The time has come to fix the Non-Insured Health Benefits (NIHB) program

IN APRIL 2015, THE AUDITOR GENERAL OF Canada released a report looking at the deplorable delivery of health care services in remote First Nations communities. The poor state of health care delivery to First Nations people in Canada should come as no surprise to pharmacists or any other health provider, regardless of the community setting. For many years, pharmacists and provincial pharmacy associations have raised concerns and issues with the operation of the Non-Insured Health Benefits (NIHB) program, the federal program that delivers health care to Canada's First Nations people. These problems have included inadequate communication of policy changes, lack of standardized scope of practice and compensation models, lack of clarity regarding patient coverage benefits, inadequate travel arrangements and many others. Too many pharmacists have said that they are often put in the position of having to explain NIHB policy details or changes that should rightfully be communicated by NIHB themselves.

Pharmacists have not been alone in raising concerns with NIHB. Many other health providers have raised similar and additional concerns as those expressed by pharmacists, and the Assembly of First Nations (AFN) has been particularly vocal in raising its concerns with the program. This is why in 2014, the federal Minister of Health and the Grand Chief of the Assembly of First Nations announced a full-scale review of the NIHB program. The purpose of this review, which is expected to last until 2017, is to conduct a thorough examination of NIHB operations and policies with the expectation of significant program reform. In spring 2015, the working group tasked with conducting this review (comprising representatives from AFN and the First Nations and Inuit Health Branch of Health Canada) issued a Critical Path document identifying the major sectors and issues that the review will address; pharmacy has been

identified as one of the key sectors slated for specific examination starting in December 2015.

In 2014, the Canadian Pharmacists Association (CPhA) brought together and has since led a coalition of 8 national health provider organizations looking to be engaged in the NIHB review. As a result of this leadership, the review has agreed that the perspective of health provider groups needs to be considered as part of this review process. CPhA has also engaged with provincial pharmacy associations to better understand their specific concerns and issues with NIHB from a pharmacy perspective and has communicated those concerns to the AFN. Regarding next steps, the health provider organizations, including CPhA, have agreed to consult individually with their own members to get thoughts and feedback on measures that could be taken to improve NIHB policy and operation. This feedback is expected to be collected over the summer and early fall of 2015 and will help inform the process moving forward, including the examination of pharmacy-specific issues.

The challenges facing NIHB and delivery of health care to First Nations people in Canada are daunting, and therefore this process will take time. But with health outcomes that are significantly lower than the average Canadian, First Nations people in Canada should be a priority population when it comes to improving the delivery of health care in Canada. The voices of pharmacists and other health providers as part of this review will provide an invaluable contribution, as will their ongoing efforts to deliver improved day-to-day care. CPhA looks forward to continuing to lead health providers in adding their voices to this process. ■

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