Refugee Health: Chronic Disease Management and Prevention

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<tbody>
<tr>
<td>6.30pm</td>
<td>Welcome and housekeeping</td>
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<tr>
<td>6:40pm</td>
<td>Dr Margaret Kay – Introduction of Case Study</td>
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<tr>
<td>7:00pm</td>
<td>Dr Kostner: Cardiologist point of view</td>
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<tr>
<td>7:20pm</td>
<td>Dr Margaret Kay – Case study continues</td>
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<td>7:40pm</td>
<td>Louise Lee – Practice Nurse and Multicultural Health Clinical Nurse Lead BSPHN</td>
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<td>7:50pm</td>
<td>G11</td>
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<td>8:20pm</td>
<td>Panel Questions</td>
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<td>8.40pm</td>
<td>Evaluations &amp; Event concludes</td>
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Chronic Disease in Primary Health Care

- Comprehensive care
  - preventive, acute, chronic
- Continuity of care
  - cradle to grave
- Complex care
  - not just one health issue
  - not just disease
- Coordination of care
A refugee family

Mother: Mrs M, 48 yo
from DR Congo
Children: Emmanuel, 12yo (M)

In Kenya – 3 years – refugee camp
Minimal access to health care
Minimal access to education

Arrived Brisbane – 7 months ago
Understanding Health in its social context

- Understand the refugee journey
- Understand the settlement system
  - Know what has happened before
  - Know what happened after arrival

Know what matters
Refugee journey – Before arrival

Visa Medical

Departure Health Check
Health care in the early settlement period

– Settlement Agency – MDA
– Family linked with GP practice
  – Health assessment
    – (begun 3 weeks after arrival)
– Co-located Refugee Health Nurse

No state funded refugee medical service and TB checks are only done on referral.
Whole of practice approach

• Administration
• Nursing Staff
• Doctors

• Mrs M and Emmanuel – engaged with their GP Practice
• Continues to see their GP – immunisations
Medical Issues to consider

- Acute health problems
- Public health issues
- Chronic Disease
- Preventive health
Medical Issues to consider

- Nutritional problems
- Infectious Disease
- Genetic Predisposition
- Dental Health Issues
- Mental Health Issues
Common Health issues

- Schistosomiasis
- Strongyloidises
- Chronic Active Hepatitis
- Vitamin D deficiency
- Haemoglobinopathies
- Tinea capitis (T. Soudanense, T. tonsurans)
Common Health issues

- Iron deficiency
- Dental issues
- Mental health issues
- Diabetes
- Osteoarthritis
- Asthma
- Ischaemic Heart Disease
Mrs M
‘New’ Presentation

- Chest pain
- “too much pain in my heart”
- Increasing in frequency
- Present for a long time
- Too much pain
- ? Exertional
- ? Palpitations - sometimes
- ? Shortness of breath – a bit
Approach

– Be a reflexive practitioner
– In a reflexive practice
– Innovation
– Responsiveness
Mrs M – Known Health issues

As a GP you have noted over time:
– Chronic back pain – injury – arthritis
– Hypertension
– Elevated lipids – given advice on diet
– Recurrent epigastric discomfort (chronic)
  – Managed with occas zantac tablets
    that a friend gave her
Mrs M - Known Health issues

However your RN has also told you:
In DRC – village was raided
Separated from her children as they ran
    except the baby in her arms – now 12yo
After some years - eventually - in the refugee camp in Kenya -where she ‘married’ (not sure how this relationship was?) She later separated
Arrived in Australia as 204 Visa
With Health Assessment she was referred to QPASTT
Mental Health

Acculturation

QPASTT

Transcultural Mental Health

Avoid unnecessary re-telling
It may be years before these issues can be addressed
Examination

- BMI 28
- BP 150/95
- HR 84/min reg
- ??soft Pansystolic murmur
- Tender epigastrium
Tests

- Fasting BSL – 5.1
- Fasting Lipids – Tot Chol – 6.6; TGs 3.8
- Hb 98 with microcytosis 75
- Ferritin – 5
- B12 – 62 (low)
- ECG – Borderline LVH
Question

– Does she need a stress test?

– Referral to Refugee Cardiac Unit at Mater (RASCC)
Management

– Cardiac review – low chance of IHD
– Other issues
  – Preventive health
  – Fix the pain
Navigating the complex space of chronic disease

- Build trust
- Address the patient’s concern
- Identify significant health issues
- Ensure follow up
- Educate
Management

– While she was at the Cardiologist ...
  her Faecal H pylori Ag came back – POSITIVE
– Needs Nexium Hp7

– Steps
  – Interpreter’s role
  – Explain illness – health beliefs
– Get Medication
– Explain Medication
– Check concordance
Interpreter

• Cultural sensitive consultation
• Use interpreter service
  • *Doctors’ Priority Line 1300 131450*
• Pharmacists
• Allied health support for interpreters
Communication hints

• Have thoughts organised
• Use simple language, even pace
• Pause for translation
• Speak to the patient
• Single questions
• Make the instructions relevant to the patient’s life
• Confirm that the patient understands
Explanatory Model of Disease
(Kleinman’s Questions)

– What do you call this problem?
– What do you believe is the cause of this problem?
– What course do you expect it to take?
– How serious is it?
– What do you think this problem does inside your body?
– How does it affect your body and your mind?
– What do you most fear about this condition?
– What do you most fear about the treatment?

Prevention

Regular Medications
– Antihypertensives
– Cholesterol lowering agents

Lifestyle interventions
– Diet
– Exercise
Practice Nurse
Louise Lee

- Role of Practice Nurse
- GPMP, TCA, MHCP
- Practice nurse review for chronic disease
- Remember organisations that can provide chronic disease support in a culturally appropriate manner e.g. ECCQ
Billing

- GPMP - 721
- TCA - 723
- Reviews – 732

- Mental Health Plan / review / consultation

**Must**
With consent
Full history, Examination, Investigation and Management Plan
GIVE the document to the patient
Refugee Health Connect

Contact details:
PHONE: 07 3864 7580
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FAX: 07 3864 7599
Summary

- Refugee Health is rewarding
- Suboptimal care is common
- Hear the story
- Remember the diversity
- Work as a team
- Build trust
- Be culturally sensitive
- Be reflexive
- Be aware of compassion fatigue
Resources:

Clinical Guidelines
The Refugee Health Guide provides information about Chronic non-communicable diseases in adults [HERE](#).

Services
- EDOQ - Chronic Disease Program including My Health for Life Program
- My Health For Life CALD Program and in-practice support
- Mater Refugee and Asylum Seeker Cardiosascular Clinic (RASCOC)

Translated Resources
- Multicultural Diabetes Portal - provides health professionals with a broad range of translated diabetes resources
- Heart Foundation - Provides resources in your language
- The Australian Guide to Healthy Eating (includes serve information) - Pictorial and translated into various languages
- Healthy Lifestyle Resources
- Diabetes Patient Education Materials - Ethno Med

More Information
- Diabetes during Ramadan
- RACGP
- Australian Heart Foundation
- Diabetes calculator
- Nutritional guidelines (includes patient resources)
- Chronic obstructive Airways disease
- Physical activity guidelines
- Physical activity assessment
References


References


References


