

2. Overall program observations and recommendations: Restructure NIHB to create a health benefits program that works for First Nations people

This program results in a poor quality, patchwork system of health coverage for First Nations peoples. The services are inequitable—of lower quality and funded at lower rates than other federal health insurance programs. They are not designed or delivered with community needs and realities in mind. Many of the policies and practices are racists and culturally unsafe.

Example: The policy that will only pay for medical transportation to the 'nearest facility.' This does not consider First Nations client language needs, quality of care, existing care provider (hence ignores continuity of care, which is best practice), nor the cultural safety of practitioners

*Listen to what communities are asking for and need!! Work with communities.
We are tired of being treated like second-class citizens.
People's lives are at stake.*

Recommendations

1. Work with First Nations communities to restructure and administer the NIHB program.
2. Create a program that provides quality services that match the best insurance coverage in the country.
3. Provide cultural safety training for NIHB staff and health providers, including pharmacists, doctors, and receptionists.

There is an overall lack of responsiveness and accountability for the NIHB program

Engagement, reports and reviews have thus far resulted in cuts to NIHB, not responsiveness to needed changes. And people are not well-informed when policies and practices do change. The First Nations people using the system have to follow multiple steps and unclear but the NIHB office and support systems are not accountable and responsive in return. People can't get through to support staff (including the navigator) and responses from staff, once received, are inconsistent.

Little effort is made by NIHB staff to find solutions or seek ways to fund a stated need. NIHB staff are not well-enough aware of the program details and many do not provide culturally safe care. Reimbursements are not received by clients or providers in timely manner.

*Why would people lie about needing orthotics or glasses?
Is health coverage for First Nations people a right or a privilege?*



Has anything changed?

Recommendations

4. Keep expertise at NIHB within specific programs.
5. Provide cultural safety training to NIHB staff.
6. Simplify and clear eligibility and reimbursement requirements and follow these. Value the recommendations of health providers. Let clients and providers know why coverage has been denied.
7. Regularly communicate policy and practice changes with all clients and First Nations health staff.
8. Report yearly to First Nations communities and leadership on the NIHB program, including denials (numbers and rationale), costs and expenditures.

There is a lack of consistency and clarity with NIHB access, coverage and reimbursement guidelines and processes

In every program, guidelines for access, coverage, reimbursement and appeal are non-existent or unclear. Processes for approval and payment are complicated, and sometimes do not make sense. They are not shared, or, if shared, the information is confusing and hard to find.

Every NIHB agent applies the rules differently. One request is approved and a similar request is denied. NIHB agents also regularly over-rule the advice of health providers. Not only is this frustrating and unsafe, it is also wasteful and time consuming for clients. Many people give up requesting services for which they are entitled. The process is frustrating for clients and results in poor quality care. It also costs, as many insured services are upstream investments. Refusing to pay now will result in greater costs due to poor health later.

Audits are costly and harmful in many ways. They are time-consuming for providers, clients, family members and community supporters. They are often conducted in culturally unsafe ways. The audit process has resulted in many providers refusing to use the NIHB program

You know what they say about NIHB? Get a refusal, call back 10 minutes later and you will have a different person and a different decision.

We keep track of NIHB decisions in a binder at the health centre. That way, we have proof to back us up when we tell them something can be/has been covered.

There is an ineffective system of navigation and advocacy

One navigator for the Atlantic region is inadequate. Community-



based health staff spend considerable time doing individual navigation for community members—this is wasteful of time and funds and is also frustrating.

Recommendations

9. Fund navigators at the community level. Provide training and resources for First Nations health staff and community members to do this work more effectively.
10. Simplify the processes. Improve the guidelines. Make criteria for programs and approvals more transparent and simplified. Make the forms easier to use and understand.
11. Keep the materials up-to-date. Distribute and share in a variety of ways: improve the website; provide better, easy-to-read print materials to community members and health centres; host regular community presentations.
12. Improve the audit process and ensure it is completed in a culturally safe manner.
13. Make sure NIHB staff are available and understand their job is to provide accurate information, advocate on behalf of clients and provide support when dealing with NIHB issues.

Confidentiality is not ensured

People do not know where their records are kept, what is shared and with whom.

14. Improve and share protocols to guarantee privacy and confidentiality.

NIHB coverage is inadequate, expanded coverage is needed

Coverage in specific NIHB areas needs to be improved (see individual recommendations by program included in this report).

Recommendations

15. First Nations individuals who are hospitalized should be able to have a semi-private room.
16. Additional coverage is needed for complimentary services that would support wellness and reduce the burden of medication use/costs: Physiotherapy, Osteopathy, Chiropractic, Massage therapy, Reflexology, Reiki, Occupational therapy.
17. Expand coverage to match the population growth in communities.

