ISLAND HEALTH NEWCOMER CLINICAL CARE PATHWAY
Adapted with permission from Interior Health and Dr. Martina Scholtens and Daniela Widmer RN

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INTRODUCTION

Island Health is working to address the arrival of Syrian refugees, and to optimize newcomer health care in the region, by supporting community physicians in the provision of evidence-based screening, and with the establishment of refugee health teams to address initial health needs of refugees.

Community physicians can either assume care of refugee patients immediately upon arrival in Canada, or receive them into their practice after three to six months, when MSP is in effect.

In some of the larger centres such as Victoria and Nanaimo, efforts are underway to establish initial health assessment and screening clinics for refugees to assist with settlement during the first weeks of arrival. Physicians receiving a patient referred from one of these clinics, or assuming care upon arrival may be able to bill the Unattached Complex/High Needs Patient Attachment Fee ($200).

COVERAGE

Often refugee patients are uncertain about which health coverage they have. They receive so much paperwork on arrival - in a language they don’t understand - that they often don’t know which document is for health care, which is for identification, etc. They tend to carry the entire collection with them in a folder. It can be helpful to simply ask, “Show me all your papers,” and then find and copy the relevant health insurance documents.

MEDICAL SERVICES PLAN (MSP)

Upon arrival in Canada, refugees are eligible to apply for the Medical Services Plan of BC (MSP) and Interim Federal Health (IFH). Enrolment is not automatic. Every refugee must file an application. The settlement worker or sponsor usually assists with this.

For MSP registration, this form must be completed and sent to Health Insurance BC with copies of each individual’s immigration documents. Call HIBC at 1-800-663-7100 and ask for an enrolment specialist with any questions.

There is no mandatory wait time for MSP for refugees, but the processing time is approximately 8-12 weeks. In extenuating circumstances (e.g. pregnancy, HIV) a phone call to HIBC can expedite the process.

A patient with Interim Federal Health coverage (i.e. for the first year in Canada) is not eligible for Pharmacare, even if (s)he has MSP. A Pharmacare application must be filed at the end of the first year. Refugee patients need to be directed to do this, by their settlement worker, sponsor or primary care provider.
INTERIM FEDERAL HEALTH (IFH)

IFH provides health insurance while the patient waits for MSP to come into effect. For some refugees, after MSP is activated, IFH still covers the cost of supplemental services (such as dental and vision care) and prescription drugs for one year.

For Syrian refugees only, the Interim Federal Health Program Certificate (IFHC) will be given to arrivals by CBSA officers at the point of entry upon arrival in Canada, or issued by an IRCC officer shortly after arrival. If newcomers are not Syrian or do not have an IFH certificate, they can apply for IFH online and mail the application to the CIC Office. IFH is activated within days of approval, and is in effect for one year.

IFH COVERAGE

On February 18, 2016 the federal government announced that on April 1, 2016, IFH coverage will be fully restored to pre-2012 levels with full coverage for all refugees and claimants.

Until then, there are different tiers of IFH coverage. To determine the patient’s coverage type, locate the 8-digit client ID number at the upper right-hand corner of their IFH document, and enter it into Medavie’s secure provider web portal, or call 1-888-614-1880.

All government assisted refugees (GARs), all privately sponsored refugees (PSRs) on the Resettlement Assistance Program (RAP) including Blended Visa Office Refugees (BVORs), ALL Syrian refugees who arrived after November 4, 2015 (no matter the type of sponsorship) and all children have full IFH coverage covering:

Basic Coverage

- Physician and hospital services including referrals, emergency room visits and hospital admissions
- Laboratory and diagnostic services
- Ambulance service

Prescription Drug Coverage

Includes medications on BC formulary plus some additional drug benefits including vitamins and parasitic medications. See Citizenship and Immigration Canada (CIC) - Benefit Grids for more details.

Supplemental Services

List of registered providers here
○ **Basic Dental Coverage**
  ○ Initial services for pain or infection (including extractions and prescriptions) do not require prior approval.
  ○ **Prior approval** must be requested by the dentist before further treatment, such as fillings.

- Optometry
- Physiotherapy
- Counseling
- Home care and long-term care
- Speech therapy
- Assistive devices, medical supplies and equipment including:
  ○ orthopedic and prosthetic equipment
  ○ mobility aids
  ○ hearing aids
  ○ diabetic supplies
  ○ incontinence supplies
  ○ oxygen equipment

PSRs without RAP have **Basic Coverage** for physician services, and laboratory and diagnostic tests. Their medication coverage is limited to **Public Health and Safety Prescription Drug Coverage**, unless they are <19 or pregnant. They have no coverage for supplemental services such as dentistry or optometry unless they are <19.

Up-to-date benefit grids and formularies can be found here.

**PRIOR APPROVAL**

If a patient requires a medication that is not covered, the physician can apply to IFH for Prior Approval. The official Medavie Blue Cross prior approval form can be found here.

Some dental procedures require prior approval. The dentist must complete a specific **dental prior approval form**.

**IFH PROVIDER REGISTRATION**

Providers (physicians, labs, pharmacies etc.) must register with IFH in order to bill for their services. An unregistered health care provider who submits a claim to IFH will have the claim put on hold until they complete the registration. IFH provider reimbursement is comparable to provincial MSP fees.
Providers can register by completing this form and returning it by email, fax or post. There is also the option of registering on the provider’s website by clicking on the “Request Account” link on the top right of the screen. For more detailed instructions on how to register, call Medavie Blue Cross directly at 1-888-614-1880.

When a patient with IFH (and no MSP) requires blood work, imaging or a referral, they must be directed to a provider registered with IFH. A provincial list of providers, organized by city, can be found here. Patients with IFH can also be sent to Island Health hospitals for investigations.

It is best to make clear to the provider that the patient has IFH coverage; for example by noting that on the prescription or requisition. An attached photocopy of the IFH certificate is also helpful. Patients often don’t know to show their IFH certificate when presenting for services. If the patient is billed directly, it is very difficult to obtain reimbursement later.

HOW TO BILL IFH

Medavie Blue Cross offers a secure provider web portal allowing healthcare providers to submit claims online. Please refer to the Secure Web Portal and Electronic Claims Submissions Service Guide for details on submitting claims.

INTERPRETATION

90% of Syrians speak Arabic. 10% speak Kurdish. 46% of Syrian refugees resettled to Canada in 2014 reported knowing at least one of Canada’s official languages.

In medical situations, where possible, use professional interpreters to ensure quality and confidentiality.

If you are working from an Island Health clinic or hospital you can access an Arabic phone interpreter 24/7 by calling the Provincial Language Service (PLS) at 1-888-603-5087 and entering the site-specific access code.

With notice, the following settlement organizations can sometimes provide an interpreter to accompany the patient to medical visits:

- Intercultural Association, Greater Victoria 250.388.4728
- Victoria Immigrant and Refugee Centre Society 250.361.9433
- Cowichan Intercultural Society 250.748.3112
- Central Vancouver Island Multicultural Society (Nanaimo) 250.753.6911
- Multicultural and Immigrant Services Association of North Vancouver Island (Campbell River, Comox Valley) 1.855.805.0171
IFH will pay for some interpretation costs with prior approval: for the post arrival health assessment (to a maximum of 2 hours), psychiatry and psychotherapy. They will not cover interpretation for routine office visits.

The Refugee Health Vancouver website has many patient handouts in Arabic.

**IMMIGRATION MEDICAL EXAM**

The immigration medical exam (IME) for GARs and PSRs is done prior to arrival in Canada. All Syrian refugees destined for Canada have their IME done in Lebanon or Jordan, and are given a paper copy of the results.

The IME consists of a medical history, a focused physical examination and the following investigations:

1. Urinalysis for patients >5y
2. Chest x-ray (posterior-anterior view) to rule out active pulmonary tuberculosis for patients >11y
3. Syphilis test for patients >15y
4. HIV test for patients >15y

Historically, Canadian practitioners have been unable to access these results. Only certain results, such as a positive HIV test, are communicated to public health officials in Canada. Rather than assuming that the absence of a notification means a negative screening result, consider repeating the HIV and RPR tests.

**POST ARRIVAL HEALTH ASSESSMENT**

The Canadian Collaboration on Immigrant and Refugee Health has developed Evidence-Based Preventive Care Checklists for New Immigrants and Refugees from different regions of the world. For Syrians, use the Central Middle East checklist, available as a printable online checklist or a PDF. The PDF version is also available on the Resource Page of Profile EMR, where it can be printed, completed, and scanned into EMR.

Other resources to guide care of newcomers include:

- The Canadian Guidelines for Immigrant Health
- Caring for a Newly Arrived Syrian Family by Dr. Kevin Pottie et al in the CMAJ
- Caring for Kids New to Canada by the Canadian Pediatric Society
IFH will pay $94 for a post arrival health assessment (PAHA) and for an interpreter ($29/h x 2h), but the provider must apply for prior approval. The PAHA is usually completed over multiple visits, and divided among team members (e.g. physician and nurse). It ought to include the following:

**HISTORY**

- **Current complaints**
- **Psychosocial**
  - Family members (who’s missing?)
  - Country of origin and transit, and dates
  - Occupation, education, literacy, housing
- **Medical and surgical history**
  Refugee patients rarely arrive with past medical records. The following are common/important issues to identify:
  - Neglected chronic diseases, such as diabetes and hypertension
  - Injuries (e.g. orthopedic or burn) and disability
  - Mental health.
    - Do not ask directly about trauma or torture, but consider using a screening tool.
  - Visual and hearing impairment
  - Pregnancy and contraception
  - For children, failure to thrive and dental issues
- **Medications and allergies**
  Often the patient’s chief concern is restarting medications that were discontinued during conflict/transit. To identify foreign medications, contact the Drug Poison Information Centre at 1-866-298-5909. Often medications that refugee patients were taking previously are unavailable in Canada or not covered, and substitutions must be made.

**PHYSICAL**

- Vital signs
- Visual acuity
- Dental check for painful disease
- Growth for children
- Targeted physical exam based on complaints
SCREENING BLOODWORK

CCIRH-recommended screening is included in the checklists.

Based on the CCIRH Middle East Checklist, the December 2015 CMAJ article Caring for a newly arrived Syrian refugee family, and the Canadian Pediatric Society’s Caring for Kids New to Canada, and recent experiences from Vancouver Coastal Bridge Refugee clinic, Syrian refugee screening ought to include the following:

- Recommended:
  - **Complete blood count** with differential for women of reproductive age and children aged 1-4
  - **Hep B** serology (HBsAg, anti-HBc, anti-HBs)
  - General age-based preventive screening (e.g. mammography, fecal occult blood testing, diabetes screening)

- Consider:
  - **Ferritin** for iron deficiency anemia
  - **Varicella** serology. Those under 13 will qualify for varicella vaccine automatically.
  - **Hepatitis C** serology
  - **Strongyloides** serology, given the prevalence of strongyloidiasis in refugee populations and the potential of increased exposure to S. stercoralis in the unsanitary conditions of refugee camps.
  - **HIV** testing if the results from the IME are unavailable, in keeping with the provincial STOP HIV initiative
  - **Syphilis** testing if the results from the IME are unavailable
  - **Lead levels** in children. There are no Canadian screening guidelines for lead exposure in refugee children, but the CPS recommends: “When there is a suspicion that a child has been exposed to lead post arrival or if a child shows low hemoglobin at follow-up, lead level screenings at 3- and 6-month intervals should be considered.”

- Not Recommended:
  - **Mantoux** or other TB screening. The incidence of tuberculosis in Syria and surrounding countries was below the threshold of 30 per 100 000 population in 2014 and is not currently recommended by CCIRH guidelines.
○ Stool samples for **ova and parasites** in asymptomatic refugees

Screening blood work sets used for refugees of different ages and countries of origin developed by Bridge Clinic in Vancouver are available here.

**IMMUNIZATION**

If a patient has no documented immunization history, assume that (s)he has had no immunization and follow the **provincial immunization ‘catch-up’ schedule**. For adults without immunization records use Schedule D. Consider a referral to a **local health unit**.

**WOMEN’S HEALTH**

**Right from the Start** offers support for pregnant women to connect with community services to work towards a healthy pregnancy. All women are encouraged to register early in their pregnancy. To register, women can call their local health unit or providers can use a **referral form**. Services are available by phone or in-person at **Island Health Public Health Units** across the region.

**INFANT AND CHILD HEALTH**

Island Health provides some dental screening and preventative services such as fluoride varnish to young children through some public health units. Vision screening, nutrition counselling, and some speech and language services are also available through **local public health units**.
NUTRITION

Caring for Kids New to Canada notes that the U.S. Centers for Disease Control and Prevention (CDC) recommends a multivitamin with iron for all refugee children younger than 5 years old. This may also be a consideration for older refugee children and pregnant and lactating women.

Vitamin D supplementation should also be discussed, particularly with pregnant and lactating women and for nursing infants. More information available here

La Leche League Canada has a Breastfeeding Tips handout in Arabic available here

Caring for Kids New to Canada has information on malnutrition available here.

The Canada Food Guide is available in Arabic here.

TRAUMA & MENTAL HEALTH

The new Provincial Toll-Free Refugee Mental Health Line (1-866-393-3133) is operated by the Vancouver Association for Survivors of Torture (VAST) and provides consultation during working hours to front-line providers (clinical, school and settlement) working with refugees.

For refugee and immigrants living on Vancouver Island, the Immigrant and Refugee Wellness Center at the Victoria Immigrant and Refugee Centre Society (250-361-9433) is a network of mental health counsellors who are willing to see clients from this population. Patients or providers should call VIRCS and book an appointment with the Wellness Centre. This may be also appropriate for patients who do not have or no longer have IFH coverage. Although based in Victoria, the Wellness Centre is building counselling capacity in communities across Vancouver Island, so referrals can be made from all parts of the island.

IFH covers counseling by a registered clinical psychologist who is an IFH provider, with prior approval. Also consider referral to a community mental health team or psychiatrist. Psychiatry is also covered by IFH funding.

Among Syrian refugees, the most prevalent mental health diagnoses include depression, post-traumatic stress disorder (PTSD), prolonged grief disorder and anxiety disorders.
Over 80% of refugees exposed to trauma recover spontaneously upon reaching safety. Refugee patients’ mental health benefits from attention to basic needs such as shelter, language acquisition and ability to work or attend school.

The CCIRH guidelines recommend against routine screening for trauma and torture, but recommend that clinicians be alert for impaired functioning or high levels of suffering that might be related to PTSD, depression, anxiety or exposure to violence.

The PROTECT Questionnaire was developed by the International Rehabilitation Council for Torture Victims (IRCT) as a tool to identify refugees with trauma-related mental health needs. It consists of ten questions and uses a simple rating scale to predict who is at risk of mental health deterioration, and would benefit from referral and further evaluation.

The Centre for Addiction and Mental Health (CAMH) has developed the Refugee Mental Health Project, an initiative which aims to build providers’ knowledge and skills around refugee mental health through online courses, toolkits and webinars.

IN 2015 the UNHCR put out a review of the mental health needs of Syrians in the document Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians.

HEALTH CARE SYSTEM ORIENTATION

Refugee patients need to be oriented to the Canadian health care system. They should be educated on the use of the emergency room, walk-in clinics, 8-1-1 and 9-1-1. They will require detailed instructions when sent to fill a prescription, obtain blood work, get an x-ray or attend a specialist appointment.

Due to language and other barriers, it is difficult for refugee patients to call to book medical appointments. Therefore, it is best to arrange the patient’s next appointment at the end of each visit.

There is often confusion around Interim Federal Health Insurance. Remind patients to show their IFH certificate every time they access services. Consider writing “Covered by IFH” on prescriptions and requisitions to reduce confusion. Some providers will also require a copy of government photo identification to process services. For Syrian refugees, this is typically the “Single Journey travel document” that has been issued by the Canadian government.
Advise patients that if they are asked to pay for services (e.g. lab or x-ray), they should tell the provider to contact the family physician for clarification of coverage. If a patient pays for a service that should have been covered by IFH, it is very difficult for the patient to be reimbursed.