverage. We created a Gender Diversity Clinic last year where patients can receive gender affirming hormone therapy in addition to other affirming services/referrals

by providers with experience working with gender diverse Veterans. We can provide referrals for gamete storage to gender diverse Veterans requiring this service prior to starting hormone therapy. We have also been offering our Veterans orchiectomies for hormone suppression for many years. We can order prosthetics including binders, stand-to-pee devices, gaffs, etc for Veterans who are interested. To increase our services, we are working on an interfacility consult with an LGBTQ+ trained orthotist to help our gender diverse Veterans receive further education/information when requesting gender affirming prosthetics.

Our sixth goal for improving cultural competency is to recruit and retain gender diverse staff. This would be a goal overall for VAMC Puget Sound as well as specifically for strategic hires in our gender diverse surgery program where we would intentionally recruit/hire staff who have lived experience/understanding of gender diversity. While we already have non-discrimination policies in place, we plan to continue working with the DEI committee and SEPMS to make sure policies are in place for gender diverse staff to feel affirmed and supported in our workplace.

We plan to continue to hone and expand upon these goals in collaboration with the DEI committee, our LGBTQ+ staff group and gender diverse Veterans feedback committee.

9. Are the resources and infrastructure listed below appropriately supportive of the proposed program? Please describe each current resource and/or plan to acquire.

	Yes	No	Description (please provide details)
a. Pre- and Post-Operative Management	X		As a complex surgical facility VAMC Puget Sound has robust pre- and post-operative units for all phases of perioperative care which are capable of handling all surgical disciplines and patients with any associated comorbidities. - Our University of Washington colleagues have kindly agreed to share recorded trainings for perioperative, PACU and floor staff, discharge information, and protocols, in addition to talks that were recorded by Drs Alex Skokan and Shane Morrison about vaginoplasty for nursing staff along with a simulation module. Nursing would also need ongoing in-service trainings. - Acute phalloplasty and metoidioplasty complications will require evaluation at University of Washington
b. Preop Risk Assessment and Postop Consultation/services	X		VAMC Puget Sound has a dedicated perioperative medical consultation service consistent of three trained internal medicine physicians who provide both outpatient and inpatient services.

		- Per WPATH Standards of Care version 8 guidelines, Veterans will be required to provide medical and mental health referral letters for most surgeries. These letters may be provided by their primary care provider, endocrinologist, psychologist, or psychiatrist. We will have letter templates and guidelines for providers to reference and will be available for questions/consults. If the Veteran or their provider prefers, the Veteran may be referred to our gender diversity clinic for an assessment and referral letter from our dedicated medical and mental health providers. Further written opinions may be requested where there is a specific clinical need.
c. Surgical Physician staffing	X	Combination of existing VAMC FTE and contract FTE with our academic affiliate (University of Washington) in Plastic and reconstructive surgery, Urology and Gynecology
d. LGBTQ+/Transgender mental health providers	X	Existing resources: 2 Transgender psychotherapy groups through Seattle VAMC 1 Support and Skills group for Gender diverse Veterans through American Lake VAMC 2 LGBTQ+ Support groups Individual therapy – several therapists with LGBTQ+ training Psychiatry – several psychiatrists with LGBTQ+ training Additional resource requests: 1.0FTE psychotherapist with interest and training in providing gender affirming care. While VAMC Puget Sound has a robust mental health team, we would want to hire a full time dedicated clinical psychologist who is well versed in gender affirming care to assist with evaluations, referral letters and individual therapy for Veterans who may need this extra support during their surgical process. Ideally, we would also request 0.2FTE for a psychiatrist who is able to consult and assist with evaluations as well as with program development. Drs Jesse Markman and Katherine Michaelsen are both interested, educated in gender affirming care, and able to provide 0.1FTE towards this role.
e. Endocrinology	X	VAMC Puget Sound has a fully staffed endocrinology department including two providers, Dr David Cummings (endocrinology) and Dr Lauren Campbell (internal medicine) with dedicated time and training in providing gender affirming care through the Gender Diversity clinic.
f. Other relevant sub-specialty experts	X	Fertility preservation/Gamete storage – available as a community care referral through University of Washington

		<p>Speech therapy – available through VA Puget Sound HCS, currently provides voice therapy for gender diverse Veterans</p> <p>Prosthetics – available through VA Puget Sound HCS, currently provides binders, packers, stand-to-pee devices, wigs, gaffs, etc for Veterans</p> <p>Occupational therapy – available through VA Puget Sound HCS to assist in recovery</p>
g. Care coordination	X	<p>To build a comprehensive and conscientious gender affirming surgery program, we would need a dedicated team upfront to provide care coordination with plans to upscale as the program develops. This is standard across academic health systems in the US that currently offer gender affirming surgery. This core team would be key in helping the Veteran (and their providers) navigate the surgical process and coordinate ancillary services. Given the complexities of the VAMC and our Veterans’ specific health needs, we would plan to incorporate several additional clinical positions to assist both with direct Veteran care as well as education of Veterans’ primary providers.</p> <p>Core care coordination team: 2.0FTE RN Care Navigators 1.0FTE Social worker 1.0FTE MSA *Our LGBTQ+ Veteran care coordinator Bridget Reposa is an RN with 1.0FTE towards this position and may be able to transition to assisting with the RN care navigator role</p> <p>Additional core clinical team: 1.0FTE Clinical psychologist 0.2FTE Psychiatrist 1.0FTE Medical director/Primary care provider *Please see definitions of roles under question 6 above</p>
h. Operating Room staff	X	Fully staffed operating room with 8 ORs and advanced imaging capability
i. Operating Room equipment and instrumentation	X	Fully equipped operating room though we may need to request some additional specialized equipment/specific OR trays which are accounted for in the equipment costs above
j. Anesthesia	X	Staffed by anesthesia service line which has a robust team consisting of MD anesthesiologists and residents, CRNAs and anesthesia technologists
k. PACU	X	Fully staffed dedicated phase I post-anesthesia care unit with 9 recovery bays
l. ICU capacity	X	10-bed dedicated surgical intensive care unit staffed by Board-certified intensivists with surgery and anesthesia backgrounds

m. Ward capacity	X		VAMC Puget Sound has a Surgical Ward with 28 staffed beds, telemetry capability and four private rooms to accommodate Veterans post-operative. Most surgical procedures will not require overnight stays. We would likely be able to support 1-2 cases/week which require overnight stays (vaginoplasty). We anticipate needing more private rooms with private bathrooms should the need expand beyond 2 cases/week.
n. Support Services			
1. Respiratory Therapy	X		We have respiratory therapy staff to support Veterans before and after surgery as needed
2. Pharmacy	X		Extensive inpatient and outpatient pharmacy services
3. Laboratory	X		Extensive inpatient and outpatient laboratory services
4. Radiology	X		Full radiology capability including MRI, CT, nuclear medicine, and Ultrasound services as well as radiology staff
5. Blood Bank	X		Fully functional blood bank
6. Physical Therapy	X		VAMC Puget Sound has a full array of physical therapy services available. We currently have 2 RCS Pelvic Floor Clinical Specialist Physical Therapy providers with specialized training and experience in Gender Affirming Care. We would anticipate an initial 0.1FTE need with plan to build towards 0.4FTE dedicated to this service in order to provide the needed pre- and post-operative care for vaginoplasty, metoidioplasty and phalloplasty. We would also need to hire chaperones for face-to-face care and purchase some gender specific DME for this service.
7. Dialysis	X		We have dialysis capability
8. Pathology	X		We have pathology services
9. Biomedical Engineering	X		Existing relationships with industry as needed for virtual surgical plans
10. Short-term housing (e.g., Fisher House)	X		Temporary lodging may be provided to Veterans receiving VAMC health care services who reside two or more hours from the facility. Lodging is used in conjunction with scheduled admissions and/or surgical interventions. Veteran must be independent and self-sufficient.
11. Hair-removal (including pre-operative and other)		X	Please see response in Question 5 above
o. Other			

10. For each of the following surgical procedures, please describe anticipated availability, and planned location of care. If key personnel or other resources are not currently available, please describe the plan to acquire.

	Available? y/n	Planned location of care	Plan for acquisition (if needed)
a. Chondrolaryngoplasty	Y	Seattle VAMC	Contract with Plastic surgeons Drs Ettinger and Morrison
b. Facial feminization surgeries	Y	Seattle VAMC	Contract with Plastic surgeons Drs Ettinger and Morrison
c. Transmasculine patients: hysterectomy	Y	Seattle VAMC	VA Gynecology currently provides this service
d. Transmasculine patients: mastectomy and chest reconstruction	Y	Seattle VAMC	Dr Kari Keys (Plastics VA) for mastectomy Contract with Plastic surgeons Drs Ettinger and Morrison for chest reconstruction
e. Transmasculine patients: phalloplasty	Y	Harborview Medical Center/University of Washington, Seattle, WA	Contract with Plastic surgeon Dr Morrison and Urologist Dr Skokan
f. Transfeminine patients: breast augmentation	Y	Seattle VAMC	Dr Kari Keys (Plastics VA) Contract with Plastic surgeons Drs Ettinger and Morrison to expand access
g. Transfeminine patients: orchiectomy	Y	Seattle VAMC	VA Urology currently provides this service
h. Transfeminine patients: vaginoplasty	Y	Seattle VAMC	Contract with Plastic surgeon Dr Morrison and Urologist Dr Skokan
i. Other anticipated procedures: Hair Removal: Electrolysis and Laser hair removal	Limited	Seattle VAMC and Community care	Work with community care to expand access. Purchase equipment and hire electrolysis and laser hair techs.
Metoidioplasty	Y	Harborview Medical Center/University of Washington, Seattle, WA with potential to transition to Seattle VAMC	Contract with Plastic surgeons Dr Morrison and Urologist Dr Skokan