Addressing the Needs of Complex Medical Cases: IRC Maryland Model

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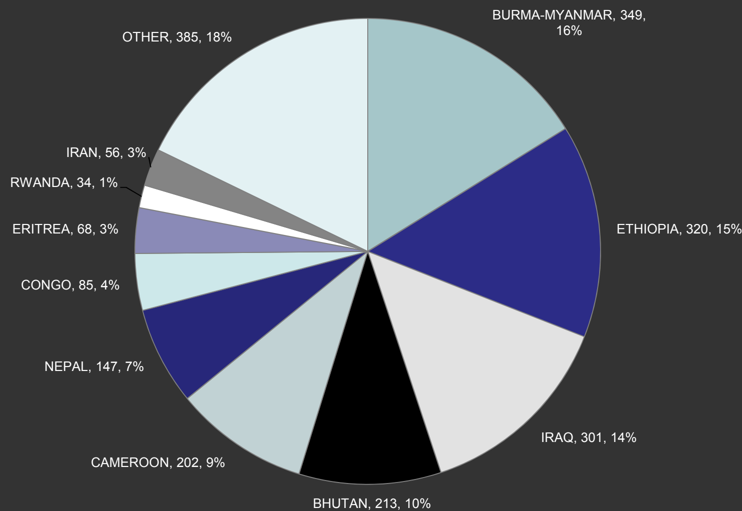
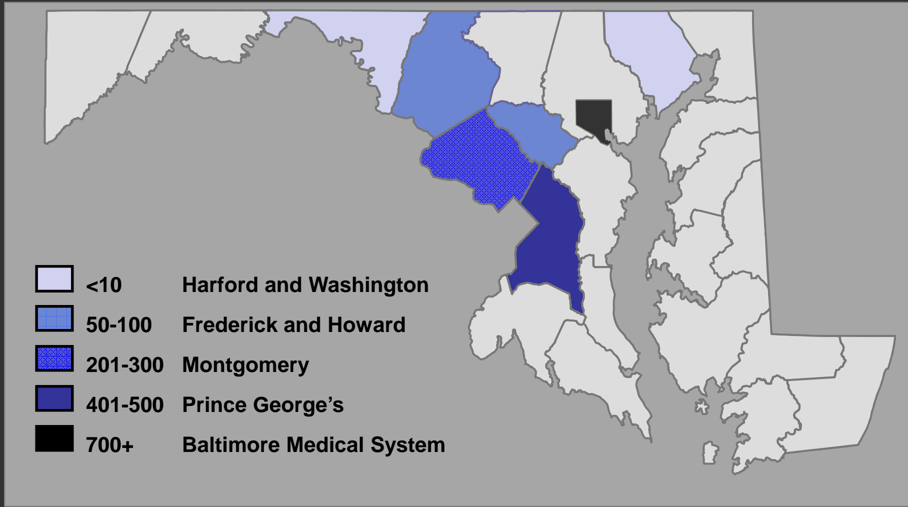
Maryland Overview

Refugee Arrivals by Country, 2010



Maryland Overview

Refugee Arrivals by County, 2010



Refugee Health Screenings

- Primarily conducted at local health departments and one FQHC
- Focused mostly on refugee health assessment; communicable diseases
- Some referrals to other local health department services; varies by jurisdiction
- Complex medical cases seen by??

Case Example

I.T., a 20-year old Congolese male, arrived in September 2009. According to his overseas medical records, I.T. has epilepsy (with a history of attacks since 2003) and left-sided hemi paresis (walks with a limping gait and demonstrated weakness on the left hand side). With this condition, I.T. should have met with a specialist within 4-6 weeks post arrival.

In October, I.T. completed his initial health screening, at which a referral was made to a specialist for I.T.'s condition. Over the next three months, I.T.'s referral languished in negotiations between the physician, hospital, and insurance company.

I.T.'s condition had made it impossible for his mother (a single parent of 6) to work as I.T. needs constant care when he is not in school. I.T.'s mother also expressed difficulty attending her daytime English classes because she would arrive home after I.T. returned from school.

Frustrated by the situation, I.T.'s IRC case manager referred him to the Public Health Program in January 2010. The Public Health Team contacted the providers, attended medical appointments, and ensured I.T. had the neurology appointment he'd been waiting four months for.

While I.T.'s case eventually made progress, treatment was unnecessarily prolonged and four months of Refugee Medical Assistance coverage was wasted because of delayed referrals and lack of coordinated care.

IRC Special Health Needs Program

- Program began October 2010; Funding through September 2013
- Funding by ORR Preferred Communities Program
- Located within Public Health Programs of IRC Baltimore and IRC Silver Spring
- Aim: To provide special needs care coordination and support services for medically vulnerable refugees and asylees

Medical Conditions of Special Needs Clients

Condition	No. of clients
Complex Medical/Surgical	15
HIV/AIDS	13
Physical Disability	12
Cardiac Conditions	9
Developmental Disability	8
Pregnancies* (IRC-Silver Spring only)	8
Mental Health	8
Cancer	5
Severely Malnourished	1

IRC Special Needs Care Coordinator

- Medical Care Coordination
  - Health intake and consultations
  - Client care plan
  - Partnership with IRC case management
  - Special Needs Volunteers and Interns
- Partnerships and Advocacy
  - Patient advocacy
  - Partnership with LHD, providers
- Health Education and Resources

Client Care Plan

Core Competencies
Can you describe your primary diagnosis?
Can you describe any other health problems?
Can you tell me who your primary doctor is?
Can you tell me which MCO you are enrolled ?
Can you make a doctor's appointment on your own?
Can you get to the doctor's office on your own?
Can you tell me medications you are taking?
Can you tell me how to properly take those medications?
Can you tell me how to fill your prescriptions?
Do you feel you have your health concerns under control?
Necessary Skills and Education
Personal Health Goals

Partnership - Local Health Departments

- COMMUNICATION
  - Regular bimonthly meeting with Refugee Health Coordinator, LHDs, IRC Health Staff
  - Priority health screening for complex medical cases
  - Feedback on identification of special health needs from RHA
  - Development of Refugee Health Assessment Discharge Summary

Partnership - Local Health Departments

- COLLABORATION
  - Consultation with LHD staff regarding referrals for community health services
  - Bimonthly meeting of Refugee Health Workgroup (DHMH and IRC) to identify specific needs
  - Development of 'Roles and Responsibilities' document for DHMH, LHDs, and VOLAGs
- TRUST
  - All have refugees' best interests at heart

Case Example

N.B., a 7-year old Eritrean boy, arrived in October of 2010. On December 1st, he was diagnosed with an atrial septal defect (ASD) by cardiology at Johns Hopkins Hospital. The family was instructed to schedule a follow-up appointment in one month to determine if surgery would be necessary. Unfortunately, this information was lost due to challenging communication between the doctor, the family, and the IRC Caseworker.

In late January of 2011, IRC's Special Health Needs Program assigned 2 nursing students from the Johns Hopkins University School of Nursing (JHU-SON) to work with this family as Special Needs volunteers. The students were assigned initially to work with N.B.'s mother, who is HIV positive and a single parent of three. N.B.'s own health diagnosis and need for follow-up was not clear at this time. As IRC's Special Needs Care Coordinator (SNCC) began in early February, the nursing students informed the SNCC soon after about N.B's recent diagnosis. The SNCC immediately began coordinating follow-up appointments at JHH.

On April 14th, N.B. successfully underwent surgery to mend the hole in his heart. Without the assistance and specialized attention of the SNCC and the nursing students, the lack of follow-up with this client could have led to serious long term health effects.

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This team is key to our collective success