

REFUGEE AND ASYLUM SEEKERS HEALTH

For General Practices

Purpose

Western Victoria PHN recognises the Victorian Refugee Health Network as the facilitators to coordinate health and community services to provide more accessible and appropriate health services for people of refugee backgrounds. More information can be found at [Victorian Refugee Health Network](#)

This document is to assist primary care providers, namely General Practices to increase the number of health assessments provided to refugees and asylum seekers and supporting the ongoing health requirements of this patient population.

Communication

Language and cultural differences may be a challenge in your practice when undertaking communication with people from a refugee background. It is important for the whole practice to be aware of their role when a consultation/appointment is made for patients that may require additional support in communication.

Quality Improvement - Activities and Resources

These recommendations for quality improvement were taken from [Victorian Refugee Health Network](#) and adapted into a visual swim lane chart to support defining roles and responsibilities in general practice.

Activity	PDSA	Swim Lane Map (Use Ctrl + Click to access)	Other Resources
Practice has a welcoming physical environment	<p>QI Focus: Establish a culturally appropriate service that can conduct refugee assessments as needed</p>	<p>Refugee and Asylum Seeker Health General Practice: Creating a physically welcoming environment</p> <p>Practice Manager: Policy of staff are displayed in the waiting area; Inform of all key health related or GP practice services; Multilingual health and practice information in appropriate languages available in reception.</p> <p>Practice Staff/Receptionists: Appropriate other in or multilingual "welcome" signs on display in waiting area; Signboards for children to play; Interpreter poster displayed in waiting area; Practice/healthcare information with correct multilingual provider images.</p> <p>General Practitioner: (No specific actions listed in this swim lane).</p> <p>Practice Nurse: (No specific actions listed in this swim lane).</p>	<p>Multicultural Australia Training</p> <p>Respectful and Culturally Appropriate Care Policy</p> <p>Cultural Considerations to support children from migrant and refugee backgrounds</p>
Utilising Interpreter services	<p>QI Focus: Establish a culturally appropriate service that can conduct refugee assessments as needed</p>	<p>Refugee and Asylum Seeker Health in General Practice: Utilising Accredited Interpreters</p> <p>Practice Manager: Practice has a policy that outlines interpreting and language services; Practice is registered with TIS and TIS code is displayed on all phones; Interpreter training processes and procedures clearly documented & accessible to all staff; Appropriate speaker phones accessible to all practice staff; Area for an interpreter and language services included on all ongoing referral forms.</p> <p>Practice Staff/Receptionists: Practical training undertaken in working effectively with interpreters; TIS code and Doctor Priority Line displayed at reception; Health for an interpreter and language system is documented in patient information leaflets; Reception staff make interpreter bookings ahead of time where possible; Interpreters are used to communicate next appointment or follow up dates.</p> <p>General Practitioner: Practical training undertaken in working effectively with interpreters; TIS code and Doctor Priority Line displayed at reception; Health for an interpreter and language system is documented in patient information leaflets; GP is familiar with the RACGP Guidelines CS1 1.1.5a (Professional interpreter services).</p> <p>Practice Nurse: Practical demonstration training undertaken in working effectively with interpreters; TIS code and Doctor Priority Line displayed at reception; Health for an interpreter and language system is documented in patient information leaflets; TIS "I need an interpreter" sign is provided to patients for future appointments.</p>	<p>TIS National Promotional Materials Catalogue</p> <p>Ordering TIS National promotional materials</p> <p>Victorian Interpreter Card</p>
Demonstrated availability of or access to multilingual resources in relevant languages	<p>QI Focus: Establish a culturally appropriate service that can conduct refugee assessments as needed</p>	<p>Refugee and Asylum Seeker Health in General Practice: Demonstrating availability of resources</p> <p>Practice Manager: Clinical staff are aware of the Health Translatory Directory and are able to refer to and use resources; Bilingual clinical staff employed in relevant languages; In addition resources developed and placed in the practice if necessary.</p> <p>Practice Staff/Receptionists: Multilingual health and practice information available in reception; Bilingual clinical staff employed in relevant languages.</p> <p>General Practitioner: Health Translatory Directory bookmarked and printed in practice; Bilingual clinical staff employed in relevant languages.</p> <p>Practice Nurse: Health Translatory Directory bookmarked and printed in practice; Bilingual clinical staff employed in relevant languages.</p>	<p>Multi Language Health Resources Toolkit</p> <p>RCM Translated resources</p> <p>MCWH multilingual resources</p>

Health Assessments

Health Assessments are another way of increasing the recording of the patient's history & conducting examinations for patient's individual health needs. A health assessment provides opportunity for initiating interventions, catch up immunisations, referrals as indicated and providing preventative health care and advice.

The time-based Medicare Benefits Schedule (MBS) Items 701, 703, 705 and 707 can be used for the 'Health Assessment for Refugees and other Humanitarian Entrants'. These MBS Items enable GPs to undertake a complete history, examination, investigation, problem list and management plan for new arrivals, many of whom will not have had access to comprehensive health care for some years.

For information regarding Medicare Benefits Schedule (MBS) Health assessment for refugees and other humanitarian entrants [Click Here](#).

More detail on the MBS health assessment items that can be used for Refugee and Asylum Seekers below:

Item Number	Description	Type	Fee ¹
701	Attendance by a medical practitioner to undertake a short health assessment, lasting not more than 30 minutes	Brief	\$62.75
703	Attendance by a medical practitioner to undertake a medium health assessment, lasting more than 30 minutes but less than 45 minutes	Standard	\$145.80
705	Attendance by a medical practitioner to undertake a long health assessment, lasting at least 45 minutes but less than 60 minutes	Long	\$201.15
707	Attendance by a medical practitioner to undertake an extended health assessment, lasting at least 60 minutes	Prolonged	\$284.20
224	Medical Practitioner Health Assessment Provided for refugees and Other Humanitarian Entrants Attendance by a medical practitioner to perform a brief health assessment, lasting not more than 30 minutes	Brief	\$50.20
225	Medical Practitioner Health Assessment Provided for refugees and Other Humanitarian Entrants Attendance by a medical practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes	Standard	\$116.65
226	Medical Practitioner Health Assessment Provided for refugees and Other Humanitarian Entrants Attendance by a medical practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes,	Extensive	\$160.90
227	Medical Practitioner Health Assessment Provided for refugees and Other Humanitarian Entrants Attendance by a medical practitioner to perform a prolonged health assessment (lasting at least 60 minutes)	Prolonged	\$227.35

¹ Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation. This sheet is current as of the Last updated date shown and does not account for MBS changes since that date.

Refugee Health Assessment Tool

RACGP have developed a [Refugee Health Assessment Template](#) which should be used within one month of arrival.

REFUGEE HEALTH ASSESSMENT TEMPLATE 2018

WHO CAN BE ASSESSED USING THIS TEMPLATE?

Children, adolescents and adults from refugee backgrounds, including people seeking asylum. For children and adolescents, history may be taken from a parent/carer where appropriate.

WHEN SHOULD THIS TEMPLATE BE USED?

The refugee health assessment should ideally be completed within one month of arrival.

The health assessment for refugees and other humanitarian entrants is funded up to 1 year post arrival or eligible visa grant date through the Medicare Benefits Schedule (MBS) (Items 701, 703, 705 and 707). For eligible visas see [https://www.immi.gov.au/visas/visa-information/visa-grant-conditions/visa-grant-conditions.htm](#)

CONSIDER THE FOLLOWING

The refugee health assessment can be completed over several appointments. Take a gradual approach, aiming to build rapport.

It is important to explain the concepts of health assessment, screening and disease prevention. Families need to understand the implications of health screening and give informed consent; this means explaining all tests, the conditions being tested, the meaning of a positive test, and the next step in management.

For sensitive issues such as sexual health, women's health and mental health consider: timing, offering individual appointments with same sex clinicians and providing a rationale for asking potentially sensitive questions.

Assessing the need for an interpreter prior to an appointment is important. Family members should not be relied on to interpret.

Expect that most newly arrived people will require a professional, credentialed interpreter for medical appointments and that they may have preferences regarding the gender and ethnic/cultural background of the interpreter. For practical support see [Communication and Interpretation](#)

Understanding the effects of trauma on patients is an important part of a refugee health assessment. Health practitioners may experience compassion fatigue. See the [RACGP White Book: The importance of self-care](#) for practical advice about managing vicarious trauma.

WHERE CAN RESOURCES BE FOUND?

This template can be found on the [Victorian Refugee Health Network](#) website. There is both a printable PDF and instructions on how to use the template with Medical Director and Best Practice. This template is informed by the [Recommendations for comprehensive post-arrival health assessment for people of refugee life](#), [Healthcare in 2020: Health, 2020](#) and the [Australian Refugee Health Training Guide \(2016\)](#) ([https://www.immi.gov.au/visas/visa-information/visa-grant-conditions/visa-grant-conditions.htm](#)) with particular reference to the 'Refugee Health Assessment' section. There are hyperlinks to further information and key resources in this template, including in some section headings, for example chronic non-communicable diseases and women's health. The final page has the full list of these web addresses and key resources. Practice tips are in blue boxes.

THE TEMPLATE AT A GLANCE

Pg 2 GENERAL INFORMATION - demographics, emergency contact, language and interpreter, referral information, assessment completed by and other patients involved

Pg 3 MIGRATION HISTORY - country of birth, countries/places of transit, date of arrival in Australia and visa information

Pg 4 SOCIAL HISTORY - housing, family composition, employment and education

Pg 5 MEDICAL HISTORY - current patient concerns, current medication/herbal/traditional medicines, allergies, family medical history, immunisation/accidents/injuries/infections, infectious conditions, immunisation history, chronic non-communicable diseases, risk factors and other issues

Pg 6 CHILDREN AND ADOLESCENTS - growth/development, education/history and behaviour

Pg 6 WOMEN'S HEALTH - pregnancy, contraception, breast feeding, cervical and breast screening, female circumcision (cutting and intimate partner violence)

Pg 7 SEXUAL HEALTH - contraceptives, STI risk factors and symptoms

Pg 7 PSYCHOLOGICAL HISTORY - defined illness and support, psychological screening and effects of torture or other traumatic events

Pg 8 PHYSICAL EXAMINATION - examinations and findings

Pg 9 PRECOMMENCEMENT INITIAL SCREENING INVESTIGATIONS FOR PEOPLE FROM REFUGEE BACKGROUNDS

Pg 11 MANAGEMENT PLAN AND REFERRAL - problems/needs/needs, required treatments/services, referrals, actions, correspondence and consent to share information

Pg 12 SECONDARY CONSULTATION AND REFERRAL INFORMATION, RESOLUTIONS, ACKNOWLEDGEMENTS AND REFERENCES

The assessment template will ask for general information, migration history in addition to medical history.

There are recommendations to make several appointments with the patient and families to build rapport and manage sensitive topics appropriately.

It is crucial to assess the need for an interpreter service prior to making the appointment and not utilise family



For practices who utilise Medical Director as their clinical software

[Template import instructions – read first](#)

[Refugee Health Assessment Template 2018 v1 \[DO NOT OPEN\]](#)

(Templates will not install properly if opened)

For practices who utilise Best Practice as their clinical software

[Template import instructions – read first](#)

[Refugee Health Assessment Template 2018 \[DO NOT OPEN\]](#)

(Templates will not install properly if opened)

Preparing for Consultations and Assessments ²

Medical consultations may be a source of anxiety for refugee patients, especially those experiencing psychological effects of torture and trauma. Many things may affect the patient's capacity to understand the instructions and questions that will occur in a consultation.

Other considerations that may affect communication in a consultation are:

- Distrust of authority or medical professionals
- Uncertainty about immigration status and fearing deportation
- Cultural and religious differences
- Lack of understanding or familiarity with Australian health care system

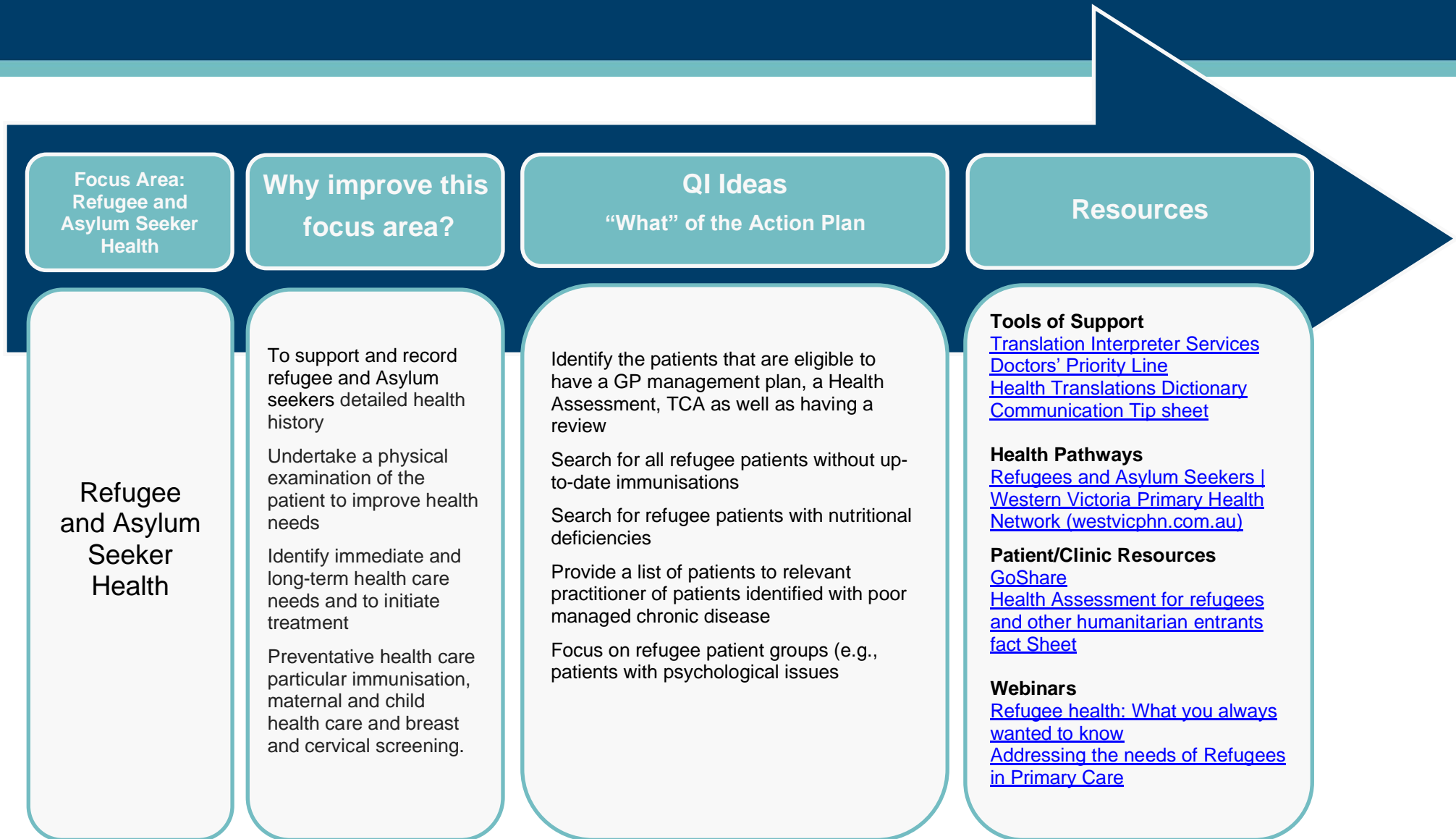
Clinicians can prepare for their consultations by:

- Build rapport – this takes time
- Explain and emphasise doctor-patient confidentiality, patient consent, choice and control.
- Explain procedures and be prepared to repeat information.
- Encourage questions and allow time for it
- Consider a team approach, working closely with reception staff, practice nurse, other doctors and practice or health centre management. (see [Quality Improvement](#) ideas above)

² https://refugeehealthnetwork.org.au/wp-content/uploads/CRPGP_DTG_4thEdn_Vic_Online.pdf

QUALITY IMPROVEMENT MEASURES

Improve Health Outcomes for Refugee and Asylum Seekers



Plan Do Study Act (PDSA)

QI Focus: Establish a culturally appropriate service that can conduct refugee assessments as needed

[Link to resource as individual template \(docx\)](#)

Practice Name		Cycle number	
Staff initiator:		Position title:	
Start date:		End date:	
Purpose	What are we trying to accomplish? What do you plan to do?		
	Raised awareness of refugee health Increased attendance of refugees at the practice Best practice care for refugees Improved outcomes and quality of life for refugees Utilisation of available refugee MBS		
	How will we know that change is an improvement? What do you hope to achieve? (Include measurement/outcome)		
	Uptake of refugee promotional materials Increased patients with refugee status attending the practice		
	What change can we make that will result in improvement?		
	Raise awareness of refugee health via promotional material Effectively and appropriately engage refugee patients with the practice		
PLAN	<p>By answering this, you will develop the GOAL for improvement. The goal must be SMART -</p> <p>Specific, Measurable, Achievable, Relevant, Time-limited</p>		
Write a concise statement of what you plan to do, and the steps involved	From the questions/answers above, write your statement or aim of what you are attempting to achieve.		
	Establish a culturally appropriate service that can increase Refugee health assessments by <<insert measurement>> in a 3-month period.		
	How are you going to do this? (List the steps to be implemented)		
	Steps	By whom	By when
	Create a welcoming environment at reception – with bilingual staff if available	Practice manager/Admin	
Develop or identify culturally appropriate promotional and educational resources and reading material for waiting area	Admin		
Signage about the availability of interpreters	Admin		

	Organise cultural awareness training for staff to ensure all staff are trained in How to appropriately ask patients about their race & ethnic background	Practice manager	
	Include on New Patient Form the following questions: <ul style="list-style-type: none"> - interpreter required, including preferred language and gender preferences - country of birth - ethnicity with date or year of arrival - contact details of settlement worker/next of kin/supporting family members (Additional line to explain – We use this information to review treatment options and ensure highest quality of care) 	Admin	
	Routine recording in Clinical system of the following: <ul style="list-style-type: none"> - interpreter required, including preferred language and gender preferences - country of birth - ethnicity and date or year of arrival - contact details of settlement worker/next of kin/supporting family members - updated contact details at each appointment. 	Admin	
	Organise training and implement the Teach-Back Method of communicating with the clinicians	Practice Manager	
	Develop and utilise consistent coding in the clinical software to identify refugees in need of health assessments	Practice Manager/Nurse	
	At completion of QI period, measure change by repeating searches in clinical software. Compare to baseline.		
DO	This may include how the patients react, how the doctors react, how the nurses react, how it fits in with your system or flow of the patient visit. You will ask, “Did everything go as planned?”		
Implement your plan and write down observations you have during your implementation.	What did you observe?		
	Where there any unexpected events?		
STUDY	You will ask, “Do I have to modify the plan”		
After implementation you will study the results and record how well it worked,	What did you learn?		
	Has there been an improvement?		

if you met your goal and document areas of improvement.	
	Did you meet your measurement goal?
	What could be done differently?
ACT	If it did not work, what you can do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire practice?
Here you will write what you came away with for this implementation, whether it worked or not.	What did you conclude from this cycle?

To access additional PDSAs and other quality improvement ideas, please contact the [Practice Connect website](#) or your practices facilitation team on QI@westvicphn.com.au

Optimising Medicare Benefits Schedule (MBS) Items

In some practices, practice nurses also manage or contribute to nurse-led clinics to which GPs can refer patients. The benefits of employing a nurse can include improved outcomes in chronic disease; an increased range of services available at the practice, including patient education, improved integration and referral to services; and enhanced consumer satisfaction.

Better health outcomes for refugees and asylum seekers through the ongoing management of regular patient consultations and/or by management of chronic diseases by nurses and general practitioners.

Care Plans

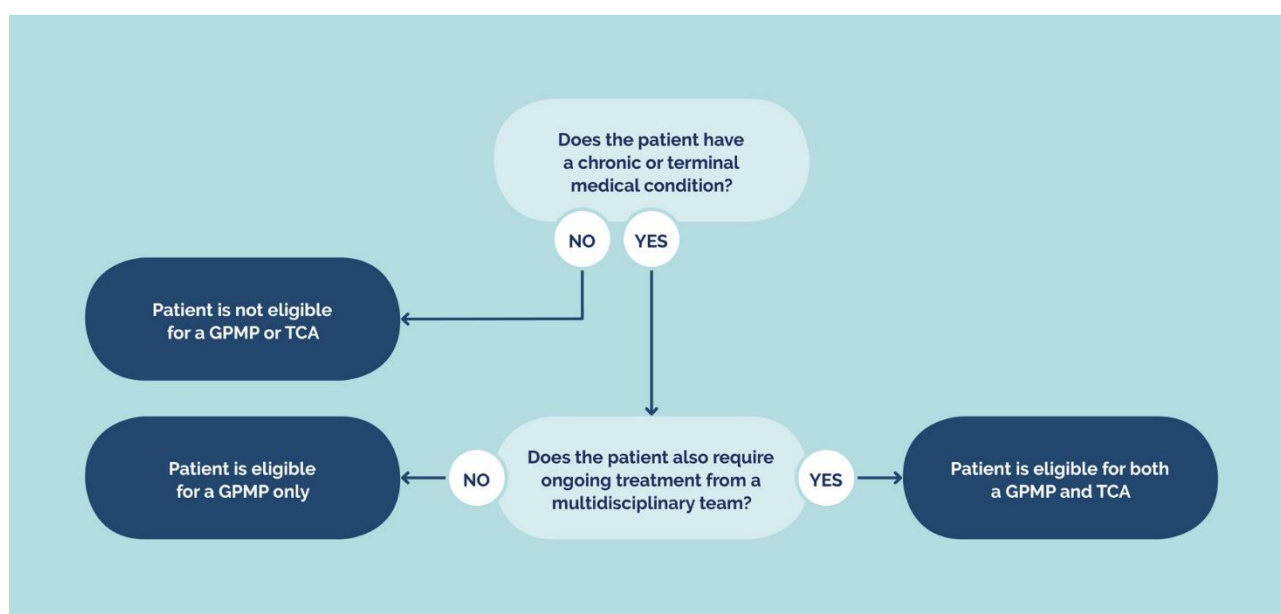
The MBS provides a series of Medicare item numbers which provide rebates for medical practitioners to manage chronic or terminal medical conditions by preparing, coordinating, reviewing or contributing to chronic disease management plans (CDMP). General practices can increase the better health outcomes for refugees and asylum seekers as part of any of these management plans, or through their reviews.

There are MBS item numbers in the chronic disease management items list.

Item Number	Description	Fee ²	Claiming Frequency
721	Preparation of a GP Management Plan (GPMP)	\$152.50	Once every 12 months
723	Coordination of the development of Team Care Arrangements (TCA)	\$120.85	Once every 12 months
729	Contribution to a Multidisciplinary Care Plan or to a review for a patient who isn't in a residential aged care facility	\$74.40	Once every 3 months
732	Review of either a GPMP or TCA	\$76.15	Once every 3 months

Utilise item 10997 for follow-up by Practice Nurse or Aboriginal and Torres Strait Islander Health Practitioner if patient has a GP Management Plan or TCA in place. Fee: \$12.70.

Figure 1: Care plan criteria



Other related Resources Refugees and Asylum Seekers Health

[Victorian Refugee Health Program](#)

[Guide to Asylum seeker access to health through Community Services](#)

[Refugee Health Network](#)

[RACGP Refugee Health Assessment Template](#)

[MBS fact sheet on Health assessment for refugees and other humanitarian entrants](#)

[Free Translating and Interpreting Service \(TIS\)](#)

[Health Pathways – Western Victoria](#)

[Caring for Refugee & Asylum Seekers in General Practice](#)

[Immunisations](#)

For more support

Contact your practice facilitation team on:

p: 1300 176 271

e: QI@westvicphn.com.au

w: <https://practiceconnect.com.au/>