Rights of passage: improving refugee access to general practice services

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Introduction

• Refugees experience many difficulties accessing GP services in Australia.

• There is little published Australian research literature, particularly from the perspective of the refugee.
Aims

- To describe and analyse the factors that influence refugee access to general practice in Australia.

- The factors relating to:
  - refugee individuals.
  - GP clinic and staff.
  - Settlement service and settlement workers.
Methods

• Study design:
  – Case study of a single GP clinic.

• Setting:
  – Large, bulk-billing, GP clinic in south eastern Melbourne offering co-located allied health, psychology and pharmacy services; extended hours; some bilingual staff.
  – High refugee population, especially from Afghanistan.
Methods

• Population sample:
  – 5 Afghan refugees who had attended the clinic.
  – 4 settlement workers who had supported Afghan refugees to attend the clinic.
  – 6 clinic staff: two GPs, one practice nurse, one receptionist, one practice manager, one bicultural counsellor (Afghan).

• Recruitment of refugees not through the clinic.
Methods

• Data collection:
  – Semi-structured interviews.
    • Credentialed interpreters.
    • Audio recordings and professional transcriptions.
  – Field observations in reception and waiting area.
Methods

• Data analysis:
  – Data coded and thematically analysed against the Penchanski and Thomas (1981) framework of the five dimensions of access.

  – Concordant and discordant participant views were identified across each dimension of access.
Findings

• Nuanced limitations in:
  – Accessibility
  – Availability
  – Accommodation
  – Acceptability
  – Affordability
Transport to the clinic is a significant problem.

Transport problems were complicated by gender, age, physical disability and mental health issues.

Settlement services could provide practical assistance, but only within limits.
Availability – volume and type of services

- Refugees preferred to see the same GP, and so would wait long periods of time to see that GP.

- Refugees preferred all services to be available in the one location:
  - GP
  - pharmacy
  - interpreters
Accommodation – fit between service and client

- The refugees experienced difficulties making and attending appointments because of language barriers:
  - at reception
  - on the phone
  - reminder letters
  - SMS messages
  - appointment cards
Accommodation – fit between service and client

- Language barriers were addressed in different circumstances through varied interpreting strategies:
  - credentialed interpreters
  - bicultural workers
  - family
  - friends
  - people in the waiting room
  - sometimes no one available to interpret
Acceptability – attitudes between provider and client

• The refuges preferred doctors who were responsive to their clinical needs and cultural preferences.
• The providers preferred refugee clients who were friendly and compliant.
• The settlement workers preferred providers accommodating of their clients’ needs.

• All preferred their needs to be addressed.
Affordability - cost

• Access to the GP was facilitated by bulk-billing:
  – no out-of-pocket cost to the client
  – balanced against the cost to the clinic

• Cost still remained a barrier to accessing services beyond the GP:
  – medicines
  – specialists
  – broader services
Discussion and implications

• Facilitators of access:
  – Clinic responding to local population needs.
  – Enlisting transport support.
  – Providing comprehensive services at the one location, including language services and practical support.
Discussion and implications

- Using language services at reception.
- Improving communication between clinic staff, refugees and settlement workers. E.g. appointment details
Discussion and implications

- Increasing responsiveness to each other’s needs.

- Practicing mutual understanding and respect of clinic processes, cultural practices, settlement service roles.
I don't have the notes from our last discussion, but I think that we decided to extend on P&T's framework by emphasising the role of collaboration and partnerships between settlement services and the clinic, as well as health literacy for refugee clients as two key enablers of access.

Shiva Vasi, 17/10/2013
Discussion and implications

– Providing fee-free GP and other services.
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- Clinic staff.
- Settlement workers.
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Thank you