Coordinated Primary Health Care for Refugees: A Best Practice Framework for Australia.


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Background

- Refugees
- Policy context
- Study aims and methods
Refugees

- Refugees are people outside the country of their nationality who, owing to a well-founded fear of persecution, are unable to avail themselves of the protection of that country. [UNHCR]

- In Australia:
  - More than 750,000 refugees and humanitarian entrants permanently resettled since 1945.
  - Refugee and Humanitarian program intake ~ 20,000 p.a.
  - Permanently resettled refugees have the same rights as other permanent residents of Australia.

- This study focuses on permanently resettled refugees, not asylum seekers.
Refugee vulnerability

- Past traumatic experiences.
- Language barriers, cultural differences.
- Low socioeconomic status; unemployment.
- Particular health issues: nutritional deficiencies, infectious diseases, mental health.
- Low health literacy.
Commonwealth responsibilities

- **Department of Health**
  - Medicare services.
  - Program of Assistance for Survivors of Torture and Trauma.

- **Department of Social Services**
  - Humanitarian Settlement Strategy settlement support (formerly within DIAC).

- **Department of Immigration and Border Control**
  - TIS National interpreter services.
State and Territory responsibilities

- Refugee focused health services and programs
  - Refugee health services and programs.
  - Refugee health nurses and fellows.
  - Community health services.
  - Public hospital services.
  - Interpreter services.
Specific aims

- **Identify:**
  - the characteristics of models for delivering accessible, coordinated primary care to permanently resettled refugees,
  - the feasibility of these models in the Australian context.

- **Develop:**
  - an evidence based framework for delivering refugee health care,
  - a strategy for implementation of this framework across Australia.
Methods

- **Phase 1**: Systematic literature review.
- **Phase 2**: Stakeholder interviews.
- **Phase 3**: Delphi consensus process.
- **Phase 4**: Synthesis.

Systematic literature review questions

- **What evaluated models** of providing primary health care to resettled refugees in the countries of resettlement have been described?

- **What is the impact of these PHC models** on:
  - access to care?
  - coordination of care?
  - quality of care?
Interview and Delphi questions

- **What are the key components** of the existing models of primary health care to refugees in Australia?

- **What are the barriers** to the delivery of accessible and coordinated primary health care services to refugees in Australia?

- **What are the priority strategies** for improving primary health care delivery to refugees?
Findings

- Systematic review
- Interviews
- Delphi process

Source: UNHCR
Systematic literature review

- From 2139 papers, identified 25 studies evaluating the impact of models of care. 15 Australian, 10 overseas.

22 Key informant interviews

- Policy advisors, managers, clinicians, settlement workers, refugee community representatives describing models of care.

2 stage Delphi consensus process

- 27 expert representatives from across Australia, building consensus on priorities and approaches
Systematic review findings

- **Access** was improved by:
  - multidisciplinary staff.
  - use of bilingual staff and interpreters.
  - use of gender-concordant providers.
  - no-cost or low-cost services.
  - free transport to and from appointments.
  - outreach services.
  - longer clinic opening hours.
  - patient advocacy.

- **Coordination** between services was improved by:
  - case management by specialist workers.

- **Quality of care** was improved by:
  - training in cultural sensitivity.
  - appropriate use of interpreters.
Interview and Delphi consensus findings

- Australia lacks a consistent model for delivering accessible and coordinated primary health care to refugees.

- Inadequate access to primary health care services.

- Limited availability of refugee focused health services.

- Gaps in the transition of clients between services.

- The need for a refugee responsive primary health care workforce.

- Lack of a national refugee health strategy.
A best practice framework for Australia

- Principles
- Framework
▪ **Principles:**

– Refugees should have **access to all of the same primary health care services** that are available to the local population.

– If any refugee focused health service is provided, it should have as its goal the **full integration of the refugee into mainstream primary care**.

– The development of any model requires a **consumer-focused, holistic approach** that integrates health, settlement and social welfare services and advocacy across systems.
### Framework:

1. An enhanced model of care.
2. Improved transitions between services.
3. A networked approach.
4. System wide approaches.

Informed by the National Primary Health Care Strategic Framework.
An enhanced model of care

- Settlement services
- Mainstream primary health care services
- Refugee focussed health services
- Interpreter services

Source: Monash Health

Core services

Settlement services → Refugee focused health care services

- Mainstream primary care
Humanitarian Settlement Services

- actively collaborate with refugee focused and mainstream health services [4].
Mainstream primary health care services

- lead the provision of continuing health care for refugees [3].
Refugee focussed health services

- Provide a tailored level of care for refugee clients above and beyond what mainstream services can often provide.
Generalist refugee focussed health services

- Provide services oriented towards primary care principles of first contact accessibility, continuity, comprehensiveness and integration. E.g. refugee health clinics in community health settings across Australia.

Specialist refugee focussed health services

- Provide care oriented toward a specific age range or disease group. E.g. torture and trauma (mental health) services.
Generalist and specialist refugee focused health care service enhancements
Generalist refugee focused health services

- provide initial primary health care to refugees during the first 6 months of settlement,
- offer continuing care for selected refugee clients with complex needs,
- actively assist in the transition of clients to mainstream health services for ongoing care [2]
Generalist refugee focused health services

- help provide **health case management** for recently refugees with complex needs [6]
- develop clear **protocols** for the successful transition of clients and their information to mainstream health services [7]
Commonwealth, state and territory governments
- support the provision of generalist, refugee focused health services in all regions of significant refugee settlement by [1]

**Interpreter services** in primary health care settings

- Extend **access to fee-free services** to include: MBS-funded allied health and psychology services [5]
Improved transitions between services

- Integration through Medicare Locals and local health authorities

Source: Monash Health
Integrate refugee focused primary health care in all local areas of refugee settlement [8]

A networked approach

- A national refugee health network
- State and territory refugee health networks
A National Refugee Health Network

- The Commonwealth Department of Health helps support the formation and ongoing operation of a National Refugee Health Network:
  - to provide a strategic and integrated approach to the primary health care needs of permanently resettled refugees living in Australia [9]

- State and territory governments:
  - support state and territory refugee health networks to improve the integrated delivery of primary health care services and programs to refugees [10]
System wide approaches

- Affordable care
- Refugee responsive primary health care workforce
- Addressing health literacy needs of refugee communities
- Monitoring, evaluation and research

Source: Melbourne Indymedia

System wide approaches

- Health services and programs provide access to care at low or no-cost for refugee clients of low socioeconomic status [11]

- Organisations involved in health professional education prepare graduates to be part of a refugee responsive primary health care workforce [12]

- Stakeholder organisations have a responsibility to address the health and health system literacy needs of local refugee communities [13]
System wide approaches

- The National Refugee Health Network contributes to the agenda for improved **monitoring, evaluation and research** in:
  - primary health care **workforce capacity** to address the needs of refugees,
  - the **effectiveness** of primary health care delivery to refugees,
  - the **cost effectiveness** of refugee focussed primary health care interventions [14]
Acknowledgements

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Our expert advisory group members, assistants and external reviewers.
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Report available from aphcri.anu.edu.au and www.sapcru.org
Medicare Locals

Settlement services

Generalist refugee focused health care services

Specialist refugee focused health care services

Mainstream primary care
(i.e. general practice, community health centres)

Dental and allied health care

Interpreter services

Other Health Services
(i.e. hospitals, mental health services)

Non-health services
(i.e. housing, welfare)

Recommendations
An enhanced model of care

- **Recommendation 1**: Commonwealth, state and territory governments support the provision of generalist, refugee focused health services in all regions of significant refugee settlement.

- **Recommendation 2**: Generalist refugee focused health services provide initial primary health care to refugees during the first 6 months of settlement, offer continuing care for selected refugee clients with complex needs, and actively assist in the transition of clients to mainstream health services for ongoing care.

- **Recommendation 3**: Mainstream primary health care services lead the provision of continuing health care for refugees.
An enhanced model of care

- **Recommendation 4**: Humanitarian Settlement Services actively collaborate with refugee focused and mainstream health services, and seek partnerships with Medicare Locals in coordinating refugee primary health care needs during settlement.

- **Recommendation 5**: Access to fee-free interpreter services in primary health care settings:
  - a) is supported by the Department of Health and Ageing, the Department of Immigration and Citizenship, and state and territory governments,
  - b) is broadened to include MBS-funded allied health and psychology services, and Commonwealth-funded dental services.
Improved transitions between services

- **Recommendation 6**: Generalist refugee focused health services help provide health case management across sectors for recently arrived refugees with complex needs.

- **Recommendation 7**: Generalist refugee focused health services develop clear protocols for the successful transition of refugee clients and their health information from refugee focused to mainstream health services.

- **Recommendation 8**: Medicare Locals and local health authorities work to integrate refugee focused primary health care in all local areas of refugee settlement.
A networked approach

- **Recommendation 9**: The Department of Health and Ageing helps support the formation and ongoing operation of a National Refugee Health Network to provide a strategic and integrated approach to the primary health care needs of permanently resettled refugees living in Australia.

- **Recommendation 10**: All state and territory governments support state and territory refugee health networks to improve the integrated delivery of primary health care services and programs to refugees.
System wide approaches

- **Recommendation 11**: All health services and programs provide access to care at low or no-cost for refugee clients of low socioeconomic status.

- **Recommendation 12**: Organisations involved in health professional education prepare graduates to be part of a refugee responsive primary health care workforce.

- **Recommendation 13**: All stakeholder organisations have a responsibility to address the health and health system literacy needs of local refugee communities.
System wide approaches

- **Recommendation 14:** *The National Refugee Health Network contributes to the agenda for improved monitoring, evaluation and research in:*

  a) *Primary health care workforce capacity to address the needs of refugees,*

  b) *The effectiveness of primary health care delivery to refugees,*

  c) *The cost effectiveness of refugee focussed primary health care interventions.*
<table>
<thead>
<tr>
<th>ORGANISATION</th>
<th>RECOMMENDATION</th>
<th>EARLY ACTIVITY</th>
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<tbody>
<tr>
<td>Department of Health</td>
<td>9</td>
<td>Establish a planning group to: a) articulate an endorsed national framework for the delivery of accessible, coordinated refugee primary health care in Australia, and b) determine the scope, governance and resourcing of a National Refugee Health Network.</td>
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<td>2</td>
<td>Liaise with Health Workforce Australia to review the capacity of the existing mainstream primary health care workforce to provide refugee responsive and refugee focused health care to refugees.</td>
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<td>Department of Social Services</td>
<td>1</td>
<td>Review Humanitarian Settlement Strategy provider policy regarding working relationships with local refugee focused health services, mainstream health services and Medicare Locals.</td>
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<td>Department of Immigration and Border Control</td>
<td>5</td>
<td>Assess with the Department of Health and Ageing the implications of broadening the availability of fee-free interpreter services in priority allied health, psychology and dental services.</td>
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<tr>
<td>State and territory governments</td>
<td>2</td>
<td>Review the capacity of existing generalist refugee focused health services to provide initial primary health care to refugees.</td>
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<td></td>
<td>5</td>
<td>Review the adequacy of the provision of interpreters in primary health care services and programs.</td>
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<td>Review the capacity of health services to provide low-cost care to refugees of low socioeconomic status.</td>
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<td>10</td>
<td>Review the current condition of existing state and territory refugee health integration networks.</td>
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<td>Medicare Locals and Local Health Authorities</td>
<td>2, 8</td>
<td>Assess the health needs of local refugees and the capacity of local health services to deliver appropriate and integrated care to refugees in areas of refugee settlement.</td>
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<td>Humanitarian Settlement Service providers</td>
<td>1</td>
<td>Review the strength of working collaborations with local refugee focused health services, mainstream health services and Medicare Locals.</td>
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<td>Refugee focused health services</td>
<td>3</td>
<td>Review the scope of transitional health care provided to refugees.</td>
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<td>6, 7</td>
<td>Review the capacity to provide health case management to refugees across the health sector.</td>
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<td>Mainstream health services</td>
<td>4</td>
<td>Assess the ability to provide refugee responsive health care to refugee clients.</td>
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<td>11</td>
<td>Review the ability to provide low-cost health care services to refugee clients of low socioeconomic status.</td>
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<tr>
<td>Organisations involved in health professional training</td>
<td>12</td>
<td>Review the adequacy of curricula and training programs to support knowledge, skills and attitudes for a refugee responsive mainstream workforce.</td>
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