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14(1)

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From: [Burgess, Stacy \(She/Her\)](#)
To: [Burgess, Stacy](#)
Subject: FW: Gender Affirming Care - Discussion
Date: January 6, 2024 7:17:02 PM
Attachments: [2023.07.10 Gender Care Services Referral Pathways.pdf](#)
[Info Sheet 1 No MHA concerns Gender Affirming Care CMHA May 8.pdf](#)
[Info Sheet 2 MHA concerns Gender Affirming Care CMHA May 8.pdf](#)
[Referring for Gender Affirming Care August 31 2023.pdf](#)
[Resources for youth and caregivers May 8.pdf](#)
[Youth Rights.pdf](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)



Stacy Burgess, BScN, RN, MHA, CHE
Cell: 902-456-8116



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From: McCarron, Jennifer <Jennifer.McCarron@iwk.nshealth.ca>
Sent: Thursday, October 12, 2023 10:54 AM
To: Brennan, Maureen <Maureen.Brennan@iwk.nshealth.ca>; Grandy, Lisa <Lisa.Grandy@novascotia.ca>; Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>; Burgess, Stacy (She/Her) <Stacy.Burgess@iwk.nshealth.ca>
Subject: RE: Gender Affirming Care - Discussion

Hi all

I thank you for the meeting last week. As discussed please find attached the documents we talked about at the meeting and said we would share. We are in the process of making further updates to our pathway document (flow chart) and I will pass along the updated version when that is finalized but for now this is the current version.

Regards
Jennifer

-----Original Appointment-----

From: Brennan, Maureen <Maureen.Brennan@iwk.nshealth.ca>

Sent: Thursday, September 7, 2023 1:05 PM

To: Brennan, Maureen; Grandy, Lisa; Sheikh, Tabinda; McCarron, Jennifer; Burgess, Stacy (She/Her)

Cc: Penney, Tanya (DHW); Leppard, Marie; Purchase, Tracey D

Subject: Gender Affirming Care - Discussion

When: Thursday, October 5, 2023 10:00 AM-11:00 AM (UTC-04:00) Atlantic Time (Canada).

Where: Microsoft Teams Meeting

Microsoft Teams meeting

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14(1) ; 18(1)(a)

Accessing gender care services

What is Gender Care within IWK CMHA?

- The IWK Mental Health and Addictions Program provides support to youth seeking gender affirming care. This care includes assessment and treatment for gender dysphoria and other mental health concerns, support with gender exploration, identifying embodiment (transition) goals, sharing information and knowledge about effective treatment, completing readiness assessments for accessing hormone replacement therapy (HRT) and surgical procedures, and providing various therapeutic interventions.

How do I get connected to Gender Care Services through IWK CMHA?

- The first step is to contact IWK MHA Central Referral Services (1-902-855-922-1122) to complete an intake assessment and be connected with one of our mental health clinicians through a CHOICE appointment.
- This appointment is an opportunity to sit down with a mental health clinician and discuss your treatment goals as they relate to gender embodiment and/or mental health. The CHOICE appointment is aptly named as it provides the family with “choices” for next steps including offering further IWK MHA services, community-based services, and/or additional options. Multiple services can be accessed at the same time.
- Those already connected with a clinician at IWK Community Mental Health and Addictions (CMHA) can receive a direct referral for gender care services from their clinician.

What if I want to access hormone therapy and I have no mental health and addictions concerns?

- An intake with Central Referral is required as a readiness assessment for puberty blocker or any hormone replacement therapy is necessary in accordance with the WPATH standards of care.
- If you have not started puberty you can discuss with and request from a GP (family doctor), pediatrician or Nurse Practitioner a referral directly to endocrinology for puberty blockers.
- **The referral to endocrinology and the referral to CMHA for readiness assessment can both occur at the same time.**
- This intake process with Central Referral typically takes about 30 minutes. A referral can also be made by a GP (family doctor), pediatrician or Nurse Practitioner. The referral process with Central Referral is a standard process and asks questions about home, school, activities, peer relationships, substance use, suicidality, and mental health concerns. Following the intake assessment:



Accessing gender care services

- a. you will be booked a CHOICE appointment with a community MHA clinician.
 - b. If there are no mental health concerns or associated treatment goals identified during the CHOICE appointment, then you will be referred from the CHOICE appointment to a mental health clinician for gender affirming care goals requiring readiness assessment or other related interventions. You will be given a date and time for your next appointment at the conclusion of the choice appointment.
- It typically takes between 1-3 appointments to complete a hormone readiness assessment. The process is intended to ensure informed consent in decision making (risks and benefits), provide information and explore any concerns regarding social, mental, or physical health. The assessment serves as an opportunity to ensure the above criteria laid out by the WPATH is being met and aim to provide support with families to ensure HRT is an accessible option.
 - Upon completion of the hormone readiness assessment, the clinician will write a letter of recommendation. This letter may be reviewed and signed by a psychiatrist that provides gender care services. This letter is then forwarded to an endocrinologist, pediatrician, GP (family doctor) and/or Nurse Practitioner for next steps around prescription of hormone replacement therapy.
 - If you continue to have questions through the process, you can always reach out to Central Referral who can answer questions and provide information.

IWK Central Referral:

1-902-855-922-1122 (select option for IWK)



Accessing gender care services

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- Those already connected with a clinician at IWK Community Mental Health and Addictions (CMHA) can receive a direct referral for gender care services from their clinician.

What if I want to access hormone therapy and I also have mental health and addictions concerns?

- An intake with Central Referral is required as a readiness assessment for puberty blocker or any hormone replacement therapy is necessary in accordance with the WPATH standards of care.
- If you have not started puberty you can discuss with and request from a GP (family doctor), pediatrician or Nurse Practitioner a referral directly to endocrinology for puberty blockers.
- **The referral to endocrinology and the referral to CMHA for readiness assessment can both occur at the same time.**
- This intake process with Central Referral typically takes about 30 minutes. A referral can also be made by a GP (family doctor), pediatrician or Nurse Practitioner. The referral process with Central Referral is a standard process and asks questions about home, school, activities, peer relationships, substance use, suicidality, and mental health concerns. Following the intake



Accessing gender care services

assessment:

- a. You will be booked a CHOICE appointment with a community MHA clinician. community-based services, and/or additional options.
 - b. If there are mental health concerns or treatment goals, then the CHOICE clinician will refer you for Partnership (i.e. MHA treatment) with a clinician whose skill set are a good match for the mental health and addictions goals you have identified through the CHOICE appointment.
- The CHOICE clinician may also at this time refer you for a hormone readiness assessment and/or further gender care services such as consultation, psychoeducation, family acceptance work, gender exploration.
 - It typically takes between 1-3 appointments to complete a hormone readiness assessment. The process is intended to ensure informed consent in decision making (risks and benefits), provide information and explore any concerns regarding social, mental, or physical health. The assessment serves as an opportunity to ensure the above criteria laid out by the WPATH is being met and aim to provide support with families to ensure HRT is an accessible option.
 - Upon completion of the hormone readiness assessment, the clinician will write a letter of recommendation. This letter may be reviewed and signed by a psychiatrist that provides gender care services. This letter is then forwarded to an endocrinologist, pediatrician, or family practitioner for next steps around prescription of hormone replacement therapy.
 - If you continue to have questions through the process, you can always reach out to the clinician you had your Choice appointment with or to Central Referral.

IWK Central Referral:

1-902-855-922-1122 (select option for IWK)



Accessing gender care services



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14(1) ; 18(1)(a)

Resources for gender questioning, non-binary & trans youth and their supporters

Must-read suggestions:

- [Families in Transition](#) (2016): a booklet for families and parents from the Central Toronto Youth Service
- [Supportive Families, Healthy Children](#): published by the Family Acceptance Project

Books for families and clinicians:

- [The Transgender Child: A Handbook for Families and Professionals](#) (2008), Stephanie Brill & Rachel Pepper
- [The Transgender Teen: A Handbook for Families and Professionals](#) (2016), Stephanie Brill & Lisa Kenney
- [Transgender Children and Youth: Cultivating Pride and Joy in Families in Transition](#) (2017) Elijah J. Nealy, M.Div.,MSW, PhD.
- [Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children](#) (2011) Diane Ehrensaft, PhD.

Support community websites:

- Pflagcanada.ca/nova-scotia
- Pflagcanada.ca
- Halifax: 1-888-530-6777 ext. 574 (Cyndi Sweeney); halifaxns@pflagcanada.ca
 - Pflag provides support to family members to increase education and understanding to foster acceptance of their 2SLGBTQIA+ youth. Pflag provides both virtual and in-person community, to connect with other family members of 2SLGBTQIA+ youth in a supportive way.
- Nsgsa.org
 - Many schools in HRM provide a group for support, social, advocacy, and education known as a GSA. A GSA is a space for 2SLGBTQIA+ youth and their allies to connect with an advisor (safe, ally adult) to help create a safer and more meaningful space in the school for 2SLGBTQIA+ youth. Speak with school administration to learn about a pre-existing GSA or if you're looking to start one at your school.
- kidshelpphone.ca; 1-800-668-6868 (call) 686868 (text)



Resources for gender questioning, non-binary & trans youth and their supporters

- Kids Help Phone provides information, crisis support, and professional counselling. Support is offered either by a trained volunteer crisis responder or professional counsellor. Services are available 24 hours a day, 7 days per week and accessibly by phone, text, or online chat.
- Gendercreativekids.com
- translifeline.org; 1-877-330-6366
 - Trans Lifeline is a peer support phone service run by trans people for trans and questioning peers. You can call and talk to someone even if you're not in crisis or if you're not sure you're trans. Additionally, family and friends can call and request the family and friends line, where the operator will arrange a time to call back in order to connect with an operator who has lived experiencing support trans people.

HRM area drop-in centre: The Youth Project

- youthproject.ns.ca; 902-529-5429; carmel@youthproject.ca
- The Youth Project is a non-profit that provides programming, support services, resources, education, and social opportunities for youth, 25 and under, and their families. The youth project provides support groups, referrals, supportive counselling, a resource library, educational workshops, and social activities. If you're looking to access the Youth Project's services, visit their website to learn more and connect with the appropriate staff person.
- The Youth Project's website hosts many resources including community organizations, books, films, media, interactive websites, virtual groups, and beyond. The site itself can be a great starting point for information and education as well as next steps.

Other local resources

Pride Health

- Nshealth.ca/content/pridehealth; 902-487-0470; pridehealth@nshealth.ca
- prideHealth provides support and services to the 2SLGBTQIA+ community with an aim of building access to safe, coordinated, and comprehensive primary health care. The service helps with navigating the formal and informal health system by connecting with service providers, providing information and referrals, information on testing and treatment, and discussing options for community support (such as peer support, advocacy, and social groups)
- Additionally, prideHealth hosts an online tool for navigating trans and gender-diverse health care. This tool has information including language and definition, social transition (gender



Resources for gender questioning, non-binary & trans youth and their supporters

affirming garments and treatments), legal transition (name changes and gender marker), gender-affirming hormones, and gender-affirming surgeries.

- The tool can be found here: [Navigating Trans and Gender-diverse Health Care - LibGuides at Nova Scotia Health \(nshealth.ca\)](#)

MacPhee Centre for Creative Learning

- Macpheecentre.ca; 902-469-2851; info@macpheecentre.ca
- The MacPhee Centre offers various social and supportive programs for youth in Dartmouth and beyond. Their primary offering is GSAs which bring together youth for social, education, and supportive connections. The MacPhee Centre also connects with schools and other organizations around building capacity and support for 2SLGBTQIA+ youth.

Halifax Sexual Health Centre

- hshc.ca; 902-455-9656
- The Halifax Sexual Health Centre aims to offer full, equal, non-judgmental, and safe access to sexual and reproductive health care and education. The Halifax Sexual Health Centre provides STI testing, pregnancy tests, gender affirming care, free safer sex supplies, sexual health education, and beyond.

Mental Health Mobile Crisis

- 902-429-8167
- The mental health and addictions mobile crisis team provides crisis intervention to children, youth, and adults experiencing mental health crisis or distress. Crisis is self-defined by the individual calling for support. The service is available 24 hours per day, 7 days per week.

Social Media

- *TransFamily Nova Scotia* Facebook page. This is a closed group: ask to join while logged in to Facebook.
- *Canadian Parents of Trans & Gender-Diverse Kids*. An open Facebook page School and Teacher Information



Resources for gender questioning, non-binary & trans youth and their supporters

Parenting a trans child video links

- [Family Videos | Family Acceptance Project](#)®
- [Becoming Me](#) (~30 min)
- [Parenting a Transgender Child](#)
- [What are Pronouns?](#) This is a video done by teens and young adults who have socially transitioned about pronouns and the importance of using proper pronouns, and what to do when you get it wrong at first.
- [How to Be a Girl](#)
- [Don't Give Up](#)

Books for teens

- [Queer: the Ultimate LGBT Guide for Teens](#) by Kathy Belge and Marke Bieschke
- [Beyond Magenta: Transgender Teens Speak Out](#) by Susan Kuklin
- [The Queer and Transgender Resilience Workbook](#) (2018) Annelise A. Singh, Ph.D., LPC
- [The Gender Quest Workbook](#) (2015) Rylan Jay Testa, Deborah Coolhart, Jayme Peta

Books for kids

- [Backwards Day](#) by S. Bear Bergman
- [10,000 Dresses](#) by Marcus Ewert
- [When Kathy is Keith](#) by Dr. Wallace Wong

Advocating in schools and with educators

- [Guidelines for Supporting Transgender and Gender Non-conforming Students](#) (2014) Nova Scotia

Legal forms and processes in Nova Scotia

- [Name change](#)
- [Gender marker change](#)



Clinical practice guidelines

- If you or your family see a therapist or doctor about gender identity evolution support, the professional should be familiar with and guided by the most recent WPATH Standards of Care and other recent, consensus clinical practice guidelines.
- [World Professional Association for Transgender Health Standards of Care \(WPATH SOC\) version 8 \(2022\)](#)
- [Endocrine Society Guidelines for Gender Dysphoria/Incongruence \(2017\)](#)
- [Sherbourne's Guidelines and Protocols for Gender-Affirming Primary Care with Trans and Non-Binary Patients, 4th edition \(2019\)](#)
- [Rainbow Health Ontario](#)

Last update: May 8, 2023



Withheld

18(1)(a) ; 16

From: [Sheikh, Tabinda](#)
To: [Burgess, Stacy](#)
Subject: Fwd: Discussion re Gender Affirming Care (GAC) Policy Release
Date: January 9, 2024 10:14:26 AM
Attachments: [Copy of Budget 2024-25 Program Budget Template for GAC-September26-23-FinalV.2.xlsx](#)
[image002.png](#)
[image006.png](#)

Hi Stacy,
 This was part of the 2024-25 budget request (attached) and if I understand correctly we will not know till the budget is approved sometime in March. I have copied John (Finance) to confirm. However, as Garry noted, there is a timing issue for them to have this posted back online ASAP so they can get the Mainpro accreditation back.
 Could you please follow-up with Colin to see if anything can be done.
 Thanks
 Tabinda

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Sent: Sunday, January 7, 2024 2:29 PM
To: Dart, Garry <Garry.Dart@nshealth.ca>; Kirk.Furlotte@cbrc.net; Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Cc: Firth, Tessa E <TessaE.Firth@nshealth.ca>
Subject: RE: Discussion re Gender Affirming Care (GAC) Policy Release

Hi Gary,

20(1) so work on this may not have happened.

I am new to the department so wondering if we could all connect so I can understand better and ensure we transfer the funding if it has been approved etc. Has there been an invoice sent?

Thanks
 Stacy



Stacy Burgess, BScN, RN, MHA, CHE
 Executive Director, Clinical Care, Delivery and Capital
 System Integration, Dept of Health and Wellness
 Cell: 902-225-2479
 Email: stacy.burgess@novascotia.ca

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From: Dart, Garry <Garry.Dart@nshealth.ca>
Sent: Friday, January 5, 2024 3:24 PM
To: [Kirk.Furlotte@cbrc.net](#); Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Cc: Firth, Tessa E <TessaE.Firth@nshealth.ca>
Subject: RE: Discussion re Gender Affirming Care (GAC) Policy Release

Hi Tabinda,

I am 20(1) following up on some projects. If you could please let me know when

the CBRC will receive the funding as discussed to revamp the Mainpro+ HRT Course that would be great. It is no longer online and we have lost the Mainpro+ accreditation (lapsed). It would be great to get this updated asap.

Thanks and have a wonderful day,



Garry Dart, H.BSc., H.BA., CATT, MEdCP (In Progress)

(They/She/He)

Primary Healthcare Coordinator, PrideHealth

Mumford Professional Centre

6960 Mumford Road, Suite 0265, Halifax, NS B3L 4P1

Email: garry.dart@nshealth.ca

I live and work in Mi'kma'ki, the unceded ancestral territory of the Mi'kmaq people.

www.nshealth.ca



From: Kirk.Furlotte@cbrc.net <kirk.furlotte@cbrc.net>

Sent: Friday, January 5, 2024 12:05 PM

To: Dart, Garry <Garry.Dart@nshealth.ca>

Subject: Fwd: Discussion re Gender Affirming Care (GAC) Policy Release

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Kirk Furlotte

Pronouns: he, him

Senior Regional Manager - Atlantic Region

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Pronoms: il, lui

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Based in Kijipuktuk with regional work, I acknowledge that the lands on which I work are the traditional and unceded territories of the Beothuk, Mi'kmaq, and Wolastoqiyik (Maliseet) Peoples, and the homelands of the Innu and Inuit of Labrador. I recognize and appreciate the ancestral and continued ties of Indigenous Peoples to the lands and waters in the region known as Atlantic Canada. We cannot engage in the work of addressing health inequities without considering the ongoing and historical impact of colonialism and settler structures on the first peoples, especially those who are Two-Spirit.

Basé à Kijipuktuk et travaillant dans la région, je reconnais que je travaille sur les territoires traditionnels

et non cédés des Mi'kmaq, des Beothuk et des Wolastoqiyik (Maliseet) et sur les terres natales des Innus et des Inuit du Labrador. Je reconnais les liens ancestraux et actuels qui existent entre les peuples autochtones et les terres et les eaux de la région de l'Atlantique. Le travail visant à adresser les iniquités de santé ne peut avoir lieu sans considérer les impacts historiques et continus du colonialisme et des structures allochtones sur les premiers peuples, surtout sur les personnes bispirituelles.

----- Forwarded message -----

From: **Kirk.Furlotte@cbrc.net** <kirk.furlotte@cbrc.net>

Date: Thu, Nov 23, 2023 at 7:27 PM

Subject: Re: Discussion re Gender Affirming Care (GAC) Policy Release

To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>

CC: Burgess, Stacy <Stacy.Burgess@novascotia.ca>, MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>

Tabinda, Sheila, Stacy,

The budget of \$5,000 (attached) was strictly for the hormones course. That is one of the older courses and is set to expire at the end of this month. The doctor who led it feels it is out of date and needs to be updated.

To recap the plan: CBRC would organize training for Nova Scotia Health to be delivered during prideHealth's Winter pride 2024 – 2SLGBTQIA+ Affirming Care Conference (March 7th, to be specific). We would then combine that with some community-informed content (likely a roundtable webinar-style conversation) and post it online in April for any provider to access.

The Gender-Affirming Care: Surgical Readiness & Aftercare course is newer and would be online until at least December 2025 (four years after it was first published).

/Kirk

Kirk Furlotte

Pronouns: he, him

Senior Regional Manager - Atlantic Region

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Basé à Kijipuktuk et travaillant dans la région, je reconnais que je travaille sur les territoires traditionnels et non cédés des Mi'kmaq, des Beothuk et des Wolastoqiyik (Maliseet) et sur les terres natales des Innus et des Inuit du Labrador. Je reconnais les liens ancestraux et actuels qui existent entre les peuples autochtones et les terres et les eaux de la région de l'Atlantique. Le travail visant à adresser les iniquités de santé ne peut avoir lieu sans considérer les impacts historiques et continus du colonialisme et des

structures allochtones sur les premiers peuples, surtout sur les personnes bispirituelles.

On Mon, 20 Nov 2023 at 09:44, Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca> wrote:

Hello Kirk,

Thanks for your email. Before I follow-up on your request, I wanted to clarify; with the 5K budget estimate you have provided what courses do you intend to offer online at CBRC? Does it include the refreshed/ updated gender affirming surgical readiness and transcare, as well as prescribing gender affirming hormones?

Also wanted to let you know Tanya and Lisa are no longer with the DHW. I have copied Sheila and Stacy who I am accountable to in the interim on GAC.

Thanks

Tabinda

From: Kirk.Furlotte@cbrc.net <kirk.furlotte@cbrc.net>

Sent: Saturday, November 18, 2023 1:48 PM

To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>

Cc: Grandy, Lisa <Lisa.Grandy@novascotia.ca>

Subject: Re: Discussion re Gender Affirming Care Policy Release

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Tabinda and Lisa,

Just following up on this to see if there's been any movement on this funding. I have a reserved space within the prideHealth Winter pride session for healthcare provider training on March 7th. I will need to confirm if we are able to provide the training within the next few weeks.

/Kirk

Kirk Furlotte

Pronouns: he, him

Senior Regional Manager - Atlantic Region

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traditionnels et non cédés des Mi'kmaq, des Beothuk et des Wolastoqiyik (Maliseet) et sur les terres natales des Innus et des Inuit du Labrador. Je reconnais les liens ancestraux et actuels qui existent entre les peuples autochtones et les terres et les eaux de la région de l'Atlantique. Le travail visant à adresser les iniquités de santé ne peut avoir lieu sans considérer les impacts historiques et continus du colonialisme et des structures allochtones sur les premiers peuples, surtout sur les personnes bispirituelles.

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Budget 2023/24 - Program Submission

Division Other Programs-Acute Care

em Nc	Priority No.	Intitative/Item	Description	Category	Cost Centre No.	2023/24 Forecast	2024/25 Budget	2025/26 Budget	2026/27 Budget	2027/28 Budget	2028/29 Budget	2024/25 FTE	2025/26 FTE	2026/27 FTE	2027/28 FTE	2028/29 FTE
1		Gender Affirming Care	Programs and initiatives that provide gender transition for trans and gender diverse individuals	New Initiatives	170917		817,000	817,000	817,000	817,000	817,000					
2				Select												
3				Select												
4				Select												
5				Select												
6				Select												
7				Select												
8				Select												
9				Select												
10				Select												
11				Select												
12				Select												
13				Select												
14				Select												
15				Select												
16				Select												
17				Select												
18				Select												

Items	Potential Budget \$\$	Responsibility	Notes/ Questions
Access to gender affirming equipment (Sexual Health Centres - transformation closet)	\$ 250,000	Clinical	20(1) provincial coordinator, Sexual Health Centre requested gender affirming equipment - e.g. binding, prosthetics
Expanded surgical coverage menu *Health economist provided the estimates in the table below for up to fiscal year 2025-26	\$ 562,000	Clinical	Based on WPATH SoC V.8, community engagement, and community policy, there are additional procedures that are necessary to address gender dysphoria
Education- funding for CBRC course refresher for health care professionals including physicians who will claim gender affirming care billing codes	\$5,000	Clinical	NSH currently provides \$5000 from prideHealth budget
	\$ 817,000		

Economic Analysis of expanded surgical coverage

Procedure	Est. Frequency	Cost Proxy	Direct Cost	OPTA Cost	Total Cost	
Electrolysis	124	\$250.00		\$31,016.84	\$0.00	\$31,016.84
Laser Hair Removal	199	\$315.88		\$62,703.63	\$0.00	\$62,703.63
Adam's Apple Shave	34	\$4,750.00		\$163,532.51	\$42,122.53	\$205,655.04
Other Facial Fem.	11	\$9,475.00		\$108,734.77	\$14,040.84	\$122,775.62
Voice Pitch	11.48	\$10,980.00		\$126,006.10	\$14,040.84	\$140,046.94
						\$562,198.07

From: [Sheikh, Tabinda](#)
To: [Burgess, Stacy](#)
Subject: Presentation for the Queer Forum
Date: January 16, 2024 2:42:17 PM
Attachments: [Presentation for the Queer Forum -January 2024 \(003\)-January16-24-final draft.pptx](#)
[Presentation for the Queer Forum -January 2024 \(003\)-January16-24- notes version.pptx](#)
[GAC Deputy Minister Briefing - December 15-22-FINAL.pptx](#)
Importance: High

Hi Stacy,

Attached, please find revised versions (with and without notes) based on your feedback.

I have also attached the presentation for DM in 2022. The preference and request at the time was to provide more information on the slides so they might look busy.

Thanks
Tabinda

From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Sent: Monday, January 15, 2024 3:16 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: RE: Abortion in Nova Scotia
Importance: High

Hi Stacy,

Attached is a draft presentation for your review and feedback. I have sent you an appointment to go over any changes / additions or anything else you may need to speak to the slides.

Thanks
Tabinda

From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Sent: Thursday, January 11, 2024 12:00 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: RE: Abortion in Nova Scotia

Hi Stacy,

Yes, that is doable Not responsive
Not responsive but I will make this a priority.

Regards

Tabinda

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Sent: Wednesday, January 10, 2024 7:07 PM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Subject: RE: Abortion in Nova Scotia

Hi Tabinda,

I am good to go to the forum myself. I would say if you could have the presentation to me for Tuesday EOD, does that work? And minimal slides, like maybe 6 at most?

Stacy



Stacy Burgess, BScN, RN, MHA, CHE
Executive Director, Clinical Care, Delivery and Capital
System Integration, Dept of Health and Wellness

Cell: 902-225-2479
Email: stacy.burgess@novascotia.ca

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From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Sent: Wednesday, January 10, 2024 3:08 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: RE: Abortion in Nova Scotia

Hi Stacy,

I understand!

As the queer forum is happening as early as next week, i might not be able to attend. 20(1)

20(1) I will make it

a priority to put together a short presentation for your review. How many slides were you thinking and when do you need it at the latest?

Thanks
Tabinda

Gender Affirming Care

STACY BURGESS

Executive Director, Clinical Care, Delivery and Capital
System Integration, Department of Health and Wellness

JANUARY 2024



Overview

- ▶ Background
- ▶ Current situation
- ▶ Gender Affirming Care (GAC) policy implementation
- ▶ Next steps
- ▶ Questions

Background

- In 2014, Gender Affirming Surgeries (GAS) became an insured service in Nova Scotia
- World Professional Association of Transgender Health (WPATH) Standards of Care (SoC)
- Medical Services Insurance (MSI) pre-approval required
- Centre Métropolitain de Chirurgie - GrS Montreal (Brassard clinic)
- Gender Affirming Care (GAC) services
- The Nova Scotia Pharmacare Programs

Background

- Additional GAS procedures approved
- Age exemption for GAS chest surgeries approved
- Gender Affirming Care Nova Scotia (GACNS) policy released
- Deputy Minister, DHW commitment for GAC policy
- Changes made to GAS application
- WPATH SoC V.8 released
- Ongoing engagement and research to inform changes to GAS and development of GAC policy
- GAC policy publicly released on July 28, 2023

Current Situation

GAC Policy

- Health system policy, first in Canada
- Outline and goals
- Implementation

GAC policy Implementation

Initiatives completed

- GAC fee codes
- New specialist lead for GAS chest surgeries
- Provider declaration
- The number and types of referral letters reduced
- Tanner criteria for breast augmentation removed
- Requirement for living for 12 continuous months in a gender role removed
- In-province travel and accommodation pilot
- Funding for Halifax Sexual Health Centre and prideHealth

GAC policy Implementation

Initiatives underway / ongoing

- Training on cultural competency and transcare for health care professionals
- Health care professionals to work to the full scope of practice
- Mandatory curriculum on 2SLGBTQIA+ and GAC, for all health care professionals

Next steps

- Strategic health committee to improve GAC services in Nova Scotia

Thank you!

The process to access GAC and GAS, and the GAS application outlining coverage and eligibility criteria, is available on Department of Health and Wellness (DHW) website

<https://novascotia.ca/dhw/gender-affirming-surgery/>

Questions?

Page 084 to/à Page 091

Withheld

Duplicate

Pages 84-91 duplicate of 79-83

Withheld

Not Responsive

From: [Sheikh, Tabinda](#)
To: [Dolliver, Patricia](#)
Cc: [Yorke, Michelle](#); [Burgess, Stacy](#)
Subject: FW: GAS data visualization 2023
Date: January 18, 2024 11:18:52 AM
Attachments: [GAS data visualization 2023.docx](#)
Importance: High

Hi Trish,

I hope you are doing well!

Would you be able to please send updated numbers for YTD January 2024 for the two tables in the attached.

Total applications received and total in-province and out of province applications approved.

Thanks
Tabinda

NUMBER OF APPLICATIONS RECEIVED/REQUESTED

Total number of applications received (approved, pended plus denied) per year from 2014 to 2023 YTD.

- Number of applications received/requested keeps increase from 2014 to 2023 YTD, except 2020; The average annual growth was 29.9%
- Number of applications approved keeps increase from 2014 to 2023 YTD, except 2019 and 2020; The average annual growth was 26.6%

Applications Received/Requested	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 YTD
Total Approvals	41	58	72	84	144	142	99	148	256	343
Total Pended for More Information	20(1)						32	20(1)		120
Total Denied							10			0
Grand Total	44	69	84	94	159	177	141	218	458	463

Total number of applications approved (in province plus out of province) per year from 2014 to 2023 YTD.

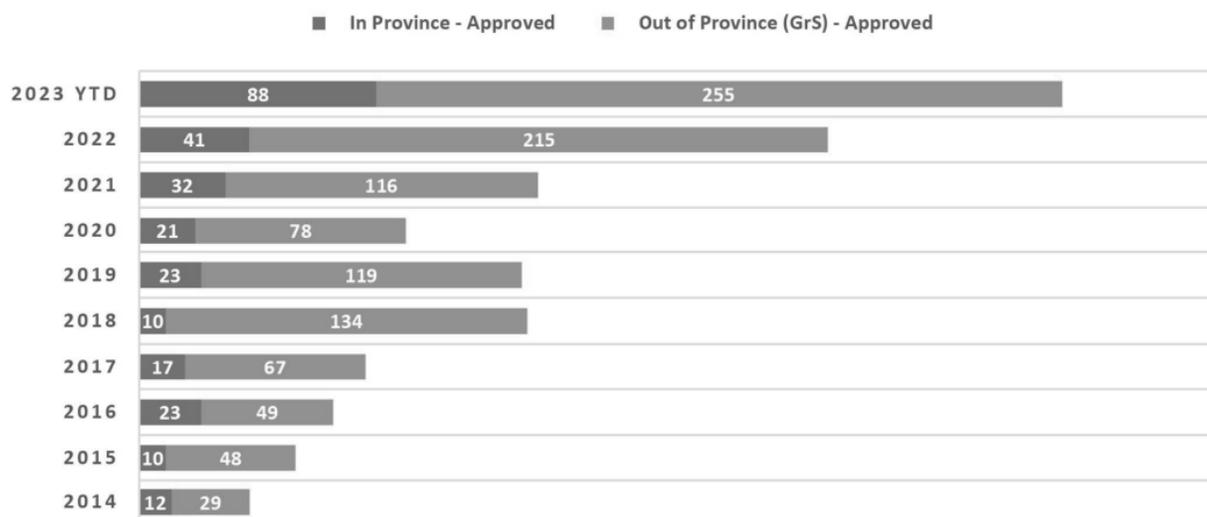
- Number of applications approved in province tends to fluctuate from year to year; The average annual growth was 27.3%
- Number of applications approved out of province (GrS) keeps increase from 2014 to 2023 YTD, except 2019 and 2020; The average annual growth was 24.8%

Applications Approved	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 YTD
In Province - Approved	12	10	23	17	10	23	21	32	41	88
Out of Province (GrS) - Approved	29	48	49	67	134	119	78	116	215	255
Total Approvals	41	58	72	84	144	142	99	148	256	343

TRENDING OF APPLICATIONS APPROVED

TRENDING OF APPLICATIONS APPROVED

(BY YEAR)



From: [Hemphill, Eric B](#)
To: [Martin, Thomasina](#)
Cc: [Arivo, John](#); [Kontak, Jason L](#)
Subject: Briefing binder notes for review
Date: January 23, 2024 9:57:00 AM
Attachments: [INFORMATION NOTE-Health Equity.docx](#)
[Health Transformation Note-Health Equity.docx](#)
Importance: High

Hi Thomasina,

Attached are two notes for the briefing binder for Kim's review. John has reviewed and approved.

Thanks,
Eric

Eric Hemphill (he/him)
Director, Strategic Health Partnerships
NS Department of Health and Wellness
eric.hemphill@novascotia.ca
c) [902-717-8210](tel:902-717-8210)

I acknowledge that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq, Maliseet and Passamaquoddy Peoples first signed with the British Crown in 1726.

INFORMATION NOTE

HEALTH EQUITY

Key Messages (CNS):

-

Background and Current Situation:

- Recent investments to improve health equity have included:

- Not responsive

- Investment in and policy changes to Gender Affirming Care

- Not responsive

-

- Not responsive
-
-
-

Not responsive

Not responsive

HEALTH TRANSFORMATION NOTE

HEALTH EQUITY

Gender Affirming Care

- There are an estimated 4,895 transgender or non-binary individuals in Nova Scotia.
- Nova Scotia has the highest per capita proportion of transgender and non-binary individuals between the ages of 15-34 in Canada according to 2021 Census data.
- Gender Affirming Care (GAC) includes a range of services for those eligible, including an initial psychosocial readiness assessment, hormone treatment and Gender Affirming Surgeries (GAS).
- The number of applications received for GAS has steadily increased from 44 in 2014 to 463 in 2023, with an average annual growth of 26.5%.
 - The number of approved applications for GAS has steadily increased from 41 in 2014 to 343 in 2023, with an average annual growth of 23.6%.
- Budget 2023/24 included an increase of \$1.7M in funding for GAS, which will allow up to 380 people to receive surgery that helps their physical appearance align with their gender identity. In 2022-23, 112 people received the surgery:
 - 92 out of province GAS procedures
 - 20 in-province GAS procedures at Dalhousie plastic surgery (Dr. Corkum):
 - Mastectomy- 19 & Augmentation- 1
- In July 2023, released new GAC policy - first of its kind in Canada. The new policy provides access to equitable and culturally appropriate services; outlines standards of care, coverage, eligibility criteria, and process for GAC; and outlines roles and responsibilities of health care professionals.
- Other GAC initiatives include:
 - New and expanded GAC fee codes.
 - Increased funding to Halifax Sexual Health Centre and prideHealth
 - Health care provider declaration of credentials was added to the GAS application to ensure quality and patient safety.
 - Eligible individuals are covered under the in-province Travel Support Program.
 - In 2022, in consultation with the trans and gender diverse community, changes were made to the GAS application to remove barriers to timely GAS and GAC e.g.,
 - One psychosocial assessment letter for all GAS surgeries. This is a change in the GAS application from two letters required for genital surgeries to one for all GAS surgeries.
 - Tanner 2 criteria for breast augmentation has been removed. Cases will now be considered on a case-by-case basis.
 - To access GAS, individuals are no longer required to live for 12 continuous months in a gender role that is congruent with their

gender identity.

- Removed requirement of psychosocial assessment letter for hormone treatment for adults.

prideHealth Funding

- PrideHealth supports primary healthcare for members of 2SLGBTQIA+ communities.
- Services include:
 - Not responsive
 - Information and navigation support for gender affirming primary care providers
 - Not responsive
 -
 -
 - The 2SLGBTQIA+ Affirming Care Conference will now be offered on an annual basis following a successful trial year in 2023. Registration is now open.

- Not responsive
-
-

Not responsive

Page 112 to/à Page 115

Withheld

Not responsive

From: [Bertrand, Lindsay A](#)
To: [Sheikh, Tabinda](#)
Cc: [Burgess, Stacy](#)
Subject: RE: OPOR- Request for Information
Date: January 30, 2024 4:58:41 PM
Attachments: [gssso-standard-guidance.pdf](#)
[image001.png](#)
[image002.png](#)
[image005.png](#)

Hi Tabinda,

Below are the definitions from Oracle Health. There are also definitions from the GSSO work from BC (attached) that we're using to inform the work.

The gender piece is collected within the system by clinicians and not at registration. The birth sex/administrative sex content is relevant for registration and scheduling.

Please let me know when you'd like to connect!

Lindsay

Oracle Health Definitions

administrative sex The patient's current sex, defined as a binary value, male or female; these values map to specific Health Level Seven (HL7) values. Oracle Cerner products typically display this value to users, often with the label Sex. Clients can configure these values and determine who sees them and when. Systems do not consider it an error when a patient's administrative sex and birth sex differ.

See also:

- [birth sex](#)
- [gender](#)
- [sex](#)

From <<https://wiki.cerner.com/display/public/help/A>>

sex Sex pertains to an individual's physiological characteristics. In many products, Sex defaults to the administrative sex value, but selecting this value displays separate values for administrative sex, birth sex, and gender.

See also:

From <<https://wiki.cerner.com/display/public/help/S#S-Sex>>

birth sex The patient's sex as assigned to them at the time of their birth. This is a binary value, male or female; these values map to specific Health Level Seven (HL7) values. Clients can configure these values; the category is extensible and can

include intersex patients.
This value is not always displayed to users. Clients can configure who sees this value and when.

From <<https://wiki.cerner.com/display/public/help/B#B-BirthSex>>

gender Gender pertains to an individual's social or cultural orientation. In the U.S. software must provide the ability to capture gender identity. Typically, Oracle Cerner products have seven choices available for gender identity. Each of these choices maps to specific Health Level Seven (HL7) values:

- Male
- Female
- Transgender Man
- Transgender Woman
- Genderqueer
- Prefer Not to Answer
- Other

Customers can configure these values, including by adding options. They also determine who can see these values and when

From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Sent: Tuesday, January 30, 2024 3:17 PM
To: Bertrand, Lindsay A <LindsayA.Bertrand@nshealth.ca>
Cc: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: RE: OPOR- Request for Information

Hi Lindsay,

Thank you so much for a prompt reply and all the information! I have a few more questions in the red font below.

It would be great to have brief meeting to understand this better from my perspective. I know Stacy brings an extensive leadership experience and background in the hospital systems and might suggest differently. Stacy?

Thanks
Tabinda

From: Bertrand, Lindsay A <LindsayA.Bertrand@nshealth.ca>
Sent: Tuesday, January 30, 2024 3:00 PM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>

Cc: Burgess, Stacy <Stacy.Burgess@novascotia.ca>

Subject: RE: OPOR- Request for Information

Hi Tabinda and Stacy!

1. Thank you for reaching out on this important topic. I can't speak to the Health Card piece, but the OPOR- CIS does allow for this. A decision is currently being drafted for how values are captured for Sex in the patient information section. This includes Birth Sex and Administrative Sex (what is administrative sex?), how they are collected, and what the values will be. Gender Identity is captured in the clinical space (do you mean the intake forms?) and is work to be done.
2. NS PrideHealth has been a partner in OPOR work, and we have representatives in our design sessions.
3. Given the OPOR Clinical Information System is provincial, once the sending and receiving sites are live with the CIS, their information will be accessible to all provincial clinicians within an individual patient's/client's circle of care. Within the patient demographics, the patient's sex and pronouns (both values TBD) will populate.

I hope this helps, and I'm happy to bring the team together to discuss further!

Lindsay

Lindsay Bertrand (she/her)
Chief Clinical Information Officer (CCIO)
Research, Innovation & Discovery
e. lindsaya.bertrand@nshealth.ca
t. 902.220.2852

My working hours may be different from your working hours. Please only feel obligated to reply within your regular work schedule, especially if you are spending time doing what you love.

From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>

Sent: Tuesday, January 30, 2024 2:17 PM

To: Bertrand, Lindsay A <LindsayA.Bertrand@nshealth.ca>

Cc: Burgess, Stacy <Stacy.Burgess@novascotia.ca>

Subject: OPOR- Request for Information

Hello Lindsay,

Stacy Burgess (Executive Director Clinical Care, Delivery and Capital, Department of Health and Wellness) and I attended a Queer forum a couple of weeks back to give an update on the Nova Scotia's Gender Affirming Care policy ([Gender affirming care | novascotia.ca](https://www.novascotia.ca/gender-affirming-care)) that was released in July 2023. Stacy has asked that I reach out to you to see if you will be able to provide answers to a few questions we were asked at the forum, related to IT/OPOR roll out or direct us to the appropriate contact.:

1. Is there any movement towards allowing genders other than M and F on health cards and hospital systems? Does NSH OPOR roll out include this?
2. How is the one card one patient conversation being linked into the gender affirming care work across NS?
3. How can a TGD going out of HRM for care how will their information be transferred without having to explain their history over and over again?

Thanks in advance!

Kind regards

Tabinda



Tabinda Sheikh MD, MHSA (she/her)
Senior Policy Analyst
System Integration Branch
1894 Barrington Street, 7th Floor, Barrington Tower, Scotia
Square
PO Box 488
Halifax, NS B3J 2R8
cell: (902)-222-3100
tabinda.sheikh@novascotia.ca

Withheld

12(1)(a)(i)

Pages 94-213 similar to
[//www2.gov.bc.ca/assets/gov/health/practitioner-pro/health-information-standards/gss-standardguidance-v31.pdf](http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/health-information-standards/gss-standardguidance-v31.pdf)

Page 214 to/à Page 218

Withheld

Not responsive

From: [Sheikh, Tabinda](#)
To: [Wang, Min](#); [Burgess, Stacy](#)
Subject: RE: Calling for the Next Step - FW: KPIs List for review - after meeting with NSH on Nov16
Date: February 12, 2024 2:41:05 PM
Attachments: [image002.png](#)
[image003.png](#)
[KPIs List for review - NSH commentsTSFeb12-24.docx](#)

Hi Min,

Sorry for the delay in getting back on this. Please review my comments in the attached and in the email (red font) below. You and I can meet briefly to discuss.

Stacy – would you like us to brief you on this before meeting with NSH (Tessa and Janelle) or after we have finalized a draft with their input?

Thank
Tabinda

From: Wang, Min <Min.Wang@novascotia.ca>
Sent: Wednesday, February 7, 2024 1:38 PM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Subject: Calling for the Next Step - FW: KPIs List for review - after meeting with NSH on Nov16

Good afternoon Tabinda,

Hope you're having a great day! Attached is our latest GAC KPI file that is under discussion, which was sent back by Tessa with their comments last Dec. I replied to Janelle and Tessa last Dec that you and I will be working on this file afterwards.

Please let me know what the next steps should be. Perhaps you and I could find a time to review the comments in the attached file before we proceed further with prideHealth. I can send the meeting request if you agree.

Thank you!

Warmly,
Min

From: Firth, Tessa E <TessaE.Firth@nshealth.ca>
Sent: Tuesday, December 5, 2023 5:14 PM
To: Wang, Min <Min.Wang@novascotia.ca>; Richer, Janelle <Janelle.Richer@nshealth.ca>
Cc: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Subject: Re: KPIs List for review - after meeting with NSH on Nov16

Hello Min and Tabinda!

I hope you are both having a great week.

Janelle and I met today to review the rest of the KPI's, and I have attached our comments in the document below.

There were a few of the KPI's we had questions about, and we are happy to meet with you at a time that works for us all to discuss these further.

14(1)

There are a few other comments in the document, however those were the two larger questions we had.

I am looking forward to hearing your thoughts and discussing these further!

Thank you for your time and have a wonderful evening!

Tessa Firth, MPH (she/her)

Interim Primary Health Coordinator prideHealth

tessae.firth@nshealth.ca



prideHealth, based in Mi'kma'ki, would like to acknowledge that the program runs in the traditional and unceded territory of the Mi'kmaq. We recognize and appreciate the continued ties that Indigenous peoples have to the land and waters within the region known as Nova Scotia.

From: Wang, Min <Min.Wang@novascotia.ca>
Sent: Thursday, November 16, 2023 2:31 PM
To: Richer, Janelle <Janelle.Richer@nshealth.ca>; Firth, Tessa E <TessaE.Firth@nshealth.ca>
Cc: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Subject: KPIs List for review - after meeting with NSH on Nov16

Hi Janelle and Tessa,

Thank you very much for your time during the meeting with Tabinda and I. We genuinely appreciate the valuable insights you shared.

During the meeting we've reviewed half of the KPIs and made decisions on some of them. I've attached an updated table, cleaned up based on the meeting notes, with each KPI marked with "*retained" and "*not reviewed yet".

The KPIs marked with "*retained" are the ones we've discussed. Could you please take a moment to review those marked with "*not reviewed yet" and share your thoughts with us?

Once again, thank you for your collaboration on this. We look forward to hearing your feedback.

Much appreciated,
 Min



Min Wang (she/her/elle)
 Research & Stats Officer
 Clinical and Infrastructure Strategy and
 Planning, System Integration
 Phone: (902) 266-6502
 Email: min.wang@novascotia.ca
 Web: www.novascotia.ca

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4. KPI List

4.0 Categorizing KPIs: Qualitative vs. Quantitative

14(1)

Withheld

14(1)

Page 226 to/à Page 231

Withheld

Not responsive

From: [Burgess, Stacy](#)
To: [Burgess, Stacy](#)
Subject: FW: GAC procedures
Date: March 10, 2024 11:55:26 AM
Attachments: [image001.png](#)
[Gender Reaffirmation Discharges.xlsx](#)
[Outlook-s5qyfe05](#)



Stacy Burgess, BScN, RN, MHA, CHE
Executive Director, Clinical Care, Delivery and Capital
System Integration, Dept of Health and Wellness

Cell: 902-225-2479
Email: stacy.burgess@novascotia.ca

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From: Garnier, Debbie <Debbie.Garnier@nshealth.ca>
Sent: Wednesday, February 28, 2024 2:38 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: FW: GAC procedures

Stacey
See below from Steve Carrigan with some clarification .Does this help ?
DEB

From: Carrigan, Steven <Steven.Carrigan@nshealth.ca>
Sent: Wednesday, February 28, 2024 2:26 PM
To: Garnier, Debbie <Debbie.Garnier@nshealth.ca>; Birthwright, Carrie <Carrie.Birthwright@nshealth.ca>
Cc: Dunnington, Joanne <Joanne.Dunnington@nshealth.ca>; Gosbee, Emily <Emily.Gosbee@nshealth.ca>
Subject: Re: GAC procedures

Hey Debbie,

We provided summary and case specific data to finance (Carrie cc'd) to support understanding of

this care, but I have no knowledge beyond that. One important note is that the procedure data is only up to August 2023 for this fiscal year, and based on John's statement below I'm not sure that was understood.

Steven



Steven Carrigan (he/him), MPA, MSc(Epi) , EXTRA Fellow
Senior Director, Data & Analytics | Strategy, Performance & Analytics
Cell: 902-717-4634
www.nshealth.ca

[Request analytics support](#) | [Request PM/IE support](#)

From: Garnier, Debbie <Debbie.Garnier@nshealth.ca>
Sent: Wednesday, February 28, 2024 1:58 PM
To: Carrigan, Steven <Steven.Carrigan@nshealth.ca>
Cc: Dunnington, Joanne <Joanne.Dunnington@nshealth.ca>
Subject: FW: GAC procedures

Hi Steve

Do you know/can you tell if analytics would have provided the information below and attached to DHW as they have questions they would like answered related to it for tomorrows budget.

If you have any additional information, please let me know

DEB

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Sent: Tuesday, February 27, 2024 10:38 PM
To: Garnier, Debbie <Debbie.Garnier@nshealth.ca>
Cc: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>; Dunnington, Joanne <Joanne.Dunnington@nshealth.ca>
Subject: FW: GAC procedures
Importance: High

Hi Debbie,

I am not sure if we have met before. My name is Stacy Burgess, and I am the Executive Director for Clinical Care, Delivery and Capital at DHW. I just took this role and prior to that I was at the IWK for 25 years

Please let me apologize for my late-night email but as you likely know we will be tabling the

budget Thursday so are doing a lot of last-minute things.

I received the below email and attached invoice and have questions with relation to this as I know we are doing more Gender Affirming Surgeries in province than prior years so was curious on the projection. Can you have a look and give any insight? It sounds like information was shared with DHW from NSH but I am not sure who it might have been shared with. I could follow up with them if you have a name.

In addition, I would love to sit down with you and discuss this aspect of care and opportunities we may look at that could advance the number of patients served in NS.

Looking forward to your thoughts. If a call is easier please call tomorrow at any time 902-225-2479.

Thanks
Stacy



Stacy Burgess, BScN, RN, MHA, CHE
Executive Director, Clinical Care, Delivery and Capital
System Integration, Dept of Health and Wellness

Cell: 902-225-2479
Email: stacy.burgess@novascotia.ca

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From: Cochran, John <John.Cochran@novascotia.ca>
Sent: Tuesday, February 20, 2024 12:44 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Cc: Smith, Richard <Richard.Smith2@novascotia.ca>; Tasiopoulos, George <George.Tasiopoulos@novascotia.ca>
Subject: GAC procedures

Hi Stacy,
I am hoping you can assist us with presenting the proper or full story when it comes to Gender Affirming

Care procedures performed by NSH for fiscal 2023/24.

We received forecasted numbers from NSH for what is expected to be the cost for surgical procedures performed by NSH for GAC in 2023/24.

Attached is the page we currently have for inclusion in the financial briefing book.

The table we have shows that last year in 202/23 the cost for procedures performed was \$102K and that this fiscal NSH is projecting costs around \$31K which on the surface looks like a 70% reduction.

NSH has indicated that information on procedures performed and why fewer performed this year compared to last has been sent to DHW programs, so I am asking if you have additional context that can present the full picture on NSH GAS for 2023/24.

Perhaps there were more clients that travelled out of NS for surgeries but that is only speculation on my part.

Can you please take a look to see what can be provided? We need to finalize our book by Thursday so am hoping that if this information was communicated to DHW it may be straightforward request to have someone on your team send along to me.

Thank you,
John


NOVA SCOTIA
Barrington Tower, 15th Floor
1894 Barrington Street
PO Box 488
Halifax NS, B3J 2R8

John Cochran
Senior Financial Advisor
Financial Advisory Services-Health Authorities
Finance & Treasury Board *supporting Department of Health and Wellness*



NSH - Gender Reaffirmation Discharges

Data Source: 3M

Prepared for: Carrie Birthwright, Manager, Financial Planning and Value Creation

Version: 1.0

Prepared by: Michele de Ste Croix, Health Record Analyst, Performance and Analytics

Time Period: FY2020-2023

Prepared on: Dec 19, 2023

Data Notes: DAD and NACRS - data until end of August 2023

Site	2020/21	2021/22	2022/23	2023/24
Dartmouth General	<5		<5	<5
Hants Community		<5	<5	
QEII	<5	20(1)	8	
Total	<5	17	11	<5

Site	2020/21	2021/22	2022/23	2023/24
Colchester East Hants Regional	<5			
South Shore Regional				
Valley Regional			<5	<5
Total	<5		<5	<5

From: [Burgess, Stacy](#)
To: [Burgess, Stacy](#)
Subject: FW: Gender Affirming Care (GAC) Discussion
Date: March 10, 2024 12:00:37 PM
Attachments: [Questions and Follow-up from the Queer Forum - TS Feb14-24 \(002\).docx](#)
[GAS Consultations Table for Minister -February2024.docx](#)



Stacy Burgess, BScN, RN, MHA, CHE
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From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Sent: Wednesday, February 28, 2024 5:13 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: RE: Gender Affirming Care (GAC) Discussion

My bad, forgot to attach the documents.

From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Sent: Wednesday, February 28, 2024 4:51 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: FW: Gender Affirming Care (GAC) Discussion

Hi Stacy,

As requested, notes from the meeting with 20(1) and Sam Hickcox are below. Notes from the Queer forum and consultations table to date are attached.

Thanks
Tabinda

Hi Stacy,

Here are the notes from the meeting. Feel free to make edits in case I have understood things differently. I

am not sure about the yellow highlighted comment from Veronica, do you know?

Doctor Sam Hickox is in an advisory role to the Office of Addictions and Mental Health (OAMH) and Minister Comer. Francine is the executive director contact at OAMH and reports to DM Kathleen Trott. Sam would like to be looped in and happy to provide clinical advice on GAC related matters.

Questions from

1. **What is the \$1.7 million budget from 2023-24 used for? What was the budget before the 1.7 million?**

\$ As per the March 31, 2023 announcement, budget 2023-24 includes \$1.7 million more in funding for gender-affirming surgeries, which will allow up to 380 people to receive surgery that helps their physical appearance align with their gender identity. There is no assigned budget for GAS / GAC. Benefit Eligibility has budget for OOP/OOC referrals and GAS is part of that budget. If services requested and approved exceed budget we have to seek forecast increase.

2. **What are the numbers in light of census results?**

Section 1.

Persons 15 years of age and older in private households, 2021 Census

	Total - Gender	Cisgender persons	Transgender persons	Non-binary persons
Canada	30,336,135	30,235,320	59,460	41,350
Nova Scotia	819,310	815,370	2,135	1,805

Source: Statistics Canada. Table 98-10-0036-01 Broad age groups and gender: Canada, provinces and territories

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810003601>

Section 2.

Census Profile, 2021 Census of Population

	Total Population
Nova Scotia	969,383

Source: Statistics Canada. 2023. Census Profile. 2021 Census.

Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released February 8 2023.

[https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?](https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E)

[Lang=E](https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E)

Section 3.

According to the 2021 Census conducted by Statistics Canada, Nova Scotia had **3,940 individuals aged 15 or older who self-identified as transgender or non-binary and resided in private households**. They represented **0.41% of Nova Scotia's overall population**. These statistics are derived from Statistics Canada's methodology for data collection and categorization in the census.

Calculation

Method: $(2,135+1,805)/969,383=$ 0.41%

3. What is the number of patients going to Montreal for gender affirming surgery?

Following is the data on # of procedures completed. Not sure about the number of people as one person could have had more than one procedure done.

2022-23 – 118

2023-24 – 109

Total GAS procedures – in Province of Nova Scotia

2022-23 – 23 Cases

2023-24 – 46 Cases

4. What is the current wait time for gender affirming surgeries?

Sent an email to **Brassard** to confirm up to date information. The information they shared as of July 2023 is as follows:

The delays are calculated with the following criteria :

- Mean difference of time between date of file complete (all documents received and file ready to be analyzed by our clinical team) and date of surgery in 2023 (passed and to come)

Of course, the delays are not only dependant on our staff work flow and surgical booking, but also on :

- Patient's medical condition that may require additional tests or stability;
- Patient's and primary care provider's response speed when additional documents are required;
- Availability of the patient when we offer a surgery date.

Mastectomy : 6-8 months

Vaginoplasty : 8-11 months

Metoidioplasty : we do not have much patients coming from Nova Scotia so the delay is not easy to calculate but I would say 11 months and more given that most patients have medical conditions they need to work on.

Phalloplasty : the delay depends on patient's permanent hair removal so it is more a medical delay than an administrative delay.

Wait times at Dr. Corkum` s clinic as of November 2023 is as follows:

"We have around a 6 month wait for consultation, but from consultation to procedure it's around a 3-4 week wait to surgery

Here is the recent data

Completed surgeries:

Mastectomy – 19

Augmentation

Referrals waiting: 41

5. Is there an increase in surgical capacity in NS? Otherwise, people will go to Montreal where surgical results are great. What are the surgical results from GAS done in NS?

Dr. Corkum email on January 21, 2024 – *"We do actually have a business plan drafted, which proposes a part time position (0.5 FTE) within our division that has a focus on gender affirming surgery. Based on my research, I think another surgeon and myself could provide.*

enough surgical volume that it would eliminate the need for patients to travel to Montreal for top surgery."

6. **How much surgical time are the gender affirming surgeons getting?**

I am not sure who to ask?

7. **Are we tracking the number of GAS `ectomies completed in Nova Scotia?**

Data team has put the ask in to NSH. Haven't heard back yet

Comments from 20(1)

- There are fiscal barriers for TGD individuals to access e.g. laser hair removal.
- Other surgeries are not funded, unless they are challenged by appeal. MVI is happening on the Quiet.
- Nurse practitioners and physicians are over capacity are not providing hormone replacement therapy, especially in rural areas.
- Training needs to happen.
- Name Change currently costs \$300. UK has a simpler model of statutory declaration or self declaration?
- Need a jurisdictional scan on what's happening across the country for name change.
- Don't think its a good idea to offer a per person or individualized package for gender affirming surgery.
- There's a huge need and around navigation support for TGD folks.

Comments from Sam Hickox:

- Met with the clinician involved in GAC at the Halifax Sexual Health Centre (HSHC). There is a massive increase in demand and they're overwhelmed for providing GAC particularly around psychosocial assessment. HSHC should be part of the steering committee.
- There's lack of education and undergraduate studies for hormone replacement therapy, someone from academia needs to be on the steering committee.
- required for GAC.
- There needs to be change management adult education model / plan for community based general practice for GAC.
- Train peers for navigation an other GAC as paid positions

Next steps:

1. Asked the Nova Scotia College of Social Workers about peer support.
2. Sam will ask NSH MHA to reach out to Tabinda regarding peer support model in addictions and mental health program at NSH.
3. Sam will provide the name of the policy lead at OAMH for GAC
4. Tabinda will follow up on:
 - a. Wait list for GAS – sent email to Brassard
 - b. Fee codes to track in province surgeries breakdown by ectomies and chest surgeries. – submitted data request form to DHW Governance team
 - c. Surgical capacity – see Corkum response above
5. Tabinda to send 20(1) the link to the press release on 1.7 budget for Gender affirming surgeries.
Done
6. Need a jurisdictional scan on name change for GAC
7. Stacey will ask Tracy to send Veronica a few options for a meeting in February.

Thanks

Tabinda

-----Original Appointment-----

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>

Sent: Friday, January 26, 2024 7:18 AM

To: Burgess, Stacy [20(1)] Hickcox, Samuel; Sheikh, Tabinda

Subject: Gender Affirming Care Discussion

When: January 29, 2024 8:30 AM-9:30 AM (UTC-04:00) Atlantic Time (Canada).

Where: Stacy's Office or TEAMS

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: [15(1)(k)]

Passcode: [15(1)(k)]

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[15(1)(k)]@t.plcm.vc

Video Conference ID: [15(1)(k)]

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Meeting with the Queer Forum – Q/A period
 Attended by: Stacy Burgess & Tabinda Sheikh

January 18, 2024

Questions from the Queer Forum:	Follow-up	Status/ Response
<ul style="list-style-type: none"> Is there any movement towards allowing genders other than M and F on health cards and hospital systems? Yep, I have an X on my drivers license but I'm not allowed to have it on my health card, and all my hospital records decide to misgender me And the IWK has their hands tied until MSI has more than just M and F. 	<ul style="list-style-type: none"> Tabinda (T) to contact Benefit Eligibility – Donna 	<ul style="list-style-type: none"> Not that Benefit Eligibility is aware of. As you noted, Residents can remove the sex indicator from the front of their health care at no additional fee. The sex indicator is retained on the card's magnetic strip data. Use of additional gender indicators requires coordination across the health system to integrate new indicators in digital health records. Significant technology changes are required as some digital health systems currently only permit "M" or "F", and some also have a "U" (undifferentiated) gender indicator. This was discussed a couple of years ago. DHW Health Information, Performance and Planning (HIPP) advised that it would be much simpler, easier and efficient to implement this in conjunction with One Person One Record (OPOR) given the number of systems that will be sunsetted as part of OPOR. We have not been advised if OPOR will implement additional digital gender identity indicators.
	<ul style="list-style-type: none"> T to ask Lindsey Bertrand – if the NSH OPOR roll out includes this 	<ul style="list-style-type: none"> I can't speak to the Health Card piece, but the OPOR- CIS does allow for this. A decision is currently being drafted for how values are captured for Sex in the patient information section. This includes Birth Sex and Administrative Sex (what is administrative sex?), how they are collected, and what the values will be. Gender Identity is captured in the clinical space (do you mean the intake forms?) and is work to be done.
	<ul style="list-style-type: none"> T to share with Equity & Engagement (EE) to inform the Health Equity Framework (HEF) implementation 	<ul style="list-style-type: none"> They were copied on email to Benefit Eligibility

Meeting with the Queer Forum – Q/A period
 Attended by: Stacy Burgess & Tabinda Sheikh

January 18, 2024

<ul style="list-style-type: none"> Are there any plans to have funding available for legal name changes as part of gender affirming care? This can be an expensive and affirming part of a gender journey as well. 	<ul style="list-style-type: none"> T to ask Benefit Eligibility who to contact for info on legal name change– process/ cost etc T to explore if Yukon pay for name changes/ detransition added? 	<ul style="list-style-type: none"> Not that Benefit Eligibility is aware of. These policies fall under the Vital Statistics Act. Change your name or the name of your spouse or child - Government of Nova Scotia The above website indicates that the NS government has implemented policies and regulations to allow Vital Statistics to waive prescribed fees in certain circumstances: <ul style="list-style-type: none"> - Change Name - Fee waiver for residential school survivors (Fees for Searches and Transaction Regulations) - Change sex indicator <ul style="list-style-type: none"> o Vital Statistics Act S 25 - Application to change gender identity and S 25(4) provides for ‘prescribed fee’ o Change of sex indicator regulations – no cost for first time applicant or amendment, \$24.95 for each additional change Vital Statistics fees for certificates, licences and services - Government of Nova Scotia Done
<ul style="list-style-type: none"> How is the one card one patient conversation being linked into the gender affirming care work across NS? 	<ul style="list-style-type: none"> T to ask Lindsey Bertrand if this will be addressed through OPOR 	<ul style="list-style-type: none"> NS PrideHealth has been a partner in OPOR work, and we have representatives in our design sessions.
<ul style="list-style-type: none"> How can a TGD going out of HRM for care how will their information be transferred without having to explain their history over and over again? 	<ul style="list-style-type: none"> T to ask Lindsey Bertrand if this will be addressed through OPOR EMR – 	<ul style="list-style-type: none"> Given the OPOR Clinical Information System is provincial, once the sending and receiving sites are live with the CIS, their information will be accessible to all provincial clinicians within an individual patient’s/client’s circle of care. Within the patient demographics, the patient’s sex and pronouns (both values TBD) will populate.

Meeting with the Queer Forum – Q/A period
 Attended by: Stacy Burgess & Tabinda Sheikh

January 18, 2024

<ul style="list-style-type: none"> The new C3 bed flow management system that is supposed to fix all problems only has M/F - and in fact blue and pink! 	<ul style="list-style-type: none"> T to Ask Sheila – re: access and flow 	<ul style="list-style-type: none"> Pending - Sheila to look into it
<ul style="list-style-type: none"> Is NS Health addressing forgone healthcare in relation to gender-affirming care? 	<ul style="list-style-type: none"> T to ask EE if / how this is being addressed through HEF? 	<p>Yes this will be address in combination with the HEF implementation, prideHealth expansion, and the upcoming 2SLGBTQIA+ Action Plan being developed by the Office of Equity and Anti-racism.</p> <ul style="list-style-type: none">
	<ul style="list-style-type: none"> Stacy to explore with [20(1)] meeting 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> What is the vision for Strategic Health Committee? 	<ul style="list-style-type: none"> Stacy will ask [20(1)] and Sam 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Has Dr. Jason Williams’ plastic surgery clinic been expanded to address some of the wait times? Please address the wait times in NS for surgeries. Operating Room time and infrastructure is usually the bigger limitation vs clinic time and surgeons’ willingness to increase capacity 	<ul style="list-style-type: none"> Stacy will follow-up with Dr. Corkum. What is our limitation in terms of surgical capacity? 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Can surgical capacity for GAS be increased in NS? 	<ul style="list-style-type: none"> Stacy will follow-up with Dr. Corkum. 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Is NS Health working with health researchers in NS to address these issues and follow over time to ensure the initiatives are doing what they are intended to do? Send out expression of interest to the research community. Agree, evaluations done with a research lens are more effective and in fact less expensive 	<ul style="list-style-type: none"> Stacy will connect with Frank McMaster - Is there anything happening in research and innovation 	<ul style="list-style-type: none"> It is a pretty fraught area internationally for research. Lots of terribly done work (no community engagement, lots of bias, etc.). Locally, there are small efforts (i.e., a nursing student did a survey on access funded by Research Nova Scotia). But very little overall activity in Nova Scotia as a whole for Tricouncil funding support in this area sadly.

Meeting with the Queer Forum – Q/A period
 Attended by: Stacy Burgess & Tabinda Sheikh

January 18, 2024

<p>than spending money on consultant reports that sit on shelves</p>	<p>branches around research for GAS/GAC</p>	
<ul style="list-style-type: none"> Also, the process is so complex a Navigation support would be helpful. There is a significant cost issue and also “familiarity with paperwork” barrier. 	<p>Navigation available though SUGAR project and was also included in the prideHealth business case.</p> <ul style="list-style-type: none"> T to ask EE – what other ways can we support navigation? Stacey to ask 20(1) if she has any suggestions/thoughts? 	<p>Two (2) Navigators were part of the prideHealth business case. One was hired in October 2023 in central zone. Additionally in the business case, two (2) 2SLGBTQIA+ Health Equity Consultant, an educator and two (2) community Liaisons can support navigation for the 2SLGBTQIA+ community particularly TGD people. I suspect that the educator will be educating both health staff and health professionals on the 2SLGBTQIA+ and TGD community, GAC and GAS. I further expect that the community liaisons will build trust and awareness with the community and the health system, health regulators sector and the other collaborators on the community. Therefore, providing support and direction for navigation for the 2SLGBTQIA+ and TGD community. And the Navigator roles speak for themselves.</p>
<ul style="list-style-type: none"> Is there any discussion about funding gamete freezing prior to gender affirming care. Egg freezing at AART currently costs over \$9000 plus yearly storage fees and only 40% is covered by the province. 	<ul style="list-style-type: none"> Ask Melissa Brooks – give context re: Queer forum. Is there any reimb for gamete freezing? What policy do we have for cis? 	<ul style="list-style-type: none">

Meeting with the Queer Forum – Q/A period
 Attended by: Stacy Burgess & Tabinda Sheikh

January 18, 2024

<ul style="list-style-type: none"> Do cultural competency (CC) training include front line / Administrative staff? 	<ul style="list-style-type: none"> Part of the HEF implementation plan 	<ul style="list-style-type: none"> It does but there are no active training programs for frontline staff I'm aware of. This doesn't mean they are not happening – there are likely some efforts – but it is more that we don't yet have 100% visibility on what our partners are doing at present.
<ul style="list-style-type: none"> Do NSH/IWK have policies for mandatory CC training of their staff? 	<ul style="list-style-type: none"> T to f/u EE team 	<ul style="list-style-type: none"> I would need to check in with NSH/IWK colleagues on this. I think it's fair to assume that all staff would have obligations for mandatory training (like we do as gov't staff) but I don't have specifics on what that might involve. A greater level of EDIRA training is a component of HEF, yes.
<ul style="list-style-type: none"> Laser hair removal is required before procedures such as phalloplasty. Will it be funded? 	<ul style="list-style-type: none"> Included in 2024-25 budget request 	<ul style="list-style-type: none"> Pending budget approval
<ul style="list-style-type: none"> Would other procedures currently not insured become publicly funded? 	<ul style="list-style-type: none"> Included in 2024-25 budget request 	<ul style="list-style-type: none"> Pending budget approval
<ul style="list-style-type: none"> Have there been any discussions about covering GAS travel and accommodation costs before the surgery. Its difficult for people to pay out of pocket and be reimbursed later. 	<ul style="list-style-type: none"> T to contact Benefit Eligibility 	<ul style="list-style-type: none"> Not that Benefit Eligibility is aware of. DHW's out of province travel and accommodation cost assistance policy is claims based. Original receipts and detailed invoices for actual costs paid must be submitted to the Department for reimbursement up to the maximum allowable amounts.
<ul style="list-style-type: none"> Can there be a discussion about cost of living supplement for those who get GAS? EI coverage is not enough. People go back to work earlier that they should. 	<ul style="list-style-type: none"> For future discussion 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Any discussion on coverage of financial loss due to cancelled GAS surgeries. Is there a policy for case by case review for surgical cancellation? People cannot afford GAS costs and income losses. This impacts their mental health 	<ul style="list-style-type: none"> T to Follow up with Min / Vanita - can we check with the new ICD codes how many times GAS surgeries were cancelled? 	<ul style="list-style-type: none"> Min submitted data request to the data governance team.

Meeting with the Queer Forum – Q/A period
Attended by: Stacy Burgess & Tabinda Sheikh

January 18, 2024

Gender Affirming Care Policy Consultations March 31, 2022 to date February 28, 2024

Engagement Partner(s)	Date
Angus Gibbon, Legal (internal)	March 31, 2022
20(1) GACNS	April 27, 2022
Garry Dart, prideHealth and Leigh Heide	April 28, 2022
Provincial Coordinator Sexual Health, OAMH	May 18, 2022
Medical Lead of OAMH	June 2, 2022
Primary Health Care and Physician Services (internal)	June 9, 2022
Physician Services (internal)	June 22, 2022
Community Member (parent)	July 7, 2022
Privacy and Data Analytics (internal)	July 15, 2022
NSH Trans peer supervision group	July 18, 2022
Garry Dart	July 19, 2022
Dr. Suzanne Zinck, IWK child and adolescent psychiatrist (provincial supervision group)	July 21, 2022
Dr. Suzanne Zinck	July 26, 2022
Manitoba Health	July 27, 2022
Physician Services (internal)	July 29, 2022
Dr. Gail Knudson, BC surgeon and past president of WPATH	August 3, 2022
Garry Dart	August 4, 2022
Equity and Engagement, Public Health, PHC (internal)	August 9, 2022
Dr. Suzanne Zinck	August 15, 2022
Trans Advisory Group	August 17, 2022
Stella Samuels, Executive Director, Sexual Health Nova Scotia	August 18, 2022
Doctors Nova Scotia, Physician Services	August 25, 2022
OAMH (connect with Community Member, parent)	August 25, 2022
Garry Dart	August 29, 2022
Health Economists (internal)	August 30, 2022
Secretariat of the Regulatory Network	August 31, 2022
DCS, Equity and Engagement, Public Health, Primary Health Care (internal)	September 6, 2022
Secretariat of the Regulatory Network, Physician Services	September 13, 2022
Garry Dart	September 13, 2022
Academia – School of Nursing, Dal; Faculty of Health Professionals, Dal, St.FX, NSCC, CBU	September 14, 2022
DHW attendance at WPATH conference	September 17-20, 2022
Health Economist (internal)	September 21, 2022

Dr. Gail Knudson, BC surgeon and past president of WPATH	September 28, 2022
Pam Buffone, Genspect	September 29, 2022
Doctors Nova Scotia, Physician Services	October 3, 2022
Kyle Wilby, School of Pharmacy, Matthew Numer, Lead SHAG lab, Brenda Merrit, Dal	October 4, 2022
Nova Scotia academic institutions re curriculum	October 10, 2022
20(1) Founder of CB Transgender Network	October 12, 2022
MSI, Physician Services	October 26, 2022
Benefits Eligibility, MSI	October 28, 2022
Physician Services, Secretariat of the Regulatory Network	October 27, 2022
NB government	November 28, 2022
Academia and Dal School of Pharmacy	December 5, 2022
Benefits Eligibility (internal)	December 5, 2022
Health Economist (internal)	December 5, 2022
Doctors Nova Scotia, Physician Services	December 6, 2022
Nova Scotia regulated health professionals network	December 8, 2022
prideHealth, 20(1), GACNS, Sexual Health Nova Scotia	December 14, 2022
Dr. Brassard, Director, GrS clinic	December 19, 2022
GACNS, Pride Health Coordinator, Provincial Coordinator Sexual Health 20(1)	December 20, 2022
Benefits Eligibility (internal)	January 3, 2023
Physician Services, MSI	January 5, 2023
Secretariat of the Regulatory Network	January 5, 2023
Clinicians – Dr. Suzanne Zinck, Dr. Arati Mokashi, Dr. Shannon MacDonald	January 5, 2023
AIDS Coalition, Public Health, Primary Health Care, Equity and Engagement, OAMH (internal)	January 16, 2023
Physician Services (internal)	January 17, 2023
Academia	January 24, 2023
Pediatric Resident, Equity and Engagement	January 26, 2023
Health Economist (internal)	February 3, 2023
Equity and Engagement (internal)	March 1, 2023
Data Engineering and Operations (internal)	March 10, 2023
AIDS Coalition, Public Health, Primary Health Care, Equity and Engagement, OAMH (internal)	March 10, 2023
Service NS and ICTS, Data Engineering and Operations (internal)	March 14, 2023
20(1) & Garry	August 24, 2023
Queer Forum – facilitated by MLA Lisa LaChance	January 18, 2024
20(1)	January 29, 2024
	February 26, 2024

20(1)		February 27, 2024
		February 28, 2024

From: [Sheikh, Tabinda](#)
To: [Wang, Min](#)
Cc: [Burgess, Stacy](#); [Murray, Tanya](#)
Subject: FW: DHW Request - Gas Procedures
Date: March 13, 2024 1:17:18 PM
Attachments: [20\(1\) comments on GAS surgeries completed in physician billing data.JPG](#)
[HAP - Data Availability Reports for DADNACRS.msg](#)

Hi Min,

I understand where a transgender or gender diverse (TGD) individual is getting a surgery for other medical necessity reasons and the claim is not submitted as GAS. I would like to understand when a patient identifies as TGD and the surgery is billed as a GAS procedure, what billing codes are being used / submitted by FFS and/or AFP surgeons performing these surgeries, in province, at NSH / IWK or DHW approved facilities such as scotia surgery.

Also, what are these different codes and how are they similar/ different.

Health service codes

Billing codes

Fee codes

Diagnostic code

GAS codes

I was not able to access the link to DAD and NACRS.

Thanks

From: Wang, Min <Min.Wang@novascotia.ca>
Sent: Wednesday, March 13, 2024 12:56 PM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Subject: RE: DHW Request - Gas Procedures
Share some files that possibly useful for our meet tomorrow.
Take care & talk to you soon,
Min

From: Wang, Min <Min.Wang@novascotia.ca>
Sent: Wednesday, March 13, 2024 12:46 PM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Subject: Re: DHW Request - Gas Procedures

Yes for sure! I've accepted it. How are you today?

Health and Wellness

Barrington Tower, Scotia Square
[1894 Barrington Street, 3rd Floor](#)
[Halifax, NS B3J 2R8](#)

Min Wang [she/her], **CBAP**
Research & Stats Officer
Clinical and Infrastructure Strategy and
Planning, System Integration
Phone: [\(902\) 266-6502](tel:(902)266-6502)
Email: min.wang@novascotia.ca
Web: www.novascotia.ca

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From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>

Sent: Wednesday, March 13, 2024 12:42:32 PM

To: Wang, Min <Min.Wang@novascotia.ca>

Subject: RE: DHW Request - Gas Procedures

Hello Min,

Can you and I meet to discuss this before reaching out to David Hoddinott or David Gallagher. I will send an appointment.

Thanks

Tabinda

From: Jamshidi, Hussain <Hussain.Jamshidi@novascotia.ca>

Sent: Wednesday, March 13, 2024 12:32 PM

To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>; Hayes, Vanita <Vanita.Hayes@novascotia.ca>

Cc: Dillman, Lisa A <Lisa.Dillman@novascotia.ca>; Wang, Min <Min.Wang@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Sangster, Sean <Sean.Sangster@novascotia.ca>; Azam, Muhammad <Muhhammad.Azam@novascotia.ca>

Subject: Re: DHW Request - Gas Procedures

Hi Tabinda,

The only method of tracking of GAS procedures that I am familiar with is what is currently used in the ICD coding used in DAD/NACRS, where specific procedures could be identified using procedure codes when the GAS-related diagnostic code is used. I would assume Medavie would be able identify relevant billing codes since they seem to be the only people able to provide this via billing information in the more timely manner. I think David Hoddinott at DHW would be the best person to discuss this with given the Medavie contract management falls under his area of responsibility.

Hussain Jamshidi

Data Governance Program Lead

Data Governance & Management

Performance, Planning & Digital Division

NS Department of Health & Wellness

From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>

Sent: Wednesday, March 13, 2024 12:01 PM

To: Jamshidi, Hussain <Hussain.Jamshidi@novascotia.ca>; Hayes, Vanita <Vanita.Hayes@novascotia.ca>

Cc: Dillman, Lisa A <Lisa.Dillman@novascotia.ca>; Wang, Min <Min.Wang@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Sangster, Sean <Sean.Sangster@novascotia.ca>; Azam, Muhammad <Muhhammad.Azam@novascotia.ca>

Subject: RE: DHW Request - Gas Procedures

Hello Hussain,

Thanks so much for getting this information for us!

I am confused about the whole fee code/billing code issue re: GAS. I thought we have some sort of fee codes/billing codes to identify gender transition related surgeries done in province such as Hysterectomy, oophorectomy, orchiectomy, breast augmentation, mastectomy/chest masculinization.

Do you know who the are the appropriate partners (DHW/NSH/IWK) we can invite to a meeting to discuss this?

Thanks

Tabinda

From: Jamshidi, Hussain <Hussain.Jamshidi@novascotia.ca>

Sent: Wednesday, March 13, 2024 11:22 AM

To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>; Hayes, Vanita <Vanita.Hayes@novascotia.ca>

Cc: Dillman, Lisa A <Lisa.Dillman@novascotia.ca>; Wang, Min <Min.Wang@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>

Subject: Re: DHW Request - Gas Procedures

Hi Tabinda,

Regarding the questions you had forwarded around the GAS procedures: Unfortunately, according to the NSH, there is currently no way to identify cancelled GAS surgeries as there is no identifier for linking surgeries to gender-affirming care in their surgical system, and there are also no policies on financial protection.

Hussain Jamshidi

Data Governance Program Lead

Data Governance & Management

Performance, Planning & Digital Division

NS Department of Health & Wellness

From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>

Sent: Wednesday, March 6, 2024 12:12 PM

To: Hayes, Vanita <Vanita.Hayes@novascotia.ca>

Cc: Dillman, Lisa A <Lisa.Dillman@novascotia.ca>; Jamshidi, Hussain <Hussain.Jamshidi@novascotia.ca>; Wang, Min <Min.Wang@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>

Subject: RE: DHW Request - Gas Procedures

Hi Vanita,

This was one of the questions asked by participants at the Queer Forum led by MLA Lisa LaChance, in January 2024. While it is not an urgent request but its hard to predict what the Minister can get asked at the legislature. I guess, as soon as it is reasonably possible would be great.

Thanks

Tabinda

JS jillian.hart@medavie.bluecross.ca via Province of Nova Scotia - Secure File Transfer Service To: Wang, Min Thu 2024-02-08 2:33 PM

New Secure Message Notification

PLEASE NOTE: THIS IS A NOTIFICATION FROM THE PROVINCE OF NOVA SCOTIA SECURE FILE TRANSFER SERVICE.

DIRECT REPLIES TO THIS NOTIFICATION WILL NOT GO TO YOUR INTENDED RECIPIENT.

A new secure message has been posted for you.

From: jillian.hart@medavie.bluecross.ca
Subject: FW: GAS Data Request

Please use the following URL and your username/password to view this message over a secure connection. After viewing this message at the below link, you may also download any associated attachments or compose a reply.

<https://sfts1.gov.ns.ca/human.aspx?OrgID=3408&Arg12=message&Arg06=130022518&Arg08=yp28qujei4ezvvv6>

Regards,
Province of Nova Scotia - Secure File Transfer Service

- Go to Mailbox
- Reply
- Delete
- Move to
- ...

FW: GAS Data Request

2/8/2024 2:33:43 PM

From: 20(1)@medavie.bluecross.ca
To: Wang, Min W.M, Sheikh, Tabinda
Expires: in 30 days

Hi Min,

Attached is the re-worked data for GAC. This data was a cross reference of the approved GAC patients, as well as capturing those billings for any other patient where the procedure was a gender affirming surgical service which had a diagnostic code for gender affirming care.

As discussed last week in our meeting, the data for patients that had GAC services rendered in Nova Scotia poses some challenges:

- 1) Health service codes are not specific to gender affirming procedures IE A HYSTERECTOMY billing code is the same regardless of diagnosis (Endometriosis vs. Gender Affirming)
- 2) There may be surgeries that have been rendered where the patient did not submit an application for gender affirming services, but was still able to access the service
- 3) Any outstanding billings that have not yet been processed due to the 90 day billing window
- 4) If a physician was a shadow biller and did not submit the claims at all
- 5) Using the diagnostic code is not accurate, as many services rendered for approved patients do not highlight the gender affirming confirmation and highlight another reason for medical necessity.

Note: The 2022 numbers went down, as there were billings that were counted for both the surgeon and surgical assist, that was reduced to one service rendered, not two.

Thanks,

20(

>----- Original Package -----
>Subject: GAS Data Request
>Date: 1/31/2024 3:30:19 PM
>From: 20(1)@medavie.bluecross.ca 20(1)@medavie.bluecross.ca

>Hello Min,

>Please find attached the GAS data request.

Gregory, Tim

From: Stewart, Jeremy
Sent: March 5, 2024 10:45 AM
To: DHW_DAD
Cc: Dillman, Lisa A
Subject: HAP - Data Availability Reports for DAD/NACRS

Hi Everyone!

Do you need to know how up to date the data is for DAD and / or NACRS?

New reports have been created to show the latest data availability dates by hospital. The reports will be updated monthly and posted on the **HAP Users** MS Teams site on the **General** channel, under **Files**:

DAD:

Discharge Abstract Database (DAD) > DB081 > DAD data availability as of YYYYMMDD

 [DAD data availability as of 20240212.xlsx](#)

NACRS:

National Ambulatory Care Reporting System (NACRS) > DB081 > NACRS data availability as of YYYYMMDD

 [NACRS data availability as of 2024-02-12.xlsx](#)

Data availability is reported by facility because the submission dates vary from hospital to hospital.

If you have any questions about the reports, please contact Lisa Dillman (Lisa.Dillman@novascotia.ca).



Jeremy Stewart P. Eng, PMP, CEM (he/him)

Manager of Data Engineering, Data Governance and Management

1894 Barrington Street, Halifax, NS, B3J 2A8

✉ Jeremy.Stewart@novascotia.ca

☎ 902-943-3716

*Data Governance & Management – The right **Data** for the right **People** at the right **Time**.*

From: [Sheikh, Tabinda](#)
To: [Burgess, Stacy](#)
Cc: [Murray, Tanva](#)
Subject: FW: Request for information- Gender Affirming Surgeries (GAS) budget
Date: March 20, 2024 11:22:54 AM
Attachments: [Gender Affirming Surgeries and Out of Province Travel and Accommodation.docx](#)
[image001.png](#)

Hi Stacy,

In response to your test re: breakdown of procedures for out of province I am resending the information from Tiffany. I hope this helps!

Thanks
Tabinda

From: Douglass, Tiffany <Tiffany.Douglass@novascotia.ca>
Sent: Tuesday, January 16, 2024 9:23 AM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Cc: Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Hoddinott, David <David.Hoddinott@novascotia.ca>
Subject: RE: Request for information- Gender Affirming Surgeries (GAS) budget

Hi Tabinda,

Please see the attached for GAS procedures and out of province travel and accommodations for fiscal years 2021-2022, 2022-2023, and 2023-2024.

Thanks,
Tiffany



Tiffany Douglass
A/Manager
Benefit Eligibility
Department of Health and Wellness
1894 Barrington St. Barrington Tower 12th Flr
Halifax, NS B3J 2R8
Phone: 902-266-4572
E-mail: tiffany.douglass@novascotia.ca

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From: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Sent: Friday, January 12, 2024 12:52 PM
To: Hoddinott, David <David.Hoddinott@novascotia.ca>

Cc: Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Douglass, Tiffany
<Tiffany.Douglass@novascotia.ca>

Subject: FW: Request for information- Gender Affirming Surgeries (GAS) budget

Hello David,

Happy New Year! I hope all is well.

Stacy Burgess will be presenting on Gender Affirming Care at the Queer Forum next week and has requested the following information.

Budget spent on out of province GAS procedures and travel and accommodation over the last three years, for 2021, 2022 and 2023. It will be much appreciated if you can provide this information by EOD on Tuesday January 16, 2024.

Thanks
Tabinda



Tabinda Sheikh MD, MHSA (she/her)
Senior Policy Analyst
System Integration Branch
1894 Barrington Street, 7th Floor, Barrington Tower, Scotia
Square
PO Box 488
Halifax, NS B3J 2R8
cell: (902)-222-3100
tabinda.sheikh@novascotia.ca

Gender Affirming Surgeries and Out of Province Travel and Accommodation

Fiscal Year 2021-2022

Number of approved requests (i.e. applications) for gender affirming surgery (GAS)

137 (87 procedures completed, 50 pending)

Number of rejected requests for GAS, by date and type

0 Denials

Number of GAS procedures performed in Nova Scotia by date, cost, and type

0 Performed

Number of GAS procedures approved and performed at the Centre Metropolitain de Chirurgie in Montreal by date, cost, and type

137 approved during time period

87 completed

20(1)	Breast Augmentation	\$54,843.59
	Breast Reduction	\$8,440.00
	Excision of a neo-urethra cyst	\$8,527.70
59	Mastectomy	\$647,840.00
16	Orchiectomy, Penectomy and Vaginoplasty	\$367,225.36
20(1)	Orchiectomy, Penectomy, Vaginoplasty, Breast Augmentation	\$8,697.33
5	Vaginoplasty	\$113,285.12
	Total	\$1,208,859.10

Out of Province Travel and Accommodation (OPTA)

Fiscal Year 2021-2022	Number of Patients	Number of Escorts	Total Travel Cost	Total Accommodation Cost
Bilateral Mastectomy	28	22	25,725.92	1,678.15
Breast Augmentation	20(1)		2,929.07	641.31
Oophorectomy, Hysterectomy, Phalloplasty			655.78	0.00
Orchiectomy, Penectomy and Vaginoplasty			2,565.02	1,190.36
Orchiectomy, Penectomy, Vaginoplasty			496.70	0.00
Vaginoplasty	5	20(1)	5,048.35	2,000.00

Total 2021-2022	39	27	37,420.84	5,509.82
Total OPTA GAS Claims 2021-2022				\$42,930.66

Fiscal Year 2022-2023

Number of approved requests (i.e. applications) for gender affirming surgery (GAS)

286 (80 procedures completed, 206 pending)

Number of rejected requests for GAS, by date and type

0 Denials

Number of GAS procedures performed in Nova Scotia by date, cost, and type

0 Performed

Number of GAS procedures approved and performed at the Centre Metropolitain de Chirurgie in Montreal by date, cost, and type

286 approved during time period

80 completed

20(1)	Breast Augmentation	\$34,789.32
	Breast Augmentation, Orchiectomy and Vaginoplasty	\$29,540.55
	Breast Reduction	\$20,640.00
	Chest Masculinization	\$21,270.00
60	Mastectomy	\$638,570.00
20(1)	Orchiectomy & Vaginoplasty	\$69,000.00
	Orchiectomy, Penectomy and Vaginoplasty	\$90,252.00
	Repair of the urethral structure from previous Metoidioplasty complication	\$8,910.00
	Vaginoplasty	\$68,126.00
	Total	\$981,097.87

Out of Province Travel and Accommodation (OPTA)

Fiscal Year 2022-2023	Number of Patients	Number of Escorts	Total Travel Cost	Total Accommodation Cost
Bilateral Mastectomy	79	73	87,189.33	5,703.48
Breast Augmentation	20(1)		1,263.70	250.00
Metoidioplasty			1,547.76	250.00

Metoidioplasty complication	20(1)		1,366.76	0.00
Orchiectomy, Penectomy and Vaginoplasty			2,000.31	766.97
Orchiectomy, Penectomy and Vaginoplasty			7,017.30	2,689.32
Orchiectomy, Penectomy, and Vaginoplasty			2,490.79	1,250.00
Phalloplasty or Metoidioplasty			957.42	375.00
Orchiectomy, Penectomy, and Vaginoplasty			2,028.96	717.42
Vaginoplasty			5,663.35	2,338.71
Total 2022-2023	97	88	111,525.68	14,340.90
Total OPTA GAS Claims 2022-2023				\$125,866.58

Fiscal Year 2023-2024 (Year to date)

Number of approved requests (i.e. applications) for gender affirming surgery (GAS)

181 (92 procedures completed, 89 pending)

Number of rejected requests for GAS, by date and type

0 Denials

Number of GAS procedures performed in Nova Scotia by date, cost, and type

0 Performed

Number of GAS procedures approved and performed at the Centre Metropolitain de Chirurgie in Montreal by date, cost, and type

181 approved during time period

92 completed

20(1)	Breast Augmentation	\$34,789.32
	Breast Reduction	\$8,440.00
	Chest Masculinization	\$21,270.00
	Breast Augmentation, Orchiectomy, and Vaginoplasty	\$29,540.55
	Phalloplasty	\$15,110.00
68	Mastectomy	\$723,712.44
20(1)	Vaginoplasty	\$113,543.30
	Orchiectomy, Penectomy, and Vaginoplasty	\$180,504.00
	Orchiectomy and Vaginoplasty	\$23,000.00
		Total \$1,149,909.61

Out of Province Travel and Accommodation (OPTA)

Fiscal Year 2023-2024	Number of Patients	Number of Escorts	Total Travel Cost	Total Accommodation Cost
Procedure				
Bilateral Mastectomy	58	58	64,888.17	5,011.85
Breast Augmentation	20(1)		4,017.58	1,490.84
Breast Augmentation, Orchiectomy, and Vaginoplasty			966.54	1,000.00
Breast Reduction			1,042.44	0.00
Chest Masculinization			2,989.54	250.00
Mastectomy Revision			934.34	0.00
Orchiectomy			2,000.00	0.00
Orchiectomy and Vaginoplasty			1,734.60	750.00
Orchiectomy, Penectomy, and Vaginoplasty	8	8	7,766.02	5,357.39
Phalloplasty	20(1)		3,137.57	250.00
Phalloplasty and Orchiectomy			954.46	1,250.00
Vaginoplasty	5	5	5,161.48	2,125.00
Vaginoplasty, Breast Augmentation	20(1)		1,000.00	0.00
Total 2023-2024	87	87	\$ 96,592.74	\$17,485.08
Total OPTA GAS Claims 2023-24				\$114,077.82

From: [Burgess, Stacy](#)
To: [Burgess, Stacy](#)
Subject: FW: GAC procedures
Date: April 1, 2024 5:47:53 PM
Attachments: [Gender Affirming Surgeries and Out of Province Travel and Accommodation.docx](#)
[FW FW Increasing access for gender affirming care.msg](#)
[RE Finance Check In.msg](#)
[RE GAC procedures .msg](#)


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Stacy Burgess, BScN, RN, MHA, CHE
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From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Sent: Wednesday, March 27, 2024 3:52 PM
To: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>; Hoddinott, David <David.Hoddinott@novascotia.ca>; Douglass, Tiffany <Tiffany.Douglass@novascotia.ca>; Murray, Tanya <Tanya.Murray@novascotia.ca>; Van Dine, Bob <Bob.VanDine@novascotia.ca>; Warren, Marty C <Marty.Warren@novascotia.ca>
Subject: RE: GAC procedures

Hi everyone,

Sorry to come in a bit late on this. Please see the attached that I think will help explain the context (sorry, a lot I know but I don't have time right now to do a summary and I know we may be asked). Lots of work to unpackage in this space and we are setting up meetings as well with NSH.



Stacy Burgess, BScN, RN, MHA, CHE
 Executive Director, Clinical Care, Delivery and Capital
 System Integration, Dept of Health and Wellness

Cell: 902-225-2479
 Email: stacy.burgess@novascotia.ca

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From: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>
Sent: Wednesday, March 27, 2024 8:38 AM
To: Hoddinott, David <David.Hoddinott@novascotia.ca>; Douglass, Tiffany <Tiffany.Douglass@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Murray, Tanya <Tanya.Murray@novascotia.ca>; Van Dine, Bob <Bob.VanDine@novascotia.ca>; Warren, Marty C <Marty.Warren@novascotia.ca>
Subject: RE: GAC procedures

Thanks David!

Sheila

From: Hoddinott, David <David.Hoddinott@novascotia.ca>
Sent: Wednesday, March 27, 2024 8:20 AM
To: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>; Douglass, Tiffany <Tiffany.Douglass@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Murray, Tanya <Tanya.Murray@novascotia.ca>; Van Dine, Bob <Bob.VanDine@novascotia.ca>; Warren, Marty C <Marty.Warren@novascotia.ca>
Cc: Hoddinott, David <David.Hoddinott@novascotia.ca>
Subject: RE: GAC procedures

Hi Sheila.

You're assumption is correct.

We never disclose the cost for each specific procedure because we do not have a signed agreement with the Brassard Clinic.

The last price increase from Brassard was effective January 01, 2023.

In conversation with an NB colleague a few years ago he inadvertently informed me of the cost for a specific procedure from Brassard.

When he realized he asked me to not discuss with anyone.

21(1)

Ironically and hopefully not related, we have a \$1.7 million increase in F23-24 in our cost centre for GAS, but this is only for OOP treatment. There is nothing in that amount for in-province treatment.

Let me know if you need anything else.

Tks.

David

David Hoddinott
A/Director, Benefit Eligibility
Benefit Programs and Eligibility
Nova Scotia Department of Health & Wellness
12th Floor - Barrington Tower, 1894 Barrington Street, PO Box 488
Halifax, NS B3J 2R8
Phone: 902-220-1171
Fax: 902-424-2198
E-mail: david.hoddinott@novascotia.ca

-

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From: Warren, Marty C <Marty.Warren@novascotia.ca>
Sent: Wednesday, March 27, 2024 7:53 AM
To: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>; Hoddinott, David <David.Hoddinott@novascotia.ca>; Douglass, Tiffany <Tiffany.Douglass@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Murray, Tanya <Tanya.Murray@novascotia.ca>; Van Dine, Bob <Bob.VanDine@novascotia.ca>
Subject: Re: GAC procedures

Hi Sheila,

Tabinda has the signed DR that has a breakdown of the \$1.7m, but I think most of it was for the introduction of the new fee code for GPs.

Tabinda and Min can also speak to the data they are using to measure Nova Scotia based surgeries. It's difficult to pull using fee codes as many codes are used for both Gac and non Gac surgeries but I know they met with Sean's team and Medavie.

Marty

From: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>
Sent: Wednesday, March 27, 2024 7:41 AM
To: Hoddinott, David <David.Hoddinott@novascotia.ca>; Douglass, Tiffany <Tiffany.Douglass@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Murray, Tanya <Tanya.Murray@novascotia.ca>; Van Dine, Bob <Bob.VanDine@novascotia.ca>; Warren, Marty C <Marty.Warren@novascotia.ca>
Subject: GAC procedures

Hi All,

As some of you will know (Bob and Stacy) the Minister was asking about information about in-province gender affirming care coverage yesterday for question period. Bob provided info on the new GAC Assessment fee code and we know that was billed 530 times so far and 23 physicians have completed the declaration of competency that must accompany use of that code. I think the Minister got everything she needed yesterday but I know from Stacy that advocates in this space want to know more about patient numbers, fee code values, and budget.

Looking at the Health Equity tab of the Minister's Estimates binder, a few more questions pop to mind. I'd like to feed the answers back through Craig, just in case these come up today...

- Budget 2023/24 included an increase of \$1.7M in annual funding for GAS, which allows up to 380 people to receive surgery that helps their physical appearance align with their gender identity.
 - What exactly was the \$1.7M for? I'm guessing but tell me if this is wrong – the new fee code for Assessments, increased chest surgeries given the surgeon in NS who now dedicated 1 OR day/week to GAC patients, and increased OOP cases?

- (David and Tiffany) For OPP cases, we always report total dollars spent in a year but do we ever state publicly the rates we pay, by procedure, to the clinic in Quebec or is this confidential? And if it's confidential, is that because the clinic cuts various rates with provinces and does not want everyone knowing what everyone else is paying? I'm assuming, if it's confidential, that's the private clinic's request not ours.
- DHW is working on a methodology to be able to measure the number of in-province GAS (the billing structure makes it difficult to determine accurate numbers).
 - What does this bullet mean, we can pull fee codes (easy) but it's not an accurate measure of access to GAC in the province?



Sheila MacLeod, MPA (She/Her)

Senior Executive Director
Benefits Programs, Dept of Health and Wellness

Page 268 to/à Page 271

Withheld

Pages 268-271 duplicate of 259-262

Duplicate

Gregory, Tim

From: Sheikh, Tabinda
Sent: January 15, 2024 2:33 PM
To: Burgess, Stacy
Cc: Warren, Marty C
Subject: FW: FW: Increasing access for gender affirming care
Attachments: List of NS Surgeons--July11-23v.2.docx

Hi Stacy,

This requires a direction from the senior leadership team. To give you some context, since July 1, 2023, Dr. Joe Corkum is the new lead for Nova Scotia Gender Affirming Surgeries (GAS), within Dalhousie plastic surgery division. He has a dedicated half day clinic once a week for patients requesting GAS chest procedures. He has been advocating that NS patients requiring GAS chest surgeries alone should consider this clinic instead of making a trip to Montreal. It's a higher cost for surgeries in Montreal plus travel and accommodation costs.

I am not sure if people who only need to travel to Montreal for chest GAS procedures know that we have a dedicated clinic here in NS specifically for GAS chest surgeries. I did communicate this to Garry (prideHealth) and the staff from NSH overseeing 2SLGBTQIA+ portfolio. I also shared this information at the SUGAR health launch virtual launch event in November 2023.

Attached is the list of surgeons performing GAS chest surgeries as well as hysterectomy/oophorectomy and orchiectomy in Nova Scotia. Please advise on a response to Dr. Corkum`s question.

Copying Marty from physician services in case he has some information from the physician resource perspective.

Thanks
Tabinda

From: Joseph Corkum <[redacted]@gmail.com>
Sent: Monday, January 15, 2024 1:41 PM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Cc: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: Re: FW: Increasing access for gender affirming care

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Thanks Tabinda. [redacted]
[redacted]. Is there support for increasing the number of plastic surgeons here as opposed to paying GRS more money for a service we can provide here?

Thanks,
Joe

On Mon, Jan 15, 2024 at 12:25 PM Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca> wrote:

Hello Dr. Corkum,

Thank you for sharing the information and for your ongoing support!

The Department of Health and Wellness provides funding for Gender Affirming Care including in and out of province Gender Affirming Surgeries (GAS). The Minister of Health and Wellness, as per the Health Authorities Act is responsible and accountable for spending of the budget at the House of Assembly twice a year (spring and fall), and sometimes if called upon at the standing committee on health, a subcommittee on health at the NS Legislature. The Minister is prepared for these events by sharing program/service details including data and trending showing progress.

“Budget 2023/24 included an increase of \$1.7M in funding for GAS, which will allow up to 380 people to receive surgery”

[Improving Care for Transgender, Gender-Diverse and Intersex Nova Scotians | Government of Nova Scotia News Releases](#)

Please let me know if you have any more questions or concerns.

With regards

Tabinda

From: Joseph Corkum <[20\(1\)@gmail.com](mailto:20(1)@gmail.com)>
Sent: Monday, January 15, 2024 8:57 AM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Cc: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: Re: FW: Increasing access for gender affirming care

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Hi Tabinda happy new year to you too.

Here is the recent data

Completed surgeries:

Mastectomy – 19

Augmentation

Referrals waiting: 41

You can continue to send these requests to me. One thing I'm not clear on, though, is what is the goal of your program? What are we hoping to obtain with these data? Is there availability for more funding?

Thanks,

Joe

On Fri, Jan 12, 2024 at 4:10 PM Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca> wrote:

Hello Dr. Corkum,

Happy New Year!

I am reaching out to request some data to inform our Minister of the progress made around GAS procedures, for the upcoming winter/spring house sitting.

Could you kindly share how many GAS chest surgeries have been performed at your clinic since April 1, 2023, until year end to date January 2024, by January 16 if possible? Any more detail like what you have provided in your email below will be appreciated.

Going forward, please let me know if there is someone else in your administration/ team that I should be reaching out to get this type of information and their contact details or is it ok to contact you?

Thanks

Tabinda



Health and Wellness

Tabinda Sheikh MD, MHSA (she/her)

Senior Policy Analyst

System Integration Branch

1894 Barrington Street, 7th Floor, Barrington Tower, Scotia Square

PO Box 488

Halifax, NS B3J 2R8

cell: (902)-222-3100

tabinda.sheikh@novascotia.ca

From: Joseph Corkum <[REDACTED]@gmail.com>
Sent: Thursday, November 9, 2023 1:54 PM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>

Cc: Williams, Jason <Jason.Williams@nshealth.ca>; MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>; Hoddinott, David <David.Hoddinott@novascotia.ca>

Subject: Re: FW: Increasing access for gender affirming care

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

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Hi Tabinda and thanks for reaching out. I reviewed my list, and currently

1. We accepted 52 referrals and about 90% are for double incision mastectomies
2. 13 cases have been completed- all bilateral mastectomies/chest masculinization
3. We have 34 on the waitlist
4. We have around a 6 month wait for consultation, but from consultation to procedure it's around a 3-4 week wait to surgery

I appreciate that Dr Dool is looking to help the patients, but I also feel I have very reasonable wait times right now and I suspect most people would like to stay in NS if possible. I wonder if the patients travelling to NB or elsewhere are aware that I work here and offer this procedure, and whether more should be done to alert folks that this service is available in NS. There may be a population of patients that live closer to moncton than Halifax too, but notably Nel Corne is doing these in Antigonish as well.

Let me know if I can help further. Thanks!

Joe

On Wed, Nov 8, 2023 at 1:02 PM Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca> wrote:

Hello Dr. Corkum,

We have received a request below from a New Brunswick Surgeons' office (email below) looking to establish a relationship with Nova Scotia to offer double cut mastectomies. At this time, we are gathering statistics and facts for in-province and out of province requests and wait times required to formulate a response and for any future decision making.

As the lead of the Gender Affirming Surgery program at Dalhousie Plastic Surgery division offering half day/week dedicated clinic to perform gender affirming chest surgeries (including bilateral

mastectomies), I am reaching out to get a sense of patient volumes and wait times to access these procedures in the province.

If possible, could you please share the following information:

1. The total number of requests you received for gender affirming chest surgeries since you joined in July 2023, and how many of those were for bilateral mastectomies?
2. how many total procedures have been completed and if you can you give a breakdown by types?
3. how many individuals are on the wait list?
4. What is the average wait time to get the surgery completed?

Thanks in advance,

Regards

Tabinda

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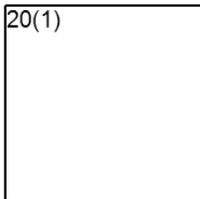
Good afternoon,

I am one of Dr. Dool's administrators and I found this contact info online. Dr. Dool is one of the only surgeons in the Maritime region who performs double cut mastectomies on transgender patients. We recently often see Nova Scotia patients in our clinic who are seeking double cut mastectomies and do not wish to travel to Montreal. It is our understanding that all of the Nova Scotia transgender patients are referred to Montreal, which has prompted us to inquire about the potential of establishing a relationship between our clinic and MSI patients.

Dr. Dool is performing a chest masculinization as we speak but would love to have a conversation with you about the possibility of establishing a relationship between our clinic and MSI for the coverage of these procedures.

Please let me know if you would be around for a call sometime next week and I can set one up between you and Dr. Dool.

Warmly,



Office Administrator

Dr. Jayson S. Dool, MD FRCSC

860 Main Street Suite 600A

Moncton, NB E1C 1G2

Phone: (506) 382-3665

Fax: (506) 382-5887

info@doolplasticsurgery.ca

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Gender Affirming Procedures	Plastic Surgeons performing
Chest Surgeries (<i>Mastectomy, Chest Masculinization, Breast Augmentation, Breast Reduction</i>)	Dr. Emily Krauss Dr. Corne Nel Dr. Joe Corkum
Hysterectomy & Oophorectomy	Dr. Heather Stone Dr. Heather Cockwell Dr. Leanne McCarthy Dr. Grace Parr Dr. Michael Rudd Dr. Brittany Black Dr. Melissa Brooks Dr. Farrell Nette
Orchiectomy	Dr. Ross Mason
	Dr. Gregory Bailly
	Dr. Jeffery Himmelman

Gregory, Tim

From: Cochran, John
Sent: February 27, 2024 3:08 PM
To: Burgess, Stacy
Subject: RE: Finance Check In
Attachments: RE: Total budget for Gender Affirming Surgeries

Found the email.

Did not take me as long to search as I thought it might but it is under Cheryl Bauer. See attached.
 You were correct the figure Cheryl quoted was 1.7M in 23/24 but it appears the number drops in 24/25

From: Cochran, John
Sent: Tuesday, February 27, 2024 3:04 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: RE: Finance Check In

OK, so that is a bit more challenged.

No official budget for supports. We put forward the budget request of \$817K for additional supports but it was not approved.

There is funding provided through Insured Services for patients that need to travel out of province to receive surgeries and treatment not provided in NSH. I believe that spending last year was around \$1.4M but I'm not sure if there is a specific budget for GAC patients travel or if it simply comes from the great inter provincial billings budget for Cdns receiving treatment in other provinces.

I'm looking for an email from Cheryl Bauer who is the Director of Finance that oversees the Insured Services area and these billings as that is where I am drawing the \$1.4M from but I will admit up front it is from memory and I may be wrong.

I will send a follow up when I find the email.

As to costs in NSH, I do not believe they have a specific budget as I believe the procedures fall under more general headings in perioperative settings. So an example is breast removal or augmentation. NSH has stated before it is difficult to track because they do not have sophisticated tracking for procedures related to GAC vs other requests such as impacts from cancer care or plastics.

This is why we have been going out to them for the past number of years due to the sensitivity of this subject and the need for better reporting and aligning NSH reporting with other aspects such as the MSI data Tabinda was referencing.

I hope this helps and if I find the email from Cheryl I will reply with amounts spent for GAC travel costs.

Thanks,
 John

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Sent: Tuesday, February 27, 2024 2:51 PM
To: Cochran, John <John.Cochran@novascotia.ca>
Subject: RE: Finance Check In

Sorry, I mean for Gender Affirming Care.


Health and Wellness

Barrington Tower, Scotia Square
1894 Barrington Street, 7th Floor
Halifax, NS B3J 2R8

Stacy Burgess, BScN, RN, MHA, CHE

Executive Director, Clinical Care, Delivery and Capital
System Integration, Dept of Health and Wellness

Cell: 902-225-2479

Email: stacy.burgess@novascotia.ca

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From: Cochran, John <John.Cochran@novascotia.ca>

Sent: Tuesday, February 27, 2024 2:48 PM

To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>

Subject: RE: Finance Check In

Hi Stacy,

For a bottom line number I think requires a bit of nuance.

Are you looking for the Clinical areas of system support though NSH & IWK or strictly through the DHW Acute Care-Admin budget for your branch?

If DHW-Acute Care Admin the budget in 2023/24 is \$1,594,700

If DHW-Acute & Primary Care the budget in 2023/24 is \$15,817,000 (this budget includes NS Hearing & Speech, St Annes, Acute Care support for Access & Flow DHW and Community Support in PHC)

If you are looking for figures from NSH I can look to pull those figures.

I hope this assists.

Thanks,

John

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>

Sent: Tuesday, February 27, 2024 2:33 PM

To: Cochran, John <John.Cochran@novascotia.ca>; Walsh, Tara A <Tara.Walsh@novascotia.ca>; Tasiopoulos, George <George.Tasiopoulos@novascotia.ca>

Cc: Azam, Muhammad <Muhammad.Azam@novascotia.ca>

Subject: RE: Finance Check In

Remind me again, what is my bottom line budget? 1.7M?


Health and Wellness

Barrington Tower, Scotia Square
1894 Barrington Street, 7th Floor
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Stacy Burgess, BScN, RN, MHA, CHE

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From: Cochran, John <John.Cochran@novascotia.ca>

Sent: Tuesday, February 27, 2024 2:32 PM

To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Walsh, Tara A <Tara.Walsh@novascotia.ca>; Tasiopoulos, George <George.Tasiopoulos@novascotia.ca>

Cc: Azam, Muhammad <Muhhammad.Azam@novascotia.ca>

Subject: RE: Finance Check In

I:30 tomorrow works for me. I thank you for the flexibility.

It is not too late to reach out to NSH.

Budget will be tabled on Thursday and debate may begin as early as Friday. So having some context to the GAC figures and picture will likely be necessary for budget debate support.

So please reach out as able and we can discuss further when you have response from NSH.

Thank you,
John

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>

Sent: Tuesday, February 27, 2024 2:25 PM

To: Cochran, John <John.Cochran@novascotia.ca>; Walsh, Tara A <Tara.Walsh@novascotia.ca>; Tasiopoulos, George <George.Tasiopoulos@novascotia.ca>

Cc: Azam, Muhammad <Muhhammad.Azam@novascotia.ca>

Subject: RE: Finance Check In

Okay, what about 130 tomorrow?

Also, is it too late for me to try to connect with NSH for GAS and figure that out? I likely can have an answer in a few days.


Health and Wellness

Barrington Tower, Scotia Square
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From: Cochran, John <John.Cochran@novascotia.ca>
Sent: Tuesday, February 27, 2024 2:16 PM
To: Walsh, Tara A <Tara.Walsh@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Tasiopoulos, George <George.Tasiopoulos@novascotia.ca>
Cc: Azam, Muhammad <Muhhammad.Azam@novascotia.ca>
Subject: RE: Finance Check In

Sorry Stacy.

I can fully appreciate that our days get busy and urgent nature of the unexpected. Unfortunately I have a time commitment this afternoon that does not allow me to meet after 4 today.

I hope we can look to reschedule, but we can touch on this topic during our monthly Acute Care meeting tomorrow and then look to a future time maybe over the next day or so to bring this group together for the broader conversation. Sorry I can't do later today.

John

From: Walsh, Tara A <Tara.Walsh@novascotia.ca>
Sent: Tuesday, February 27, 2024 2:12 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Cochran, John <John.Cochran@novascotia.ca>; Tasiopoulos, George <George.Tasiopoulos@novascotia.ca>
Cc: Azam, Muhammad <Muhhammad.Azam@novascotia.ca>
Subject: RE: Finance Check In

I can meet then as well

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Sent: Tuesday, February 27, 2024 2:09 PM
To: Cochran, John <John.Cochran@novascotia.ca>; Tasiopoulos, George <George.Tasiopoulos@novascotia.ca>; Walsh, Tara A <Tara.Walsh@novascotia.ca>
Cc: Azam, Muhammad <Muhhammad.Azam@novascotia.ca>
Subject: RE: Finance Check In
Importance: High

Hi all,

I am so sorry, can meet at 430 or 500? Something urgent has come up for me.

Stacy



Health and Wellness

Barrington Tower, Scotia Square
1894 Barrington Street, 7th Floor
Halifax, NS B3J 2R8

Stacy Burgess, BScN, RN, MHA, CHE

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-----Original Appointment-----

From: Burgess, Stacy

Sent: Monday, February 26, 2024 9:55 AM

To: Burgess, Stacy; Cochran, John; Tasiopoulos, George; Walsh, Tara A

Cc: Azam, Muhammad

Subject: Finance Check In

When: February 27, 2024 3:00 PM-3:30 PM (UTC-04:00) Atlantic Time (Canada).

Where: Microsoft Teams Meeting

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Gregory, Tim

From: Bauer, Cheryl L
Sent: February 21, 2024 12:37 PM
To: Bonang, Shelley; Cochran, John
Cc: Smith, Richard
Subject: RE: Total budget for Gender Affirming Surgeries

\$1.7M in 23/24.



Cheryl Bauer, CPA, CITP, CFE
 Director of Finance
 Department of Finance and Treasury Board (supporting Health & Wellness)
 1894 Barrington Street, Barrington Tower, 15th floor
 Halifax, NS B3J 2A8
 Cell/Text: 902-220-1672
Cheryl.Bauer@novascotia.ca

From: Bonang, Shelley <Shelley.Bonang@novascotia.ca>
Sent: Wednesday, February 21, 2024 12:36 PM
To: Bauer, Cheryl L <Cheryl.Bauer@novascotia.ca>; Cochran, John <John.Cochran@novascotia.ca>
Cc: Smith, Richard <Richard.Smith2@novascotia.ca>
Subject: RE: Total budget for Gender Affirming Surgeries

What was the budget in 23/24?



Shelley Bonang, CPA, CMA
 Chief Financial Officer
 Department of Health and Wellness
 1894 Barrington Street, Barrington Tower, 15th floor
 Halifax, NS B3J 2A8
 Cell: 902-471-1879
shelley.bonang@novascotia.ca

From: Bauer, Cheryl L <Cheryl.Bauer@novascotia.ca>
Sent: Wednesday, February 21, 2024 12:34 PM
To: Bonang, Shelley <Shelley.Bonang@novascotia.ca>; Cochran, John <John.Cochran@novascotia.ca>
Cc: Smith, Richard <Richard.Smith2@novascotia.ca>
Subject: RE: Total budget for Gender Affirming Surgeries

Total Budget for referrals to Montreal is \$1.125M in 24/25.

To get a total budget picture to may need to incorporate Jessica/Barry as there is a Physician in Halifax with funding for Top surgeries.

There is no additional funding that I am aware of.



Cheryl Bauer, CPA, CITP, CFE
Director of Finance
Department of Finance and Treasury Board (supporting Health & Wellness)
1894 Barrington Street, Barrington Tower, 15th floor
Halifax, NS B3J 2A8
Cell/Text: 902-220-1672
Cheryl.Bauer@novascotia.ca

From: Bonang, Shelley <Shelley.Bonang@novascotia.ca>
Sent: Wednesday, February 21, 2024 12:22 PM
To: Cochran, John <John.Cochran@novascotia.ca>; Bauer, Cheryl L <Cheryl.Bauer@novascotia.ca>
Cc: Smith, Richard <Richard.Smith2@novascotia.ca>
Subject: Total budget for Gender Affirming Surgeries

Not sure who looks after this, what is the total budget for Gender Affirming Surgeries, I believe we received one time funding in 23/24 and didn't get our full ask this year, a reduction in the budget.



Shelley Bonang, CPA, CMA
Chief Financial Officer
Department of Health and Wellness
1894 Barrington Street, Barrington Tower, 15th floor
Halifax, NS B3J 2A8
Cell: 902-471-1879
shelley.bonang@novascotia.ca

Gregory, Tim

From: Burgess, Stacy
Sent: March 10, 2024 11:55 AM
To: Garnier, Debbie
Subject: RE: GAC procedures

Hi Debbie,

I was going to book a meeting with Dr. Willams and Dr. Corkum to discuss GAS in general and potential increase in availability for in province procedures. Are you comfortable with me having this meeting and who from NSH should be included? Obviously, yourself?

Stacy



Stacy Burgess, BScN, RN, MHA, CHE

Executive Director, Clinical Care, Delivery and Capital
 System Integration, Dept of Health and Wellness

Cell: 902-225-2479
 Email: stacy.burgess@novascotia.ca

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From: Garnier, Debbie <Debbie.Garnier@nshealth.ca>
Sent: Wednesday, February 28, 2024 4:07 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Subject: FW: GAC procedures

Hello Stacy

In further Follow up I have More detailed information specific to timelines and projected Volumes
 Dr. Corkum our new Plastic surgeon arrived in July 2023 and started operating in August 2023. He is assigned 2 days a month at Scotia, designated for Gender reaffirming surgery. Since his arrival, there has been 21 gender affirming surgeries completed by Dr. Corkum. Prior to June 2023, I was able to find one case performed by Dr. Morris.

Most days at Scotia (8 hour day) Dr Corkum is comfortable booking 2 of these surgeries but may potentially increase to 3 in the future. we will follow-up with Dr. Corkum in April to see if he will in fact be booking 3 cases per day.

Regards Deb



Deb Garnier RN,BScN, MN CPN ©
Interim Health Services Director
Perioperative, MDR and Pain Services
Central Zone

Room 5405 Halifax infirmary
1796 Summer street
Halifax NS
B3H 3A7

Office: 902 473 6572
Cell: 902 2193791

debbie.garnier@nshealth.ca

From: Burgess, Stacy <Stacy.Burgess@novascotia.ca>
Sent: Tuesday, February 27, 2024 10:38 PM
To: Garnier, Debbie <Debbie.Garnier@nshealth.ca>
Cc: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>; Dunnington, Joanne <Joanne.Dunnington@nshealth.ca>
Subject: FW: GAC procedures
Importance: High

Hi Debbie,

Duplicate

Pages 290-292 duplicate of 233-235

Page 291 to/à Page 292

Withheld

Duplicate

Withheld

Not responsive

From: [Sheikh, Tabinda](#)
To: [Murray, Tanya](#); [Burgess, Stacy](#)
Subject: FW: GAC- Pharmacist scope of practice
Date: April 8, 2024 2:39:09 PM
Attachments: [image001.png](#)
[Research Grant support letter for Pharmacist scope for GAC - for Kyle Wilby \(003\)-signed.docx](#)
[Senior Leadership - Stakeholder Relationship Check-in Meetings - Health Regulators.msg](#)

Hello Tanya and Stacy,

One more thing I wanted to share is, a while back I proposed the idea at one of the Clinical Team (previous system integration) meetings was to explore Pharmacist scope of practice to be able to provide Gender Affirming treatment (hormone treatment / puberty blockers), to address the wait times Transgender and Gender Diverse (TGD) face to see health care providers / specialist endocrinologists. The idea was well received by the SED, and as a first step I followed up with Kathleen Coleman`s group (DHW Benefits and formulary) to explore what is within the Pharmacists` scope to be able to provide gender affirming care, to TGD people in Nova Scotia, particularly in the area of puberty blockers / hormone treatment.

They connected us with Anne Marentette at the Nova Scotia College of Pharmacists (college), and to Greg Richard who is a Pharmacist from Dalhousie and owns the Pharmacy in Halifax. We also invited Dr. Kyle Wilby (an associate professor at the Dalhousie Pharm D program) to meet to discuss the needs of the TGD population, and what opportunities exist within the Pharmacist scope of practice to provide culturally appropriate and safe GAC.

In follow-up from those discussions Dr. Wilby and Greg took an initiative to put a proposal together and apply for grant with Research Nova Scotia. A \$100K grant was approved for a 2-year project to `leverage pharmacists` scope of practice to improve gender affirming care in Nova Scotia`. DHW provided a letter of support (attached) as a `Partner`, which is a core team member who acts in an advisory capacity to assist with project design, development of outcomes, and knowledge translation. I was designated from the acute care team to represent DHW.

Last I followed up with Kyle was in January 2024 and he was just starting to get approvals in place to start the work. He will likely have some preliminary info to share in May/June.

Tanya – I have forwarded you a couple of “Stakeholder Relationship check-in” meeting where I provided updates on for any touch points with regulators on acute care files but most updates have been on gender affirming care. The attached provides details on the purpose of the group.

Thanks
Tabinda



Tabinda Sheikh MD, MHSA (she/her)
Senior Policy Analyst
System Integration Branch
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Square
PO Box 488
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tabinda.sheikh@novascotia.ca

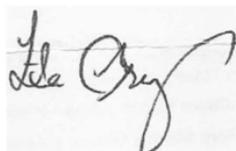
August 30, 2023

Re: Research Nova Scotia New Health Investigator Grant

To Whom It May Concern:

Please accept this letter of support for a Research Nova Scotia New Health Investigator Grant being submitted by Dr. Kyle Wilby entitled, 'Leveraging Pharmacists' Scope of Practice to Improve Access to Gender Affirming Care in Nova Scotia'. I am supportive of this application and willing to be listed as a 'Partner' in terms of team roles. As a partner, I will be pleased to provide project oversight in an advisory capacity, as well as work with Dr. Wilby and the other team members on knowledge mobilization strategies upon project completion.

Thank you,



Lisa Grandy
Project Executive, DHW Acute Care

Gregory, Tim

From: Higgins, Vanessa
Sent: April 4, 2023 4:23 PM
To: Casey, Jill M; Veale, Jonathan; Purcell, Angela L; Penney, Tanya (DHW); Borden, Natalie; Bonang, Shelley; Barro, Kimberlee X; DeCoste, Kathleen; Nikoloyuk, Jordan; Ariyo, John; Ley, Suzanne B; Boomer, Rachel A; Vezina, Francine M; Heatley, Jennifer G; Martin, Thomasina; Burke, Barry F; Jardine, Kimberly R; Coleman, Kathleen; Fraser, Jeff; Walsh, Tara A; MacLeod, Sheila; Parker, Skylan; Higgins, Vanessa; Lee, Joshua J; RM-HLFX-BarringtonTower-DHW-15FL-Brd-15-VC; Smith, Jaime
Cc: Kendall, Linda J; Williams, Bridget; Leppard, Marie; Provo, Cheryl L; Cooper, Susan M; Mallett, Alison E; Shannon, Kary; MacDonell, Hillary; MacDonald, Angela N; Blake, Eric; Gillis, Leanne; Zwicker, Rob; Lucas, Mark P.
Subject: Senior Leadership - Stakeholder Relationship Check-in Meetings - Health Regulators

Sent on behalf of Jordan Nikoloyuk

Good afternoon,

As most already know, the Policy and Legislation team in SPP has responsibility for leading the Department's work with the self-regulating bodies for health professions from the legislative and regulatory perspective and ensuring the fulfillment of the Minister's various oversight accountabilities under those Acts, with Mark Lucas as the primary lead on those files.

Of course, others in the Department and the Offices also have regular or occasional contacts with the regulators. For the sake of general information sharing and supporting a broad understanding of government's current relationship with each of these stakeholders, we are going to set up a meeting series and are asking for you to please nominate people from your teams to attend.

The request is for anyone in the Department who works with any of the health professional Colleges to regularly attend this meeting to provide a short update of recent and upcoming work. Our expectation is that this will become a short 30-minute check-in. It will not be a working group – though it may identify working groups that need to be formed. Accordingly, please think 'the more, the merrier' in considering who should attend, even if their contacts with the Colleges may be infrequent.

I will table for discussion at an upcoming SLT meeting. In the meantime, could you please identify who from your branch should be invited to the inaugural meeting to Mark.Lucas2@novascotia.ca by end of day April 7?

Kind regards,



Vanessa Higgins BA, MES (she/her)
 Administrative Assistant
 Strategy, Performance and Partnerships
 Department of Health and Wellness
vanessa.higgins@novascotia.ca
 (c) 902-943-6251

From: [Burgess, Stacy](#)
To: [MacLeod, Sheila](#); [Murray, Tanya](#); [Sangster, Sean](#)
Cc: [Gutierrez Ocampo, Alejandro](#)
Bcc: [Burgess, Stacy](#)
Subject: RE: "Sex" "Gender" and the MSI Client Registry
Date: May 15, 2024 9:13:00 PM
Attachments: [RE OPOR- Request for Information.msg](#)
[image003.png](#)

Hi everyone,

Please see the attached that I think will be helpful. Let me know if you have any questions (full disclosure, I have not read the standards).

Is there a plan for an engagement strategy with the trans community? Ideally this would be an item that would come to a Gender Affirming Advisory of which we are hoping to get up and running but are working on an engagement strategy around this and as you can imagine it needs to be developed carefully. It will take us many months to get this up and going, we need to do this right.

Sheila and team, it may be good to reach out to Elizabeth Houle on how best to get information around this specific ask and engage the community. Also Pride Health is a good connect at NSH and IWK. I certainly can connect you with the Queer Forum and can get Veronica Merryfield's opinion on how to get the information desired.

I would suggest someone doing a review of the GAC policy for DHW and WPATH SV08 to see if there is anything glaring. Nothing I can see at first glance that will guide you one way or the other.

As for the clinical requirement, this needs to be looked at from all angles and what is needed for safe care. The information attached around OPOR and a connect with them I think would be beneficial as I am positive, they have information around this.

Lastly, likely for Sean and team, is there a plan to have health information standards developed (or updated if they exist) for the province with OPOR implementation?

Hope this is helpful.

Stacy

|



Stacy Burgess, BScN, RN, MHA, CHE
 Executive Director, Clinical Care, Delivery and Capital
 System Integration, Dept of Health and Wellness

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From: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>
Sent: Wednesday, May 15, 2024 7:11 PM
To: Murray, Tanya <Tanya.Murray@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Sangster, Sean <Sean.Sangster@novascotia.ca>
Cc: Gutierrez Ocampo, Alejandro <Alejandro.GutierrezOcampo@novascotia.ca>
Subject: RE: "Sex" "Gender" and the MSI Client Registry

Hi Tanya,

Please see below!

From: Murray, Tanya <Tanya.Murray@novascotia.ca>
Sent: Wednesday, May 15, 2024 4:16 PM
To: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>; Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Sangster, Sean <Sean.Sangster@novascotia.ca>
Cc: Gutierrez Ocampo, Alejandro <Alejandro.GutierrezOcampo@novascotia.ca>
Subject: RE: "Sex" "Gender" and the MSI Client Registry

Thank you, Shelia and Alex, for the overview today (complicated). I went back through the emails and slide deck.

- I understand that short term you will be asking Medavie to remove all references to gender from all screens/sections of the new resident portal (scheduled to launch June 26). In the short-term, will this have any impact in the clinical setting. Will information on gender/sex remain on the magnetic strip of the HC (I believe yes)? There is no connection to the Resident Portal and the clinical setting. The Portal is simply what a

Resident will log-in and see. The magnetic strip is not impacted or changed due to the Portal going live.

- Long-term (and can't be too long) what information/recommendations does DHW want Medavie to capture and record in the portal/client registry. Things to consider:
 - What is the impact?
 - What about the clinical context
 - Who needs to be consulted?
 - Are recommendations in alignment with the GAC policy.
 - What about OPOR, etc.?

I would suggest a different order to importance:

- What does DHW recommend that best enables and aligns with the GAC policy and future priorities for DHW and the trans community?
- What is the clinical context (in clinics, acute care, EDs, and physician billing) that we need to consider with recording Sex and Gender.
- What do other PTs do? (Benefits Eligibility team is already looking into this)
- Who needs to be consulted on potential changes or status quo (if not captured in either bullet above?)
- What is the impact of remaining with Status quo?
- Can Medvaie implement changes to their system? How much will it cost and how long will it take?
- What about OPOR and MSI integrating with other systems. Who maintains the "source of truth"?

Tanya

From: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>
Sent: Tuesday, May 7, 2024 5:22 PM
To: Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Murray, Tanya <Tanya.Murray@novascotia.ca>; Sangster, Sean <Sean.Sangster@novascotia.ca>
Cc: Gutierrez Ocampo, Alejandro <Alejandro.GutierrezOcampo@novascotia.ca>
Subject: "Sex" "Gender" and the MSI Client Registry

Hi all,

Please see the summary below from Alex on a Medavie Change Request from 2019.

You will see a decision was made at the time not to change/add to the M/F markers recorded by Medavie in the Client Registry. 14(1)

14(1)

Curious from the clinical and digital perspectives if our DHW position on this has changed? Certainly in the GAC space, the province has progressed in leaps and bounds since 2019.

My gut tells me it's time to revisit this. Anyone want to chat ? If so, who should be there?

Thanks, Sheila

From: Gutierrez Ocampo, Alejandro <Alejandro.GutierrezOcampo@novascotia.ca>
Sent: Tuesday, May 7, 2024 11:54 AM
To: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>
Subject: Re: Help tomorrow - jurisdictional scan

Hi Sheila,

See in bold the summary containing the answer to your questions, and some quotes from the actual documents. At the bottom, you will find a link to the documents in case you would like to review them.

- Question 1
 - **CR286 File: DHW determined that M/F would remain part of the health card registration and health card renewal process to allow individuals to correct their personal information maintained in their Health Card Registry. No documentation would be required to request at any time to remove the gender/sex identifier from the front of their health card. There is no fee for this service.**
 - "As gender/sex is an integral part of the clinical and claims payment processes the resident's gender/sex will continue to be displayed on the Registration for Health Services form for verification purposes"
 - "During the health card renewal process the recorded gender/sex will display on the renewal forms, as this presents the resident the opportunity to verify the information and makes changes if applicable"
 - "At any time, including during renewal or application process, the resident may request that the gender/sex be removed from the front of their health card. The resident will not be required to supply documentation to support the removal"
 - **Info note: Despite having the ability to remove gender/sex from the front of the health card, the indicator is retained on the card's magnetic strip given the implications for healthcare providers and other databases. The**

14(1)

- "Healthcare providers advise there may be clinical risks to the care of patients whose information does not include a clear biological (sex) marker"
- "There are multiple information systems, databases, and registries in the healthcare system that collect gender and/or sex information and individual health card numbers are used in these systems.
 - Significant technology changes will be required as some digital health systems currently only permit "M" or "F", and some also have a "U" (undifferentiated) gender indicator.
 - The Department of Health and Wellness (DHW) Health Information, Performance and Planning (HIPP) has advised that it will be much simpler, easier and efficient to implement this in conjunction with One Person One Record (OPOR) given the number of systems that will be sunsetted as part of OPOR."

o 14(1)

- Question 2
 - **Jurisdictional scan from 2022: Six provinces (AB, BC, ON, NB, NS, and SK) require M/F for their Client Registry. MB and NL use X to override M/F and therefore X appears to be used in their Client Registry.**
 - Please advise if you want to update the scan specifically to determine health card renewal processes and to confirm ongoing use of M/F at birth for provinces that do not have a provincial government ID card.

Access to files here: [Temp_Gender X May 2024](#)

FYI only - BC Data Standard [3.12 Gender and Sex Data Standard \(gov.bc.ca\)](#)

Sincerely,

Alejandro (Alex) Gutierrez Ocampo (He/Him)

Director, Benefit Eligibility
Department of Health and Wellness
Barrington Tower, 12th Floor
Cell/Mobile Phone: 902-456-4147
Fax: 902-424-2198
E-mail: alejandrogutierrezocampo@novascotia.ca

From: MacLeod, Sheila <Sheila.MacLeod@novascotia.ca>
Sent: Monday, May 6, 2024 9:55 PM
To: Gutierrez Ocampo, Alejandro <Alejandro.GutierrezOcampo@novascotia.ca>
Cc: Burgess, Stacy <Stacy.Burgess@novascotia.ca>; Murray, Tanya <Tanya.Murray@novascotia.ca>
Subject: Help tomorrow - jurisdictional scan

Hi Alex,

May I ask you to please ask Donna if she can jump in and help me with something?

I'm told by Medavie had conversations with Harold McCarthy years ago about the fact Medavie only records "male" and "female" in the client registry. I guess DHW made a decision to NOT make Medavie add or change the fields in the Registry. I'm told the ONLY way to change your gender with MSI is to submit a new birth certificate or a passport. Medavie implemented a new process a few years ago whereby a resident can call them and request their gender to be removed from their health card. In which case, the master file in the Registry does not change but Medavie will send the resident a new card with no gender visible. When it comes time to renew the MSI card, the communication that Medavie sends to the resident will show their gender on file. Even for those who asked for their gender to be removed from their card.

- I'm looking for any notes on these "gender" discussions that Harold was having with Medavie (not whole files, just a summary - if anything has been saved! Might be nothing). Unfortunately, I don't have a date range. Please don't let anyone waste too much time on this.
- I'm also looking for a jurisdictional scan of what other Provs/Territories (P/Ts) do. Do other applications for provincial or territorial health insurance allow a person to declare their sex/gender at birth AND the gender they identify as? Even a sample of the other Atlantic Provinces, Ontario (OHIP) and maybe some Western Provinces would be great.

I hate to pull folks off what they are doing, but I will need this info within the next 1-2 days. Medavie is waiting on a decision from DHW that will impact the Resident Portal launch date. Happy to fill you in with more context when we meet later this week.

Copying Stacy and Tanya in the off chance there is anything documented from Gender Affirming

Care advocates and clinicians about sex or gender recorded with MSI.

Thank you,
Sheila



Sheila MacLeod, MPA (She/Her)

Senior Executive Director
Benefit Programs and Eligibility, Dept of Health and Wellness

Page 342 to/à Page 438

Withheld

Pages 342-438 duplicate of 116-213

Duplicate

From: [Sheikh, Tabinda](#)
To: [Murray, Tanya](#)
Cc: [Burgess, Stacy](#); [Azam, Muhammad](#)
Subject: RE: Appendix B GAC Policy
Date: May 23, 2024 2:27:40 PM
Attachments: [image001.jpg](#)
[Jill Hart - GAS WPATH List.xls](#)
Importance: High

Hello Tanya,

I have attempted to answer your questions below. See you soon!

With regards

Tabinda

From: Murray, Tanya <Tanya.Murray@novascotia.ca>
Sent: Friday, May 17, 2024 10:40:52 AM
To: Sheikh, Tabinda <Tabinda.Sheikh@novascotia.ca>
Subject: Appendix B GAC Policy

Good Morning Tabinda,

Happy Friday, what a lovely day outside I have a question on the GAC policy specifically in Appendix B ...it says:

- To start the assessment and referral process, individuals seeking GAC and/or GAS should discuss gender transition goals and next steps by contacting one of the following:
 - Healthcare professional (including family physician, nurse practitioner and **specialist**) who have required WPATH credentials and training in culturally competent trans care,
 - prideHealth,
 - Sexual health centre, or
 - Community mental health services.

At the time of development who was included under the umbrella of “specialist”

- Dr. Sue Zinck -Child & Adolescent Psychiatrist, IWK Health Centre - Associate Professor, Department of Psychiatry, Faculty of Medicine-Dalhousie University
- Dr. Arati Mokashi -Pediatric Endocrinologist, IWK Health Centre
- Dr. Shannon Macdonald - Dalhousie University, Department of Psychiatry , Assistant Professor, NSHA Staff Psychiatrist

what is meant by “specialist”?

- Specialist/Specialty A specialist is defined as one whose name appears in the specialist register of the College of Physicians & Surgeons of Nova Scotia. (6.0.89)
- Specialty A specialty is a certification recognized by a governing body which is used in the provision of a health service, e.g., family practice, general surgery. (6.0.90)
However, when the term specialty is used, it means any or all specialties, including general or family practice. For the purpose of this Preamble, the terms general and family practice are used interchangeably.

[Physicians-Manual.pdf \(bluecross.ca\)](#)

I am hearing that WPATH qualified social workers have been doing assessments but there are concerns they are not allowed to do this?

- They should be if they meet the readiness assessor credentials requirement enclosed in the GAC application

Also, some physicians are wondering what is meant by specialists. Would you have any information in this area that could help me understand?

- See above

Also, for my own curiosity, to have the WPATH credentials is this what one has to do: [GEI Certification FAQ Updated.pdf \(wpath.org\)?](#)

- WPATH informed and knowledgeable and experienced in providing culturally competent and safe trans care e.g. have attended any symposiums, conferences or workshops/training such as the Trans Health symposium, CPATH/ WPATH or prideHealth conferences, or have taken relevant mainpro+ courses / training at cbrc.teachable.com

Do we know how many clinicians/HCW have these credentials in NS?

- Medavie keeps a list (attached). You can ask for an updated version

Thank you,

Tanya



Health and Wellness

Barrington Tower, Scotia Square
1894 Barrington Street, 7th Floor
Halifax, NS B3J 2R8

Tanya Murray, BScN, RN, MPA
Director, Provincial Programs
System Integration, Dept. of Health and Wellness

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20(1)

Gender Affirming Surgeries Referrals Approved

GAS Referrals Approved F2023-2024	
GAS Procedures Fiscal Year 2023-2024	Number of procedures Approved
Breast Augmentation	10
Breast Augmentation and Vaginoplasty	20(1)
Breast Augmentation, Penectomy, Orchiectomy, Vaginoplasty	
Breast Augmentation, Orchiectomy	
Breast Augmentation, Orchiectomy and Vaginoplasty	
Breast Reduction	
Hysterectomy, Oophorectomy, Phalloplasty, Scrotoplasty, Vaginectomy	
Hysterectomy, Oophorectomy	
Mastectomy	172
Mastectomy, Hysterectomy, Salpingo-Oophorectomy, Phalloplasty	20(1)
Mastectomy, Phalloplasty, Vaginectomy, Scrotoplasty, Testicular Implants	
Metoidioplasty	6
Orchiectomy	20(1)
Orchiectomy and Vaginoplasty	5
Orchiectomy, Penectomy and Vaginoplasty	21
Orchiectomy, Penectomy, Vaginoplasty, Breast Augmentation	20(1)
Phalloplasty	9
Phalloplasty & Metoidioplasty	20(1)
Phalloplasty & Testicular Implants	
Scar Revision Post Mastectomy	
Scrotoplasty	
Vaginectomy, Phalloplasty, Scrotoplasty and Testicular Implants	
Vaginoplasty	37
Grand Total	290

Gender Affirming Surgeries Referrals Approved

GAS Referrals Approved F2024-2025	
GAS Procedures Fiscal Year 2024-2025	Number of procedures Approved
Breast Augmentation	20(1)
Breast Augmentation, Penectomy, Orchiectomy, Vaginoplasty	16
Hysterectomy, Phalloplasty, Scrotoplasty, Vaginectomy	20(1)
Breast Reduction	
Mastectomy	12
Penectomy, Orchiectomy, Vaginoplasty	54
Phalloplasty, Scrotoplasty, Vaginectomy	20(1)
Revision procedure post bilateral mastectomy	
Vaginoplasty, Penectomy	
Phalloplasty and Metoidioplasty	
Metoidioplasty	
Grand Total	98

Gender Affirming Surgeries Referrals Paid

GAS Referrals Paid F2023-2024		
GAS Procedures Fiscal Year 2023-2024	Number of procedures completed	Facility cost
Breast Augmentation	6	50,027.20
Breast Augmentation and Vaginoplasty	20(1)	87,456.18
Breast Augmentation, Orchiectomy and Vaginoplasty	20(1)	29,540.55
Breast Reduction	20(1)	10,320.00
Chest Masculinization	20(1)	21,740.00
Mastectomy	100	1,094,575.00
Mastectomy, Phalloplasty, Hysterectomy, Oophorectomy	20(1)	7,555.00
Metoidioplasty	20(1)	26,895.00
Orchiectomy	20(1)	6,670.00
Orchiectomy and Vaginoplasty	20(1)	23,000.00
Orchiectomy, Penectomy and Vaginoplasty	10	230,000.00
Penectomy and Vaginoplasty	20(1)	23,000.00
Phalloplasty	20(1)	7,555.00
Phalloplasty and Oophorectomy	20(1)	52,075.00
Testicular Implants	20(1)	6,995.00
Vaginoplasty	10	230,000.00
Total	141	\$ 1,907,403.93

Gender Affirming Surgeries Referrals Paid

GAS Referrals Paid F2024-2025		
GAS Procedures Fiscal Year 2024-2025	Number of procedures completed	Facility cost
Breast Augmentation and Vaginoplasty	20(1)	23,000.00
Breast Augmentation	1	17,394.66
Mastectomy	32	345,667.33
Mastectomy, Oophorectomy, Hysterectomy	20(1)	10,870.00
Orchiectomy	1	1,425.00
Penectomy, Orchiectomy, and Vaginoplasty	9	69,000.00
Phalloplasty	20(1)	23,015.00
Scar revision Post Mastectomy	1	5,280.00
Vaginoplasty	7	161,000.00
Metoidioplasty (Clitoral Release Surgery - done)	20(1)	10,235.00
Complication - return to operating room - bleeding	1	1,919.25
Orchiectomy and Vaginoplasty	1	46,000.00
Total	61	\$ 714,806.24

INFORMATION NOTE

Gender Affirming Care (GAC) Advisory Committee

KEY ISSUES

- The first Nova Scotian Gender Affirming Care (GAC) Policy was approved by the Department of Health and Wellness (DHW) in July 2023.
- The Policy outlines the roles and responsibilities of the DHW for GAC work, including creating a governance structure for oversight and evaluation.
- Creating and assembling an advisory committee would support a structure to collaborate with the 2SLBGTQAI+ people/community of Nova Scotia and ensure a coordinated approach to monitor and evaluate GAC in Nova Scotia.

CURRENT SITUATION

- The System Integration branch of DHW has a vision to create a culturally appropriate and safe, comprehensive, and high-quality health and wellness system for the 2SLBGTQAI+ people/community of Nova Scotia.
- To create this system the 2SLBGTQAI+ people of Nova Scotia need to be involved in providing valuable insight, input and recommendations to DHW on improving health services and access to care including current programs to improve gender affirming health care in Nova Scotia.
- The advisory committee would create opportunities for collaboration and coordination between community, community-based organizations, first voice, other health partners and the province to inform the ongoing implementation of the provincial GAC policy and influence provincial health planning, decision-making, policy, legislation and regulations, service delivery, and funding processes affecting the 2SLBGTQAI+ people of Nova Scotia.

BACKGROUND

- All Nova Scotians deserve to access and receive healthcare services in a system free from barriers, racism and discrimination.

Nova Scotia has the highest proportion of transgender and non-binary people, compared to any other province or territory in the country. Moreover, the number of Nova Scotians seeking out of province (OOP) gender affirming surgery (GAS) has steadily increased (see below tables).

Total Gender Affirming Surgeries Referrals Approved for OOP

F2020-2021	F2021-2022	2022-23	2023-2024	TOTAL
75	137	294	290	526

Gender Affirming Surgeries Referrals Paid

F2020-2021	F2021-2022	2022-23	2023-2024	TOTAL
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Number of Procedures Completed	46	65	118	141	370
Facility Cost	\$732,587.16	\$902,917.60	\$1,512,015.67	\$1,907,403.93	\$5,054,924.36

- It is essential that internal and external stakeholders, and those with lived experience work together to understand relevant issues, barriers to care and provide guidance on decisions and actions to overcome challenges for the future of GAC in Nova Scotia.

NEXT STEPS

- In partnership with Engagement and Strategic Initiatives and the Office of Equity and Anti-Racism, the System Integration branch will seek direction and support on building and shaping a future GAC Advisory Committee.

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PREPARED BY: Tanya Murray, Director Provincial Programs, System Integration, DHW
REVIEWERS:
APPROVED BY:
APPROVAL DATE:

DHW Gender Affirming Advisory Council

- Connect with members of the 2SLGBTQAI+ community, experts, and gender diverse partners.
- Listen to the unique and valued perspectives and voices to help guide and support gender affirming health care in Nova Scotia.

Purpose / Objectives / Goals:

1. Provide advice/input and recommendations to Nova Scotia Department of Health and Wellness (DHW), System Integration, for improving access to and coverage for gender affirming health care.
2. Provide valuable advice/input on policies and programs that improve gender affirming health care in Nova Scotia.
3. Establish Key Performance Indicators (KPIs) to review and measure NS performance on GAS/OOP surgeries and to communicate results to DHW Health Leadership Team. Data metrics to include:....
 - Review GAS approval process time lines
 - Review GAS wait times
 - Review GAS coverage for procedures
 - Satisfaction

Core Team Members:

Representation/composition (reflects diversity, gender diverse communities, draws on lived experience, wisdom and diverse points of view).

- Youth
- Seniors
- First Voice
- African Nova Scotians
- Mi'kmaq
- DHW
- Community Organizations

Nova Scotia Rainbow Action Project
Sexual Health Nova Scotia
Youth Project
Pride Health
Cape Breton Transgender Network (Veronica Merryfield)
Adrien Lewis <https://www.wisdom2action.org/bookadrien/>

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Page 459 to/à Page 461

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Pages 459-461 duplicate of 248-250

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Gender Affirming Care Services - Annual Report

Transaction Dates from: 2023-04-01 to 2024-03-31



GAC Application Information	Volume Over 19	Volume Under 19		
Applications Approved	398	27		
Applications Denied	3			
Total Applications received	401	27		
Approved Services by Type:	Volume Over 19	Volume Under 19		
Breast Augmentation	33			
Breast Reduction	4			
Hysterectomy	64			
Mastectomy	226	22		
Mastectomy/Breast Reduction	20(1)			
Metoidioplasty	9			
Oophorectomy	49			
Orchiectomy	46	20(1)		
Penectomy	24			
Phalloplasty	19			
Vaginoplasty	68	5		
Scar Revision Post Mastectomy	20(1)			
Vaginoplasty Revision	6			
Testicular Implant	20(1)			
Erectile Implant				
Breast Implant Removal				
*Total Services Approved	555	31		
*Included multiple services requested on a single application				
GAC Services Rendered - Out of Province	Volume Over 19	Cost Over 19	Volume Under 19	Cost Under 19
Breast Augmentation	10	\$ 47,123.93		
Hysterectomy				
Chest Masculinization/Mastectomy	90	\$ 732,858.83	20(1)	\$ 24,547.17
Breast Reduction	20(1)	\$ 16,589.89		

Gender Affirming Care Services - Annual Report

Transaction Dates from: 2023-04-01 to 2024-03-31



Metoidioplasty	20(1)	\$	17,561.94		
Oophrectomy					
Orchiectomy	20(1)	\$	6,503.05		
Penectomy					
Phalloplasty	20(1)	\$	47,980.24		
Vaginoplasty	23	\$	314,339.62		
Scar Revision Post Mastectomy	20(1)	\$	4,570.00		
Vaginoplasty Revision					
Testicular Implant					
Erectile Implant					
Breast Implant Removal					
TOTAL AMOUNT PAID	131	\$	1,187,527.50	20(1)	\$ 24,547.17
GAC Services Rendered - In Province	Volume	Cost	Volume Under 19	Cost Under 19	
Breast Augmentation	20(1)	\$	1,292.00		
Hysterectomy	6	\$	7,259.00		
Chest Masculinization/Mastectomy	22	\$	29,857.88	20(1)	\$ 3,857.12
Breast Reduction					
Metoidioplasty					
Oophrectomy	7	\$	3,801.00		
Orchiectomy	20(1)	\$	1,577.00		
Penectomy					
Phalloplasty					
Vaginoplasty					
Scar Revision Post Mastectomy					
Vaginoplasty Revision					
Testicular Implant					
Erectile Implant					
Breast Implant Removal					
TOTAL AMOUNT PAID	40	\$	\$43,786.88	20(1)	\$3,857.12

Gender Affirming Care Services - Annual Report

Transaction Dates from: 2023-04-01 to 2024-03-31



Report Title

Transaction Dates from: 2024-01-01 to 2024-04-30

Parameter	Value
Transaction Start Date	4-1-2023
Transaction End Date	3-31-2024

Term	Definition
Term	Definition

Report Description	Add report description
Certified Export Formats	Excel
Certification Category	DHW
Report Run Date	2024-07-11

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