



TRANSITIONAL REFUGEE HEALTH CLINIC

WITH FOCUS ON
HEALTH SYSTEM EDUCATION,
PRIMARY CARE INTEGRATION AND
COMMUNITY PARTNERSHIPS

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Background

- Increase in refugee resettlement
 - ▣ Massachusetts resettled 1911 in 2015
 - ▣ Worcester – 25%
 - ▣ Numbers projected to increase
- Disconnect between initial screening and primary care
 - ▣ Initial screening in Urgent Care
 - ▣ Around the world primary care is very different
- Community Organizations with great services but poor connection with health services
 - ▣ ACE, WRAP, VOLAGs
- GH Fellowship at Family Health/Umass
 - ▣ FQHC based and Preventive Medicine
 - ▣ GH experiences -> other health systems, languages, cultures

Our Vision

- Clinic that provides screening AND primary care by the same providers
- Multidisciplinary team
- Trained and empowered staff
- Health System education and flexible access
- Coordination with VOLAGs, DPH, School System and Community organizations



Assets we started with

- In-house expertise on screening process
- Eager staff open to learning
- On-site interpreters for most of our languages
- Behavioral Health integration on teams
- Dental and Vision on site
- Administrative support for the pilot
- Mass League grant
- Preventive Medicine/GH fellow



Our Team

- Scheduler/Registration staff
- Two medical assistants
- Nurse
- Behavioral Health Provider
- Social Worker
- GH Fellows
- Preceptor
- Lead Clinician



Our Process

- VOLAGs contact our scheduler
 - Chart created, RIH1 /2 scheduled; kids – Nurse visit
 - RIH1
 - Huddle with the team (including BH and SW)
- Then:
- MAs - triage, vision, labs, dental, pharmacy, orient
 - Nurse – review overseas records, paperwork, immunizations
 - Provider – records, H&P, health system education (focus on primary vs urgent care, team-based care)
 - BH – RHS15 and normalization of counseling, help connect to MH resources
 - Interpreter – help with linguistic and cultural translation and education

Our Process – cont'd

- Between RIH1 and 2
 - ▣ Provider reviews labs and send abnormal to Nurse
 - ▣ Nurse f/u treatment and TB referrals
 - ▣ MAs help with paperwork, provider reminders
- RIH2
 - ▣ MA – follow up app (dental, vision), paperwork
 - ▣ Nurse – second set of immunizations, f/u TB
 - ▣ Provider – review labs, ensure treatment, refills
 - ▣ Scheduler assigns patients to same provider for PCP and schedules appointment within 1-2months

Primary Care

- Known provider
- Trained in refugee health
- Flexible access and continuous health systems education (timing, appointments, refills, f/u)
- Less outside referrals
- Family Medicine – parents and kids are seen together as a family
- Wrap-around care



Where are we at?

We started our journey in August...

- 470 visits done
- 112 RH1 visits done (newly arrived refugees – among them 6 children with special needs, 6 adults with HIV, 1 child with HIV, 5 pregnant women, countless children and adults with trauma)
- 135 new primary care patients accepted
- 246 primary care visits provided
- 4% no-show rate

Building Relationships

- DPH meetings
 - ▣ VOLAGs
 - ▣ Special Needs program
- WPS meetings
 - ▣ School nurse training
 - ▣ Behavioral Health at most attended schools
- Community partnerships
 - ▣ Community organization referrals and bilateral communication



Future



- Expand
 - ▣ Two new fellows and other faculty
 - ▣ Several days a week
- Structured Education
- Community Outreach
 - ▣ Home visits
 - ▣ Better coordination with other organizations
- Population Health
 - ▣ Database with Health outcome measures
- Monitoring and Evaluation

Questions?

Family Health Center of Worcester

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GH Fellowship website:

<http://www.umassmed.edu/fmch/fellowships/ghfellowship/>