



ABSTRACT

Introduction: Current literature suggests that the patient-centered medical home is an optimal model for primary care. The medical home is focused on a model of care where the patient is central and the individual is treated as a whole person—body, mind, spirit, sociocultural. Based on this literature, we initiated a conceptual plan necessary for a comprehensive approach to refugee health care.

Objective: The objective of this project is to identify the primary areas of service necessary to develop a refugee medical home.

Methods: A group of faculty from the Global Health Center reviewed the current literature on patient-centered medical home. Combined with our experiences regarding the care of refugee populations, a series of brainstorming sessions occurred to identify the most important services necessary in the development of a refugee medical home.

Results: Our work identified the following seven services as critical for a refugee medical home: 1) refugee-centered care; 2) team approach to care; 3) comprehensive care; 4) coordinated care; 5) access to care; 6) quality care; 7) safe care. Primary elements for each of these services were also identified.

Conclusions: In this project, we identified the roadmap of services necessary to implement a refugee medical home. We think that the medical home approach will be critical to achieve the goal of holistic care for the refugee resettling in Louisville.

INTRODUCTION

According to the Kentucky Office for Refugees, over the past ten years, Kentucky has resettled more than 20,000 refugees and anticipates resettling more than 3,000 in 2015, making it 14th in the nation in terms of refugee arrivals. Louisville resettles approximately 85% of Kentucky's incoming refugees annually.

The health burden of refugees is great, with many refugees facing severe and complex medical conditions. In addition to infectious diseases, refugees are at high risk for chronic, mental, and oral health conditions. According to the 2014 Kentucky Refugee Health Assessment Report, of the refugees screened from January to December 2014, 14% were positive for tuberculosis, 20% were positive for parasitic infections, 28% had an abnormal vision exam, 14% were survivors of torture, 24% had a positive mental health screening, and 66% had an abnormal dental exam¹. Existing barriers to health care make it difficult to address the needs of the multi-cultural Refugee population.

In an attempt to reach higher quality of care in patients with complex conditions, a new model for primary care is emerging in the US, the patient-centered medical home (PCMH). PCMH is a theoretical model of care designed to improve access to care using a partnership approach with families, practitioners, and patients². This is best done in a setting that provides care led by a competent healthcare provider in conjunction with a multidisciplinary team capable of addressing healthcare needs in a culturally appropriate manner.

OBJECTIVES

The objective of this project is to identify the primary areas of service necessary to develop a refugee-centered medical home.

MATERIALS AND METHODS

A group of faculty from the Division of Infectious Diseases at the University of Louisville reviewed the current literature on patient-centered medical home. Combined with our experiences regarding the care of refugee populations and experiences in working with a patient-centered medical home model for care of patients with HIV/AIDS, a series of brainstorming sessions occurred. The purpose was to identify the most important services necessary in the development of a refugee-centered medical home model of care. A review of the literature supported the service areas identified through the brainstorming sessions.

RESULTS

Considering the most important functions described in the patient-centered medical home literature focusing on other vulnerable populations, we constructed our Refugee-Centered Medical Home model based on the seven services as outlined in Figure 1. Each one of these services is highly interdependent, interconnected, and incorporates strengths across all Schools and Colleges at the University of Louisville for a holistic approach (Figure 2).

The primary elements for each of these seven areas were identified as follow:

1. Refugee-Center Care: Since the refugee is at the center of care, the refugee should be a "member" of the health care team. The refugee should be educated and well informed regarding his/her medical condition and should be an active partner in the development of the care plan.
2. Team Approach: For each refugee there is an established primary care provider. This provider should be recognized by the refugee and family and is the lead person of the patient's health care team. The health care team provides health care that is coordinated and is clearly defined.
3. Comprehensive Care: The primary care provider and the health care team recognize that care should include the whole person-body, mind and spirit.
4. Coordinated Care: Care should be coordinated across all components of the larger complex health care system. These include the primary care clinic, the specialist clinic, the hospital, the extended care facility, and all the community services and support services.
5. Access to Care: The goal of the Refugee Medical Home is to deliver services that will be readily accessible to patients regardless of time or day of the week. Access to care also includes access to specialty care and to health records.
6. Quality Care: All members of the Refugee Medical Home should be committed to quality performance and clinical quality improvement.
7. Safe Care: Refugees, families, and all health care workers should interact in a protected and secure environment.

RESULTS

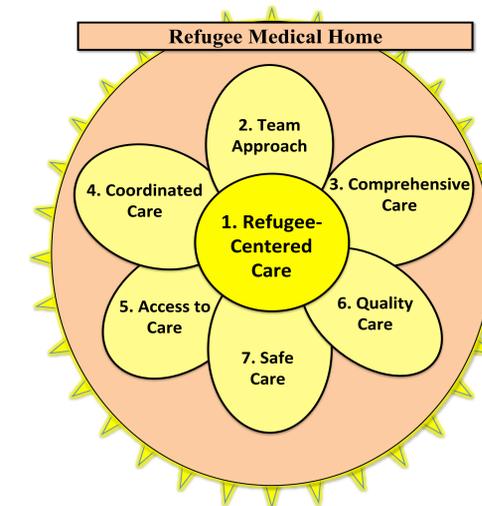


Figure 1. Refugee-Centered Medical Home Care Model

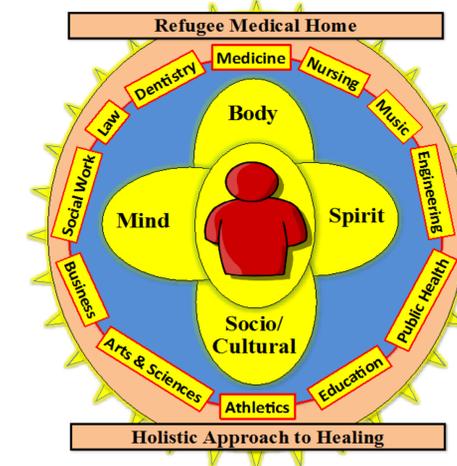


Figure 2. Refugee-Centered Medical Home Care Model with Holistic Approach to Healing

CONCLUSIONS

The refugee population is a vulnerable population and resource needs are great and care needs are intricate and costly. The Refugee-Centered Medical Home uses a holistic approach to healing, with an emphasis on the mind, body, spirit, and social-cultural environment. Care is delivered by a multidisciplinary care team with expertise in culturally diverse populations. The intent of the Global Health Center is to use this model to address the needs of the refugee population as well as other populations seeking care in the Global Health Center.

REFERENCES

1. UL Global Health Center (2014). State of Refugee Health in Kentucky, 2014. Retrieved on October 15, 2015 from <http://globalhealth.center/rhp/state.php>.
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