Canada’s Medically Uninsured Immigrants and Refugees

Access inequities and health disparities

The Canadian Centre for Refugee and Immigrant Healthcare
The Community Volunteer Clinic

“Canada means the World to us”
Canada’s “Universally Accessible” Healthcare System. Our Vulnerable Health Populations (CIHR defns)

- Aboriginal peoples
- Recent immigrants and refugees
  - particularly women, Children and Youth New to Canada
- Children and Youth in any disadvantaged circumstances
- Persons with Disabilities (mental and physical)
- Homeless
- Single mothers
- some Women’s groups, unpaid Caregivers the Elderly
- LGBT community

25% of people in these groups also live in poverty
THE CANADIAN CENTRE FOR REFUGEE AND IMMIGRANT HEALTHCARE

The Community Volunteer Clinic

“Canada means the World to us”

1999 an “accidental” discovery

- know your community health needs
- You will be surprised where it takes you

Aisha’s story

A new and previously un-described subgroup of medically uninsured new Canadians within the refugee and immigrant population
Getting Started

• 1999 formed a small working group to address the issue – family doctors, nurses, TPH, community agencies

• Scarborough = Canada’s most ethno-racially diverse community in N.A. (UN). Toronto’s 1st Port of Call.

  • Interviews with GTA CHCs and community agencies working with new Canadians revealed serving thousands of uninsured new Canadians living and often working in Scarborough but ineligible for public healthcare coverage

  • Literature Search – no studies, no knowledge

  • Discussions with uninsured patients revealed access inequities and severe health disparities, negative outcomes

    • huge medical bills
    • Advanced illness and death
    • Delaying care
    • Afraid to ask for help
    • embarrassed
To respond, a small group of nurses, community family doctors, community volunteers opened a volunteer clinic in Scarborough May 2000

- 2 evenings per week, drop in
- Donated church basement and community centre
- Mobile mash approach – set up and take down
- Inter-professional volunteer team
- Nurses, Family Physicians, Midwives, Nurse practitioners, Community workers and members
COMMUNITY VOLUNTEER CLINIC

Vision – why we exist
No medically uninsured refugee or immigrant, rebuilding their new to Canada, will have their Canadian progress denied because of illness.
If it is their job to succeed starting over in Canada, then when they are ill, it our job to help them.

Mission, Values and Principles
• Provide humanitarian medical and dental care inside Canadian borders to medically uninsured refugees, others
• care will be the same standard Canadians receive
• Care will be provided barrier free – no cost or boundaries
• build capacity and partnerships to expand care access
• research and knowledge transfer – inform policy
• advocacy for change and improvement
• Confidentiality (never tell), TRUST
A SNAPSHOT OF THE GTA’s MEDICALLY UNINSURED

13 years of CVC operation

• > 25,000 patient visits for medical care

• 15-40 patients in 4 hour clinic

• unprecedented 300% increase in patients since IFHP cuts, 2012

• 30% are Children and Youth New to Canada
  • No choice in their immigration
  • POP Clinic started by HSC pediatric residents and volunteer pediatricians

• 20 % + of patients pregnant – 2000 deliveries
  • A majority of these have no or inadequate pre-natal care
  • a 7 fold increase in infant and maternal complications, including death
A SNAPSHOT OF THE GTA’s MEDICALLY UNINSURED
13 years of CVC operation

- 60% female (most common group many no say in their immigration)

- 60% of visits for acute / urgent medical problems
  - Pain, injury,
  - Infectious disease – TB, pneumonia, HIV, Malaria, intestinal, influenza
  - Medical emergencies – fractures, trauma, diabetes, asthma, stroke and cardiovascular diseases, cancer...

- 40% of visits for chronic problems – hypertension, heart disease, diabetes, mental health trauma, asthma, arthritis.

- 90% Homeless/ Under-housed as per Ontario criteria

- Fear, anxiety, humiliation, rejection
Abundance and Plenty

- Volunteers keep arriving
  - Health care - nurses, docs, DI, labs, midwives, POP
  - Construction
  - Medications
  - Community – reception, filing
  - Legal and SW – currently not available

- Authenticity of problem
- Invitation and valuing
- Structure to work in
Funding and Limitations

- Donations – $25-50 K per year
- Homelessness grant $96K/year
- Cannot cover hospital fees
- Pregnancy Care – midwives

Total annual funding inadequate
Why are their Uninsured New Canadians?

- Federal
  - policies, legislation, and Orders in Council

- Provincial legislation

- World conditions and migration
Who are the Uninsured/Underinsured in Canada

25% 3 month wait (3 provinces) = 80% of landed immigrants (P)

- 30% IRB rejected refugee claimants (less as a %) (F)
- 10-15% Sponsored persons (F/P)
- Super Visa – new category – clearing backlog? (F)
  - Insurance requirement inadequate (case e.g. Maureen A.)
- 25% “Pre-Denied” RCs – DCOs – new category (F)
- 10% Undocumented
  - no contact with CIC
  - Expired Foreign Worker and Student Visas (F/P)
- IFH covered (F)
  - Delayed IFH acquisition
  - Delayed renewals
  - Confusion with providers
How Many Uninsured Refugee Claimants, Immigrants, others residing in Canada?

Estimates at 400,000 +

(low)
Interim Federal Health Program (IFHP) from success to disaster

**FEDERAL -** Pre 2012 Federal policies govern IFHP
- government assisted refugees (GARS)
- refugee claimants – all received IFHP care until IRB hearing
- Persons with positive PRRA (pre removal risk assessment)
- Refugee sponsorships
- Persons detained by CIC
- Persons with a successful IRB application
- Ministerial cases
- Victims of human trafficking

In 2012, Federal IFHP spent $91 million providing healthcare to 128,000 refugees
$2.25 per Canadian per year
5 hours per year
FEDERAL CIC POST 2012 CHANGES

Without Parliament

Federal CIC stated Principles guiding IFHP changes

1) “Modernize and reform” IFHP
   - NEW CATEGORIES WITH CUTS – E.G. PUBLIC HEALTH AND SAFETY, DETENTION
   - DESIGNATED COUNTRY OF ORIGIN

2) Save Canadians money – deficit reduction
   IFHP accounts for 5 hours of Canada’s full years health spending

3) Fairness to Canadians -- “refugees taking us for suckers”
   Myth1 – refugees get better healthcare than Canadians
   Myth 2 – we save money denying primary healthcare
   Myth 3 – IFHP needed reforming to work better.
   Providers overwhelmingly prefer the prior version of IFHP
Impact of IFHP cuts on Refugee access to healthcare

1) GARs: 8,000 Convention refugees annually
   - Many lose extended benefits if eligible (glasses, dental.
   - Otherwise largely not affected
Impact of IFHP cuts on Refugee access to healthcare

2) Refugee Claimants: 25,000 in land claimants annually

• 300% increase in clinic demand

• New DCO – Public Safety IFHP only
  • Now you see them, now you don’t – not time pre or post IRB decision
  • case L.T. Cameroon

• new CBSA delays in issuing IFHP – not a port of entry
  • case Ona Nigeria

• IFHP now managed private insurer – Blue Cross
  • physicians must register or can’t provide care
  • Many never registered
  • Must stop clinic or ER and contact Blue Cross before care
  • Blue cross system unusable
  • 830am – 430pm Monday to Friday
    • case $2500 OB fee/cancelled urgent C sections/post maturity
Impacts of new IFHP Healthcare Access Inequities

- Blue Cross computer foul ups, time consuming
  - Causing chaos and confusion among providers – valid IFHP refugees rejected for care or charged
  - Physicians dropping, charging patients up front when ill
  - Refugee IFHP reclassification without notification
- Refugee fear, intimidation, humiliation
  - Refugees afraid to contact CIC for clarification
    - case – therapeutic pregnancy termination – expired IFHP
- Expedited (6-8 weeks) DCO IRB
  - Detention, loss of IFHP except Public safety
CVC Policies and Programs

- Do not see tourists – visitors
  - All other uninsured with medical care needs welcome
  - No boundary or cost barriers to be seen.

- Primary Care, General Family Medicine Clinics held 2 evening / week (CVC)

- Drop in – No Appointment needed
  - 18, family docs, 6 nurses, 4 NPs, 4 midwives, several consultants including DI

- Pregnancy, Maternal and Newborn Care
  - CVC docs, NPs, Midwives
  - Consultant referrals to OBs for complications and high risk – funding for consultation

- POP clinic
  - Uninsured CYNTC
  - Pediatric residents U of T / pediatricians HSC
CVC Policies and Programs

- Laboratory and Diagnostic
  - basic hematology and Biochemistry
  - Ultrasound clinics
  - Xray
- Consultant referrals
- Care and System Navigation, advocacy at OHIP, Immigration, Hospitals
- Medications program (generics) – basic antibiotics, diabetic meds, HTN etc
- SWAN clinic
- Wound care
- Research CIHR
- Advocacy (TPH, CE LHIN, MoH)
Other Options for Healthcare access

- Community Health Centres
  - Helpful but lack adequate resources
  - Rules – eg geographic, hours, referral to doctors long
  - Provider shortages

- Private Insurance
  - Expensive
  - Exclusions (pre-existing, no pregnancy coverage)

- Other Volunteer Clinics
  - Lack ability to be generalizable enough

- Pay as you go
  - Community physicians and Walkins
  - Hospitals and Ers
  - Very expensive - $2-3000/ day for hospital care
Solutions: City of Toronto

- Passed motions

1) MoHLTC support for the elimination of the three month wait period for OHIP coverage

2) MoHLTC increase the dedicated provincial funding currently provided to community health centres for uninsured residents

3) MoHLTC fund primary care at clinics that currently provide healthcare to uninsured residents, but do not receive dedicated provincial funding to provide this service
Solutions; City of Toronto

4) MoHLTC fund essential healthcare services for uninsured children and youth

5) MoHLTC establish a centralised hospital compassionate payment fund

6) MoHLTC establish healthcare facilities as safe environments where immigration status will not be reported to federal authorities
Solutions; City of Toronto

- Federal

1) Federal Minister of Citizenship, Immigration and Multiculturalism its support to rescind the cuts to the Interim Federal Health Program

2) Citizenship and Immigration Canada establish clear and operationally feasible guidelines for the administration of the Interim Federal Health Program;

3) undertake initiatives to educate refugees, refugee claimants, community and settlement organisations and healthcare providers on the healthcare services covered by the Interim Federal Health Program;
Myth: It is too expensive to provide their healthcare!

The facts are exactly the opposite

How one city saved millions providing care

Provided full primary care to 13,000 uninsured

>> reduced hospital use = $2 million SAVED annually

>> better hospital bed use by insured = $700,000 REVENUE

>> Reduced ER wait times and staffing = SAVINGS

>> Improved system efficiencies and throughput

One harmed newborn is $500,000 to age 20

One case of TB costs – ?
Ethics

- Legality argument – who is legal?
- Is legality a rationale for withholding humanitarian medical treatment?
- Every Canadian generation, from the first, has prospered in large part, because of waves of immigration – economics of immigration
- Newcomers often do our “3 D” work – Dirty, Dangerous and Difficult – work Canadians often won’t do.
- Deficit reduction – why are they made responsible for a deficit they did not create?
- Human trafficking (sex trade), Femininization Pediatization – did they have a say in their immigration??
- New Canadian’s pay taxes from the moment they arrive.
Conclusions

- Federal IFHP cuts are seriously compromising the health of our resident population and our refugees and newly arrived immigrants.

- The Public Health and Safety Category is a dangerous sham leaves all Canadians and refugees in harm’s way.

- Saving 100 million over 5 years = $3 per Canadian over 5 years = 60 cents per Canadian per year – to impact healthcare for several hundred thousand people.

- Denying care is an expensive proposition. It saves more public funds to provide up front primary care.
Thank you

- www.scarboroughcvc.com
- www.doctorsforrefugeecare.ca
- www.refugeediacriescanada.ca
Ethics

Toronto’s uninsured new arrivals often take up residence in Scarborough’s “motel strip,” where many frequently occupy a single room. If a fire breaks out, would we argue for payment up front before sending the trucks? Would we send the rescued children a bill afterward?

How is a life threatening emergency different?
Conclusions

- The numbers of medically uninsured refugees and immigrants residing in Canada, without access to affordable medical care and treatment is rising, and will continue to rise.

- Access inequities to treatment and care, and the negative health outcomes are the direct result of federal and provincial policies, and a failure of the healthcare profession to adequately respond to this unprecedented humanitarian crisis.

- Our experience is that 50% are unattended pregnant woman, and children and youth new to Canada.

- Majority are in Canada with permission (refugee claimants, landed immigrants, sponsored persons)
The 5 hour tax savings

- Saving 100 million over 5 years = $3 per Canadian
  over 5 years = 60 cents per Canadian per year – to
  impact healthcare for several hundred thousand
  people

- represents less then what Canada spends annually
  on all Public Health --- in less than 5 hours.
  - (Dr Michael Rachlis figure)
Why are their Uninsured New Canadians?

**PROVINCIAL**

- Sponsored persons
  - Generally no provincial health cared for 5 years
  - Not eligible for IFHP
  - Private insurance (Super Visa)

- Foreign workers, Student Visa
  - Injuries, delays, illness
  - Provincial coverage often expires
  - Convenient source of cheap labour
Why are there Uninsured New Canadians?

PROVINCIAL

• Landed Immigrant 3 month wait.

Canada Health Act permits provinces to impose up to a 90 day ineligibility wait time for health coverage

• Ontario, BC, and Quebec have imposed this wait.
  • 80% of annual 250,000 landed immigrants settle in these 3 provinces
  • 200,000 annually wait 3 months without healthcare
  • No other coverage permitted except private insurance
    • Does not cover pre-existing
    • Very expensive

• all other provinces and territories impose no wait
• Quebec – some specific exceptions in 3/12 wait
Other Uninsured Care Options

- CHCs
  - Access Alliance free clinic
- MWF Centre – new volunteer clinic
- New Mississauga / Brampton Volunteer Clinic
- Hamilton free Clinic
- Brantford migrant farm workers clinic
Our policies

- Barrier free Care
  - Must be uninsured
    - More recently IFH valid but no provider
  - No geographic boundaries
  - No administrative barriers
  - No fees
  - Do not accept tourists, visiting (??)
  - no date restrictions for pregnancy maternal care
- Confidentiality
  - Will not release patient information to authorities