Global-Local:

capitalizing on global health education to enhance care of underserved communities and creating a model for family physician recruitment and retention in CHC

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Global Health

- According the AAMC, in 2010 about 30% of medical students participated in GH
- Students interested in GH are more likely to choose primary care residencies
- Family Medicine residents who participate in Global Health work with underserved
- CHCs struggle to recruit and retain family physicians committed to its mission
- Global Health opportunities within CHCs could be a solution

Refugee crisis

- 55 million refugees under protection of UNHCR world-wide
- In FY2015 US resettled 69,933 refugees
- This number is projected to increase: 85,000 in FY2016 and 100,000 in FY2017
- Massachusetts resettled 1911 in 2015
- Worcester – 25%

3/16/16 InsideOutBorders
Refuge Culture:Last call for a culture of sharing and cooperation

Unique needs of refugees

- Refugees care require expertise in communicable diseases, NCDs, trauma-informed care and cultural humility
- Refugees often come from settings with no primary care and scarce episodic care
- Urgent care and ER is familiar mode of healthcare access
- Language barrier,
  cultural barriers,
  health system barrier,
  transportation barrier,
  health literacy barrier

How do I fit in?

- Originally from Russia
- Umass->Lawrence->Umass
- Passion for GH and underserved immigrant communities in the US
- Long-standing work with Worcester refugee community
- Work in CHC within constraints of current healthcare system
- Direct residency GH track
- Desire to create sustainable program that capitalizes on GH interest, GH skills and local-global partnerships within CHC

Idea

- GH Fellowship – part time CHC, part time GH
- Refugee Clinic – holistic, culturally informed, community integrated, team driven, best practice care
- Opportunity to diversify my work to make my work at a CHC sustainable

8 key steps to best care for refugees and immigrants

- Access to care (eliminate barriers)
- Trained interpreters
- Longer visit time
- Provider education
- Clinical guidelines, best practice orders
- Community health workers
- Diversify healthcare staff
- Social Work and Behavioral Health integration

Refugee Clinic

- Vulnerable population
- CHC uniquely positioned
- Transition from WIC/PC separation to Primary Care integration
- Community partnerships
- Multidisciplinary team care
- Capitalize on Global Health Skills

Mass League grant

Since July 2015 we have:

- Created an integrated RIH/Primary Care clinic
- Trained staff and built a team
- Developed work-flows for refugee clinic and ensure appropriate access for our families
- Strengthened partnerships with MA DPH, Worcester VOLAGs and Community Org.
- Initiated development of LTBI protocol
- Conducted education session on Iraqi culture and health beliefs for staff from many departments – more than 40 staff members attended
- Developed a Global-Local Fellowship
  - One fellow started in 2015
  - Recruited 2 more to join the fellowship next year (WA,NV)

GH Fellowship

- Two tracks – Prev.Med/GH and CHC-based
  - PrevMed 20% patient care, salaried by Umass
  - CHC-based 60% patient care, self-funded
- Refugee Clinic
- 3mos/year oversees
  - Working in resource-poor settings
  - Collaborating in family medicine and primary care education
  - Working in different healthcare systems
- Special projects benefiting local populations
- Teaching of residents and medical students – Building a workforce
- Interdisciplinary learning (Peds, EM, FM)

Refugee Clinic stats

Improved Patient Access

- 470 visits done
- 112 RIH1 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 into Dr. Szkwarko and Dr. Valdman panels
- 246 primary care visits provided
- 4% no-show rate

Building a Team

- Nurse
- MAs
- Scheduling Staff
- Behavioral Health provider
- Team Advocate
- Interpreters
- Providers –
  fellow and faculty

Mass League grant personally

- Lead Clinician building expertise
  - Spent several days in Denver, Co learning about other state's model of refugee care and ways to address barriers
  - Spent several days in Twin Cities, MN visiting International Clinic and Center for Victims of Torture and Violence
  - Planned visits in Massachusetts to learn from other programs locally
  - Presenting at National Refugee Health Conference in June (with my team)

Next Steps

- Fellowship
  - 2 more providers starting in July 2016
  - Continue to provide Local-Global Education, engage students and residents
  - Current fellow planning to stay at FHCW
- Refugee Clinic Team
  - In the future: BH GH internship track, more social work hours, CHW/community liaison
- Community Partnership
- Additional funding for holistic program
- Monitoring and Evaluation
  - Refugee care model and quality outcome measures
  - Sustainability of CHC-based GH fellowship model
  - Impact on pipeline of family physicians working in CHCs

Thank you
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