The OPTIMISE Partnership: improving accessibility, quality and coordination of primary health care for refugees in Australia

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Context

Australia's newly arrived refugees have initial health care needs addressed by refugee focused health services (RFHS) and mainstream general practices. Refugees can transition from RFHS to mainstream GPs for ongoing care. This system is under strain: many RFHS are operating at capacity, transition to general practice is inconsistent, and mainstream general practice is challenged to provide high quality care to this vulnerable population.

Aims & Objectives

Our overall aim is to generate a model of integrated refugee primary health care suitable for uptake throughout Australia. This project builds on earlier work to describe existing models of care and barriers to transitioning vulnerable consumers. We will develop, evaluate and translate into policy and practice, a collaborative, system-oriented approach to:

1. Increase the accessibility of refugee focused health services.
2. Optimise systems for transferring refugee clients at appropriate times between these services and mainstream primary care.
3. Increase the ability of mainstream general practices to deliver high quality primary care to refugees.
4. Develop capacity amongst academics, decision-makers and clinicians to enable ongoing improvement to the system of health and social welfare services appropriate for the care of refugees in the community.

Methods

Design: Cluster randomised, quasi experimental quality improvement intervention with mixed methods evaluation

Setting: Three Australian regions characterized by high refugee resettlement: South East Melbourne, North and West Melbourne and South West Sydney (Figure 1)

Partners: 11 partner organisations (representing peak and professional bodies, primary health care organisations, refugee focused health services and settlement services) and 4 academic institutions.

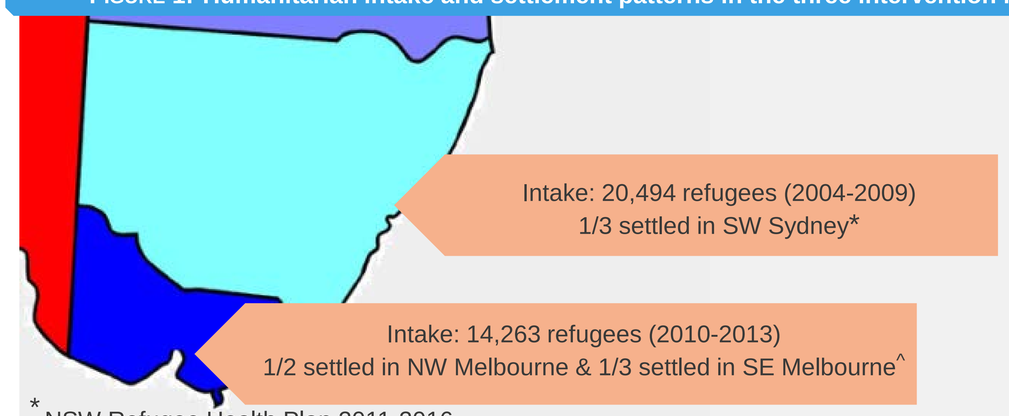
Research Plan: Regional Partnership Teams (RPTs) will be established and will comprise an academic lead, representatives from each of the partner organisation types and additional regional stakeholders from policy, practice and community backgrounds.

Regional Partnership Teams will collaboratively:

- conduct *contextual mapping at the system, regional and organisational levels* to identify gaps in approaches to the care of refugees in primary care settings.
- design and *implement an outreach practice facilitation intervention* directed at refugee focused health services and mainstream primary care to improve service accessibility, processes for client transition and quality of care
- inform our approaches to *quantitative evaluation of impact, qualitative exploration of implementation process* and *in-depth economic analysis.*

Principles: Participatory research[1], implementation science[2], Normalisation process theory[3] and outreach practice facilitation[4].

Figure 1: Humanitarian intake and settlement patterns in the three intervention regions.



* NSW Refugee Health Plan 2011-2016
^ The Victorian Refugee and Asylum Seeker Health Action Plan (2014-2018)

Table 1: Partner Organisations categorised by intervention region.

Region	Partner Organisations
South West Sydney (University of NSW led)	South Western Sydney Primary Health Network NSW Refugee Health Service Settlement Services International
South East Melbourne (Monash University led)	South Eastern Health Providers Association Monash Health AMES Australia
North West Melbourne (La Trobe University led)	North West Melbourne Primary Health Network cohealth AMES Australia
State & National	Victorian Department of Health and Human Services Victorian Refugee Health Network Royal Australian College of General Practitioners

Contribution to Policy, Practice and Research

Our partnership will generate robust, regionally relevant improvements to systems of care for refugees; create a framework for adapting interventions to local contexts to address health system gaps; generate knowledge on practical participatory research strategies, and develop primary health care system capacity to facilitate ongoing improvement in approaches to caring for refugees in the community.

Case Study: Before and After

Before: Abdul arrived in Melbourne in 2015. He's struggling emotionally and is anxious for his family back in Afghanistan. Feeling abdominal pain one day, he visited a nearby doctor's clinic. Although everyone seemed friendly, Abdul found it hard to communicate in English and became worried that he wouldn't be understood, so he left without seeing a doctor. The pain continued, and, when a friend told him that the hospital had interpreters, Abdul went to the Emergency Department instead.

After: Abdul's wife Fatima and children Ahmed and Ghazal join him in 2018. Their settlement worker takes them to the local community health centre (CHC), where they receive a health assessment. After 6 months, staff transition them to local GP clinic (the same one Abdul went to years ago). The receptionist gives them a Dari language pamphlet with clinic information on arrival and the doctor uses a telephone interpreter to communicate with them. The doctor looks through the family's medical records from the CHC and finds that Ghazal is due for her next hepatitis vaccination. Abdul is relieved to know that there is a doctor nearby who knows his family and can care for them if they become unwell in the future.

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