

POLICYLAB

April 3, 2018

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PRESENTERS



Katherine Yun, MD, MHS

Faculty Member, PolicyLab at Children's Hospital of Philadelphia,
Assistant Professor of Pediatrics at Children's Hospital of Philadelphia
and the University of Pennsylvania Perelman School of Medicine



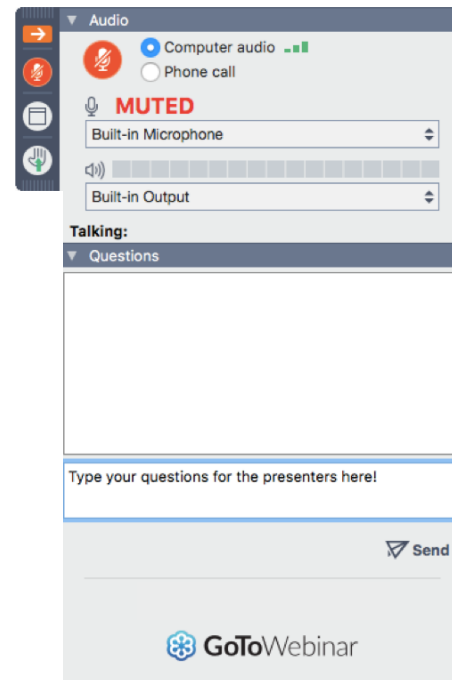
Blain Mamo, MPH

Refugee Health Coordinator, Minnesota Department of Health

Disclosures: No financial conflicts of interest

HOUSEKEEPING

- Use the “Questions” tab for any questions throughout the webinar
- We will be showing two short videos as part of the presentation; sound playback is limited to computer audio
- Find the archived webinar on PolicyLab’s website and YouTube page on April 4th
- Please fill out the post-webinar survey



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April 3, 2018

REFUGEE HEALTH CARE IN THE UNITED STATES

Katherine Yun, MD, MHS, and Blain Mamo, MPH

PolicyLab Webinar Series

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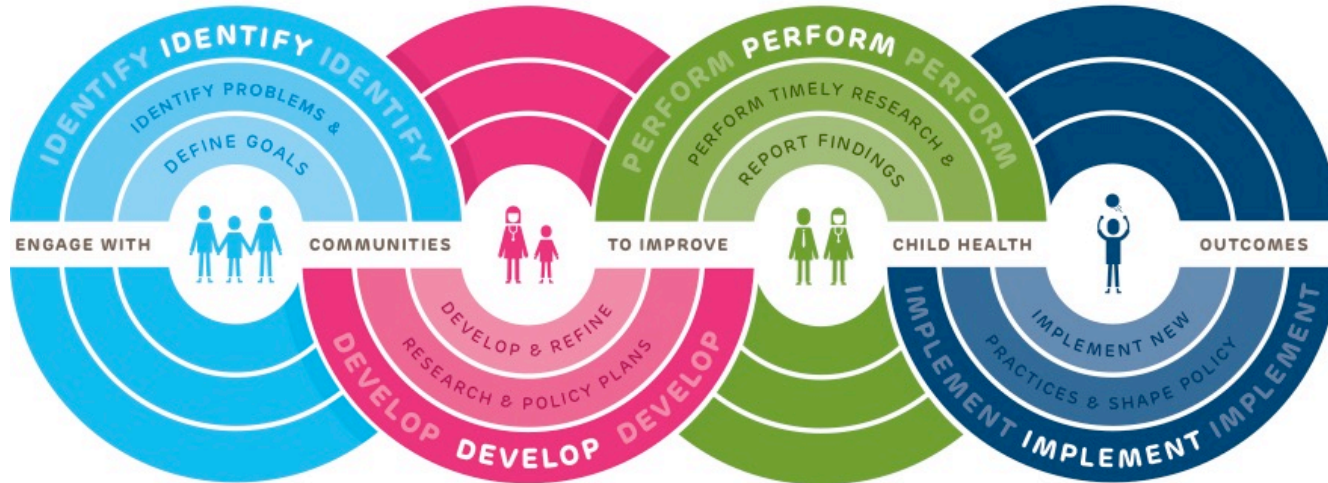
Blain Mamo, MPH

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INNOVATING THROUGH POLICYLAB

At PolicyLab we seek to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research.



OVERVIEW

1. The continuum of care from overseas to arrival in the U.S. for refugees
2. Three common models of refugee health care in the U.S.
3. How to standardize health care for newly-arriving refugees
4. Steps for health systems and community partners to ensure the best care for this population

ABOUT THE MINNESOTA DEPARTMENT OF HEALTH

Our program's mission is to promote and enhance the health and well-being of refugees.

- Refugee screening coordination
- Health care provider education
- Technical assistance, education and resources to local, state and community partners
- Leadership and guidance to national partners

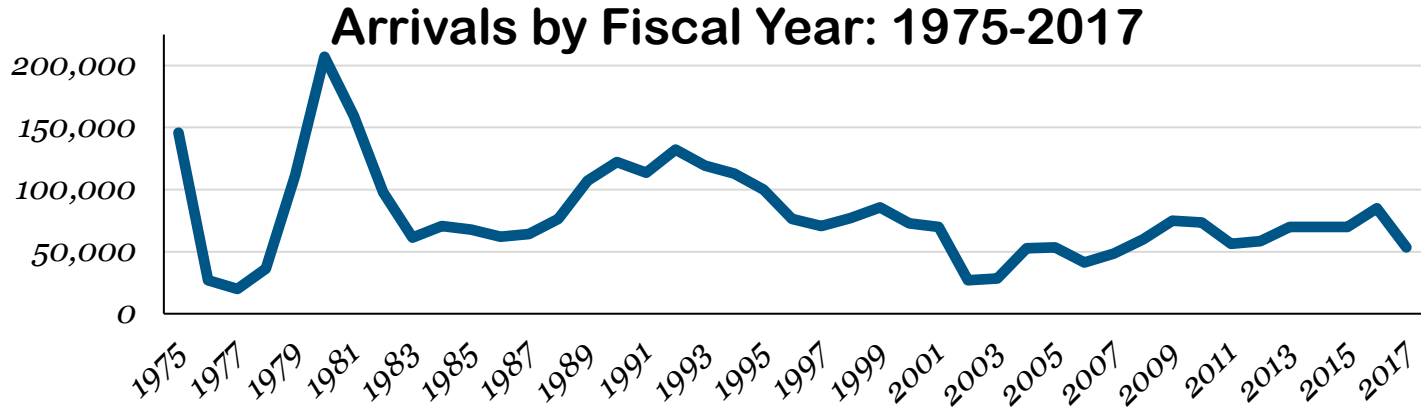


U.S. REFUGEE RESETTLEMENT

[A refugee is] someone who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality' and is unable to return.

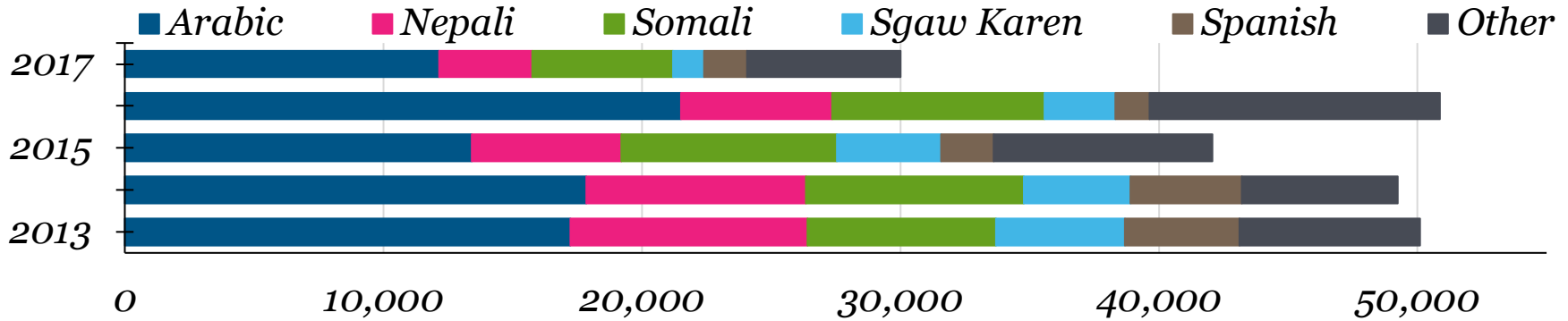
- UN Refugee Protocol & Convention

~**65.6 million**
displaced people
includes
~**22.5 million**
refugees
(*UNHCR Global Trends*)



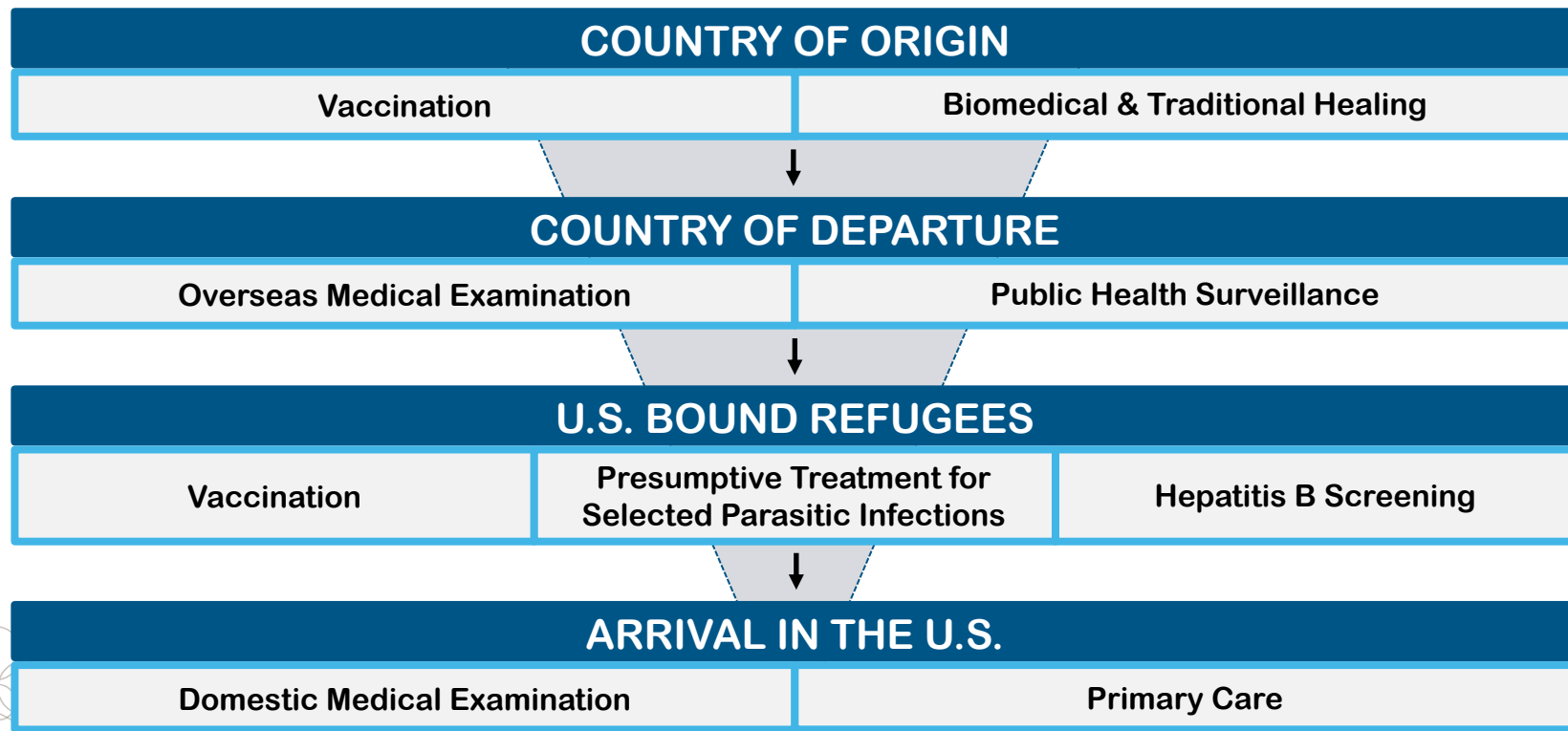
U.S. REFUGEE RESETTLEMENT

Arrivals By Language (FY2013-FY2017)

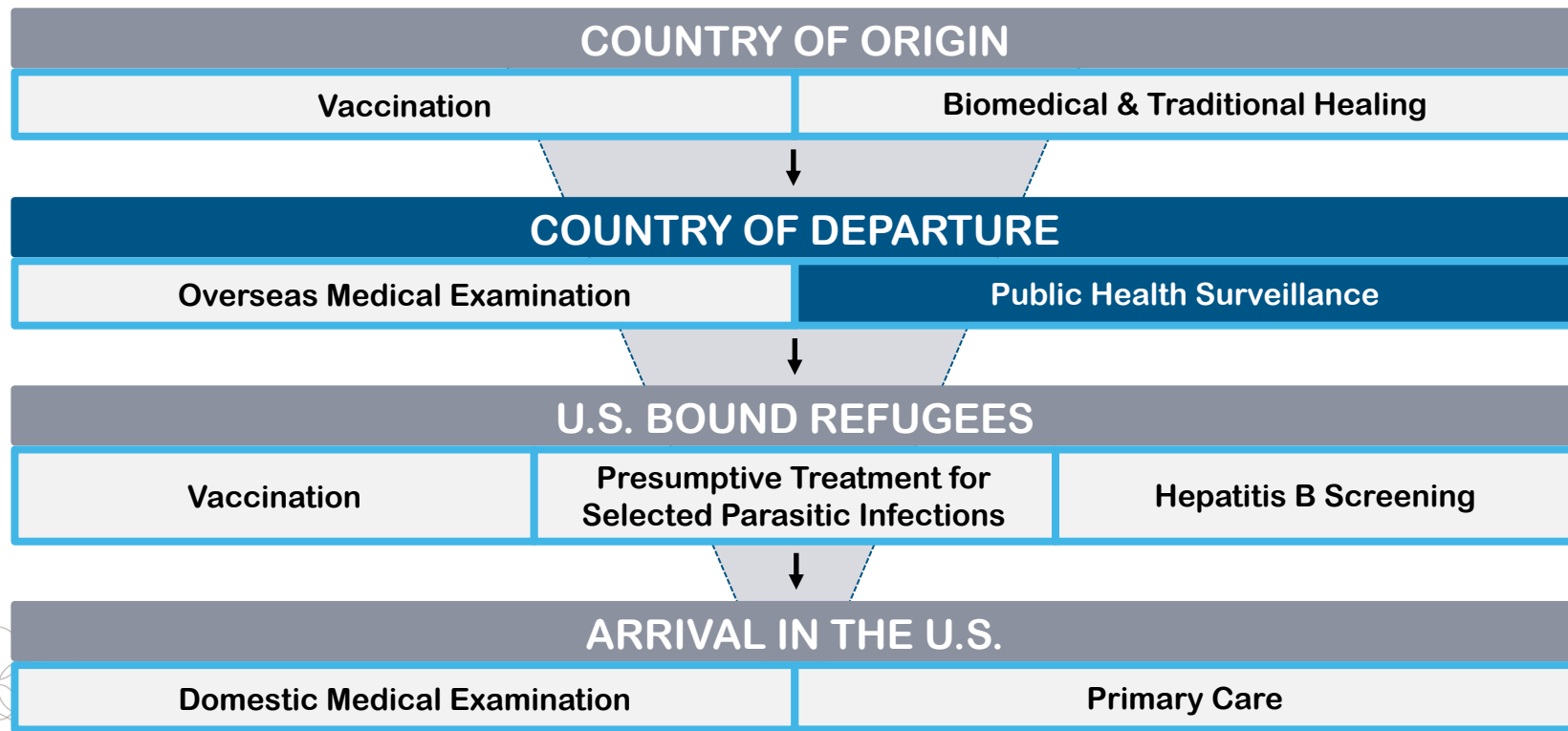


- Refugees arriving in the U.S. are diverse with regards to nationality, ethnicity, religion, and language
- Refugee populations arriving in the U.S. change significantly over time, reflecting events on the world stage

HEALTH CARE BEGINS OVERSEAS



HEALTH CARE BEGINS OVERSEAS





Outbreak notification: Cholera in Lusaka, Zambia

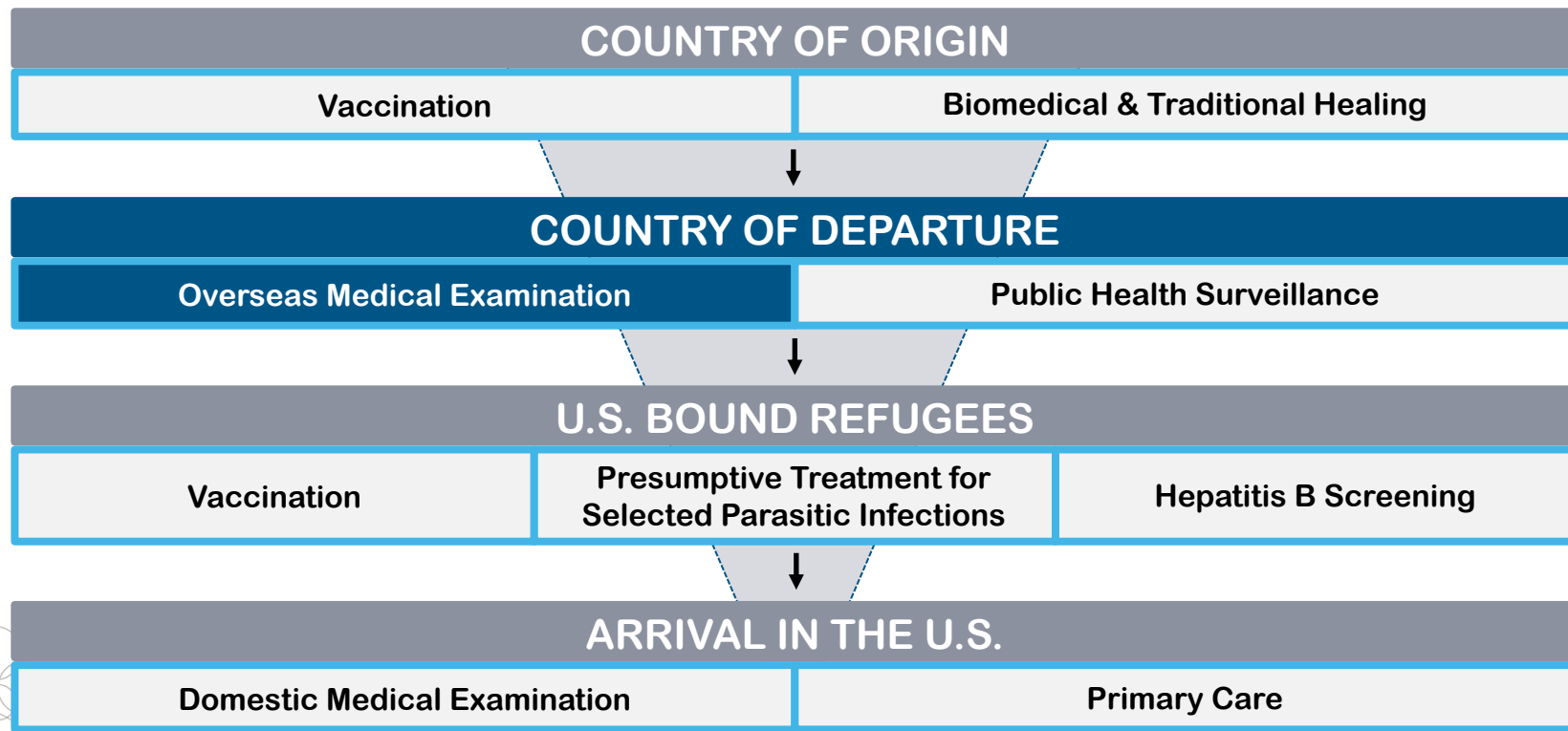
February 2nd, 2018

Dear State Refugee Health Coordinator:

We are writing to notify you of a cholera outbreak in Lusaka, Zambia, and to inform you of measures CDC and partners have taken to reduce the risk of cholera among U.S.-bound refugees. Zambia has been experiencing a widespread cholera outbreak since October 2017. Although areas at risk for cholera do not currently include the refugee camps or the transit centers, CDC, the International Organization for Migration (IOM), and in-country partners have implemented public health measures to prevent cases, including improvements in water and sanitation, case management, and community outreach and education. To date, no cases of cholera have occurred among U.S.-bound refugees.

Specifically, the public health measures include:

HEALTH CARE BEGINS OVERSEAS



OVERSEAS MEDICAL EXAMINATION

Communicable diseases of public health significance include:

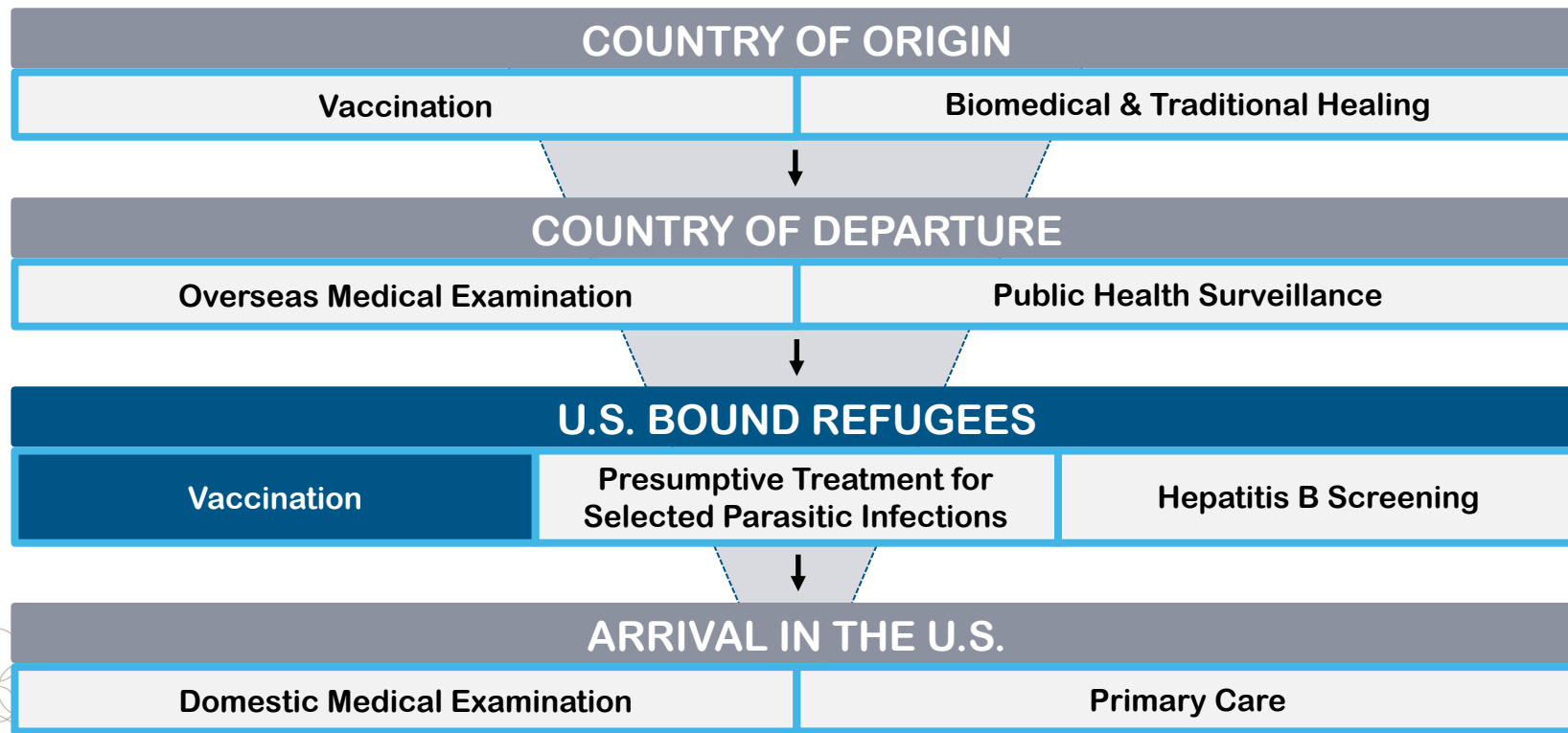
- Tuberculosis
- Syphilis
- Gonorrhea
- Hansen's Disease (Leprosy)

And the following two disease categories:

- Quarantinable diseases designated by any Presidential Executive Order
- Events that are reportable as a public health emergency of international concern (PHEIC) to the World Health Organization (WHO) under the International Health Regulations (IHR) of 2005

<https://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html#5>

HEALTH CARE BEGINS OVERSEAS



VACCINES GIVEN TO ELIGIBLE U.S.-BOUND REFUGEES

Vaccination Program for U.S.-Bound Refugees: Immunization Schedule (updated August 2016) Prepared by the Immigrant, Refugee and Migrant Health Branch, Division of Global Migration and Quarantine, CDC

Vaccines Given to Eligible U.S.-Bound Refugees	
Birth-adult	HepB x 2 ¹
6 wks-<15 wks	Rotavirus x 2 (maximum age for dose 2 is 8 mos)
6 wks-<5 yrs	Hib (x 2 if <15 mos; x1 if 15 mos-5 yrs) ²
	PCV-13 (x 2 if <2 yrs; x1 if 2-5 yrs) ³
6 wks -<7 yrs	DTP x 1 ⁴
6 wks-<11 yrs	Polio x 2 doses (OPV, IPV, or one of each)
7 yrs-adult	Td x 2
≥ 1 yr-born ≥ 1957	MMR x 2

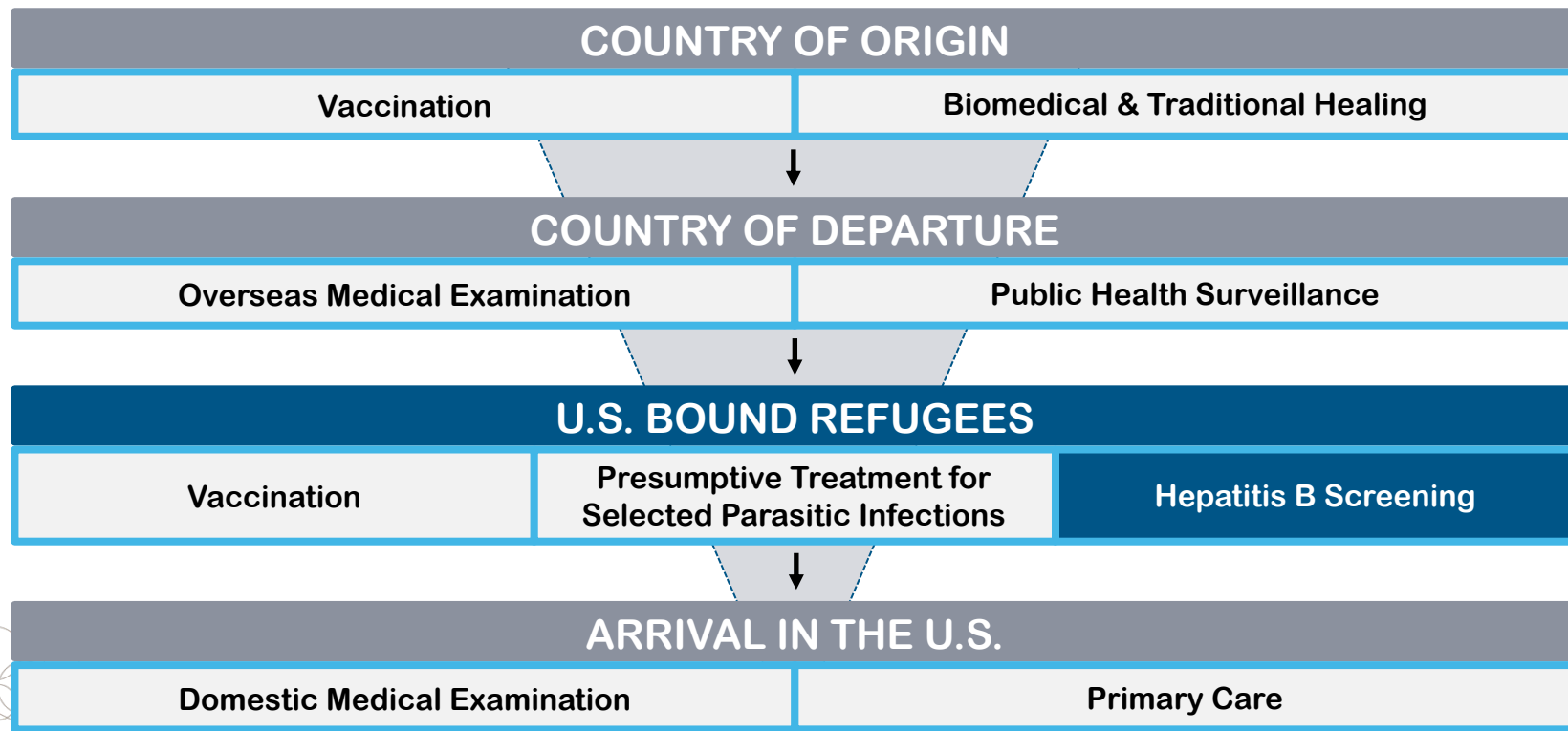
¹ Refugees are tested for hepatitis B virus infection (HBsAg) prior to vaccination, and are vaccinated only if negative (and if a dose is due).

² One dose of Hib vaccine is recommended for unimmunized asplenic persons regardless of age, and for unimmunized HIV-positive patients up to age 18 years.

³ When available, PCV-13 will be given to children 6 wks -<5 yrs of age. A second dose will be given to children up to age 2 yrs. One dose of PCV-13 will also be recommended for all immunocompromised persons, regardless of age.

⁴ Children residing in refugee camps often receive several doses of whole-cell pertussis (DTwP) as part of camp EPI programs. Children enrolled in the Vaccination Program for U.S.-bound Refugees will receive only 1 dose of DTP or pentavalent (DTP-Hib-HepB) from IOM/Panel Physicians, if due, in order to reduce the risk of severe local reactions

HEALTH CARE BEGINS OVERSEAS



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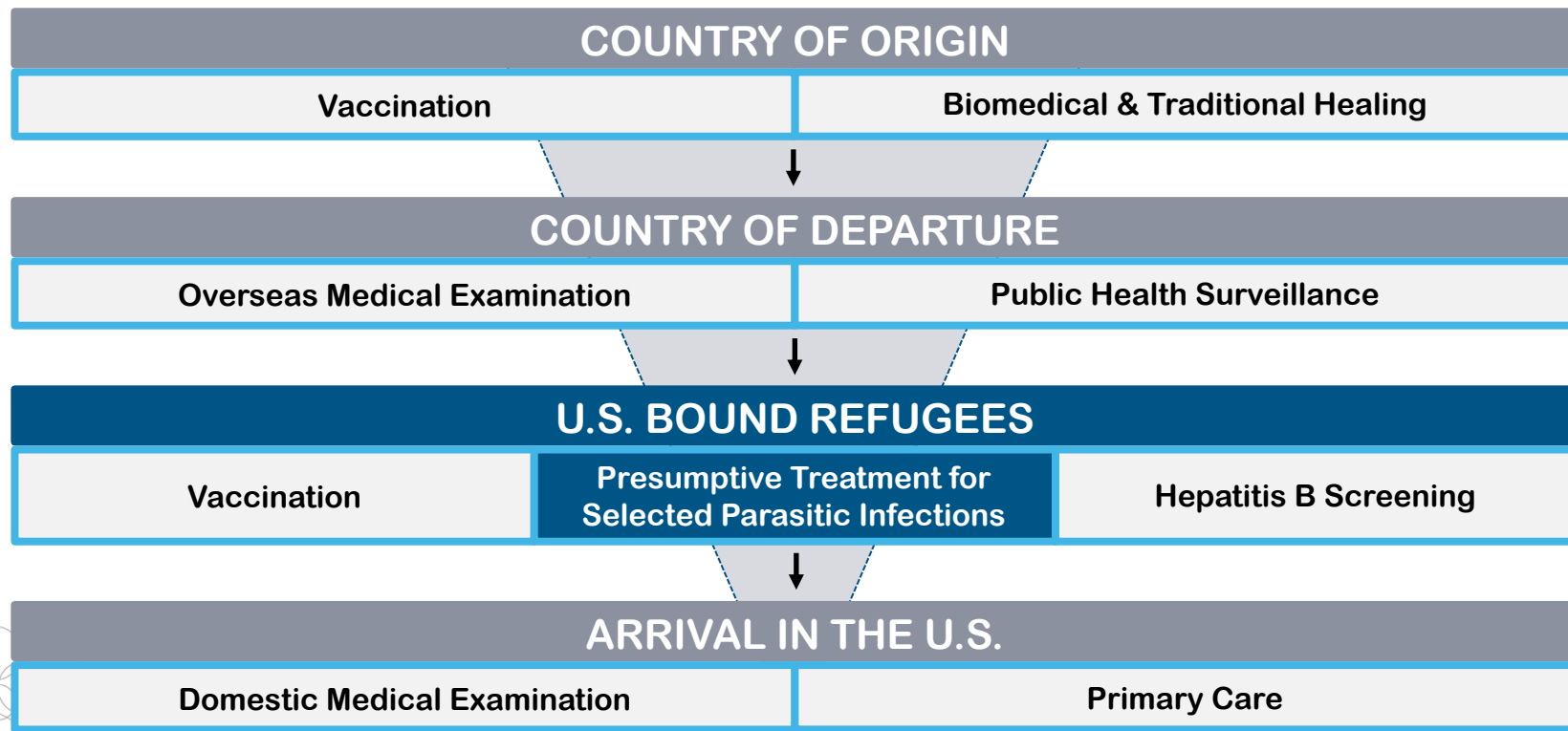
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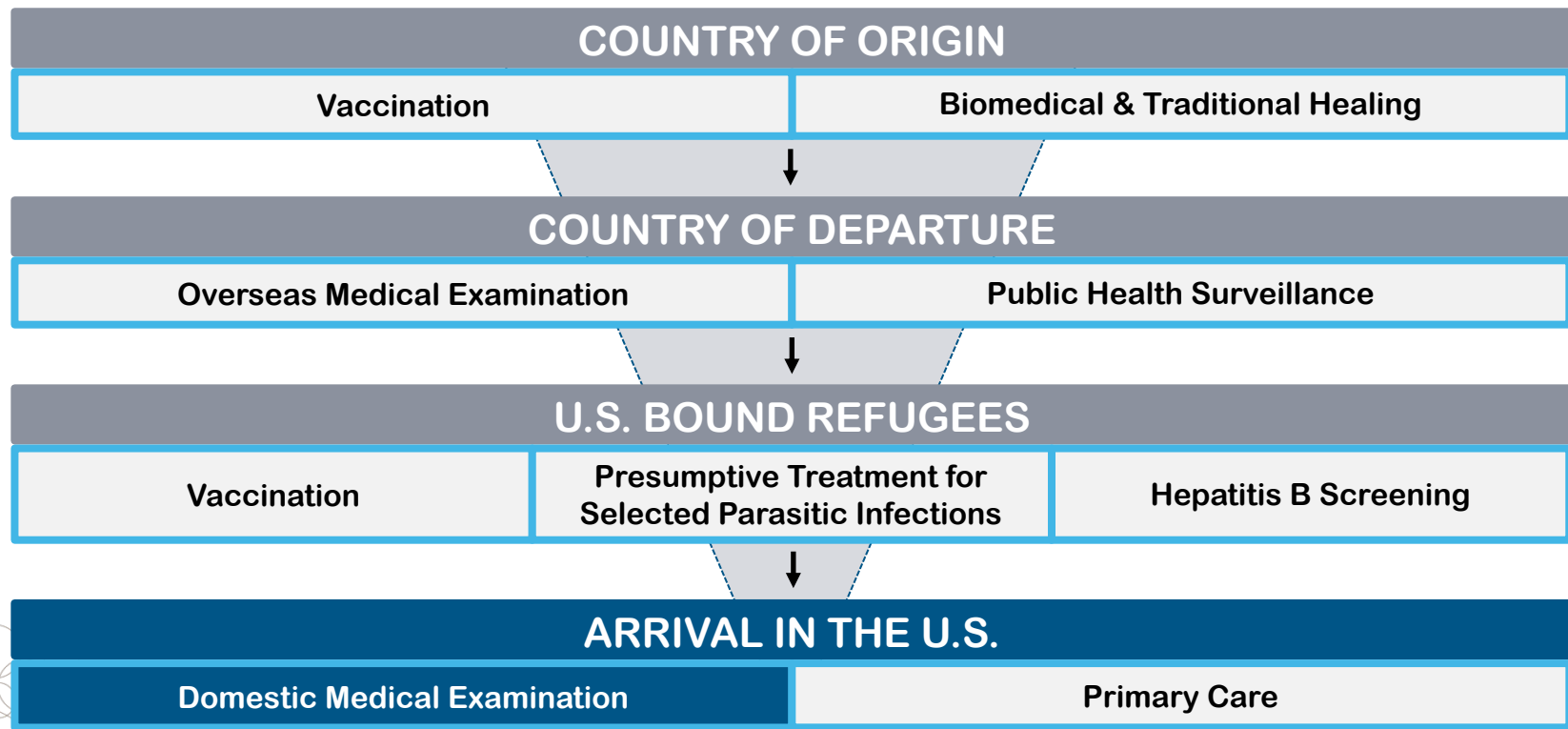
HEALTH CARE BEGINS OVERSEAS



TREATMENT SCHEDULES FOR PRESUMPTIVE PARASITIC INFECTIONS FOR U.S.-BOUND REFUGEES, ADMINISTERED BY IOM – FEBRUARY 2017

Region	Country of Processing	Principal Refugee Groups	Presumptive Parasite Treatment for Eligible Refugees	Special Notes
Africa	Chad	Central African Republic; Sudanese Darfuri	Albendazole, Praziquantel Artemether-lumefantrine	Ivermectin is not administered to refugees who have resided or traveled in <i>Loa loa</i> -endemic countries due to risk of encephalopathy associated with ivermectin treatment in a person with <i>Loa loa</i> infection.
	Burundi, Djibouti, Ethiopia, Kenya, Rwanda, South Africa, Tanzania, Uganda, others	Somali; Congolese, Ethiopian; Eritrean; Sudanese (other than Sudanese Darfuri); South Sudanese	Albendazole Praziquantel Ivermectin Artemether-lumefantrine	Of note, refugees of Congolese or South Sudanese origin who resided or traveled in Democratic Republic of Congo (DRC) or South Sudan do NOT receive ivermectin. However, children of Congolese or South Sudanese origin who were born in the camps in non <i>Loa loa</i> -endemic countries and have not resided or traveled in DRC or South Sudan are (usually) treated with ivermectin.

HEALTH CARE BEGINS OVERSEES



REFUGEE HEALTH CARE IN THE U.S.

Public Health System

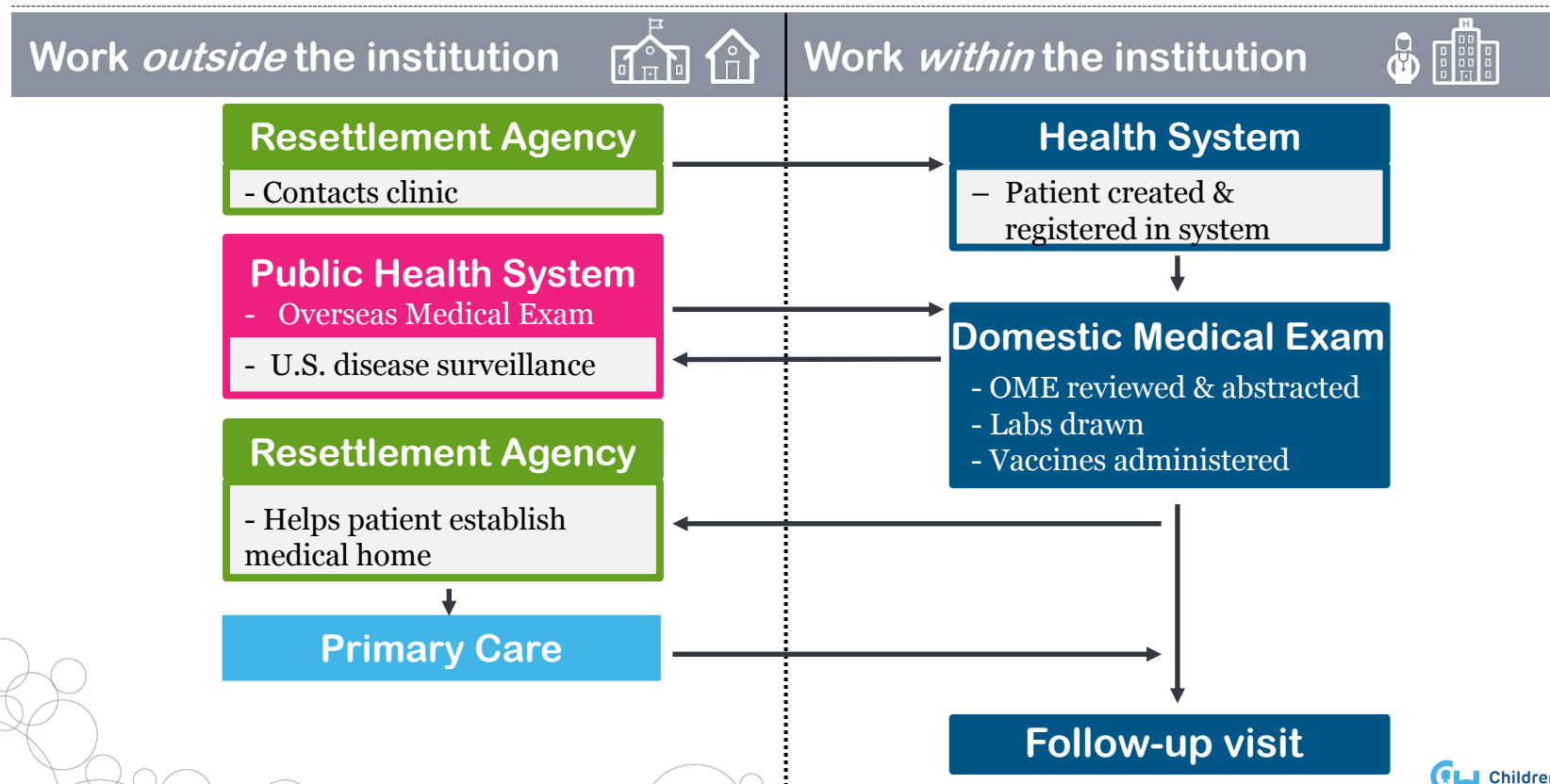
Health Care System

**Domestic
Medical Exam**

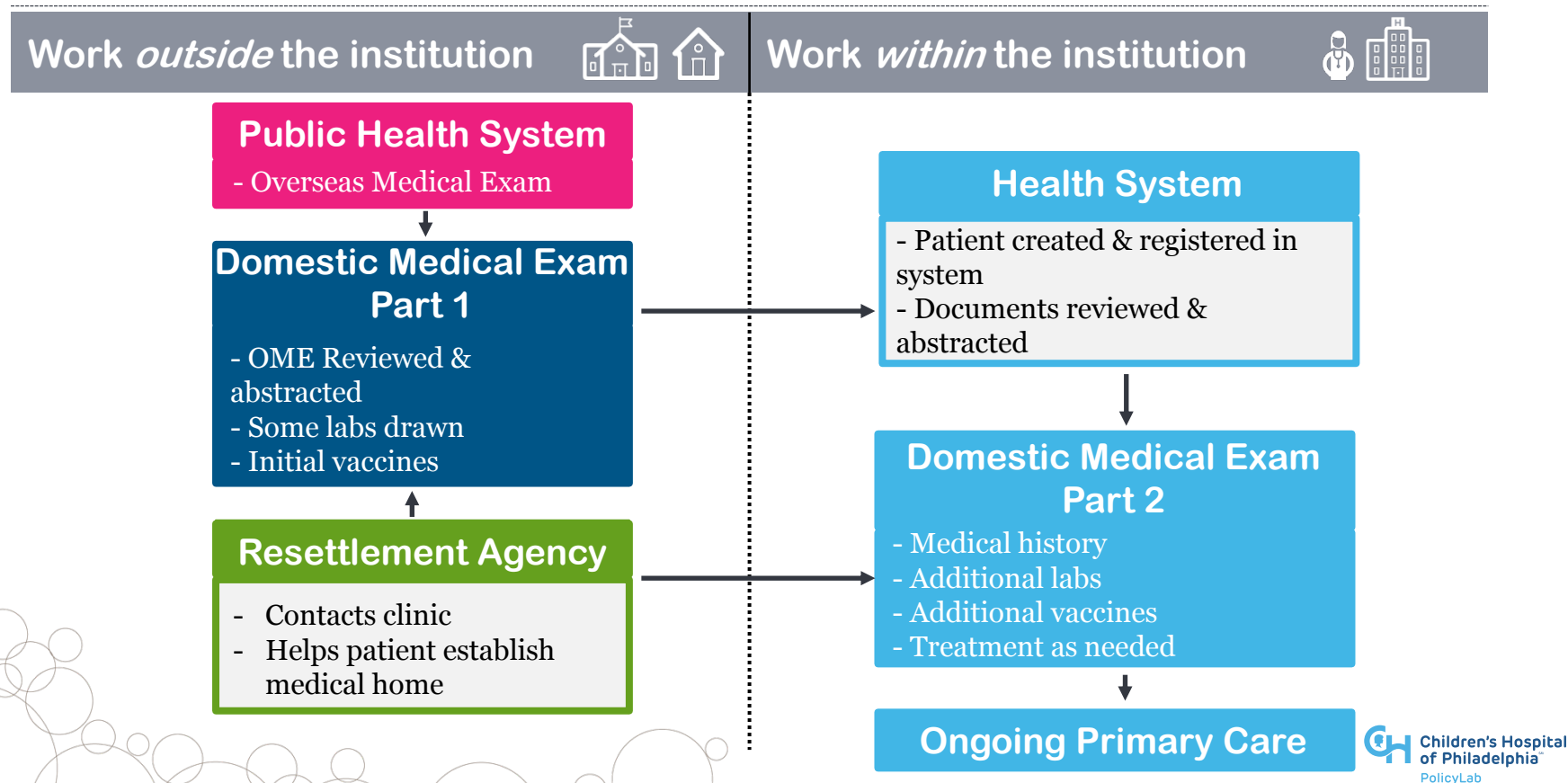
Resettlement Agencies

**Health Insurance /
Refugee Medical
Assistance**

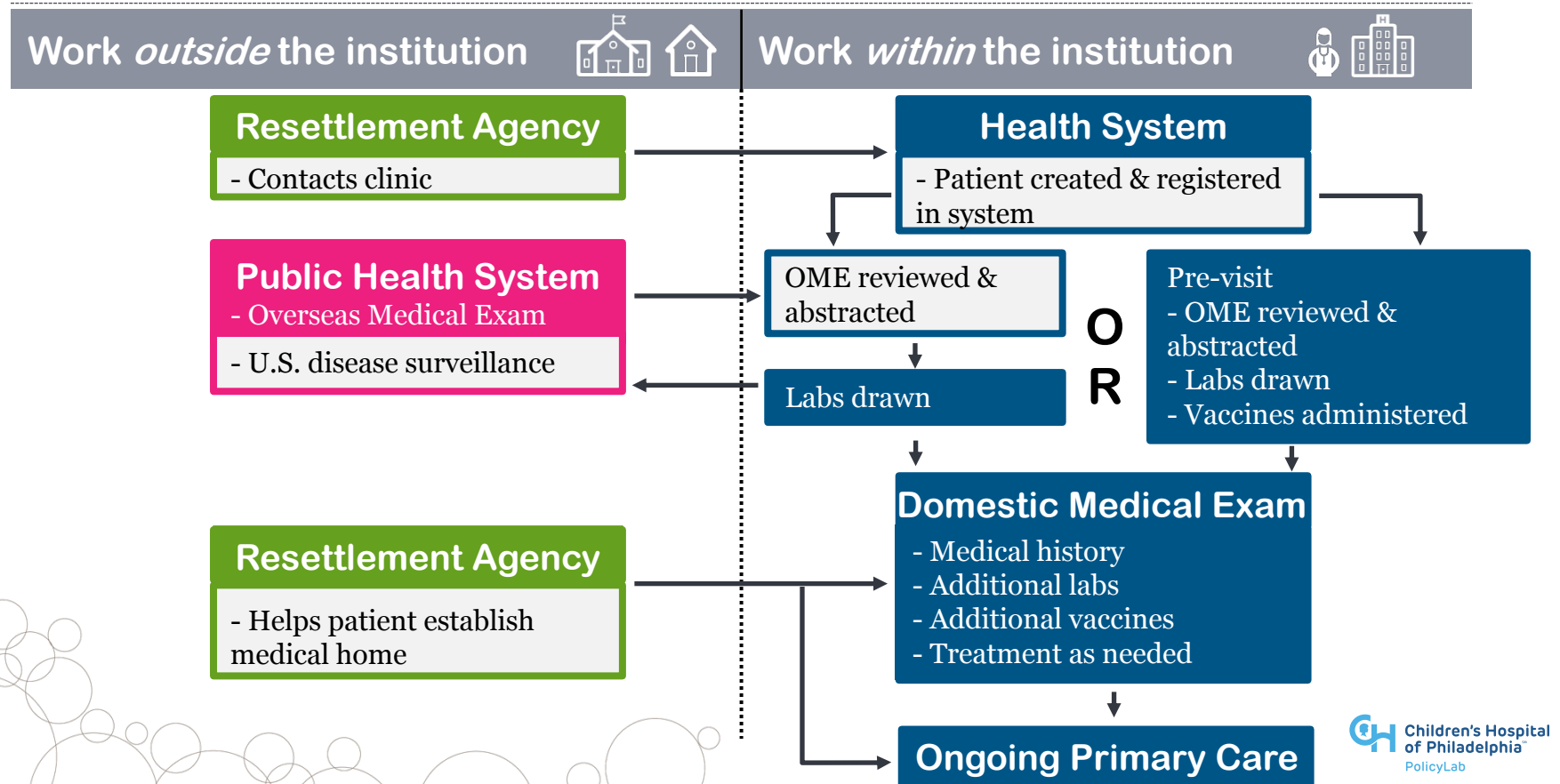
MODELS OF CARE FOR THE DME: (1) SCREEN, REFER & FOLLOW UP



MODELS OF CARE FOR THE DME: 2) TWO SITE MODEL



MODELS OF CARE FOR THE DME: 3) SINGLE SITE MODEL





CHALLENGES:

- DME guidelines address multiple nationalities, age groups, and genders
- Screening (DME) sites are widely dispersed
- Fund of knowledge different from “routine” health care
- Depends upon information transmitted from overseas

MAKING SURE WE GET IT RIGHT

- Prevent adverse outcomes and health disparities for patients, e.g., liver disease caused by hepatitis B ¹⁻²
- Strengthen screening & treatment for conditions of (personal and) public health importance ³
- Provide more effective patient care by enhancing surveillance for emerging issues, e.g., population-specific risk factors for lead poisoning ⁴

¹ Kim et al. "Racial/ethnic disparities in the prevalence and awareness of Hepatitis B virus infection and immunity in the United States." *Journal of viral hepatitis* (2017).

² Mitruka et al. "Evaluation of Hepatitis B Virus Screening, Vaccination, and Linkage to Care Among Newly Arrived Refugees in Four States, 2009–2011." *Journal of immigrant and minority health* (2018): 1-8.

³ Subedi et al. "Evaluation of latent tuberculous infection and treatment completion for refugees in Philadelphia, PA, 2010–2012." *The International Journal of Tuberculosis and Lung Disease* 19.5 (2015): 565-569.

⁴ Munene, Esther. "Beautifully toxic: The effects of a burmese cosmetic practice." *American journal of public health* 103.1 (2013): 66.



CLINICAL DECISION SUPPORT: Using the Electronic Health Record (EHR) to:

- Integrate CDC guidelines into clinician documentation and ordering
- Standardize data collection
- Improve the patient experience and prevent health disparities

DEVELOPING CLINICAL DECISION SUPPORT (CDS) FOR THE DME

Develop tools to encourage evidence-based, guideline-directed standardized care across institutions for newly arriving refugee patients while providing flexibility for local workflows & local resources

2016: Survey of refugee health professionals (N=414)

- 40 states
- 316 clinicians & 98 public health professionals
- 182 Epic users

2016-present: Clinical Decision Support Workgroup

- 21+ contributors
- 13+ institutions

Workgroup Consultation
& Guideline Review



Pilot at Build Site
(CHOP)

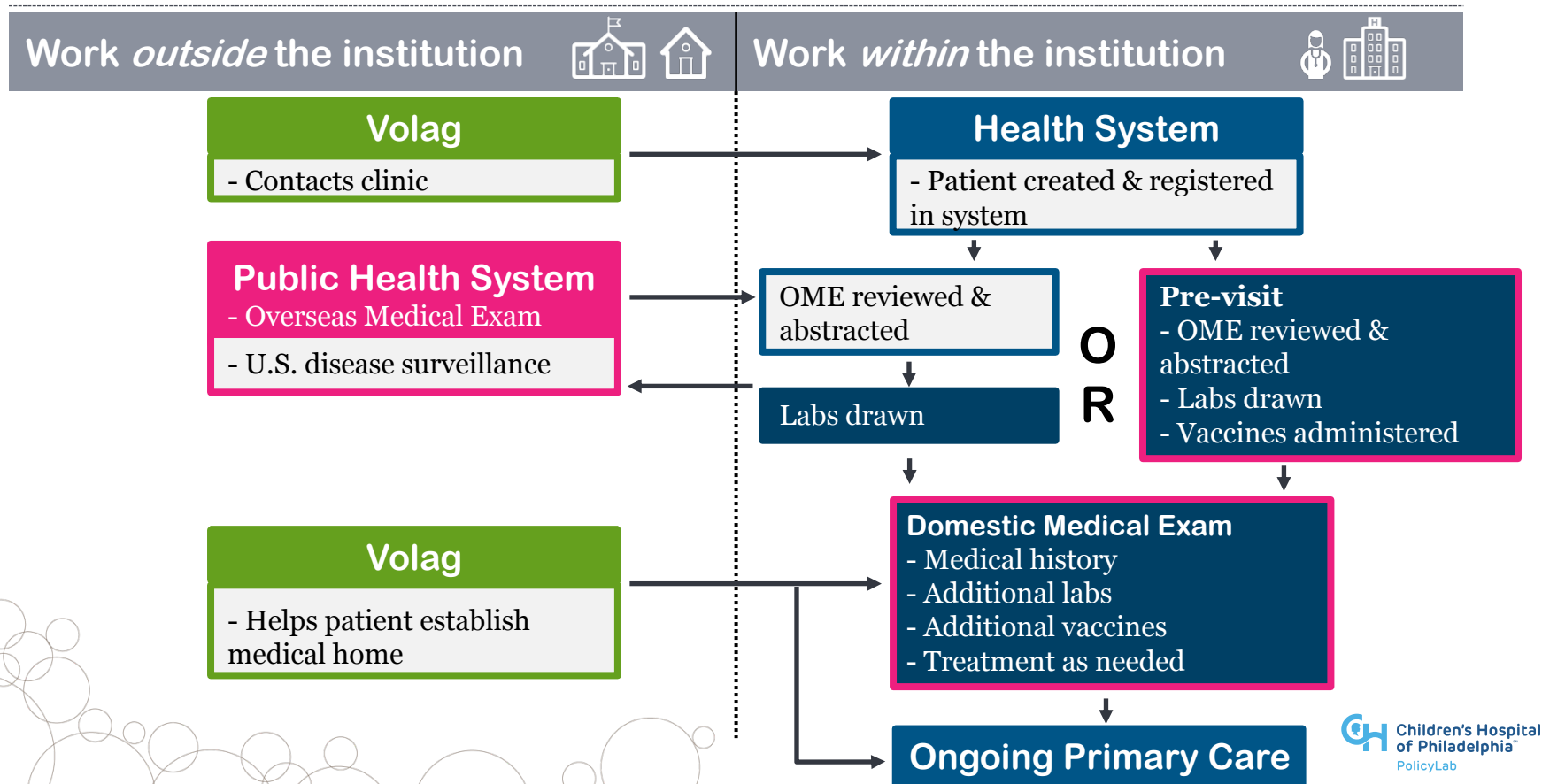


Pilot at External Site
(MN HealthPartners)

Adam Palmer, Andrea Evans, Andrea Green, Ann Settgast, Betty Housey, Carolyn McCarthy, Dawn Davis, Dipti Shah, Eliza Priest, Elizabeth Dawson-Hahn, Emily Esmaili, Emily Jentes, Fabiana Kotovicz, Ingrid Attleson, Jennifer Cochran, Joannah Lynch, Joel Davidson, Joshua Boortz, Kailey Urban, Karman Ott, Ker Vue, Larisa Turin, Laura Smock, Margaret Fitzthum, Marisa Ramos, Mary Fabio, Meera Siddharth, Melissa Moore, Mikhail Perelman, Molly Drake, Patricia Walker, Robert Carlson, Sarah Kimball, Seth Clark, Shary Vang, Shayla Holcomb, Suzinne Pak-Gorstein, Thomas Herchline, Timothy Childers, Tobey Audcent, Ann Linde, Blain Mamo, Clara Warden, Evan Orenstein, Jeremy Michel, Kate Yun, Morgan Mirth, Mike Westerhaus

Additional thanks: Camille Brown, Janine Young, Daniel Vostrejs, Julie Linton

CLINICAL DECISION SUPPORT FOR THE DME





EXAMPLE 1:

Amir is 5-year old refugee from Iraq who was born in Jordan. His family arrived in the U.S. two weeks ago and are coming to CHOP for Amir's DME.



EXAMPLE 2:

Chandra is a 28-year-old refugee from Bhutan who has been living in Nepal. She arrived in the U.S. two weeks ago. She had her Pre-Visit and is now ready for the rest of her DME.

DISSEMINATION TO OTHER INSTITUTIONS (COMING SOON)

Epic community library

- <https://userweb.epic.com/>

Build Guide

- Draft form
- Intended for an Epic analyst team
- *Flags “customization” points*
- Adaptable for other EHRs

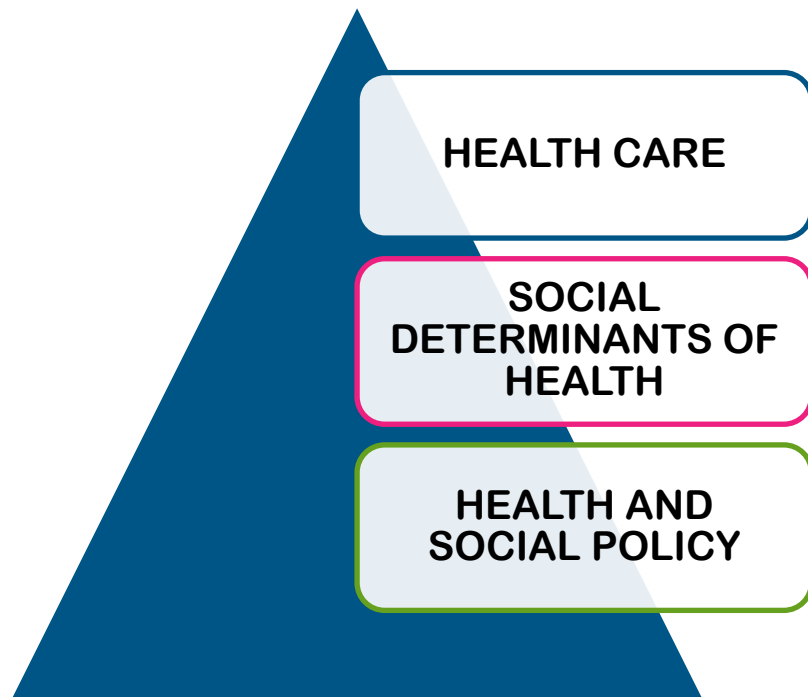
Documentation
Overview:
Section Comments:
Refugee DME SmartText <2yo (ETX):
Refugee DME SmartText 2yo through 5yo (ETX):
Refugee DME SmartText 6yo through 11yo (ETX):
Refugee DME SmartText 12yo through 15yo Female (ETX):
Refugee DME SmartText 12yo through 15yo Male (ETX):
Refugee DME SmartText 16yo through 20yo Female (ETX):
Refugee DME SmartText 16yo through 20yo Male (ETX):
Refugee DME SmartText ≥21yo and Female (ETX)
Refugee DME SmartText ≥21yo and Male (ETX):
SmartLists for DME Documentation:
SmartLinks for DME Documentation:
Hyperlinks for DME Documentation:

SUMMARY

- Refugee health care exists across a continuum that begins overseas
- Health care requires cross-sector collaboration and integration of overseas health information
- Sharing resources and tools for the DME should improve both patient care and public health



HEALTH CARE ALONE IS NOT ENOUGH TO IMPROVE HEALTH



North American Refugee Health Conference,
June 7-9, Portland, Oregon

RESOURCES

CDC Immigrant and Refugee Health

<https://www.cdc.gov/immigrantrefugeehealth/index.html>

MN Refugee Health

<http://www.health.state.mn.us/refugee/>

Office of Refugee Resettlement

<https://www.acf.hhs.gov/orr/refugees>

Association of Refugee Health Coordinators

<https://refugeehealthcoordinators.wordpress.com>

Ethnomed <https://ethnomed.org/>

Refugee Health Technical Assistance Center

<http://refugeehealthta.org/>

[CMAJ Evidence-based clinical guidelines for immigrant and refugees](#)

Society of Refugee Healthcare Providers

<http://nasrhp.org/>

[AAP Immigrant Child Health Toolkit](#)

Caring for Kids New to Canada

<https://www.kidsnewtocanada.ca/>

American Society of Tropical Medicine & Hygiene

<http://www.astmh.org/>

UNHCR Global Trends

<http://www.unhcr.org/globaltrends2016/>

Refugee Processing Center

<http://www.wrapsnet.org/>

ACKNOWLEDGEMENTS

Workgroup Contributors: Adam Palmer, Andrea Evans, Andrea Green, Ann Settgast, Betty Housey, Carolyn McCarthy, Dawn Davis, Dipti Shah, Eliza Priest, Elizabeth Dawson-Hahn, Emily Esmaili, Emily Jentes, Fabiana Kotovicz, Ingrid Attleson, Jennifer Cochran, Joannah Lynch, Joel Davidson, Joshua Boortz, Kailey Urban, Karman Ott, Ker Vue, Larisa Turin, Laura Smock, Margaret Fitzthum, Marisa Ramos, Mary Fabio, Meera Siddharth, Melissa Moore, Mikhail Perelman, Molly Drake, Patricia Walker, Robert Carlson, Sarah Kimball, Seth Clark, Shary Vang, Shayla Holcomb, Suzinne Pak-Gorstein, Thomas Herchline, Timothy Childers, Tobey Audcent

CDS Development Team: Ann Linde, Blain Mamo, Clara Warden, Evan Orenstein (clinical informatics fellow), Jeremy Michel (clinical informatics supervisor), Kate Yun (PA site lead), Morgan Mirth, Mike Westerhaus (MN site lead)

Additional Thanks: Camille Brown, Julie Linton, Janine Young, Daniel Vostrejs, Christina Phares, Emily Jentes

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QUESTIONS AND COMMENTS?



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