

# IMPLEMENTING A REFUGEE CLINIC WITHIN A FAMILY MEDICINE RESIDENCY

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# About the Program

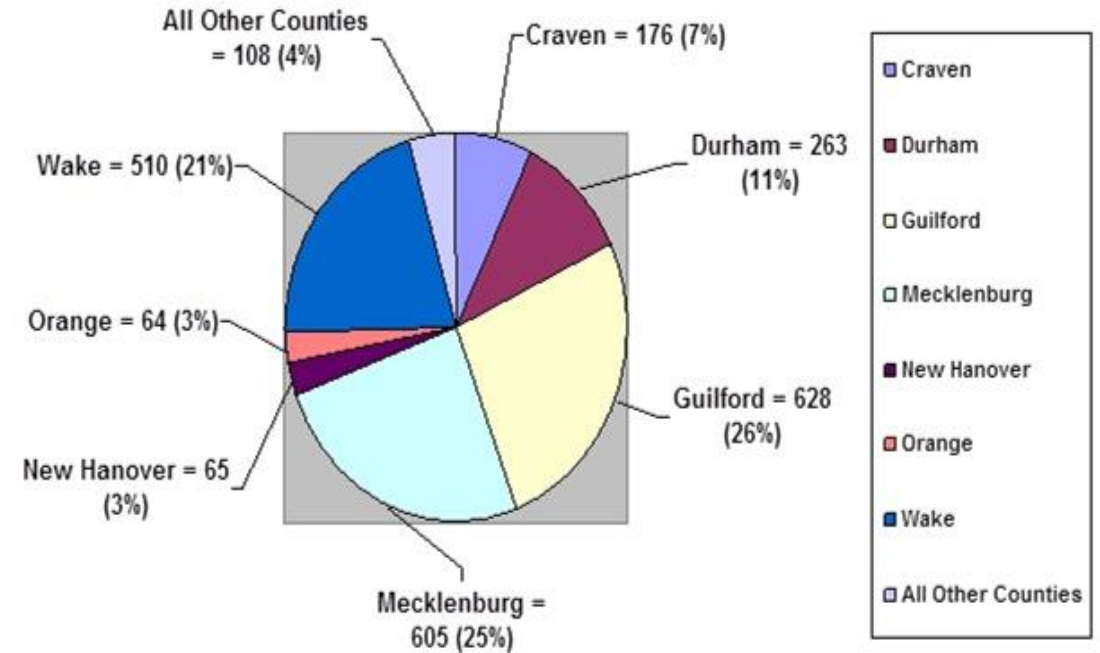
- Cone Health Family Medicine Residency
  - Academically-affiliated, community-based program
  - 8 residents per year
  - 7 full-time faculty
  - ~10K outpatient visits per year
  - Located in Guilford County, North Carolina



# Guilford County, NC

- Population of ~500K people
  - 3<sup>rd</sup> most populous in North Carolina
- Resettle approximately 600 – 650 refugees
  - Increase to 815 refugees in FY2014
  - Majority resettled in greater Greensboro area
- Refugee healthcare
  - Family Medicine Residency Clinic
  - Internal Medicine Residency Clinic
  - Cone Center for Children / Pediatric Clinics
  - Cone Community Health and Wellness
  - Smattering of other providers

**Chart 1: County Resettlement Sites for Refugee Arrivals in FFY 2013**



In FFY 2013, Refugees resettled primarily in the following areas:

- The Triangle (Wake, Durham, and Orange Counties) – 837 (35%)
- The Piedmont Triad (Greensboro, Winston-Salem, and High Point metropolitan area) – 664 (27%)
- The Charlotte Metropolitan Area – 610 (25%)
- Craven County – 176 (7%)

# Community Service Providers

- Center for New North Carolinians (CNNC)
- Cone Congregational Nursing Program
- Church World Services
- African Coalition Services
- World Relief



**CENTER FOR NEW NORTH CAROLINIANS**  
Crossing Cultures - Changing Minds  
Creating A Brighter Future

**Glen Haven, ASHTON WOODS & OAKWOOD**  
Community Centers

# Clinic Purpose (remember to market!)

- Address a Community Need
  - Underserved refugee care
  - Clinic to serve as Refugee Medical Home
  - Patients can obtain initial screening services, immunizations, and establish with their new primary care provider at initial visit.
- Serve an educational purpose
  - Built into resident education
  - Didactics
  - Refugee health curriculum
  - Cultural competency curriculum

# Timeline

- Over a year's worth of preparation
- Multiple meetings:
  - Cone Congregational Meetings
  - Cone FMC Clinic Director and Medical Director
  - Guilford County Health Department
- Health system
  - “Forgiveness versus Permission”
- Clinic
  - Clinic Manager; Staff; Other providers



# Clinic Routine

- Half-day every Monday afternoon
  - Six appointment slots
- First 30 minutes: didactics
  - Four main topics
- Resident sees patient first
  - Introductions / purpose of visit
  - Attending reviews paperwork
  - See patient together and perform physical examination
  - Standardized documentation
  - Resident closes the visit and documents



# Didactics

- Refugee Resettlement Process
- Medical Care of the Refugee
  - Review of overseas and domestic screenings
  - Common medical presentations
- Psycho-social Needs of Refugee Patients
- Cultural Competency
  - Cross-cultural medicine
  - Working with interpreters
- Pre- and post-test evaluations
- Required Readings

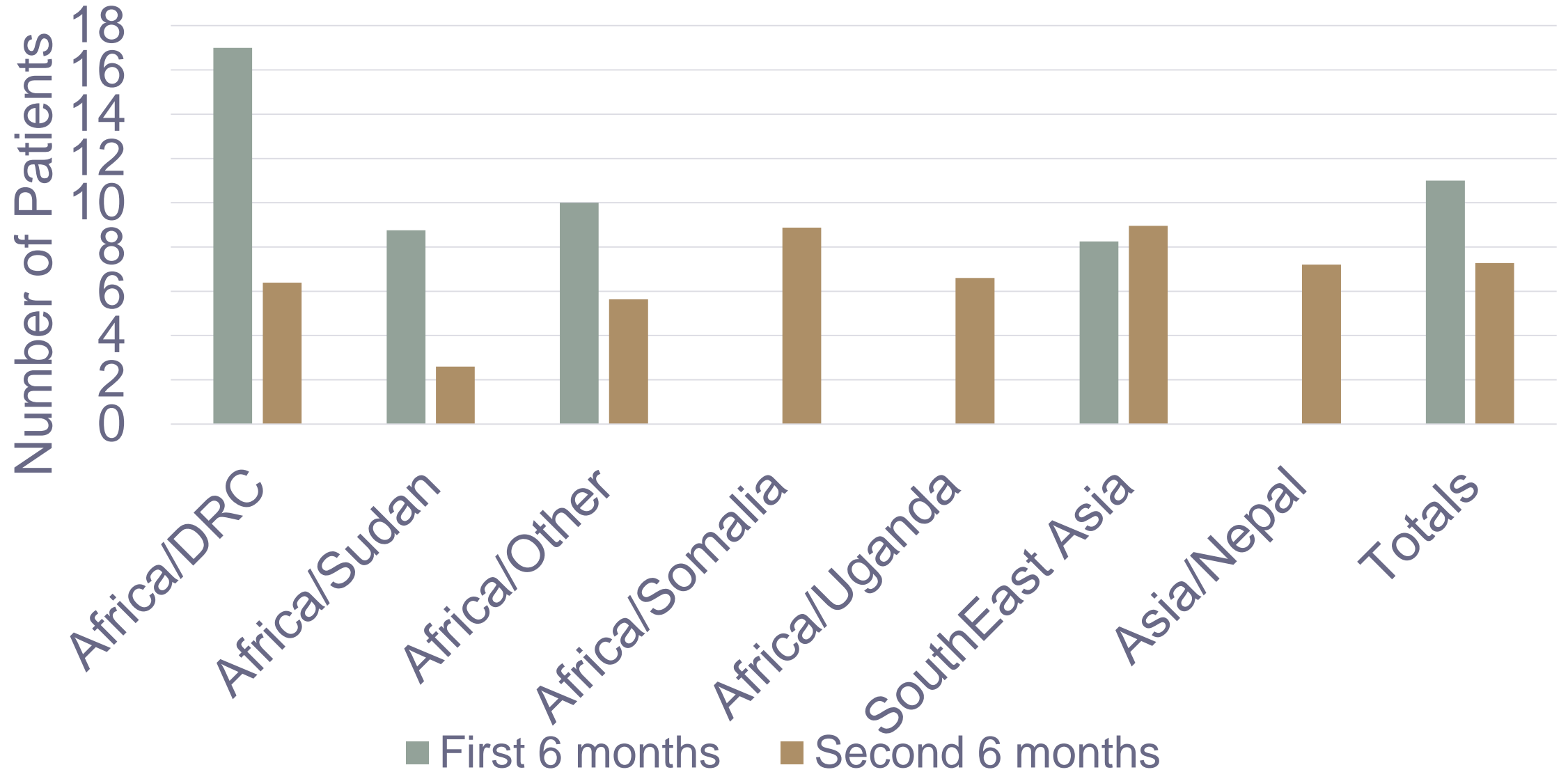




# Results

- In our first 12 months, we established 100 new patients in the clinic
- Time to presentation to primary care:
  - 18.4 weeks within the first 2 months
  - 11 weeks at 6 months
  - 7.28 weeks one year later.
- Top three countries of origin: DRC (33%), Somalia (13%), and Sudan (12%).
- Primary languages: Arabic 23%, Swahili 20%, and Somali 12%.
- Residents cared for patients from 13 separate countries speaking a total of 19 different languages.

# Changes in Time to Presentation



# Challenges

- Safety net system collapse
  - Pushed to receive more patients than expected.
- Clinic location
  - Relatively urban area
  - Removed from many of our patients
- Time allowed per visit
  - Difficult to achieve without an educational mandate.
- Interpretation costs
- Only one faculty member involved (currently)
  - Limits the number of new patients

# Lessons Learned

- Front office point person
- Staff training BEFORE first patients arrive / ongoing
- Schedule appointments before the patient leaves
- Document patient instructions in English
  - Communicate with the patient
  - Communicate with service providers
- Follow-up and patient assignment:
  - Assign attending first X number of patients
  - Work out kinks / better resident buy-in

# Helpful Hints

- Incorporate into any pre-existing underserved clinic (Hispanic clinic)
- Market within the broader health system
  - Cost-effectiveness
  - Underserved care
  - “Forgiveness versus Permission”
- Marketing for your program
  - “Glocal” health
  - Underserved care
  - Better educational training in a globalized world
- Outside funding sources
- Other options:
  - Asylum examinations
  - N-648 / Citizenship waivers → medical-legal partnerships



# Looking forward...

- Moving to a different day of the week
  - Clinic liaison present
- Health Literacy grant
  - Expanded clinic hours
  - “Literacy packet”
- Working with clinical pharmacist
- Multidisciplinary medical student elective

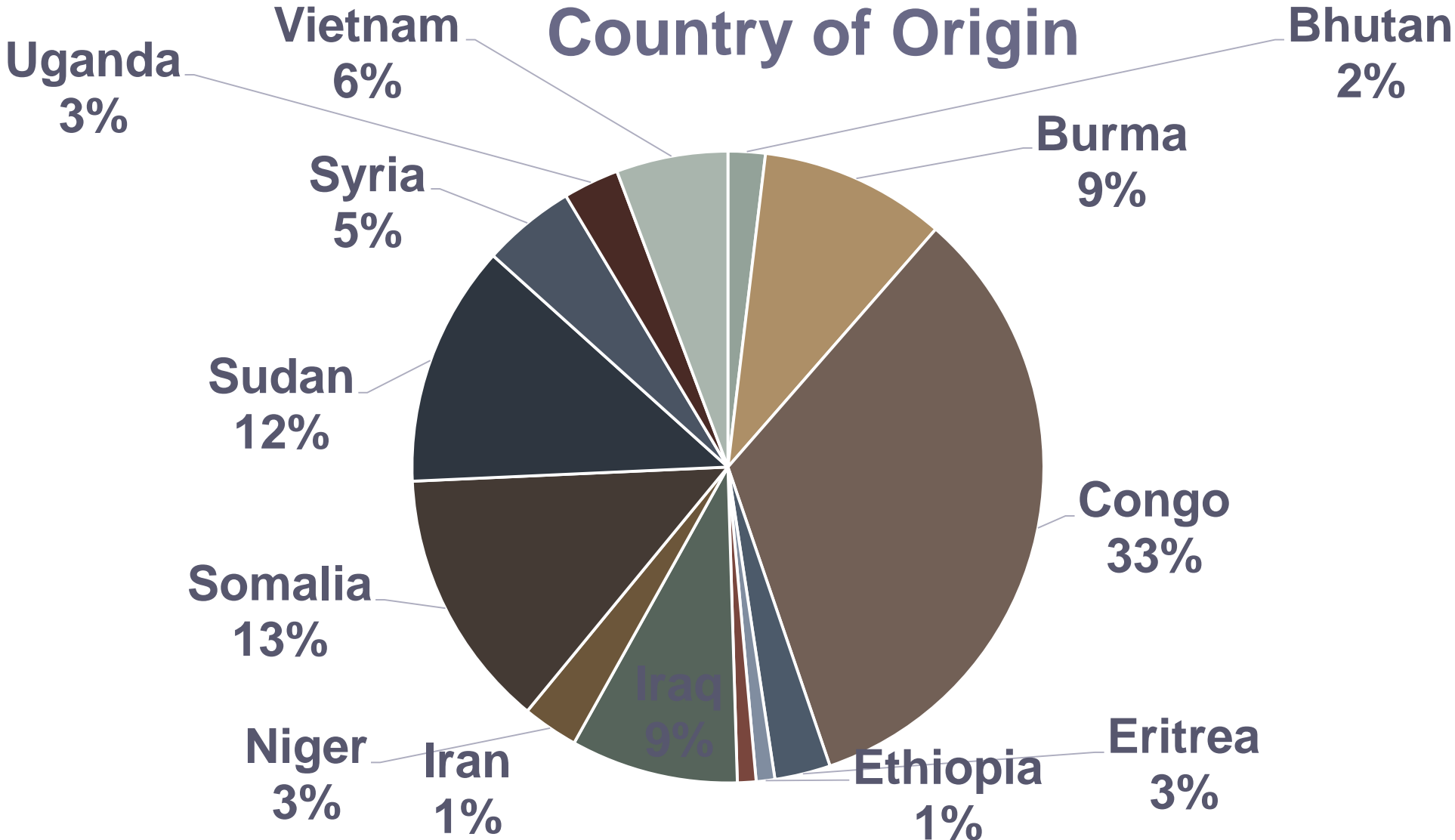
# Questions?







# Results



First year:

- Top three countries of origin
- DRC (33%)
- Somalia (13%)
- Sudan (12%)

