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First Nations and Inuit Health Branch

The 2012 National eHealth Scan The “As Is” and “To Be” States

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Prepared by

eHealth Infostructure Program, National Office

“Connected, Informed, Healthier”

Canada 

Executive Summary

- This scan provides a horizontal Branch-wide picture of Health Canada's First Nations and Inuit Health Branch (FNIHB) services, programs and eHealth initiatives, including the scope, linkages, alignment and integration opportunities for regions.
- FNIHB's services and programs include: Pharmacy (Pg. 3), Home and Community Care (Pg. 4), Dental (Pg. 6), Communicable Disease Control (Pg. 7), Environmental Health (Pg. 9), Clinical and Client Care (Pg. 11), Mental Wellness (Pg. 14), Diabetes (Pg. 16), Healthy Child Development (Pg. 18), and Supplementary Health Benefits (Pg. 19).
- FNIHB's headquarter and regional program managers/leads in programs have provided information about what specific eHealth activities are taking place today (current state) and what could eHealth tools, processes, and partnerships do in the future (future state) to enable or assist with improved health care service delivery, access, productivity, safety and quality at the regional and community level.
- Program policy statements and strategies along with the Branch's Program Activity Architecture and Performance Measurement Framework were used to summarize the business of FNIHB.
- FNIHB has also worked together with First Nations leadership to gather their inputs and comments for the eHealth environmental scan.
- This information will assist FNIHB and other federal, provincial and First Nations partners to:
 - Identify alignment and integration opportunities in regions; and
 - Target investments in innovation towards key business priorities in a cohesive and sustainable fashion, rather than as individual program initiatives.
- This FNIHB eHealth scan is meant to be dynamic and will continue to be updated as new data is available.

The Business				eHealth to Enable and Support FNIHB Business	
Program and Services	Descriptions/ Objectives	Expected Results / Outputs	Performance Indicators*	Current State – eHealth and other Applications (First Nations / FNIHB / Provinces)	Future State - eHealth Opportunities (First Nations / FNIHB / Provinces)
1. Pharmacy	<p>Pharmacy</p> <ol style="list-style-type: none"> Supports, coordinates implementation of pharmacy standards of practice in nursing stations and health centres on-reserves; Develops pharmacy policy and procedures at the national level; Builds capacity for First Nation communities enabling them to manage their pharmacy needs; Aids access to electronic pharmacy support tools to enable efficient provision of pharmacy services on reserve; 	<ol style="list-style-type: none"> Improved access to clinical and client care services; Timely collaboration with internal and external service providers; Improve patient safety; Reduce nursing workload & potential human resource costs; Less drug inventory costs & waste; Meet provincial drug dispensing standards; Meet proposed accreditation standards for health facilities on-reserve. 	<ol style="list-style-type: none"> % of eligible on-reserve population accessing clinical and client care services; Ratio of urgent to non-urgent clinical and client care services provided in nursing stations; Electronic client medication history; Electronic drug interaction/duplication monitoring; Reduce drug related medivacs; Ability to conduct drug utilization review; Pharmacist oversight of dispensing where none currently exists; Reduce nursing time spent on pharmacy tasks; Ability to track drug dispensations from inventory, monitor wastage/expiry; Compliance with provincial and accreditation standards. <p>* Sources: Program Activity Architecture and Performance Measurement Framework (Approved April 2011); and programs.</p>	<p>British Columbia</p> <ul style="list-style-type: none"> Nurses use PharmaNet; Telepharmacy in First Nations communities; Using RxVigilance; Some regional pharmacists are located not within First Nation communities and serve First Nation communities from larger urban centres. Currently regional pharmacists must carry hard copies of their working documents to remote communities. <p>Alberta</p> <ul style="list-style-type: none"> Nurses use ePharmacy inventory management in Nursing Stations; Telepharmacy; Region uploads pharmacy information to provincial Netcare System; eLearning for health professionals, community capacity building in other health professional fields of work. <p>Saskatchewan</p> <ul style="list-style-type: none"> Health Teams use personal digital assistants (PDAs) for pharmacy staff; Pharmacy Information Program (PIP). <p>Ontario</p> <ul style="list-style-type: none"> Using RX Vigilance; Was using telepharmacy in Curve Lake First Nation and Beausoliel First Nation until Pharma Trust went bankrupt in June 2012. Use of videoconferencing was done to do patient consultations with the remote dispensing machine. <p>Quebec</p> <ul style="list-style-type: none"> First Nation owned software used by all nursing stations and health centers to order drugs to Wendake Distribution Center; Business intelligence (BI) environment for drug usage 	<p>Telehealth & Mobile Health Services</p> <ol style="list-style-type: none"> Telepharmacy: <ol style="list-style-type: none"> Pharmacy clerks, prescriptions and remote dispensing machines are reviewed and managed by remote pharmacist (NIHB pharmacy provider) prior to medications being dispensed and/or administered; Provide nurses access to remote pharmacists, eLearning and competency tools (i.e., electronic access to all pharmacy resources such as Compendium of Pharmaceuticals and Specialities, Micromedex, Epocrates, Med Calculators, Medi Math on an iPad to use when in the field; Remote patient consultations with pharmacist by Telehealth/videoconference. Implement electronic drug dispensing and inventory systems in nursing stations. <p>Example: An ePharmacy management system can support broader ordering controls and inventory management capabilities (including lot and expiration date management) and potential use of more productive tools such as bar code labels and scanning capabilities.</p> Drug cabinets in all nursing stations with electronic dispensing monitoring (build upon Alberta pilot). Access to resources via tablets pharmacy apps that are available in most hospitals and pharmacies would streamline work and assist with medication management and cost control. <p>EMRs/EHRs</p> <ol style="list-style-type: none"> Deploy Electronic Medical Records (EMR) in First Nation communities for use in nursing stations and health centres to monitor drug prescribing practices, quality issues and

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				<p>analysis and recommendation for First Nation communities (using Alberta BI).</p> <p>Atlantic</p> <ul style="list-style-type: none"> Promote eLearning for health professionals via available videoconferencing; Continue to seek ongoing collaborative work with Alberta on NIHB database; Continue to provide NIHB reports to FN communities on request. <p>Manitoba</p> <ul style="list-style-type: none"> Rx Vigilance inconsistently used at present due to lack of application support; Currently all programs used by regional pharmacist, pharmacy services approved by FNIHB’s Non-Insured Health Benefits Program (NIHB) are managed through Health Canada’s Web Office and are only operational when there is access to Web Office. For the Regional Pharmacy Director this creates a problem when there are connectivity issues. 	<p>medication errors including narcotic usage. This supports patient safety through record inventory, drug utilization and cost containment. The use of EMRs would allow for pharmacy audits especially for narcotic usage as per Office of Nursing Service compliance requirements.</p> <p>2. Link EMRs and Electronic Health Records (EHRs) with provincial Drug Information Systems (DIS) to provide nurses in First Nation communities with access to provincial and pharmacy networks.</p> <p>3. eChart access through provincial key fob security device and wireless “rocket stick” would allow regional pharmacists access from anywhere to provincial dispensed drug registry.</p> <p>Capacity, Knowledge, Education/Training</p> <p>4. Build capacity for pharmacists to support methadone clinics.</p>
<p>2. Home and Community Care</p>	<p>Home and Community Care (HCC)</p> <p>1. Coordinated system of health and community care services for First Nations and Inuit people with disabilities, chronic or acute illnesses and the elderly;</p> <p>2. Delivered by home care registered nurses and trained and certified personal care workers.</p>	<p>1. Improved access to home and community care services;</p> <p>2. Timely collaboration with internal and external Home and Community Care and primary care providers;</p>	<p>1. HCC Utilization Rate: number of admissions to HCC per thousand on-reserve population;</p> <p>2. % distribution of HCC services provided by type of service:</p> <ul style="list-style-type: none"> Client assessment; Case management; Home care nursing; Personal care; Home management; In-home respite; Supportive Services; Other 	<p>All regions</p> <ul style="list-style-type: none"> FNIHB’s Electronic Service Delivery Reporting Template (eSDRT) training; @YourSide Colleague - education, professional networking and consultations; FNIHB’s Community Based Reporting Template (CBRT); FNIHB’s Electronic Human Resource Tracking Tool (eHRT). <p>British Columbia</p> <ul style="list-style-type: none"> Telehomecare - education/training and clinical services; eSDRT training; @YourSide Colleague - education, professional networking and consultations; CBRT; eHRT. 	<p>Telehealth & Mobile Health Services</p> <p>1. Telehomecare/mobile home care solutions for client care, remote monitoring, data gathering and client education, and provider training in priority areas of chronic disease management:</p> <ul style="list-style-type: none"> Diabetes; Chronic obstructive pulmonary disease; Congestive heart failure; and Mental health and addictions. <p>Solutions include:</p> <ul style="list-style-type: none"> Store and forward solutions, e.g., digital retinal images taken in remote communities and uploaded for later retrieval by an ophthalmologist in urban medical centre—reducing need for medical transportation; Reference tools and applications (e.g. drug reference,

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	<p>3. Essential service elements include:</p> <ul style="list-style-type: none"> • Client assessment; • Home care nursing; • Case management; • Home support (personal care and home management); • In-home respite; • Linkages and referral, as needed, to other health and social services; • Provision of and access to specialized medical equipment and supplies for care; • System of recordkeeping and data collection. 		<p>3. % of communities with collaborative service delivery arrangements with external service delivery partners;</p> <p>4. Total number of hours of HCC services provided;</p> <p>5. % of on-reserve population accessing HCC services.</p> <p>* Sources: Program Activity Architecture and Performance Measurement Framework (Approved April 2011); and programs.</p>	<p>Alberta</p> <ul style="list-style-type: none"> • Telehomecare/Videoconferencing: <ul style="list-style-type: none"> • Professional development/education – grand rounds, Alberta Region home care nursing orientation, e-SDRT Training, Orientation to Risk Management Assessment Tool (RMAT); • Direct client care – lower leg assessments, wound care and ostomy consultation; • Administration – meetings between various stakeholders, eg., communities, provinces, FNIHB; • Using Moodle for: <ul style="list-style-type: none"> • Wound Care Training Sessions (recorded and live); • Continence Training; • Required training (Influenza Update, Sterilization, etc); • Home Care Reporting System Pilot Project: <ul style="list-style-type: none"> • Electronic Evidenced based standardized assessment tool (Resident Assessment Instrument – Home Care and Resident Assessment Instrument – Contact Assessment); • Mandatory training via Web-Ex; • InterRAI home care assessment; • The SLICK project (Screening for Limb, I-eye, Cardiovascular, and Kidney complications of diabetes) in Alberta has made significant use of store and forward technologies through the OneHealth.ca portal. <p>Manitoba</p> <ul style="list-style-type: none"> • Telehomecare monitoring of patients; • eSDRT and eHRT used for tracking home care service delivery and human resources for home care; • Use of web-based education tools (e.g. wound care). <p>Saskatchewan</p> <ul style="list-style-type: none"> • iPads for client/patient education; • PDAs/iPads for homecare nurses; • Librestream camera to connect clients in their home community with other professionals via telemedicine 	<p>patient education diagrams) readily available for use on mobile technologies, e.g., tablets and smart phones;</p> <ul style="list-style-type: none"> ○ Partnerships to support the integration of First Nations Telehomecare services with provincial strategies and applications for Chronic Disease Management; ○ Home care service provider tools such as InterRAI Home Care, InterRAI Contact Assessment tool, InterRAI Community Health Assessment, InterRAI Community Mental Health; InterRAI Wound Care; ○ Occupational therapy services provided through videoconferencing. <p>EMRs/EHRs</p> <p>2. EMR and Mustimuhw Electronic Health Record (cEMR) deployment including integrated links with provincial health systems will support the home care program and use of clinical records as well as support clinical decisions making within interdisciplinary teams. A fully integrated record that links with provincial/regional health authority (RHA) systems and includes pharmacy, diagnostics and other systems. Integrate reporting mechanisms into the record.</p> <p>3. Home care nurses will have access to provincial laboratory, dispensed medication, and immunization registries via eChart for patient longitudinal health history.</p> <p>Capacity, Knowledge, Education/Training</p> <p>4. Enhancements to Telehealth/videoconferencing and support to increase utilization with Home and Community Care programs and providers to support nursing educational and administrative needs;</p> <p>5. videoconferences between families, home care workers in remote First Nations communities and hospital based home care teams (nurses, occupational therapists) to support eLearning – clinical advising on specific issues.</p>

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				<p>method.</p> <p>Ontario</p> <ul style="list-style-type: none"> • Telehomecare - education, administration, mentoring, clinical and in-home visits; • Telehomecare with Keewaytinook Okimakanak Telemedicine (KOTM); • Telewound care - wound consultation <p>Quebec</p> <ul style="list-style-type: none"> • Telehealth/videoconferencing for education and training— a collaboration between Health Canada (HC) and First Nations of Quebec and the Labrador Health and Social Services Commission (FNQLHSSC). <p>Atlantic</p> <ul style="list-style-type: none"> • Telehealth/video conferencing in health centres for educations/training; • Help Desk / Technical Support to individual communities; • Home eHealth - education, clinical services, and personal status monitoring in New Brunswick (NB); • Clinical Telehealth for home care. 	
3. Dental	<p>Dental</p> <ol style="list-style-type: none"> 1. Improve & maintain oral health of First Nations and Inuit at levels comparable to that of other Canadians; 2. Proactive disease prevention; 3. Oral health promotion; 4. Dental services provided by regional dental 	<ol style="list-style-type: none"> 1. Preventative services provided to people living in communities; 2. Provision of oral health care in First Nations communities; 3. Expansion of COHI to more children within existing COHI communities; 4. Increase capacity for 	<ol style="list-style-type: none"> 1. Reaching higher percentage of eligible children living in communities; 2. Data capturing function consistent and compatible with data elements and tools used by NIHB; 3. Implementing code review for procedure codes used. <p>* Sources: Program Activity Architecture and Performance Measurement Framework</p>	<p>British Columbia</p> <ul style="list-style-type: none"> • Dental digital images system called Scan X with oral camera and software; • Dental therapists presently using paper files to record and track services; • Health Information and Claims Processing System (HICPS) adhoc reports; • National COHI System. <p>Alberta</p> <ul style="list-style-type: none"> • Currently utilizing Moodle as a tool for training (i.e., infection control); • On-line training for dangerous goods; 	<p>Telehealth & Mobile Health Services</p> <ol style="list-style-type: none"> 1. The use of iPads applications and mobile tablets would assist in patient teaching both in the clinic and when Health Care Professionals are in community school and other facilities. <p>EMRs/EHRs</p> <ol style="list-style-type: none"> 2. Deploy EMRs to support safety and quality care by enabling dental providers with up-to-date guidelines, standards and pharmacy information; 3. Store and forward solutions linked to an electronic dental x-ray repository and EMRs, oral cameras and digital x-rays in dental offices--used for sending images to specialists or other providers for pre-determination and advice on treatment needs.

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	therapists, FNIHB staff & the staff of many First Nations; 5. Support of regional delivery of dental therapy services; 6. Support of development & implementation of Children’s Oral Health Initiative (COHI); 7. Support of community-based initiatives for water fluoridation; 8. Increase data integration with NIHB to improve planning, monitoring, reporting and to improve information for decision making with an emphasis on performance measurement.	reporting on oral services provided in and off reserves;	(Approved April 2011); and programs.	<ul style="list-style-type: none"> E-mail as a tool to communicate with field staff. <p>Manitoba</p> <ul style="list-style-type: none"> Teledentalhealth - community education, developing interventions for childhood oral health; Telehealth - community education, developing interventions for childhood oral health; Manitoba has its own dental Access database that is not shared or supported through national office. It was a custom design to support NIHB regional needs and is not linked to national database. It is specialized and will need to remain for the historical information and specialized regional context. HC’s Information Management Services Directorate (IMSD) does not support this application. <p>Ontario</p> <ul style="list-style-type: none"> Teledental – Sioux Lookout Zone dental and Thunder Bay – for emergency situations and pre and post treatment aftercare. <p>Quebec</p> <ul style="list-style-type: none"> Manual data collection at site and manual data entry at HC office to L’initiative sur la santé buccodentaire des enfants (ISBE)/ Children’s Oral Health Initiative (COHI). <p>Atlantic</p> <ul style="list-style-type: none"> Dental Digital Images system called Scan X (supported by IMS) [consists of internal oral camera and software]; National COHI system; Promote eLearning for Health Professionals via available Video-conferencing. 	Such information and communication technologies (ITCs) will: <ul style="list-style-type: none"> Modernize services by enabling remote consultations including the approval transaction process between dental therapists regional dental officers; Reduce the need for medical travel to specialist care; Improve productivity by providing faster treatment Dental therapists will have access to approved treatment plans while they are in the community; Dental workers (aides) can be educated and trained to use the cameras and forward the images to Regional Dentists when there are immediate concerns thus facilitating timely dental care. 4. Electronic charts for capturing data and transferring to NIHB, i.e., electronic recording of dental services, diagnostic elements and submitting electronic claims. Store all data collected from the paper chart including personal information, medical information and history, dental information and history, charting of hard and soft issues, progress notes, treatment plans, pictures and x-rays, prescriptions and history of all services provided. Track all services provided which are recorded using the recognised procedure codes and descriptions for uploads to systems such as NIHB’s H. I C. P.S.
4. Communicable Disease Control	<p><u>Communicable Disease Control and Management</u></p> 1. Reduce incidence, spread and human health effects	1. Contribute to primary health care programs and services that are responsive to the	1. Immunization coverage rates for two and seven-year old children living on-reserve; 2. Percentage of FN communities with integrated pandemic	<p>British Columbia</p> <ul style="list-style-type: none"> Integrated Public Health Information System (iPHIS) in 3 communities; Over 40 communities using Mustimuhw cEMR. Close collaboration with province (BC’s Centres for 	<p>Telehealth & Mobile Health Services</p> 1. Use Telehealth/videoconferencing to facilitate regular meetings and communication for client care, e.g., infection control; 2. Deploy tablets for providers to access reference materials and

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	<p>of communicable diseases, in collaboration with other jurisdictions;</p> <p>2. Programs are delivered through contribution agreements and focuses on vaccine preventable diseases, blood borne diseases and sexually transmitted infections (e.g., HIV/AIDS), respiratory infections such as tuberculosis (TB) and communicable disease emergencies (e.g., pandemic influenza);</p> <p>3. Activities include surveillance and reporting; immunization, screening; health promotion; and strengthen community capacity (e.g., pandemic plans);</p> <p>4. Communicable disease control and management activities are targeted to on-reserve First Nations, with some support to address tuberculosis in Inuit communities.</p>	<p>needs of First Nations and Inuit individuals, families and communities;</p> <p>2. Increased community capacity to manage and administer communicable disease control programs;</p> <p>3. Access to communicable disease control and management program activities;</p> <p>4. Public awareness and knowledge of communicable disease risks;</p> <p>5. Communicable disease surveillance data and program data.</p>	<p>preparedness/response and emergency preparedness response plans;</p> <p>3. Proportion of Tuberculosis patients who complete treatment;</p> <p>4. Proportion of communities participating in national and/or regional social marketing and/or public education campaigns;</p> <p>5. # of surveillance plans in place with standardized communicable disease control indicators at the community, regional and national levels.</p> <p>* Sources: Program Activity Architecture and Performance Measurement Framework (Approved April 2011); and programs.</p>	<p>Disease Control) on electronic reporting of communicable diseases;</p> <ul style="list-style-type: none"> Working towards implementation of Panorama to First Nations communities; <p>Alberta</p> <ul style="list-style-type: none"> Community Health and Immunization Program (CHIP) in some communities; eLearning – Telehealth, Moodle, Ellunminate, OneHealth, Webx; Canadian Network for Public Health Intelligence (CNPHI); Region’s Centre for Disease Control (CDC) Databases: vaccine management; notifiable diseases reporting/monitoring; prenatal public health screening; Methicillin -resistant Staphylococcus aureus (MRSA) monitoring, and TB screening; Videoconferencing, recorded sessions for nurses. <p>Saskatchewan</p> <ul style="list-style-type: none"> Saskatchewan Immunization Management System (SIMS); Integrated Public Health Information System (iPHIS); Tuberculosis Information System (TBIS). <p>Manitoba</p> <ul style="list-style-type: none"> Manitoba Immunization Monitoring System (MIMS); Provincial electronic health record (eChart) with access to provincial immunization registry records; Surveillance databases that are disconnected from province and RHA's; Telehealth for clinical patient care and public health staff education; Six First Nation communities have a community EMR for tracking immunizations. <p>Ontario</p> <ul style="list-style-type: none"> First Nations and Inuit Health Information System (FNIHIS). <p>Quebec</p>	<p>applications used for client teaching, e.g., HIV/Hepatitis C;</p> <p>3. Use of social media for client education.</p> <p>Panorama/other Public Health Systems</p> <p>4. Deploy Panorama or its jurisdictional equivalent in First Nation on-reserve communities;</p> <p>5. Use common records between by province, FNIHB, regional health authorities and First Nation communities;</p> <p>Functionalities:</p> <ol style="list-style-type: none"> Use for communicable disease control, contact follow-up; Outbreak management, immunization; Enhanced analysis and reporting capacity; Laboratory links; Identify and record emerging diseases and health issues in First Nations communities; Replace internally developed notifiable diseases reporting/monitoring database. <p>6. Support regional access to Aboriginal Affairs and Northern Development Canada’s (AANDC) Indian Registry for all health programs including population health assessment and surveillance.</p> <p>7. Support the development of linkages between First Nations CDC applications with provincial systems (i.e. Application for Notification Disease Surveillance (ANDS)).</p> <p>EMRs/EHRs</p> <p>8. Deploy provincially integrated EMRs/EHRs for on-reserve community nursing stations, health centres, and federal hospitals;</p> <p>9. Establish of data sharing agreements and processes, create appropriate electronic systems to collect public health information from Panorama and EMRs/EHRs in a manner consistent with all applicable privacy legislation.</p>

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				<ul style="list-style-type: none"> Vaxin and FNIHIS. <p>Atlantic</p> <ul style="list-style-type: none"> Practimax and FNIHIS; EMRs - Practimax, Practice Solutions, Nightingale; Teleform reporting; Provincial (public health) Client Registry Management System (CRMS) for First Nation communities in Labrador; Provincial (public health) Client Service Delivery System (CSDS) for First Nation communities in New Brunswick; Prince Edward Island’s Information Management System (IMS) for immunizations; eLearning for health professionals; Linkages to national notification systems, e.g. FluWatch; Immunization tracking tools developed and implemented; Aligning First Nations Health Information Management and infrastructure needs with regional eHealth Community Health Technology Plans i.e., readiness assessment and 3 to 5 year plans to address community health information needs. Working with FNIHB programs and in partnerships with the RHA/Provincial public health system towards First Nations community integration of Panorama / Public Health Information Systems (PHIS). 	<p>Capacity, Knowledge, Education/Training</p> <p>10. Provide Telehealth/videoconference education for CDC program development and staff to increase Telehealth utilization.</p>
5. Environmental Health	<p>Environmental Health</p> <ol style="list-style-type: none"> Identify, mitigate and/or prevent human health risks associated with exposure to hazards within the natural and built environments; Provide environmental public health services; community capacity building activities; 	<ol style="list-style-type: none"> Increased program and community capacity to address and mitigate environmental public health risks; Environmental public health assessment activities; Improved environmental public health risk 	<ol style="list-style-type: none"> Percent of on-reserve drinking water systems (5 or more connections) sampled in accordance with national guidelines; Percent of communities with access to a Community Based Water Monitor (CBWM); Percent of communities with on-site bacteriological analysis systems; Number and type of environmental public health inspections completed; 	<p>Pacific</p> <ul style="list-style-type: none"> Environmental Health Information System (EHIS); Using WaterTrax database. <p>Alberta</p> <ul style="list-style-type: none"> Environmental Public Health Services (EPHS) Data Team; Hedgehog - environmental public health assessment & public health inspection information; Canadian Network for Public Health Intelligence’s (CNPHI) National Drinking Water Advisories system; Environmental Health Information Suite (ELPHIS) —SQL queries, business intelligence and spatial analysis using 	<p>Telehealth & Mobile Health Services</p> <ol style="list-style-type: none"> Deploy mobile technologies to Environmental Health Officers (EHOs) in the field for direct input into EHIS. <p><u>Examples:</u></p> <ul style="list-style-type: none"> Data collected during inspection: tablet or similar device for EHOs to track observations for various inspections types (housing, daycare, food establishment, special events, private sewage systems, etc.). This includes a method to collect, load, store, access data while ensuring privacy and security; Electronic data is collected during water sampling; Electronic completion of chain of custody forms; Ability to look up collection site IDs electronically;

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	<p>surveillance and research;</p> <p>3. Programming is delivered directly by Health Canada and through Contribution Agreements;</p> <p>4. Environmental Public Health Program activities are conducted across eight core areas: drinking water, wastewater, solid waste disposal, food safety, housing, facilities, and environmental aspects of emergency preparedness and response and communicable disease control;</p> <p>5. Environmental Public Health Program activities include public education, training, and environmental public health assessment activities such as drinking water monitoring, public health inspections, investigations (suspected foodborne, waterborne, vectorborne illness), infrastructure plan reviews from public health perspective, and zoonotic surveillance and intervention activities;</p>	<p>identification and mitigation;</p> <p>4. Improved public awareness and knowledge of environmental health risks;</p> <p>5. Improved evidence base on environmental health risks, impacts and needs in First Nations and Inuit communities.</p>	<p>5. Number and type of public health engineering reviews of infrastructure project proposals;</p> <p>6. Number and type of environmental public health assessment activities: investigations (foodborne, vectorborne, waterborne illnesses, other CDs); zoonotic surveillance and intervention activities; emergency planning, response and recovery activities;</p> <p>7. Number and type of community and professional education activities: participants trained; training sessions delivered; educational/training materials developed; professional development activities and initiatives;</p> <p>8. Percentage of First Nations residents who rate the quality of their drinking water supply as safe;</p> <p>9. Percentage of routine facility inspection targets met (including entry of risk assessment data into an electronic information system).</p> <p>* Sources: Program Activity Architecture and Performance Measurement Framework (Approved April 2011); and programs.</p>	<p>geographic information systems (GIS).</p> <p>Saskatchewan</p> <ul style="list-style-type: none"> • Environmental Health Information System; • Using WaterTrax database. <p>Manitoba</p> <ul style="list-style-type: none"> • Environmental Health Information System; • Using WaterTrax database; • Environmental Health Services (EHS) uses various technologies such as laptops for field work and digital cameras for inspection and recording potential hazards. <p>Ontario</p> <ul style="list-style-type: none"> • EHIS; • Using WaterTrax database. <p>Quebec</p> <ul style="list-style-type: none"> • EHIS; • Using Eau-Water database. <p>Atlantic</p> <ul style="list-style-type: none"> • EHIS; • WaterTrax; • eLearning for health professionals. 	<ul style="list-style-type: none"> • Ability to submit chlorine level readings to the database from the field (mobile app or other solution); • Ability to capture and send GPS coordinates from water sample locations (or inspection location) and attach accompanying photographs to ELPHIS. <p>Panorama/other Public Health Systems</p> <ol style="list-style-type: none"> 2. Usage of EHIS in First Nations communities south of 60°; 3. Spatial information is updated in a timely way in ELPHIS; 4. Usage of CNPHI’s Drinking Water Assessment system in all Regions. <p>Capacity, Knowledge, Education/Training</p> <ol style="list-style-type: none"> 5. Review, evaluate ELPHIS tools to improve data management practices, improve First Nations access to available tools and information for enhancing evidence-based decisions. Recognize and support regional realities of Health Canada employees working with non-Health Canada employees to complete public health surveillance work using technological solutions that support this collaboration while ensuring information privacy and security; 6. Exploring feasibility of environmental public health information system development / improvement in partnership with CNPHI, possibly linking into existing DWA system; 7. Enhancement of GIS capability within EHIS (and/or explore this in other platforms), to improve public health mapping and monitoring in First Nations communities; 8. eLearning for EHOs as required to fulfill professional development hours required to maintain their certification under the Canadian Institute of Public Health Inspector’s Continuing Professional Competencies (CPC) program; 9. eLearning for CBWMs as part of the National Training Program: development of a web community for CBWMs ensuring a one stop shop for learning and sharing best practices and experiences;

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	6. Environmental Health Research Division activities include research on trends and impacts of environmental factors on the determinants of health.				10. Develop web-based FNI environmental contaminants management portal; 11. Need for regionally managed web portal for document downloads, reference manuals and materials.
6. Clinical and Client Care	<p>Clinical and Client Care (CCC)</p> <p>1. Essential health care services directed towards First Nations individuals, living primarily in remote and isolated communities;</p> <p>2. Provided either directly or through contribution agreements with First Nation Bands or Tribal Councils in locations where these services are not provided by provincial health systems;</p> <p>3. First point of individual contact with the health system and is delivered by a collaborative health care team, predominantly nurse led, providing integrated and</p>	<p>1. Clinical Care Nursing Services;</p> <p>2. Improved access to clinical and client care services;</p> <p>3. Timely collaboration with internal and external service providers.</p> <p>Major Report</p> <ul style="list-style-type: none"> Remote/Isolated Service Delivery Model <p>1. Increased access to primary care nursing education for remote and isolated practice;</p>	<p>1. CC Nursing Services Utilization Rate: number of clinical care services provided in nursing stations per thousand eligible population on-reserve;</p> <p>2. % of eligible on-reserve population accessing clinical and client care services;</p> <p>3. Ratio of urgent to non-urgent CCC services provided in nursing stations;</p> <p>4. # of referrals to external primary care services by type of referral:</p> <ul style="list-style-type: none"> General Practitioner; Physician Specialist; Diagnostics; Rehabilitation; <p>* Sources: Program Activity Architecture and Performance Measurement Framework (Approved April 2011); and programs.</p> <p>1. # of nurses completing primary care nursing education for remote and isolated practice;</p>	<p>British Columbia</p> <ul style="list-style-type: none"> 25 communities using Mustimuhw First Nations community electronic medical record (cEMR) application to manage the Medical Transportation Program; Clinical Telehealth sites in First Nations communities; First nation Telehealth Expansion project to be launched 2013 to over 30 First Nation sites – Clinical and Educational services. Project \$ 4.5 M funded by Canada Health Infoway; Community health centre EMR’s integration with provincial systems; First Nations community electronic medical record (cEMR,) in over 40 communities; Telehealth extensively used for physician and specialist appointments, patient and staff education, and administrative purposes presently in 4 sites; First Nation sites are part of, and will be integrated with, provincial Telehealth network, resulting in ability to connect First Nation communities to all health care providers on the provincial network once the FN Health Network is built; Mustimuhw cEMR in over 40 communities; Regional eHealth program supporting wireless LAN in most Nursing Stations (facility and residences), in addition to providing broadband access to both Health Canada and Band employed health care staff; Web Office working poorly from rural and remote areas, 	<p>Telehealth & mHealth Services</p> <p>1. Sustain existing Telehealth/videoconferencing sites in First Nations communities; clinical carts including peripherals such as stethoscopes, general examination cameras, and otoscopes;</p> <p>2. Add new provincially integrated telehealth/videoconference services supporting clinical, educational and administrative needs; examples include Telepharmacy for dispensing and consultation; Telerehabilitation services; and Telehealth/videoconferencing for nursing staff to consult and collaborate with other health facilities/clinics;</p> <p>3. Deploy mobile ICT applications to support client care, management of chronic diseases and improve knowledge and understanding of health issues that arise within communities. This includes:</p> <ul style="list-style-type: none"> Teaching applications using social networking tools - Facebook, Skype, Youtube videos and smart phone push solutions that are rapidly being deployed in remote and rural areas; Tablets to support patient education; Use of other mobile imaging technology e.g. – remote ultrasound and digital cameras with store and forward solutions (e.g. ability to send wound or skin images to specialists outside of the community for interpretation). <p>4. Digital X-rays with store and forward technologies to improve</p>

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	<p>accessible assessment, diagnostic, curative and rehabilitative services for urgent and non-urgent care;</p> <p>4. Inclusive of health promotion and disease prevention at the client/family level in the course of treatment as well as the coordination and integration of care and referral to appropriate provincial secondary and tertiary levels of care outside the community.</p> <p><u>Nursing Innovation</u></p> <p>1. Supports nursing recruitment and retention to improve quality and sustain primary health care services in remote and isolated First Nation communities;</p> <p>2. Innovate the scope of nursing practice and manage changing medical technologies and infrastructure;</p> <p>3. Pilot and test new health care delivery models involving collaborative</p>		<p>2. # of collaborative primary care teams providing services in remote and isolated communities;</p> <p>* Sources: Program Activity Architecture and Performance Measurement Framework (Approved April 2011); and programs.</p>	<p>limiting uses of Health Canada applications such as PeopleSoft;</p> <ul style="list-style-type: none"> • Retinal diabetic screening in 3 areas with mobile clinics; • Telewoundcare project in partnership with Provincial Northern Health Authority and 10 First Nation communities. <p>Alberta</p> <ul style="list-style-type: none"> • Telehealth/videoconference arthritis education workshops for health care professionals and community members in 66 First Nations health centres; • Clinical telehealth sites in First Nations communities; • Telehealth training for community health care staff and other providers; • Nursing eLearning portal; • Telehealth/videoconference education opportunities for health centre staff and community members • Telehealth portal; • CHOICES individual and group nutritional and lifestyle counselling for chronic disease management; • Remote physician consultations • Remote mental health therapy • Remote on-call telehealth consultations with a nurse practitioner from a nursing station. • Tele-ophthalmology retinal photography used with store and forward technology. <p>Saskatchewan</p> <ul style="list-style-type: none"> • Nurses use eLearning/video conferencing iPads for client/patient education; • Clinical telehealth sites in First Nations communities; • e-SDRT, Vigilance, EMRs, diagnostic imaging, eHRT, onehealth.ca, Integrated Public Health Information System (iPHIS), Nursing Central, NIHB’s Medical Transportation Data Store (MTDS). <p>Manitoba</p> <ul style="list-style-type: none"> • Clinical Telehealth sites in First Nations communities; 	<p>productivity by reducing time needed for reading X-rays which must currently be physically sent out of the community; integration of FNIHB’s RIS/PACS X-ray repository with provincial X-ray repository to improve coordination of care;</p> <p>5. Maintain policy on remote access for health care providers.</p> <p>EMRs/EHRs</p> <p>6. Deploy provincially integrated EMRs/EHRs in First Nations nursing stations and health centres to bring about standardized clinical decision making tools, improve patient safety, reduce adverse events, reduce wait times, clinical case management e.g. monitor for and remind clients due for follow up diabetic tests, check status of referrals for consults, reduce clinical management time and increase clinical management decision support processes;</p> <p>7. Integrate data into EMRs from peripherals that support care such as cardiac monitors, digital stethoscopes, etc. for recording biometrics for future comparison – potential for store and forward to specialists outside of the community;</p> <p>8. Use Mustimuhw application to manage the Medical Transportation Program;</p> <p>9. Deploy eChart in First Nations hospitals, nursing stations, and health centres;</p> <p>10. Electronic Patient Record systems (EPR) are needed at both federal hospitals (Percy E. Moore and Norway House Hospital) for the following functions: admission/discharge/transfer (patient registration); patient charting; clinical care coordination; laboratories; medication management; billing; patient safety. This is becoming the minimum standard in all hospital settings, including rural settings;</p> <p>11. Implement EMR/cEMR for use with FNIH community programs and community based programs as appropriate.</p> <p>Capacity, Knowledge, Education/Training</p> <p>12. Sustain FTE needs, e.g., nursing case coordinators who provide advice on the role of telehealth in chronic disease</p>

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	teams, linking technology and nurses;			<ul style="list-style-type: none"> • Community health centre EMR's integration with provincial systems; • First Nations community electronic medical record (cEMR,) in six communities; • Regional Telehealth Partnership (RTP) - tripartite operational and strategic planning model; • Clinical Telehealth sites in nursing stations and health centres; • Telehealth extensively used for physician and specialist appointments, patient and staff education, and administrative purposes; • First Nation sites are part of, and integrated with, provincial MB Telehealth network, resulting in ability to connect First Nation communities to all health care providers on the provincial network; • Regional Telehealth Partnership (RTP) - tripartite operational and strategic planning model; • eChart – provincial longitudinal electronic health record (view only by single client) with client registry, dispensed medication, provincial lab results; and immunization registry content; • Mustimuhw cEMRs; • Roseau River – Ginew Wellness Centre – utilizes a shared provincially approved EMR with local clinician's off-reserve and local hospital emergency room; • Digital X-ray imaging: Computed Radiography imaging and software in Cross Lake, Percy E Moore Hospital and Norway House Hospital allowing for more timely X-ray review by radiologists; • Infoway funded project underway by Assembly of Manitoba Chiefs for developing interoperability between Mustimuhw and provincially approved clinical EMR systems for better coordination of care between on and off reserve health care providers; • Regional eHealth program supporting wireless access in most Nursing Stations (facility and residences), in addition to providing broadband access to both Health Canada and Band employed health care staff; • Tracking nurse activity using a central Oracle databases. 	<p>prevention, support increased utilization and consistent use of Telehealth; regional eHealth nurse advisors and community health nurses who play key roles in Panorama coordination and use; nurse education managers, nurse educators and business analysts who work with First Nations and provincial authorities on the integration and implementation of EMRs and clinical telehealth;</p> <p>13. Develop and deploy a nursing workload and service delivery monitoring system for managing workloads, reporting and accountability purposes;</p> <p>14. Expansion of Telehealth for regional Health Canada Learning Centre to deliver educational programs to the field.</p> <p>15. Training on the use of telehealth for community health care staff and providers to raise awareness and develop opportunities for increased utilization of telehealth/videoconferencing for educational and clinical services;</p> <p>16. Sustain First Nations Telehealth portal (http://firstnationsth.ca/); maintain nursing eLearning portal;</p> <p>17. Provide nurses in remote communities with eLearning/video conferencing and teaching devices to support clinical education and participation in provincial training sessions.</p> <p>Partnerships and Integration</p> <p>18. Support Regional Telehealth Partnership (RTP) - tripartite operational and strategic planning models;</p> <p>19. Work with the provinces for development of 24/7 Telehealth capacity for emergency care in Telepsychiatry /Telemental health and addictions programs.</p> <p>20. Continue to promote provincial clinical Telehealth applications to First Nations and FNIHB</p> <p>21. Example: Build on Quebec Region's successful Telehealth remote care services for obstetric and ORL in Manawan.</p> <p>22. Continue to work with provincial or RHAs on the development</p>

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				<p>Ontario</p> <ul style="list-style-type: none"> • Clinical telehealth sites in First Nations communities; • Community Health Nurse (Panorama). <p>Quebec</p> <ul style="list-style-type: none"> • Telediabetes - retinopathy screening program and nurse training (Telehealth); • Telementalhealth solutions for remote communities; • Telehealth sites in Inuit communities; • Telehealth/video conferencing for education and training (collaboration between HC and First Nations of Quebec and the Labrador Health and Social Services Commission (FNQLHSSC); • Telehealth remote care for obstetrics in Manawan • Data Collection tool used as short term solution--until EMR/EHR implemented. <p>Atlantic</p> <ul style="list-style-type: none"> • Clinical Telehealth sites in First Nations communities; • Clinical Telehealth sites in Inuit communities; • EMRs; • Clinical Telehealth for First Nations improving access to clinical and specialist care on reserve (Mental Health, Psychiatry, Oncology, Diabetes, Youth Mental Health;) • Telerobotics Project in Labrador; • Partnership with Aboriginal Schoolnet for all FN Telehealth bridging including linkage with other provincial Telehealth bridges. 	<p>of the Telehealth clinical applications for First Nations;</p> <p>23. Continue to work with provincial departments and agencies to promote the integration of First Nations into provincial EMR, EHR systems.</p>
7. Mental Wellness	1. National Native Alcohol & Drug Abuse Program (NNADAP): supports a national network of treatment programs providing in/out-patient non-medical treatment	<p>1. Ongoing access to mental wellness programs & services;</p> <p>2. Increased community capacity to deliver community-based</p>	<p>1. Individuals/families accessing:</p> <ul style="list-style-type: none"> • Addictions treatment; • Health support relating to residential schools; <p>2. # & % of community-based certified/ accredited workers;</p>	<p>National</p> <ul style="list-style-type: none"> • Substance Abuse Information System; • Youth Solvent Abuse treatment centres information system; • IRS Resolution Health Supports Program (RHSP) counselling and transportation program data (captured 	<p>Telehealth & mHealth Services</p> <p>1. Increase utilization of Telepsychiatry , Televisitation with families during treatment and Telemental health services in all regions to support pre admission screening for treatment, follow up and aftercare programming, and clinical support in communities;</p>

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	<p>services & provides community-based prevention programs;</p> <p>2. Youth Solvent Abuse Program: Solvent addiction treatment centres and patient treatment services;</p> <p>3. National Aboriginal Youth Suicide Prevention Strategy (NAYSPS): Targets resources supporting community-based solutions & activities;</p> <p>4. Indian Residential Schools (IRS) Resolution Health Support Program: provides eligible former students & families with access to emotional health/wellness support services including:</p> <ul style="list-style-type: none"> • Professional counselling • Emotional support provided by resolution health support workers • Cultural support by Elders • Assistance with transportation costs. 	<p>mental wellness programs & services;</p> <p>3. Training & professional;</p> <p>4. Development for health promotion & disease prevention workforce.</p> <p>Major Report</p> <ul style="list-style-type: none"> • “Strategic Action Plan for First Nations and Inuit Mental Wellness”, May 2011. First Nations and Inuit Mental Wellness Advisory Committee. <ul style="list-style-type: none"> ○ Goal #4: Enhance knowledge, skills, recruitment and retention of a mental wellness and allied services workforce. ○ Goal #5: Strengthen collaborative relationships between mental health, addictions and related human services and between federal, provincial, territorial and First Nations and Inuit delivered programs and services. 	<p>3. % of community-based workers who received training over those requiring training;</p> <p>* Sources: Program Activity Architecture and Performance Measurement Framework (Approved April 2011); and programs.</p>	<p>electronically).</p> <p>British Columbia</p> <ul style="list-style-type: none"> • Mental Health eReferral project between Vancouver Island Health Authority (VIHA) and Cowichan (Mustimuhw cEMR); • Telemental health (clinical psychiatry procedures and non-clinical education, counselling); • Youth suicide and crisis intervention support via telehealth education; • Telehealth used for community worker education and program administration meetings. <p>Alberta</p> <ul style="list-style-type: none"> • Telemental health counselling & forensics; • Kapown Treatment Centre – telepsychiatry, follow-up care, televisitation, eLearning, Counselling; • Training through Lakeland College but not certification. <p>Saskatchewan</p> <ul style="list-style-type: none"> • Tele-visitation in Youth Solvent Abuse Treatment Centre; • Telemental health services. <p>Manitoba</p> <ul style="list-style-type: none"> • Telemental health (clinical psychiatry procedures and non-clinical education, counselling); • Telehealth to be deployed in four rural Addiction treatment centres in 2012, which can be used for treatment and counselling, televisitation with families, case coordination and discharge planning with the patient’s home community, and Alcoholics Anonymous (AA) meetings; • Youth suicide and crisis intervention support via telehealth (debriefings); • Manitoba Adolescent Treatment Centre using Telehealth for providing support with mental health professionals and youth suicide workers; • Telehealth used for community worker education and program administration meetings. 	<p>2. Telehealth/videoconferencing supports for the Indian Residential School Program Initiatives including intake and assessment, counseling sessions, and management of restitution programs for victims of IRS;</p> <p>3. Accessing AA meetings by Telehealth/videoconferencing ;</p> <p>4. Support Telehealth/videoconferencing for eLearning with Treatment Centres moving into accreditation;</p> <p>5. Telehealth/videoconferencing aftercare – following up for drug abuse to prevent relapse;</p> <p>6. A crisis line (social media);</p> <p>7. Examine the use of eTherapy solutions.</p> <p>EMRs/EHRs</p> <p>8. EMR integration with clinical care team and interoperability with cEMR where available for better coordination of mental health services;</p> <p>9. Decision support for mental health and addictions services via integrated clinical records (EMR) in treatment centres and communities. Mustimuhw cEMR has an addictions component;</p> <p>10. Surveillance of EMR and cEMR data to identify trends and manage emerging issues related to mental health for individual and communities, e.g., measure the impact of service delivery health outcomes and develop appropriate prevention strategies to reduce youth suicide and the impact of suicide within communities.</p> <p>Capacity, Knowledge, Education/Training</p> <p>11. eLearning for a full range of training and clinical support for providers working with mental health and addictions clients;</p> <p>12. Telehealth/videoconferencing training for NNADAP workers;</p> <p>13. Continue to promote the First Nations addiction treatment centre use of Telehealth clinical applications for eLearning and connection/interaction with other Treatment Centres;</p> <p>14. Telehealth/videoconferencing support group for Health</p>

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				<p>Ontario</p> <ul style="list-style-type: none"> • Telemental health telepsychiatry services; • Telemedicine: addiction treatment and consultation. <p>Quebec</p> <ul style="list-style-type: none"> • Telepsychiatry – exploration opportunities and solutions with First Nations and provincial stakeholders. <p>Atlantic</p> <ul style="list-style-type: none"> • Telemental Health and Addictions services; • Substance Abuse Information System; • Promote eLearning for Health Professionals via available videoconferencing; • Telemental Health and Addictions services (NB); • Telemental health and telepsychiatry services (NL, NB). 	<p>professionals that are dealing with drug abuse in their communities;</p> <p>15. Community education sessions via telehealth/videoconferencing and the adoption of mobile ICTs to support clients with the determinants of health and all related factors;</p> <p>16. Telehealth linkages with provincial programs such as Addictions Foundation of Manitoba, complex clinical support with specialists at tertiary and quaternary hospitals.</p>
8. Diabetes	<p>1. Aboriginal Diabetes Initiative (ADI): a community-based primary prevention, screening & treatment program. Over 600 First Nations and Inuit communities have access to health promotion & disease prevention services delivered by trained community health service providers & community diabetes workers.</p>	<p>1. Ongoing access to healthy living programs & services;</p> <p>2. Greater community capacity to deliver healthy living programs & services;</p> <p>3. Training & professional development for healthy living workforce;</p>	<p>1. Individuals/families accessing diabetes prevention/education;</p> <p>2. # & # of community-based certified/accredited workers;</p> <p>3. % of community-based workers who <i>received</i> training over those <i>requiring</i> training.</p>	<p>National</p> <ul style="list-style-type: none"> • CBRT; • First Nations web-based diabetes sentinels surveillance system. <p>British Columbia</p> <ul style="list-style-type: none"> • Seabird Island mobile diabetes unit; • Carrier Sekani Family Services (CSFS) mobile diabetes unit; • Inter-Tribal Health Authority (ITHA) Teleophthamology project; • Educational nutrition-related videoconferencing; • Mobile diabetic clinics in conjunction with the retinal screening. <p>Alberta</p> <ul style="list-style-type: none"> • The SLICK project (Screening for Limb, I-eye, 	<p>Telehealth & mHealth Services</p> <p>1. Expand telehealth for diabetes case management in First Nations, e.g., enable Telehealth consultations for diabetic patients in all Regions and First Nations communities. Patients would no longer have to travel for annual diabetic retinopathy testing to larger health centres. This would be a cost effective program for FNIHB’s medical transportation program;</p> <p>2. Use store and forward solutions for wound management (foot care).</p> <p>Panorama/other Public Health Systems</p> <p>3. Develop data collection tools that will link outcomes to intervention and actions.</p>

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				<p>Cardiovascular, and Kidney complications of diabetes) in Alberta made significant use of store and forward technologies through the OneHealth.ca portal;</p> <ul style="list-style-type: none"> • Alberta First Nations Diabetes Eye Program is to prevent vision loss related to diabetes mellitus throughout First Nations communities in AB. Provide standard of care screening assessments such as dilated retinal photography; • First Nations's are served by a tele-ophthalmology team (photographer, ophthalmologist and case coordinator) that bridges Health Canada and Alberta Health Services. <p>Saskatchewan</p> <ul style="list-style-type: none"> • CDST – Chronic Disease Surveillance Tool; • Librestream Camera Project. <p>Manitoba</p> <ul style="list-style-type: none"> • Telehealth-Diabetes Integration Project; • eLearning diabetes; • First Nations run Diabetes Integration Project (DIP) uses Telehealth for patient education (e.g. nutrition, diabetes management); • Grand Medicine drug distribution vendor also provides a diabetes education program via Telehealth (vendor is on MB Telehealth network); • eLearning for diabetes; • Mustimuhw cEMR in six communities has a diabetes module for case management, tracking patient progress, monitoring referral progress, wound care. <p>Ontario</p> <ul style="list-style-type: none"> • Retinopathy – KOTM hires a nurse in the north to take camera into the communities and sends the images to an ophthalmologist to review when he has time. <p>Quebec</p> <ul style="list-style-type: none"> • Telehealth solution for diabetic retinopathy screening program and nurse training (Telehealth). 	<p>EMRs/EHRs</p> <p>4. Integrate provincially approved EMRs and community EMRs for better coordination of care.</p> <p>Capacity, Knowledge, Education/Training</p> <p>5. Client specific Telehealth education session with dietitians, nutritionist and physical activity workers;</p> <p>6. Patient education via Telehealth and mobile ICTs (e.g. laptops, tablets);</p> <p>7. Continue to promote the FN inclusion in provincial Chronic Disease Management strategies, services and applications;</p> <p>8. Promote the use of telehealth for diabetes management for First Nation members on reserve.</p>

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				Atlantic <ul style="list-style-type: none"> Promote eLearning for Health Professionals via available Video-conferencing; ADI tracking tool developed and implemented. 	
9. Healthy Child Development	Maternal Child Health Program: Funds and supports a suite of community-based programs, services, initiatives and strategies that address greater risks and poorer health outcomes associated with First Nations and Inuit maternal, infant, child, and family health, including nutrition, early literacy and learning, physical health, oral health, and the promotion of First Nations and Inuit culture. Programming aims to improve health outcomes for First Nations and Inuit infants, children, youth, families and communities.	1. Ongoing access to healthy child development programs & services; 2. Greater community capacity to deliver community-based healthy child development programs & services; 3. Training/professional development for healthy child development workforce.	1. Individuals/families accessing: <ul style="list-style-type: none"> Healthy Pregnancy/Early Infancy programs; Early Childhood Development programs; Children’s Oral Health programs; 2. # & % of community-based certified/accredited workers; 3. % of community-based workers who received training over those requiring training.	British Columbia <ul style="list-style-type: none"> Distance learning certification opportunities for Early Childhood Education; Alberta <ul style="list-style-type: none"> Telehealth/videoconferencing to facilitate Aboriginal Parenting Training; Kidz Korner- weekly summer videoconference series for kids aged 6-10 yrs; Nutrition and Pregnancy videoconference series (including infant feeding and breastfeeding); Meetings with CPNP funded community staff for Program Reviews. Ontario <ul style="list-style-type: none"> Speech and Language Assessments and ongoing care and follow up. Atlantic <ul style="list-style-type: none"> Promote eLearning for Health Professionals via available videoconferencing; Maternal Child Health (MCH) tracking tool developed and implemented; Client Registry Management System (CRMS) has a MCH program called Healthy Beginnings. First Nations communities in Labrador will have access to this system when deployed; Client Service Delivery System (CSDS) has a MCH/Family program. First Nations communities in New Brunswick will have access to this system when deployed. Manitoba	Telehealth & mHealth Services <ol style="list-style-type: none"> Speech and language pathologists using telehealth/videoconferencing for treatment planning in collaboration with program staff, the child and their family. Panorama/other Public Health Systems <ol style="list-style-type: none"> Family Health Module of Panorama shared immunization record via Panorama. EMRs/EHRs <ol style="list-style-type: none"> Use Mustimuhw cEMR to collect and manage family health information; Seek further EMR / cEMR integration within the provincial /RHA systems for better coordination of maternal/child care. Capacity, Knowledge, Education/Training <ol style="list-style-type: none"> eLearning for professionals and non-professional care providers in the community; and client teaching sessions in multiple communities; Accompany new resources for First Nations communities with an educational teleconference on how to use the resources effectively; Use telehealth/videoconferencing for program meetings; Use telehealth/videoconferencing for speech and language pathologist training sessions with program staff.

The Business				eHealth to Enable and Support FNIHB Business	
Program and Services	Descriptions/ Objectives	Expected Results / Outputs	Performance Indicators*	Current State – eHealth and other Applications (First Nations / FNIHB / Provinces)	Future State - eHealth Opportunities (First Nations / FNIHB / Provinces)
				<ul style="list-style-type: none"> • Telehealth used for education for prenatal nutrition and prenatal care nurses (Canada Prenatal Nutrition Program); • Currently FNIHB -Canada Prenatal Nutrition Program is funding via CA the development of software to support FASD monitoring and the Mat/Child program (Function 4). This is a workload measurement tool that includes a case management system and scheduler, and employee time sheets identifying client care activities. It is being developed with plans for interface with the Mustimuhw cEMR. It is being applied via a tablet in a cloud environment. This is being designed by FN communities under AMC Maternal/Child program; • Manitoba Health doing Phase 0 analysis of potential for electronic prenatal care data collection/case management (currently done as paper process). 	
10. Supplementary Health Benefits (NIHB)	Non-Insured Health Benefits: Provide non-insured health benefits to First Nations and Inuit people in a manner that is: <ul style="list-style-type: none"> • Appropriate to their unique health needs; • Contributes to the achievement of an overall health status for First Nations and Inuit people that is comparable to that of the Canadian Population as a whole; • Sustainable from a fiscal and benefit management perspective; and • Facilitates First 	<ul style="list-style-type: none"> • Clients receive needed health benefits (drugs/MS&E, medical transportation, dental care, vision care, short term crisis intervention mental health counselling); • NIHB Program managed in a cost-effective and sustainable manner; • Access by eligible clients to nationally consistently, portable NIHB • Evidence-based benefit policy and program development (consistent with best practices of health 	<ul style="list-style-type: none"> • # of eligible clients/annual % increase; • Benefit expenditures per year & annual % growth compared to other plans/Canadian Trends; • Ratio of Administration to benefits, compared to industry benchmark; • # of clients that access each major; • Benefit (Pharmacy/MS&E, MT, Dental, Vision); • % of MT expenditures directed to remote communities • Claims per year/annual increase in each major benefit area (Pharmacy/MS&E, MT, Dental, Vision). 	<ul style="list-style-type: none"> • Using data capture and systems tools: HICPS, SAP, SVS, MTRS /OMTS, MTDS, AFXL /data cube, VCS; • NIHB has deployed a patient transportation management system to a number of First Nation communities; • 25 communities in BC using Mustimuhw cEMR application to manage the Medical Transportation Program. 	Telehealth & mHealth Services <ul style="list-style-type: none"> • Telehealth follow up and aftercare for mental health and addictions treatment, suicide discharge and televisitation for families for persons in care especially dialysis patients who have been relocated away from their families on a permanent basis for renal dialysis; • An electronic inventory tool to monitor medical supplies and link them to direct service provider to audit utilization and costing for individual clients and communities. Efficient access to the provincial dispensed medication registry is essential; • Telehealth could be used more extensively for pre-op assessments prior to travel saving patient time and expense with travel only to have the OR cancelled – this is a major issue at present; • BI tools for program data analysis. EMRs/EHRs <ul style="list-style-type: none"> • First Nation communities, including BC’s new First Nations Health Authority, could investigate using the Mustimuhw community electronic medical record (cEMR) application to manage their regional Medical Transportation Program;

The Business				eHealth to Enable and Support FNIHB Business	
Program and Services	Descriptions/ Objectives	Expected Results / Outputs	Performance Indicators*	Current State – eHealth and other Applications (First Nations / FNIHB / Provinces)	Future State - eHealth Opportunities (First Nations / FNIHB / Provinces)
	Nations/Inuit control at a time and pace of their choosing.	service delivery); <ul style="list-style-type: none"> • Claims for NIHB processed efficiently (regional and centralized); • Client and Provider Compliance with Program requirements; • Collaborative relations with stakeholders and service providers to facilitate service delivery. 			<ul style="list-style-type: none"> • Provincial electronic health record (eChart) as well deploying EMR/EPR to Nursing Stations that integrate with provincial systems would enhance this process.