



## **NEWCOMER CLINICAL CARE PATHWAY**

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[INTRODUCTION](#)

[COVERAGE](#)

[MEDICAL SERVICES PLAN \(MSP\)](#)

[INTERIM FEDERAL HEALTH \(IFH\)](#)

[IFH COVERAGE](#)

[Basic Coverage](#)

[Prescription Drug Coverage](#)

[Supplemental Services](#)

[PRIOR APPROVAL](#)

[IFH PROVIDER REGISTRATION](#)

[HOW TO BILL IFH](#)

[INTERPRETATION](#)

[CONFIDENTIALITY AND PRIVACY](#)

[IMMIGRATION MEDICAL EXAM](#)

[POST ARRIVAL HEALTH ASSESSMENT](#)

[HISTORY](#)

[PHYSICAL](#)

[SCREENING BLOODWORK](#)

[IMMUNIZATION](#)

[WOMEN'S HEALTH](#)

[INFANT AND CHILD HEALTH](#)

[DENTAL HEALTH](#)

[NUTRITION](#)

[SCALD PREVENTION](#)

[TRAUMA & MENTAL HEALTH](#)

[HEALTH CARE SYSTEM ORIENTATION](#)

## INTRODUCTION

Interior Health has prepared for the arrival of Syrian refugees, and optimized 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. The [Rutland Aurora Clinic](#) in Kelowna and the [Kamloops Primary Care Centre](#) at Lansdowne are 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).

If you are interested in accepting refugees into your practice, contact Leslie Bryant MacLean, Operations Manager, Refugee/Newcomer Health, at 250-470-8351 or [leslie.bryantmaclean@interiorhealth.ca](mailto:leslie.bryantmaclean@interiorhealth.ca).

This package, and future updates, will be posted on [Interior Health's website](#).

## COVERAGE

Refugee patients are often uncertain about their health coverage. 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.

Upon arrival in Canada, refugees are eligible to apply for the [Medical Services Plan](#) of BC (MSP) and [Interim Federal Health](#) (IFH). Enrolment is not automatic. Every refugee must file an application. The settlement worker or sponsor usually assists with this.

## MEDICAL SERVICES PLAN (MSP)

For MSP registration, [this form](#) must be completed and sent to Health Insurance BC (HIBC) with copies of each individual's immigration documents. Once registered, the individual will receive a letter from HIBC advising the adults to attend an ICBC Driver Licensing Office to

have their picture taken. At this point, coverage is active - the individual has a personal health number (PHN), even though they don't have a physical card yet. Call HIBC at 1-800-663-7100 and ask to speak with an enrolment specialist with any questions.

There is no mandatory wait time for MSP for refugees, but the processing time is approximately 8-12 weeks. In extenuating circumstances (e.g. pregnancy) a phone call to HIBC can expedite the process.

Health care providers can bill MSP retroactively for 90 days.

Even if (s)he has MSP, a patient with Interim Federal Health coverage (i.e. for the first year in Canada) is not eligible for Pharmacare. 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.

## INTERIM FEDERAL HEALTH (IFH)

[IFH](#) provides health insurance while the patient waits for MSP to come into effect. After MSP is activated, IFH still covers the cost of supplemental services (such as dental and vision care) and prescription drugs for one year.

For Syrian refugees only, the Interim Federal Health Program Certificate (IFHC) is given to arrivals by CBSA officers at the point of entry upon arrival in Canada, or issued by an IRCC officer shortly after arrival. If newcomers are not Syrian or do not have an IFH certificate, they can [apply for IFH online](#) and mail the application to the nearest [CIC office](#). IFH is activated within days of approval, and is in effect for one year.

## IFH COVERAGE

On April 1, 2016, [IFH coverage was fully restored to pre-2012 levels](#), with full coverage for all refugees and refugee claimants, including:

### [Basic Coverage](#)

- Physician and hospital services including referrals, emergency room visits and hospital admissions
- Laboratory and diagnostic services
- Ambulance service

### [Prescription Drug Coverage](#)

Includes medications on [BC formulary](#) plus some additional drug benefits including vitamins and parasitic medications.

### Supplemental Services

- Basic dental care
  - Initial services for pain or infection (including extractions and prescriptions) do not require prior approval.
  - Prior approval must be requested by the dentist before further treatment, such as fillings.
- Optometry
- Physiotherapy (with referral by an MD)
- Counseling
- Home care and long-term care
- Speech therapy
- Assistive devices, medical supplies and equipment including:
  - orthopedic and prosthetic equipment
  - mobility aids
  - hearing aids
  - diabetic supplies
  - incontinence supplies
  - oxygen equipment

To confirm patient coverage, 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.

Up-to-date benefit grids and formularies can be [found here](#). Janet Cleveland PhD, from McGill University, has developed an [excellent summary of IFH coverage](#).

Medavie Blue Cross maintains a [master list of registered providers](#), and Interior Health maintains [directories of local IFH registrants](#).

### PRIOR APPROVAL

If a patient requires a medication that is not covered, the physician can apply to IFH for Prior Approval. The official Medavie Blue Cross prior approval form can be [found here](#), and a simplified Interior Health prior approval letter template is [available here](#).

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.

Some dental procedures require prior approval. The dentist must complete a specific [dental prior approval form](#).

## IFH 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](#). Interior Health maintains lists of providers registered with IFH, by community, on their [website here](#). 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.

## HOW TO BILL IFH

Medavie Blue Cross offers a secure provider web portal allowing healthcare providers to submit claims online. Please refer to the [Secure Web Portal and Electronic Claims Submissions Service Guide](#) for details on submitting claims.

## INTERPRETATION

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

In medical situations, where possible, use professional interpreters to ensure quality and confidentiality. If you are working from an Interior Health facility you can access an Arabic phone interpreter 24/7 by calling the Provincial Language Service (PLS) at [1-888-603-5087](tel: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](mailto:tahiras@soics.ca)
- Salmon Arm: [Immigrant Services Shuswap](#)
  - Gudrun Malmqvist, Executive Director | [immigrantservices@shaw.ca](mailto:immigrantservices@shaw.ca)
- [Vernon & District Immigrant Services Society](#)
  - Carol Wutzke, Executive Director | [vdiss@shaw.ca](mailto:vdiss@shaw.ca)

If a patient asks to use a non-professional third party to interpret (e.g. friend, volunteer, or settlement worker), ensure that the patient is aware of the option to use PLS, and document the patient's choice in the chart. It is best to have this discussion between the patient, clinician and PLS phone interpreter, without the third party present, to ensure that the patient does not feel obligated or pressured to use the third party.

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 offers over fifty [patient handouts in Arabic](#).

## CONFIDENTIALITY AND PRIVACY

Refugees are sometimes accompanied to clinic visits by a third party, such as a sponsor, volunteer, advocate or interpreter. If the third party requests patient information (such as appointment times or lab results), information can only be released if the patient [gives written consent](#). The health care provider should discuss the patient's preferences through an impartial interpreter (e.g. PLS) without the third party present, ensuring that the patient understands (s)he is not required to disclose any medical information to the third party.

The Refugee Sponsorship Training Program handbook includes a practical section called "[Confidentiality and Privacy](#)," with guidelines for sponsors around preserving the privacy of refugee newcomer families.

## IMMIGRATION MEDICAL EXAM

The immigration medical exam (IME) for government assisted and privately sponsored refugees 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 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.

There are post arrival health assessment screening forms available on the [Interior Health website](#), available in:

- [English](#) - for health professionals and official health records
- [Arabic](#) - for the patient to review before or during the visit
- [English/Arabic](#) - for the interpreter

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?)
  - Migration history: country of origin and transit
  - 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
  - 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 [BC 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, the December 2015 CMAJ article [Caring for a newly arrived Syrian refugee family](#), the Canadian Pediatric Society's [Caring for Kids New to Canada](#) and existing Interior Health policies, 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)
  - **Varicella** serology for age 13 and older. (Even if attending school, these individuals are not part of the IH varicella 2-dose catch up program.)
- Consider:
  - **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
  - **Lead levels** in children. There are no Canadian screening guidelines for lead exposure in refugee children, but the [CPS recommends](#): “When there is a suspicion that a child has been exposed to lead post-arrival or a child shows low hemoglobin at follow-up, lead level screenings at 3- and 6-month intervals should be considered.”
- 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

Screening blood work sets used for refugees of different ages and countries of origin developed by Bridge Clinic in Vancouver are [available here](#).

## IMMUNIZATION

Consider a referral to the local [Health Unit](#) for immunizations.

Screening blood work of Syrian refugees typically includes serology for Hepatitis B and Varicella immunity (see above).

If a patient has no documented vaccination history, assume that (s)he has had no vaccinations and follow the [BCCDC Routine Immunization Schedules](#). For adults without immunization records use Schedule D.

The following notes were provided by Issy Aguiar and Heather Way, Knowledge Coordinators - Immunization, Population Health, Interior Health:

- **Hepatitis B:** Adults born before 1980 do not qualify for Hep B vaccine even if their serology reports indicate no immunity to Hep B. They do qualify if they meet eligibility criteria listed in [Section VII, page 14](#).
- **Polio** vaccine for adults: Syrian refugees are eligible for a dose of IPV based on [Section III, page 51](#): “Publicly funded for individuals 18 years of age and older . . . who are from or have traveled to countries where wild polioviruses are circulating (refer to the [WHO Polio Global Eradication Initiative](#) for the current state of polio around the world.)
- **Tdap:** Individuals born in 1989 or later who missed the adolescent Tdap booster are eligible for one dose of Tdap ([Sect IIA page 8](#) and [Section VII page 64 footnote B](#)). Adults born before 1989 are not eligible for a publicly funded booster dose of Tdap.
- **MMR:** Blood work for Syrian refugees do not include measles, mumps and rubella serology. If there is no documentation indicating lab confirmed infection or lab evidence of immunity or immunization offer vaccine based on the following:
  - Born before Jan 1, 1957 - no vaccine required
  - Born Jan 1, 1957 - Dec 31, 1969 one dose for rubella protection
  - Born after Jan 1, 1970 - two doses four weeks apart

The BC Immunization Schedule is [available in Arabic](#). The brochure [Just Moved Here? Are Your Child's Immunizations Up to Date?](#) is available in [Arabic](#).

## WOMEN'S HEALTH

[Healthy From The Start](#) connects pregnant women with services in the community to work towards a healthy pregnancy. All women are encouraged to register early in their pregnancy. Call 1-855-868-7710 or use the [referral form](#).

Refugee Health Vancouver has [patient information handouts in Arabic](#) (and other languages) on pregnancy, family planning, pap tests and mammograms. Meggie Ross, Interior Health PHN, has collected a number of [Arabic resources on breastfeeding](#).

## INFANT AND CHILD HEALTH

### DENTAL HEALTH

Interior Health provides information on dental health and programs for children [here](#).

Fluoride Varnish Program (Lift the Lip) is a free program for children 12-47 months of age, that provides preventive education and fluoride varnish applications for eligible children. A list of IH Dental Health Services is [available here](#).

[Save a Smile](#) supports BC children in need of urgent dental care. It is a community-based program that works in partnership with [public health dental staff](#) across BC and UBC Dentistry to help children from families without access to public or private dental plan coverage.

### NUTRITION

[Caring for Kids New to Canada](#) has information on [malnutrition](#) in immigrants and refugees.

The Canada Food Guide [is available in Arabic](#). La Leche League Canada has a [Breastfeeding Tips](#) handout in Arabic.

### SCALD PREVENTION

In June 2016 the Burn Fund advised that there had been a number of children treated at BC Children's Hospital for scald burns, from recently arrived refugee families. A [Too Hot for Tots](#) handout is available for caregivers in [English](#) and [Arabic](#).

## 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 [Vulnerability Screening Tool](#) was developed by the Vancouver Association for Survivors of Torture for use by mental and health professionals, settlement and social service providers, private sponsors, and other community members who are supporting refugees on arrival in BC. It includes a Settlement Checklist, a Mental Health Screening Tool, and a Resiliency Inventory.

[Landing and Settling: A Group Therapy Program for Refugees in British Columbia](#) by Kirby Huminuik, MA, RCC, PhD (Cand.), is designed to provide mental health practitioners with a structured, yet flexible approach to early intervention with refugee populations who have recently arrived in British Columbia.

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 in BC.

[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](#).

[The Trauma-Informed Practice Guide](#) was developed on behalf of the BC Provincial Mental Health and Substance Use Planning Council in 2013, to support the translation of trauma-informed principles into practice.

## 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, 9-1-1 and 8-1-1.

Brochures in English are available on [9-1-1](#) (and [police non-emergency](#)) calls. Translated handouts are available [here](#). Patients should be taught to state their language, in English, when they call 9-1-1. Operators can access phone interpretation within one minute. Welcome BC has videos about 9-1-1 in [English](#), [Arabic](#) and [Farsi](#).

An Arabic handout on using 8-1-1 is available [here](#).

Refugee patients 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.