Welcoming new communities in primary care: Co-location, bi cultural staff and multilingual technology

Donata Sackey (Mater UQ Centre for Integrated Care & Innovation) & Ruby Hedo (Strathpine Superclinic)

Refugee Health and Wellbeing Showcase – Brisbane 27th March 2018
Integrated care – the Brisbane region response

Development of RHC (Refugee Health Connect - 2013) a partnership between PHNs, health and settlement services one point of call for all refugee health related matters with a focus on:

1. **Access**: addressing barriers through partnerships and community engagement

2. **Quality**: building capacity and clinical leadership modifying usual practice

3. **Coordination**: integrated primary, secondary and tertiary health care model – including colocation of refugee health nurses, multidisciplinary teams and engagement with the communities
The partnership intervention – RHC model

- Establishment of partnerships
- Identification of practices and engagement - WTAs
- Education and resources – “tool kit”
- Re-orientation of Mater Refugee Health service – nurses from hospital to primary care - colocation
- Coordination of referrals – health assessments and first 6 months
- Community engagement – peer research
- Evaluation
The model to the test – responding to the Syrian and Iraqi intake

- Settlement shift: Brisbane South to North
- Traditionally Brisbane North low settlement
- Few practices with knowledge of refugee health issues
- Short lead up time

<table>
<thead>
<tr>
<th>Year</th>
<th>BNE North</th>
<th>BNE South</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>502</td>
<td>502</td>
<td>502</td>
</tr>
<tr>
<td>2015</td>
<td>43</td>
<td>408</td>
<td>451</td>
</tr>
<tr>
<td>2016</td>
<td>668</td>
<td>514</td>
<td>1182</td>
</tr>
<tr>
<td>TOTAL</td>
<td>711</td>
<td>1424</td>
<td>2135</td>
</tr>
</tbody>
</table>
The model to the test-responding to the Syrian and Iraqi intake in 2016-17

- From 2 “refugee ready” practices on Brisbane North in 2015 to 15 practices in 2018 of which 7 implemented WTA with colocation with Mater RH Nurse

- Planning with BNPHN cranked up – increase support and funding – identification of practices with PCLOs

- RHC model kicks in – practice visits – refugee health clinical leads, PHNs and Mater (on average 3 visits to establish WTA allowing Mater nurses to collocate)
How has the model responded one case study – GP Strathpine Superclinical

- Zero referrals to 146 over 12 months (2016-17)

- Multilingual check-in kiosk, Arabic speaking GP

- Employment of a bi-lingual receptionist (2 days per week) who is also an overseas trained doctor

- Dedicated space in the clinic for community to drop in

- 2 day a week colocation with Mater RH nurse

Ruby Hedu - Strathpine GP Superclinic receptionist; Katherine Roddom - Mater Refugee Health Nurse, Dr Yasser Gouda - Strathpine GP Superclinic and Leanne Pianeda - Brisbane North PHN.
GP Strathpine Superclinic

- 370 referrals on Brisbane North between 1 Jan 2017 to 30 June 2017 of which 89 were referred to GPSSC

**Proxy indicators:**

- **Access** = number of referrals
- **Quality** = number of Health Assessments
- **Coordination** = average length of time to complete immunisation

<table>
<thead>
<tr>
<th>Total referrals by RHC to GPSSC (1/1/17-30/6/17)</th>
<th>Total Health Assessments (HA) Completed</th>
<th>Total immunisations completed</th>
<th>Average length of time (days) between HA completed and imms. completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>89 (individuals)</td>
<td>100% (n89)</td>
<td>93% (n83)</td>
<td>154 days</td>
</tr>
</tbody>
</table>

Six months data collected between 1 January 2017 – 30 June 2017