The Future of General Practice 16

Refugee Health.

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Patient-Centred Care

http://namimass.org/director-of-diversity-outreach-and-inclusion-half-time-applications-due-friday-june-27-2014

General Practice

- Patient-Centred
- Continuing
- Comprehensive
- Coordinated

} Care

To

- Individuals
- Families
- Communities

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Towards the Future

- Aspire
- Achieve
- Advance

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Towards the Future

- Aspire
  - Thinking
  - Dreaming
- Achieve
  - Focus
  - Goals
- Advance
  - Career
  - Health

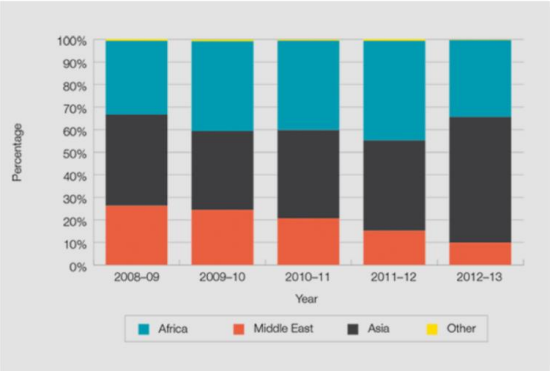
What about Adam?

What do you know about refugee health

Before arrival

- Visa Medical
  - Medical examination
  - TB check– CXR >11 yrs
  - HIV + Syphilis (>15 years)
  - Other check as indicated eg Hepatitis B

Figure 6: Offshore Humanitarian Program—regional source trends



Africa

Middle East

Asia

Before arrival

- Departure Health Check
  - Physical examination (legs)
  - CXR- if needed treatment/old xray
  - Malaria test – treat as needed
  - Vaccination – MMR (Polio)
  - Treatment - Albendazole 400mg (>1 yr)
  - ?Pregnancy test

After arrival

- Permanent resident
  - Usual rights of permanent residents
  - Medicare card – green
  - HCC
  - Social security – child immunisation
  - English lessons
  - Assistance with housing
  - Connection with GP
  - Case Manager - HSS

Common health needs of refugees

- Acute health issues
  - Need to be identified and rapidly addressed

Business issues

- Health assessment – within 12/12 of arrival
  - 703/705/707 – Notes A32
  - humanitarian entrants
  - resident in Australia
  - with access to Medicare services

Common health needs of refugees

- Chronic Disease
- Nutritional problems
- Infectious Disease

Common health needs of refugees

- Genetic Predisposition
- Oral Health Issues
- Mental Health Issues
- Cultural Health Issues

Common health needs of refugees

- Chronic Disease
  - Arthritis
  - Diabetes
  - Heart disease
- Nutritional problems
  - Iron deficiency
  - Vit D deficiency
  - B12 deficiency

Common health needs of refugees

- Infectious Disease
  - Viral – hepatitis B & C
  - Parasitic – schistosomiasis, strongyloides
  - Bacterial – TB
  - Fungal – tinea capitis

- Genetic Predisposition
  - Thalassaemia, Sickle Cell anaemia

Strongyloides

- Strongyloides stercoralis
- Ivermectin
  - (ensure no loa loa)
- Needs follow up to ensure eradication
  - Serology, Eosinophilia, ESR
- Auto-infective cycle
- Immunocompromise can cause dissemination and death

- Endemic to Australia (north)

Common health needs of refugees

- Oral Health Issues
  - Hygiene, cavities, missing teeth
- Mental Health Issues
  - PTSD
  - Depression
  - Grief
- Cultural Health Issues
  - FGM – urinary tract, obstetric etc

Screening Blood Tests

- FBE – thick and thin films - malaria
- U+E, LFT
- s ferritin
- Vitamin D
- s B12

Screening Blood Tests

- Serology
  - Hepatitis B sAg/sAb
  - Hepatitis C IgG
  - Schistosomiasis IgG
  - Strongyloides IgG
  - Syphilis
  - HIV Ab

Other Blood Tests

Consider:

- Iron studies
- Faeces - H pylori Ag
- Faeces OCP
- Urine OCP / MCS
- Urine PCR – STDs

Other Tests

Consider:

- Pregnancy test (female-15-50yrs)
- Pap smear
- Haemoglobin electrophoresis

- Mantoux test (TB)
- ?role of TB gold (quantiferon)

Health assessment

Mrs T.

- Varies on arrival
- Systematic approach to health
  - Document known health issues
  - Check what has been done
    - databases / pathology / hospitals / GPs
  - Immunisations
- One step at a time
  - Short and long term goals

Being Culturally Responsive

- Awareness of
  - Cultural difference
  - Cultural similarity

- Recognise how culture affects
  - Values
  - Learning
  - Behaviours

There is not a tick box list of competencies.

Being Culturally Responsive

- Enables patient-centred care
  - Communication
- Your best resource is your patient
  - Diversity within diversity

Being Culturally Responsive

1. Self-awareness (reflection)
2. Cultural assessment
3. Identifying different explanatory models
4. Communication
   - Interpreter

Appropriate curiosity

Avoid assumptions

Mrs T

- Schistosomiasis
- FGM

Schistosomiasis

- Schistosoma mansoni –
  (Africa, Sth America) – bowel & chronic liver disease
- Schistosoma haematobium –
  (Africa, Middle East, Portugal) – bladder & bowel
- Schistosoma japonicum –
  (China, Indonesia, Japan, Philippines) - bowel
- Schistosoma mekongi
  (Mekong river basin) - bowel
- Schistosoma intercalatum
  (Central West Africa) - bowel
- Not found in Australia
- Praziquantel
- Serology remains positive – not used to follow up

Mrs T

- Schistosomiasis
- FGM
- Diabetes
- Chronic Renal Insufficiency
- Hypertension
- Indigestion
- Blind
- Deaf

Communication

- Training varies
- Gender / Country

- Ensure
  - Everything is translated
  - Recognise that it is hard work
  - Use interpreter's cultural knowledge

TIS: Translating and Interpreting Service

Communication

- Have thoughts organised
- Use simple language
- Use even pace
- Short sentences
- Pause for translation (and the response)
- Speak to the patient
- Single questions
- Make the instructions relevant to the patient
- Confirm that the patient understands

Communication - TRAPS

- Conversational English is not enough
  - Complex, medical, emotional health issues
- Family members, child
- Lack of expertise - cleaner
- Ethnic differences
- Interpreters ‘help’
- Remember - not everything translates well

Business issues

- GPMP -721
- TCA - 723
- Reviews – 732
- Mental Health Plan / reviews

- Manage your appointments
  - proactively
- Care for the whole family
- Enhance health system literacy

Refugee Health is:

- Personal delivery of care (trust)
- Team based care
  - Whole-of-practice
    - Administration
    - Nursing Staff
    - Doctors
- Allied health
    - Pharmacist – access interpreter service
    - Dietician
    - Podiatrist

Refugee Health requires:

- Person-centred care
  - Shared decision making
- Care for the whole person
- Care for the family
- Diagnosis and Treatment
- Managing limited resources

Refugee Health requires:

- Comprehensive care
  - preventive, acute, chronic
- Complex care
  - not just one health issue
  - not just disease
- Coordination of care
- Continuity of care
  - cradle to grave

Other issues

- Compassion fatigue
- Vicarious trauma

Summary

- Rewarding
- Leadership
  - professional
  - inter-professional
  - community

References

- Kay M, Jackson C, Nicholson, C. Refugee health: a new model for delivering primary health care. *Aust J Prim Health* 2010; 16: 98-103.
- Farley R, Askew D, Kay M. Caring for refugees in general practice: perspectives from the coalface. *Aust J Prim Health.* 2014; 20:85-91.
- Peterson P, Sackey D, Correa-Velez I, Kay M. Building Trust: delivering health care to newly arrived refugees. 2010. *http://www.materonline.org.au/getattachment/Services/Refugee/Clinical-Resources-and-Publications/Building-trust_-Delivering-health-care-to-newly-ar.pdf*
- United Nations High Commissioner for Refugees (2002) 'Refugee resettlement: an international handbook to guide reception and integration.' UNHCR: Geneva. http://www.unhcr.org/4a2cfe336.html

References

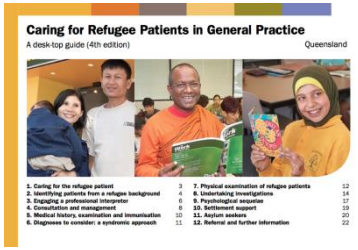
- Good Medical Practice. Code of Conduct.
  http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx

- Tiong ACD, Patel MS, Gardiner J, et al. Health issues in newly arrived African refugees attending general practice clinics in Melbourne. *Med J Aust* 2006; **185**: 602-6.

- Sheikh-Mohammed M, MacIntyre C, Wood N, Leask J, Isaacs D. Barriers to access to health care for newly resettled sub-Saharan refugees in Australia. Med J Aust 2006*;* **185:**, 594–597.

- Henderson S, Kendall E. Culturally and linguistically diverse peoples' knowledge of accessibility and utilisation of health services: exploring the need for improvement in health service delivery. Aust J Prim Health 2011 **17**:195–201.

Refugee Health Resources



- Caring for Refugee Patients in General Practice: a Desktop Guide
  http://refugeehealthnetwork.org.au/wp-content/uploads/CRPGP_DTG_4thEdn_Qld_Online_s.pdf

- Promoting Refugee Health. A guide for doctors, nurses and other health care providers caring for people from refugee backgrounds
  http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf

- ASID Guidelines
  http://www.asid.net.au/downloads/RefugeeGuidelines.pdf

Refugee Health Resources

- Materonline refugee health

http://www.materonline.org.au/services/refugee-services/clinical-resources-and-publications

- QPASTT

http://qpastt.org.au/

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Thank you

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Cultural Assessment

- Where was the patient born
- What countries prior to arrival in Australia
- What ethnicity
- Supports for this patient
- What language does the patient read / write
- Religion and cultural practice in daily life
- Food preferences
- Health beliefs
- Customs are practised in relation to birth, death

Cultural Sensitivity (after Kleinman)

- What do you call this problem?
- What do you believe is the cause of this problem?
- What course do you expect it to take?
- How serious is it?
- What do you think this problem does inside your body?
- How does it affect your body and your mind?
- What do you most fear about this condition?
- What do you most fear about the treatment?

Kleinman, A., & Benson, P. *PLoS Medicine*, 2006

Our health system…

- Hospital culture
  - Government institution
  - Time-dependent
  - English-dependent
- Biomedical culture
  - dominant
  - Western
- Linguistic issues
- Cultural issues

Our patients…

- Linguistic issues?
  - Making an appointment
  - Booking an interpreter
  - Acknowledgement of appointment
  - Understanding the consultation

- Cultural issues?
  - Gender
  - Diet
  - Health beliefs / expectations

Ourselves…

- Linguistic issues?
- Cultural issues?
  - Medical professional culture
  - Biomedical culture

Australia's cultural diversity

- 2.5% indigenous
  - 97.5% arrived over the past 200 years
- 27% born overseas
- 46.3% one parent born overseas
- 23.2% LOTE at home

2011 Census

http://www.abs.gov.au/ausstats/abs@.nsf/lookup/2071.0main+features902012-2013
http://www.abs.gov.au/websitedbs/censushome.nsf/home/CO-60

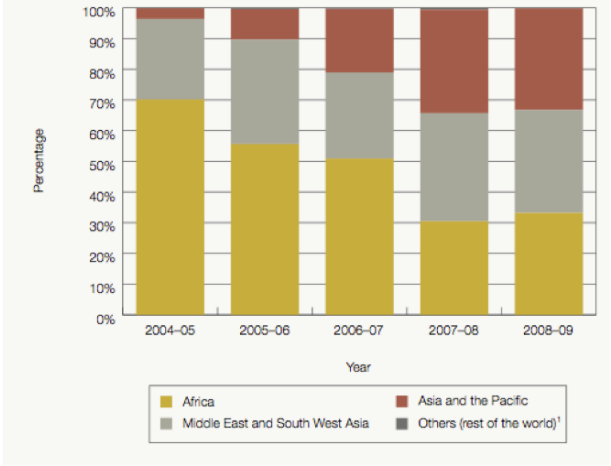
Refugee settlement in Australia

Since 1930's….

- Pre and post WW2 Europeans
- Vietnam, Cambodia, Laos; Chile, El Salvador
- Former Yugoslavia, Iraq, Afghanistan, Iran

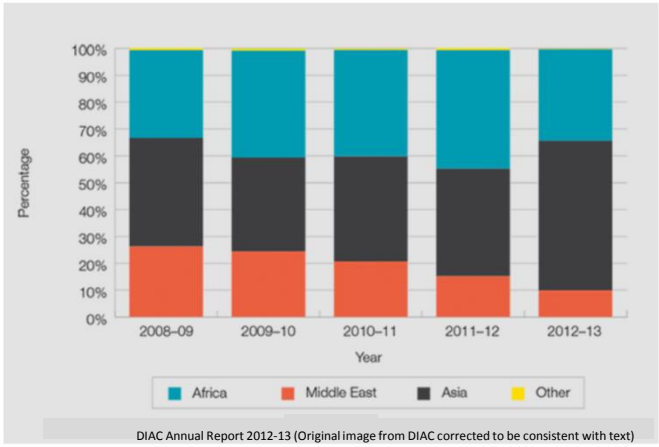
Last decade

- Sudan, Somalia, Burundi, Sierra Leone, Liberia
- More recently Asia and the Middle East



1. Others include Europe and the Americas and constitute less than one per cent for each year.

Figure 6: Offshore Humanitarian Program—regional source trends



DIAC Annual Report 2012-13 (Original image from DIAC corrected to be consistent with text)

- Up to 50% < 18yrs old
- Approx M=F

Cultural Sensitivity

- Awareness of
  - cultural difference
  - cultural similarity
- Recognise the effect of culture on
  - Values
  - Learning
  - Behaviours

There is not a tick box list of competencies.