

Status Report
of actions to be taken in accordance with the Response to the
Auditor General's 2000 Report and the Standing Committee on Public Accounts' 2001 Report:
First Nations Health

The Public Accounts Committee (PAC), as a follow-up to the Auditor General's 2000 report, tabled recommendations in December 2001 requiring Health Canada to implement and report on improvements to its accountability and management activities. Health Canada agrees with the Standing Committee and the Auditor General that health programs for First Nations and Inuit must be well managed and accountable. This document highlights of the progress made by the Department since the release of the PAC/OAG report.

		Status				
Recommendation	Specific Actions	Completed	Implementation on Schedule	Implementation not yet Initiated	Implementation Past Due	Note
1	Report the progress made in implementing the recommendations contained in chapter 13 of the 1997 Report and chapter 15 of the 2000 Report of the Auditor General of Canada and in the Committee's 10th Report (36th Parliament, 1st Session) in Health Canada's Performance Reports, beginning with the Report for the period ending March 31, 2002.		X			This action also applies specifically to the reporting requirements identified in Recommendations 5,9,11, 12,15,16,19,23 and 24. Progress was reported in March 2002 and will continue until 2005.

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2	Implement Monitoring Contract and Contribution System (MCCS).	X				
2	Conduct Quality Assurance Review of the implementation of MCCS.	X				
3	Develop a comprehensive reporting handbook - Financial and Audit Reporting Guidelines.		X			
3	Develop a comprehensive reporting handbook - Program Reporting Guidelines.		X			
3	Conduct Quality Assurance Review of reporting practices.	X				
4	Develop and distribute an Intervention Policy Framework handbook.	X				

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4	Communicate and conduct training on the Intervention Policy.		X			
4	Review the Intervention Policy.		X			
5	Implement Accountability Framework.		X			
5	Report on actions taken in an electronic Annex to the Departmental Performance Report (DPR).	X				
6	Ensure FNI communities entering into transfer agreements follow the two-year planning, capacity building and assessment process required in order for communities to undertake transfer - implement a two-year planning implementation process required in order for the communities to enter into transfer.	X				

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7	Support the building of capacity at the First Nations and Inuit community level through pilot projects whereby communities develop their own health plans.		X			
7	Develop a Capacity Strategy to build or restore administrative and delivery capacity in First Nations and Inuit communities.	X				
8	Ensure that the updated Community Health Plan and Evaluation Report are used to form the basis of the renewal decision.		X			
9	Report on the human and financial resources dedicated to building capacity in First Nations and Inuit communities for the 2002-03 Report on Plans and Priorities (RPP).		X			

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9	Establish the Branch Business Planning and Management Directorate to build internal and external capacity and improve reporting.	X				
10	Implement the First Nations and Inuit Health Branch (FNIHB) Intervention Policy.	X				
10	Review the FNIHB Intervention Policy.		X			
11	Report on the Capacity Building Review in the 2002-03 DPR.		X			
12	Work with Statistics Canada and the National Aboriginal Health Organization to support the First Nations Regional Longitudinal Survey to provide health information about on-reserve populations.		X			

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12	Provide information on the data collected to demonstrate the health outcomes achieved by Community Health Programs and the Non-Insured Health Benefits (NIHB) Program in the 2002-03 DPR.		X			
13	Apply the requirements specified in the Government of Canada Evaluation Policy when managing the Community Health Programs and the NIHB Program.	X				
13	Ensure that the new HC Audit, Evaluation and Review Committee supports the Branch's implementation of evaluation plans.	X				

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14	Develop a multi-year evaluation plan in the context of contribution programs authority renewal initiatives.	X				

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14	Undertake evaluations for the Canada Prenatal Nutrition Program (CPNP), Aboriginal Head Start for First Nations On-Reserve, and Canadian Strategy on HIV/AIDS for First Nations On-Reserve.		X			
14	Develop a new evaluation framework for the NIHB Program.	X				
15	Develop a multi-year evaluation plan in the context of contribution programs authority renewal initiatives.	X				
15	Identify three evaluations planned for Community Health Programs in the 2002-03 RPP.	X				

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16	Provide a list of all completed evaluation reports for Community Health Programs in the 2002-03 DPR.	X				
17	Enhance the Point-of-Sale system for pharmacies under the NIHB Program.	X				
17	Ensure that all providers in the NIHB Program are utilizing the most current version of the Pharmacy Electronic Communication Standard (PECS).	X				

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18	Ensure that an analysis of overrides of warnings at the provider level is done, conduct audits on providers and continue generating quarterly reports on the number of Drug Utilization Review (DUR) claims submitted, accepted and rejected.	X				

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19	Provide a report of the analysis of pharmacists' overrides and actions taken in response in the 2002-03 DPR.				X	Health Canada will continue to ensure that the analysis of pharmacists' overrides of warnings is done. A report will be generated on the pharmacists' overrides once the data is finalized.
20	Implement the consent policy through the national campaign to gather general consent.		X			
20	Monitor situation of non-consent.		X			

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20	Re-establish the comprehensive Drug Utilization Review (DUR) protocol.			X		This will be re-established on September 1, 2003, after consent is obtained.
21	Develop a policy to guide our response in cases where we are unable to obtain the consent of recipients of NIHB to share information on use of pharmaceuticals with health care professionals and make that policy known prior to the implementation of a client consent arrangement under the NIHB Program.		X			The NIHB policy has been developed: if the client does not provide consent, the Program will be unable to provide benefits.

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22	Review the option of obtaining specific enabling legislation for the NIHB Program that would, among other things, permit the sharing of information about client drug prescription patterns among health care professionals, and report the conclusions of that review to the Committee by March 31, 2002.	X				The establishment of legislation was reviewed carefully as a mechanism to address the legal requirement for consent. However, it was not clear that legislation would preclude the need for client consent. No action required as this is no longer under consideration.

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23	Provide a report on the project being tested with the College of Physicians and Surgeons of Saskatchewan specifying the nature of information being shared; time lines for project implementation; and the human, financial, and technological resources devoted to the project in the 2002-03 DPR.		X			The College has been provided encrypted data for use in testing during the development of their system. Health Canada is awaiting a response.

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24	Provide a progress report on the project being tested with the College of Physicians and Surgeons of Saskatchewan with a focus on the outcomes achieved in the 2002-03 DPR.		X			The College has been provided encrypted data for use in testing during the development of their system. Health Canada is awaiting a response.

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25	Ensure information sharing between physicians and pharmacists with the resumption of DUR activities.			X		This will be re-established after consent is obtained.
25	Provide a report on DUR activities in an electronic Annex to the 2003-04 DPR.			X		Reporting will begin in the 2003-04 DPR.
25	Ensure work continues with prescribers, provider association/colleges and provincial/territorial governments to support the appropriate use of prescription drugs.		X			
26	Health Canada to ask the Government to amend the <i>Privacy Act</i> if necessary in order to clarify that health care providers can share the personal medical information of individuals among other health care providers.					The Government does not intend, at this time, to amend the <i>Privacy Act</i> with respect to sharing of personal medical information. No further action required.