CENTER OF EXCELLENCE
IN NEWCOMER HEALTH
MINNESOTA

A Survey of Health Care Providers to Identify Educational Needs to Ensure Quality and Equitable Care for Refugees, 2016

SUMMARY REPORT AND RECOMMENDATIONS

Responses collected September-October 2016

Prepared by

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Overview

The Minnesota Department of Health, Refugee Health Program was awarded a CDC Center of Excellence Grant to address the needs of health care providers who serve refugees. The focus of this award was to update and expand existing screening, treatment, clinical and public health guidelines in order to better serve providers nationally. This update and expansion effort was divided into two major activities:

- Review, update and enhance current refugee guidelines and other guideline related resources.
- Develop new refugee guidelines in domains currently not addressed.

Approach

In approaching these tasks, the Minnesota Center of Excellence leadership team determined that a national needs assessment of providers caring for refugees be undertaken. The lead team determined that the needs assessment must include:

- The scope of practice of all survey participants including the intensity and duration of their experience working with refugees.
- Their knowledge and experience using the CDC Guidelines.
- Their current medical records system description.
- Their constructive criticism of the CDC guidelines and suggestions for new guidelines
- Which resources they currently use.
- What type of resource were most likely to be utilize in an idealized future.

The purpose of the assessment is as follows: in order to ensure quality and equitable care across the country, we need to know what kind of support and education would be helpful to health care providers who care for refugee populations. The target participants are health care providers who:

- Provide screening to newly arrived refugees within 90 days of arrival from overseas.
- Provide on-going primary care to these refugees following 90 days or a completed screening exam.

The leadership team undertook the task of creating the needs assessment ensuring it would capture the desired information and be user friendly and not time consuming. The final draft was reviewed by epidemiologists and communications experts at MDH to ensure the appropriate specificity of the questions asked and the likelihood of capturing clear responses. This draft was sent out to all members of Minnesota Center of Excellence team for response. Edits and comments from the team were incorporated into the survey.

Dissemination

The Association of Refugee Health Coordinators (ARHC) is a national organization of state employees tasked with coordinating the health screening of all newly arrived refugees in their state. In these positions, ARHC members are knowledgeable of health providers who see refugees both for screening and on-going primary care. ARHC members from forty states were contacted by phone and invited to participate in the dissemination of the survey. The members were asked if they had email addresses for the key refugee health providers in their states and if they would be willing to disseminate the survey to them electronically.

The survey was also promoted and disseminated through the Society of Refugee Health Providers and the American Academy of Pediatrics Immigrant/Refugee Health's listservs.

In addition, the web link to the survey was promoted at the North American Refugee Health Conference in June 2016.

The survey was conducted between May 31 and August 8, 2016. All responses were electronically submitted to the Minnesota Department of Health.

Results

Over 600 responses from nearly every state in the U.S. and many from Canada were received. Staff at the Minnesota Department of Health conducted descriptive analysis of 414 completed surveys by U.S. based providers. The remainder were excluded from analysis because they were started but less than 5 questions were answered, or the provider was based in Canada (but they couldn't indicate their country/province).

Participants were not required to respond to all 25 questions in the survey. Hence, there are variations in response rates by question. Each graph or figure includes the number of respondents for the specific question.

Demographics of Respondents

A diversity of health professionals responded, with the grand majority being clinicians including Medical Doctors, Nurse Practitioners, Physician Assistants and Nurses/Public Health Nurses. These four groups comprised 76% of the 414 respondents. Of the 165 physicians responding, 88% were family practice physicians, internists and/or pediatricians.

The 2010 census shows that 81% of the U.S. population lives in urban areas. Our survey captured 75% of practitioners who claimed to be in urban areas and another 16% whose practice was suburban.

The majority of respondents provide services to refugees in Federally Qualified Health Care Centers or primary care settings within an organized health care system. Because of the structure of these clinics, they are more likely to have electronic health records. Public health nurses based in public health agencies tend to use case management softwares.

Fifty seven percent of 385 respondents provide the initial health screening recommended for all newly arrived refugees. Sixty two percent stated they provided on going primary care to refugees (note: 35% providers do both practices). Other important demographic information confirms the spectrum of experience providers have in caring for refugees. Respondents were

almost equally divided in the amount of time devoted to caring for refugee patients: thirty one percent see refugees less than one day a week, 23% see them 1-2 days per week, 23% see them 3-4 days a week and the remaining 23% see refugee patients more than 4 days per week.

In a related question, 43% of 385 respondents provide care to four or less refugees per week, 23% see 5-9 refugees in a week, 10% see 10-14 refugees and 24% see 15 or more refugees in their practice each week.

In terms of years of experience working with refugee populations, 33% of 386 respondents have worked with refugees for 2-5 years. The remainder was almost equally divided between less than 2 years, 6-10 years and over 10 years of experience.

Current Practice: Utilizing Resources

The majority of 407 respondents say they often look for clinical resources in their work, only ten said they do not look for resources, but this response came from persons who primarily do follow-up care or are experienced practitioners. The majority also stated that they often look for cultural/migration resources, with only 18 of 396 participants saying they do not look for these resources.

Sixty-four percent of respondents report having used the CDC Guidelines for the U.S. Domestic Medical Exam for Newly Arriving Refugees. Of the 149 not using the guidelines, 31% of providers perform the refugee screening. For those who stated they do not utilize the CDC Guidelines for the U.S. Domestic Medical Exam for Newly Arriving Refugees, 77% said they were not aware of this resource.

Other resources utilized by 414 respondents include 17% who use UpToDate®; another 17% utilize colleagues, and 16% use guidance created by their state refugee health program useful. Twelve percent state they use the CDC Refugee Health Profiles and another ten percent use Google.

In determining if a resource is helpful, over 50% said the resource must be easy and quick to find during a patient visit, and that the updated source must be credible.

Desired Additions to CDC Guidelines

Most who utilized the CDC Guidelines find them very helpful or helpful. Respondents found the guidelines on Immunizations, Intestinal Parasites and Tuberculosis especially valuable.

When looking for additional resources to compliment the CDC guidelines, people looked for information about:

- Pediatrics: Child development, parenting resources;
- Mental Health Clinical mental health interventions and best practices including trauma informed care, domestic violence and family abuse, torture, suicidality, and substance abuse;
- Historical/cultural context: context for conflict in refugee native countries, cultural differences; cultural and linguistic background information; history and update on various ethnic conflicts;
- Women's health: women's health issues, gender specific concerns;

- Infectious disease: H Pylori specific to refugees, neglected tropical diseases;
- Domestic concerns: working with interpreters, legal issues, schooling, local state data/health outcomes, and "real life on the ground' issues for U.S. refugees.

A small but significant number said the Mental Health Guidelines were not helpful and many found them only somewhat helpful. Comments on what is lacking in the Mental Health Guidelines included requests for more information on legal issues, mental illness, psychiatric care specific to refugees, and how to provide 'trauma informed' care. There were also requests for guidance on children's mental health, early childhood interventions, behavioral health, effects of torture – PTSD – on physical health, the implications of complex trauma, violence, substance abuse, the impact of migration stress and the value of screening for torture.

When asked if there were additional topics they wish were included in the CDC domestic screening guidance, 28% said yes. Strong interest was expressed in developing guidance in Women's Health, Preventive Medicine, Pediatrics, and chronic pain in that order. Other requests included enhanced guidelines in Mental Health and population-based health profiles. Of those who ranked a Preventative Medicine guideline, most were interested in more details on hepatitis B management, followed by cervical and breast cancer.

Those requesting guidelines on Women's health want to know more about domestic violence, female circumcision, family planning, pregnancy, sexual health and cultural norms/taboos.

Those requesting guidelines in Pediatrics mentioned interest in appropriate developmental screening, assessing for school readiness, challenges in school integration, mental health, mental health and legal resources.

Respondents also expressed the desire for more information about infectious disease, especially emerging issues. Some specific requests included information on common tropical diseases by population, malaria and hyper reactive malarial splenomegaly, non-intestinal parasites and common refugee infections and treatments such as dengue fever. In terms of chronic disease, there were requests for prevalence data among various refugee populations as well as guidance for sickle cell screening.

Refugee Health Profiles

Sixty six percent of respondents said they would find detailed refugee health profiles, including specifics about refugee cultural practices and beliefs very helpful. They expressed interest in acculturation, community resources, alcohol and drug use, ways to evaluate health literacy, profiles expressing the varying needs of rural vs. urban refugees, and insight into refugees understanding of U.S. culture.

Preferred Delivery Mode of Refugee Health Guidelines

Respondents strongly voiced support for guidelines that are embedded in their electric medical records system. This choice was followed closely by an online interactive tool and in-person conferences or training.

When asked about medical record utilization, most endorsed using electronic medical records, though some stated they did not use a system for medical records and over 50 persons said they used a paper charting system.

Of those using electronic medical records over 180 use EPIC. Smaller numbers of respondents utilize Centricity, NexGen, E-clinical works, Practice Fusion and others.

Comment

New Pediatric, Women Health and Preventive Health guidelines are being developed that address the topics raised in the survey.

Recommendations

1. Update the mental health guidelines to include more information on requested topics and make the guidelines more practical and therefore useful as listed above.
2. Explore development of a user-friendly online interactive tool that is profile based for providers to view or generate succinct screening guidelines
3. Consider national webinars/trainings to promote the screening guidelines and respond to clinical questions.
4. Consider developing regional refugee health networking programs to promote best practices, standards of care, education, resources, etc.
5. Consider an informational campaign to raise awareness of the CDC Refugee Guidelines so all providers seeing refugees are aware of this resource.
   - Discuss with ORR linking to the CDC Guidelines site on their health pages.
   - Actively promote connection between ARHC providers and CDC website.
   - Brief updates targeting appropriate medical organizations contacted for the survey and those most in need based on lack of refugee experience/expertise.
   - Urge appropriate medical organizations to promote the CDC Guidelines. (For example, the American Academy of Pediatrics Immigrant Toolkit has a direct link to the CDC Domestic Refugee Screening Guidelines).
6. Develop refugee screening smartsets compatible with the commonly used electronic medical record systems. This will help standardize screening and help with data collection across sites. The fact that the majority of respondents are using EPIC argues for the development of EPIC refugee smartsets for labs and smartsets for history/PE/Assessment and Plan that screening sites can use. It would be great to compare and contrast what many are using to develop a unified best tool.
7. Consider adding links to guidance for working with interpreters.
8. Encourage ARHC to promote resources to the providers performing screening in their states, including the CDC recommendations and other products developed by the Center of Excellence. This could be accomplished via webinars, in-person trainings and other appropriate venues.
   - Consider expanding this training to clinics who see refugees after screening, for example, at their medical home.
9. Expand Refugee Profiles to include more refugee populations.
   - Social and cultural concerns and perspectives contained in the new population guidelines (pediatrics, women, and preventive health) could be moved or linked to appropriate refugee profiles.