



First Nations Health Authority
Health through wellness

2019-2020 Summary Service Plan

Presentation to Spring Regional Caucus 2019



5 Year Goals and Outcomes

Goals

Outcomes



Goal 1:
ENHANCE FIRST NATIONS HEALTH GOVERNANCE



Sustainable and accountable governance structures leading change



Goal 2:
CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS



Culturally safe and supported health and wellness journeys



Goal 3:
ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES



Advancements in the quality and cultural safety of programs and services available to First Nations individuals, families and communities in BC



Goal 4:
OPERATE AS AN EFFICIENT, EFFECTIVE, AND EXCELLENT FIRST NATIONS HEALTH ORGANIZATION



FNHA is an established leading edge First Nations health organization



2019-2020 Annual Key Priorities

- ❖ 7 organization-wide **key priorities** for the year
- ❖ Each key priority area has a set of **specific annual key priorities** for 2019/20
- ❖ Commitment to **quality, service home and away from home,**

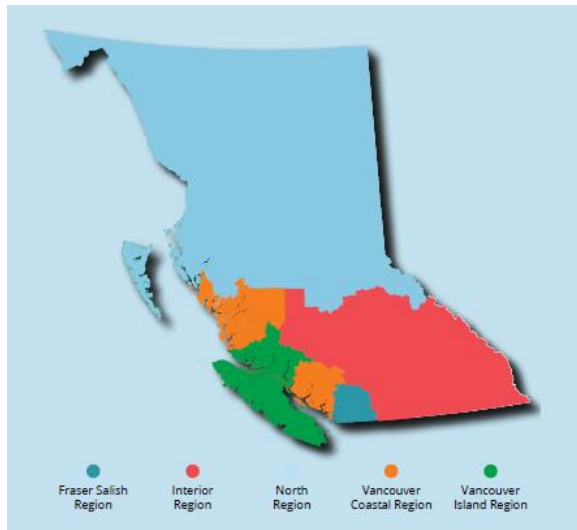




Key Priority: Evolving the FNHA Operating Model, including Regionalization



- ❖ Finalize a **sustainable and strategic regionalization plan**
- ❖ Work with partners to **establish service plans** and thresholds to describe **sustainable and high-quality service delivery**





Key Priority: Renewed Partnerships with First Nations



- ❖ Implement a **new health and wellness planning approach and tool**
- ❖ Renew **FNHA's funding and accountability management framework**
- ❖ Implement an approach to partner with communities, Nations, health service organizations and Health Directors **on corporate governance and support capacity and services**





Key Priority: Wellness



- ❖ Support **wellness campaigns and initiatives** for our citizens at home and away from home
- ❖ Develop an **FNHA Wellness Policy**
- ❖ Establish a **platform for wellness champions** to share and celebrate wellness stories/successes
- ❖ Hold **traditional healers gatherings** for knowledge sharing and inform the development of guides/tools





Key Priority: Knowledge Development and Exchange



- ❖ Further **develop the population health and wellness indicators & associated data sources**
- ❖ Formalize **FNHA's data governance policies and protocols**
- ❖ Finalize a **research agenda** outlining population health and wellness research priorities
- ❖ Widely **share the results of evaluations**
- ❖ **Publish provincial and regional reports**





Key Priority: Cultural Safety and Humility

- ❖ Finalize a **Change Leadership Strategy** for Cultural Safety & Humility
- ❖ Work with provincial partners to **create a safe environment** for First Nations people to **raise concerns about the cultural safety of care**
- ❖ Develop a cultural safety and humility **accreditation standard**





Key Priority: Service Excellence – Mental Wellness



- ❖ Expand **land-based healing** from 5 to **10 sites**
- ❖ Transform the treatment centre model to a **healing centre model**
- ❖ Support **Nation-developed mental health and wellness planning projects and demonstration sites**
- ❖ Implement range of initiatives to **address substance use**
- ❖ Continue implementing the **FNHA's commitment to trauma-informed care training**





Key Priority: Service Excellence – Primary Health Care

- ❖ Identify **new primary health care service models and investments** for both rural and urban populations
- ❖ Advance capability of FNHA to **employ and deploy primary health care providers**
- ❖ Plan and **host a provincial Primary Health Care ++ Conference**

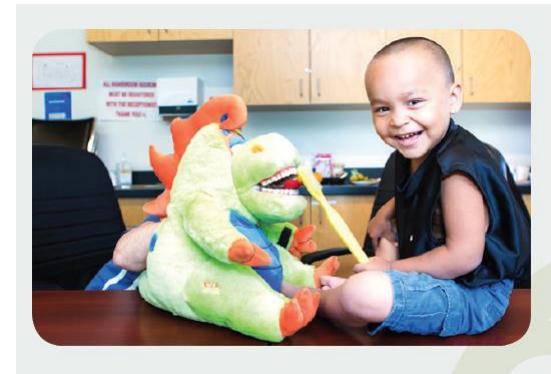
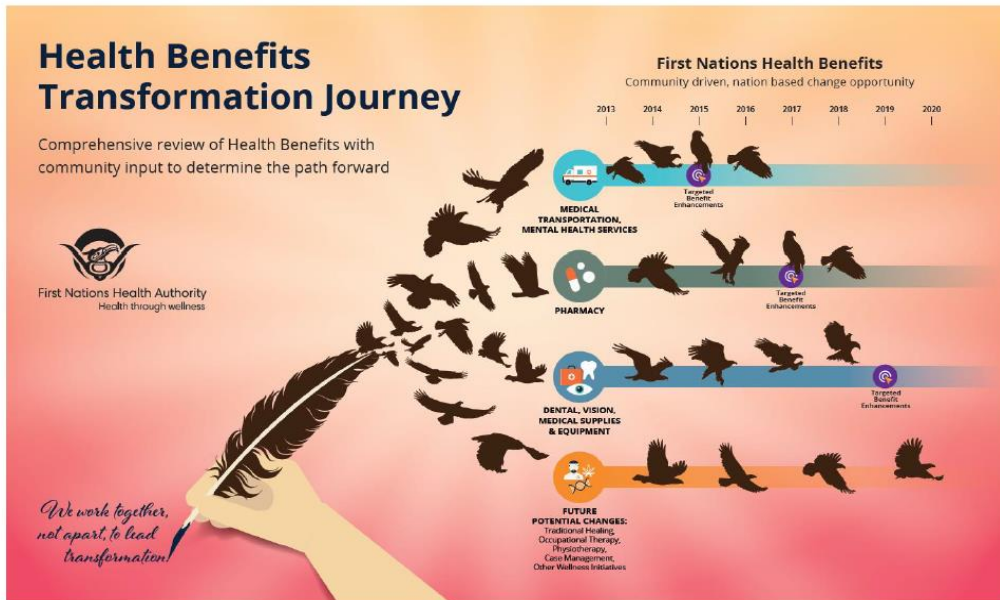




Key Priority: Service Excellence – Health Benefits



- ❖ Strengthen our **relationship with clients & communities**
- ❖ Work with partners on continuous **quality improvement** of pharmacy benefits
- ❖ Undertake a **robust engagement** process to shape the design and transition of Dental, Medical Supplies and Equipment and Vision benefits





Key Priority: Leadership and Culture Development



- ❖ Implement an approach for **FNHA staff to visit and build relationships with communities and Nations**
- ❖ Initiate development of a **leadership development program** for the FNHA workforce
- ❖ Implement **action plan** based on the findings of 'The Howl'





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EVALUATION OF FNHA'S HEALTH BENEFITS PHARMACY PROGRAM FOR BC FIRST NATIONS



Evaluation of FNHA's Health Benefits Pharmacy Program for BC First Nations

In October 2017 FNHA transitioned from Non-Insured Health Benefits to Plan W (Wellness) for the pharmacy benefit

The evaluation:

- reviewed the planning for and implementation of Plan W, and
- would provide consideration for changes to other health benefits





November 2018

to

April 2019

Planning Phase

Analysis and Reporting

1. Key Informant Interviews



- FNHA Executive, HB Team and Regional Staff
- Provincial and Federal Partners
- FNHDA & FNHC
- Service Providers
- Community Representatives

2. Document Review*

- Transition Plans
- Governance Structure
- Communication and Engagement
- Drug Formularies
- Potential Future Directions

Methodology

3. Data Review

- Comparison of Coverage and Prescriptions and OTCs Issued before and After the Transition
- Data on Calls to the Hot Line
- Client Satisfaction Survey
- Enrolment and other data



4. Case Studies Focused on Specific Issues



- Stakeholder Engagements
- Client Barriers to Access



5. Focus Groups
(FNHDA, FNHC and Others)

6. Surveys

- Health Directors
- Pharmacists
- Physicians
- Nurses
- Clients



Planning and Introducing the Transition

At the time of transition:

- Most service providers recalled receiving at least some communication from FNHA and regarded **communication tools and materials as somewhat effective** in helping them to prepare for the transition.
- Client awareness about Plan W appears low and only a few clients recalled receiving communications from FNHA who regarded **the communication as useful** in helping them prepare for the transition.



Changes in Claims, Formulary, Processes

The transition resulted in greater utilization of the pharmacy benefits by BC First Nations:

- clients receiving pharmacy benefits through the FNHA has expanded with the transition.
- significant increases in pharmacy benefits delivered across a range of key metrics.

The transition provide different approaches to managing the formularies (listing of approved drugs).

- PharmaCare formulary is considerably smaller in size than the NIHB formulary.
- Small number of therapies account for most NIHB claims and PharmaCare provides coverage under the each of the major drug classes.



+ Impacts of Transition

The transition helped the FNHA to gain a greater role in the decisions related to the delivery of pharmacy benefits to First Nation clients.

Potential other beneficial impacts for clients of the transition to Plan W:

- 'Provider of last resort' into '**provider of first resort**'
- Better enables First Nations clients in BC to **gain access to the same care and supports** as other BC residents.
- **Empowers** clients to ask questions and learn about their benefits.
- Has led to some clients transitioning to more **effective** therapies.
- Increased **use** of pharmacy-initiated benefits.
- Made it easier for First Nations clients, particularly those who live away from home, to **access** pharmacy benefits as **service providers are more familiar with PharmaCare** than NIHB.



- Impacts of Transition

Service providers and key informants, particularly those from outside of FNHA, highlighted some of the negative impacts of the transition on clients:

- **Confusion** amongst clients on how to navigate the new system.
- **Changes to therapies for some clients created anxiety** and, in some cases, may have resulted, at least temporarily, in poorer outcomes.
- Resulted in some clients being asked to **pay out of pocket**.
- Required **additional travel** for some clients to see specialists or access training.
- Impacted on the ability of clients to **access** prescriptions while travelling outside of the province.



If you have questions on the evaluation please contact:

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