A new Health Partnership

Presented by Joe Gallagher

Vancouver Coastal Caucus Meeting – April 9, 2014
ARE WE EVOLVED YET?

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Transition Planning Stages
Work of the FNHA before and after October 1, 2013

Health Governance Agenda

- Community Engagement
- Support Regional processes and health partnerships with BC and Canada
- TCFNH
- Deputy PHO position and partnership with PHO
- FNHC and FNHDA Secretariat
- Support discussion on Social Determinates
- Negotiate Transfer of FNIHB BC Region operations and relevant HQ functions to the FNHA
- Build FNHA

Health Actions Agenda

- Health actions roadmap to address health actions commitments
- Alignment with provincial health agenda
- Support to First Nations communities
- Development and implementation of Wellness concept
- Develop operational health partnerships with HC, MoH, Health Authorities, and Health Agencies
...after October 1, 2013

Social Determinants of Health

Provincial health services integration

First Nations community programs and services

Future sphere of influence - The factors that determine our health, education, etc. AANDC, MoED, etc

FNHA work with Province - access to Services available to 100% of First Nations in BC

A core part of the FNHA mandate. Focus on 45% of First Nations in Community + Health Benefits
Building a First Nations Health Organization

- Honor the Seven Directives
- Grounded in traditional values and teachings of BC First Nations – Lead with ceremony
- A learning organization
- Partner with First Nations to provide health services
- As a health and wellness partner, support First Nations, families and individuals on their wellness journey
- Work in areas that provide for the collective benefit of all BC First Nations
- BC First Nations should have the best FNHA possible.
Our Common Foundation

Our Vision

Healthy, self-determining and vibrant, BC First Nations children, families and communities

Our Values

Respect, Discipline, Relationships, Culture, Excellence & Fairness

Our Directives

1. Community Driven, Nation Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard
The FNHA Mission Statement:  
(approved by the Board on January 31, 2013):

"The FNHA supports BC First Nations individuals, families and communities to achieve and enjoy the highest level of health and wellness by: working with them on their health and wellness journeys; honouring traditions and cultures; and championing First Nations health and wellness within the FNHA organization and with all of our partners."
It starts with me...

• BC First Nations Perspective on Wellness – holistic
• FNHA role as a Health & Wellness Champion
• FNHA as a Health & Wellness Partner to each First Nations person and community in BC
• Living the Wellness Model – FNHA as a First Nations Health & Wellness Organization
• Commitment to supporting the health and wellness from the youngest to the oldest
• Leading edge of systemic change through new health partnerships with BC and Canada
Everyone is a Wellness Champion

It starts with me

• Beefy Chiefs II - Health Leadership Challenge (May 2014)
• Aboriginal Day of Wellness (March 2014)
• Winter Challenge 2014/2015 (NEW)
• Health Directors Wellness Challenge
FNHA as a wellness partner

• Good decision making is dependent on good information
• Identity Management is as simple as:
  – How many of us are there?
  – Where are we?
  – Are we accessing our services?
  – What are our health outcomes as a population?
• Through Identity management we will need to connect with each and every member
Interim Health Plan 2014/15 Key Priorities

1. Transition

2. Governance and Decision-making

3. Health Services and Improvements

4. Partnerships

5. Leadership, Organizational Development and Planning
IHP 2014/15 Key Priority 1

Transition

- Implement Framework and Sub Agreement commitments
- Smooth delivery of programs and services
- Enable migration of service continuity agreements
IHP 2014/15 Key Priority 2

Governance and Decision-Making

- Create an effective working partnership with the FNHC and FNHDA
- Support regional capacity development and alignment
- Support regional planning
- Support community wellness planning
- Engage BC First Nations
Health Services and Improvements

- Implement Joint Project Board initiatives and investments
- Enhance existing programs and services
- Improve the First Nations Health Benefits program
- Ground services improvements and transformation towards a First Nations wellness perspective
IHP 2014/15 Key Priority 4

Partnerships

- Establish partnerships with BC First Nations health providers
- Implement tripartite and bilateral health plans and agreements
- Coordinate effectively with the BC Ministry of Health
- Support the Deputy Ministers’ tables on social determinants
- Strategic external partner development
- Implement regional partnership accords
IHP 2014/15 Key Priority 5

Leadership, Organizational Development and Planning

- Establish organizational planning process
- Organizational development, employee engagement and staffing strategies
- Establish wellness approach as the basis of organizational culture
- Implement leading edge FNHA infrastructure
- Advance accreditation
- Explore innovative approaches and business opportunities
- Establish health information systems and wellness indicator frameworks
MORE EVOLUTION!

SHIRT AND SHOES REQUIRED

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Moving forward with new initiatives

Presented by Richard Jock
Overview

• New initiatives
• Regional Investment
  – Regional Envelopes
  – iRHWP
  – Regional Governance & Partnerships
Joint Project Board

What?
A senior bilateral forum for joint decision making to advance shared strategic priorities and resolve issues

Why?
1. Advance strategic priorities
2. Overcome policy barriers and resolve issues
3. Support regional initiatives and priorities, and
4. Support the integration of initiatives and services
Regional Investment

- Regional Planning - Priorities
- Regional Envelope - Opportunity
- Regional Governance – Decision Making

First Nations Health Authority
Regional Envelope: long-term opportunity and lower flexibility

- Community contribution agreements
- Regional Health Benefit expenditures
Regional Envelope: short-term high flexibility

- Engagement
  - Nation & Community Engagement
  - Governance Engagement
- MSP through Joint Project Board
- Health Actions
Vancouver Coastal Regional Envelope: $35,232,341

Contribution Agreements: $578,807
Health Benefits: $17,470,000
Governance Engagement: $16,269,133
Community Engagement: $150,000
Health Actions: $153,901
Project Board: $150,000
Vancouver Coastal Regional Envelope (Flexible): $1,493,208

- Governance Engagement, $150,000
- Community Engagement, $153,901
- Project Board, $610,500
- Health Actions, $578,807
Research, Policy & Projects

• Regional Office development
• Health Service Mapping
• FNREEES
• Partnerships
• Reviews:
  – Residential schools support
  – NNADAP treatment programs
  – Nursing
First Nations Health Benefits

No longer ‘Non-Insured’

Presented by John Mah
Health Benefits

Benefits that are integrated with Canada
- Pharmacy Services
- Medical Supplies & Equipment
- Dental Services

Independent Benefits
- Vision
- Mental Health
- Medical Transportation
- MSP payments

Program
- Oral Health

Provider Request
FNHA Health Benefits
Review
Decision Provided
2013/2014 Successes

- **Service Continuity**: October 1 transfer and integration of Health Canada people, programs and services with minimal disruption
- **Operational Efficiency**: Reduction of backlog inherited from Health Canada
- **Customer Service**: Improvement in customer service with the addition of a Health Benefits Support Representative to field inquiries in culturally appropriate and timely manner
- **Benefit Improvement**: Medical Transportation: Meal Rate Increase
- **Service Continuity**: Accurate tracking of First Nations residing in British Columbia
- **Service Continuity**: Accurate reconciliation of claims with Health Canada
- **Service Continuity**: Registration of Dental Therapists with CDSBC
## 2014/15 Priorities

<table>
<thead>
<tr>
<th>Transition</th>
<th>Stabilization</th>
<th>Transformation</th>
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<tbody>
<tr>
<td><strong>Operations</strong></td>
<td><strong>Maintain Service Standards for Processing</strong></td>
<td><strong>Medical Transportation Reviews</strong></td>
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<td>Customer Service Experience</td>
<td></td>
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<tr>
<td><strong>Benefit Management and Policy Development</strong></td>
<td><strong>Health Benefits Improvements Committee</strong></td>
<td><strong>New policies and guideline development</strong></td>
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<tr>
<td>Partnerships with communities and external organizations</td>
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<tr>
<td><strong>Program Analysis and Claims Adjudication</strong></td>
<td><strong>Asset and service mapping</strong></td>
<td><strong>Claims Adjudicator Selection</strong></td>
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<tr>
<td>Data Analysis for program decision making</td>
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### Overview
- **Transformation**
- **Transition**
- **Stabilization**
- **Successes**
- **Priorities**
First Nations Health Authority
Health through wellness

eHealth Integration and Identity Management

Presented by Joseph Mendez
IIMS Service Overview – Quick Reminder

- Information Management
- Provincial and Community eHealth initiatives lead/collaboration
  - eHealth Projects: (Panorama, Telehealth Expansion Project, Health Connectivity, etc.)

- Infrastructure and Network Technologies
- User Support Services

- Core Infrastructure & User Support Services

- eHealth & Information Management Services

- Business Analytics and Intelligence
- Enterprise-wide Application Integration and Support Services
- Decision Support and Analysis Services

- Applications & Analytics Services

- Project & Risk Management Services

- FNHA Organization -wide Project Management Services
- Risk Management Services
- Security and Privacy
BC Provincial eHealth Integration

First Nations Key eHealth Projects – In Summary:

1. iEHR - Interoperable Electronic Health Record
2. Provider Registry
3. Provincial Laboratory Information Solution
4. Pharmanet Modernization
5. Provincial Diagnostic Imaging Viewer
6. First Nations Identity Management/Client Registry
7. First Nations Health Network
8. First Nations Panorama Implementation
9. First Nations Telehealth Expansion
10. Physician EMRs/Community EMRs Standardization and Integration Roadmap
11. FNHSO access to the eHealth Viewer
eHealth: In Practice & Outcomes – Identity Management
EMR and CEMR Strategies

- **Information Management Standards** – Further our ability to securely and appropriately integrate, share and access information at the point of care and analysis

- **Information Technology Standards** – Further our ability to take advantage of new technology platforms while reducing risks and costs in using these transformative assets

- **Funding Approach** – Developing a funding approach to further support increased adoption, ongoing cost, and new requirements

- **Privacy and Information Sharing** – In partnership with FN leadership, communities, Ministry of Health, Regional Health Authorities, we are developing a robust privacy and information sharing framework to further support our use and adoption of these fundamental enablers
Health Services Today...

Nursing
- Public Health Services
- Treatment Services in remote and isolated communities
- Home & Community Care
- Training and Development
- Recruitment & Retention
- Transfer Nursing Support and functional supervision

Health Surveillance
- Collect, analyze, interpret and report on First Nations data

Health Promotion & Disease & Injury Prevention
- Mental wellness – NNADAP, IRS Community Crisis intervention
- Children’s Programs - ECD, AHS, prenatal nutrition, FAS/FAE, Maternal and Child Health
- Chronic disease (including Diabetes) and
  - Injury Prevention

Environmental Health Services
- Delivery of Environmental public health services including: Drinking Water, Contaminant Research, Community Emergencies

Health Protection
- Immunization
- Pandemic/Emergency preparedness planning
- Prevention and treatment of communicable diseases
  - HIV/AIDS
DURING TRANSITION…

- **Improved First Nations Health Programs & Services** contributing to better health outcomes for BC First Nations.
- **Coordinate with Regional Engagement Processes**
- **FNHA’s Regional Structure**
- **Opportunity to initiate change in BC**
- **Increased in-house expertise supporting programs & services**
- **Opportunity for innovation**
- **Enhanced collaboration, coordination & integration with partners**
- **Increased focus on Health Promotion & Wellness**
HEALTH SERVICES TWO YEARS FROM NOW…TRANSFORMATION

OFFICE OF CHIEF NURSING OFFICER
- Within this office the team will continue and build on current nursing services.

OFFICE OF CHIEF/SENIOR MEDICAL OFFICER
- Moving from program management to building on content expertise to support communities design and deliver programs and services meeting their community needs.
- Creating Emergency Coordinator Position – better support for communities in crisis

Health Services evolves - with two pillars within FNHA Senior Executive Team: Chief Nursing Officer and Chief Medical Officer
Supporting BC First Nations Communities and FNHA Operations

Presented by Greg Shea
Corporate Services

Funding Arrangements
- Arrangement advice
- Arrangement development

Strategic Support
- Implementation support
- Governance support
- Policy management

Capital Assets
- Capital program
- Accommodations
- Fleet and capital assets

Business Services
- Accreditation
- Risk management
- Occupational health & safety
- Travel & administration
# 2014/2015 Funding

<table>
<thead>
<tr>
<th>Capital</th>
<th>Community-based Accreditation</th>
<th>Health Planning and Management</th>
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<tbody>
<tr>
<td>Approved Budget</td>
<td>$11.9 Million</td>
<td>$1.0 Million</td>
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<tr>
<td>Plus Additional Funding Allocation</td>
<td>-</td>
<td>$0.6 Million</td>
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<tr>
<td>Changes</td>
<td>No changes, full budget confirmed for the FY, approved projects proceeding as planned</td>
<td>No changes, additional funding available for Program expansion</td>
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Additional $0.74 Million to Base Budgets plus $1.8 Million Funding Allocation to Support Potential Program Expansions
2013/2014 Reporting

- Each community to issue one report at year end. Either:
  - a) Financial Report due 90 days after year end, or
  - b) Audit Report due 120 days after year end
- Set Programs (including Health Benefits Medical Transportation) require a note in the Financial Statements to:
  - a) summarize expenditures from Apr to Sep (pre-Novation period) and Oct to Mar (post-Novation period), and
  - b) provide a total for the year
- A guidance document will be provided to assist recipients and their auditors in the preparation of the 2013/14 fiscal year financial reports

Business as usual
QUESTIONS & DISCUSSION