REFUGEE CLINICAL CARE PACKAGE FOR INTERIOR HEALTH
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SYRIAN REFUGEES FAQ

Can I bill for care provided to refugees?

Yes. Upon arrival in Canada, refugees can apply for MSP and IFH (Interim Federal Health). Typically MSP becomes active after 3 months, and the IFH within days. IFH covers physician services, labs and investigations, medications on BC formulary and supplemental services such as basic dental care, optometry and physiotherapy. Providers must register with IFH in order to bill for their services.

What medical screening has already been done as part of the Immigration Medical Exam (IME)?

All Syrian refugees have had an IME in Lebanon or Jordan prior to coming to Canada and have been given a paper copy of the results. An IME includes a history, physical, and age-dependent investigations: CXR, HIV, RPR and urinalysis.

What screening do I need to do?

The CCIRH Evidence-Based Preventive Care Checklist for New Immigrants and Refugees from the Central Middle East is an excellent guide to screening. The form is available as a PDF on the Resource Page of Profile EMR - it can be printed, completed, and scanned into EMR.

How do I communicate with my Arabic-speaking patient?

If you are working from an IH clinic or hospital, you can access an Arabic interpreter by calling the Provincial Language Service (PLS) at 1-888-603-5087 and entering the site-specific access code. With notice, settlement organizations such as Kelowna Community Resources and Kamloops Immigrant Services can sometimes provide an interpreter to accompany the patient.

How do I know which vaccines my Syrian patients need?

If a patient has no documented vaccination history, assume that (s)he has had no vaccinations and follow the provincial immunization ‘catch-up’ schedule.

Where do I refer my refugee patient with trauma-related mental health issues?

The new Provincial Toll-Free Refugee Mental Health Line (1-866-393-3133) is operated by the Vancouver Association for Survivors of Torture (VAST) and provides consultation during working hours. IFH covers counseling by a registered clinical psychologist who is registered with IFH, with prior approval. Consider referral to a community mental health team or psychiatrist.

Are there any refugee clinics supported by Interior Health that I can direct my patients to?

Yes. Several clinics, starting with the Rutland Aurora Clinic in Kelowna and the Kamloops Primary Care Centre at Lansdowne, will be prepared to provide the initial assessment and primary health care to refugees. You can refer your patients to these clinics for their first 3-6 months in the Interior.
INTRODUCTION

Interior Health is working to address the arrival of Syrian refugees, and to optimize newcomer health care in the region, by supporting community physicians in the provision of evidence-based screening, and with the establishment of refugee health teams within existing Interior Health clinics. To start, the Rutland Aurora Clinic in Kelowna and the Kamloops Primary Care Centre at Lansdowne will be prepared to provide initial screening and primary health care to refugees.

Community physicians can either assume care of refugee patients immediately upon arrival in Canada, or receive them into their practice after three to six months at one of the above clinics, when screening is complete and MSP is in effect. Physicians receiving a patient referred from the urban care clinics may be able to bill the G14074 GP Unattached Complex/High Needs Patient Attachment Fee ($200).

The province will provide two-day refugee readiness workshops in the New Year covering settlement issues, primary health care and trauma. The content in this package will be covered in further detail at the workshops. If you are interested in participating in the workshop, or in accepting refugees into your practice, contact Leslie Bryant MacLean, Operations Manager, Refugee/Newcomer Health, at 250-470-8351 or leslie.bryantmaclean@interiorhealth.ca.

This package, and future updates, will be posted on Interior Health’s website.

COVERAGE

PATIENT REGISTRATION

Upon arrival in Canada, refugees are eligible to apply for the Medical Services Plan of BC (MSP) and Interim Federal Health (IFH). These applications are not typically filed automatically upon arrival in Canada. Each refugee patient/family must file the applications. A settlement worker or sponsor usually assists with this.

However, the Interim Federal Health Program Certificate (IFHC) will be given to Syrian refugees by CBSA officers at the point of entry upon arrival in Canada, or issued by an IRCC officer shortly after arrival.

Often refugee patients are uncertain about which health coverage they have. They receive so much paperwork on arrival - in a language they don’t understand - that they often don’t know which document is for health care, which is for identification, etc. They tend to carry the entire collection with them in a folder. It can be helpful to simply ask, “Show me all your papers,” and then find and copy the relevant health insurance documents.

MSP becomes active after approximately 3 months. In extenuating circumstances (e.g. pregnancy, HIV) a phone call can expedite the process. A patient with IFH coverage (i.e. for the first year in Canada) is not eligible for Pharmacare, even if they have MSP. A Pharmacare application must be filed at the end of the first year. Refugee patients need to be directed to do this, by their settlement worker, sponsor or primary care provider.

IFH is activated within days of approval, and is in effect for one year.
IFH COVERAGE

There are different tiers of IFH coverage. To determine the patient’s coverage type, locate the 8-digit client ID number at the upper right-hand corner of their IFH document, and enter it into Medavie’s secure provider web portal, or call 1-888-614-1880.

All government assisted refugees (GARs), all privately sponsored refugees (PSRs) on the Resettlement Assistance Program (RAP) including Blended Visa Office Refugees (BVORs), and ALL Syrian refugees who arrived after November 4, 2015 (no matter the type of sponsorship) have full IFH coverage covering:

- Physician services including referrals, emergency room visits and hospital admissions
- Laboratory and diagnostic services
- Medications on BC formulary plus some additional drug benefits including vitamins and parasitic medications.
- Supplemental services such as basic dental care, optometry, physiotherapy, counseling and medical equipment.

PSRs without RAP have IFH coverage for physician services, and laboratory and diagnostic tests. Their medication coverage is limited to prescriptions for public health and safety. They have no coverage for supplemental services such as dentistry or optometry.

PRIOR APPROVAL

If a patient requires a medication that is not covered, the physician can apply to IFH for Prior Approval. A Prior Approval letter template is appended to this package.

IH Profile EMR users can access the Prior Approval letter template within a new encounter. Navigate to Letter under the Actions tab -> click Browse on the right -> select the Refugee folder -> click on Medavie Blue Cross-Prior Approval Request.

PROVIDER REGISTRATION

Providers (physicians, labs, pharmacies etc) must register with IFH in order to bill for their services. An unregistered health care provider who submits a claim to IFH will have the claim put on hold until they complete the registration. IFH provider reimbursement is comparable to provincial MSP fees.

Providers can register by completing this form and returning it by email, fax or post. There is also the option of registering on the provider’s website by clicking on the “Request Account” link on the top right of the screen. For more detailed instructions on how to register, call Medavie Blue Cross directly at 1-888-614-1880.

When a patient with IFH (and no MSP) requires blood work, imaging or a referral, they must be directed to a provider registered with IFH. A provincial list of providers, organized by city, can be found here. Appended to this package is a Kelowna-specific list. Patients with IFH can also be sent to IH hospitals for investigations.
It is best to make clear to the provider that the patient has IFH coverage; for example by noting that on the prescription or requisition. Patients often don’t know to show their IFH certificate when presenting for services. If the patient is billed directly, it is very difficult to obtain reimbursement later. Interior Health will name a point person who can be contacted with questions regarding coverage for refugees, such as IFH registration, bills sent to patients and expediting MSP applications.

**INTERPRETATION**

90% of Syrians speak Arabic. 10% speak Kurdish. 46% of Syrian refugees resettled to Canada in 2014 reported knowing at least one of Canada’s official languages.

If you are working from an IH clinic or hospital, you can access an Arabic phone interpreter 24/7 by calling the Provincial Language Service (PLS) at **1-888-603-5087** and entering the site-specific access code.

With notice, the following settlement organizations can sometimes provide an interpreter to accompany the patient to medical visits:

- **Kelowna Community Resources**
- **Kamloops Immigrant Services**
- **Penticton**: [South Okanagan Immigrant and Community Services](#)  
  - Tahira Saeed, Manager | tahiras@soics.ca
- **Salmon Arm**: [Immigrant Services Shuswap](#)  
  - Gudrun Malmqvist, Executive Director | immigrantservices@shaw.ca
- **Vernon & District Immigrant Services Society**  
  - Carol Wutzke, Executive Director | vdiss@shaw.ca

IFH will pay for **some interpretation costs** with prior approval: for the post arrival health assessment (to a maximum of 2 hours), psychiatry and psychotherapy. They will not cover interpretation for routine office visits.

The Refugee Health Vancouver website has many [patient handouts in Arabic](#).

**IMMIGRATION MEDICAL EXAM**

The immigration medical exam (IME) for GARs and PSRs is done prior to arrival in Canada. All Syrian refugees destined for Canada have their IME done in Lebanon or Jordan, and are given a paper copy of the results.
The IME consists of a medical history, a focused physical examination and the following investigations:

1. Urinalysis for patients >5y
2. Chest x-ray (posterior-anterior view) to rule out active pulmonary tuberculosis for patients >11y
3. Syphilis test for patients >15y
4. HIV test for patients >15y

Historically, Canadian practitioners have been unable to access these results. Only certain results, such as a positive HIV test, are communicated to public health officials in Canada. Rather than assuming that the absence of a notification means a negative screening result, consider repeating the HIV and RPR tests.

POST ARRIVAL HEALTH ASSESSMENT

The Canadian Collaboration on Immigrant and Refugee Health has developed Evidence-Based Preventive Care Checklists for New Immigrants and Refugees from different regions of the world. For Syrians, use the Central Middle East checklist, available as a printable online checklist or a PDF. The PDF version is also available on the Resource Page of Profile EMR, where it can be printed, completed, and scanned into EMR.

Other resources to guide care of newcomers include:

- The Canadian Guidelines for Immigrant Health
- Caring for a Newly Arrived Syrian Family by Dr. Kevin Pottie et al in the CMAJ
- Caring for Kids New to Canada by the Canadian Pediatric Society

IFH will pay $94 for a post arrival health assessment (PAHA) and for an interpreter ($29/h x 2h), but the provider must apply for prior approval. The PAHA is usually completed over multiple visits, and divided among team members (e.g. physician and nurse). It ought to include the following:

HISTORY

- Current complaints
- Psychosocial
  - Family members (who’s missing?)
  - Country of origin and transit, and dates
  - Occupation, education, literacy, housing
- Medical and surgical history
  Refugee patients rarely arrive with past medical records. The following are common/important issues to identify:
    - Neglected chronic diseases, such as diabetes and hypertension
    - Injuries (e.g. orthopedic or burn) and disability
    - Mental health.
      - Do not ask directly about trauma or torture, but consider using a screening tool.
    - Visual and hearing impairment
Pregnancy and contraception
- Pregnant women can be referred to the [Healthy From the Start Program](#)
- For children, failure to thrive and dental issues

**Medications and allergies**

Often the patient’s chief concern is restarting medications that were discontinued during conflict/transit. To identify foreign medications, contact the [Drug Poison Information Centre](#) at 1-866-298-5909. Often medications that refugee patients were taking previously are unavailable in Canada or not covered, and substitutions must be made.

**PHYSICAL**

- Vital signs
- Visual acuity
- Dental check for painful disease
- Growth for children
- Targeted physical exam based on complaints

**SCREENING BLOODWORK**

CCIRH-recommended screening is included in the checklists.

Based on the CCIRH Middle East Checklist, and the December 2015 CMAJ article [Caring for a newly arrived Syrian refugee family](#), Syrian refugee screening ought to include the following:

- **Recommended:**
  - Complete blood count with differential for women of reproductive age and children aged 1-4
  - Hep B serology (HBsAg, anti-HBc, anti-HBs)
  - General age-based preventive screening (e.g. mammography, fecal occult blood testing, diabetes screening)

- **Consider:**
  - Varicella serology
  - Hepatitis C serology
  - Strongyloides serology, given the prevalence of strongyloidiasis in refugee populations and the potential of increased exposure to *S. stercoralis* in the unsanitary conditions of refugee camps.
  - HIV testing if the results from the IME are unavailable, in keeping with the provincial STOP HIV initiative
  - Syphilis testing if the results from the IME are unavailable

- **Not recommended:**
  - Mantoux testing, as the incidence of tuberculosis in Syria and surrounding countries was below the threshold of 30 per 100,000 population in 2014
  - Stool samples for ova and parasites in asymptomatic refugees
VACCINATIONS

If a patient has no documented vaccination history, assume that (s)he has had no vaccinations and follow the provincial immunization ‘catch-up’ schedule. For adults without immunization records use Schedule D. Consider a referral to Public Health.

TRAUMA & MENTAL HEALTH

Among Syrian refugees, the most prevalent mental health diagnoses include depression, post traumatic stress disorder (PTSD), prolonged grief disorder and anxiety disorders.

Over 80% of refugees exposed to trauma recover spontaneously upon reaching safety. Refugee patients’ mental health benefits from attention to basic needs such as shelter, language acquisition and ability to work or attend school.

The CCIRH guidelines recommend against routine screening for trauma and torture, but recommend that clinicians be alert for impaired functioning or high levels of suffering that might be related to PTSD, depression, anxiety or exposure to violence.

The PROTECT Questionnaire was developed by the International Rehabilitation Council for Torture Victims (IRCT) as a tool to identify refugees with trauma-related mental health needs. It consists of ten questions and uses a simple rating scale to predict who is at risk of mental health deterioration, and would benefit from referral and further evaluation.

The new Provincial Toll-Free Refugee Mental Health Line (1-866-393-3133) is operated by the Vancouver Association for Survivors of Torture (VAST) and provides consultation during working hours to front-line providers (clinical, school and settlement) working with refugees.

IFH covers counseling by a registered clinical psychologist who is an IFH provider, with prior approval. Also consider referral to a community mental health team or psychiatrist.

The Centre for Addiction and Mental Health (CAMH) has developed the Refugee Mental Health Project, an initiative which aims to build providers’ knowledge and skills around refugee mental health through online courses, toolkits and webinars.

IN 2015 the UNHCR put out a review of the mental health needs of Syrians in the document Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians.

HEALTH CARE SYSTEM ORIENTATION

Refugee patients need to be oriented to the Canadian health care system. They should be educated on the use of the emergency room, walk-in clinics, 8-1-1 and 9-1-1. They will require detailed instructions when sent to fill a prescription, obtain blood work, get an x-ray or attend a specialist appointment.
Due to language and other barriers, it is difficult for refugee patients to call to book medical appointments. Therefore, it is best to arrange the patient's next appointment at the end of each visit.

There is often confusion around Interim Federal Health Insurance. Remind patients to show their IFH certificate every time they access services. Consider writing “Covered by IFH” on prescriptions and requisitions to reduce confusion. Advise patients that if they are asked to pay for services (e.g. lab or x-ray), they should tell the provider to contact the family physician. If a patient pays for a service that should have been covered by IFH, it is very difficult for the patient to be reimbursed.

FURTHER READING

Population Profile: Syrian Refugees by Citizenship and Immigration Canada
Health Status of Syrian Refugees by the Public Health Agency of Canada
Refugee Health Vancouver
Doctors of BC
CMA
IFH PRIOR APPROVAL REQUEST

Clinic Address:

Medavie Blue Cross
644 Main Street PO Box 220
Moncton NB E1C 8L3
Tel: 506. 853. 1811
Fax: 1. 506. 867. 3824
Attention: Federal Programs

Client Label

Please also attach the patient’s IFH immigration document

Request: ______________________________________________________

________________________________________________________________

________________________________________________________________

DIN: ______________________________________________________

Rationale: ____________________________________________________

________________________________________________________________

________________________________________________________________

_______________________  _______________________________
Client (Print)                  Signature

_______________________  _______________________________
Clinician (Print)                Signature
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<th>KELOWNA REGISTERED IFH PROVIDERS</th>
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<tr>
<td><strong>GENERAL PRACTITIONER</strong></td>
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<tr>
<td>Rutland Aurora Health Centre</td>
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<tr>
<td>Dr. Michael Hamm</td>
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<tr>
<td>Dr. Gayle Klammer</td>
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<td>Walk-In Only</td>
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<td><strong>DENTAL</strong></td>
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<tr>
<td>Dr. Ali Jamal</td>
</tr>
<tr>
<td>Dr. Daniel Kim</td>
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<tr>
<td>Dr. Ian Leitch</td>
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<tr>
<td>Dental for children (0-5yrs)</td>
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<td>Reduced Cost Clinics</td>
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