Reinstating full coverage of refugee health care: essential, but is it sufficient?

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As researchers studying refugee claimants' access to health care, we warmly congratulate the federal government on its decision to restore comprehensive coverage of health care through the Interim Federal Health Program (IFHP) for all refugees and refugee claimants. However, our study findings suggest that reinstating pre-2012 IFHP coverage, although essential, may by itself not be sufficient to achieve the government's goal of restoring full access to health care for this vulnerable population. The new provisions need to be clearly communicated to all health care providers, billing procedures simplified and streamlined, and confidence in the IFHP system restored.

Since 2013, our research team has conducted an in-depth study of refugee access to health care in Montreal and Toronto, funded by the Canadian Institutes of Health Research. The team of 23 researchers is led by Prof. Cécile Rousseau and Dr. Christina Greenaway in Montreal (CIUSSS Centre-Ouest de l'Ile de Montréal and McGill University), and in Toronto, by Dr. Rick Glazier (St. Michael's Hospital and University of Toronto) and Dr. Anneke Rummens (Hospital for Sick Children and University of Toronto). The project is supported by a large network of institutional partners, including 18 hospitals and 29 community health clinics in Montreal and Toronto, as well as professional associations such as the Canadian Medical Association and the Canadian Paediatric Society.

Our study has shown that since 2012, even refugee claimants who are entitled to full coverage of medical services often have difficulty actually accessing health care services. The majority of access problems that we documented involved refugee claimants who were entitled to publicly-funded health care, either through the IFHP or through the complementary plans adopted by Quebec and Ontario. Here are two examples.

- A refugee claimant with cardiac problems was referred by her family doctor for an angiogram at a hospital outpatient clinic. The hospital demanded that she pay $500 cash upfront, although her IFHP was valid and covered this test.
- A six-year-old refugee claimant with valid IFHP coverage was suffering from prolonged, severe constipation. At the neighborhood walk-in clinic, the mother was told that the clinic did not accept patients with IFHP papers unless they paid a fee. The family could not afford to pay and waited a few more days before finally going to a hospital where the girl was admitted immediately for partial intestinal occlusion and remained hospitalized for nearly two weeks.

In both cases, the cost of services was, in principle, fully covered by the federal government through the IFHP. However, actual access and receipt of services to which they were entitled was difficult. This illustrates why we are concerned that simply restoring full federal coverage for all refugee claimants and refugees may in and of itself not be sufficient to ensure actual receipt of the health care services to which they are entitled.

Even before the 2012 IFHP cuts, many health professionals were reluctant to register as IFHP service providers because the system was perceived as complex and reimbursement, uncertain. The 2012 changes made the system far more confusing, onerous and unpredictable, leading to a widespread lack of trust in the IFHP. Many health professionals consequently opted out of the system. In Montreal, for example, only 40% of family doctors and 51% of specialists are currently registered IFHP service providers. The proportion is even lower in the case of pharmacists, dentists and other health professionals. If not registered, the health professional may either refuse care or demand that individuals with IFHP papers pay a fee rather than providing care without charge and claiming reimbursement from the government.

In the summer of 2014, our research team, in collaboration with additional colleagues at University of Toronto, conducted a telephone survey of 96 walk-in clinics in Montreal and 87 in Toronto. We found that 45% of walk-in clinics in Montreal and 47% in Toronto either charged a fee or refused all patients presenting with valid IFHP papers. Yet, these patients were entitled to full coverage of medical services, and the doctors could have claimed full reimbursement from the government.

In brief, while reinstating full IFHP coverage is a crucial first step, its successful implementation is largely dependent upon the willingness of health care professionals and institutions to fully opt back into the IFHP system.

Based on our study findings, the research team has already made several recommendations to the federal government. The two main recommendations are that the federal government:

- Carry out a vigorous information campaign announcing that full coverage of refugee health care has been restored. In addition to explaining the scope of coverage, the campaign should seek to foster positive attitudes towards all refugees and refugee claimants.
    - The campaign should be primarily directed to health care professionals and administrators, as well as refugee service providers.
    - For the health sector, collaboration with provincial and national health professional associations, regulatory bodies, hospital associations and senior management in health institutions is of key importance for designing information tools and disseminating the information.
    - The message needs to be simple, e.g. : “Individuals who present with IFHP papers are entitled to the same medical, diagnostic and hospital services as a person with a provincial health card. They are also entitled to coverage of medications and supplemental services similar to a person on social assistance. Doctors providing services to IFHP holders receive the same fee as under provincial health insurance.”

- Task a committee with devising measures to streamline the system and increase efficiency, notably through simplifying billing procedures. This is important for rebuilding confidence in the system, and for persuading health care providers that it is advantageous to become a registered IFHP provider.

Cécile Rousseau, Nominated Principal Investigator
Professor, Division of Social and Cultural Psychiatry, Faculty of Medicine, McGill University
Scientific Director, Sherpa Research Centre, CIUSSS du Centre-Ouest de l’Île de Montréal

Christina Greenaway, Principal Investigator
Associate Professor, Faculty of Medicine, McGill University
Research Scientist, Division of Infectious Diseases and Centre for Clinical Epidemiology, Jewish General Hospital. CIUSSS du Centre-Ouest de l'Île de Montréal

Richard H. Glazier, Principal Investigator
Professor, Departments of Family and Community Medicine & Dalla Lana School of Public Health, Faculty of Medicine, University of Toronto
Scientist, Li Ka Shing Knowledge Institute and Centre for Research on Inner City Health, St. Michael's Hospital
Research Director, Department of Family and Community Medicine, St. Michael's Hospital
Senior Scientist and Program Lead, Primary Care and Population Health, Institute for Clinical Evaluative Sciences (ICES)

Joanna Anneke Rummens, Principal Investigator
Associate Professor, Equity, Gender and Population & Child and Youth Mental Health, Psychiatry, Faculty of Medicine, University of Toronto
Health Systems Research Scientist, Child and Youth Mental Health Research Unit, Child Health Evaluative Sciences, Research Institute, The Hospital for Sick Children
Executive Director, *IMPAKT* - The Ontario Institute for Child and Youth Success
Senior Scholar, CERIS - The Ontario Metropolis Centre

Contacts

Overall study
Janet Cleveland PhD
Researcher and National Coordinator
514-273-3800, ext. 6584
514-377-6041
janet.cleveland@mail.mcgill.ca

Toronto medical clinics survey
Alexander Caudarella MD
Researcher
778-872-3486
acaudarella@gmail.com