

Barriers of Access to Gender-Affirming Surgery: A Scoping Review

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Introduction

Despite the demand for gender-affirming surgeries increasing over the last several decades and advancements in surgical techniques, barriers to care still exist that prevent patients from accessing these life-changing procedures^{1,2}. Access to gender affirming surgery has been found to alleviate gender dysphoria and positively impact the mental health of patients³⁻⁶ but continues to remain inaccessible for a variety of reasons.

Based on preliminary searches, a multitude of barriers have been identified in various publications. These searches reported barriers such as availability of surgeons to perform gender-affirming surgeries³⁻⁸, uneven geographic distribution of surgeons^{7,9,10}, inconsistent insurance coverage/policies^{3,8,11,12}, lack of provider awareness and/or education^{3,8,13,14}, and indirect and direct costs^{6,8, 13-17} associated with these procedures.

Aims and Objectives

Aim I: To determine barriers of access patients face when seeking gender affirming surgeries in the US

Aim II: Analyze the barriers described in the literature that impact access to gender affirming surgeries in the US at patient, provider, and systemic level.

Aim III: Present solutions to aid in alleviating barriers and creating systemic change based on the evidence collected in order to improve access to gender affirming surgeries.

Methods

- Arskey and O'Malley framework¹⁸ was used to conduct the scoping review
- Seven databases were included to search for key word/strings based on previously identified searches on gender affirming care and barriers to accessing care^{19,20}
- These database searches included publications from inception through March 14, 2022.

Results

Our initial search found 5,719 distinct publications based on the search terms identified. Of these 5,719 articles, 139 were selected for a full text review conducted by two research team members and ultimately 55 were included for the full text extractions. The full text extractions were performed by two independent research team members and were categorized based on a modified version of the Pechansky and Thomas model of access to care. This divided barriers to care into 6 categories: Availability, Accessibility, Accommodation, Affordability, Acceptability, and Awareness^{21,22}.

Based on the 55 publications, the most common barriers cited were lack of insurance coverage (n=32), finances including direct and indirect costs (n=31), preoperative eligibility requirements (including mental health letters and operative risk factors) (n=19), healthcare provider attitudes (n=15), lack of healthcare provider experience and knowledge (n=15), lack of patient educational resources (n=14), and limited availability of surgeons (n=12).

Conclusions

While access to gender affirming surgeries has increased, there remains a multitude of barriers that prevent patients from seeking out and receiving this crucial component of gender affirming care. The purpose of this scoping review was to elucidate these barriers based on the current literature and provide a framework in which to address these barriers in order to create and guide systemic change. Increasing provider awareness and education on these procedures by implementing dedicated coursework throughout medical training would improve access to gender affirming care and provide greater comfort to patients seeking out this care. In addition, the coverage of costs associated with these procedures should be addressed by payers as well as the acknowledgment of medical necessity. Finally, coverage for these gender-affirming surgeries should be increased at the state and federal levels and can be done with changes and advocacy in public policy.

Limitations

- When conducting the full text extractions, there were overlapping barriers identified such as insurance coverage, or lack thereof, along with direct costs of these procedures.
- Due to the nature of scoping reviews and the vast amount of publications identified, it is possible some level of detail was unable to be included that would aid in further understanding and analysis
- A scoping review does not include quality assessments that a systematic review would typically employ

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