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CENTER FOR KEY POPULATIONS

Navigating Comprehensive Care for Refugees: Integrating Clinical Care, Cultural Sensitivity, and Community Collaboration

Thursday October 31, 2024
2:00pm-3:00pm Eastern, 11:00am-12:00pm Pacific

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At the Weitzman Institute, we value a culture of equity, inclusiveness, diversity, and mutually respectful dialogue. We want to ensure that all feel welcome. If there is anything said in our program that makes you feel uncomfortable, please let us know via email at nca@chc1.com

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MOSES/WEITZMAN
Health System
Always groundbreaking. Always grounded.

MORE THAN WHAT WE DO. IT'S WHO WE DO IT FOR.

We are a first-of-our-kind system of affiliates brought together by a common goal: To solve health inequity for the most underserved communities among us. Through primary care, education and policy, we've already bridged the gap for over 5 million people. And we're just getting started.

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Health System

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Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

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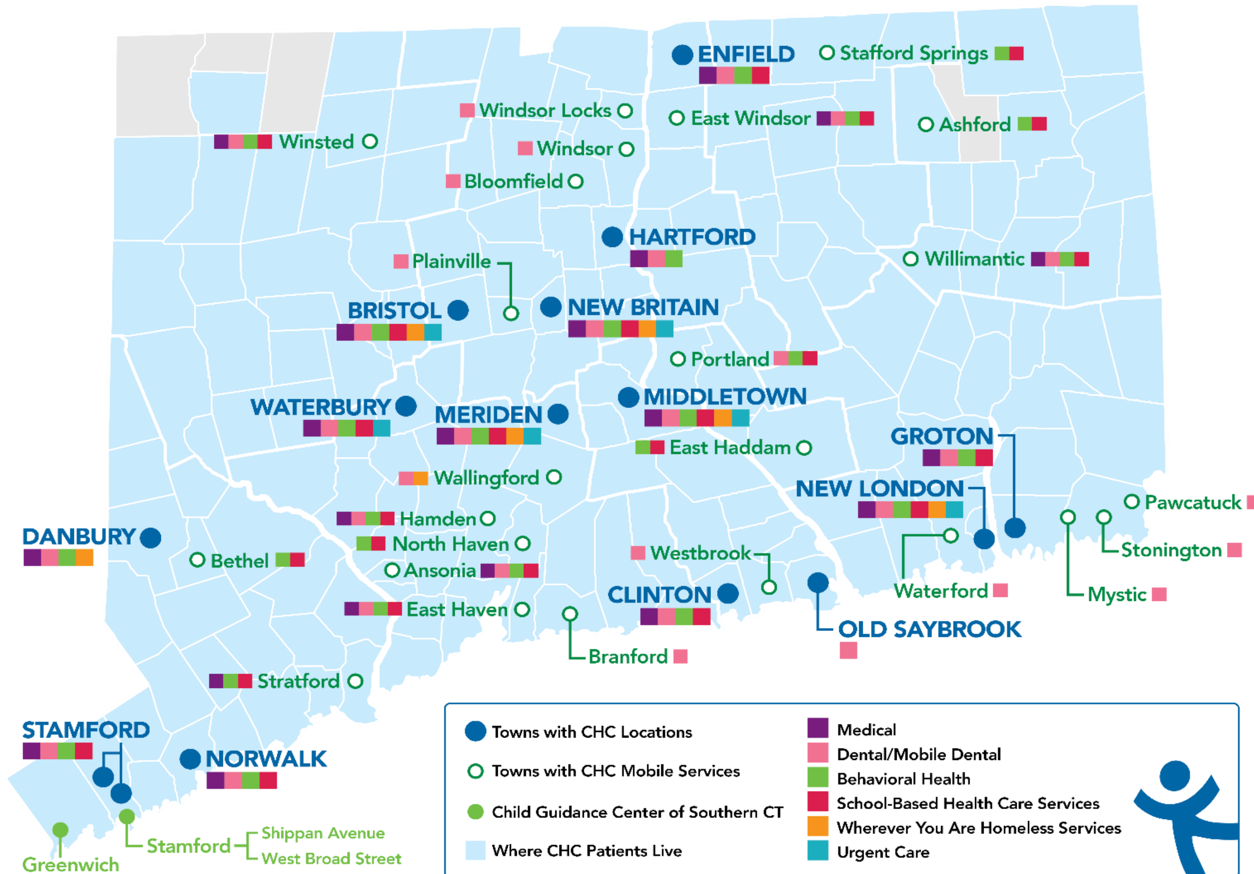
Locations & Service Sites

Community Health Center, Inc.



THREE FOUNDATIONAL PILLARS		
1 Clinical Excellence	2 Research and Development	3 Training the Next Generation

Profile

- Founding year: 1972
- Annual budget: $140M
- Staff: 1,140
- Active Patients: 150,000
- SBHCs across CT: 153
- Students/year: 14,522

Year	2021	2022	2023
Patients Seen	99,598	102,275	107,225

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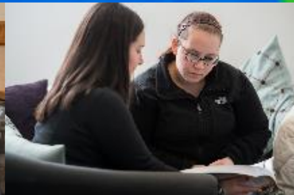
The Center for Key Populations is the first center of its kind that focuses on key groups who experience health disparities secondary to stigma and discrimination and who belong to communities that have suffered many barriers to healthcare.

The Center brings together healthcare, training, research, and advocacy for:
People who use drugs, the LGB and Transgender populations, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.

HIV Primary Care and Testing

Hepatitis C Screening and Treatment



Medication Assisted Treatment for Substance Use Disorders

Health Care for the Homeless

LGBTQ-focused Health Care

Community Drop-In Center

HIV PrEP (Pre-Exposure Prophylaxis and PEP Post-Exposure Prophylaxis)

Sexually Transmitted Infections

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National Training and Technical Assistance Partners (NTTAP)

Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

Team-Based Care

- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation

- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue

- HIV Prevention

Advancing Health Equity

Preparedness for Emergencies and Environmental Impacts on Health

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Learning Objectives

- Increase knowledge on navigating comprehensive care for refugees, including integrating clinical care and care management
- Gain an appreciation for the importance of cultural humility in refugee health visits and some specific cultural norms
- Understand how to effectively collaborate with community partners

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Speakers

- Kasey Harding, MPH, Director of the Center for Key Populations
- Dr. Catherine Hinojosa, DNP, APRN, AAHIV, Provider, Center for Key Populations,
- Llara Perez, Refugee Health Coordinator, Community Health Center, Inc.
- Joan Christison-Lagay, MAT, MPH, Immunization Consultant

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Introduction

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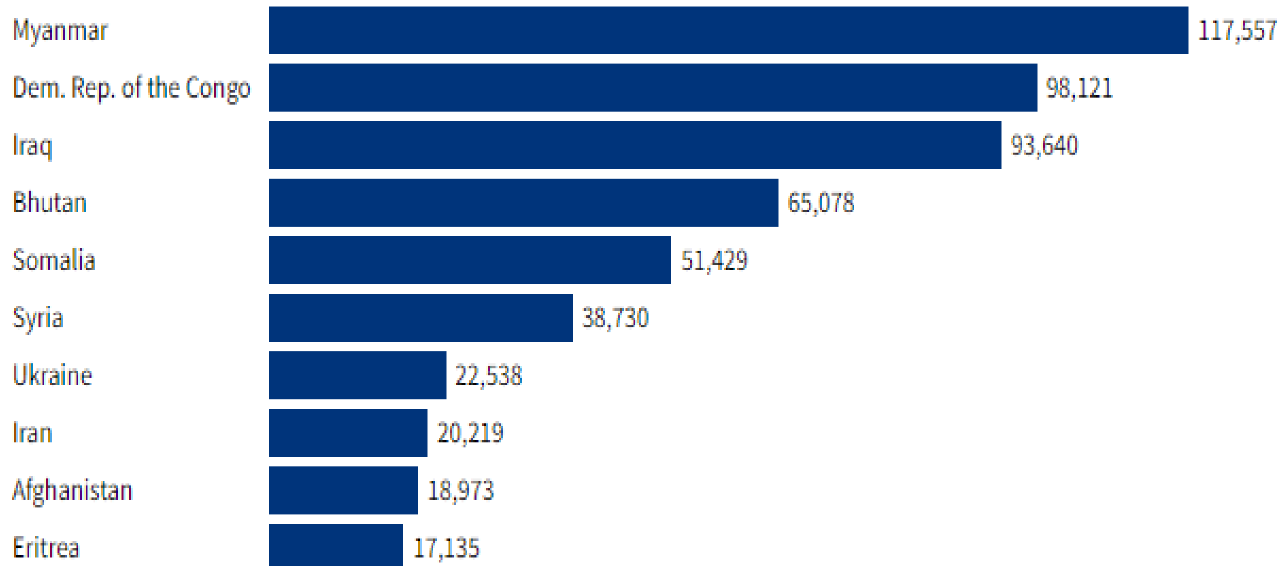
Data and Statistics



110 million individuals were forcibly displaced across the World in 2023.

USA Refugee Resettlement 2024 To date (June 2024)

Democratic Republic of the Congo	22.3%
Afghanistan	14.6%
Syria	12.7%

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Health Challenges for Refugees Resettling in the U.S.

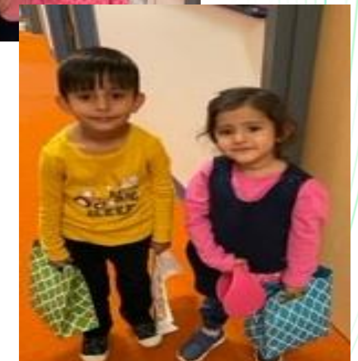
Vaccine Preventable Diseases
Tuberculosis
Hepatitis A
Diabetes
Maternal Health
Syphilis

Cultural Influences to Consider

- Health beliefs: In some cultures, people believe that talking about a possible poor health outcome will cause that outcome to occur.
- Health customs: In some cultures, family members play a large role in health care decision making.
- Ethnic customs: Differing roles of women and men in society may determine who makes decisions about accepting and following through with medical treatments.
- Religious beliefs: Religious faith and spiritual beliefs may affect health care-seeking behavior and people's willingness to accept specific treatments or behavior changes.
- Dietary customs: Disease-related dietary advice will be difficult to follow if it does not conform to the foods or cooking methods used by the patient.
- Interpersonal customs: Eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others

CHCI's Refugee Resettlement Program – the Basics

- The program began based on a need for healthcare services for refugees being relocated to CT from various military bases after entering the US.
- In CT all refugees are granted "parolee" status allowing them to be immediately enrolled in Medicaid.
- Connecticut had a rate of 97 refugee arrivals per 100,000 of the total state population in 2023.
- CHCI works with the 2 largest Refugee/Immigrant organizations to identify and provide healthcare to refugees in the state and to coordinate follow up and referrals. Integrated Refugee and immigration Services (IRIS) and Connecticut Institute for Refugees and Immigrants (CIRI).
- The ultimate goal for Refugee Health visits is to use the initial refugee health visits to complete documentation for visa application while simultaneously assisting patients in establishing CHCI as their healthcare home.
- The RHA visit and forms are the first step for all individuals in applying for visa status in the US. The hope is to have them completed within 30 days of the 1st visit.



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Initial Challenges

Correctly identifying the gaps, needs, and processes already in place.

Establishing partnerships that worked with support agencies and understanding each other's roles.

Creating a communication plan that worked for CHCI and all of our partner agencies.

Establishing collaborations for pharmacy, labs, and referrals and creating systems for alerting to influx of patients.

Developing clinical and operational protocols that were efficient.

Understanding the specific needs and requirements of each country of origin.

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Staffing

Clinical Staff

Clinical Support Staff

Non-Clinical Staff*

* Can be anyone to support coordination of operations

At CHCI, this is an Access to Care Coordinator dedicated to Refugee Health:

- Serves as point person for the provider
- Middle man between Refugee Agency and Provider
- This includes coordinating logistics for paperwork, referrals, imaging, transportation, etc.

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Scheduling and Operations

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Element	Activities	Person Responsible	Documentation
Referral to CHCI	RHCC is main contact for CHCI and will take all incoming referrals from CIRI and IRIS	Refugee Health Care Coordinator (CHCI)	Telephone Encounter
Enrollment of Patients	RHCC to register patients with info from referring agency	Refugee Health Care Coordinator (CHCI)	Electronic Health Record
Schedule of 1st visit	RHCC to schedule initial and 2nd ORR visit at Hartford Saturday clinic or at main site with provider	Refugee Health Care Coordinator (CHCI)	Electronic Health Record
Schedule of 2nd visit	RHCC to schedule 2nd visit 2 weeks from 1st visit to allow for labs and specimen collection	Refugee Health Care Coordinator (CHCI)	Electronic Health Record
Referral to PCP	CHCI staff to add patient to PCP panel after 2nd visit completion	Support Staff	Electronic Health Record
Referral to specialists	CHCI staff to make referral via TE to referral coordinator as appropriate	Support Staff	Electronic Health Record
Refugee Health Assessment Form	CHCI provider will hold forms until after 2nd visit to ensure completeness with all labs and other information and then send via TE to RHCC	Provider or Nurse	Electronic Health Record

CHCI = Community Health Center, Inc.
RHCC = Refugee Health Care Coordinator

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Integrating Clinical Care: Preparing for a Refugee Health Clinic

Refugee Health Assessment (RHA) Forms

- These forms are the gateway for all patients to begin their permanent visa status.
- The forms must be legible, filled out **completely**, and have all required fields completed.
- CHCI will retain the forms after the first visit to ensure that labs and specimen results are documented and all required fields are completed before scanning forms and sending via telephone encounter
- Designee will review forms for completeness and transmit via secure link to referring organization with appropriate ROI.

Link: https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/infectious_diseases/tb/pdf/rhaformpdf.pdf

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Before the First Visit

1. Refugee organization refers patient to contact person at CHCI.
2. Information is collected and entered into profile with assistance from patient, paperwork, and refugee organization.
3. Patient is assigned demographics to best of ability – DOB, Surname are often incorrect.
4. Medical records are requested and documented from patient or state/federal records as available.
5. Vaccine Coordinator reviews records, compares information, and pre-plans vaccination if possible.
6. Vaccine Coordinator sends information on titers and vaccines to provider seeing patient for first visit. The RH Coordinator may send information on existing medical needs to the provider.
7. Clinical team reviews and documents specific clinical needs for patient depending on their country of origin and path to CT.
8. Initial appointment is scheduled and patient and Refugee organization are notified to arrange for transportation and other needs for appointment.
9. Reminder is sent to the patient two days prior to first appointment if possible.
10. Refugee organization is provided with reminder 1 day prior to appointment and all information including what should be brought to the appointment is confirmed.
11. Refugee Health Assessment Form and school health and camp forms are initiated and set up in patient medical record to ensure prioritization by clinical team.

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Importance of the Vaccine Coordination

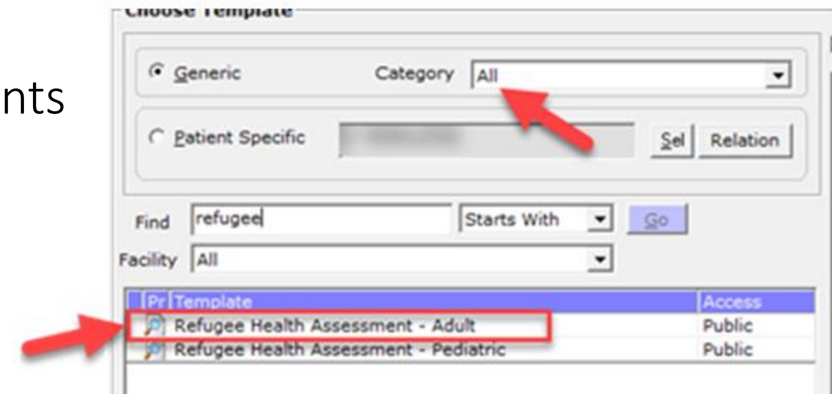
- Most of the work needs to be done ahead of time in order to efficiently provide care at the first visit.
- Families can't enroll in school or certain programs if they are behind on their vaccinations.
- Vaccinations are required on Visa documentation.
- A Vaccine "catch up" plan may be needed in order to get patient current.
- Vaccine coordination needs to be tracked and monitored to ensure efficacy.
- Having a specific person in this role has increased efficiency since we first started.

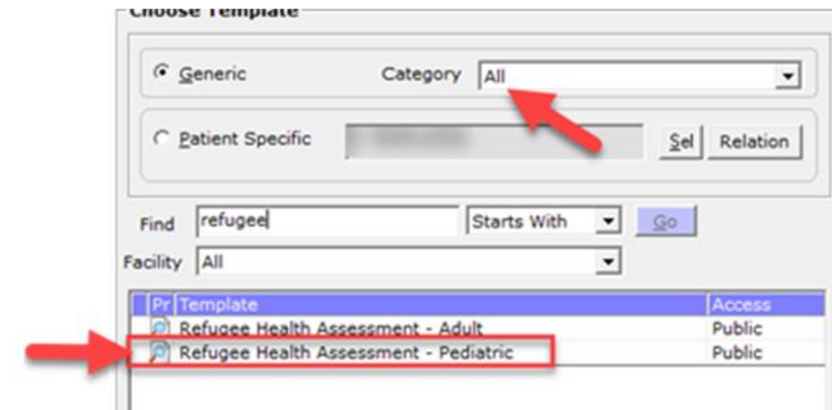
You want to make sure you have the right vaccines on site for the visit.

Consider assigning someone to the role of "Vaccine Coordinator"

Preparing for the First Visit – Clinical

- Review medical records
  - Will be sent the week prior and will be in patient documents
- Merge Appropriate Templates
  - “Refugee Health Assessment – Adult”
  - “Refugee Health Assessment – Pediatric”
- Remove Unnecessary labs from template
  - They will be pre-populated, not transmitted
- Print Handouts
- Stool Sample Totes
  - Two Back-Top “Total Fix” Ova and Parasite Tubes
  - Tongue depressors





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1st Visit Overview

- Truly and Initial Assessment
  - With understanding close follow up will be arranged
- CHC Language Line
  - Secure interpreters ahead of time if language may be difficult to obtain
- Merge appropriate template
  - Review recommended CDC guidance per screening test
    - Add and delete which is relevant
  - Transmit labs
    - Print lab slip if possible
- Address any pressing concerns for that day

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1st Visit Overview (continued)

- Hearing and Vision – Simply assess today if there are any concerns
  - Not expected to do screening tests today, realizing can occur at next visit
- Depression Screening – Using PHQ-2 and PHQ-9
  - Have plan in place to refer to BH if needed
  - Domestic Refugee Health Screening Guidance Mental Health Screening - MN Dept. of Health (state.mn.us)
- Thorough History – Past medical, Surgical, hospitalizations, familial, social etc.
- Physical Exam –
  - Major systems reviewed at this visit
    - In addition to those with concerns
  - Screen for oral health care needs

1st Visit Documentation

- Lock note on EHR
- Complete demographics portion of RHA form and hold until labs are resulted
  - Likely this will be by the second visit

Link: https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/infectious_diseases/tb/pdf/rhaformpdf.pdf

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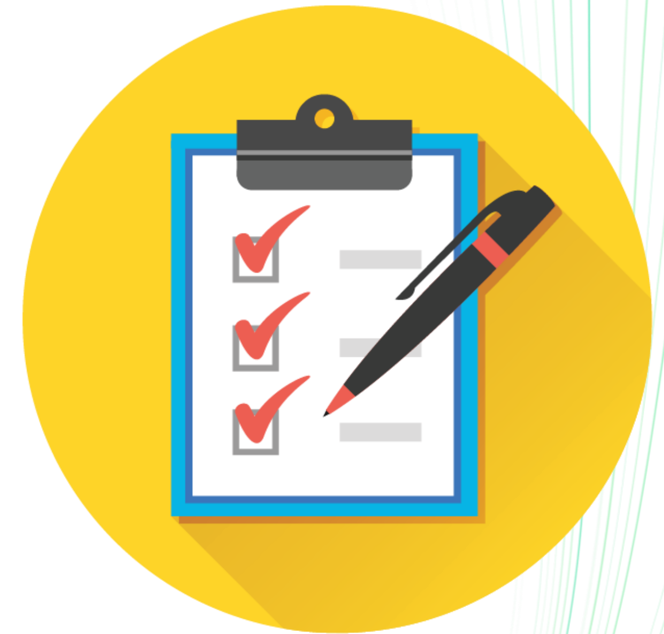
School Health Assessment Forms

- The same forms which we fill out for entry
  - Hold until TB screening is completed
    - Quantiferon gold
    - X-Ray (if clinically necessary)
  - Catch – Up Vaccine schedule
    - Requires vaccination, but we try to get into school as soon as possible
    - Knowing what certain schools require (e.g. Flu)
    - You may also provide a plan for providing remaining vaccinations
  - Iron Deficiency Screening
    - Will be obtaining serum labs as recommended by CDC



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WIC Forms

- State-specific
- If we do not have enough medical information, we cannot complete paperwork

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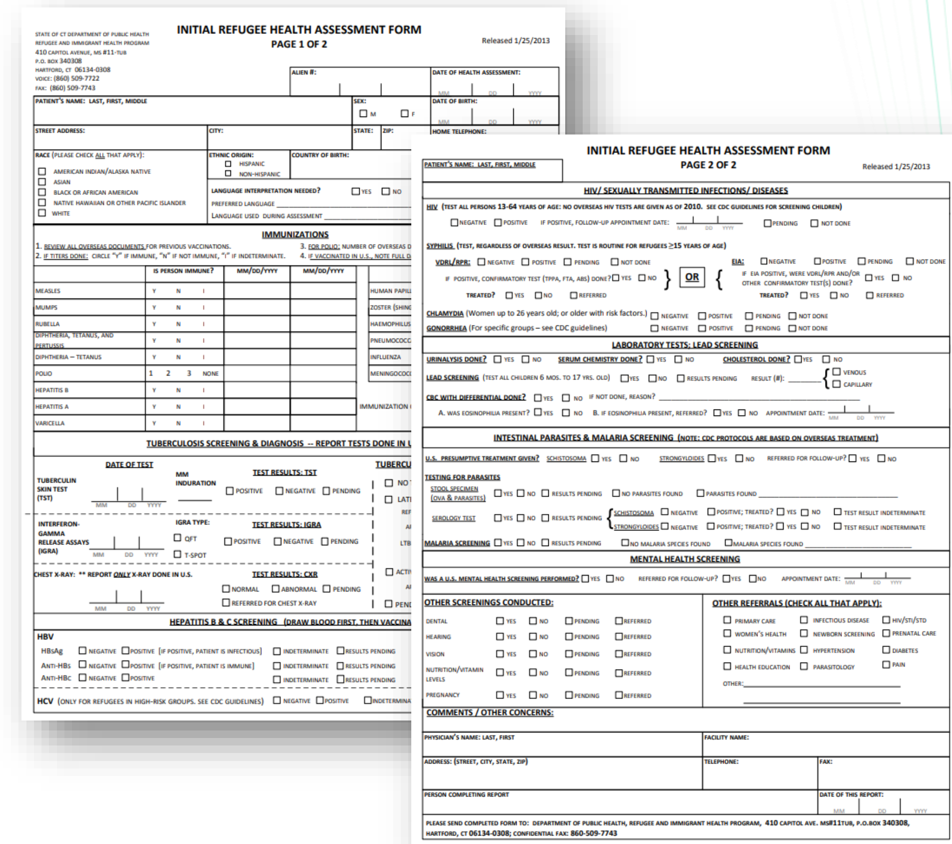
2nd Visit Overview

- Follow up with concerns from previous visit
  - Assess interventions and continue plan
- More In Depth Health Maintenance
  - Children: Well Child Check
  - Adults: Annual physical Exam
- Review resulted labs
  - If needed discuss results and plan

2nd Visit Documentation

- Lock note in EMR
- Continue with RHA form, completing all documentation obtained



INITIAL REFUGEE HEALTH ASSESSMENT FORM
PAGE 1 OF 2
Released 1/25/2013

STATE OF CT DEPARTMENT OF PUBLIC HEALTH
REFUGEE AND IMMIGRANT HEALTH PROGRAM
410 CAPITOL AVENUE, MS #11-TUB
P.O. BOX 340308
HARTFORD, CT 06134-0308
VOICE: (860) 509-7722
FAX: (860) 509-7743

IMMUNIZATIONS

TUBERCULOSIS SCREENING & DIAGNOSIS

HEPATITIS B & C SCREENING

INITIAL REFUGEE HEALTH ASSESSMENT FORM
PAGE 2 OF 2
Released 1/25/2013

HIV/ SEXUALLY TRANSMITTED INFECTIONS/ DISEASES

LABORATORY TESTS; LEAD SCREENING

INTESTINAL PARASITES & MALARIA SCREENING

MENTAL HEALTH SCREENING

OTHER SCREENINGS CONDUCTED:

OTHER REFERRALS (CHECK ALL THAT APPLY):

COMMENTS / OTHER CONCERNS:

Link: https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/infectious_diseases/tb/pdf/rhaformpdf.pdf

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Vaccinations

- Review medical records obtained from patient docs
  - Upload into Immunization section of EMR
    - Vaccinate as needed
    - Obtain titers for those for which we are able
- What to do if there is no record – Lessons Learned:
  - Checking first name and middle name in medical record
  - Trying to find it is detective work – sometimes misspelling with federal forms, etc.
  - Important to know that State Department of Public Health will have most up to date immunization record on the patient as opposed to the one the patient will be carrying
    - RNs can check the State database with their RN license number

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Immunization Form

- Given to providers and nurses about what the patient needs
- Different than what is needed for those born and raised in the United States (e.g. Polio vaccination)
- Incorporates latest CDC information, which is different than what is provided by refugee resettlement program

DS-3025 - Vaccination Documentation Worksheet

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Next Steps

Schedule a Follow-Up Visit

- PCP Assignment
- Recall System
- Assess interventions
- Review resulted labs
- Referrals and Imaging

Refer to oral and behavioral health services

In-depth health maintenance

Connect with state refugee organizations

Using a designated 340B Pharmacy

- May have to provide transportation support if you do not have an in-house pharmacy

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Patient Education Example – Stool Sample Education and Tools

- Source for confusion and additional education may be needed
  - Prepare bags with all supplied to save times during visit
    - Hat for toilet, tongue depressors for collection, gloves, testing tubes
- Two stool specimens
  - 24 hours apart
- Storing of specimen
  - Okay to store specimen at room temperature for 72 hours
    - If follow up is the following Saturday advised to obtain samples on Thursday and Friday to decrease number of times needing to get to office
- Drop off stool specimens at Quest
- Handouts
  - Explaining how to obtain stool sample
    - We can e-mail the handout if desired

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Collaborating with Community Partners

Potential Services Health Center and/or Community Partners Can Offer

Transportation: Rides/Cabs/Ubers to and from events

Goody Bags for Adults and Children with Toiletries, School Items, etc.

Meals

Activities

Donations

Volunteers

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Best Practices for Communicating with Community Partners

- Set up an e-mail user group and communicate through it as often as possible so that activities are documented and disseminated to everyone across organizations.
- Update and revise contact information often and ask for changes or additions at the end of meetings.
- Have meetings once a month to coordinate care.
- Create a meeting agenda to make it easy for everyone to contribute and follow.
- Assign a person to take notes and ask them to distribute them within 24 hours of meeting.
- Include action items with assigned staff and a timeline for completion to make expectations clear.
- Ask participants involved in coordination how they want to be contacted – cell, e-mail, phone, text. Be specific about whether patients should have phone numbers.

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Summary

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Creating a Healthcare Home

- The clinic environment doesn't have to be perfect but it has to feel safe in order to help patients establish a trust for future care.
- The healthcare system is complex and overwhelming for all of us but when you also have barriers related to language and culture it can be even worse. Be thoughtful about resources.
- Care Coordination can be the difference between retaining a patient in care and having a patient fall out of care.
- Collaboration between organizations will only help patients and increase efficiency.
- Patient education is on-going and needs to be diverse to create confidence.

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Lessons Learned

- The more you do ahead of time the easier appointments will go.
- Vaccination records and titers need to be specific and a priority. Try to research ahead of time.
- Having cultural references in patient education materials is important – using common “slang” can ease the burden of complex education but only if it is appropriate to the culture/language.
- Lab testing and screening can be very specific to individual countries and need to be thoroughly researched by age group and country last lived in for 6 months or more.
- The more support staff you can have the better the communication and coordination.
- Consider dedicating a clinic day to a Refugee Health clinic day (e.g. Saturday)
- Schedule additional time for first visit to enable provider to collect information and provide education as needed. There will be many nuances that must be considered and it takes time.

Celebrate Success

- Motivate other staff to become involved by promoting the success of programs for Refugees.
- Collect success stories or inspirational dialogue and comments from those impacted by the care.
- Collect comprehensive data to demonstrate impact and use for quality improving.
- Send out periodic e-mails that acknowledge the work of the team and include leadership if possible.
- Give updates at site/region/organization meetings to increase awareness, celebrate the team, and engage others in the work.

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Questions?

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Wrap-Up

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Activity Session on Standing Orders - Hypertension

- Presented by Mary Blankson, Chief of Nursing at Community Health Center, Inc., this activity session will explore best practices for developing standing orders on hypertension.
- **When**: Monday November 6th, 2024
- **Time**: 2:00-3:00pm Eastern / 11:00am-12:00pm Pacific
- https://education.weitzmaninstitute.org/content/activity-session-improving-hypertension-management-applying-standing-orders-and-role-medical

Scan Here to Register:

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Comprehensive and Team-Based Care Learning Collaborative

- This eight session series will support health centers in beginning or restarting their move to high performance team-based comprehensive primary care. The learning collaborative provides health center participants with quality improvement concepts and skills to systematically achieve a specific aim, and identify areas for process improvement and role optimization. With coaching support and transformational strategies, health centers will develop highly trained clinical primary care teams and work to improve at least one UDS measure.
- **When**: Begins Wednesday November 13, 2024 and sessions are the second Wednesday of every month
- **Time**: 1:00 - 2:30pm EST/ 10:00am - 11:30am Pacific
- Reach out to Meaghan Angers for more information!

Health Center Staff:
Give your input TODAY!

Complete the 2024 National Health Center Training and Technical Assistance (T/TA) Needs Assessment.

Tell us what training and professional development support you and your health center teammates need to best serve your community.

Help our training partners create learning opportunities **designed with health center teams in mind.**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6,625,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Who

ALL health center staff are encouraged to complete the National T/TA needs assessment. It's available in English and Spanish!

When

August 19 - November 1, 2024

How

Click on this link

Or scan the QR code:

Why

So you can help inform the training and professional development available to health center staff.

NTTAP
National Health Center Training & Technical Assistance Partners
Clinical Workforce Development
A project of Community Health Center, Inc. and the Moses/Weitzman Health System

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library

CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

Learn More

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through;

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

https://www.weitzmaninstitute.org/ncaresources

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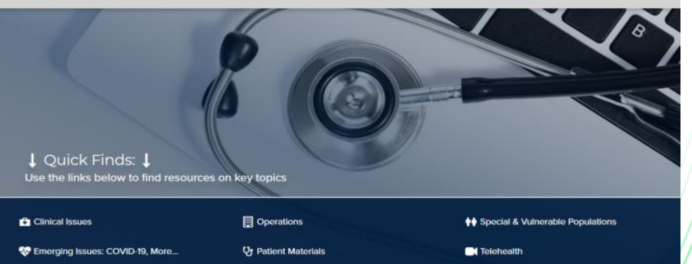

https://www.healthcenterinfo.org/

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Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to nca@chc1.com or visit https://www.chc1.com/nca