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Healthy Families in Healthy Communities

Refugee Health: Creating a clinic model for the successful integration of refugees into the U.S. healthcare system

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Abstract

Refugee patients present unique challenges to primary healthcare. They often require additional resources during office visits, have complex health needs, and have low U.S. healthcare literacy. These challenges lead to fewer medical concerns being addressed and increased provider stress. Refugees receive intense resources immediately upon immigration which includes an initial health screening. After this initial screening it is recommended that all refugees establish with a primary care provider. Refugees are typically accompanied to the initial screen but then go to primary care visits alone. There are multiple guidelines and recommendations for the initial health screening visit but there is a lack of information on how to integrate refugees into the healthcare system for ongoing care. Our clinic is establishing refugee specific clinic sessions to provide structured programs on successfully transitioning into the U.S. medical system, to provide improved coordination of care, and to better meet provider needs.

Problems identified in our clinic

1. There are no guidelines or models for integrating refugee patients into the U.S. healthcare system long term
2. Refugees seem to remain on the fringe of care over time.
3. Our clinic is not well connected to refugee resources
3. Refugee Patients take additional time and resources
   a. Refugee patients have unique medical problems
   b. Refugee patients have language barriers
   c. Refugee patients need additional resources
   d. Refugee patients need unique screening tools
4. Physician and Staff dissatisfaction with current system degrades care of refugee patients
5. Physician and Staff dissatisfaction with current system leads to increased provider stress

Literature Search

1. Literature searches were performed on PubMed back to 2004 and on google without time constraint
2. U.S. guidelines and recommendations only pertain to initial health screen (1,7)
3. Overall most publications focus on initial health screens and very little is published on long term care challenges of refugees (1-7)
4. A focus on improving ongoing primary care use by refugee patients seems to be emerging with articles out of Australia and Canada (2-6)

Clinic Attributes and Progress

1. Additional Medical Support:
   a) Medical Student Volunteers- 4, 3rd year medical students will serve as coordinators for medical student volunteers and medical student projects
   b) Nursing Student Volunteers
   c) Public Health Student Volunteers
   d) Resident coordinators- 4 interns will continue to develop and coordinate this clinic
2. Global Health Attendings- Dr. Aldulaimi and Dr. Koleski will oversee the clinic. This will provide specialty knowledge oversight
3. Behavioral Health Provider- Adriana will be providing behavioral health support

4. International Refugee Committee (IRC) involvement- the IRC will help identify new and high needs patients. The IRC will have a representative present at each clinic to improve coordination of care.
5. Refugee specific screening tools- mental health and primary care screening tools specific to refugee care will be standard parts or each visit
6. Refugee care teaching curriculum- we are developing a training curriculum for residents and student learners that will address general refugee primary care and population specific information on those populations typically seen in our clinic
7. Refugee integration program- we are going to research ways to improve the long term integration of refugees into the U.S. healthcare system

Assessment Tools:

1.Primary Assessment- Provider and Staff Satisfaction
   A. Compare prior clinic experiences with refugees to the new refugee clinic sessions with questionnaires
      a. Provider questionnaire- how much health information was collected, ability to address the patient's health needs, and overall satisfaction with the visit.
      b. Staff questionnaire- ability to process the patient, time taken to coordinate resources, and overall satisfaction with the visit.
   B. After clinic huddles- at the end of each refugee clinic session all providers and staff will review positives and negatives
   C. Data and Ideas will be used to quickly improve the clinic model

2. Ongoing Research
   A. Resident and Student Learner projects will be a regular part of this clinic
   B. By maintaining regular office visits for refugee patients, we will have a built in set of controls and means to assess integration into regular office visits.
   C. Over time we hope to develop tools and programs that demonstrably improve refugee care in the primary care setting and provide a model for the integration of refugee patients into our healthcare system.

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