



Health  
Canada

Santé  
Canada

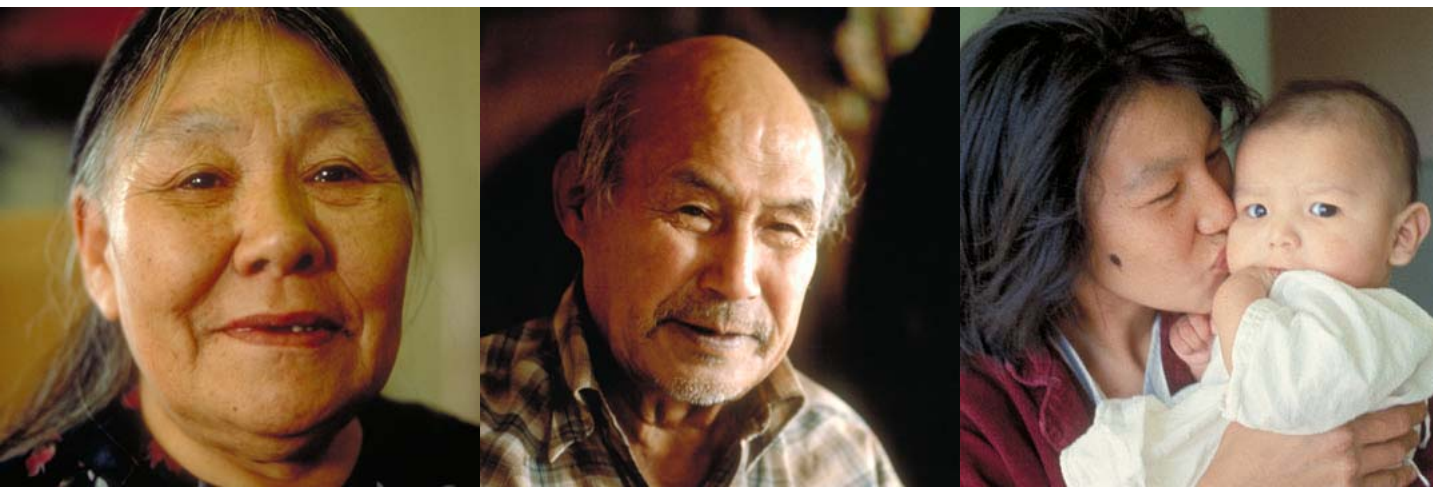
*Your health and  
safety... our priority.*

*Votre santé et votre  
sécurité... notre priorité.*

# Real World Safety & Effectiveness

## A Federal Drug Plan Perspective

May 2008



Canada 

# Federal Health Partnership (FHP)

## FEDERAL HEALTH PLANS

Non-Insured Health Benefits (NIHB)

Veterans' Affairs Canada (VAC)

Department of National Defence (DND)

Corrections Services Canada (CSC)

Immigration Canada

Federal Pharmacy & Therapeutics Committee



# WHAT IS NON-INSURED HEALTH BENEFITS

Health benefits for First Nations/Inuit (FN/I) beyond those covered by the Canada Health Act (CHA) and insured services provided by other third parties  
EG: Hospital services (CHA); Physician services (CHA); Diagnostics (CHA); 3<sup>rd</sup> party drug plans; dental care



# WHAT DOES NIHB DO...

Provides a limited range of medically necessary goods and services to eligible First Nations and recognized Inuit

- Based on medical need; 100% coverage
- No client premiums
- No co-payments
- No deductibles
- No annual maximum

~790,000 clients

Payer of last resort, but with legislation

Annual expenditures of ~\$860M in 2006/07 (~50% of FNIHB Budget)

Program delivered through NIHB HQ (FNIHB) and Regions



# NIHB PROGRAM BENEFITS

Pharmacy

Dental services

Medical supplies and equipment

Glasses and other vision care

Transportation - to medical appointments

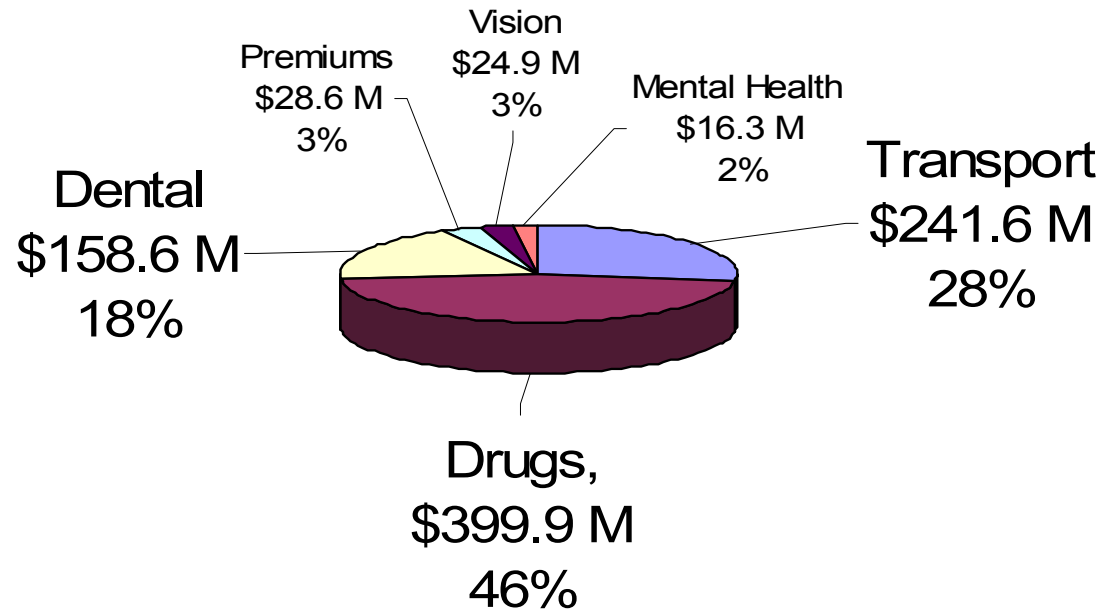
Crisis intervention mental health counseling

Health care premiums - BC & *Alberta* only



# ABOUT THE NIHB PROGRAM

Total NIHB Expenditures by benefit (2006-07) = \$869.9 M



# ABOUT THE NIHB PROGRAM...

No specific legislative base for the NIHB Program.

The Program draws its authority from:

- Cabinet approval of the 1979 Indian Health Policy and;
- 1997 NIHB Renewed Mandate, as well as;
- Government's general spending power as evidenced by the annual allocation of funding pursuant to the *Appropriations Act*



# ABOUT NIHB CLIENTS...

Young and growing client base

- Growing 2X's the Canadian average, FN/I baby boom
- Small seniors population, but growing

Higher disease burden than Canadian average

- Diabetes
- Rheumatoid arthritis
- Tuberculosis
- Oral health issues

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Smoking



# NIHB: PROGRAM CHALLENGES...

NIHB Program faces constant cost pressures:

- Increasing population
- Increasing utilization
- Increasing benefit costs (drug costs)
- Changing provincial/territorial view of FN/I health care responsibility



# OBJECTIVE OF THE NIHB PROGRAM

To provide benefits to eligible First Nations and Inuit in a manner that:

- Is suitable to their unique health needs
- Helps eligible First Nations and Inuit to reach an overall health status on par with other Canadians
- Is cost effective
- Will maintain health, prevent disease and assist in detecting and managing illnesses, injuries, or disabilities



# WHO IS ELIGIBLE

Resident of Canada; and one of the following:

- Registered Indian according to the Indian Act
- Innu member of one of the 2 Innu communities of Labrador
- Inuk recognized by one of the Inuit Land Claim organizations
- Infant less than age one whose parent is an eligible recipient



# Pharmacy benefit

## WHAT IS COVERED

- Prescription drugs listed on the NIHB Drug Benefit List
- Selected over-the counter medications listed on the NIHB Drug Benefit List
- NIHB Program funds medications not covered by other private or provincial/territorial health insurance plans
- Types of drug benefits: open, LU and exceptions



# NIHB: KEY CHALLENGES

NIHB Program sustainability

Privacy

Lack of linkability with other programs/databases

FPT relations: jurisdictional issues with P/T over roles and responsibilities

Provider relations; pricing issues; internal Audit scrutiny

Auditor General scrutiny

- ❑ Misuse of prescription drugs; drug related deaths

Translating “evidence” into drug benefits for unique population



## RWSE Challenges

Over the past decade health researchers have begun to systematically document inequities in health status between **Aboriginal** and non-**Aboriginal** Canadians.

One major coverage challenge is a lack of accurate identification that respectfully, systematically, comprehensively and consistently recognizes self-identified First Nations, Métis or Inuit ethnicity.



## RWSE Challenges

Internationally, many Indigenous peoples are full partners in the generation of knowledge unique to their ancestral claims and inheritance; Australia and New Zealand.

Although the health care in Canada is among the best in the world, many changes are required for FN/I to realize their inherent right to good health. Accurate and culturally meaningful health assessment is one step toward this goal.

Challenges of community relevance, infrastructure and capacity is important. Need measures that include relevant FN/I indicators as well as universally recognized public-health indicators.



## RWSE Challenges

- Needed is advanced research that aims to improve the health and well-being of Aboriginal Canadians.
- It is important to conduct high-quality, culturally sensitive research beyond current large RCTs.
- Not sufficient to "translate" outcomes from other population-based research and apply the findings directly to unique and diverse Aboriginal populations.
- Are FN/I besides at risk for certain diseases are they more at risk for certain drug related adverse events.



## RWSE Challenges- An example with diabetes

Diabetes is a chronic disease of multifaceted origin, a heavy burden for FN/I.

Do we need to look at the concept of "race" to explore both factors that lead to a greater burden of disease and explain poorer treatment outcomes?

Can we aptly and appropriately apply the "evidence" from RCTs and recommendations from CDR to FN/I and NIHB drug plan?

Effective interventions are available for people with manifestations of complex chronic disease such as diabetes but care does not by itself, ensure equitable outcomes for indigenous people.



## Summary

NIHB is a Federal drug plan that stretches across 10 P/3T

Clients are among the most disadvantaged in Canada in both socioeconomic & health areas

Lack of advanced research into both the hows and whys of drug treatment for complex chronic diseases

NIHB continues to follow CDR recommendations

