ONTARIO RHEUMATOLOGY ASSOCIATION

Pearls Around Providing Care to Indigenous Patients

First Nations, Inuit, and Metis

Content

1. Resources

a. Treaty groups, communities, and even individual people may have access to different resources.

i. Ask patients about pre-existing resources in their home community that can be leveraged – i.e. nursing station, efficiency of travel (medical van, organization and accessibility and reliability for flights), access to lodge or hotel when seeking health care in a larger community.

ii. The Band office or nursing station may be able to identify available resources or tribal council (e.g. Matawa)

iii. Local hospitals

1. May have lists of local resources that patients can access
2. May have Indigenous community representatives, First Nation liaisons, interpreters, peer support workers, patient navigators, community rehab workers, spiritual care or traditional healers

b. For physicians who provide travelling or virtual care for communities they do not live in, AND for physicians whose patients travel from remote communities to see them, it may be helpful to identify resources local to their patients.

c. Access to resources may impact what interventions you pursue

i. Pharmacologic – efficiency of medication delivery, access to services for medication monitoring parameters (e.g. labs), training for self-injection or administration by family, availability of nurse delivered injections/infusions, logistics for infusions in monitored environments (e.g. rituximab, iloprost), medication storage (e.g. security, refrigeration)

ii. Non-pharmacologic – availability of community rehabilitation worker, assistive devices, appropriate venue for exercise, nutrition, smoking cessation services, dental, comorbidity management

iii. Non-Insured Health Benefits (NIHB) – medication coverage provides eligible First Nations and Inuit patients with access to a comprehensive range of prescription medication and select over-the-counter (OTC) products not covered by provincial, territorial, or private health insurance plans. Most pharmacies direct bill NIHB.

2. Concepts of "Traditional" or "Western" Medicine

a. "Traditional" indigenous healing and medicines

i. Patients tend to require established rapport before being forthcoming with their traditional medicines

ii. Patients are unlikely to fill in traditional medicine information on a pre-visit questionnaire

iii. "Traditional" healers/medicine men may not discuss the specifics of their medicines hence patients may not be aware of the specifics of what they take

iv. Some patients may believe speaking of the medicines they take will reduce its power, and examination of therapeutic effect through a Western lens may be diminishing

v. There is little data about interactions between "traditional" medicines and rheumatologist prescribed medications. This uncertainty may be used as incentive for patients to comply with regular laboratory monitoring (to identify previously unknown interactions)

vi. It is valuable to formally acknowledge and show respect for a patient's choice about using "traditional" medicine. This gives permission for patients to fully disclose their use and allow the rheumatologist to monitor for interactions, beneficial effects, or adverse effects.

b. "Western" medicine

i. Ask open-ended questions to solicit concerns about Western medications, including the experiences of family or community members

ii. During the encounter some patients may not make direct eye contact; this may be due to cultural differences and is not reflective of disinterest in the encounter

iii. The patient may need time to work through the medical information provided with support from family, community, chief and council, before they can follow up with questions. It is important to create an opportunity for them to follow up in the short-term to answer any questions that may arise (remote or brief in-person visit).

iv. Due to historical trauma, an Indigenous patient may be hesitant to ask questions about treatment due to concern about repercussions from authority figures (e.g. physicians), who may view it as 'defiance'

3. Appointment Logistics

a. Consider transitioning in person appointments to phone calls or video calls (where available) rather than cancelling

b. If in-person appointment required, ask the patient when they can come

c. Have leniency regarding no show fees, late fees, or similar punitive actions

i. Patients may travel for many hours to see you for a 15–30-minute appointment

ii. No show or late attendance – inquire why as the cause is often not within the patient's control

iii. Travel arrangements may be poorly communicated to the patients and may be cancelled at the last minute (they may be replaced by a passenger of a higher priority, a needed escort may not be able to accompany them, inclement weather, weight limits on plane)

iv. Auto-discharge policies that discharge patients after X amount of "no shows" are unfair to patients who miss appointments due to circumstances out of their control

v. In a small community, "unfair" discharge practices can impact physician reputation and potentially affect healthcare seeking behavior

vi. If affiliated with hospitals or have access to patient navigators, this may be a helpful intervention to help with visit coordination

vii. Consider varied techniques to confirm appointments

1. Having effective medical office administrative support is often helpful to allow for these multiple methods of appointment notifications and confirmations
2. Mail to patient in addition to mail/fax to NIHB
3. Verify appointment with NIHB (they rarely communicate with doctor's office).
4. Phone, email patient (if available) reminders

d. Consider allowing "drop in" telephone calls for Indigenous patients, however logistically this can be difficult to implement

One may consider allowing "drop in" telephone calls from some patients on an administration/paperwork half day, for example

4. Special Considerations

a. Understand Indigenous patients may have more pressing concerns than their rheumatic disease at times

i. Social issues – childcare, elder care, death in the family/community, unsafe home conditions, lack of potable water, lack of nutritious food, evacuated from community due to fire or flooding

ii. Other non-rheumatologic conditions

1. Mental health
a. PTSD
b. Depression
c. Intergenerational trauma

2. Addiction

3. Infectious disease outbreaks (i.e. tuberculosis)

4. Cardiovascular disease, diabetes mellitus, obesity, and others

b. Patients may not have gotten bloodwork, x-rays, or started their medication because they are dealing with some of these other issues, or the required services are not available locally

5. Pediatrics

Jordan's Principle is a child-first approach meant to ensure that First Nations children in Canada receive the healthcare services they need when they need them, without delays or denials due to jurisdictional disputes

i. Jordan's Principle is named after Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba. Jordan spent his entire short life in the hospital due to a jurisdictional dispute between the federal and provincial governments over who should pay for his out-of-hospital care

ii. The principle was established to prevent similar situations from happening to other First Nations children. It aims to ensure that First Nations children have equal access to government services, regardless of whether they live on or off reserve

iii. Jordan's Principle ends at age 18 and it is important to plan for issues with coverage prior to the transition from pediatrics to adult medicine
For further information including how to submit a request, please visit the Ministry of Health website:
https://www.sac-isc.gc.ca/eng/1568396296543/1582657596387

6. Links for Indigenous Resources from Local Hospitals:

Thunder Bay

https://sjcg.net/services/Indigenous-Relations/health.aspx

Timmins

- https://tadh.com/programs-services/indigenous-patient-services/
- https://tadh.com/wp-content/uploads/2024/07/patient-advocacy-brochure.pdf

Sudbury

https://hsnsudbury.ca/en/Services-and-Specialties/Indigenous-Health-Services

North Bay

https://nbrhc.on.ca/programs-services/mental-health-programs-services/regional-outreach-seniors-mental-health-program/regional-service-for-indigenous-people/

Women's College Hospital

https://indigenoushealth.womenscollegehospital.ca/

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