

KEY MESSAGES

Coordinated Primary Health Care for Refugees:

A Best Practice Framework for Australia

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Policy context

Australia permanently resettles over 20,000 refugees each year. Our team reviewed the international evidence and conducted new research to develop a framework for the delivery of accessible and coordinated primary health care to this vulnerable group.

Key messages

We found that permanently resettled refugees in Australia face profound and complex health and social problems, and there are inadequacies in the health care system, particularly:

- > Refugees struggle to access primary health care that matches their needs.
- > Health professionals often find themselves unable to communicate effectively with refugees.
- > Health services focused on providing care to refugees are not well coordinated with each other or with mainstream health services. Refugees are likely to fall through the gaps between services.
- > Australia lacks a consistent model for delivering primary health care to refugees.

Our evidence based review suggests that consumer-focused, accessible and coordinated primary health care would benefit from an enhanced model of care that:

- > Allows permanently resettled refugees to receive an initial 6 months of care from generalist, refugee focused primary health care services.
- > Supports mainstream primary health care services to lead the provision of continuing health care for refugees.
- > Uses health case managers, engages qualified interpreters, and is delivered to refugees at low or no cost.
- > Is supported by Commonwealth, state and territory governments in all regions of significant refugee settlement.

We see this model being delivered within an integrated framework that requires:

- > The Commonwealth Department of Health and Ageing to help support the formation and ongoing operation of a National Refugee Health Network.
- > Medicare Locals and local health authorities in areas of refugee settlement to actively assess refugee primary health care needs and to foster coordination between health services assisting refugees.
- > Educational organisations to work with the National Network to build the capacity of a refugee responsive, mainstream primary health care workforce.

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