Community Health Foundation
of Western & Central New York

Refugee Health Services Coordination Project

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Refugee Health Services Coordination Project

Today, an increasing number of refugees are settling in the City of Syracuse. They are just the latest wave of refugee settlement. In 1979 Syracuse welcomed the Vietnamese refugees, our most recent arrivals are from Sudan, Somalia, Liberia, Burma, Cambodia, Uzbekistan, Cuba, Vietnam, Columbia, Congo D.R., Burundi, and Ethiopia. With community-based refugee settlement organizations referring these refugees by the hundreds to Syracuse's hospitals and health centers, local health care providers, emergency rooms, and clinics are often overwhelmed.

To ease the impact of these referrals on Syracuse's health care safety net, the Community Health Foundation of Western and Central New York (CHF) launched the Refugee Health Services Project in March 2008. This program will initiate the planning necessary to **improve coordination** of referrals and health care delivery for Syracuse's refugee populations.

Project background

To develop a strategy for creating a **sustainable, coordinated referral system**, CHF asked St. Joseph's Hospital medical advisor Maritza Alvarado, M.D. to lead a task force comprised of Syracuse area health care providers, refugee service providers, and advocates. Dr. Alvarado also conducted initial research into the scope of refugee health care issues and current and anticipated demands on Syracuse's health care system.

The Task Force was charged with convening providers and agencies between March 2008 and June 2009. These meetings served to:

- **Increase our understanding** of the nature and extent of health care referrals by refugee agencies.

- Develop **short-term and long-term strategies** for coordinating refugee health services.

- Research the **best referral practices** used in other communities with large refugee populations.

- Identify ways to ensure health care services provided to refugees in Syracuse are **culturally competent**.

- Develop a **blueprint** that Syracuse providers and refugee agencies can use to facilitate a sustainable coordinated referral system.

Because both the City of Syracuse and its refugee populations face a number of cultural, political, economic, and resource challenges, it will take time to see the plan's impact on the health of Syracuse's refugees and the city's health care safety-net. However, CHF believes this

initiative serves as an important catalyst for improving health service quality, efficiency, and coordination among refugee service agencies and providers.

Refugee Project: Who's who

The Syracuse Refugee task force was created to increase our understanding of the refugee health problems in Syracuse and to advise our work going forward. The task force included all representatives from organizations that in one way or another had an impact on or interest in refugee health issues in Syracuse:

Catholic Charities Refugee Resettlement
Interfaith Works Refugee Resettlement Program: Center for New Americans
MAMI (Multicultural Association of Medical Interpreters)
NYS Department of Health CNY Regional Office:
  Refugee Health Program & Family and Community Health Program
Onondaga County Department of Health
Onondaga County Department of Social Services
Reach CNY (Maternal Child Health Network)
Spanish Action League of Onondaga County, Inc.
St. Joseph's Hospital Health Center:
  Maternal Child Health Center & West Side Family Health Center
Syracuse City School District
  Syracuse City School District Refugee Assistance Program
Syracuse Community Health Center
  Syracuse Community Health Center: School Based Health Centers
Syracuse University College of Law: Family Law and Social Policy Center
University Health Care Center (Pediatrics and Internal Medicine)

From this larger group, three (3) subcommittees were formed to tackle the top three issues that were identified by the task force:

- Access to Care: How refugees were accessing primary care
- Language Access: Identify barriers refugees encountered in accessing interpretation and translation, and
- Transportation: What means of transportation are available to the refugees

We formed a steering committee of five (5) members derived from those who had attended the initial meeting. This committee would convene to vet the subcommittees' work. Members included: Dr. Bradley Olson, M.D., UHCC Pediatrics, Dr. Peter Cronkright, M.D., UHCC Internal Medicine, Dr. Cornelia Brown, PhD, Executive Director, MAMI, Dr. Elizabeth Crockett, PhD, Executive Director, ReachCNY, and Susan R. Mahar, PNP–BC, UHCC Pediatrics.

History of Refugee Resettlement

There were 60,108 persons admitted to the United States (U.S.) as refugees in 2008. A **refugee** is a person who is unable or unwilling to return to his or her country of nationality because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

The President in consultation with Congress determines the numbers of refugees admitted. They determine overall admissions as well as regional allocations (for example, in 2008, it was determined that 28,000 refugees would come from the Near East/South Asia region).
In 2008, 30% of U.S. refugees came from Burma, 23% came from Iran, and 9% from Bhutan. Refugees tend to be a young population with 52 % under 25 years of age; 36% of those are under 18 years old. [1]

Refugee Arrivals

In New York State there were 3652 refugees resettled in Federal Fiscal Year (FFY) October 1st to Sept 30th, 2008. Upstate New York resettled 3173 refugees (87% of all refugees resettled in FFY 2008) while New York City resettled 459 refugees (13%). For Upstate NY, this represents a 124% increase from 2007.[2] Figures in the appendix show the distribution of refugees by NYS counties and by ethnic groups.

The refugee population in CNY has been steadily growing over the last 20 years. The Syracuse City population is 147,306 and last year approximately 731 refugees were resettled. From 2004 to 2008, there were 2570 refugees resettled in Syracuse. In addition to the new arrivals, there are secondary migrants. These migrants were resettled in other cities and are moving to CNY to be closer to relatives or others who share their ethnic bonds. There are diverse languages, cultures, economic status and educational levels amongst refugees. All of these things must be considered when they are resettled and when dealing with health care access.

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[1] http://www.dhs.gov/xlibrary/assets/statistics/publications/ois_rfa_fr_2008.pdf

[2] In FFY 2007 there were 2979 refugees, with Upstate resettling 2552 (86%) and New York City resettling 427 (14%). http://www.otda.state.ny.us/main/bria/arrivaldata.htm

The Federal government releases the total numbers for refugees arriving in the U.S. one year in advance. The refugee resettlement agencies in Syracuse state that they usually receive 7 to 10 days advance notice of actual arrival. A majority of resettlement is done in the months of July, August, and September prior to the end of the Federal fiscal year. (This is typically a time when new interns and residents enter the hospitals and new hires are beginning in the clinics and providers offices. There is much time devoted to orienting these new hires to the health care system in Syracuse and the addition of the refugees places an increased burden on the capacity of the health care providers to provide services. The timing of new refugee arrivals is key to planning the "early warning system" that will be an outcome of our work).

Voluntary (resettlement) agencies, also known as VOLAGs, are one of many key partners in the refugee resettlement process. The VOLAGs are nine national non-profit organizations that provide sponsorship and initial resettlement services for refugees entering the United States (U.S.).[3] The State Department contracts with and provides partial funding to VOLAGs to provide reception and placement services for refugees upon their arrival in the U.S. The national VOLAGs work through a network of local affiliates throughout the country to ensure that refugees' immediate needs, such as limited-term financial assistance, housing and basic health services, are met.

Funding for the VOLAGs comes from various sources. [4] (See Appendix for more details). In NYS, it is the Office of Temporary and Disability Assistance **Bureau of Refugee and Immigrant Assistance** (BRIA) that provides funding to refugees.[5] In Onondaga County, both Catholic Charities of the Roman Catholic Diocese of Syracuse and the Syracuse City School District (SCSD) Refugee Assistance Program receive BRIA funds.

Catholic Charities and Interfaith Works provide assistance in obtaining housing, employment, and meeting basic needs. Upon arrival in Syracuse, intake interviews take place at the refugee resettlement agencies, and referrals are made for employment opportunities. In addition, refugees are enrolled in English classes (ELL) at the Syracuse City School District Refugee Assistance Program (RAP).

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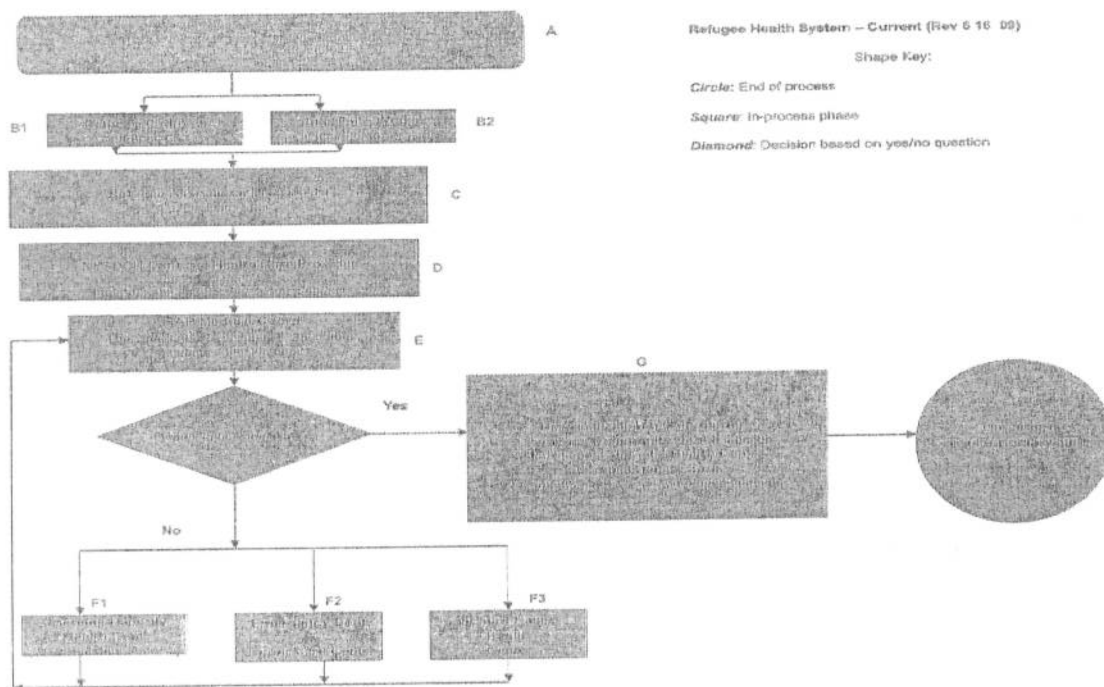
[3] http://www.dss.cahwnet.gov/RefugeeProgram/Res/pdf/FactSheets/VOLAGs_FactSheet.pdf

[4] http://www.dss.cahwnet.gov/RefugeeProgram/Res/pdf/FactSheets/VOLAGs_FactSheet.pdf

[5] http://www.otda.state.ny.us/main/bria/

Syracuse Refugee Health Services–Current Status



The flow chart above lists the various steps the refugees take after arrival to the United States. It is labeled alphabetically to correspond with the following paragraphs.

Arrival in the United States (A)

Every refugee arrives in the U.S. with an overseas medical form. All refugees and overseas applicants for a United States immigrant visa must undergo a medical exam prior to embarking for the United States. The standards for this screening have been established by the United States Centers for Disease Control (CDC) and "Panel Physicians" designated by the United States Department of State administer the exam. The overseas medical exam seeks to identify physical or mental health problems of public health significance.[6]

Arrival in Syracuse (B)

The refugees' first contact in Syracuse is the refugee resettlement agencies, either Catholic Charities or InterFaith Works. Here the caseworkers review the overseas forms and forward the overseas medical form to the **New York State Department of Health (NYSDOH)** where the regional health department designated nurse practitioner (DNP) provides an initial health assessment. **(D)**

Most refugees are examined by the DNP within 30 days of arrival, although the contract stipulates that it can be as late as 90 days after arrival.

While the refugees may be seen by the DNP within 30 days there are delays in getting appointments into primary care. The reasons are varied: not enough appointment slots or providers, no transportation and/or interpreters available and a high no show rate all factor into delays in accessing primary care.

Patients are seen at the RAP facility **(C)** located on Park Avenue in basement rooms refurbished for use as clinic space. Clinics take place only on Tuesday from 8:30 AM to 2:00 PM. The initial assessment consists of two separate visits. The first visit is comprised of the health assessment and lab work; the second visit is a review of lab results and administration of immunizations. Of note is that the number of patients has increased over 400% since Fall 2004. Back then in a typical day, the DNP saw 7 to 12 patients, that has increased to 40 to 50 per session.

There can be up to 5 nurses working with the DNP at any one clinic. They are hired, employed and supervised by the DNP who determines the required staffing for each clinic. One or two nurses may interview the family, reviewing the overseas medical form and doing a brief review of medical systems. The DNP does a cursory exam (heart, lungs, any areas of particular concern from the overseas assessment). Nurses obtain the blood work needed for the assessment. The nurses are independent contractors; their wages are covered by the funds the DNP receives from the NYSDOH. In effect, the DNP pays out of pocket for the nurses.

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[6] https://my.mainehealth.org/mmc/departments/outpatient/pubfiles/im/ghp/program%20im/curriculum/content/content%20003%20health%20screening.pdf

If anyone is found to be acutely ill (fever, elevated blood pressure, etc.) they are sent to the Emergency Department or an Urgent Care Center **(F2).**

The refugees' second visit to the RAP clinic is scheduled to review blood work and administer vaccines. The DNP works with the nurses to screen for contraindications (allergies/pregnancy) then vaccines are administered as appropriate. Immunization information is then entered into the New York State Immunization Information System (NYSIIS) anywhere from 1 to 3 days after administration.

NYSIIS requires health care providers to report all immunizations administered to persons less than 19 years of age, along with the person's immunization history, to the New York State Department of Health using the statewide web-based immunization information system (IIS). As of January 2008, all immunizations administered to children less than 19 years of age must be entered into this system within 14 days of administration.

This system is designed to allow:

- Providers to have access to consolidated and accurate immunization records of their patients, to receive clinical decision support in complying with an increasingly complex vaccination schedule and to use as an efficient tool to manage their vaccine inventory.
- Parents and caregivers to receive reminders when an immunization has been missed. Up-to-date information on a child's vaccination history also helps to prevent over-immunization.
- Schools to be able to save time in complying with safety and health regulations.
- Public health systems to use the information to control vaccine preventable diseases

The New York State Department of Health (NYSDOH) is scheduled to begin enforcing penalties for failure to use NYSIIS beginning January 1, 2009 and then only after extensive efforts to work with physician offices to implement the system.[7]

The DNP also coordinates with Onondaga County Health Department Tuberculosis clinic **(F1)** so they can follow-up on any positive results and ensure that medication is administered.

Reimbursement is capitated for each refugee patient at $246 (same rate for adults/children) with a reduced rate given for the second visit. Vaccines For Children (VFC) pays for children's vaccines, while state funding reimburses for adult vaccines. The DNP has to submit vouchers to the state for the vaccines (More information on VFC is in the Appendix).

Among the problems currently affecting the operation of the RAP clinic include:

- Managing the demand based on the increase in patients
- Initial assessment exams are cursory at best

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[7] http://www.health.state.ny.us/prevention/immunization/information_system/2007-12-21_faq_immunization_information_system.htm

- Language issues exacerbate the efficacy of the exams.
    - The ATT interpretation phone line at the RAP center is not reliable (interpreters for some dialects may not be available) and family members or caseworkers that are acting as interpreters are not trained in medical interpretation.
- While the central location of the clinic at the Refugee Assistance Program Park Avenue site is convenient for the refugees, the physical location in the basement is problematic as there is little privacy and much noise.

After the initial assessment is finished a copy of the health assessment form is sent to the Refugee Assistance Program medical coordinator **(E)** who in turn, makes the medical appointments to the refugees' medical home. Issues at this level: the current medical coordinator has no medical training and appointments for primary care can be anywhere from 3 to 6 months later.

The **RAP, (C),** assisted over 840 refugees last year. In addition, they aided 100 refugees who were secondary migrants (migrated from other cities). In addition to offering health care accessing, the RAP also provides English Language and pre-employment classes, career counseling and training, interpretation and translation, job development, job placement and follow-up, acculturation and support services. Many of these services are also provided by the refugee agencies **(B1, B2)** as well as other not for profit agencies in Syracuse.

The RAP is administered by the Syracuse City School District and is overseen by the coordinator for Adult Education. There is a RAP Facilitator who oversees the day-to-day operations. In addition to the medical coordinator there are seven (7) nationality workers (culturally and linguistically competent workers), an information aide who also acts as a receptionist and ten (10) part time interpreters. There are two issues with the interpreters: there are not enough for all the dialects and not enough use by providers to justify full–time positions.

RAP is funded through NYS **Bureau of Refugee and Immigrant Assistance** (BRIA); it also receives monies from University Hospital and St. Joseph's Hospital Health Center for interpretation services.

Primary Care Providers (G)

Access to primary care is a challenge both in terms of numbers of providers and physical space. For pediatric patients the issue is the volume of patients that need to be seen while with adults it is the complexity of health issues.

According to the NYSDOH contract the initial health assessment can be done anywhere from 30 to 90 days after arrival. If overall there is a 3 to 6 month wait between the initial health assessment visit and the primary care visit, refugees can potentially wait up to 9 months before accessing primary care. This can be seen more so with adult patients since children need to be enrolled in school and cannot do so without proper examinations and immunizations.

All primary practice sites taking refugees identified the dissemination of information from the initial health assessment at NYSDOH to the primary care providers as problematic. Providers would like to see patients within 30 to 60 days of that initial assessment, however they cannot do so because records are not available.

Unfortunately this lack of information sharing leads to additional problems elsewhere:

- Refugee children are at risk of not being allowed into school due to lack of immunizations. (This winter there were 40 refugee children who were excluded from school due to lack of immunizations and the School Based Health Centers can only examine and immunize children enrolled at that school).
- There are reports that some refugee children received duplicate immunizations due to lack of accurate and timely records available from the RAP clinic.
- Prenatal patients are delayed getting into prenatal care or receive no prenatal care due to lack of records.
- Abnormal lab results cannot be followed in a timely fashion.

The primary care providers seeing refugees in Syracuse are:

University Health Care Center (UHCC)
University Pediatric and Adolescent Center sees new refugee patients on Tuesdays, with follow-up appointments on Friday (if needed). The initial appointment usually takes an hour due to lengthy review of systems and need for interpretation. For an English speaking family, most practices allow 20–30 minutes for an initial visit.

In April 2008, the adult medicine division started an International Health Clinic on Wednesday mornings. The team consists of 2 Burmese interpreters, internal medicine resident, third year medical student, nurse, nurse practitioner and an attending physician. All paperwork is done the week before, blood work is done before they are seen in the clinic, and the team sees 9 to 12 patients per session. Additionally, there are two subspecialists (neurologist, otolaryngologist) who see refugee patients at UHCC by appointment.

UHCC is located 2 miles from the Refugee Assistance Program Park Avenue center.

Syracuse Community Health Center (SCHC)
SCHC is the Federally Qualified Health Center in Syracuse. Refugee patients are seen at their main office on South Salina Street as well as the Oswego and Fayette Street offices, all about 2 miles from the RAP Park Avenue site. They have recently scheduled blocks of time to see refugee patients. They offer medical as well as dental services to refugees.

SCHC also operates the School Based Health Centers **(F3)**. They have attempted to increase the numbers of refugee children enrolled at the School Based Health Centers however, their forms are known to be cumbersome and time consuming. They have initiated discussions with the

RAP to have a facilitated enroller present at the site to enroll children in the School Based Health Centers.

St. Joseph's Hospital Health Center (SJHHC) location on the North side is a convenient location for refugees who are provided assistance by Catholic Charities since the refugee resettlement program is located on the North side and many refugees have settled in this area. It is less than a mile from the RAP Park Avenue site.

The Maternal Child Health Pediatric Center is currently closed to new refugee families and the West Side Family Center has a three to four week wait for new patient appointments.

Compassionate Care is a private family medicine practice located at 311 Green Street that has recently started seeing refugees. It is a small practice consisting of 2 doctors and 2 nurse practitioners. They are the closest provider to the RAP at 3/4 mile (a 2–minute ride or a 15 minute walk.

Provider	Approximate Percentage of Refugees Seen
University Health Care Center (UHCC)	30 35%
Syracuse Community Health Center (SCHC)	20 25%
St. Joseph's Hospital Health Center (SJHHC)	30 35%
Compassionate Care	5%

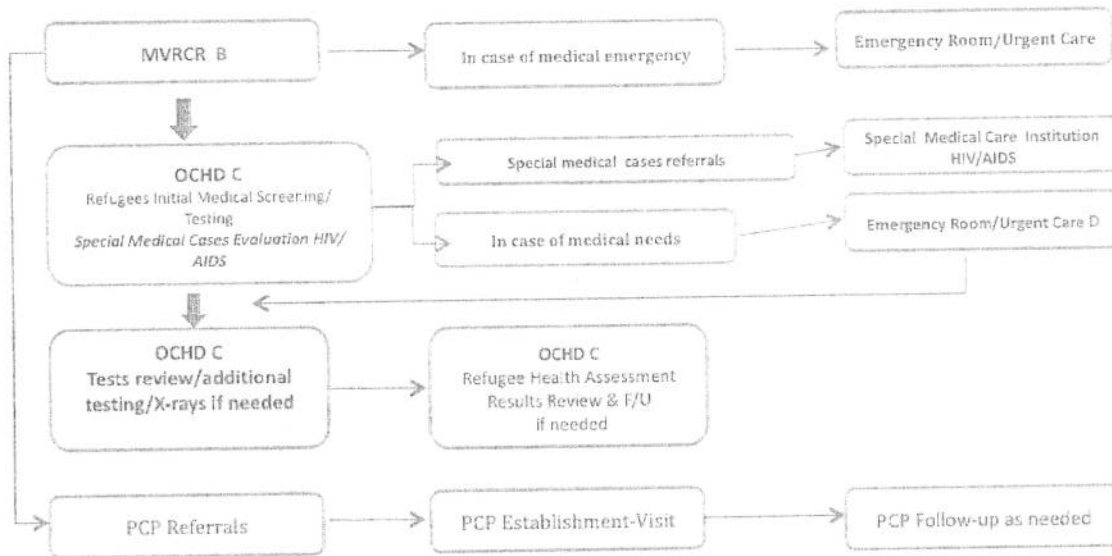
There is a 30 50% no show rate for appointments due to either lack of transportation or to the fact that for many refugees regular preventive health visits are not the norm. There is a paucity of primary care practitioners and specialists who accept Medicaid. Most needed are dental, vision, and mental health practitioners. Another issue is insurance coverage; Medicaid coverage for most refugees extends for only one year.

Onondaga County Health Department (OCHD) **(F1)** plays a public health role as well as provides limited service to refugees. Here in Syracuse, refugees can be seen in the Tuberculosis, Immunization and Sexually Transmitted Disease (STD) clinics. There are regularly scheduled vaccine clinics on Thursdays at the OCHD Slocum Avenue location and additional clinics are arranged to address the backlog related to children needing immunizations to remain in school. Clinics are difficult to plan due to interpretation needs, transportation issues, and lack of records.

Best Practice Comparison: Refugee Health Services Utica, NY and Syracuse

In researching best practices and in conversations with the NYSDOH, one program in NYS was repeatedly mentioned. As in Syracuse, the refugee population of Utica has been growing since the late 1970's. Utica has a population of 59,082 with an estimated 550 refugees coming in 2009; recent arrivals include Burmese and Ukrainians. From 2004 to 2008, Utica has resettled 2049 refugees while in Syracuse there were 2570 refugees taken in.

UN High Commission / US Refugee Process Center / Int'l Org for Migrants (A)
Arrival in Utica, NY
Refugee Health Flow Chart



The flow chart above demonstrates the various steps the refugees take after arrival in Utica. It is labeled alphabetically to correspond with the following paragraphs.

There is only one refugee resettlement agency in Utica: **Mohawk Valley Resource Center for Refugees** (MVRCR) **(B),** affiliated with the Lutheran Immigration and Refugee Service network. Services include refugee resettlement activities such as housing, basic needs and employment. They also have another division that encompasses their fee for service departments. This division is known as COMPASS (Navigating Culture, Language and Business) and deals with immigration and citizenship needs (filling out paperwork for visas, green cards, etc.), interpretation and translation, and cultural competency consulting and training.

Monies come into the agency from the Federal government for resettlement costs, and from the state through the Bureau of Refugee and Immigrant Assistance (BRIA) for employment, immigration and citizenship, and newly arrived refugees. Additional income comes from the fee for service departments.

MVRCR used to provide 30 days free interpretation to the Oneida County Health Department; however, the cost became prohibitive for the agency. Currently the Health Department has a contract with MVRCR for interpretation provision.

Usually there is a two–week warning that refugees are coming (similar to Syracuse). There are 3 case coordinators who work with 3-5 caseworkers who are culturally competent and trained via on the job training or other methods. They coordinate primary care appointments as well as housing, employment, school enrollment, and other basic needs (DSS, PA, social security applications, letters to DMV for state ID).

Training in medical interpretation and translation is provided by the MVRCR using the program *Bridging the Gap (BTG)*.[8] The Mohawk Valley Resource Center for Refugees is a Level 1 BTG agency authorized to train staff and contracted employees only. Currently the MVRCR has 4 to 5 full time interpreters in Karen (Burmese) in addition to other languages.

MVRCR also holds cultural orientation sessions for clients around medical services. Issues discussed include when and how to access interpreter and emergency medical services.

The **Oneida County Health Department (C)** provides the initial health assessment of the refugees usually within 10 to 14 days. In Syracuse, that initial assessment is done within 30 days. This assessment is the same as in Syracuse and includes a physical exam, hemoglobin testing, Tb screening, stools for ova and parasite and a check of hepatitis status. Initial vaccines are given at the Health Department and entered into NYSIIS (New York State Immunization Information System). Subsequent vaccines are given at St. Elizabeth's Family Practice Clinic. If the Oneida County Health Department does follow-up vaccines they can bill NYS (Medicaid) for the additional vaccines. Any tests that are not part of the initial assessment can also be billed to Medicaid. Immunization clinics are also held on Wednesday at MVRCR.

If the patient is sick, he/she is sent to the Urgent Care facility or the Emergency Department at St. Elizabeth's Hospital **(D)**. There is no Federally Qualified Health Center in Utica as there is in Syracuse.

At the Oneida County Health Department there is one supervising MD (not on site), 2 nurse practitioners, and 2 nurses. They see eight (8) patients, sometimes more depending on need and new arrivals. There are two clinic days, Tuesdays (for initial visits) and Thursdays (for follow-up). In Syracuse, the supervising MD is also not on site; there is only one nurse practitioner and two to five nurses depending on how many the nurse practitioner hires for the clinic session. Syracuse holds clinics only on Tuesdays and sees up to fifty (50) patients per session.

The assessment in Utica is reimbursed at the same rate as in Syracuse. Immunizations are done through VFC program for children and vouchers are submitted to Medicaid for the adult vaccines.

Oneida County forwards the initial health assessment copy to MVRCR, which then coordinates medical appointments for the refugees at the Hobart St. Clinic.

Of note is that the CNY regional office of NYS DOH office monitors both the Syracuse and Utica refugee programs.

St. Elizabeth's Family Practice Clinic (D) on Hobart St. has days set aside for regular and new patients (visits are scheduled for 1 hour blocks). There is a 2 week delay in getting

[8] http://www.xculture.org/BTGwelcome.php

appointments. All appointments are made by Mohawk Valley Resource Center for Refugees (MVRCR) interpretation and translation office. Part of the interpretation and translation service is to follow-up with clients, phone reminders regarding appointments, and to explain medications and dosing. This is included in the fee for service, which is usually an hourly rate with bulk rates available. The clinic does not receive any additional funding from NYS, their only reimbursement is Medicaid.

In the past Faxton–St. Luke's Healthcare shared the refugee caseload but providers who took care of the refugee patients have left the area and, in addition, the facility is some distance from the refugee center.

The system to enroll refugees in healthcare works well in Utica since there is a tight network of 3 providers (MVRCR, Oneida County HD, and St. Elizabeth's) in one neighborhood (all within a 2 mile radius). Transportation is not a big issue in Utica, many refugees can walk to the facilities or find someone to transport them.

Informal consortium meetings with the Family Practice Clinic, Health Department and MVRCR occur at least twice a year and as needed. Meetings are initiated by MVRCR.

Here in Syracuse, the system is larger and more widely spread. We have two resettlement agencies. There is only one nurse practitioner doing the initial health assessment and one coordinator for primary care appointments. Primary Care practices are scattered throughout the city. Refugees are scattered throughout the city depending on where affordable housing is available. (These areas tend to be in the poorer, more run down sections of Syracuse).

Interpretation and Translation

Language barriers are complex and numerous due to the many dialects needed. At last count, there is a need in Syracuse for interpreters in 64 languages. MAMI (Multicultural Association of Medical Interpreters) provides medical interpretation services in the Syracuse and Utica area for

non English speakers. The Refugee Assistance Program (RAP) will provide interpretation assistance for a year beginning at the time of refugee arrival to the US. After that the clinics must depend on telephone interpretation lines or families. One issue is the lack of training for the RAP interpreters; most are not certified in medical interpretation. Another is the uncertainty of the level of training of the telephone interpreters.

Studies have shown that when interpreters are not trained there is very high percentage of errors. Most common are errors of omission in which the interpreter leaves out an important piece of information. These are followed by errors of false fluency where the interpreter uses words or phrases that don't exist in a specific language. Additional errors are caused by substitution, editorialization and addition of words or phrases. Many errors have potential clinical consequences.

There are two financial issues in medical interpretation: one is the cost of adding medical interpreters to the cost of health insurance. The other is the cost of medical malpractice awards if proper interpretation is not provided. In Florida, there is a $71 million lawsuit against a hospital that began when medical staff misinterpreted a patient's symptoms. "When a patient explained that he felt nauseous ("intoxicado," which has several meanings), they assumed he was under the influence of drugs or alcohol. The patient was eventually diagnosed with a brain aneurysm and became quadriplegic."[9]

Currently there is no national standard of certification for medical interpretation. However, the National Board of Certification for Medical Interpreters has instituted a pilot phase for a National Medical Interpreter Certification. The Board will award individuals a certificate as a Certified Medical Interpreter (CMI) in a specific language if they successfully pass prerequisites, the National Board Written Exam, and the National Board Performance Exam.[10]

There are programs across the country that can be used to train medical interpreters. One used locally is *Bridging the Gap (BTG)*, which was developed in Seattle, Washington in the 1990's. The course covers basic interpreting skills, information on health care, culture in interpreting, communication skills for advocacy and professional development. There are two levels of licensing: the basic or Level 1 BTG licensed agency is authorized to train staff and contracted employees only. The Mohawk Valley Resource Center for Refugees in Utica, NY is a Level 1 agency. Intermediate or Level 2 BTG licensed agencies are authorized to train interpreters from their local community. Finger Lakes Migrant Health Care Project in Geneva, NY is a Level 2 agency.[11]

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[9] http://www.spokentranslation.com/news/pdf/LanguageBarriersMedicalMistakes.pdf

[10] http://www.reuters.com/article/pressRelease/idUS204680+14-May-2009+BW20090514

[11] http://www.xcuture.org/BTGLicensed.php

Refugee Project Subcommittees

In its discussions the **Initial Access Subcommittee** came to the conclusion that in order to facilitate communication amongst the multiple health providers a portable medical record (PMR) would need to be devised. They used the Onondaga County Health Department (OCHD) Lifeline record as a starting point (The OCHD Lifeline is a wallet–sized record designed for elderly patients that contains pertinent medical information: past medical history, immunizations, medications, etc.). The committee reworked the document to fit refugee needs. This record would ease communications between the NYSDOH and primary care practitioners. The only unresolved issue remaining for the committee is who would be responsible for filling out the record.

The subcommittee also determined that there was a need to identify other facilities that would see refugee patients. To this end, they devised a survey (see appendix) to identify other providers and their capacity to see refugee patients. Questions remaining are how to disperse the survey and who will collate the data.

The **Language Access Subcommittee** reviewed interpretation and translation programs in several cities (Anchorage, Alaska and San Francisco, CA to name two) and looked at community wide interpreter services that could be replicated in Syracuse. They have devised a pilot project that would serve one or two sites and attempt to meet all the language needs at those sites. The pilot will include a transportation service coordinated with interpreter services and across provider organizations. It would also set up and evaluate an interpreter dispatch system that would include measures to reduce wait time for interpreter arrival in emergency situations.

In this pilot program, the insurance company, Excellus Blue Cross/Blue Shield, would assign their already existing "Care Managers," who currently assist patients with serious illness challenges, to refugees experiencing challenges with language barriers. The insurance provider would provide an interpreter to accompany the care manager.

The pilot will explore cost-sharing models and include procedures to evaluate outcomes. Excellus Blue Cross/Blue Shield has agreed to meet with the Language Access Subcommittee to further discuss this proposal.

The **Transportation Subcommittee** met with the Medicaid provider of transportation to assess how determinations of transport are made. There is one company that acts as the broker for arranging transportation. They make the appointments and then arrange with local taxi companies to provide the service. The committee found that transportation could only be provided in cases of medical necessity, that is to say, a medical situation where taking public transportation is not feasible. Appointments for transportation are made through the doctor's office or by the Refugee Assistance Program medical coordinator since there are no multi-lingual workers at the broker's facility. This means that the doctor's offices and the RAP Medical Coordinator needs to make transportation arrangements in addition to primary care

appointments. Questions remain regarding Medicaid managed care providers and their transportation agreements.

Summary

In speaking with the resettlement agencies and with the providers there is a clear sense of frustration with the current refugee health care system in Syracuse. The agencies' frustration lies in not being able to access timely health care for the refugees. The providers' issues include not being able to provide timely health care due to lack of information from the initial health assessment. Additionally, quality of care, specifically the cursory nature of the initial health assessment and the repeated administration of vaccines due to lack of records, is a problem. There is only one nurse practitioner providing the initial health assessment and one person to coordinate medical appointments and limited capacity of primary care providers to expand their numbers or facilities.

As health departments across the nation are moving away from provision of direct services to a more public health model, the capacity of some cities, including Syracuse, to deal with refugee health issues may be compromised. This begs the question of the continued capacity of the communities to take in more refugees.

Recommendations on Improving the System

Next Steps:

- A **portable medical record** would be of great benefit in providing information on immunizations and lab results needed by the primary care providers. This would address the providers' need for information to appropriately treat patients. It can be easily filled out by the resettlement agencies (they have access to the initial medical forms) and updated by the primary care practitioners. This record may also be Internet based with appropriate security safeguards.
    - The Onondaga County Health Department has volunteered to print 1,000 of the records. The Initial Access Committee is seeking funding for the wallet–sized plastic cases for the records.

- Primary Care Providers and the NYSDOH Designated Nurse Practitioner (DNP) will develop an initial assessment and treatment **protocol collaborative** to develop treatment protocols for the DNP. Primary Care Providers can determine which conditions can be treated by the DNP and decide on appropriate follow up until patients are seen in the primary care office. This would avoid delays in responding to abnormal lab results. This can be part of a larger Quality Improvement (QI) collaborative currently underway in CNY that is modeled on the Western NY regional QI capacity building initiative of the P^2

Collaborative of Western NY and the Community Health Foundation of Western and Central NY.

- Engage the Mohawk Valley Resource Center for Refugees (MVRCR) to **assess** the efficiency and effectiveness of the existing **referral system in** Syracuse. This report may include but not be limited to examining the structures of the existing agencies, the roles of workers, existing or potential collaborations, and implementation of QI recommendations.

- Develop **Medical Interpreter Training**. Using the best–practices program, *Bridging the Gap*, develop a local level 2 agency that would train community members as certified medical interpreters. Fees charged for the training would ensure sustainability. This training would provide the community with trained medical interpreters and in addition, would provide employment opportunities for refugees.

Long–term Recommendations:

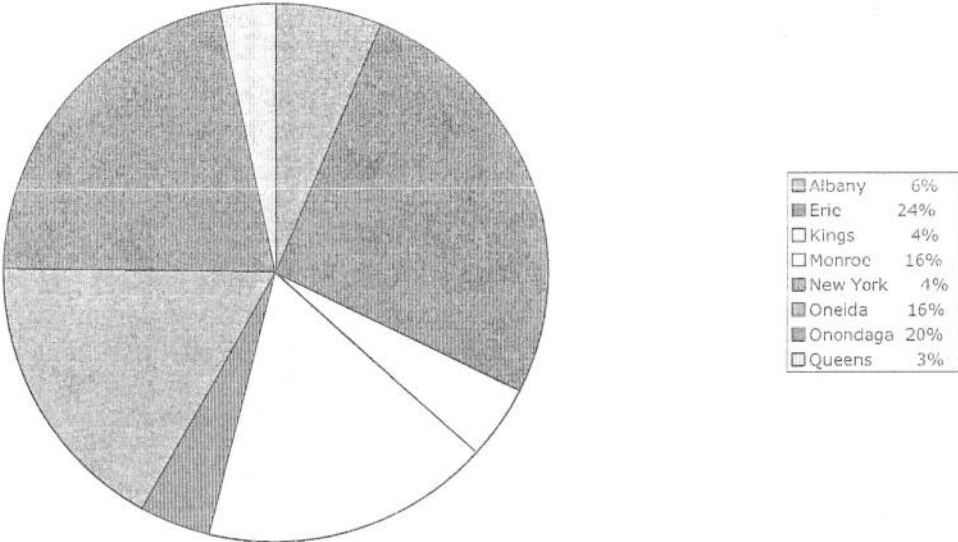
- Based on the work done for the QI collaborative, create a **plan** to support continuous quality improvement.

- Implement the recommendations of the MVRCR report. Create a forum for meeting with all parties invested in refugee care (agencies, primary care practitioners, area hospitals, school district, state and county DOH). The objective of the Task Force would be to further develop the recommendations of the MVRCR that are needed to coordinate refugee health services.

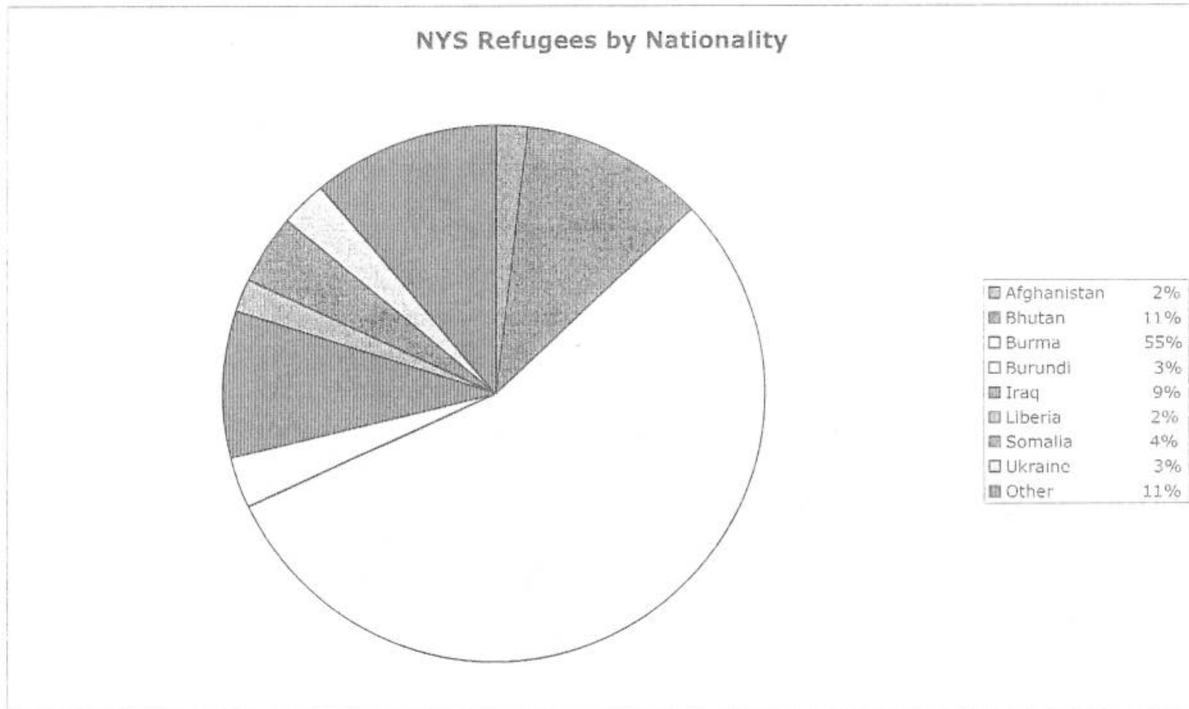
- Develop a clinic solely devoted to refugees for basic health care needs. This would require collaboration and coordination on a large–scale effort by area hospitals and health care providers and reduce the delay in making referrals to primary care providers.

- Develop a focused assessment of the vision, dental and mental health needs of the Syracuse refugee population.

NYS County Data Refugees Settled in FFY 2007-2008



Appendix



[12]

Funding

The Federal government through the Department of Health and Human Services Administration for Children and Families Office of Refugee Resettlement sends monies to the states. In NYS, it is the Office of Temporary and Disability Assistance **Bureau of Refugee and Immigrant Assistance** (BRIA) that administers the Targeted Assistance Grants and the Refugee Social Services Program (RSSP). BRIA is the state agency responsible for the implementation of services to refugees and for the administration of programs targeted at immigrants. [13]

RSSP provides services to Refugees, Asylees, Cuban and Haitian Entrants, Trafficking Victims and certain Amerasian Entrants during their first 60 months of eligibility in the United States. RSSP provides job skills and placements, and transitional supports to help with any impediments to employment and self-sufficiency.

New arrivals receive up to four months of temporary public assistance from The Federal Office of Refugee Resettlement.

Vaccines for Children (VFC) Program

Implemented in 1994, the Vaccines for Children (VFC) Program was designed to improve

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[12] http://www.otda.state.ny.us/main/bria/arrivaldata.htm

[13] http://www.otda.state.ny.us/main/bria/

vaccination coverage levels by providing vaccines at no cost to VFC-eligible children through public and private providers enrolled in the program. The VFC Program allows the government to buy vaccines at a discount and distribute them to states, which then distribute them to private physicians' offices and public clinics to give to children who meet the eligibility requirements. Categories of eligible children aged less than 19 years include:

- Medicaid recipients (both fee-for-service and managed care)
- Uninsured
- Underinsured (their insurance doesn't cover immunizations)
- American Indians/Alaskan Natives[14]

INITIAL ACCESS SUBCOMMITEE QUESTIONAIRRE

NAME

FACILITY ____

CONTACT NUMBER ______________________________________

Are you accepting new Refugee patients? YES [ ] NO[ ]
Adults only Children Only Adults and Children

If no, would you like to see new refugee patients? YES [ ] NO[ ]

[14] http://www.cdc.gov/vaccines/programs/vfc/default.htm

Are there barriers at your facility that will not allow you to see new refugee patients at this time or limit the number of new patients you are able to accept?
Comments

Do you have designated refugee clinic days/hours? YES □ NO □ If yes, when?

____

____

How long is your current wait time for a new refugee patient appointment from time of arrival in the US? ____________

Is there a specific contact person at your facility for scheduling appointments?
YES□ NO □
Name ____________________ Phone Number ______________

Approximately how many new refugee patients are you able to accommodate on a monthly basis? ______________________________

COMMENTS____

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