

Gender Reassignment Surgery
A Report with Recommendations to
The Board of Commissioners of Pullman Regional Hospital
September 6, 2017

Overview

Pullman Regional Hospital remains committed to caring for all individuals regardless of disease, illness, socio-economic status, race, ethnic background, gender, or gender identity. Our capabilities to meet the needs of our region are changing with advancement in technology, new skills brought to us by trained providers, and new approaches to care. In the midst of these ongoing changes, our focus continues to be providing our services in a safe, respectful, and healing manner.

Process

Through our decision making process we have learned about the cultural/social/political dynamics of serving people with gender dysphoria. We have gained understanding about some of the challenges of people with gender dysphoria receiving care, the many gaps in services available, and the polarizing nature of these issues. Along with our public comment process, our efforts have included other areas of consideration that we typically address when making decisions of this nature (i.e. Initiative 1,000 – Death with Dignity, building a new hospital, etc.). This approach guides us in formulating a recommendation for a decision that is thoughtful, deliberate, and to which we can remain committed.

Additionally, we sought to understand the extent of activity specifically related to gender reassignment surgery as it is practiced in other hospitals throughout America. Our review included well-known institutions such as Mayo Clinic, Johns Hopkins, Cleveland Clinic, Oregon Health Sciences University, and the University of Utah. We learned that most of the gender reassignment surgery services are delivered as part of comprehensive, integrated health programs for transgender patients and include a wide spectrum of specialties.

Recommendation

With the foregoing as background, our recommendation as it relates to gender reassignment surgery is that:

Pullman Regional Hospital expand our services for people with gender dysphoria to include gender reassignment surgery as appropriately indicated and in accordance with demonstrated skills and training of providers. In addition, we should support a more integrated approach for caring for people with gender dysphoria.

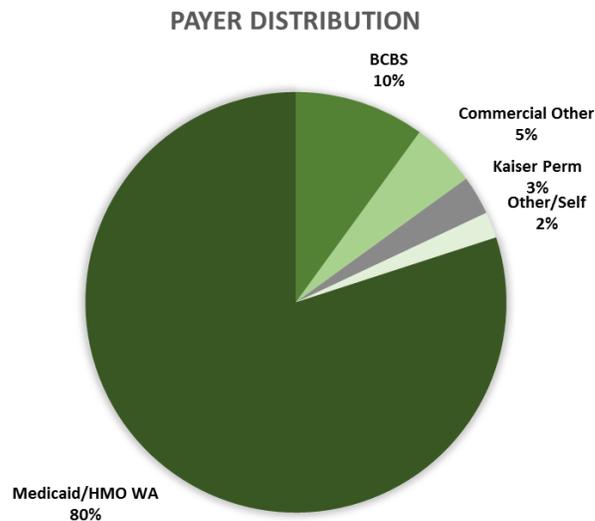
Accompanying this recommendation we provide the following summary information.

Financial Review

The evaluation of the potential financial considerations for this procedure is limited due to a variety of unknown factors such as improvement in surgical/operating efficiency with more experience, payer distribution, and volume expectation. Other considerations are not factored into this analysis and include but are not limited to: capacity, staffing, & potential derivative services (additional services/utilization such as other surgeries, imaging, ancillary services, or the like).

General Assumptions

- We will not be required to add space, beyond the current planned expansion, to accommodate this service.
- No new costs are anticipated for movable furniture, fixtures, or other equipment.
- We are not anticipating additional salary/wage costs
- The mix of insurance payments is assumed to be as summarized below:



This assumption is based on previous historical data for other services, national averages, and general experience. Medicaid reimbursement, in general, is lower than both Medicare and private insurance reimbursement. As a Critical Access Hospital we can expect to receive a “cost based reimbursement.” As with most Medicaid cases, this formula yields a negative margin.

General Financial Assessment

Accompanying these assumptions, the following scenario has been used to estimate an annual financial impact.

- Estimated our most likely case volume scenario to be no more than 2 gender reassignment surgical cases per month
- Length of stay is anticipated to average around 5 days.
- Revenue from gender reassignment surgeries is estimated to have an average gross charge of \$36,000 once training is completed and efficiency with the procedure increases (note the first two cases that were proctored averaged \$46,546).
- Average monthly procedural count of 2 x 12 months = 24 patients per year.
- Anticipated revenue of \$36,000 per patient x 24 patients = \$864,000 per year.

Cost/Benefit Analysis

	Case	# Cases Annually	Annual
Gross Revenue	\$ 36,000	24	\$ 864,000
Deduction/Contractual Write-off	15,120		362,880
Net Reimbursement	\$ 20,880	24	\$ 501,120
Allocated Marginal Cost*	22,930		550,320
Margin	\$ (2,050)		\$ (49,200)

*Used WCC (weighted cost to charge ratio)

Internal Capacity Assessment

In the preceding financial review we assumed a “most likely case volume scenario” of 2 gender reassignment surgeries per month. In order to best assess our internal capacity to provide care, we increased our assumption to 2 gender reassignment surgeries *per week*. Additionally, our assessment is based on what is currently our most complex gender reassignment surgery – vaginoplasty. This allows us to assess our capacity based on a higher level of activity.

Operating room capacity

- With the addition of the fourth operating room, there will be 160 hours of operating room time for scheduled surgeries.
- Performing 2 vaginoplasty surgeries per week would utilize approximately 16 hours of operating room time, leaving 90% of our operating room time available for other surgeries.

Conclusion: There is adequate capacity in our operating room to perform gender reassignment surgeries and not impede other surgeons from having adequate access to perform their surgeries.

Inpatient room capacity

- Vaginoplasty patients generally require hospitalization for 5 days postoperatively.
- Two vaginoplasty patients per week would require 10 inpatient days/week or 520 patient days per year

- Our current average patient census is 10 patients per day with the MSU capacity of 14 patient rooms
- The addition of these 520 patient days would increase our average patient census to 11.4

Conclusion: There is adequate capacity to care for two gender reassignment surgery patients per week on our MSU.

Capability

Prior to performing the two preceptor cases in June, our capability was unknown. After the two preceptor cases were performed, we have had the ability to understand our expertise and capability to perform these surgeries and provide appropriate quality care to these patients postoperatively. Based on these two cases:

- Our operating room has the equipment and supplies necessary for these surgeries
- Our operating room has adequate numbers of appropriately qualified and experienced nurses and operating room techs to assist in these cases
- Our recovery room has the skill and expertise to care for these patients appropriately
- Our anesthesia providers have appropriate numbers of qualified providers to support these surgeries
- Our medical-surgical unit and associated inpatient clinical services have the appropriate number of qualified staff to provide appropriate patient care for these patients

Conclusion: Pullman Regional Hospital has the capability to provide gender reassignment surgical services.

Medical State-of-Practice

Providing gender reassignment surgery is a growing area of medical practice, training programs, hospital operations, and insurance coverage. These developing dynamics support the provision of gender reassignment surgery as an option for people with gender dysphoria.

Legal Considerations

- Washington law establishes the authority for the creation of public hospital districts which are governed by an elected Board of Commissioners.
- The Board of Commissioners is ultimately responsible for the operation and conduct of the hospital and the Medical Staff.
- Medical Staff membership is required in order to treat patients at Pullman Regional Hospital and applications for appointment and reappointment to the Medical Staff are granted by the Governing Board, after review of all applications and recommendations by the Medical Staff.

- A member of the Medical Staff may only provide privileges that have been granted by the Governing Board after review and recommendation by the Medical Staff.
- Based on Washington law prohibiting discrimination based upon sexual orientation (RCW 49.60.030(1) and RCW 49.60.040(26)) public hospitals in the state of Washington may not discriminate based on sexual orientation, i.e. including gender expression or identity.
- The Federal Office of Civil Rights has adopted a rule that a hospital must apply neutral, nondiscriminatory criteria when it determines whether or not it will provide any particular treatment.
- If a member of the Medical Staff seeks privileges to provide treatment for gender dysphoria related conditions and has the training, skill, and experience to competently provide that care, those privileges would need to be granted and the care provided.

Public Comment

We received 402 comments by mail and email from the public during the official public comment period (June 7- July 3). Additionally, three petitions were received. Two of them were electronic, one from Jeff Dodge of Moscow and one from Christ Church of Moscow. A hard copy petition was received from Evangelical Free Church of the Palouse. The total responses, including letters, emails and signatures on petitions, for and against providing gender reassignment surgeries, are:

In support: 2,074
 Not in support: 383
 No direct statement of support or non-support: 65

The tally excluding signatures on petitions provides the following results:

In support: 260
 Not in support: 77
 No direct statement of support or non-support: 65