Building capacity and integration for better outcomes

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How do we make integrated care part of our culture?

- The refugee health context
- Building a network:
  - Partnerships
  - Models of care
  - Community engagement
  - Policy and research
- Communities and systems integration
- Where to next?
The refugee context

• Highest levels of forced migration since WWII
• 2016 estimated 65.6 million people displaced
• Since Federation Australia has resettled 800,000 refugees, 150,000 in past 10yrs
• Australian Humanitarian Program: 18,750 people/pa by 2018/19
• Queensland resettles 13% of new arrivals
• All are permanent residents
The refugee health context – Qld data
Why focus on refugee health?

- All have physical and psychological hardship and 25% have experienced torture and trauma.
- UNHCR recommends that all refugee have a health assessment soon after arrival.
Why focus on refugee health?

Barriers to accessing care:

- language and cultural barriers
- trust
- low health literacy
- unfamiliarity with the Australian health system
- cost of care
- health professionals’ inexperience with refugee health

Presenting health issues:

- infectious and parasitic disease
- nutritional deficiencies
- Chronic diseases
- poor oral health
- low levels of immunisation
- Torture and trauma – mental health issues
How do we make integrated care part of our culture?

1. Partnerships
2. Community engagement
3. Innovative models of care
4. Patient centeredness
5. Policy, research and evaluation
Refugee Health Network Qld (RHNQ)

• Launched April 2017 with the Policy and Action Plan
• Funding secured from QH – small network team
• Strong focus on building “network of networks”
• Advocacy and policy development
• National links with Refugee Health Network Australia (RHeaNA)
Refugee Health Network Queensland – Visual Guide

- Build capacity, partnerships, and facilitate coordination of care across health, settlement agencies, communities, government and non-government sectors.
- Long-term aim: improve the health and wellbeing of people of refugee backgrounds throughout Queensland.
Refugee Health Partnership Advisory Group Queensland

• **RH PAGQ** (previously SEQ PAG 2012-17) is a state wide partnership established in 2017

• 28 key stakeholders meet quarterly and guide the work of the Refugee Health Network Qld (RHNQ) and the implementation of the Refugee Health Policy and Action Plan (2017-20)

• Working/Advisory groups:
  - Oral health
  - Clinical Advisory Group
  - Policy and evaluation
  - Mental Health
  - G11
Community engagement

G11 (Refugee Health advisory Group)

- Core group established from small project funding (2012)
- Evolved into 11 individuals from different backgrounds
- St Vincent and Mater funded partnership
- G11 supported by:
  - coordinator/s
  - educational opportunities
  - peer research training
  - Mater executive levels
- Acts as “bridge” between their communities and health system
- Resource to the health system
Integrated models of care

Refugee Health Connect Partnerships Matter
An evaluation of the RHC model to deliver better health care to people of refugee background and address access, quality and care coordination.

Tier 1 practices

MIRHS nurses co-located

Support
- Health Summary
- Up-skilling of team
- Resources
- Informal support

Specialist services and other health care providers
- MRCCC
- QPASTT
- Refugee PAFDS

Tier 2 practices

The model is underpinned by:

Community Engagement
- Refugee Health Advisory Group

PAG
- Partnership Advisory Group

CAG
- Clinical Advisory Group

Research
- Evaluation Translational
Refugee Health Connect - a Brisbane North/South PHNs and Mater partnership

1. One point of contact & clear referral pathways - Refugee Health Connect (RHC)
2. Effective transfer of clinical information between general practices
3. Colocation of refugee health nurses in primary care
4. Coordinated capacity building initiatives – clinical leads
5. Integrated with settlement services
The Queensland Refugee Health and Wellbeing Policy and Action Plan

- Inaugural policy by the policy working group reports to RHPAGQ (inclusive of QH, communities, PHNs and service providers)
- 65 Action items
- Focus on right care, right time, right place
- Emphasis on “modifying usual practice”
- Strong primary and tertiary integration
- Community engagement
Communities and systems integration lessons learnt

- Partnerships and collaboration – can’t do it alone
- Community engagement is fundamental and is more than a catch phrase
- Innovative models of care – require courage and support
- Policy and research go hand in hand with translating lessons learnt into practice
- If we get it right for the more complex and hard to reach populations it will be benefit all
Where to from here?

• Evaluation of the policy and action plan, baseline data including consumer perceptions using the G11 – repeated over the 3 year life span of the policy
• Building on the RHNQ – e-newsletter, website, regional networks, issue based working groups e.g. TB, Neurodevelopmental and Cognitive Assessments
Thank you
Questions

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