



First Nations Health Benefits Survey Summary: *A Starting Place*

First Nations Health Directors Association

Sharing experience for community wellness



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**On behalf of the FNHDA, we thank you and honour all
of the voices who provided contributions in various
forms which helped to shape and influence this report -
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*A Starting Place***

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Introduction

We honour the voices of all Health Directors who have contributed their feedback and provided recommendations towards transforming and improving the previous Non-Insured Health Benefits program (Health Canada) into the new Health Benefits Program (First Nations Health Authority). This Summary Report is a beginning, not an ending. The following recommendations are not a conclusion to the work, instead they have been developed initially to begin steps towards transforming First Nations Health Benefits into the effective program we collectively envision. As a starting point, 53 recommendations were gleaned from the hundreds of ideas and suggestions brought forward. The use of this Health Director survey feedback by our partners will continue, seeking solutions and innovative ideas from this content, as a starting point of transformation. We must remember we are in this together, and that putting forward these recommendations is the first step, followed by building, moving forward, and acting together.

First Nations Health Benefits Service Improvements Working Group

Improved access to the new Health Benefits program is critical to addressing systemic inequities between First Nation and non-First Nation British Columbians in health status and access to quality care at the individual, community, regional, and provincial levels.

First Nation Health Directors, Health Leads and Health Managers are the primary administrators of health programs in First Nations communities, and oversee health programs and services for members with moderate, severe and/or complex health and social needs. Often juggling multiple responsibilities of health service delivery including managing human resources and financial resources, community Health Directors are well equipped to identify the existing challenges, limitations and gaps within community-based programs and services.

On September 13, 2012, the First Nations Health Council (FNHC), the First Nations Health Directors Association (FNHDA), and the First Nations Health Authority (FNHA) as members of the Collaboration Committee discussed a shared approach to the work of the bilateral Health Benefits Working Group on Service Improvements. It was agreed that the FNHC, FNHDA and FNHA should have a common strategy which the Vice-President of First Nations Health Benefits will bring forward to the bilateral Working Group. The Collaboration Committee established a First Nations Health Benefits Service Improvements Working Group which would report through and receive guidance from the Collaboration Committee, and develop strategies on improvements to the NIHB program.

The group was focused on creating a workplan to assist with the transformation ahead, built a foundation on previous FNHDA membership NIHB engagement, and aligned with the process for FNHDA technical advice as described in the Relationship Agreement between the FNHC, FNHDA, and FNHA. Health Directors have previously identified some of the key issues within the NIHB areas of: Medical Transportation Benefits, Drug Benefits, Medical Supplies and Equipment, Dental Benefits, Eye and Vision Care, Mental Health Counseling Benefits and General/Other.

TRANSITION AND TRANSFORMATION COMMITTEE

In January 2014, the FNHC, FNHDA and FNHA held a Joint Session on Strategic Planning to discuss ways in which the three governance partners will collaborate and work together effectively in their shared and respective work. The need was noted for the FNHC and FNHDA to be consistent with their messaging and speak with one voice, and for the technical work of the FNHDA to inform and feed into the deliberations and advice of the FNHC and the work of the FNHA. As a result, the FNHC and FNHDA agreed to form a Joint Transition and Transformation Committee which will be comprised of one FNHC and one FNHDA representative from each of the five regions (total of 10) and include representation from and be supported by the FNHA.



The FNHDA Board of Directors (Patricia Hoard and Teresa Johnny are missing from the photo).

As Health Benefits will be one of the topics discussed by the Committee, this will replace the need for a separate Health Benefits Improvements Committee, which had previously been formed to provide advice from the FNHC and FNHDA specific to the First Nations Health Benefits Program. The Transition and Transformation Committee will focus on issues around managing and planning change by developing a sequenced approach to transformation and providing ongoing advice in the areas of program transformation, wellness, prevention and health promotion. The expanded membership of the Transition and Transformation Committee as compared to the Health Benefits Improvements Committee will ensure a greater diversity of regional perspectives and make space for the FNHC and FNHDA to work more closely together.

FNHDA PROGRAMS COMMITTEE

The purpose of the FNHDA Programs Committee is to provide feedback and suggestions related to the work of Health Benefits and assist with the dissemination of information and feedback to each of the regions. FNHDA Board Members are supported by the remaining Health Directors within each of the regions, and have committed to an inclusive reporting function with colleagues in each region.

As Health Directors, we need to work towards strengthening the health system and consider ways in which we can do more with existing resources, looking for new, innovative, and creative ways to support the growth, sustainability, and quality of our new health system.

In partnership with the FNHC and FNHA, the FNHDA developed a short online Survey to stimulate conversations with Health Directors and gather feedback to be used as technical advice for strategies and solutions to improve the Health Benefits program. The survey provided a framework for discussion and was summarized into a FNHDA Collective Technical Advice Document, finalized and provided to the FNHA and FNHC. Our partners may use this advice in transforming systems related to Health Benefits programs in the future.

The online NIHB/Health Benefits Survey was distributed on July 15, 2013 and closed on September 18, 2013. This Survey had one of the largest response rates for the FNHDA with 116 Health Directors participating in the Survey - an amazing achievement! Your participation in this survey illustrates the importance of the Health Director position within our First Nation communities, and how our connection makes us one of the best groups to make recommendations for change.

Sincerely,

The First Nations Health Directors Association Board of Directors

Jacki McPherson, Virginia Peters, Peter John, Colleen LeBourdais, Teresa Johnny, Lauren Brown, Verne Tom, Patricia Hoard, Keith Marshall, Kim Brooks, Rachel Andrew-Nelson, Georgia Cook, Nora Martin, Judith Gohn



Summary of Recommendations: *A Starting Place*

The purpose of the First Nations Health Directors Association Health Benefits Survey was to engage Health leads by asking key questions to gather technical advice. This advice has been formulated into a first stage of strategic solutions and recommendations here, as a starting place.



FNHDA Members at the 2013 AGM.

This Survey was an opportunity for Health leads to provide strategic vision and sharing in the responsibility of an improved future of Health Benefits for our communities by providing our suggested solutions and collective accountabilities - we are in this together. This was the first stage or “wave” of engagement with Health Directors related to NIHB/Health Benefits; there will be future engagement as we move forward together. The program area of Health Benefits will continue to gather feedback from Health Directors towards the continued transformation of Health Benefits. This online Survey aimed to provide an opportunity for all Health Directors in the province to offer recommended solutions to the complex issues that exist related to the previous Non-Insured Health Benefits programs managed and delivered by Health Canada, prior to October 1, 2013.

This Survey occurred prior to transfer and is reflective of the programs previously managed by the First Nations Inuit Health Branch (BC Region), who since October 1, 2013 have now become our partners in transformation. There were literally hundreds of ideas and recommendations. In order to offer up a manageable starting place, 53 recommendations were chosen, as a starting place.

These 53 recommendations were selected for a number of different reasons, such as: clearly defined recommendations; clear outcomes; high priority themes; and achievable. The ideas were paraphrased into recommendations, and put forward within this document which was reviewed and vetted by the FNHDA, for consideration by the FNHA. The recommendations and feedback will be presented to the FNHA for consideration for long-term planning and improvements, as the FNHA begins to transform Health Benefits.

The Association is very fortunate to have exceptional community health leaders on our team. We are extremely grateful for their hard work and efforts that have helped bring our organization to where it is today.

A total of 116 Health leads from across the province (all five regions) participated in this Survey. It is noted that some participants started the survey but did not complete, or may not have responded to all sections. Each and every response was analyzed and considered towards the development of this Summary Report.

The FNHDA worked with an Indigenous research group to provide a 'grounded theory' approach to analyze the data, where the analysts discussed potential indicators/themes for each NIHB area. Data was organized into the ten NIHB areas and analyzed for themes that emerged within each of the topic areas. All of the feedback will be shared with the FNHA to continue "harvesting" from the more fullsome data and will be used as a "working document" over the next phases of transformation. Those voices who have contributed their time and feedback will not be lost, they have been recorded and will be shared with our partners. Further, there will be future waves and phases of opportunities for Health Directors to continue to provide their on-going technical advice and feedback - this is a starting place not an ending.

This report is a summarized version of a comprehensive working document which details innovative solutions, feedback and advice from the Health Directors within each of the five BC health regions relating to Non-Insured Health Benefits (NIHB) in BC. This Summary puts forward manageable recommendation options that can be achieved in the next few years in the following Health Benefit areas. It is recommended that within each section the policy framework or area should be reviewed, revised, and transformed to better serve the needs of First Nations people. This is a "call to action" for all members to get involved and be a part of determining and in finding solutions. The FNHDA gifts these seeds of knowledge to the FNHA in a positive way.

The FNHDA Board of Directors would like to express its gratitude to those who took time out of their busy schedules to ensure the first technical advice engagement was a success.

*Please note the recommendations for each Health Benefits area found within have **equal** importance, urgency, and focus, and are listed in a **non-hierarchical** order.*

In the future, it is advised that each policy area and framework be reviewed, transformed and improved, reflecting a First Nations world-view that will better meet the needs of First Nations people.

A Call to Action for all members, is to get involved and be a part of finding and determining solutions.





Strategies to improve the area of Medical Transportation Benefits

Participants were asked to share recommended strategies to improve and shape program transformation for Medical Transportation Benefits. Across all regions, participants discussed ways to deliver the programming (n = 35), including having travelling physicians and nurse practitioners travel to communities (n = 12), having travel clerks (n = 3), and having a central emergency patient travel clerk who works after hours. Across all regions, participants also discussed funding issues that need to be addressed, such as increasing the base rate for meals and mileage as the rates provide for members to help drive the client; furthermore, the rates need to consider the cost of living.

Participants suggested evaluating the costs to link the expenditures to increases in quality care. Every region except Vancouver Coastal identified travel suggestions such as communities having their own medical vans, and considering the travel conditions and distance when planning travel. Participants brought up humanitarian concerns, noting that clients are sick and it's a challenging time, as well as remembering the Human Rights of Indigenous People when planning these policies. With regard to accommodations, one Northern participant suggested that the region should consider purchasing accommodations that can be used by clients to reduce costs, and also increase access to healthy foods.

Health Director Voices on Medical Transportation Benefits

"This is not a remote location but there are challenges. The local doctors are not accepting new patients and the only dentist does not accept NIHB therefore travel is required to [our community] for regular dental and medical care."

Participant, Interior Region

"Mileage rates are ridiculous. Health Canada approves 0.20/km for mileage, yet pays their staff over 0.50/km."

Participant, Interior Region

"We are no longer allowed to use 15.00 rate any longer because according to Health Canada it is walking distance."

Participant, Vancouver Island Region



Recommendations to improve Medical Transportation Benefits

- It is recommended that the number of travelling physicians and nurse practitioners be increased.
- It is recommended that a central emergency patient travel clerk position (after-hours) is created which would help better coordinate Medical Transportation, but that does not replace existing Community Medical Transportation Clerks (an addition to).
- It is recommended that a new strategy is considered that is aimed at reducing patient travel costs, and meets the needs of First Nations clients.
- It is recommended that tele-health be utilized more, as a cost-effective approach to regional delivery of primary care services.
- It is recommended that the base rate for meals and mileage reflects the needs of the patient/client for medical transportation.
- It is recommended that an evaluation of the Escort Policy is reviewed to better meet the needs of First Nation clients.

In the future, it is advised that the Medical Transportation Policy Framework be reviewed, transformed and improved in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved and be a part of finding and determining solutions.

Strategies to improve Drug Benefits

To help improve and shape program transformation within this area, participants shared a variety of suggestions and recommended strategies that address the needs within their communities. These recommendations were largely centred on potential changes to Drug Benefits Funding (n = 15). Most of these suggestions focused on broadening the parameters of the Drug Benefits List (n = 9). Some of the participants in the Northern Region also highlighted a need for travel funding when dropping off and picking up prescriptions in pharmacies that are a distance from the communities (n = 2).

Many of the suggested strategies also focused on the importance of providing adequate and appropriate information in the NIHB area of Drug Benefits, for both community members and service providers (n = 14). In this sense, participants from the Interior and North noted the value in educating health professionals to ensure they are aware of which medications are covered through the Drug Benefits List (n = 5), as well as through providing clear information to community members, to unmask the NIHB process and coverage (n = 2). Two participants from the North also suggested that pharmacists and doctors be provided with electronic access to client files.

Some of the respondents on Vancouver Island and the Interior also provided recommendations for changes for various aspects of the funding process (n = 9), including suggestions that specifically address simplifying the entire funding process, speeding up the appeal process, and strengthening the prior approval process. Additional considerations should also be given to the importance of creating positive partnerships and networks (n = 9), alleviating barriers to pharmaceutical services (n = 5), streamlining services and funding (n = 5), and facilitating a shift in paradigm about NIHB through new strategic directions (n = 5).



Health Director Voices on Drug Benefits

"I believe we should be working more closely with pharmacists, encouraging a relationship to be built with community members, as pharmacists have the knowledge and mandate to explain the interrelationship between medications, and flag potential contra-indications. I believe this service is underutilized by Aboriginal clients."

Participant, Fraser Region

"Provide information regarding the NIHB's Drug Benefits in layman's terms to pharmacies that can share the information with First Nations clients."

Participant, Interior Region

"I think FNHA, when it becomes fully operational, should consider partnering and/or investing in pharmaceutical companies with monies that will normally have been clawed back, with the view of chalking up ownership so that they can reduce the cost of medications to their member communities."

Participant, Northern Region

"There needs to be an appeal process if a drug is refused for payment. Sometimes that drug that has been requested is the drug that works the best for the client through a process of elimination yet it is denied because it is not on the list."

Participant, Vancouver Island Region

"Using something similar to 'Jordan's Principle' - in the 'last payer' policy; medication provided to patient - insurance companies deal with reimbursement between them."

Participant, Vancouver Island Region

Recommendations to improve Drug Benefits

- It is recommended that where it is medically-required, funding supports be made available for prescription delivery.
- It is recommended that partnership(s) between the FNHA and pharmaceutical companies are developed with an aim to reduce the costs of medications for First Nations communities.
- It is recommended that improvements to the system occur which will improve the Coordination of Benefits.
- It is recommended that the Drug Benefit list is reviewed, evaluated and expanded to better meet patient/client medical needs in accordance with the direction provided by a physician.
- It is recommended that clear information be developed that explains the Drug Benefits program, to better inform patients and provider.

In the future, it is advised that the policy area of Drug Benefits be reviewed, transformed and improved in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved and be a part of finding and determining solutions.



Strategies to improve Medical Supplies and Equipment

Participants were asked to share recommended strategies to improve and shape program transformation for Medical Supplies and Equipment. Participants from all regions discussed the application process, noting that the approval process takes too long (n = 8), and that home visits from therapists could improve the process rather than waiting for the nurse (n = 3). Participants from all regions also had suggestions around supply issues (n = 18), suggesting Health Canada purchase supplies they loan to clients in crisis and add to an inventory to be used again (n = 5), as well as creating a depot for recycled and reusable supplies (n = 4). Participants also discussed having increased education (n = 12), and suggestions for improving the eligibility guidelines (n = 11) such as eliminating the approval list and agreeing with what the physician prescribes, expanding mobility aids, and adding braces to the list. Participants also discussed improving collaboration (n = 6), and addressing funding issues (n = 4).

Health Director Voices on Medical Supplies and Equipment

“Predetermination for costs should be done through improved eligibility guidelines; approvals should not take as long. Application and responses should be handled through a live-chat intake process. Cutting turnaround time for responses to a minimum.”

Participant, Fraser Region

“The clients need to learn what is available, how to go about it etc. There is a lot of trust put on caregivers who may check one thing and not bring it further where they could get help. A lot of clients take the ‘no’ and walk away. They haven’t been taught to go a step or two further.”

Participant, Northern Region

“Nurses should be able to order wound care supplies such as gloves, blue pads, incontinent briefs etc. They are not prescription items.”

Participant, Vancouver Island Region



Recommendations to improve Medical Supplies and Equipment

- It is recommended that FNHA purchase supplies that they could “loan” to clients in crisis and add to an inventory of supplies to be used again, as well as creating a depot for recycled and reusable supplies.
- It is recommended that a medical trust fund is considered by the FNHA, to purchase medical supplies for the community on a sustainable basis.
- It is recommended that the FNHA facilitates collaboration amongst community volunteers and non-profit organizations, and Health Authorities to support members who need equipment.
- It is recommended that a “live-chat” is created for the intake process aimed at reducing the turn around time for MSE approval considerations.
- It is recommended that the FNHA regional offices process MSE applications to help make the approval process quicker.
- It is recommended that the practice of “Jordan’s Principle” be the approach utilized to meet the needs of First Nations clients with complex needs. Further, we recommend that Care Plans be developed in partnership with provincial and regional Health Authorities.

In the future, it is advised that the Pharmacy and Medical Supplies and Equipment Policy Framework be reviewed, transformed and improved in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved and be a part of finding and determining solutions.

Strategies to improve Dental Benefits - Provincial level

Participants were asked to share recommended strategies to improve and shape program transformation for Dental Benefits at provincial level. Participants from all regions provided suggestions around improving access at the regional level (n = 20), such as having mobile dental services that go to communities (n = 8), and a strategy to attract more dentists to the North (n = 2). Participants also discussed issues around dental benefits coverage (n = 14), noting the need to increase coverage (n = 5), and that clients should not have to pay up front for services that are included in the coverage (n = 2).

Participants from Fraser-Salish, North, and Vancouver Island recommended that there be a quicker turnaround time for reimbursements to dentists, having a process that is more efficient (n = 6), noting that this funding issue has had implications where dentists no longer want to serve First Nations clients or be a part of NIHB. Participants again discussed the need for education (n = 10), and the need for collaboration (n = 10).

Health Director Voices on Dental Benefits

“Build credibility with the dentists in the province. How is the FNHA going to change their mindset? What will this look like?”

Participant, Fraser Region

“Before making any changes to policies or regulations around dental care, FNHA have to brave the remoteness and demonstrate the care for all Nations throughout the province and not be so urban focused. Every effort needs to be made to bring dentists, hygienists, and educators to regions to ensure all community members, esp. for children.”

Participant, Interior Region

“There should be communication with Dentists and the NIHB to say we will cover it and worry about the cost afterwards. I think the dentists are tired of waiting for funding to pay for dental care. Meanwhile our people are not feeling comfortable with the attitudes they receive from the dentist staff.”

Participant, Vancouver Region

“Would it be helpful to determine the difference between the turnaround time for NIHB and the turnaround time for other insurance providers? What does the comparison look like in terms of time difference and what are the logistics involved in the turnaround time for payment to the service providers?”

Participant, Northern Region

“Provide some motivation to Dentists to want to follow the approval process through FNHA. Honestly as it stands from a business standpoint, the dentists have to spend money on administration out of their pocket to work with NIHB. In areas where they already have full patient loads, why would they bother?”

Participant, Northern Region

“Equality of services across the board - there should be no difference whether a person is status, non-status, on- or off-reserve.”

Participant, Vancouver Island Region



Recommendations to improve Dental Benefits

- It is recommended that the FNHA help First Nations at the community level to develop business plans for their own dental operations.
- It is recommended that the FNHA work with Service Providers at the regional level who do not charge administration fees, and improve the payment process.
- It is recommended to have a mobile dental team operating at the provincial level which travels within each region, in particular to remote communities.
- It is recommended that education and promotional tools, such as positive imaging campaigns, are developed about healthy eating habits related to dental care.
- It is recommended that the approval process times are decreased and the eligibility of Dental items is increased to reflect the need.

In the future, it is advised that the Dental Benefits Policy Framework be reviewed, transformed and improved in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved and be a part of finding and determining solutions.

Strategies to improve Eye and Vision Care

Looking toward future program transformation within the NIHB area of Eye and Vision Care, participants shared some suggestions and recommended strategies that address the needs within their communities. Specifically, participants in all of the regions illustrated the potential benefits for communities if there was funding for optometrists and, in cases, ophthalmologists to visit rural and remote areas (n = 13); specifically, some suggested that this could occur on a rotational basis (n = 4), annually (n = 3), or through a regional, or 'umbrella', approach (n = 2). Specifically, some of the participants in the North noted that the FNHA could play a significant role in implementing a service of travelling eye care professionals, to serve rural and remote communities that lack regular access to eye and vision care services (n = 2). Some of the participants, representing the Fraser-Salish, Interior, North, and Vancouver Coastal, also highlighted that they would like to see various changes made to the Eye and Vision Care area of NIHB Coverage (n = 12). Specifically, it was noted in the Interior and Vancouver Island that this coverage should be reflective of increasing service and product costs (n = 4), and that it should be similar to private insurance coverage (n = 2). Other commonly suggested potential strategies focused on negotiation with service providers (n = 7), as well as interdisciplinary and regional-based collaborations (n = 5).

Health Director Voices on Eye and Vision Care

"Perhaps the FNHA can bring eye specialists on board specifically to travel to remote communities on a rotation, rather than relying on individual practitioners to take this on."

Participant, Fraser Region

"Organized, frequent and timely eye clinic for remote communities will go a long way to make for early interventions to catch eye and vision problems before they become too big and late to correct."

Participant, Northern Region

"Work together with traditional healers to develop a plan i.e.; providing traditional medicines/food to combat or prevent eye problems."

Participant, Vancouver Island Region

"In [our city], we have an agreement with Wal-Mart to only charge what is covered by NIHB for examinations when approved by the [our Tribal Council]."

Participant, Vancouver Island Region





Recommendations in the area of Eye and Vision Care

- It is recommended that a system or approach is created where an optometrist is given incentives to visit multiple communities within the same geographic region.
- It is recommended that a review of the exceptions policy occurs, with a consideration to add a more relaxed exception process.
- It is recommended that the “two-year frequency rule” is reviewed and evaluated based on the client’s age and health needs.
- It is recommended that community members are provided with a list of Service Providers who accept NIHB (Health Benefits) funded clients.
- It is recommended that educational items related to Eye and Vision Care are developed by the FNHA and provided to community members.

In the future, it is advised that the Vision Care Policy Framework be reviewed, transformed and improved in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved and be a part of finding and determining solutions.

Strategies to improve Mental Health Counselling Benefits

Suggestions from participants in the Interior, North, Vancouver Coastal, and Vancouver Island largely centred on funding strategies (n = 20); in this area, participants primarily requested increased funding for preventative strategies (n = 6), continuous funding for mental health services in communities (n = 3), and funding for traditional healers and other alternative methods for healing (n = 3). Participants from most of the regions further addressed the need for more counsellors and mental health services (n = 17) to support communities in finding and maintaining holistic balance.



While many of the participants generally noted the need for more counsellors in communities (n = 10), some of the participants have specifically requested culturally-competent, respectful counsellors who are able and willing to address community issues (n = 6), while others highlighted the need for more First Nations counsellors (n = 2). In a similar way, some of the participants also identified strategies centred on training and education (n = 13), including capacity building measures through providing training to frontline workers (n = 5). Some of the participants also see potential benefits that may come from collaboration efforts (n = 10). These suggested strategies include a number of ways to foster knowledge sharing both within communities, as well as across sectors in each region.

Health Director Voices on Mental Health Counselling

"We need to think outside of the box and get away, when and where necessary, from the western European way of defining counselling and therapy. There has to be focus placed on training our own First Nations to be professional service providers, first by doing their own healing then taking a training that is localized and culturally relevant."

Participant, Interior Region

"Cost-sharing for skilled, experienced, culturally aware counsellors between close-proximity communities would be a benefit, so if a counsellor needs to travel, they would have a full day/week of appointments."

Participant, Northern Region

"We don't have a trained worker that can handle this kind of work load. We need a counsellor that visits our community at least once a week or bi-weekly."

Participant, Vancouver Coastal Region

Recommendations to improve Mental Health Counselling and Benefits

- It is recommended that a hotline (toll-free telephone line) is developed that provides crisis support to First Nations communities.
- It is recommended that First Nations "pool" and share resources between communities such as having a shared therapist who can offer services within communities and in each region.
- It is recommended that an integrated case management team is created to improve access to services – a "wrap-around approach" is utilized when working with clients to ensure that unresolved trauma is addressed and that all of their needs (social determinants of health) are being met.
- It is recommended that more preventative strategies, such as cultural activities, are supported.
- It is recommended that the FNHA and First Nations develop strategies for recruiting and retaining mental health professionals, to provide services in communities (e.g. offering competitive wages and benefits).
- It is recommended that more training opportunities are provided for First Nations members to become support counselors in their communities, as well as create education and promotional items about mental health counselling and benefits.

In the future, it is advised that the policy areas of Mental Health Counselling Benefits be reviewed, transformed, improved, and developed that reflects a First Nations world-view, in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved in and be a part of finding and determining solutions.



Strategies to improve General/Other Health Benefits (including outside Canada)

Participants were asked to share recommended strategies to improve and shape program transformation for General/Other. Participants from almost all of regions had suggestions around education (n = 27), including the need for Indigenous Cultural Competency Training (n = 13), training to understand community needs (n = 2), and training and education for First Nations people (n = 2). Participants also had suggestions around service provision (n = 12), including having more First Nations people providing services, having a patient navigator for complicated procedures, and being creative when working with First Nations people.

Participants also suggested improving collaboration (n = 6) such as having regional collaboration and planning, and involving youth. Along with improving communication (n = 3) participants suggested being prepared and sharing information with the community through newsletters. Participants also discussed the need for improved appeals processes, and making sure that the FNHA has a solid infrastructure and mandate for this work.

Health Director Voices on General/Other Improvements

“There is a need for health care service delivery agencies to extend a professional courtesy to on-reserve health staff. To be treated as equals and have respect for our training and experience in the health care field. To trust our judgment and seek guidance from us would help to develop a common working foundation for all.”

Participant, Interior Region

“There are many diverse services in which all First Nations have access to; therefore it would be good for service provider to be culturally sensitive to First Nations needs and not be judged or stigmatized.”

Participant, Northern Region

“Manager has indicated protocols around communication could be enhanced by relationship building - but the question is who is doing the relationship building? It seems that First Nations are told this must be done to get decent services, but the health care industry carries on its operations with typical stereotyped attitudes.”

Participant, Vancouver Island Region

Recommendations for the General/Other area

- It is recommended that the FNHA provide more education about Health Benefits and other new and innovative resources.
- It is recommended that the Indigenous Cultural Competency training should be made available to all including First Nations health providers, and band employees.
- It is recommended that more education and awareness be utilized to explain the triage system in hospitals.
- It is recommended that the FNHA develops more health literacy and supports increased career fairs focused on health care careers.
- It is recommended that a list is developed of approved health care providers who have completed the Indigenous Cultural Competency training.

In the future, it is advised that the “General/Other” policy area (including Health Benefits outside of Canada) be reviewed, transformed and improved in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved and be a part of finding and determining solutions.





Strategies to improve NIHB/FNHB Data Needs for First Nations

Through reflecting on the health needs of their communities, participants provided examples of data that would be useful in improving NIHB funding and the applicable policies. In responding to this question, participants from all of the regions emphasized the importance of access to various forms of NIHB usage data (n = 30), which largely included a need for regional and community-specific (n = 9), as well as drug usage data (n = 5). Many of the participants from the Fraser-Salish, North, and Vancouver Island also highlighted a need for various forms of health data (n = 15), which included community-specific health statistics that address disease specific morbidity rates (n = 12). It was noted that this information would help to shape service delivery and implementation, as well as grant writing and priority setting within communities.

Additionally, charting methods also arose as a theme that was common across nearly all of the regions (n = 6); in this sense, participants would commonly like to transition to the use of electronic methods for ease of recording (n = 6). However, it was also noted that much support would need to be provided to communities to ease this transition. Participants also mentioned additional resources that they would like to have access to in order to support their roles in data collection and reporting (n = 5). Other responses highlighted that communities would also benefit from reviewing financial summaries and analysis of NIHB spending, which may help to direct their efforts in obtaining further coverage (n = 5).

Health Director Voices on Data Needs

“Statistical Data would be beneficial when determining the types of health programming we offer in our community in a given year. Example: high rate of diabetes, then our community would offer more training and education in the diabetes care and management and prevention areas.”

Participant, Fraser Region

“FNHA should consider as a matter of urgency in providing budgetary funding for communities to enroll in the electronic medical reporting system called Mustimuhw. FNHA can enter into licensing agreements on behalf of all First Nations communities and help bring down the usage fees.”

Participant, Fraser Region

Recommendations for First Nation Data Needs

- It is recommended that electronic methods or systems are developed to improve data gathering and reporting.
- It is recommended that community-based health statistics (e.g. disease-specific morbidity and injury rates) are provided to communities, to inform service delivery (e.g. preventative programs), grant writing, planning and priority setting.
- It is recommended that effective and straightforward ways of reporting community-based data are developed.
- It is recommended that community-specific data on treated and untreated injuries be provided, in order to develop and implement programs.
- It is recommended that provincial, regional and community-specific NIHB data is provided to communities regarding NIHB usage in all program areas.

In the future, it is advised that the policy area related to Data is reviewed, transformed and improved in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved and be a part of finding solutions.

Strategies to improve NIHB/FNHB Reporting

Participants were asked to share recommended strategies to improve and shape program transformation for NIHB/FNHB reporting. Participants recommended the use of a simplified reporting process (n = 16), through the provision of report templates (n = 8), as well as increased education to support these processes (n = 11). In addition to adequate and accessible training, many of the participants highlighted other supports to assist the reporting processes (n = 9), including the use of Electronic Medical Records (EMRs) (n = 3) and continual support for each of the Hubs (n = 2).

Health Director Voices on Reporting

"We have had issues with the MTSD developed by Health Canada - really not user friendly. Took a lot of overtime for staff to do the reporting as we are dealing with many communities ... We took it upon ourselves to contact a database developer and worked with him to develop what we want, works well, and all we do is put in reporting periods, and export to excel, it works."

Participant, Northern Region

"Why doesn't FNHA develop its own reporting program that is online based and available to all communities as a part of our reporting requirements? It will be owned by FNHA and can decrease 'time wasted' by health staff using out-dated and cumbersome excel sheets."

Participant, Northern Region

"NIHB reporting training workshops for all workers required to report so everyone is on the same page. Not all interpretations are the same I have noticed in our area i.e. where is the 'next point of available service'."

Participant, Vancouver Island Region

"If reporting is required in a certain format, users must be trained adequately, equipment such as computers standardized and provided if necessary. In addition if a need is identified, ongoing support and hands on assistance must be provided. In addition it must be offered frequently due to staff turnovers."

Participant, Interior Region





Recommendations for NIHB/FNHB Reporting

- It is recommended that a unified reporting system for all of BC, with standardized patient reporting, would help to improve the reporting requirements.
- It is recommended that FNHA develop its own reporting program that is online-based and available to all communities to meet reporting requirements.
- It is recommended that the reporting process is simplified overall, and that FNHA templates are developed and provided for reporting purposes.
- It is recommended that within the reporting process, an analysis of the data and trends needs to occur to determine health needs.
- It is recommended that training and supports are provided related to reporting and data inputting.

In the future, it is advised that the policy area related to Reporting is reviewed, transformed and improved in order to better meet the needs of First Nations people. A Call to Action for all members, is to get involved and be a part of finding and determining solutions.



Strategies to improve Health Benefits Generally

Participants were asked to share any final recommended strategies to improve and shape program transformation for NIHB/FNHB generally. Participants confirmed many of their previously vocalized concerns identified in this report. Participants from the Interior, North and Vancouver Island commented on financial issues, noting the need to speed up the process for travel claims, and developing regional equitable funding plans. Participants also discussed developing ways to collaborate with community, involving clients and frontline workers. Participants also suggested engaging in evaluation to help reflect on current practices and use data to improve programming across the system (n = 4).

Health Director Voices on Health Benefits Generally

“Consider coming from wellness model vs a treatment model. We want ways to heal our community not to keep them reliant on new medicines or ways that will keep them dependent on whatever the health care system is willing to sell them.”

Participant, Fraser Region

“Hearing is not included in this survey; these costs are the same as vision care. This is an expense that is very costly for pensioners and Income Assistance clients.”

Participant, Northern Region

“We have requested that their leadership, staff, and service providers take the opportunity to visit the vast regions of IHA and the First Nations communities within that region and familiarize themselves with who we are, where and how we live, and what we can do to work together...Every effort needs to be made not to have an ivory tower mentality, a hierarchical structure that replicates FNIHB, or a inequitable structure that allows privileges for some groups and disadvantages for others.”

Participant, Interior Region

Recommendations for Health Benefits Generally

- It is recommended that each region assess spending for cost-saving and it be re-diverted to areas with higher-needs.
- It is recommended that FNHA consult and negotiate with Health Provider Associations to develop cost-effective strategies for First Nations clients.
- It is recommended that FNHB develop Audiology strategies particularly to meet the costs of hearing aids.
- It is recommended that FNHB assess the Dental Therapy Programs.
- It is recommended that the FNHA use existing data to reflect and improve FNHB programming.



Overarching Themes: Access, Sustainability, and Accountability

The NIHB program is a complex system and feedback from the Health Directors in this survey confirmed the complexity and nuances of this program. When considering the common themes that came across all of the benefits areas, a few overarching themes emerged around access to services and the NIHB program, accountability, and sustainability. This section provides a brief overview of the common overarching themes and includes some more general recommendations.



Access

Bringing resources to communities: In moving toward future program improvements for NIHB, participants provided a variety of recommendations for improving access to healthcare services. The most common suggestion to services was to fund service providers to travel to communities, to help to alleviate some of the barriers that community members face in accessing care (n = 40). Participants also spoke about the ways to increase access to medical supplies and services (n = 38), including: increasing toothbrush and floss use; creating a depot for recycled and reusable medical supplies; purchasing medical supplies and equipment in bulk for community loans; and implementing a First Nations-specific crisis hotline.

The health access needs of rural and remote communities require attention towards the development of solutions to meet their unique needs and challenges. Many of the suggested strategies also focused on health human resources (n = 28), including: the importance of creating opportunities to increase the number of Aboriginal service providers and staff; providing more workshops and training events for frontline workers in communities; and creating specific job positions for staff to handle individual areas of NIHB. Some of the participants also provided further insight into the issues on recommendations that are framed around children in the community (n = 19), including being more proactive in offering community administered programs (e.g. Children's Oral Health Initiative) and through providing dental hygiene supplies to children at common points of contact (e.g. daycares, Aboriginal Head Start On-Reserve).

Additional considerations should also be given to the role that telehealth can play in promoting mobile forms of screening and treatment (n = 11) and other methods for reducing wait times (n = 10), including developing a list of approved service providers to reduce the referral process and enhancing homecare services. Participants also suggested developing strategies to attract service providers to remote and northern areas (n = 3), and also to consider that travel costs vary by region (n = 2).

Health Director Voices on Access

“The tele-health services would broadly benefit some of our rural and remote communities as it would limit the amount of travel and save the stress and anxiety of some of the Elders having to travel if it was a non-life threatening medical service appointment.” Participant, Medical Transportation

“Using something similar to ‘Jordan’s Principle’ - in the ‘last payer’ policy; medication provided to patient - insurance companies deal with reimbursement between themselves.” Participant, Drug Benefits

“Give a medical equipment budget to the Health Centre. They can keep inventory, etc. (we already do keep equipment on hand). We get donations from clients especially when clients pass away. Nurses are usually on top of this.” Participant, Medical Equipment and Supplies

“Implement the COHI program fully, ensure that all communities have regular access to dental therapists, enable communities to partner with each other or other agencies to contract regular dental services to their communities.” Participant, Dental Benefits

“Perhaps the FNHA can bring eye specialists on board specifically to travel to remote communities on a rotation, rather than relying on individual practitioners to take this on.” Participant, Eye and Vision Care

Sustainability

With regard to recommendations for NIHB sustainability, the most frequently mentioned themes were related to: funding coverage (n = 48); equal funding for Traditional Healers; reinvest surpluses into program gaps; funding for off-reserve Band members; and NIHB coverage similar to private insurance company coverage.

Improving the process - The second most frequently mentioned theme was process improvements (n = 37) which included: shorter reimbursement periods; billing NIHB directly as clients sometimes have financial barriers for services; regulating of health services charges; creating a relationship with BC Dental Association to influence how billing is handled by FNHA; having less paperwork for the individual; providing information to communities on budget allocations for services; and increasing budgets for smaller communities that have insufficient funds to pay counsellors.

Being cost effective - Participants also provided suggestions for cost effective approaches (n = 26). For example, participants recommended covering more preventative procedures to fix issues in early stages to reduce costs in the long run (including financial analyses on treatment versus prevention). Furthermore, participants suggested that NIHB negotiate with service providers on better rates for services and products. Participants noted the importance of evaluating the costs to ensure there are improvements in care, and also suggested encouraging recycling and donations of reusable equipment.

Coordinating benefits - To further improve sustainability, participants had suggestions on the coordination of benefits (n = 25), where efforts are made to coordinate with private insurers to be primary payers, to coordinate funds that are saved to reallocate to communities that need the funding. Participants also suggested that in order to coordinate benefits, there should be a focus on prevention and primary health services.

Other suggestions around sustainability included - developing community-based services and infrastructure; developing a new model of funding that is based on equitable funding plans and saving money; conducting evaluations and audits to assess progress; and investing in human resources and technology.



Health Director Voices on Sustainability

“I support the concept of opening pharmacies on reserve which would facilitate the relationship suggested above, while at the same time providing a revenue generating component to Health programming in BC First Nations communities.”

Participant, Drug Benefits

“For those who have a benefits plan as a result of their employment, there should be strategy to ensure coordination of benefits is always utilized. This would allow the savings to NIHB program so that it can be utilized for those who have the need and who may not have the luxury of having a benefits plan under their employment.”

Participant, Drug Benefits

“Give a medical equipment budget to the Health Centre. They can keep inventory, etc. (we already do keep equipment on hand). We get donations from clients especially when clients pass away. Nurses are usually on top of this.”

Participant, Medical Supplies and Equipment

“Help communities develop a business plan for their dental operations. Help with costs to set up Dental centers on reserve where the Business plan can support an office. Set the parameters that need to be in place for success before investing in a dental office. i.e. There needs to be a client base of 2000.”

Participant, Dental Benefits

“Cost-sharing for skilled, experienced, culturally aware counsellors between close proximity communities would be a benefit, so if a counsellor needs to travel, they would have a full day/week of appointments.”

Participant, Mental Health Counselling Benefits

Accountability

With regard to recommendations, the most frequently mentioned theme was service utilization data (n = 33), such as, having regional and community-specific NIHB data regarding usage in all areas including patient travel and medical services in general. Additional data on usage could be broken down by on- or off-reserve and age. The second most frequently mentioned theme was health data (n = 20) wherein community-based health statistics (e.g. disease-specific morbidity and injury rates) could be utilized to inform service delivery, grant writing, planning and priority setting.

Conducting program evaluations - The third most frequently mentioned theme was evaluation (n = 11), such as, reflecting on current practices and using data to improve programming, using on-line surveys, and evaluating programs (e.g. dental prevention).

Other themes that came up included: strategic engagement (e.g. listening to frontline staff and ensuring a grassroots process for decisions) methods for charting data (e.g. using electronic methods and finding effective ways of reporting community-based data); research (e.g. needs, successes and challenges); accurate demographic information for Band members; needs assessment for each region; accountability (e.g. a complaints board or council); coverage support services (e.g. having a service to check on the status of a claim); and consistency with who responds to benefits phone calls.

Health Director Voices on Accountability

“Statistical Data would be beneficial when determining the types of health programming we offer in our community in a given year. Example: high rate of diabetes, then our community would offer more training and education in the diabetes care and management and prevention areas.”

Participant, Data Needs

“We have requested that their leadership, staff, and service providers take the opportunity to visit the vast regions of IHA and the First Nations communities within that region and familiarize themselves with who we are, where and how we live, and what we can do to work together...Every effort needs to be made not to have an ivory tower mentality, a hierarchical structure that replicates FNIHB, or a inequitable structure that allows privileges for some groups and disadvantages for others.”

Participant, Final Feedback

“If we had a way to roll-up and summarize our own data reflecting client usage of our services, and any trends in usage, so on. We (would) know where the demands (are) and be better positioned to be able to respond accordingly.”

Participant, Data Needs

Next Steps

The original purpose of this FNHDA Health Benefits Summary Report was to gather an initial wave of technical advice to act as a starting place, and to provide initial recommendations to the FNHA which they may consider in the move towards transforming and building new and improved Health Benefit systems. Those voices who have contributed their time and feedback will not be lost, they have been documented and have been shared with our partners. The FNHA will be able to continue analyzing the more fullsome data which can be used as a working document over the next and future phases of transformation. There will be future waves and phases of opportunities for Health Directors to continue to provide their on-going technical advice and feedback, this is a starting place - not an ending.

Moving forward, factors such as: (1) awareness raising, (2) knowledge provision and (3) education are all important factors in the delivery of Health Benefits in BC. Education must be made available at all levels: to the communities overall to raise awareness, to provider groups so they can work with us better, to advocates so they can support our health care needs, and to First Nations individuals so they are better able to advocate for themselves in the health care environment. This FNHDA Summary of Recommendations will be shared back out with the Health Directors who participated in the survey by providing technical advice feedback and also recommended strategies.





First Nations Health Directors Association

Sharing experience for community wellness

We would love to hear from you!

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