

Refugee Health Network Queensland

A health alliancing approach to maximize the health and wellbeing of people from a refugee background living in Qld.

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Overview

1. Integrated Care overview
2. Refugee Health context
3. How does Refugee Health Connect measure up
4. Lessons learnt



Refugee Health Connect

- Is a partnership with Brisbane South and North PHNs and specialist refugee health services to enable primary care to respond to the needs of people from a refugee background
- Funding from Commonwealth and QH
- Supported by Refugee Health Network Qld and its various advisory groups including Clinical Advisory Group and the Refugee Health Advisory Group (G11)



Integrated healthcare means that:

“My care is planned with people who work together to understand me and my carer(s), my community, my culture, my refugee experience, aim to empower me, coordinate and deliver culturally inclusive services to achieve my best outcomes”

User-led definition (UK), WHO (Europe) Integrated Models: an overview (2016)



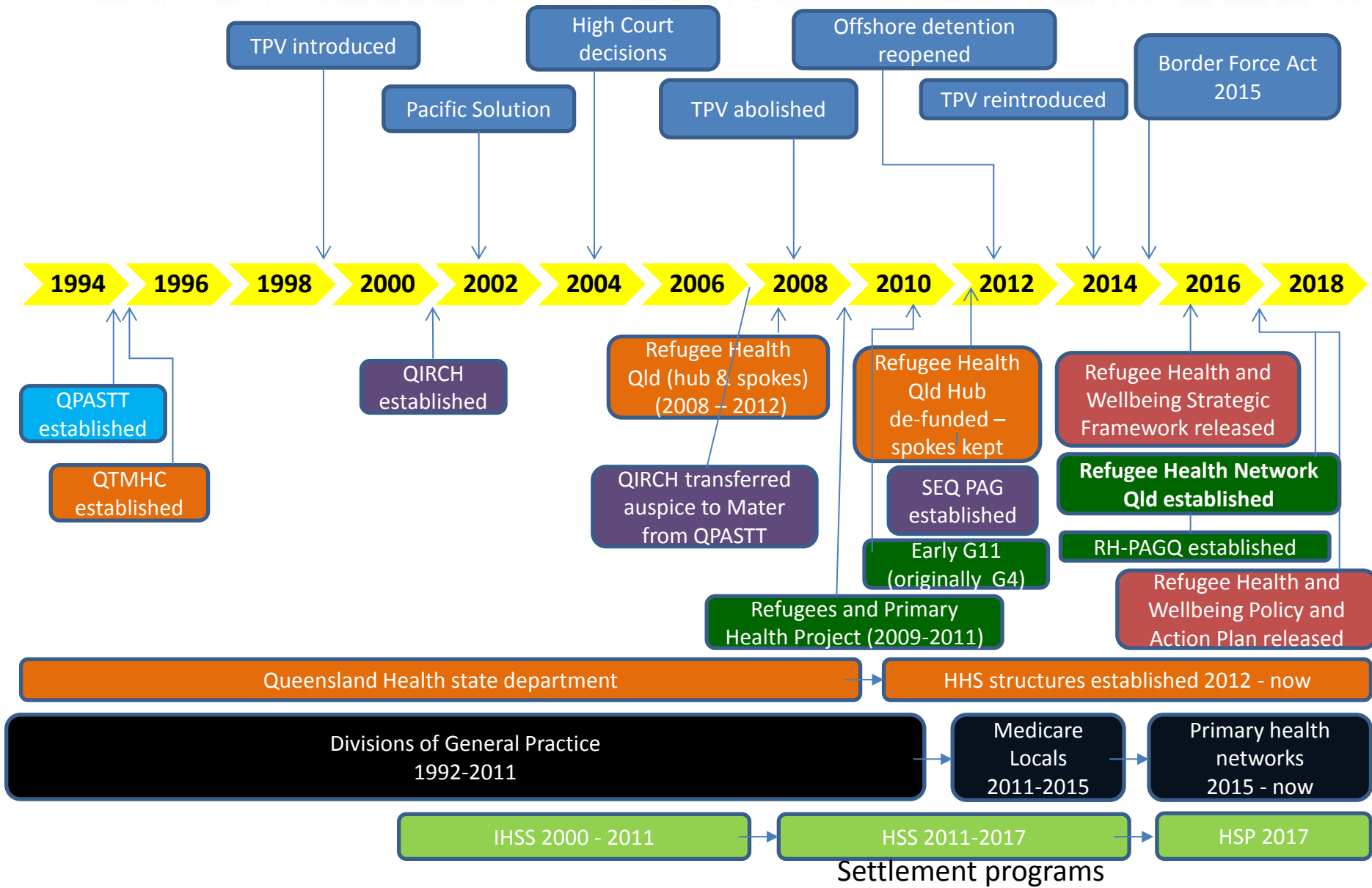
G11 – Refugee Health
Advisory Group

Integrated health care overview

- Move away from hospitals (tertiary services) to community. Specialist services working in partnerships with primary and secondary health services, social and welfare services and communities.
- Move towards person centred care, organising care around the needs of people rather than providers or organisations.
- Move towards more flexibility and innovation with matching flexible and sustainable funding.
- In the refugee health context fragmentation between specialist services and primary care is a challenge



Evolving health care systems

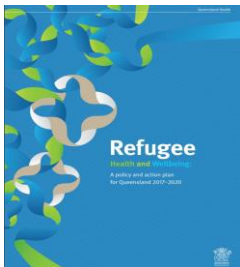
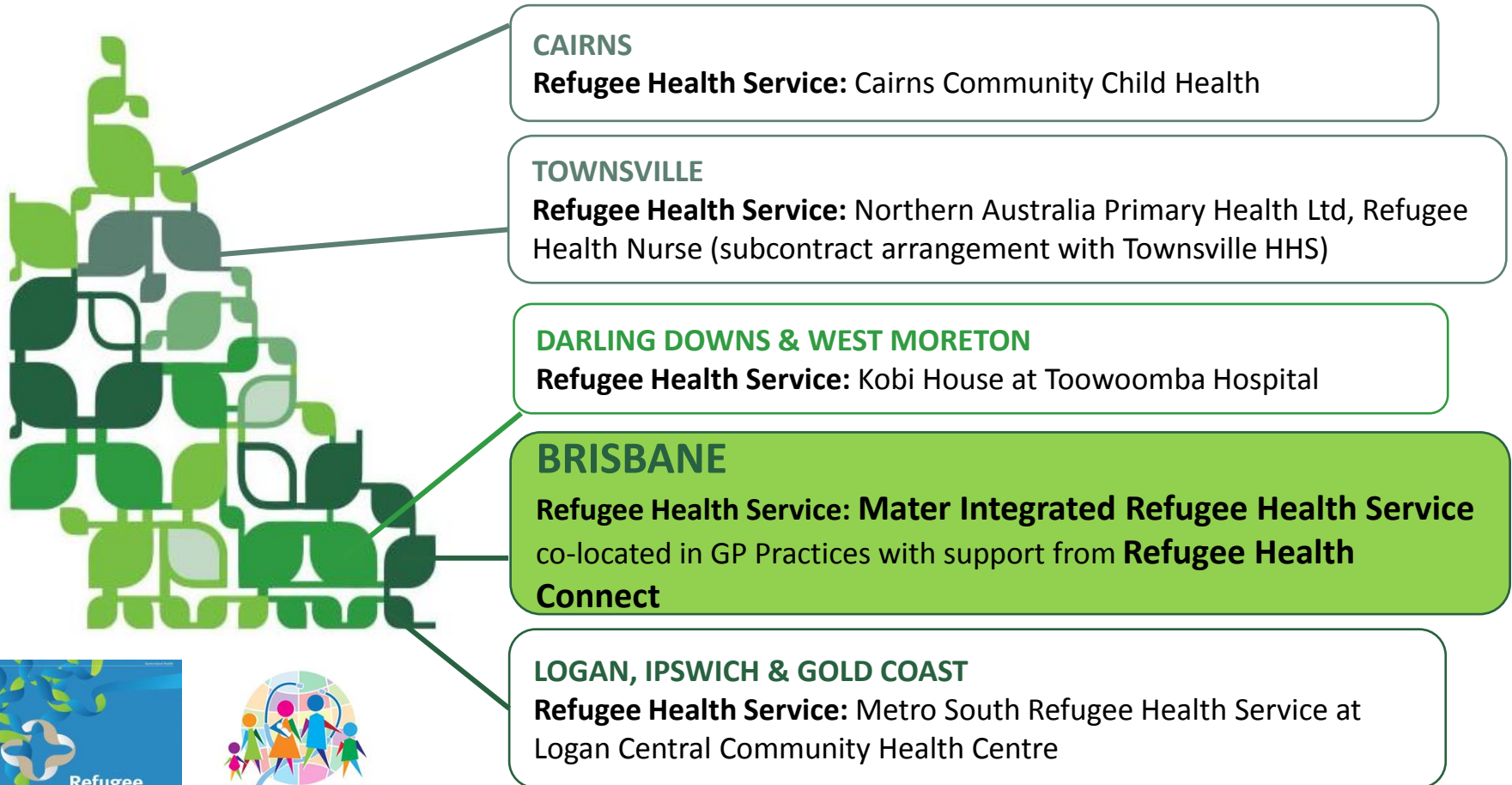


Refugee Health Context in Qld

Qld Health funds 5 refugee health services across the state – specialist in refugee health

MDA Ltd - Humanitarian Support Program provider for Qld.

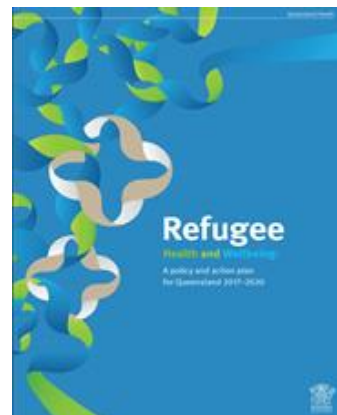
THE RIGHT CARE, IN THE RIGHT PLACE AT THE RIGHT TIME



- <http://www.refugeehealthnetworkqld.org.au/>

Qld Refugee Health and Wellbeing Policy and Action Plan vision:

All people from a refugee background calling Qld home have access to the right care, at the right time, in the right place to ensure they have the best possible health and wellbeing (Refugee Health and Wellbeing Policy and Action Plan 2017-2020)





RHC - Goals



1. To ensure all refugee and humanitarian arrivals are offered a health assessment in a local primary care practice with specialist refugee health nurses to deliver accessible, quality and coordinated care.
2. To ensure refugee and humanitarian arrivals have their ongoing health needs met within a culturally inclusive local primary care practice that places patients' needs at the centre of care delivery.
3. To enable an IHC model through partnerships and capacity building

5 key principles for successful health system integration

E. Suter et al (2009)

1. Comprehensive and culturally informed services across the care continuum
2. Patient, family and community focus
3. Geographic accessibility
4. Performance management/evaluation
5. Organisation culture and leadership

1. Comprehensive and culturally informed services across the continuum of care

RHC Model:

PART A – Capacity building in primary care driven by PHNs

- **one point of call** for all refugee health issues
- **linkage** to primary care, specialist services, social - services, communities and primary care across the continuum
- practice visits/support, resources, training
- Health literacy, **preventative** focus

- I. A comprehensive health assessment (UNHCR recommended)
- I. Primary care best place to deliver but requires additional support (Russell G. et al)



1.ctd. Comprehensive and culturally informed services across the continuum of care

PART B - Service Delivery through colocation:

Mater Integrated Refugee Health Service (MIRHS) is colocated

- Colocation means MIRHS nurses specialised in refugee health work from general practices with GPs and practice teams to deliver health assessments & care coordination for the first 6 months

Colocation is supported by:

- Mater management
- Working Together Agreements
- Regular engagement with practice
- Use of interpreters & CALD workforce
- Data and resource sharing



MORE THAN BASING A TERTIARY SERVICE IN COMMUNITY

2. Patient, family and community focus

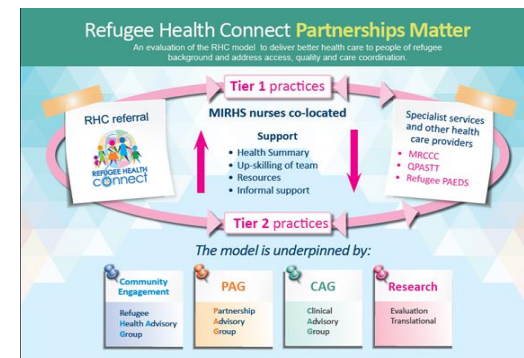
Listening and acting on what communities are saying or (not saying):

2008 – 2012 – Mater central clinic based South Brisbane – delivered specialised care and referred to primary care.

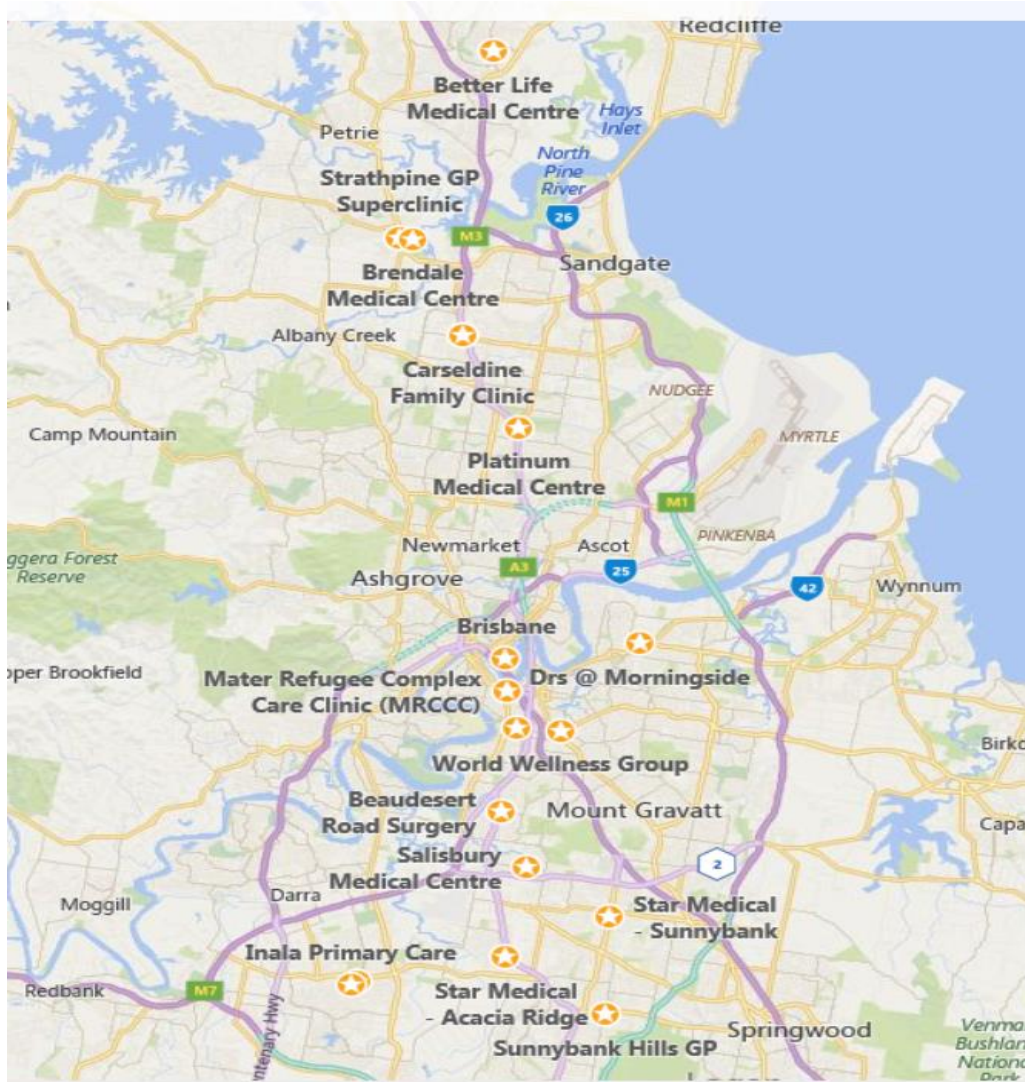
2013+ – all refugee health assessments done in local primary care practices or home visits. **3528 humanitarian arrivals linked to a local general practice**

Investment in:

- community engagement (G11)
- clinical advisory group
- policy and first Refugee Health Network Qld
- Research and evaluation with peer led methodology



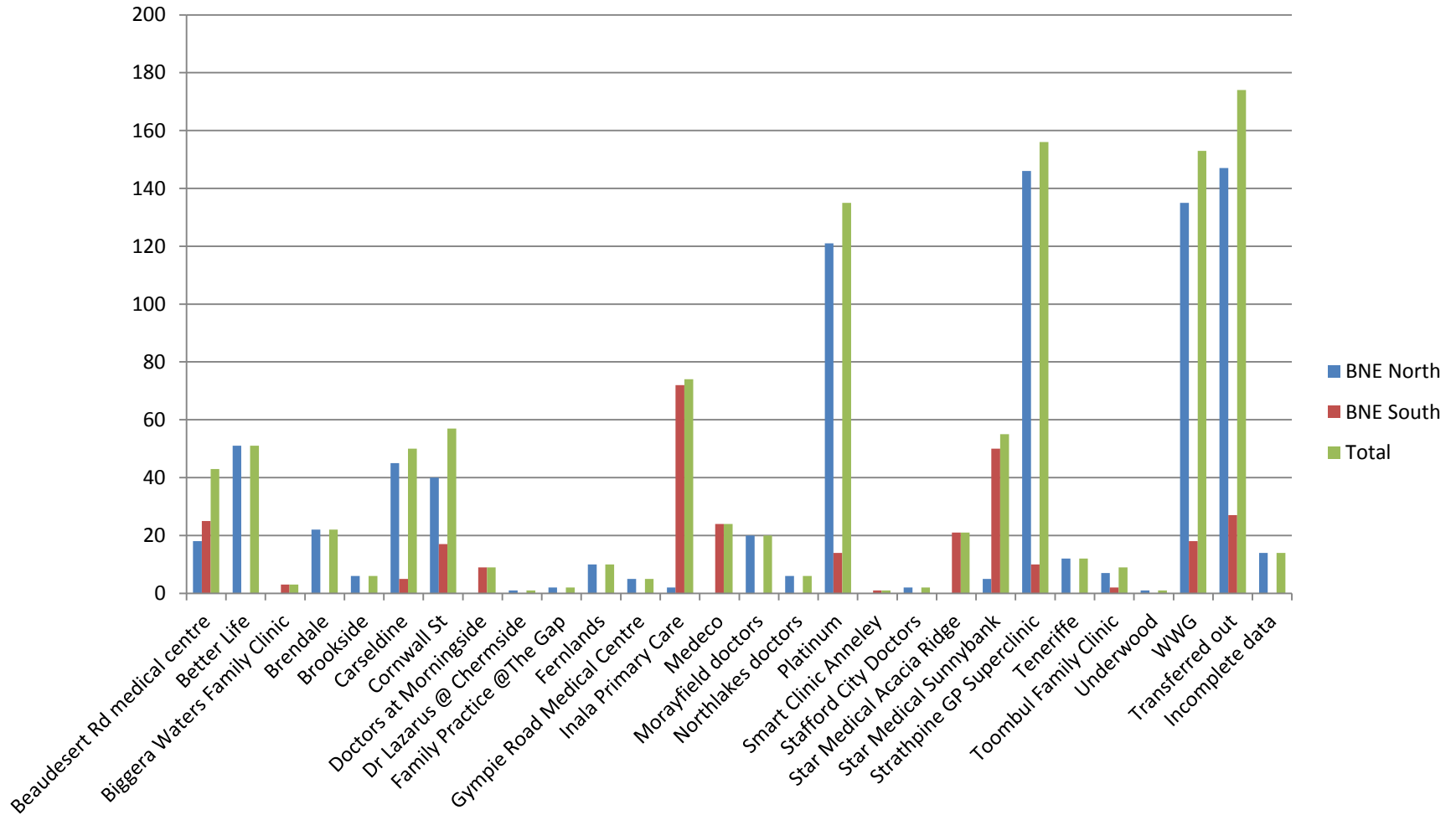
3. Geographic accessibility



- RHC has engaged with over 20 practices across Brisbane
- Patients are encouraged to attend the local Practice for the first 6 months to complete the Refugee Health Assessment journey

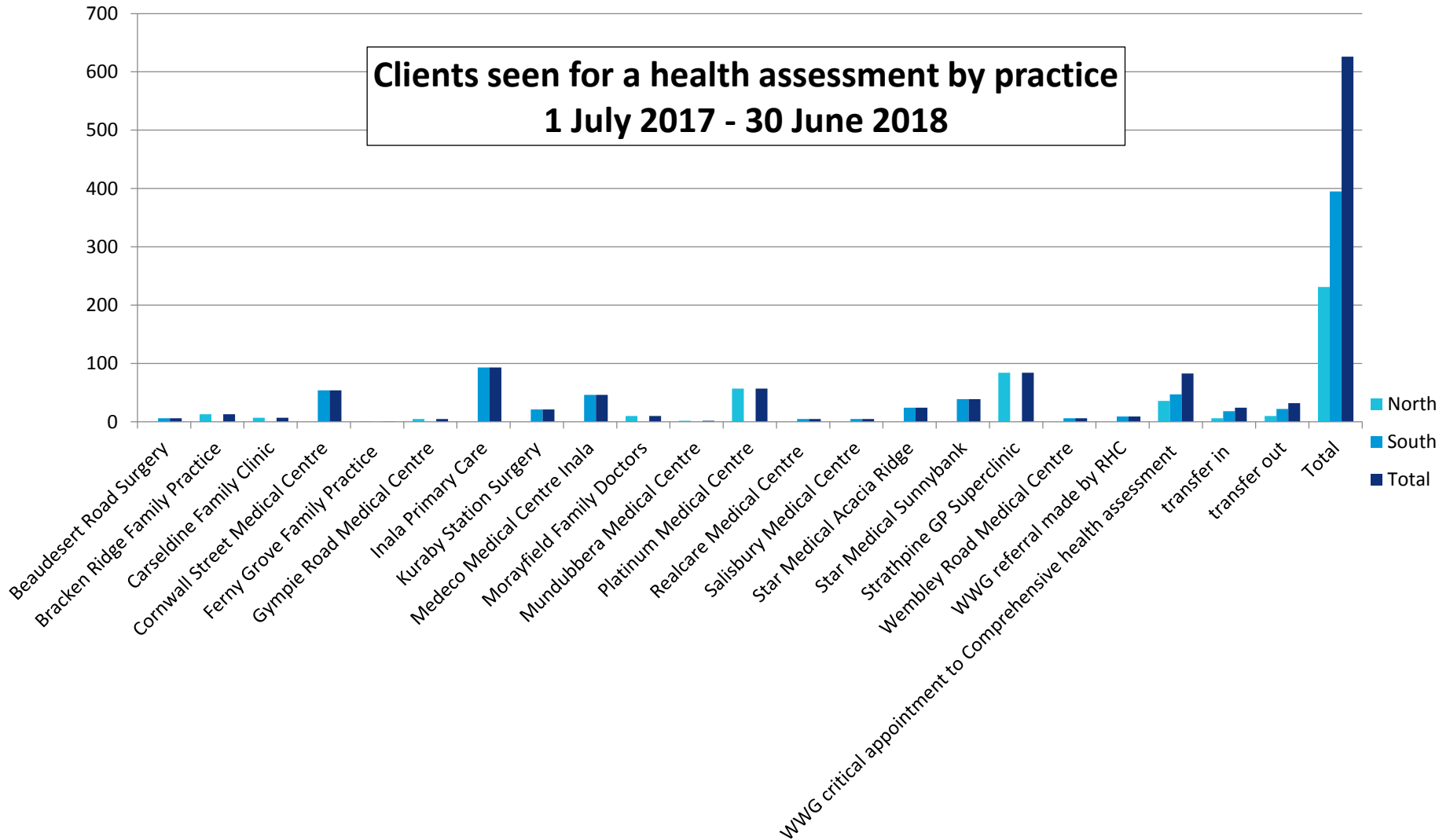
3.ctd. Geographic accessibility

Clients seen for health assessment by practice across Brisbane - 2016 -17



3.ctd. Geographic accessibility

**Clients seen for a health assessment by practice
1 July 2017 - 30 June 2018**



4. Performance management/evaluation

Colocated model outcomes data capture

Proxy indicators for:

access (attendance at appointments/interpreter use)

quality (health assessments completed/immunisation catch up)

coordination (referrals made)

Methodology/tools:

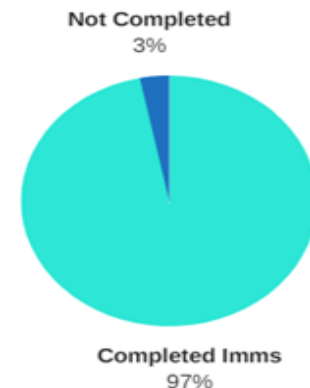
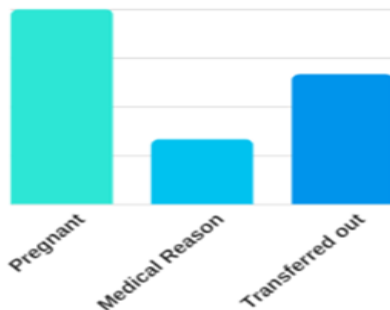
- Research/Evaluation – peer led research (G11) qualitative/quantitative data capture, evaluation of the policy and action plan
- Chart audits and patient follow up with referrals e.g TB
- Advocacy tracking sheet
- Nursing time tracking

4.ctd. Performance management/evaluation

Immunisation catch up completed

1st Jan – 30th June 2017

- 194 patients linked to 7 GP practices with MIRHS nurse across Brisbane North and South
- Age range 8 months – 79 years
- Average number of days from Refugee Health Assessment to completed imms catch-up = 138 days
- 6 out of 194 could not be vaccinated
- 182 out of 188 who could be vaccinated completed catch up imms



5. Organisation culture and leadership

Model sits in a tertiary service but within Mater/UQ Centre for Integrated Care and Innovation which supports:

- Research and evaluation
- Partnerships
- Patient /community focus
- Leadership with vision
- Clinical “integrators”
- Trust – shared management
- Complexity and innovation



“act and ask for forgiveness later”

Lessons learned

1. It takes **lots** of time to develop relationships and partnerships
2. Don't underestimate the importance of documenting the work and developing written agreements/shared protocols etc
3. Employ with diversity in mind and people who are natural "integrators" i.e. can navigate clinical complexities while paying attention to systems, community, policy and political contexts
4. Don't pay lip service to community engagement but nourish it with dedicated resources and act mindfully to enable sustainable inclusion into all aspects of IHC
5. Changes of leadership/key stakeholders are inevitable be mindful of the impact and the time required to re-build new relationships, trust – don't give up
6. It is about the patients and communities!



Thank you