



First Nations Health Authority
Health through wellness

**Building Your Health Benefits Plan:
Regional Engagement Guide**

Online version – Final as of Sep 21, 2018

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1 FROM WHERE WE STARTED ...

The First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada. The FNHA aims to reform the way health care is delivered to approximately 144,000 First Nations clients in BC, and help improve their health and well-being.

FNHA TRANSFER

Health Canada programs and services were transferred to the First Nations Health Authority in 2013. The transfer involved the signature of legal agreements that described, for example, the mechanics of how to physically and legally transfer office space, assets, employees, funding, information, records, and programs from the Non-Insured Health Benefits (NIHB) to FNHA.

One of these agreements was for Health Benefits¹. At this time, we entered into what we refer to as a “buy-back” arrangement with Health Canada. This arrangement has provided:

- continued access to NIHB program’s benefits and a seamless transition of responsibility to FNHA.
- the continuity of services for First Nations in BC and providers while we develop the necessary systems and infrastructure in place.

While continuity was assured, First Nations in BC still lacked the opportunity to substantively change or transform these programs and services.

2 TO WHERE WE ARE

PROGRESS SINCE THE TRANSFER: THE BUILDING BLOCKS

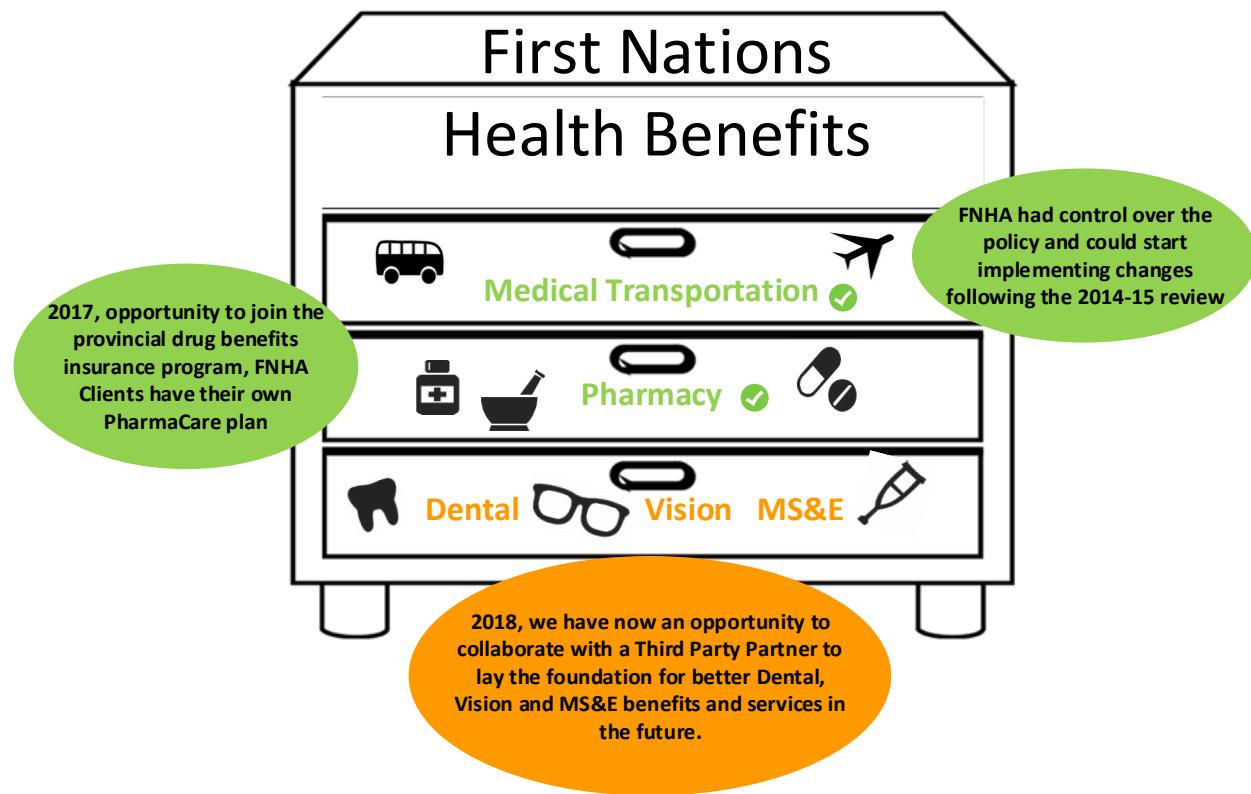
Through FNHA Health Benefits, clients are covered for a specific number of health-related goods and services to meet medical, dental or vision needs that are not covered by provincial or other health insurance programs. Health Benefits and services areas include: Medical Transportation, Mental Health – Short Term Intervention, Indian Residential School Resolution Health Support Program, Pharmacy, Dental, Vision Care, Medical Supplies & Equipment (MS&E).

There have been a few changes to improve the Health Benefits during the buy-back phase, as our main priority was to build up the system and infrastructure needed to take over

¹ For more information see [APPENDIX A HISTORY OF NON-INSURED HEALTH BENEFITS](#)

service delivery and allow for more impactful systemic changes to achieve better health outcomes for First Nations in BC post-transfer.

The FNHA Health Benefits Program is comprised of several benefit areas. In fact, health benefits are broken down into several benefit areas.



Since the transfer, some of the initial steps we took to start improving Health Benefits services to First Nations in BC include:

Medical Transportation – changing what we can

The *Let's Talk Transformation Medical Transportation* review was completed in 2015 and included a review of funding levels, analysis of trends, identification of community challenges and discussion of existing provincial services. The project also included an opportunity for communities to provide direction on how to transform and develop a sustainable program that fits community needs. As a direct result of this review, agreement holders were revised, the daily meal rate was increased and a special mileage rate was also made available to communities facing additional challenges when travelling by vehicle for health services.

Cultural Safety and Humility – making the health system safer

Systemic racism and discrimination towards First Nations people continue to be a major problem in many contemporary health care settings. Systemic racism, which includes personal biases and unintentional stereotyping, leads to inappropriate treatment and barriers to accessing health care.

We are committed to increase Cultural Safety and Humility by providing mandatory training to our own staff, and by continuously working on making the health care system culturally appropriate and safer:

- In July 2015, all Health Authority CEOs in BC signed the first ever Declaration of Commitment. That Commitment gave all their health professionals a mandate to advance cultural safety and humility in their practices with First Nations and Aboriginal people in BC.
- Then in March 2017, 23 health regulatory bodies in BC, including Colleges and professional associations² [declared their commitment](#) to making the health system culturally safer for First Nations and Aboriginal People. In signing the Declaration of Commitment to Cultural Safety and Humility, BC health professionals are the first in Canada to make the pledge.

The signing of these Declarations reflects the high priority placed on advancing cultural safety and humility for Indigenous people among regulated health professionals by committing to actions and processes which will ultimately embed culturally safe practices within all levels of health professional regulation.

PharmaCare for Prescription Drug Coverage – a milestone in a large scale improvement plan

The FNHA joined BC PharmaCare on October 1, 2017. FNHA clients are now part of the provincial drug benefits insurance program. This transition to PharmaCare is the first step in an overall plan to bring decision-making about Health Benefits closer to home and into the hands of First Nations.

² College of Chiropractors of BC, College of Dental Hygienists of BC, College of Dental Surgeons of BC, College of Dental Technicians of BC, College of Denturists of BC, College of Dieticians of BC, College of Licensed Practical Nurses of BC, College of Massage Therapists of BC, College of Midwives of BC, College of Naturopathic Physicians of BC, College of Occupational Therapists of BC, College of Opticians of BC, College of Optometrists of BC, College of Pharmacists of BC, College of Physical Therapists of BC, College of Physicians and Surgeons of BC, College of Podiatric Surgeons of BC, College of Psychologists of BC, College of Registered Nurses of BC, College of Registered Psychiatric Nurses of BC, College of Social Workers of BC, College of Speech and Hearing Health Professionals of BC, College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

The FNHA PharmaCare plan is a fully paid plan and BC PharmaCare is the first payer for FNHA clients. Key benefits for FNHA clients include:

- increased ease of access to benefits and services
- a streamlined approvals process that reduces the number of steps needed for prescription approvals
- integrated benefits with the Province of BC, which will reduce confusion for clients who have often had to navigate both federal and provincial services, and
- a closer working partnership with PharmaCare, pharmacists and physicians/nurse practitioners, all of whom have an interest in better outcomes for FNHA clients.

The FNHA is now better positioned to transform benefits to reflect the cultures and perspectives of BC First Nations and incorporate First Nations' models of wellness.

3 AND WHERE WE WANT TO BE

The next step in our journey is to transition the remaining benefits processed by the NIHB program (Dental, Medical Supplies and Equipment, and Pharmacy items not covered by PharmaCare, plus Vision Care) to a Third Party Partner (TPP), and re-define the benefits plan and administration. Once completed, this step will provide us with the foundation from which we can enhance benefits and services in the future.

Over time, stronger relationships will develop with providers to better coordinate benefits and fully integrate the program within a client's circle of care.

Using a community-driven, nation-based process, we would like to build a plan that will:

Continue to Promote Cultural Safety and Humility

Whether it is by training our own staff or by promoting learning, self-reflection and positive change, we are fostering Cultural Safety and Humility among BC health care professionals. Engaging with health care professionals who can understand and integrate Cultural Safety and Humility work into their practice or interaction with First Nations Clients will support the Dental, Vision and MS & E benefits transition.

Improve Access To Service

In transitioning from NIHB, we seek to reduce barriers and improve access to client services (for example, only 40% of FNHA clients are obtaining dental care, and only 15% receive vision care). Registration and enrolment to new systems should appear seamless to clients.

Enable Direct Payment Over Client Reimbursement

To the greatest extent possible, we endeavour to enable electronic adjudication and provider payment over client reimbursement. Our goal is to minimize or eliminate any client out-of-pocket costs.

Improve Administrative Efficiency

Approval decisions should be timely by focusing on therapeutic response, medical necessity and professional judgement.

Develop Human and Economic Capacity

Wherever it will be possible, we will encourage cost-effective services that employ First Nations human resources and provide high value-for-money.

Build partnerships

We seek to partner with communities along the transformation journey to develop a plan designed by, and meeting the needs of First Nations in BC. We also want to create a service model that will encourage health care providers to better service FNHA clients.

Be sustainable

Create the ability to transform services in the future, to meet the unique needs of FNHA clients.

4 HOW WILL WE GET THERE

Stories highlight the opportunities to transform First Nations health benefits and the need to partner with communities along the transformation journey.

- “For us, because of the residential school system, dental work is very intimidating, especially for our elders,” says Anaham chief Joe Alphonse. Some residential schools used veterinarians rather than dentists to care for pupils’ teeth, generating a life-long fear of dentistry. The result is that many former residential school residents avoid dentists for a lifetime and end up losing their teeth. ([p](#))
- “I was brought to Kuper Island Indian residential school. I was eleven when it happened. A dentist come in examined my mouth, then later I was brought into another room ... every single tooth was pulled in one sitting. Nothing was given for freezing. My face swelled, my eyes swelled, ... Weeks passed and my mouth got rotten. I was taken back to that chair. There was no fight left in me; I was too weak. And the dentist pinched off

all the rotten gums. I remember becoming so skinny, but I lived. I survived."³
<http://www.fnha.ca/about/news-and-events/news/watch-my-dads-unbelievable-story-untold-by-him>

BUILDING ON OUR PARTNERS' KNOWLEDGE AND WHAT WE HAVE HEARD

Thanks to the work done by the First Nations Health Directors Association⁴ we already have valuable feedback and suggestions on challenges and opportunities with Dental, Vision and Medical Supplies & Equipment benefits.

Hearing from the clients we serve also lets us know how we are doing, what's working well and where we need to improve. In 2016, we launched an ongoing anonymous Client Satisfaction survey, open to anyone who has made a claim with FNHA Health Benefits. This is an opportunity to hear from our clients to measure their satisfaction or dissatisfaction, and better meet their needs.

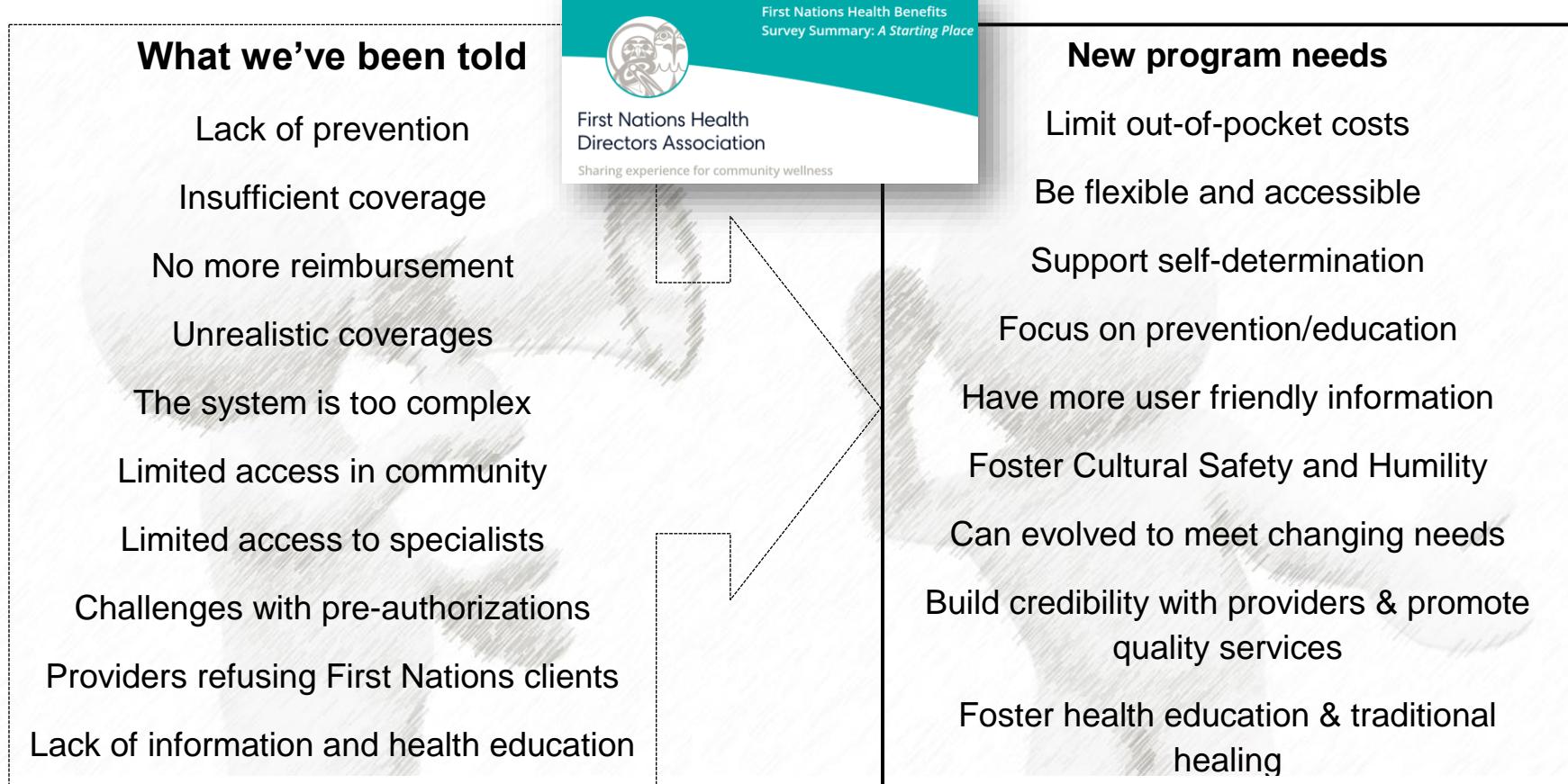
Feedback we heard and direction we want to take are summarized over the next pages.



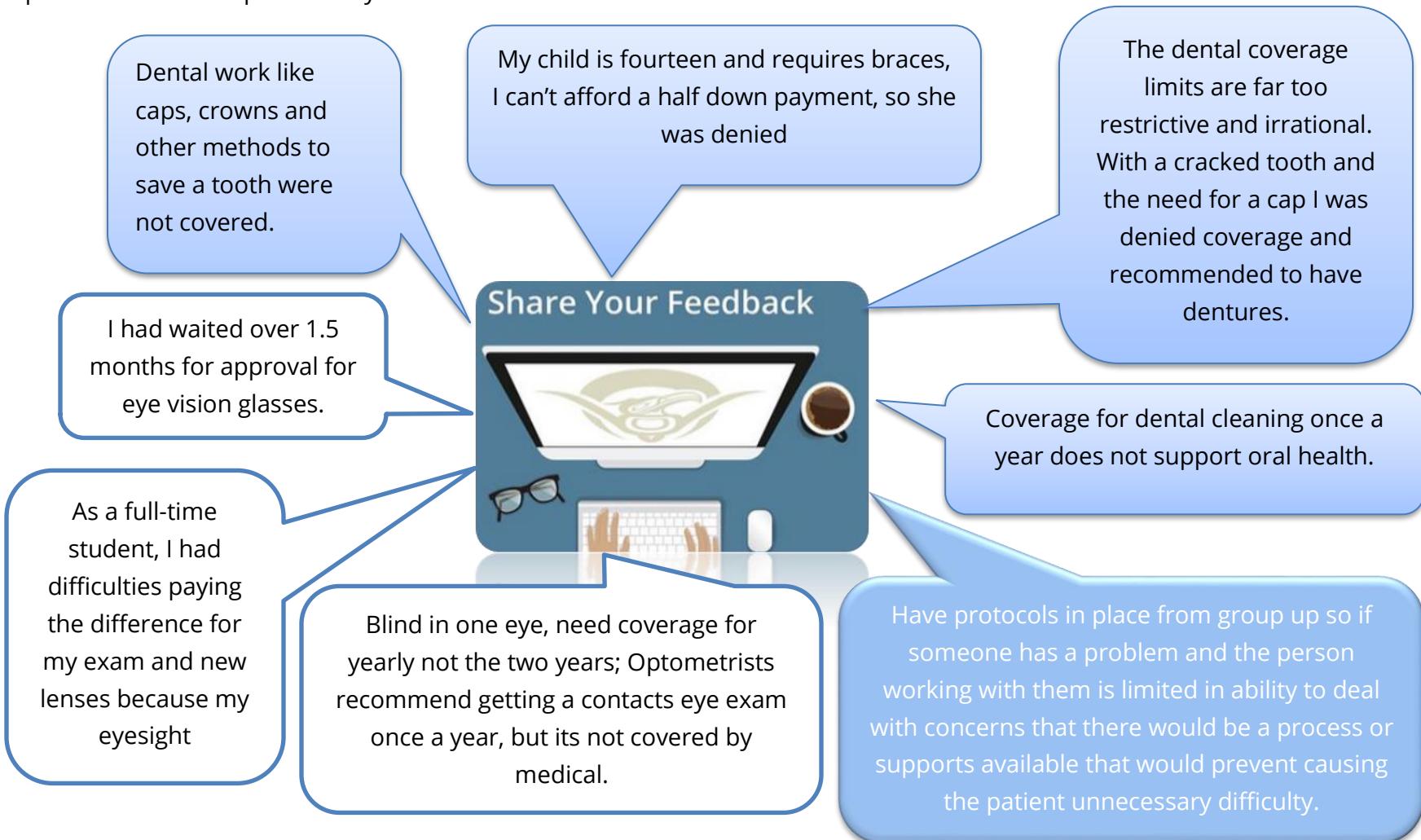
³ "My dad's unbelievable story, untold by him" was first screened at the 2018 Pacific Dental Conference for over 150 oral health professionals during a cultural safety and humility workshop hosted by FNHA's CEO Joe Gallagher and the Oral Health program.

⁴ [First Nations Health Benefits Survey Summary and Action Plan: A starting place](#), FNHDA Sharing experience for Community Wellness from 2013. Extracts for recommendation in Dental, Vision and MS&E benefit areas are found in [Appendix A](#).

What we've heard from the FNHDA Survey Regarding Dental, Vision and Medical Supplies & Equipment:



In 2016 the FNHA launched a Health Benefits Client Satisfaction Survey. The survey asks clients questions about recent experiences and levels of satisfaction; program areas accessed; providers that clients were in contact with; as well as a few demographic questions, allowing FNHA to target its improvement efforts. Below are comments received in the survey which uphold the direction provided by the FNHDA.



5 CONTINUING THE TRANSFORMATION – MOVING BEYOND TRANSITION

We want to engage with communities and to solicit input and feedback from community members so that the Health Benefits Plan is made for, and by First Nations.

This is why our approach for this next step is to:

- Engage our governance partners early to become ‘part of the solution’ and be involved in co-creating the new plan.
- Build a Community Relations Team that will be the ongoing liaison with the existing network of FNHA partners (Community Engagement Coordinators, Community Health Representatives, Nurse Navigators, etc.).
- Develop a network of Runners to support communities, ensuring their voices are heard, and so that FNHA messages are effectively communicated.

The Regional Engagement process will support this by gathering, involving, and validating communities’ input into the design of the Health Benefits plan.

6 APPROACH TO ENGAGEMENT – THE PARTNERSHIP JOURNEY

The Regional Engagement process aims to partner with communities along the transformation journey by:

- **Informing** you of the plan to conduct various activites to ensure participation in the change.
- **Gathering** your feedback on draft plans and recommendations, in order to understand your concerns and aspirations.
- **Involving** communities in the planning and design of the Health Benefits plan to ensure their ideas and concerns are reflected in alternatives and recommendations.
- **Validating** what we’ve heard from listening to our partners.

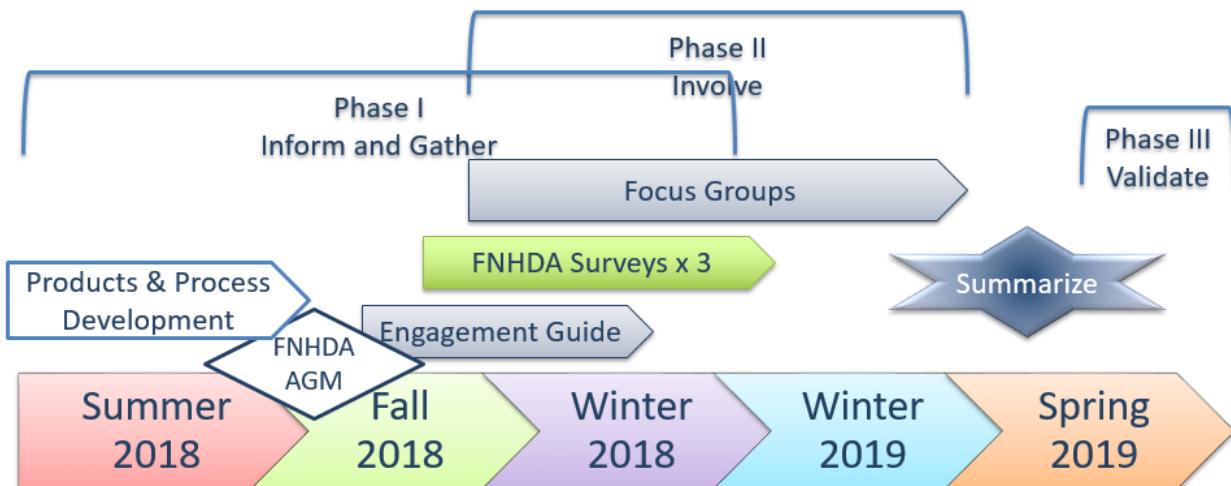
The Partnership Journey

Building a Health Benefits plan using a community-driven, nation-based process

Phase I: Inform & Gather – Engagement Guide

- Provide opportunity for community leadership/citizens and partners to respond to this engagement guide – *endorsing what we've heard and the process so far*
2. Phase II: Inform, Gather & **Involve** – Focus Groups & FNHDA Surveys
- Provide opportunity for FNHDA Members to give feedback via survey and for small group conversations to provide specific direction to program enhancements (locally, regionally and at the FNHDA AGM)
3. Phase III: Inform, Gather, Involve & **Validate** – Leadership meetings
- Review and endorse of direction at Fall and Spring Regional Caucuses

FNHA COMMUNITY PARTICIPATION FRAMEWORK



7 WE'RE LISTENING

What we have heard...



"Paying first is a barrier"

"Program options are too limited"

"Clients don't know what's covered or not covered"

"There are issues with health care providers"

We intend to build a program that will...



- ✓ Reduce out of pocket costs
- ✓ Provide some flexibility
- ✓ Provide First Nations clients with more information about services available to them
- ✓ Support better relationships between clients and health care providers

As we start the new segment of our journey, we would like to hear your thoughts and comments.

Click on the the following website link to complete the questionnaire online:

<https://interceptum.com/si/en/4355803>

Thank you for your time, we appreciate your feedback. We will publish the survey results on the FNHA website.

If you have chosen to be involved in our focus groups we will be in touch to make arrangements.

If you would like to also provide feedback on the quality of Health Benefits services you received in the past then we would welcome to hear from you through the Health Benefits Client Satisfaction Survey. The survey should only take 5 minutes of your time and the data will be used to help improve service delivery for BC First Nations. <https://interceptum.com/s/en/FNHAhealthbenefits>

8 APPENDICES

APPENDIX A HISTORY OF NON-INSURED HEALTH BENEFITS

1876 - Treaty Six includes a clause for a medicine chest to be held at the Indian agent's home, compelling the government of Canada to be responsible for providing ongoing health services to First Nations.

1962 - Medical Services Branch (MSB) created to merge various field services with the Indian Health and Northern Health Services.

1979 - The authority for the Non-Insured Health Benefits (NIHB) Program is based on the 1979 - Indian Health Policy which describes the responsibility for the health of First Nations as shared amongst various levels of government, the private sector and First Nations communities.

2000 - MSB renamed to First Nations and Inuit Health Branch (FNIHB).

2007 - Signing of the Tripartite First Nations Health Plan committed to changing the way health care for First Nations is structured and delivered in BC. The core of the change is to give First Nations a major role in the design and delivery of health care for their own people while ensuring increased coordination and integration with the provincial health care system.

2011 - Signing of the BC Tripartite Framework Agreement on First Nation Health Governance to allow for a phased transfer of health service delivery programs and responsibilities to the First Nations Health Authority.

2012 - FNHA begins transition in preparation for transfer.

2013 - FNHA assumes responsibility for health benefits and begins receiving transfer payments from Health Canada for the NIHB program. FNHA purchases existing services back from Health Canada through what is called 'buy-back'.

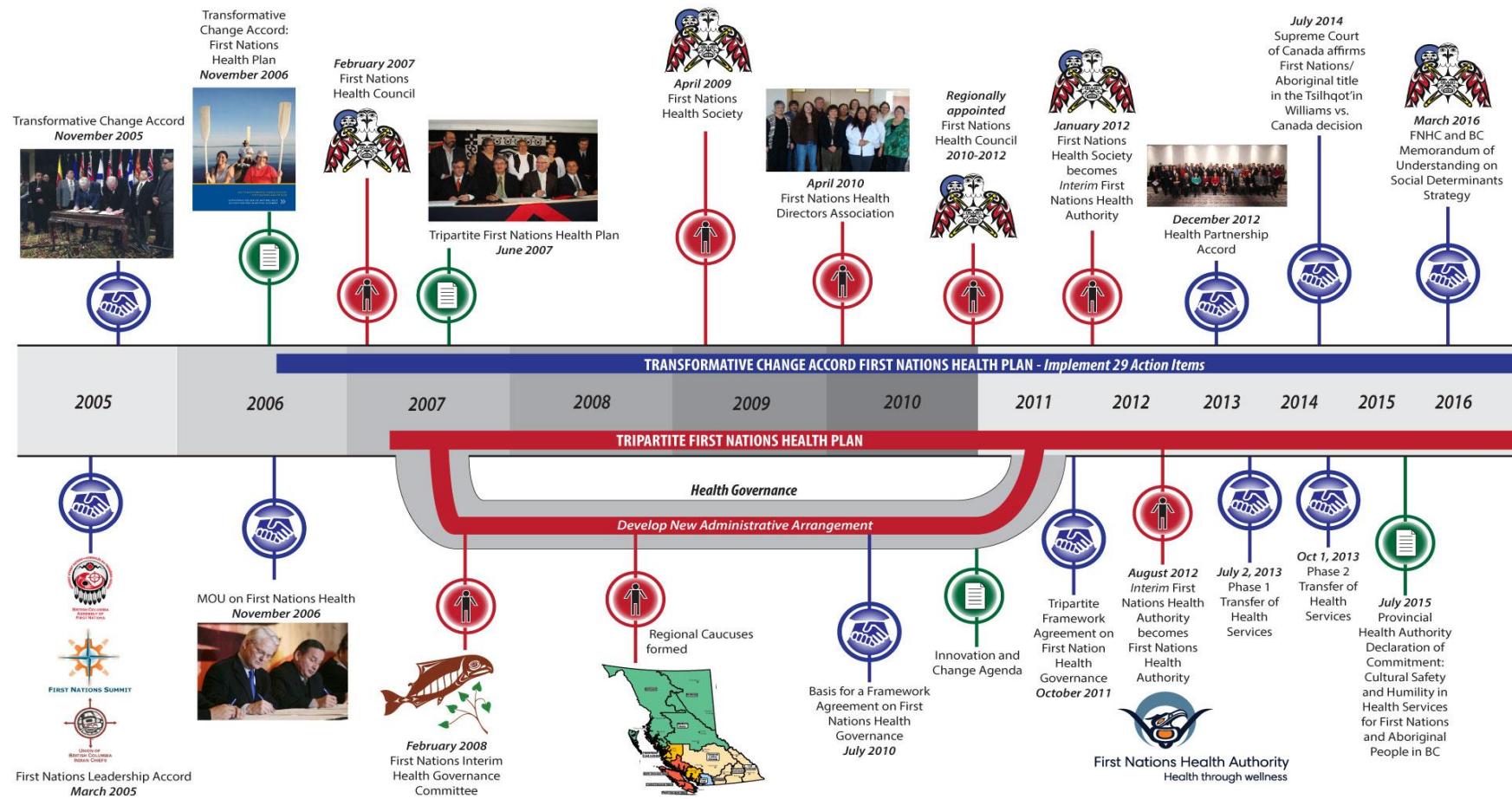
2015 - Let's Talk Transformation Medical Transportation results in increased rates available to communities facing additional challenges when travelling by vehicle for health services.

2017 - 23 health regulatory bodies in B.C. declared their commitment to making the health system more culturally safe for First Nations and Aboriginal People. In signing the Declaration of Commitment to Cultural Safety and Humility. The Declaration commits the 23 regulatory bodies to report on their progress via annual reports outlining strategic activities which demonstrate how they are meeting their commitment to cultural safety.

2017 - FNHA transitions its drug benefits coverage from NIHB to FNHA Plan W (Wellness) with PharmaCare.



Where We Have Been



APPENDIX B FIRST NATIONS HEALTH BENEFITS SURVEY SUMMARY AND ACTION PLAN : A STARTING PLACE FROM FALL 2013

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.

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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.

Appendix C First Nations Current Overview Of Benefits To Be Transitioned

The FNHA Health Benefits program offers health-related goods and services to any First Nations person (or child under 1 year of age of a First Nations person who meets all of these criteria) who:

- has a Canadian status number;
- is a resident of British Columbia (as defined by BC's Medical Service Plan) and having active Medical Service Plan coverage; and
- is not covered under any other benefits provided by the Federal Government or First Nations organization through self-government or land claims agreements.

DENTAL

Coverage for dental services is determined on an individual basis, taking into consideration the current oral health status, recipient history, accumulated scientific research, and availability of treatment. Covered items include:

- Diagnostic services (e.g. examinations or x-rays)
- Preventive services (e.g. cleanings)
- Restorative services (e.g. fillings)
- Endodontic services (e.g. root canals)
- Periodontal services (e.g. deep cleanings)
- Prosthetic services (e.g. removable dentures)
- Oral surgery services (e.g. removal of teeth)
- Orthodontic services (e.g. braces); and
- Adjunctive services (e.g. general anaesthetics or sedation)

Some of the above items are considered Schedule A dental services that do not need prior approval while some are Schedule B services that do require prior approval.

VISION

The FNHA Health Benefits program funds routine eye exams once every 24 months for adults between the ages of 19-64. BC Medical Services Plan (MSP) funds routine eye exams once every 12 months for children under the age of 19 and adults 65 and older.

Eyeglasses are available to eligible First Nations in BC under the FNHA Health Benefits program when the following conditions are met:

- Prior approval has been provided by the FNHA Health Benefits program, as the request for initial or replacement eye wear or repairs meets the benefits criteria.
- The item is not available to the individual in question under a provincial, third party agency or health plan.
- The prescription meets the criteria for initial or replacement eye wear prescribed within the last 12 months by an Optometrist or Ophthalmologist.

The FNHA Health Benefits program will assist in the provision of initial eye glasses based on the following criteria:

- When there is a refractive error of at least 0.50 diopters (either eye).
- High index lenses will be approved where there is a refractive error with a total power in any meridian of at least plus or minus 7.00 diopters.

The FNHA Health Benefits program will assist in the provision of replacement eye glasses/lenses based on the following criteria:

For clients age 19 & older:	For clients 18 and younger:
<ul style="list-style-type: none">• Where at least 24 months have elapsed since the last lenses or frames have been approved;• Where there is a change in refractive error of at least 0.50 diopters (either eye); or• Where there are other changes in lens requirements which may not be associated with change in refractive error subject to approval.	<ul style="list-style-type: none">• Where at least 12 months have elapsed since the eye glasses have been authorized; or• Where there are changes in frame requirements relating to medical need or physiological change (i.e. growth of the child) that has been substantiated by a medical doctor, ophthalmologist or optometrist.

MEDICAL SUPPLIES AND EQUIPMENT

Specific Medical Supplies and Equipment (MS&E) are available to eligible First Nations in BC for personal use when all of the following criteria are met:

- The item is on the FNHA Health Benefits program MS&E List.
- Prior Approval, if required, is granted by the FNHA Health Benefits program.
- The item is not available to clients through another federal, provincial, or other plan.
- The benefit is prescribed by an eligible prescriber.
- The item is provided by a FNHA recognized pharmacy or MS&E provider.

MS&E provided through the FNHA Health Benefits program include the following:

- Audiology (Hearing Aids and Supplies)
- Bathing and Toileting Aids
- Cushions and Protectors
- Environmental Aids (Dressing and Feeding)
- Lifting and Transfer Aids
- Low Vision Aids
- Miscellaneous Supplies and Equipment
- Mobility Aids (Walking Aids, Wheelchairs)
- Orthotics and Custom Footwear
- Ostomy Supplies and Devices
- Oxygen Supplies and Equipment
- Pressure Garments and Pressure Orthotics
- Prosthetic Benefits (Breast, Eye, Limbs)
- Respiratory Supplies and Equipment
- Urinary Supplies and Devices (Catheter Supplies and Devices, Incontinence Supplies)
- Wound Dressing Supplies

Certain medical supplies and all medical equipment require prior approval.