



Panel 1:

Refugee Health Integrated Care Teams (RH ICT)

Presenters:

• Tara Groves-Taylor	CEO	Community Healthcaring Kitchener-Waterloo
• Wajma Attayi	Director, Primary Care	Community Healthcaring Kitchener-Waterloo
• Mayada Abou Warda	Manager, Primary Care	Community Healthcaring Kitchener-Waterloo

Description:

The Refugee Health Integrated Care Team (RH ICT) aims to assist refugee patients as they move from transitional refugee clinics to permanent primary care practices (PCPs) and to support the receiving clinics. The ICT program comprises an interdisciplinary team (case workers, pharmacists, home care coordinators, refugee clinic staff), primarily supported and funded by our local Ontario Health Team (KW4 OHT) with significant in-kind contributions from multiple agencies.

Objectives include transitioning 300 refugee patients in year 1, providing refugees with easier access to community resources through a team-based approach, and supporting PCPs in accepting refugee patients. The program was funded in October 2021, launched in January 2022 during the Omicron wave of the COVID-19 pandemic, and funding concluded in January 2023. External and in-kind funds have enabled some components of the program to continue into Spring 2023.

Session objectives and learning outcomes:

- Transition 300 complex-stable refugee patients to permanent non-team-based primary care
- Utilize a multi-disciplinary/inter-professional team approach in supporting patients and non-team-based primary care providers

Full description:

CHALLENGE:

There is a significant shortage of team-based primary care providers in Waterloo Region; a prominent challenge also identified across the province. Currently, only 10-20% of Waterloo Regions population are attached to permanent primary care providers. As a resettlement community, the Region has seen a 3-fold increase in newcomers over the past 3 years and is growing. Further, almost 70-90% of these new arrivals do not speak English or speak limited English. The unattachment to permanent primary care, with multiple acute and 2-4++ chronic conditions, along with the language barriers pushed organizations to find innovative solutions.

ACTION:

Multiple community agencies and bottlenecked transitional refugee clinics rallied for a call to action to find a solution. As a community with over 260 non-team-based primary care providers, a team-based approach was identified as a potential solution. Hence a team-based approach both in-person and virtual was proposed to serve the non-team-based primary care providers in the community. A pilot called the Refugee Health Integrated Care Team (RH ICT) was developed that supported the transition and attachment of complex but stable refugees to non-team-based primary care providers. The goal was to transition 300 patients within the first year.

IMPACT:

Within the first 6 months of the RH ICT over 400 patients were transitioned and successfully attached to new non-team-based primary care providers. Since the beginning of the program, and in 2.5 years, over 1200 patients have been attached.

TRAJECTORY:

Multiple community, settlement, and health clinics including non-team-based primary care providers and their staff, have been continuing to co-design, and support the developments of the RH ICT program. The past 2.5 years, served many lessons learned, which have been adapted and implemented as the program continues today.

See reports:

https://www.kw4oht.com/files/ugd/892206_545024d4514d4529af6b26ab3719571c.pdf

Detailed report:

https://www.kw4oht.com/files/ugd/892206_2594efe11c8a4330a4f4c4496e134187.pdf

Currently, multiple grant opportunities have been submitted to date (N=2-3) and are currently waiting for responses.