# So You Want to Care for Refugees: Now What?

Jeffrey Walden MD
AFP Global Health Pre-conference
Houston, TX
October 4, 2017

CONE HEALTH

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

## Disclosure Statement

It is the policy of the AAFP that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest. If conflicts are identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.

All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose



## Objectives

1. Identify means of incorporating refugee care into your current practice
2. Discuss practice management issues when caring for refugees
3. Identify best practices and pitfalls when integrating refugee health in your clinical site



## Ways to care for Refugees

- Domestic medical screening
- Episodic care
- Comprehensive primary care
- Medical education clinics
- Beyond the clinic:
  - N-648 certification examinations
  - Asylum examinations

Adapted from Fam Pract Mgt article: "Building Capacity to Care for Refugees." *Fam Pract Manag.* 2017 Jul-Aug;24(4):21-27



## Domestic medical screening

- Expectation upon arrival as previously discussed
- Coordinate with local/state health departments
- Complete exam based on CDC guidelines and state protocols
  - H&P; Immunizations; Nutrition and growth, Infectious Disease screening
- Referral to local PCP



## Domestic medical exam

- Mental health assessment
  - Patient health questionnaire-9 (PHQ-9)
  - Pathways to Health Refugee Health Screener-15 (RHS-15)
    - Validated in refugee populations, multiple languages
    - Looks beyond "just" depression:
      - PTSD
      - Anxiety
      - Adjustment disorders
- Referral options; delayed onset


Pathways to Wellness

Integrating Refugee Health and Well-Being

## Episodic care

- Anywhere across continuum of care
- Similar to other underserved populations
- Understanding differences of refugee care
  - Increased incidence emotional trauma
  - Untreated chronic medical conditions
  - Lack of preventative care
  - Health navigation issues



## Health Navigation Issues:

- HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) Research Brief 2012
- "While many barriers to accessing health and human services affected all immigrants equally, a few more acutely affected mixed-status families and refugees."
- "Refugees had broader eligibility for public benefits and services than most other immigrant groups, but they may have found these benefits and services more difficult to access due to language, literacy, and cultural issues"
  - By definition, refugees more often experience trauma from govt officials, agencies, and organizations
  - More wary of interacting with social service agencies at times.

http://aspe.hhs.gov/aspe/hsp/11/immigrantaccess/barriers/rb.shtml Last accessed July 2017



## Comprehensive primary care

- Various settings:
  - FQHCs; county systems; academic settings, private practice
- Ability to use full scope of care:
  - Obstetrics, pediatrics, geriatrics, addressing social determinants
- Community partnerships
  - Volags, health departments, community-based resources



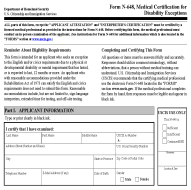
## Medical education

- Dual purpose
  - Community service
  - Education
- Variable dependence on clinical productivity measures
- ACGME competency fulfillment
  - IV.A.5.a).(1).(a).(iv) assess community, environmental, and family influences on the health of patients
  - IV.A.5.a).(1).(b).(i) evaluate patients of all ages with undiagnosed and undifferentiated presentations
  - IV.A.5.d).(1) communicate effectively with patients, families, and the public, as appropriate, **across a broad range of socioeconomic and cultural backgrounds**

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_family_medicine_2017-07-01.pdf?ver=2017-06-30-083354-350. Last accessed July 2017



## Beyond the clinic


Form N-648, Medical Certification for Disability Exceptions

- N-648 certification
  - Background: Refugees can apply for naturalization after 5 years in the US
  - Difficulties: Many suffering from long-term cognitive/psychological deficits
- Medical certification for disability exceptions
- NOT formally declaring disability
- Answering two main questions:
  - What is the client's medical condition?
  - How does this condition prevent the client from learning English and gaining an understanding of US civics?



## Beyond the clinic

- Asylum examinations:
  - Definition of asylee
  - Medical forensic evaluation and importance thereof
  - Who does this work?
    - Immigration attorneys
    - Academic medical-legal partnerships
    - **Private physicians**
  - Healthright International: https://healthright.org/
  - Physicians for Human Rights: www.physiciansforhumanrights.org

## Getting started

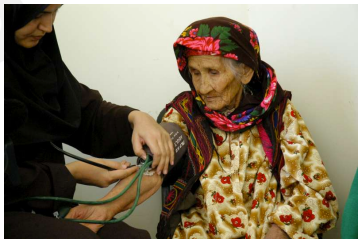


Photo credit: http://www.unhcr.org/news/latest/2011/8/4e43e0719/unhcr-helps-secure-health-insurance-registered-refugees-iran.html



## Establishing a Clinic

- Main goals:
  - Ensure adequate screening upon arrival
  - Decrease time to initial domestic exam and primary care
  - Connect refugees to primary care provider
  - Address short and long-term health needs of refugees
  - Establish partnerships and open lines of communication between community partners



## Timeline

**Establish Partners**
- Meet with Volags
- Meet with other potential partners

**Ready Staff**
- Identify point-person
- Get buy-in
- Train staff

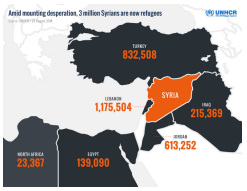
**Prepare Clinic**
- Identify champion
- Clarify interpretation, forms, scheduling, lab draws, etc.

**Opening Day!!!**



## Timeline

- Explore partnerships
  - Reach out to health depts first if unsure
  - Talk with clinic administration
  - Ongoing, regular meetings
- Staff logistics:
  - Designate staff and agency contacts
  - Develop system to establish new patients
  - Training:
    - Resettlement 101
    - Cultural humility / setting expectations






## Timeline (cont.)

- Clinic logistics:
  - Regular weekly/bi-weekly appointments
  - Ensure interpreter access
  - Develop lab work routine
  - Acquire immunizations
  - Develop process for follow-up and referrals



## Once established

- Continual feedback
  - Identify gaps in care / areas for improvement
    - Potential clinical QI Projects
  - Ongoing communication with clinic staff, community partners
  - Ongoing trainings
    - Staff and clinicians
  - Monthly or quarterly meetings

## Lessons learned: General

- Beginner mistakes:
  - Not allowing enough time for the visits
  - Underestimating skills for using interpreters
  - Not incorporating staff buy-in
  - Overlooking the cultural aspects of care
    - "Overlearning" versus willful ignorance
    - Individual, family, societal, professional norms



## Other Clinical Challenges

- Clinical difficulties
  - Unfamiliar medical conditions
  - Pressing health concerns
  - Limited time
- Economic and social needs:
  - Housing, insurance issues, employment
- Location of clinic:
  - Transportation
- Finances



## Other Logistics

- Labwork and communicating results
- Interpretation
  - Cost, logistics
- Managing specialist referrals
- Setting patient expectations
  - Medical and non-medical
  - Post-resettlement issues
- (Finances)



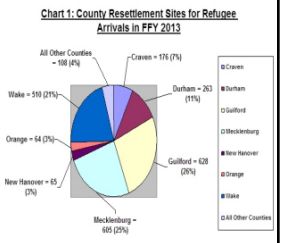
## Addressing the Challenges


- Clinical issues:
  - Identify clinician champion
  - Identify staff champion
  - Clinical milieu
    - Developing open and welcoming environment
    - Ensuring multilingual interpretation services
  - Reimbursement often higher: decreased no-show rates, # of issues addressed
- Developing partnerships – thinking "down the road"
  - Volags, other community resource partners
  - Specific case workers
  - Trauma specific counseling



## Case Study: Establishing a Refugee Clinic

- Guilford County, NC
  - Population of ~500K people
  - 3rd most populous in North Carolina
- Resettle approximately 800 refugees/year
  - Increase to ~1000 refugees in FY2016
  - Majority resettled in greater Greensboro area
- Refugee healthcare
  - Family Medicine Residency Clinic
  - Internal Medicine Residency Clinic
  - Pediatric Residency Clinic
  - Hospital-run Indigent Clinic
  - Smattering of other providers/clinics






## Clinic Purpose (remember to market!)

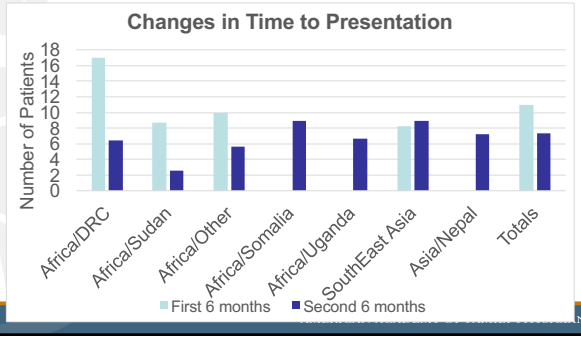
- Address a Community Need
  - Underserved refugee care
  - Clinic to serve as Refugee Medical Home
  - Patients can obtain initial screening services, immunizations, and establish with their new primary care provider at initial visit.
- Serve an educational purpose
  - Built into resident education
  - Didactics
  - Refugee health curriculum
  - Cultural competency curriculum

## Clinic Routine

- Half-day every Wednesday afternoon
  - Six appointment slots
- First 30 minutes: didactics
  - Four main topics
- Resident sees patient first
  - Introductions / purpose of visit
  - Attending reviews paperwork
  - See patient together and perform physical examination
  - Standardized documentation
  - Resident closes the visit and documents



## Changes in Time to Presentation






## Results

- In our first 24 months, we established ~300 new patients in the clinic
- Time to presentation to primary care:
  - 18.4 weeks within the first 2 months
  - 11 weeks at 6 months
  - 7.28 weeks one year later.
- Top three countries of origin: DRC (33%), Somalia (13%), and Sudan (12%).
- Primary languages: Arabic 23%, Swahili 20%, and Somali 12%.
- Residents cared for patients from 13 separate countries speaking a total of 19 different languages.



## Specific Lessons Learned

- Develop a front office point person
- Conduct staff training BEFORE first patients arrive / ongoing
- Schedule appointments before the patient leaves
- Assign regular clinic days
- Document patient instructions in English
  - Communicate with the patient
  - Communicate with service providers
- Follow-up and patient assignment:
  - Assign attending first X number of patients
  - Work out kinks / better resident buy-in



## Other More General Hints

- Incorporate into any pre-existing underserved clinic
- Market within the broader health system
  - Cost-effectiveness
  - Underserved care
  - "Forgiveness versus Permission"
- Marketing for your program
  - "Glocal" health
  - Underserved care
  - Better educational training in a globalized world
- Outside funding sources
- Recruit graduate/undergrad students for specific clinic assignments



## Next steps

- Identify ways to access refugee exam results from health dept, overseas examinations, etc.
- Streamlined EMR:
  - Order sets, prompts for health assessment; prompts for mental health screening
- Marketing materials for the public
- Furthering your education

## Online resources

- Ethnomed: https://ethnomed.org/
- University of Minnesota Global Health Course: https://www.dom.umn.edu/global-health/education-training/courses/online/introduction-immigrant-and-refugee-health-course
- CDC Domestic screening guidelines: https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html
- ORR Refugee Health: https://www.acf.hhs.gov/orr/programs/refugee-health
- AFP article: Primary Care for Refugees: Challenges and Opportunities - *Am Fam Physician.* 2017 Jul 15;96(2):112-120.
- Fam Pract Mgt article: *Fam Pract Manag.* 2017 Jul-Aug;24(4):21-27



## Questions?