

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)

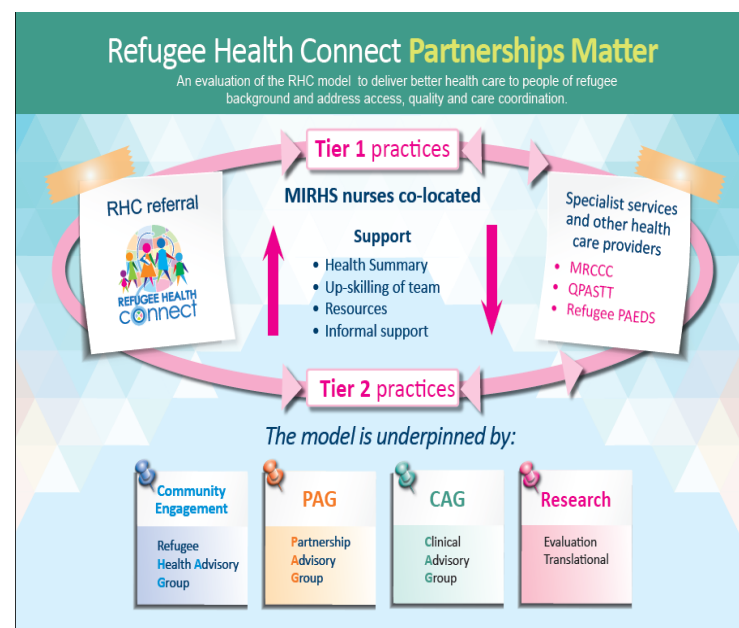
a partnership between PHNs, health and settlement services

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

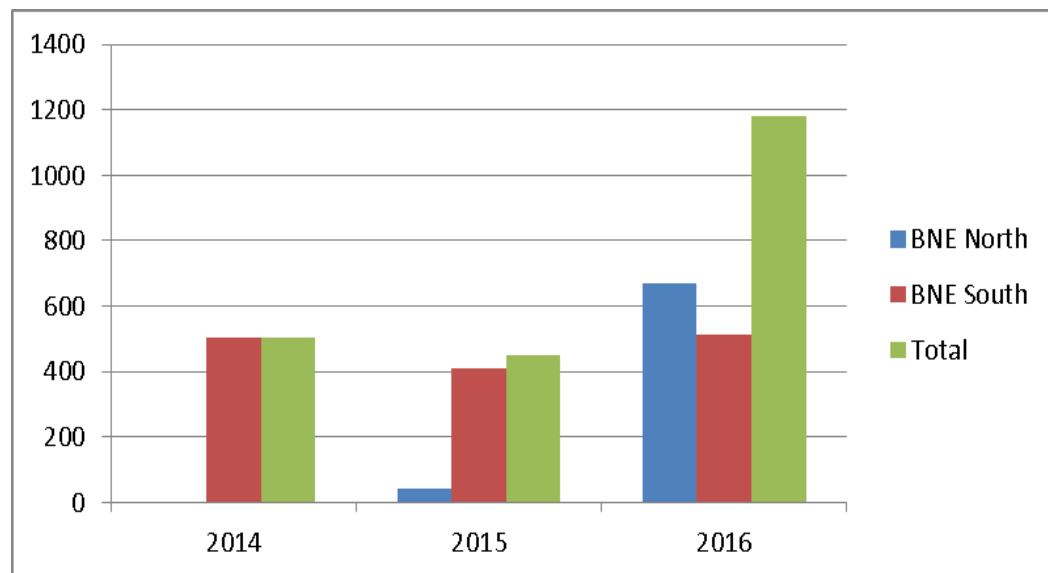
- Establishment of partnerships
- Identification of practices and engagement - WTAs
- Education and resources – “tool kit”
- Re-orientation of Mater Refugee Health service – nurses from hospital to primary care - colocation
- Coordination of referrals – health assessments and first 6 months
- Community 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

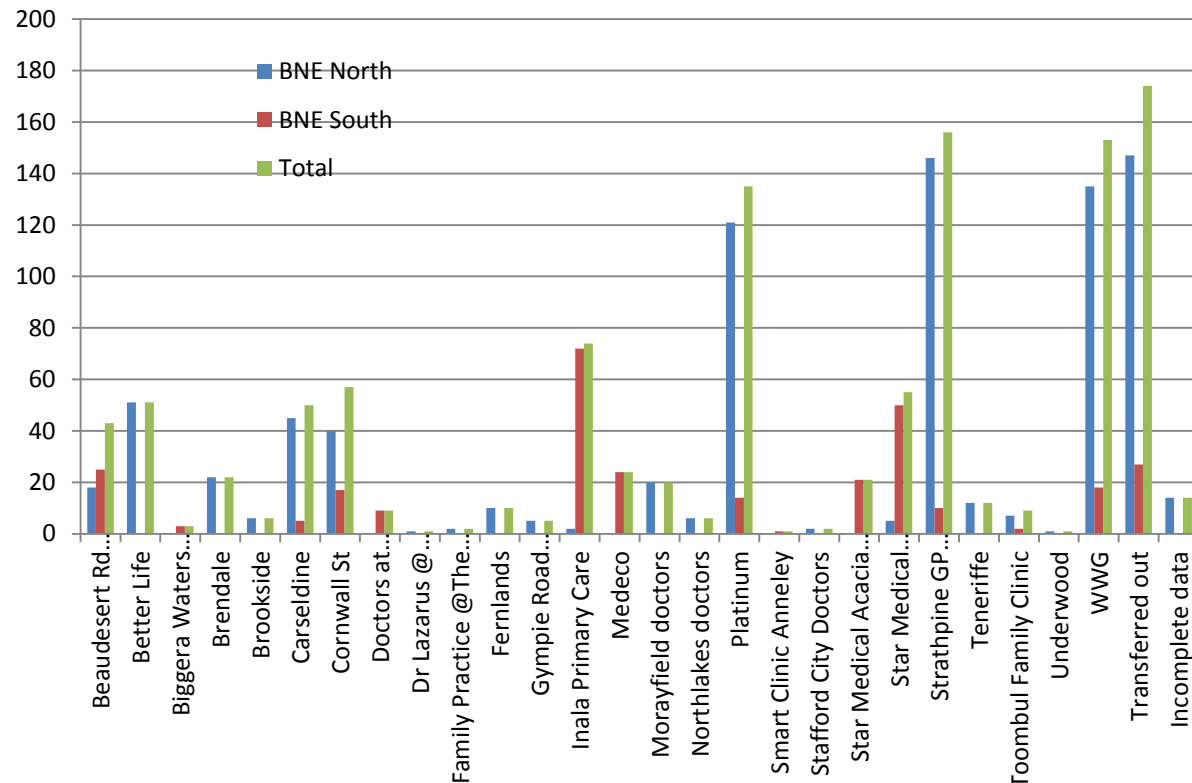
	BNE North	BNE South	Total
2014		502	502
2015	43	408	451
2016	668	514	1182
TOTAL	711	1424	2135



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)

RHC data 2016-17 - practices engaged



How has the model responded

one case study – GP Strathpine Superclinic

- 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 Heddu - 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



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

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