

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

Authors: K. Losey; T. Castellano; A. Mendez; J. Saint Aubyn; P. Wang; J. Koleski; S. Aldulaimi

Abstract

- Refugee patients present unique challenges to primary care. They receive intense resources immediately upon immigration (including an initial screen) and then establish with a primary care provider where they often attend alone.
- Frequently, refugees require additional resources, have complex health needs, and have low U.S. healthcare literacy which leads to fewer medical concerns being addressed and increased provider stress.
- Our clinic has established refugee specific clinic sessions to improve the process to successfully transition into the U.S. medical system.

Problems identified in our clinic

- No guidelines/models for integrating refugee patients into the U.S. healthcare system long-term despite multiple guidelines on initial screenings
- Our clinic has not been well connected to refugee resources
- Refugee Patients take additional time and resources
 - Unique medical problems
 - Language barriers
 - Complicated social situations
 - Need unique screening tools
 - Unfamiliarity with US medical system including speciality visits and pharmacy
- Physician and Staff dissatisfaction with current system
 - degrades care of refugee patients
 - Leads to increased provider stress

Literature Search

- Literature searches were performed on PubMed back to 2004 and on google without time constraint
- U.S. guidelines and recommendations only pertain to initial health screen (1,7)
- Overall most publications focus on initial health screens and very little is published on long term care challenges of refugees (1-7)
- 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

- Additional Medical Support:
 - Medical Student Volunteers
 - Dedicated Nurse familiar with clinic
 - Public Health Student Volunteers
 - Resident coordinators
- Global Health Attendings oversee the clinic
- Lawyer
- Refugee Resettlement Agency Liaison



Assessment Tools:

The primary assessment of the new refugee clinic sessions will focus on provider and patient satisfaction. Each provider filled out a pre-clinic launch survey. Patient surveys are administered by check-out staff.

Provider Survey (post refugee clinic)

For today's visit:
 Compared to general clinic, did you feel you were better able to address the patient's needs?
 Definitely better Somewhat better Equal to Not at all
 On a scale of 1-10, how good of a job do you feel you did at meeting the patient's health needs?
 On a scale of 1-10, how good of a job do you feel you did at communicating with this patient?
 How satisfied do you believe the patient was with today's visit?
 Very satisfied Somewhat satisfied Not satisfied Unsure

Patient Satisfaction Survey

Sex: Male Female

Country/ place of birth (with option to circle from list)

- Would you recommend the provider you saw on this visit to a friend or family member?
- During this visit, was the staff helpful?
- During this visit, did this provider explain things in a way that was easy to understand?
- During this visit, did this provider listen carefully to you?
- During this visit, did the provider show respect for what you had to say?
- During this visit, did this provider spend enough time with you?
- How satisfied are you with today's visit?

Satisfaction surveys will help us determine if increased appointment time and dedicated teaching on refugee topics helps improve overall care. Over time we hope to develop tools and programs that improved refugee care in the primary care setting and provide a model for the integration of refugee patients into our healthcare system.

- Refugee specific screening tools- mental health and primary care screening
- Structured refugee care teaching 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
- Refugee Health 101 - developing a curriculum that can be translated into multiple languages to assist in the orientation to the US medical system



References

- U.S. Department of Health and Human Services, Guidelines and discussion of the history and physical examination (2012)
- The National Child Traumatic Stress Network, Refugee Services Toolkit: <http://learn.nctsn.org/mod/book/view.php?id=4518&chapterid=6>
- I-Hao Cheng, et al, Rites of passage: improving refugee access to general practice services, Australian Family Practice 44(7), 503-507 (2015)
- I-Hao Cheng, Ann Drillich, and Peter Schattner, Refugee experiences of general practice in countries of resettlement: a literature review, British Journal of General Practice, e171-e176 (2015)
- Kevin Pottie et al, Improving delivery of primary care for vulnerable migrants, Canadian Family Physician 60, e32-e40 (2014)
- Diana Milosevic, I-Hao Cheng, Mitchell M Smith, Improving refugee access to primary care, Australian Family Physician 41(3), 147-148 (2012)
- Thomas Gavagan and Lisa Brodyaga, Medical care for immigrants and refugees, American Family Physician 57(5), 1061-1068 (1998)

Acknowledgments

This project was mentored by Dr. Hadley, Dr. Koleski, Dr. Aldulaimi, and Anne Ryan (TFAP) whose help is acknowledged with great appreciation. This poster was previously presented at the AAFP Global Health Conference in Houston, TX October 2017. We would like to thank the Tucson division of the International Refugee Committee and Refugee Focus for the input and pledge of coordination and thank the College of Public Health and students Shayna Rosenblum, Alexandra Kaufmann, and Kristine Friesen for their research on the Tucson Refugee Committee.