

National Settlement Teleconference 2 March 2010

Refugee Health Queensland

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- what is happening at QLD with regard to the co-ordination of refugee health services?
- issues and related responses in refugee health
- the achievements and challenges of refugee health services coordination.

Refugee health care is complex

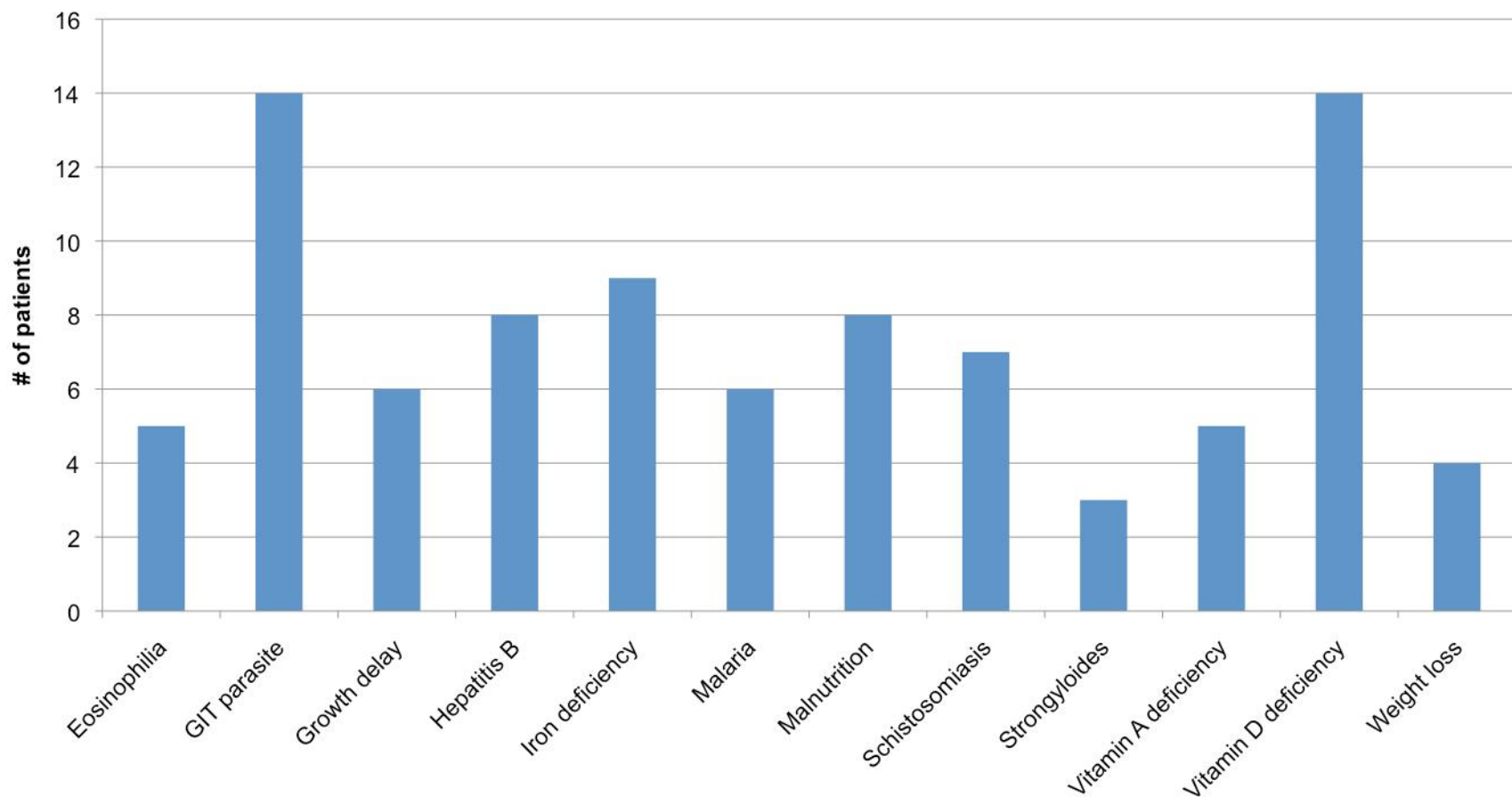
Coordination and ongoing support of refugee clients and education of health workers is vital to successful settlement and quality health care

Complexity – eg Recommended Investigations

- Malaria Ag and films
- Hepatitis B and C serology
- Tuberculosis (Mantoux)
- Parasite serology (Schistosoma and Strongyloides)
- Faeces Microscopy/OCP
- urinalysis
- Syphilis serology
- HIV serology
- Chronic disease / cancer screening
 - (according to age, gender, Hx
 - E.g.. lipid profile, PAP smear)
- FBE
- Hb EPP
- U&E / LFT
- TSH
- Fe Studies / folate
- Serum Vitamin D
- Serum Vitamin A (<15yrs)
- Serum Lead level (<7yrs)
- Chlamydia and Gonorrhoea testing
 - (if >15 yrs, symptomatic or child at risk)
- Pregnancy test (if child-bearing age)

•Plus mental health, need for interpreters, health/ health system literacy/ settlement etc

Health conditions of newly arrived Rohingya refugees (Apr-Aug '09) (n=82)



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Complexity – the number of referrals & coordination of these appointments

- Hospital emergency
- Chest clinic
- Community child health
- Child development service
- Mental health
- Podiatrist
- Dietician
- Physiotherapy
- Audiology
- Optometry
- Family planning
- Dental service
- Disability service
- QPASTT – Torture/Trauma Counselling
- RHQ Extended Care
- Community GP
- Hospital OPD
 - Antenatal
 - Paediatric)
 - Infectious disease
 - Gastroenterology
 - General medical
 - Surgical
 - Other
- TB clinic
- Radiology
- Pathology
- Pharmacy
- Sexual health



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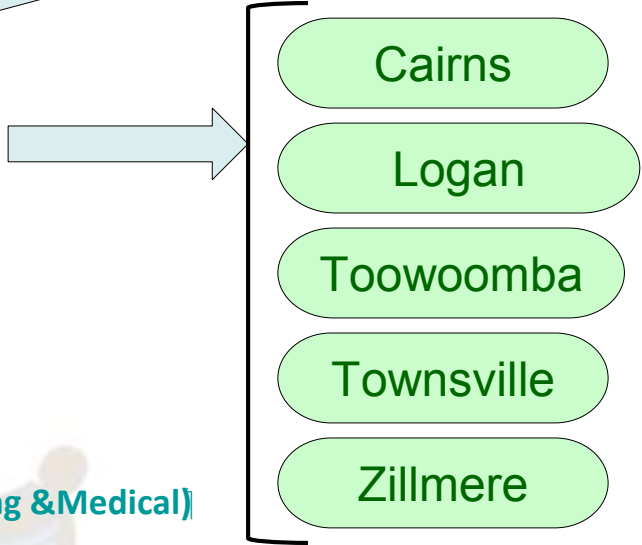
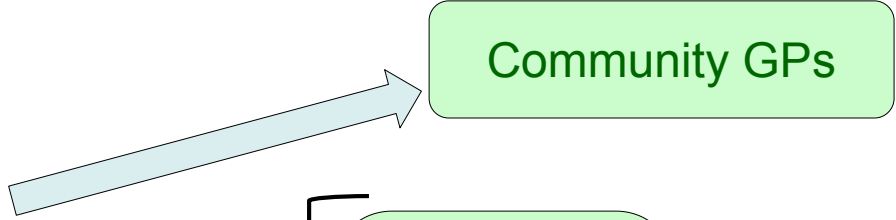
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What is happening in QLD with regard to the co-ordination of refugee health services.

- Refugee Health Queensland – Hub & Spokes.
- Research & evaluation – UQ, Consultant
- RaPH
- Settlement Agencies becoming involved in service delivery and coordination
- Housing services becoming involved

Refugee Health Queensland & coordination

- **HUB:** RHQ commenced Aug 08 – new service working hard!
- **National** (membership of RHeaNA/ part funding of RHeaNA project officer)
- **Statewide** (Statewide Advisory Committee, clinical protocols and care pathways, service delivery coordination, education, lobbying, advocacy)
- **Brisbane clinic** (service delivery, management, service coordination/support).
- **RHQ SPOKES** coordination work occurring locally – relationships with GPs, referral agencies. Also a Refugee Health GP liaison role – Zillmere - ++attendance at GP appt



Nursing assessments
Immunisation catch-up worked out
and/or vaccinated
Referrals to health services
Some complex case coordination



Health Assessments (Nursing & Medical)
Pathology
Immunisation
Referrals to health services
2-3 visits

Complex case coordination
Ongoing healthcare for asylum seekers
and Medicare ineligible persons

Support to Spokes
Support to Community GPs



RHQ – Hub coordination focus

- Senior Medical Officer (0.5) and Statewide Coordinator (1.0)
- Statewide Advisory Committee – focus is improving coordination (DIAC, Settlement agencies, mental health, Division, community representation)
- Reference Groups - (do amazing work – key mechanism for improving coordination)
- Development of communication tools – for client to take to ED, GPs, interstate
- QH/ RHQ Immunisation Project – tracking completed immunisations
- RHQ Evaluation – service improvement – incl discharge and followup.
- Links with settlement agencies - formal/informal*
- Links with GPs – SMO visits, Nurse liaison, GP rep on Reference Groups, SWAC,
- Research – Margaret Kay & team – interviewing GPs, ex-clients to improve service delivery and coordination



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Other agencies improving coordination

- MDA's advice re:coordination options and support to health appointments (but budgetary constraints)
- ACCESS Inc (settlement agency) – opened a GP clinic
- Project proposal for Townsville Multicultural Support Group to employ Bi-cultural support worker for RHQ Nurse in Townsville (pilot. finger's crossed)
- Refugee Health GP liaison role – submission by GP division.
- RaPH project run GP education evenings and coordinated the revision the GP desktop guide
- QH – cultural competency training

Issues and related responses in refugee health

- **Refugees presenting at Emergency Department** – RHQ liaison with Settlement Workers, EDs, standard letter for Eds developed , lobby QH for more \$ for next contract to expand service to more clients (growing numbers in QLD) so people don't need to present.
- **Refugees presenting to GPs prior to RHQ health assessments** – liaison with Settlement Agencies, standard letters for GPs, faxback forms
- **Duplication of tests** – hand held record provided to client
- **Discharge to a community GP** - Full discharge summary provided, liaison, support, education, where needed.
- **People not attending first/ subsequent GP appointments** – Research on how to improve (both client and GP)- ?possible Bicultural health system navigator role
- **GPs not using interpreters** – GP education/ advocacy
- **Clients not taking medication** – (future) education and resource development
- **Culturally competent health care** – partnering with QH & ongoing education of the health sector

The achievements and challenges of refugee health services coordination.

The achievements

- RHQ funded and operational across the Queensland
- Reference Groups working to support Clinics
- Research and evaluation happening
- Good support networks – Multicultural Health Network, Multicultural Community Health Advocacy Group. RaPH, RheaNA
- Queensland Health becoming more engaged and supportive of refugee health (Oral Health treatment guidelines, Public Health Immunisation Program)

The challenges

- No QLD Settlement Planning Committee – I'm working on it!
- DIAC don't seem to understand the lack of health system literacy of clients and the need for funded support positions to ensure good settlement and good health outcomes for refugees
- Settlement Agencies not funded to do health settlement work
- Gap between RHQ and ongoing care – not funded to provide ongoing support
- Lack of understanding of refugee health and refugee clients by wider health sector

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