

# IFHP BENEFICIARIES ARE STILL EXPERIENCING LIMITED ACCESS TO CARE

IN QUEBEC, REFUGEES AND ASYLUM SEEKERS BENEFIT FROM COVERAGE UNDER THE INTERIM FEDERAL HEALTH PROGRAM (IFHP).

## YET THEY HAVE LIMITED ACCESS TO SERVICES...

In Montreal, at least  
**1 IN 4 ASYLUM SEEKERS**  
does not have full access to  
free care



A study of 325 asylum seekers [1] found that:

- 86% of participants needed medical services ;
- 25% of participants experienced a request for payment or a refusal of services.

In 2020, only a dozen clinics in Montreal accepted the IFHP.

## ... BECAUSE FEW PROFESSIONALS AND FACILITIES ARE REGISTERED AS IFHP PROVIDERS.

In Quebec,  
**1 IN 2 PROFESSIONALS** is  
not aware of the issues facing  
these groups of people.



In a survey of 1673 health professionals in Quebec [2] :

- 48,4% were in favor of improving access to health care for asylum seekers ;
- 14,6% were opposed, 31,3% ambivalent, and 5,7% not concerned.

In a Canadian study of 1,006 paediatricians, half had not provided services to people covered by the IFHP in the last 6 months [3].

## THIS SITUATION HAS SERIOUS IMPLICATIONS FOR PEOPLE'S HEALTH ...



Delay in receiving care



Aggravation of  
health problems



Negative experiences (refusal of  
treatment, requests for payment)

## ... AS WELL AS ON THE HEALTH CARE SYSTEM.



Overcrowding in hospital  
emergency rooms



Additional costs for the Quebec  
health system

**THIS NOTE AIMS TO RAISE AWARENESS OF PERSISTENT ISSUES RELATED TO HEALTHCARE ACCESS AND TO PROVIDE POSSIBLE SOLUTIONS.**

# The IFHP is unpopular... why?

1.

## THE IFHP ISN'T WELL KNOWN AND HAS A BAD REPUTATION

- The IFHP is administered by a federal system and additional administrative procedures must be completed to verify a patient's eligibility, reimbursement and pre-authorization for certain services.
- There are certain misconceptions about the complexity of the registration procedures for the IFHP, the long delays and the amounts of reimbursements, the care covered, and so on.

2.

## HEALTH SYSTEM POLICIES DISINCENTIVIZE IFHP REGISTRATION

- Registration is optional. If they are not registered IFHP providers, doctors and other professionals can charge fees or refuse services to persons with IFHP coverage. Only hospitals are obliged to register with the IFHP and provide urgent medical care.
- Doctors and family medicine clinics must meet targets set by the Ministère de la santé et des services sociaux (MSSS) with regard to the number of patients to whom they deliver services, or they will be penalized. However, only patients with RAMQ coverage are counted when assessing whether targets have been met.
- A vulnerable patient generally counts as double when assessing whether doctors have reached their targets. This may be associated with a bonus. IFHP patients, however, are not counted at all even if they are vulnerable.

3.

## THE COVERAGE DOES NOT MATCH PEOPLE'S NEEDS

- Consultations with refugees and asylum seekers often take longer than average due to eligibility verification procedures but also due to their psychosocial difficulties and lack of fluency in French or English.
- The amounts allocated for interpretation services in psychotherapy do not cover all costs.
- Licensed mental health professionals often have long waiting lists.

# HOW TO ENCOURAGE IFHP REGISTRATION

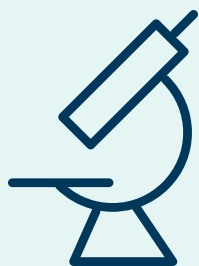


## INFORM AND TRAIN THOSE INVOLVED

- Carry out a broad and concerted awareness campaign focused on the realities, needs, and trajectories of persons subject to forced migration and about the IFHP with health professionals and administrative personnel throughout the province of Quebec.
- Train healthcare professionals and institutions (as well as university cohorts) concerning the IFHP and support them in order to increase the number of IFHP providers.
- Equip professionals from the various sectors who support IFHP beneficiaries so that they can inform them of their rights and defend their rights of access to care.

## ADAPT PUBLIC POLICIES

- Review the public policies in place in Quebec, in order to encourage (or not penalize) doctors who wish to follow refugees and those seeking asylum.
- Officially recognize asylum seekers as members of the population served by regional health and social services institutions (CISSS/CIUSSS) and included within the mandate refugee health teams mandated by the MSSS.



## COLLECT EMPIRICAL DATA ON ACCESS TO HEALTHCARE FOR REFUGEES AND ASYLUM SEEKERS

- Conduct more studies on access to care for refugees and asylum seekers (for instance, keep a record of services requests and of their needs) to have more empirical data on the situation.

# THIS NOTE WAS PREPARED BY:



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## A GUIDE

To **support** professionals, step by step, in becoming IFHP providers and caring for patients with IFHP coverage.

# THE FULL FILE IS AVAILABLE AT

**[www.cerda.info/dossier-PFSI](http://www.cerda.info/dossier-PFSI)**

## REFERENCES

- [1] Cleveland, J., Hanley, J., Salamanca Cardona, M., Turcotte-Plamondon, M., Wolofsky, T., Leloup, X., Merry, L., & Rose, D. (2021). Le parcours d'installation des demandeurs d'asile au Québec. Institut Universitaire SHERPA. <https://sherpa-recherche.com/realisations/publications/parcours-dinstallation-des-demandeurs-dasile-au-quebec/>
- [2] Frounfleker, R. L., Rahman, S., Cleveland, J., & Rousseau, C. (2022). A Latent Class Analysis of Attitudes Towards Asylum Seeker Access to Health Care. *Journal of Immigrant and Minority Health*, 24 : 412-419.
- [3] Leps, C., Monteiro, J., Barozzino, T., Bowry, A., Rashid, M., Sgro, M., & Suleman, S. (2021). Interim Federal Health Program : Survey of access and utilization by paediatric health care providers. *Paediatrics & Child Health*, pxab045. <https://doi.org/10.1093/pch/pxab045>
- Antonipillai, V., Baumann, A., Hunter, A., Wahoush, O., & O'Shea, T. (2017). Impacts of the Interim Federal Health Program reforms : A stakeholder analysis of barriers to health care access and provision for refugees. *Canadian Journal of Public Health = Revue Canadienne de Santé Publique*, 108(4), 435441. <https://doi.org/10.17269/CJPH.108.5553>
- Chen, Y. Y. B., Gruben, V., & Liew, J. C. Y. (2018). "A Legacy of Confusion" : An Exploratory Study of Service Provision under the Reinstated Interim Federal Health Program. *Refuge: Canada's Journal on Refugees / Refuge : Revue Canadienne Sur Les Réfugiés*, 34(2), 94102. <https://doi.org/10.7202/1055580ar>
- IRCC. (2021). Demandes d'asile par année [Descriptions de services]. <https://www.canada.ca/fr/immigration-refugies-citoyennete/services/refugies/demandes-asile.html>
- Rousseau, C., Rummens, J. A., Frounfelker, R. L., Yebenes, M. R. C., & Cleveland, J. (2021). Canadian Health Personnel Attitudes Toward Refugee Claimants' Entitlement to Health Care. *Journal of International Migration and Integration*. <https://doi.org/10.1007/s12134-021-00892-4>
- Ruiz-Casares, M., Cleveland, J., Oulhote, Y., Dunkley-Hickin, C., & Rousseau, C. (2016). Knowledge of Healthcare Coverage for Refugee Claimants : Results from a Survey of Health Service Providers in Montreal. *PLOS ONE*, 11(1), e0146798. <https://doi.org/10.1371/journal.pone.0146798>