BRIEFING

TO:	The House of Commons Standing Committee on Indigenous and Northern Affairs
SUBJECT:	Study of Administration and Accessibility of Indigenous Peoples to the Non-Insured Benefits Program
FROM:	First Nations Health Authority
DATE:	May 6th, 2022

PURPOSE

The **First Nations Health Authority**'s (FNHA) presentation to the Standing Committee on Indigenous and Northern Affairs regarding the *Study of Administration and Accessibility of Indigenous Peoples to the Non-Insured Benefits Program*.

This briefing provides an introduction to the FNHA's multi-year health benefits transition and transformation that resulted in improved client access to an enhanced health benefits program.

INTRODUCTION

The FNHA is a health and wellness partner to over 150,000 First Nations persons in 203 First Nations communities and citizens across BC. The FNHA is guided by a unique health governance structure that includes political representation and advocacy through the First Nations Health Council (FNHC), and technical advice and capacity development through the First Nations Health Directors Association (FNHDA). Collectively, this health governance structure works in partnership with BC First Nations to achieve our shared Vision of healthy, self-determining and vibrant BC First Nations children, families and communities.

- In 2013, the BC First Nations embarked upon a new phase in health governance and health care delivery with FNHA assuming responsibility for the programs and services previously delivered by Health Canada, now through Indigenous Services Canada.
- FNHA collaborates with the federal and provincial governments, regional Health Authorities, and other system partners to coordinate and integrate health programs and services to achieve better health outcomes for First Nations in BC.

BENEFITS TRANSFORMATION

OVERVIEW

Systemic inequities exist between First Nations and Non-First Nations British Columbians (BC) in health status at the individual, family, community, regional and provincial levels. The historic mistreatment of First Nations in Canada has resulted in generations of trauma, racism, and inequitable access to health care services, resulting in poorer health care

outcomes. Anti-Indigenous racism continues to exist within the health care system as evidenced in the *In Plain Sight Report* (Johnson, Charles, & Turpel-Lafond, 2020). The report brought the adverse experiences of First Nations to light for the general public.

First Nations across Canada continue to receive health benefits and services that focus on cost containment through stringent measures and criteria that adversely impact clients' access to care, benefit utilization, and relationship with the health care system. This approach has led to inequitable access for rural and remote communities and significant gaps in access to culturally safe care and medically necessary services. It is only when substantial and continued investment is placed into systems previously unavailable to First Nations that the health of First Nations communities, families and children will begin to close the health outcome gap as compared with other BC residents.

Benefits Transfer

On October 13, 2011, Health Canada, the FNHC, and the British Columbia Ministry of Health signed *The British Columbia Tripartite Framework Agreement on First Nation Health Governance.* The 'Framework Agreement' indicated the commitment to a phased transfer of health service delivery programs, including Non-Insured Health Benefits (NIHB), for First Nations across BC from the federal government to the FNHA.

In 2013, the FNHA entered into a 'buy-back' arrangement with Health Canada and assumed responsibility for the delivery of the Pharmacy, Dental, Medical Transportation, Vision Care, Medical Supplies and Equipment, and Mental Health Counselling. The arrangement allowed FNHA to continue to use Health Canada's existing claims processing infrastructure, payment systems and benefit criteria. In January 2014, the FNHA also assumed responsibility for Oral Health and Dental Therapy programs.

In October 2017, FNHA, in collaboration with BC PharmaCare, created Plan Wellness (Plan W) and transitioned the administration of the drug benefits from the NIHB system. In September 2019, the FNHA entered into a partnership with Pacific Blue Cross to administer the dental, vision care, medical supplies and equipment benefits (and a small portion of pharmacy benefits not covered by Pharmacare Plan W). In November 2021, Mental Health benefits administration was also added to the PBC system.

The FNHA, with many system-partners, has now embarked on a multi-year journey to improve access to a wellness-oriented health benefits plan.

The health benefits plan was designed to reflect the priorities and perspectives of First Nations Communities. The transformation journey began with feedback and input from our Clients and Partners (e.g. Community Engagement, FNHDA Recommendations, and Annual Health Benefits Clients Surveys) & Industry Expertise (Providers, Prescribers, Colleges & Associations). Community engagement has provided opportunities for communities and providers to provide input in the transformation of First Nations Health Benefits.

Additional FNHA Health Benefits Information can be found here: Health Benefits Program Overview (https://www.fnha.ca/benefits/about-us)

PHARMACY BENEFITS

Overview

On October 1, 2017, FNHA collaborated with the Ministry of Health (MOH) to transition the Drug Plan from NIHB to FNHA's Plan W (Wellness), administered through BC PharmaCare. FNHA's ownership of the Plan W formulary was acknowledged through legislation and governance partnership agreements. The transition has supported decision-making and participation in strategic planning, priority setting for formulary management, and participation in BC Pharmaceutical Care efforts and advancements.

Improved Access & Administration

FNHA enrolls eligible First Nations into FNHA's PharmaCare Plan, Plan W.

- Over 153,600 FNHA clients (approximately 97% of eligible FNHA clients) are now enrolled in Plan W.
- FNHA clients can access FNHA's drug benefits by providing their Personal Health Number (similar to all other BC residents).
- Healthcare Professionals are familiar with BC PharmaCare formulary and coverage processes, improving provider-client experiences and streamlining navigation.

Pharmaceutical Services are aligned with Provincial Standards

- Provincial healthcare programs and healthcare provider education are designed to align with provincial practices and standards, provincial regulations, and the BC PharmaCare program.
- FNHA program information is shared through Provincial Academic Detailing to clinics and physicians across BC, and collaboration opportunities with UBC's Therapeutics Initiative exist (expert groups providing knowledge exchange to physicians, pharmacists and policy makers with up-to-date, evidence-based, information on prescription drug therapy).
- FNHA's alignment with provincial standards enables access to cost-saving initiatives led by the BC PharmaCare program. These initiatives such as the Biosimilar Initiative and Price Listing Agreements help optimize resources and reinvest savings into expanding coverage and improving access to medications.

Integration & Coordination with Provincial Plans & Specialty Agencies

Formulary is responsive to BC First Nations health priorities

- As new treatments become available, BC PharmaCare determines which drugs are covered and how to best meet the needs of B.C. residents. Plan W, is specifically designed to meet the needs of BC First Nations.
- For example many new innovations are available to support clients with diabetes management. Some innovations are more cost effective than others, despite achieving the same health outcomes and level of safety. Switching to these new treatments helps optimize resources. Getting the best value for new treatments and services in Plan W improves patient access to medicines and supports FHNA's continuous work to improve healthcare for BC First Nations.

Improvements in access to palliative care drugs and provincial supports for those dying at home

- Upon palliative diagnosis, the physician registers the client for BC Palliative Care allowing immediate access to specific palliative drugs for BC residents at no cost; registration ensures supportive palliative services are made available.
- Prescribers prescribe according to the BC PharmaCare formulary negating the need for providers to navigate differences in federal formularies and coverage approval processes.

First Nations are welcomed into Provincial Agencies

- All drug treatments and supportive benefits and services available through the Provincial Renal, Transplant, Cancer and HIV/AIDs programs are provided to FNHA clients without requiring proof of NIHB coverage ineligibility, ensuring access similar to all other British Columbians.

Participation in BC HealthCare's Digital Health Advancement Strategies

- FNHA's interests are being incorporated into the ongoing BC HealthCare's digital health advancements related to pharmacy services, including electronic submission of Special Authorities (SA) for drug coverage.
- FNHA-employed practitioners can access the same digital health efficiencies as the provincial health authorities. FNHA clients will be served with the same access to SA, e-prescribing and patient access portals as all other BC residents.

DENTAL BENEFITS

<u>Overview</u>

After the transfer of the Dental Benefits from NIHB in 2013, FNHA undertook extensive engagement with clients to develop a client-centered approach to dental benefits. In September of 2019, the FNHA, in partnership with Pacific Blue Cross launched a more comprehensive and equitable Dental plan.

<u>Unmet Oral Health Needs</u>

Historical trauma from colonial structures and institutionalized racism created substantial unaddressed oral health needs for First Nations clients.

- First Nations in BC experience poorer oral health outcomes than non-First Nations, largely attributable to barriers in accessing services. Indigenous children, specifically those kindergarten-aged, experience poorer oral health outcomes compared to non-First Nations children; disparities continue to persist year over year. For example, 50% of indigenous children are free of tooth decay vs 71.1% of non-indigenous children (Ministry of Health, 2021) Day surgery for dental decay for children (0-6 years old) in BC is 8.6 times higher in neighborhoods with high, vs low, proportions of indigenous residents (Canadian Institute for Health Information, 2014).
- The NIHB plan has stringent criteria for dental crowns that only support a small proportion of requests, and does not include bridges. If approved, clients often incurred out-of-pocket expenses, according to community and provider feedback. Clients were provided alternative approaches to treatment including dental extractions, fillings and dentures, which provide less than optimal results.

<u>Improved Access & Administration</u>

The FNHA plan design reduced administrative barriers, simplified navigation & improved overall client experience. Partnership with PBC, launched in October 2019, has led to a steady increase in utilization of dental coverage with 6,079 more claimants (10% increase), of whom 5,812 claimants (14% increase) are undertaking preventative services.

Increased Provider Selection:

- Before the transition, most dental providers were reluctant to work with First Nations because of the administrative challenges related to NIHB billing and pre-determination processes.
- FNHA's partnership with PBC gave clients access to a broader provider network who are familiar and receptive to PBC's billing process, increasing clients ability to choose their preferred provider.

Removal of Barriers to Access:

- An enhanced plan design removed high-administration barriers disproportionally impacting providers serving First Nation Clients.
- The NIHB fee-grid is non-standard and fees fall below generally accepted rates published by Provincial Dental Associations. The FNHA dental plan came in line with industry standardize fee grids, reducing out-of-pocket expenses for clients.
- While NIHB required predetermination for 211 service codes, the FNHA plan reduced that number to 52 service codes that required pre-determinations.

Support for the Most Vulnerable Clients:

- Elders experienced a high rate of unmet dental needs, particularly related to crown coverage (significant and restrictive pre-determinations requirements) and bridge work (not covered under the NIHB program).
- The revised plan enables easier access to restorative services, including crowns and bridges, avoiding out-of-pocket costs to clients.
- Access to partial dentures improved and full dentures became more frequently available.

Focus on Wellness:

- The FNHA dental benefit has increased access to preventive dental services which helps maintain good oral health.
- For example, First Nations clients have increased access to dental exams for early identification of oral health problems, more time available for teeth cleaning, a variety of fluoride treatments to prevent cavity formation, and night guards to support the care and maintenance of teeth.

VISION, MEDICAL SUPPLIES & EQUIPMENT AND COUNSELLING

Overview

FNHA also provides coverage for vision, medical supplies & equipment (MS&E), mental health & wellness in addition to Plan W drug and dental coverage. In September 2019, the FNHA, in partnership with Pacific Blue Cross launched the transformed Vision & MS&E benefit and in November 2021, launched the Mental Health and Wellness Benefit.

Improved Access & Administration

Significant improvements related to access and administration have been experienced by clients during the transition of health benefits to FNHA. The simplification of services, improved access and reduced administration were experienced across all benefits.

An Easy to Understand Plan

- Before the transition, FNHA clients consistently reported a lack of understanding their health benefit coverage. FNHA's partnership with PBC focused on increasing transparency of the health benefits, including the creation of new benefit-specific fee supplements with simplified descriptions of coverage requirements and limits.
- All FNHA clients have access to a member profile where they can view and monitor their benefits, greatly improving visibility and transparency.

Improve access to services

- In some cases, some benefit items e.g. eye exams and prescription eyewear, required multiple pre-determination approvals and assessments under the NIHB program. To simplify access, FNHA collaborated with PBC to align the plan with industry-standard

requirements. This led to the removal of the pre-determination requirements for benefit items such as hearing aids, ostomy and some wound supplies, prescription eyewear, and for services when within the frequency limits.
- Since the transition from NIHB in 2013 to 2021, there has been a significant increase (over 50%) in the number of FNHA clients accessing the vision benefits.
- FNHA adapted the definition of 'medical need' to incorporate and accommodate wellness and preventive care into the approval process.

Reduce administrative burden

- Reduction in the number of pre-determinations dramatically reduced the administrative burden and has led to better engagement with providers. FNHA pays directly to providers within an average of 7 business days (vs 34 business day pre-NIHB transition) and provides, in many instances, a 48-hour turnaround for electronic client reimbursement.
- Of specific note, the transition of Mental Health administration greatly improved efficiency and provider experience in providing mental wellness services. Pre-determinations are significantly faster with an average of 1 business day post-transfer (from 5-25 business days prior). Electronic submissions from provider rose dramatically as well (0% to 99.8%).

Minimize out-of-pocket expenses for clients

- Most providers bill clients for services such as eye exams based on industry fee recommendations. In contrast, the NIHB program did not align with industry standards and fee guide, reimbursed providers at a rate lower than the industry-standard, and potentially leaving clients with out-of-pocket expenses.
- Benefit coverage and maximums now align to industry standard fee grids, improving clients' access to preventative services such as hearing and eye exams.

MEDICAL TRANSPORTATION

<u>Overview</u>

FNHA also supports clients to access medically required services and traditional healing services not available in their communities of residence by covering the costs associated with transportation, accommodation and meals.

The administration of the program is decentralized and is managed at the community level. Approximately 90% of Medical Transportation (MT) funding is distributed to 120 agreement holders. Funding agreements cap administration expenses to 10% of the overall budget. In smaller communities, this means that funding is not adequate to employ a clerk full time, leading to high turnover. Approximately 30% of clerks have less than one year of experience in their role.

Learnings from Community Engagement:

In 2019, the FNHA received feedback from First Nations communities about the need to improve the MT program. In March 2020, the FNHA initiated the MT Transformation Project to bring about much-needed change to achieve better health outcomes for clients. As the engagement sessions progressed, a few key themes emerged within the client feedback:

Community-Driven Decision Making:

- Clerks in community know their local providers and travel infrastructure and are best position to make decisions that support community members. Clerks require the tools to support community based decision-making.

Access to Culturally Safe Providers:

- The MT policy provides financial support for clients to access the closest appropriate provider. Clerks have advised that the policy often means they are required to send clients to culturally unsafe providers and would like to see greater flexibility and self-determination related to provider selection.

Access to In Community Service Providers:

- Clerks would like to partner with FNHA to bring more providers into community instead of sending clients to visit providers. There are potential cost savings to the program if proper infrastructure is put in place.

Improved Access for Clients Living Away From Home and/or in Urban Settings:

- FNHA needs to better understand and address the factors that limit access to health benefits and services experienced by these clients.
- The Health Benefits program needs to better inform clients living away from home and/or in urban settings about the health benefits available to them.

The Future of Medical Transportation

Based on the input collected, transformation work has been arranged to address some of the following:

- Adapt the program's funding models to identify opportunities to redesign MT funding agreement terms, program funding, responsibilities and how regional partners may support the vital service.
- Bringing services closer to home by identifying and developing opportunities that bring a wide variety of culturally safe medical professionals into the community.
- Streamline the policy suite to make the MT benefit easier to administer and to better support client access to medically necessary services.
- Improve services and access for populations such as elders, those with mobility issues, limited budgets and chronic diseases.

- Creating a web-based administration system to support the efficient and effective administration of the program and capture high quality data.

Ongoing Challenges

- Budgets for MT funding agreement holders have largely remained static despite the growth in medical travel appointments.

HEALTH BENEFITS PROGRAM EVALUATION

Aligned to the FNHA's Vision, Mission, Values and the 7 Directives, FNHA continues to transform health benefit programs and services through community-driven engagement processes. The FNHA is committed to providing high-quality Health Benefits programs and services with and for BC First Nations.

The FNHA monitors key indicators of the program's effectiveness– access and client satisfaction monthly, quarterly and annually. The findings are used to inform program and benefit transformation.

- Percentage of clients indicating overall satisfaction of Health Benefits increased from 26.3% in FY2016/17 to 47.5% in FY2021/22 (5 year period).
- Percentage of clients indicating satisfaction with coverage of their claim increased from 34.1% in FY2016/17 to 55.8% in FY2021/22 (5 year period).
- Access:
    - Since FY2013/14, the number of First Nation clients accessing health benefits has been growing steadily, except in FY2020/21 when the pandemic restrictions impacted client access. Number of FNHA clients accessing one or more health benefits increased from 98,300 in FY2013/14 to 100,702 in FY2021/22 (a 2.4% increase).
    - More First Nations Clients are utilizing their dental benefit coverage. Comparing the year preceding our partnership with PBC, with the second year of partnership, there was a 10% increase in total dental claimants and a 14% increase in claimants accessing prevention-specific services.
- A robust and external evaluation of the Pharmacy program can be found published here: Evaluation-of-FNHAs-Health-Benefits-Pharmacy-Program-for-BC-First-Nations.pdf. Learnings from this report were used to inform the transformation of other benefit areas (Goss Gilroy Inc., 2019).

SUMMARY & RECOMMENDATIONS

RECOMMENDATION

Increased investment for First Nations to achieve equitable outcomes with other people of Canada and overcome historic access and gaps.

- The changes to the FNHA benefits plan have modernized the plan, bringing the benefits available to First Nations in BC in alignment with the industry standards for group insurance coverage. These changes have resulted in a significant increase in the number of clients accessing benefits, and associated program expenditure. To continue to provide First Nations with the services and items they need to support better health outcomes, additional funding is needed. The funding would serve to reduce the long-standing unmet need in communities across the province.

Prevention and Health Promotion

- Education and prevention initiatives are investments to support overall health and wellness. Programs like the Children's Oral Health Initiative ensure that the next generation is more aware of good oral health and hygiene, reducing the need for invasive restorative procedures. Similar initiatives to help educate the on conditions that disproportionately affect First Nations (e.g. diabetes) would serve to reduce future need.

Cultural safety and humility

- Training for health & wellness professionals on cultural safety and humility, specifically focusing on Indigenous-specific anti-racism, supports the development of trusting relationships across the medical system. Cultural Safety and Humility would also equip providers with the tools to discuss client concerns in a safe and nonjudgmental way. This would support the client's access to medically necessary services.
- Opportunities for increased inclusion of First Nations in the health care system will continue to support cultural safety and serve to reduce client aversion to seeking care.

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