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- Executive Summary -

Review of The Medical Surveillance Process

October 1999

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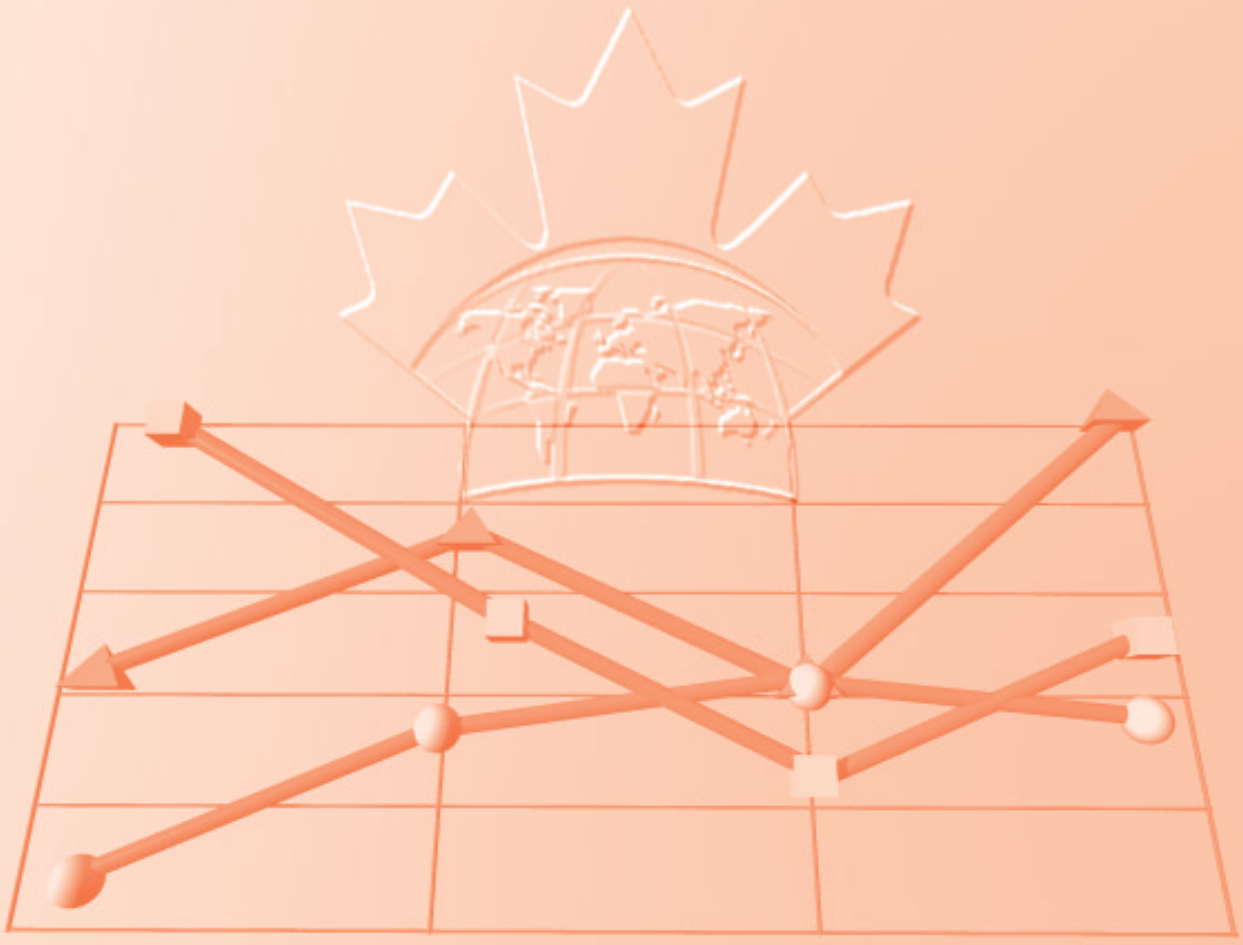
UNITÉ D'EXAMEN



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Aussi disponible en français sous le titre *Sommaire - Examen du processus de surveillance médicale*

- Executive Summary -

REVIEW OF THE MEDICAL SURVEILLANCE PROCESS

Prepared for:

Citizenship and Immigration Canada

Prepared by:

Performance Management Network

October 1999

Executive Summary

This report was commissioned by the Corporate Review Unit. The study examined the medical surveillance process to determine if modifications were needed to the design and/or accountability and control framework to improve the program effectiveness and quality of information provided to the provinces/territories. The scope of the study was limited to Citizenship and Immigration Canada (CIC) processes.

The study involved interviews with CIC personnel in Headquarters and three selected Ports of Entry (i.e., Vancouver, Toronto and Montreal), Health Canada and public health authorities in Ontario, British Columbia and Québec as well as a document review.

While the report discusses areas for improvement, this should be viewed in the context of a program that has undergone many positive improvements over the past five years. These findings are therefore in support of these continuous improvements to the program.

There are four main areas of findings and recommendations. They are:

- Program;
- Process;
- Practices; and,
- Information Systems.

The surveillance program focuses on providing the necessary information to public health authorities. Migrants under medical surveillance are responsible for reporting to public health authorities. Based on interviews with departmental and provincial officials, most migrants do not appear to know they have inactive TB nor do they understand the program. Migrants are not given information to understand their health condition and how the medical surveillance program can assist them and, tools to initiate this support. In essence, the migrant has been eliminated from proactively participating in the process.

In order to be proactive, migrants need to be armed with the knowledge of their condition, how the program works, benefits and the means to contact the health system. This approach has the potential to improve compliance and reduce costs to public health authorities.

Monitoring information is seriously lacking in the medical surveillance program. Except for anecdotal information, there is no clear picture of the percentage of migrants not-complying with the program and whether public health authorities are receiving the full list of migrants who are supposed to be under medical surveillance. This problem becomes more pronounced when migrants move amongst provinces and territories while tracking systems do not. To develop the proper monitoring framework, a national database and system needs to first be developed. This would save resources for public health authorities, allow the Department to assess the

effectiveness of the program and more appropriately target Departmental and public health authority activities to areas of non-compliance.

Duplication also exists in the processes of the program. Elimination of redundant forms and duplicative data entry would streamline the process and save time for POEs and public health authorities while improving the accuracy of information.

The following lists the recommendations to the medical surveillance program.

1. Modify the current approach so the migrant is motivated and responsible to report for medical surveillance through awareness and education.

2. Information packages should be developed to ensure that, prior to leaving their country of origin, migrants who require medical surveillance understand their condition and the need to have their condition managed.

3. Engage DMPs overseas to educate the migrant about their condition and the objective and benefits of medical surveillance.

4. In discussions with provinces/territories, determine whether to modify the current approach of medical surveillance to include the treatment of latent infection.

5. Establish a completeness check for the information sent to public heath authorities.

6. Establish a linkage amongst public health authorities to report how many migrants have/have not checked in.

7. Public health authorities inform CIC of compliance/non-compliance.

8. CIC should investigate, in conjunction with public health authorities, whether an electronic information link can be made to facilitate the exchange of information.

9. Create a communication document to inform organizations involved in the medical surveillance process of their respective roles and needs of each step in the process.

10. Provide a list of public health authorities (e.g., names, telephone numbers, addresses, e-mail) to migrants as part of the information package given to them prior to coming to Canada.

11. Eliminate the IMM 535 and move the signature giving public health authorities permission to access previous medical files to the IMM 1000.

    The IMM 535 should continue to be used for visitors only since they do not receive an IMM 1000.

12. A review be conducted to determine if and how the Departmental Delivery Network can move to a systems-based approach.

13. Add radiologist's codes on IMM 1000.

14. DMP selects radiologist based on criteria and standards provided by CIC.

15. Develop information packages in local languages.

16. Involve overseas DMPs where the migrant would like additional information to educate migrants about their condition and the objective and benefits of the medical surveillance program.

17. Send e-mail with the OM notifying Officers of modified procedures so that if Officers refer to a section in the manual they are sure to have the most recent procedures.

18. Centrally update manual electronically from HQ (on-line).

19. Have OMs listed by subject as well as dates.

Management Response: Director General of the Selection Branch

Selection Branch, in consultation with DDN, IR, and Health Canada are currently reviewing all of the recommendations and considering next steps, including the possibility of a joint pilot project with one or more provinces.