

Ontario healthcare coverage eligibility among new permanent residents: a scoping review**Abstract**

New permanent residents to Ontario can experience difficulties accessing health services due to the three-month residency requirement for provincial healthcare coverage. This scoping literature review, which included peer-reviewed articles and grey literature from 1993-2013, examined the effects of the three-month wait period on the health of new permanent residents to Ontario, public health, and the healthcare system. At the individual level, issues of affordability, pre-existing conditions, and quality of care were prominent throughout the literature. At a systems level, the policy was found to constrain various healthcare settings, pose a risk to public health, and compound healthcare system costs.

KEYWORDS: migration, health, scoping review, provincial/public healthcare, Canada, Ontario.

Introduction

Canada's federally funded healthcare system aims to ensure that all residents can access hospital and physician services, in accordance with the five principles of universality, portability, public administration, accessibility, and comprehensiveness set out in the *Canada Health Act* (1985). All Canadian residents have health insurance through publicly funded provincial healthcare coverage. However, new permanent residents (NPRs), which consist of economic skilled immigrants, family-sponsored immigrants, and refugees, landing in Ontario must

undergo a three-month wait period before becoming eligible for provincial healthcare coverage under the Ontario Health Insurance Plan (OHIP). Ontario, British Columbia, and Quebec are the only provinces that mandate a waiting period for NPRs, while NPRs are eligible for provincial healthcare coverage upon arrival in every other province (see Table 1). Introduced in 1994, the three-month wait period policy was passed as a cost-savings measure to deter people from coming to Ontario solely to seek medical care. For many of Ontario's newest landed immigrants who require health services, the wait period leaves them with few options but to purchase health insurance coverage through private plans, pay for care out-of-pocket, or delay care.

Each year the province welcomes 82 000 NPRs through the economic skilled and family class immigration streams (Citizenship and Immigration Canada, 2015). Economic skilled immigrants are selected to come to Canada based on the points system that evaluates who will be best suited to contribute and adjust to Canadian society, such as level of education and job experience. Family class immigrants include dependent children, partners, parents, or grandparents who are sponsored by close relatives or family members who are Canadian citizens or permanent residents of Canada. The three-month wait period applies only to these two groups of NPRs with the purpose of establishing their intention to stay and reside in Ontario (Legislative Assembly of Ontario [LAO], 1994).

Current literature on the three-month wait period is comprised mainly of opinion pieces from healthcare organizations, advocates, and researchers calling for the elimination of the three-month wait period. Of the few empirical studies that

exist, the focus is primarily on data gathered from interviews with healthcare providers who serve the growing medically uninsured population in the Greater Toronto Area of Ontario. The experiences of those in the three-month wait period themselves, particularly in relation to cost analyses of the policy, have received comparatively little attention. Research on the health status and outcomes of immigrants in Canada is considerable (Beiser, 2005; Halli & Anchan, 2005), although outside the scope of this study, which instead focuses on issues of accessibility for NPRs.

The paper begins with a discussion of the methodology employed in the scoping review and the key themes identified in the literature, which are organized by individual level factors and those that operate on a systems level. The effects of the three-month wait period on the health of NPRs is an issue that is very contested in Canadian health policy and public health contexts, and this scoping review contributes meaningful insights to these debates with regard to the complex impacts of the wait period on the health experiences of NPRs and as a policy measure that is often framed as a fiscally sound approach to the management of population health.

Methods

A review was conducted following the framework outlined by Arksey and O'Malley (2005). Unlike a systematic review that examines a narrowly defined research question, a scoping review investigates an area of research that has been relatively unexplored in order to determine the types of studies available and the

main sources of information on the topic (Arksey & O'Malley, 2005). This review included the existing peer-reviewed and grey literature on various aspects of the policy that relate to the experiences of NPRs, irrespective of study design. The start date of 1993 was selected to include any background research that may have been available to introduce the policy, such as its rationale and anticipated impacts as well as relevant contextual factors precipitating its implementation in 1994. The end date of 2013 aimed to capture the most recent data available before the termination of the project.

A search strategy was developed in consultation with research experts, including a library technician. The first author began the search process by conducting an exploratory search of health databases, including Pubmed, CINAHL and Scopus. These searches did not return results relevant to the review. Further, a breadth of Canadian policy electronic databases were included. The databases included were: The Canadian Public Policy Collection, Canadian Health Research Collection, Canadian Research Index/Microlog, LEGISinfo, Dissertations and Theses, Index to Legal Periodicals and Books Full Text, and LexisNexis Academic. To identify published and unpublished grey literature, a general Internet search was performed as well as a scan of additional search engines, including Canadian Think Tanks and OurOntario Government Documents Collection. Key search terms used to search the electronic databases included, "OHIP" and "OHIP AND "three-month wait" and "OHIP AND eligibility" and "OHIP AND "immigrant" and "access to health services" and "health insurance plan" AND "Ontario".

The inclusion criteria aimed to only include research on NPRs from the economic skilled or family class immigration categories in the review because they are the only two streams of new permanent residents who are solely responsible for their medical coverage during the first three months upon arrival to Ontario. Provincial healthcare coverage eligibility for all other groups of migrants, such as refugees, temporary residents, and non-status migrants, is complex and can vary throughout the process of migration. Semi or low-skilled temporary migrant workers and caregivers are the only other groups subject to the three-month wait period for OHIP, during which time their employers are responsible for providing health insurance (McLaughlin, Hennebry et al., 2012). Military families were also excluded because of their access to federal health coverage programs. Comparative studies were included if they assessed the effects of the wait period in relation to other Canadian health coverage programs, such as provincial healthcare coverage, the Interim Federal Health Program for refugees, or being medically uninsured.

All relevant published and unpublished literature were initially recorded in an excel spreadsheet tracking the source, year of publication, type of literature, location, methodology, and key findings (see Fig. 1 for selection process). Charting the articles included in the review allowed for a comprehensive profile of the literature to emerge by source and year of publication (see Fig. 2 for publications by year of output) and permitted a comparative analysis of the types of literature on the policy, from empirical studies, guidance material, new releases, and opinion pieces. Dominant themes were identified within and between types of literature in

an iterative process throughout the stages of screening and using the charted data of each article's key findings (see Table 2).

Findings

The three-month waiting period was found to have several significant effects for NPRs at the individual level and Ontario's healthcare system as a whole. The primary negative consequence of the three-month wait period is the delay to care it creates for NPRs. This can lead to delayed diagnoses and conditions being left untreated, which lead to negative health consequences for individuals and substantial economic costs for the health care system due to the increased need for more costly acute care. The effects of the three-month wait period will first be analyzed at a personal or individual level, which includes delays to care due to affordability and accessibility of services, pre-existing conditions, and differential quality of care experienced by those attempting to access care during the wait period. An examination of the effects of the wait period at a systems level follows, and includes the constraints put on various healthcare settings, risks to public health, and healthcare system costs.

The majority of literature (58%) included in the review was published from 2009 onwards as coalition groups continued to form around the issue beginning in 2007, despite the introduction of the policy in 1994. Most peer-reviewed, empirical studies were conducted in collaboration with service providers working within communities significantly impacted by the policy. As health and social service providers continued to witness the devastating impacts of the policy experienced

throughout migrant communities, further critical investigation of the effects of the policy was carried out to establish needed dialogue between political stakeholders, newcomer communities, and health and social service providers. Alongside Ontario's continued settlement of a growing number of NPRs each year, the effects of the policy grew more pronounced and efforts to advocate for the policy's elimination intensified throughout the community.

Personal Level

Affordability

Affordability of care was a major issue identified throughout peer-reviewed studies that reported the difficulty that those in the three-month wait period had with paying for care out-of-pocket and/or private health insurance (Asanin & Wilson, 2008; Goel, Bloch, & Caulford, 2013). Before arriving to Ontario, NPRs are advised to purchase private health insurance as a means of medical coverage during the three-month wait period. In their qualitative study, Asanin and Wilson (2008) highlight how the prohibitive costs associated with immigration and settlement, along with the lack of employment upon arrival to Canada, meant that getting private health insurance was often beyond the economic means of most NPRs. Focus group interviews found that "The 3-month waiting period is of significant concern particularly for families with young children. Participants indicated that the cost of purchasing private insurance or paying directly for health care is a significant deterrent to seeking medical care during their first 3 months in Canada" (Asanin & Wilson, 2008, p. 1278). A study by Goel, Bloch and Caulford (2013) also found that

others in the wait period decided to forego private health insurance and instead pay for health services on their own as health issues arose. For most NPRs in the wait period, however, the threat of financial burden due to the real and perceived cost of services resulted in delaying or foregoing care entirely (Goel et al., 2013).

Problems associated with private health insurance for those who could afford it were also prominently featured throughout peer-reviewed literature. NPRs with private health insurance explained that most coverage plans only included care requiring hospital admissions and not primary care services (Steele, Lemieux-Charles, Clark, & Glazier, 2002). Without access to private health insurance plans that covered primary care, many NPRs decided against purchasing private insurance and those with private coverage were still forced to pay for services out-of-pocket.

Grey literature, including published empirical studies, also included the perspectives of those in the wait period who could afford private health coverage. These participants also described experiencing several problems associated with qualifying for coverage and the level of care they received (TPH & AAMHCS, 2011). Some NPRs attempted to get private medical coverage during the three-month wait period, although they failed to qualify due to age exclusions and pre-existing conditions (TPH & AAMHCS, 2011). Without the option of private health coverage due to the various stringent eligibility requirements, these NPRs were forced to delay care or pay for services out-of-pocket. Even among the NPRs who were successful in qualifying for private medical insurance, the coverage provided by private plans was deemed inadequate.

Pre-existing conditions

The emotional frustration and financial burden of navigating care was found to significantly impact NPRs' stress and exacerbate existing mental health conditions. Goel, Bloch and Caulford (2013) utilized in-depth interviews with seven participants who required care during the wait period or cared for someone who did and they found that: "Every participant conveyed experiences of emotional hardship resulting from the 3-month waiting period. The most common sentiments were worry and fear" (p. e273). Fear and anxiety characterized the emotional hardship experienced by NPRs during the wait period, and many described feeling sad, frustrated, guilty, helpless, and abandoned (Goel et al., 2013). Those caring for spouses or familial dependents also reported feeling guilty about not being able to care for these family members caught in the wait period (Goel et al., 2013). Often forced to choose between delaying care or incurring financial burden to pay for care, the stress felt by NPRs seeking care could exacerbate pre-existing health conditions.

Community-based research projects conducted with healthcare providers who work with those in the three-month wait period identified pregnant women as being among the most vulnerable groups negatively impacted by the policy. A report by the Association of Ontario Midwives (2010) clarified that since pregnancy is considered to be a pre-existing condition and not covered by any private insurance plan, these women often had no options for healthcare coverage except to pay out-of-pocket for all pregnancy-related care, including prenatal care, labour and delivery, and post-natal care. Faced with this financial burden, many women decided to delay seeking care. Healthcare providers reported seeing women late

into their pregnancy, with some even waiting until they were in labour to access services (Gray, Hynie, Gardner, & Robertson, 2010). The delay to care resulting from financial restrictions among these women was also noted to endanger the health of both mother and newborn if complications were left unmonitored (Gray et al., 2010). Newspaper reports (Toronto Star, 2011) of pregnant women in the wait period cited costs of up to \$22 000 for delivery, leaving families in significant debt during their initial period of settlement. Recommendations for exempting pregnancy from the three-month wait period, following the province of Quebec's exemption for pregnancy during the three-month wait, were suggested as an initial step towards eliminating the policy entirely (Goel, 2010; Gray et al., 2010).

Quality of care

A report by Gray, Hynie, Gardner and Robertson (2010), drawing on interviews with a network of healthcare providers, revealed that at different healthcare delivery settings NPRs were being refused care, receiving a lower quality of care than those with OHIP, or being met with hostility by administration staff. In some cases, doctors denied care to those in the three-month wait period because of the additional administrative work it required to process their bill payment (Gray et al., 2010). Opinion pieces have also reported that when attempting to access care during the wait period, NPRs have received differential treatment from healthcare providers and administration staff (Barnes, 2012). Doctors that did choose to see clients in the three-month wait period recalled having to create alternative care plans to accommodate for the client's foreseeable difficulty accessing follow-up treatment, diagnostic tests, or drugs (Barnes, 2012). The denial of services and

compromised standard of care experienced by NPRs during the three-month wait period endangered their health and led to inequitable access to health services compared to other Ontario residents (Gardner, 2011).

System level

Constrained healthcare settings

Steele et al. (2002) investigated the perspectives of community health and social service providers. Community health centres (CHCs) were among the most frequently accessed point of care by those in the wait period. With very limited public funding, CHCs are able to provide primary care and health promotion services for members of their local communities, including various medically uninsured clients. In light of several policy changes to provincial healthcare coverage eligibility, CHC healthcare providers expressed feeling overwhelmed, with some even experiencing burn out, because of the increasing pressure to provide care for such a rapidly growing population of medically uninsured clients (Steele et al., 2002). Staff at CHCs reported “that a new three-month wait for OHIP eligibility for landed immigrants has caused significant access problems” and describe “having to compromise time for counseling, preventative care, case-management, and seeing an increased need for patient advocacy” (Steele et al., 2002, p. 121).

Community health coalitions and advocacy groups have also described the problematic effect of the policy on community health agencies because of the way in which the care of NPRs becomes limited and downloaded to CHCs. Several problems with accessing care at CHCs were identified, including wait list times and inadequate care services to meet their health needs. Due to the increasing demand on CHCs to

provide care for the growing population of medically uninsured clients, waiting lists were often too long for NPRs to get timely care for emergent illnesses. Other NPRs' healthcare needs, such as diagnostic tests or specialist consultations, were beyond the scope of primary care that CHCs could provide (Gardner, 2009).

Grey literature reports also discussed problems at hospital emergency departments (Gray et al., 2010). One study by the Ontario Medical Association (OMA, 2011) reported that NPRs in the three-month waiting period often seek care at hospital emergency departments for non-urgent care or present at the emergency department during an acute episode after having delayed care. Various healthcare professional organizations, including the OMA, Registered Nurses Association of Ontario (RNAO), and Association of Midwives (AOM) have been outspoken in advocating for the elimination of the policy. In their published position statements on the policy, they explain that by delaying seeking care at appropriate healthcare settings, both the misuse of the emergency department for non-emergent cases as well as the treatment of unmanaged chronic conditions lead to compounded healthcare system costs by expending more expensive care in tertiary medical settings (AOM, 2010; OMA, 2011; RNAO, 2011). Several health care professional organizations have argued that a benefit of eliminating the three-month wait policy would be increasing access to preventative care at appropriate delivery points for improved health outcomes, efficiency, and cost-effectiveness (AOM, 2011; OMA, 2011; RNAO, 2011).

Risk to public health

Concerns over public health issues that the policy presents have also been a major consideration throughout grey literature reports such as barriers to early diagnosis and treatment of infectious diseases, which endangers public health and fails to protect Ontario residents from acquiring various communicable diseases. To protect public health and ensure the early detection and treatment of communicable diseases among NPRs, numerous health care organizations have advocated for the elimination of the wait period policy (Elgersma, 2008; McKeown, 2011; RNAO, 2011; OMA, 2011; Taylor, 2012).

Public health agencies and prominent health officials have also publicly urged municipalities to consider how the policy affects the health and well-being of all residents of the province. The case of tuberculosis (TB) was often cited in the literature as a prime example of how the wait period policy confounds the timely detection, diagnosis, and treatment of infectious diseases. McKeown (2011) highlights that, “Immigrants coming to Canada have an Immigration Medical Exam (IME) in their country of origin, which screens for infectious TB” (p. 6). The disease can remain dormant without signs of symptoms for months, so while the IME is valid for twelve months, individuals may become ill before they move to Ontario or shortly after. This is one reason it is considered a pre-existing condition under private health insurance plans and carries no services or plan options. McKeown (2011) explains that its infectiousness increases as the disease progresses and it can become highly contagious. Once TB is diagnosed, there is a legal requirement to get treatment for it, although without any coverage options available to NPRs for the

significant cost of care and with the potential of in-hospital stays, NPRs' decision to undergo full diagnostic testing is constrained. This delay for treatment for TB represents a significant public health threat as 600 cases of TB are reported each year in Ontario (McKeown, 2011).

Cost to healthcare system

No evidence was found by the OMA (2011) to suggest that the three-month wait period policy saves the healthcare system money. There has been consensus among healthcare professionals that the policy is shortsighted and there has been insufficient evidence to prove the policy's effectiveness in deterring people from coming to Ontario solely for medical care (Barnes, 2012; OMA, 2011; RHC, 2007; RHC, 2011; RNAO, 2011). In a study by Goel et al. (2013), NPRs attributed their negative experience with three-month wait period to feelings of neglect and discrimination by Canada's healthcare system.

Implemented in 1994 as a stated deterrent for medical tourism and cost-containment strategy, the effectiveness of the three-month wait policy remains disputed by competing cost analyses conducted by healthcare coalitions. In a published business case of the policy by a coalition group, critics of the wait period argued that the cost of delaying care to NPRs actually compounds \$81 million in costs to Ontario's healthcare system (RHC, 2007) by limiting NPRs' access to less expensive, preventative, primary care, and downloading costs to CHCs, volunteer clinics, private practitioners, midwives and hospitals. However, demonstrative of the contested status of the policy, the Ontario Ministry of Health and Long-Term

Care maintains that the wait period saves Ontario's healthcare system \$90 million each year (Gardner, 2011).

Discussion

Strengths and limitations of study

This scoping review examined peer-reviewed journal articles and relevant grey literature to assess the extent of research on the impacts of the three-month wait period on the health of NPRs and Ontario's healthcare system. While previous empirical studies draw mainly on interviews conducted with health and social service providers, this scoping review brings together a broad range of literature that includes analyses of the policy's effects on individual NPRs as well as Ontario's health system. This unique approach lends itself to a comprehensive understanding of the inter-relationship between these two spheres, and how both individual and structural level factors shape the different outcomes associated with the policy.

Studies that include insights on how the wait period impacts NPRs at the individual level demonstrate that this policy leads to delays in care, which have several deleterious health and emotional effects on this population. Accessing care for pre-existing conditions was especially difficult for NPRs, particularly in light of the fact that private health insurance plans do not cover these health issues (namely pregnancy). Those NPRs who were able to obtain the care they needed reported experiencing differential treatment from administration staff, compared to others with provincial health care coverage, and a lower standard of care from healthcare providers.

The literature also demonstrates that the wait period has several problematic effects at the structural level, which are linked with compounded costs incurred from NPRs delaying care. NPRs most often presented at CHCs, which have limited resources with which to serve the growing population of uninsured clients. Hospital emergency departments were the second most frequently accessed point of care by NPRs, who often presented with either non-urgent cases or acute episodes after delaying seeking medical attention. Several health professionals consider the wait period to be a significant barrier to the early diagnosis and treatment of communicable diseases among NPRs, such as TB, which could constitute a risk to public health. The effectiveness of the wait period policy as a cost-containment policy or one that deters medical tourism has not been clearly demonstrated. Critics suggest that any cost-savings from the downloading of care to community services does not truly demonstrate cost efficiency, since it more often than not simply means a shifting of care burden onto already over-extended CHCs.

This review has included and contextualized peer-reviewed and grey literature findings as well as opinion and media pieces on the three-month wait period policy. The focus of the study has examined the effects of the policy on access to health services for NPRs in the province of Ontario, however it has not considered the experiences of NPRs in other Canadian provinces with wait periods (i.e. British Columbia and Quebec). The authors acknowledge that while a comparative analysis would be an important contribution to the literature, research on other jurisdictions of the country remains scarce and thus problematic to compare. The limited availability of technical and methodological analyses of medically uninsured

populations in Canada, specifically those in the wait period, makes it difficult to isolate aspects of the policy and its unique effects on NPRs and healthcare systems.

Future studies on the exclusion of NPRs from publicly-funded healthcare coverage should include a cost-benefit analysis of such policies on healthcare systems. This approach would be a valuable contribution to the evidence base informing decisions of policymakers, healthcare administrators, and health and social service providers throughout different healthcare settings. A more theoretical and methodological analysis both between provinces and internationally would permit for a needed comparative analysis of the consequences of such policies on NPRs' experiences accessing health services.

Implications

This review has identified several findings that are unique within the existing literature and may be used to inform the decisions of policy-makers and other senior health stakeholders regarding the impact of the three-month wait on the health of NPRs. First, the guidelines related to private and public health coverage are unclear and confusing to many NPRs, and they should be revised so that they can be more easily understood. Second, additional health issues or conditions that are not crisis-related, emergencies, or pre-existing should be included in existing health coverage, perhaps in the private insurance sphere. Third, greater attention should be paid to the health outcomes, particularly stress and mental health issues, associated with the administratively burdensome processes through which NPRs must navigate to get health coverage during the wait period. This aspect of the immigration process often produces extreme anxiety, which impairs the well-being

of NPRs and their families, engenders mistrust of the provincial health care system, and can exacerbate and extend the settlement period in Canada by making the other demands of immigration more challenging to achieve.

Conclusion

The initial period of settlement is an important time for Canada's newest residents to adjust to life and ways of living in their new home. Already a stressful time, the three-month wait period has been identified as an additional barrier they must contend with and one that significantly impairs their health status and access to the care they need. As other provinces continue to maintain this policy, it is important to look at the limited success it has had in Ontario, given the magnitude of immigration within the province and historically as Canada's largest immigrant receiving province. The inequitable health outcomes experienced by NPRs due to the three-month wait policy demonstrate the need to design better approaches to health care access and service for Canada's newest residents.

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