



# **Understanding & Addressing barriers to care for PHAs with precarious or no health coverage**

## **Presenters:**

Alessandro Bisignano, Committee for Accessible AIDS Treatment

Alan Li MD, Regent Park Community Health Centre



## Learning Objectives

- Increase knowledge on access to health care and related services for various marginalized populations
- Increase knowledge on factors contributing to barriers to health care access for these populations
- Share information on community driven service model developed to address access barriers for these communities
- Share information on access and referral pathways of Blue Door Clinic



PHAs with precarious or no health care coverage face complex challenges in accessing health care and support





Who are the  
Precariously  
Insured or  
Non-Insured  
PHAs?





## Who are the precariously insured or Non-insured?

Status	Different groups	
With status but non-insured or precariously insured	<ul style="list-style-type: none"><li>• New immigrants or PR in 3 month OHIP waiting period</li><li>• Migrant workers</li><li>• international students</li></ul>	
Status pending	<ul style="list-style-type: none"><li>• applicants with pending inland sponsorship</li><li>• humanitarian and compassionate applicants (H&amp;C)</li><li>• waiting to start application for status but not yet started</li></ul>	
Between statuses or without status	<ul style="list-style-type: none"><li>• Visitor visa</li><li>• Temporary foreign workers between contracts</li><li>• Students graduated but waiting for work visas</li><li>• Rejected refugee claimants who are not deported</li><li>• Those who lost sponsorship due to relationship breakdown</li><li>• Those who lack ID to verify their status due to social situations (e.g. homelessness)</li></ul>	



## What are the health care & treatment support gaps?

Status	Health care	Lab tests	Medication coverage	Social assistance
<ul style="list-style-type: none"> <li>• New PR waiting for OHIP</li> </ul>	None	None	None	None
<ul style="list-style-type: none"> <li>• Migrant workers</li> </ul>	Limited	Limited	None *	None
<ul style="list-style-type: none"> <li>• international students</li> </ul>	Limited	Limited	Minimal	None
<ul style="list-style-type: none"> <li>• Sponsorship pending</li> </ul>	None	None	None	None
<ul style="list-style-type: none"> <li>• H&amp;C applicants</li> </ul>	Maybe	Maybe	Limited	Limited
<ul style="list-style-type: none"> <li>• Application pending</li> </ul>	None	None	None	None
<ul style="list-style-type: none"> <li>• Visitor visa</li> </ul>	Limited	Minimal	None	None
<ul style="list-style-type: none"> <li>• Workers between contracts</li> </ul>	None	None	None	None
<ul style="list-style-type: none"> <li>• Graduates waiting for work visas</li> </ul>	None	None	None	None
<ul style="list-style-type: none"> <li>• Rejected refugee claimants</li> </ul>	Maybe	Maybe	Maybe	Limited
<ul style="list-style-type: none"> <li>• Sponsorship breakdown</li> </ul>	Maybe	Maybe	Maybe	Limited
<ul style="list-style-type: none"> <li>• Other Non-status</li> </ul>	None	None	None	None

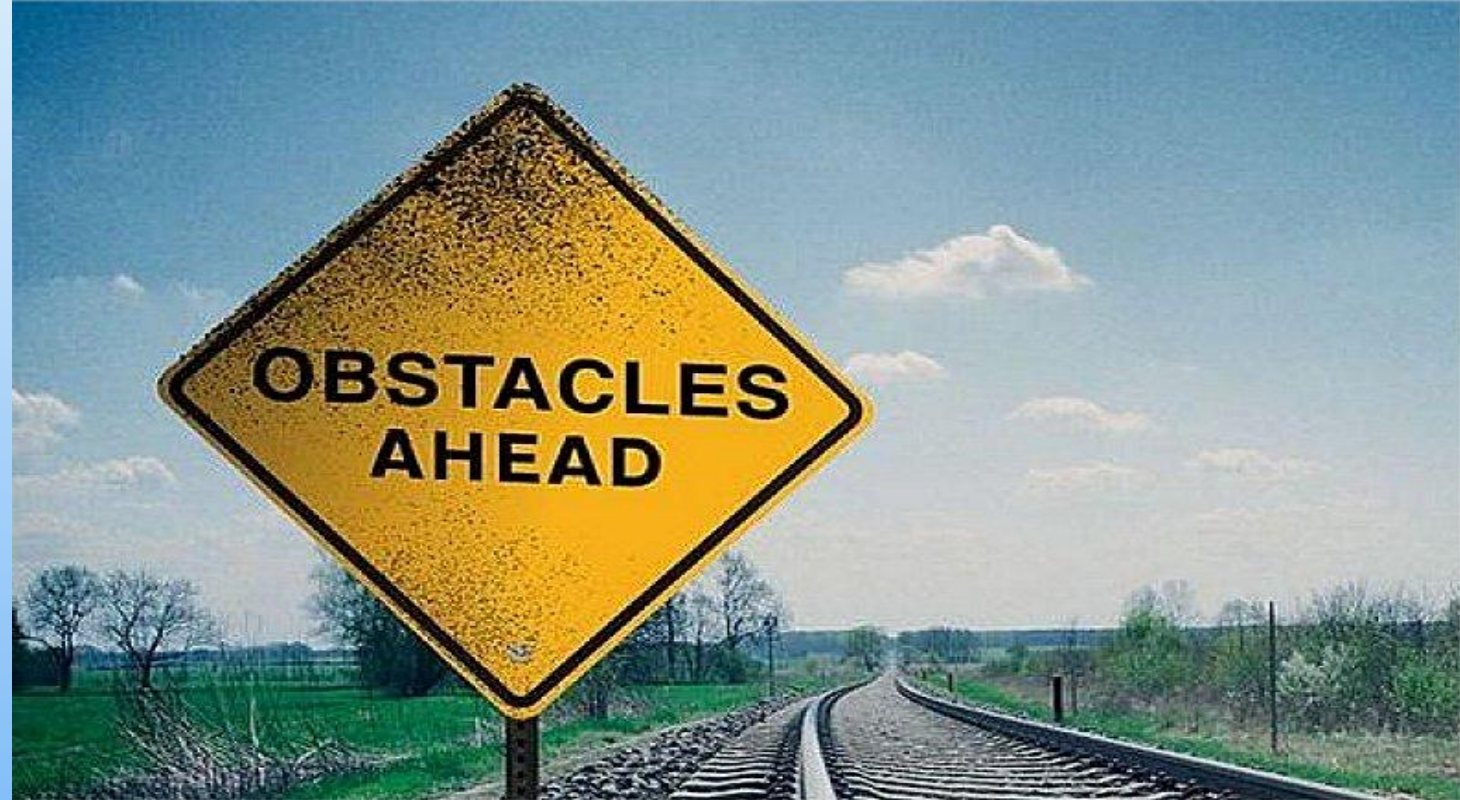




## Factors complicating access beyond coverage eligibility

---

- Service User related Factors
- Service Provider related Factors
- Service System related factors





## Service User Factors:

- Language Barrier
- Social Isolation
- Fear/Actual experience of stigma and discrimination
- Fear of repercussion from immigration/workplaces etc.
- Cost/affordability
- Service system Literacy barrier
- Immigration system literacy barrier





## Service Provider Factors:

- Lack of knowledge about various status & associated coverage
- Unfamiliarity working with precariously insured populations
- Unfamiliarity working with people with HIV/AIDS
- Additional work involved with billing for services
- Time/case management needs to access other components of care (e.g. lab costs, drugs for students)
- HIV Phobia, Homophobia, Transphobia



## Service System Factors:

- Limitations in service mandate/catchment areas of community health centres
- Sector wide knowledge on underinsured clients with HIV
- Lack of service coordination & integration- lack of clear referral pathways and information on available support
- Lack of consistent/clear billing pathways for this population



The Blue Door Clinic was set up to provide bridging primary care to precariously insured PHAs with the goal of linking people to stable long-term primary care





## How does the Blue Door Clinic works?

Weekly Clinics  
by  
appointment

All providers supported  
in-kind by partner  
agencies

Our core team include :

Intake case managers, nurses, peer navigators, and  
physicians

Services include:

psychosocial case management, full HIV primary health  
assessment , lab testing, treatment initiation, referrals



# Intake Process

- Client self-referred or referred by agency to Blue Door Intake worker (via phone/email)
- Intake worker/Case manager (Simran, Alex) complete intake assessment via phone or in-person
- Triage clients based on urgency of needs for next clinic appointment
- Initiate connection /referral to other support services as needed as soon as possible



# Clinical Services

- Completed intake assessment & consent to services in person
- Primary care services (depending on needs) ranging from:
  - Baseline full assessment
  - Baseline and monitoring lab tests & diagnostics
  - Initiation of treatment (including assistance with access)
  - Immunization
  - Other preventive care
  - Referral to specialists as needed





# External referral pathways

- Psychosocial support while under care of clinic
- Case management support/referral to appropriate community supports to access social determinants – legal/finance/food/housing/psychosocial supports
- Support access to treatments
- Referral/linkage to other stable primary care providers when available/eligible (e.g. CHCs, other primary care facilities- with OHTN rapid linkage lab support)

# Impact of COVID-19





# Impact of COVID-19

- Increased mental health distress and uncertainty with access and future
- Higher need for navigation and access support for community resources, guidance, and referrals
- Reduced availability/in-person access of other related services
- Delayed timeline with immigration/legal document processing
- Mixed results seen from non-insured expanded access from COVID-19 initiatives



# Blue Door Adaptation due to COVID-19

- Change from drop-in model to appointment only, increase clinic frequency to weekly
- Most Intake, triage and consent processes done via phone
- Full PPE for all in-person encounters
- More follow up via virtual platforms
- Increase team case conference meeting to support effective case management and follow up care



**Thank you!**

**Questions?**

**Next Session:**

**HIV Primary Care II: Preventive Care, next week**



# Blue Door Clinic

647-730-3222 – [www.bluedoorclinic.org](http://www.bluedoorclinic.org)

Alessandro Bisignano, Intake case manager

[Alessandrob@regentparkchc.org](mailto:Alessandrob@regentparkchc.org)

Alan Li, MD

[Alanl@regentparkchc.org](mailto:Alanl@regentparkchc.org)