primary health TASMANIA

Primary health services for newly arrived humanitarian entrants in Tasmania

Commissioning Intentions Document
Version 1.1

phn TASMANIA
An Australian Government Initiative

Contents

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Australian Government

Primary Health Tasmania Commissioning Intention

Primary Health Tasmania will commission primary health care services for newly arrived humanitarian entrants to Tasmania. The scope of health services to be delivered will include health assessment, delivery of a catch-up immunisation schedule to Australian vaccination standards and interim medical care during the initial settlement period of six to nine months.

The clinical aspects of the service must be General Practitioner led, however Primary Health Tasmania will not be prescribing a service model and applicants are encouraged to consider partnership or consortium approaches to service coordination and delivery.

Primary Health Tasmania will work with key stakeholders in the current refugee health clinics, supporting refugee health and community organisations and mainstream primary health service providers to invest our available resources to design and implement a sustainable health service for newly arrived humanitarian entrants 'refugees' settling in Tasmania to support their transition into mainstream general practice care.

Primary Health Tasmania utilised a commissioning process to:

1. Better understand the services provided by the two existing refugee health clinics, the level of funding provided by Primary Health Tasmania and other income under Medicare Benefits Schedule.
2. Understand the need and demand for primary health services to support humanitarian entrants during settlement in Tasmania and the unique barriers and enablers to the provision of high quality, sustainable services.
3. Map and understand the policy context and support services provided by government agencies, settlement contractors, hospitals and other key health organisations.
4. Implement a new provider/s of primary health services for newly arrived refugees in North and South of Tasmania prior to 1 March 2018.
5. Implement identified support and capacity building initiatives with primary health service providers and the broader sector.

Executive Summary

The objectives of Primary Health Tasmania have been established by the Australian Government as improving population health outcomes by:

- increasing the efficiency and effectiveness of medical services for patients - particularly those at risk of poor health outcomes
- improving the coordination of care to ensure patients receive the right care in the right place at the right time.

Primary Health Tasmania currently directly runs two refugee health services, one in the North and one in the South of Tasmania. Together they support an annual intake of approximately 550 humanitarian entrants each year.

The services were established approximately 10 years ago in the North and 3 years ago in the South to fill an identified gap for newly arrived humanitarian entrants. Both services now play a vital role in supporting these patients and their integration into the mainstream Tasmanian health system. The clinics are General Practitioner led, supported by nurse immunisers and administration staff.

The assessment and treatment aims of the service are to facilitate the full catch-up immunisation schedule and to undertake a comprehensive health assessment and deliver any necessary treatments for each patient accessing the service.

Throughout the commissioning process, Primary Health Tasmania has identified a service pathway for the existing clinics which consists of three phases:

- Coordination and intake
- Assessment and management
- Transition and discharge

Additionally, a number of key attributes have been identified as essential to enabling efficient and effective service delivery to newly arrived humanitarian entrants as summarised below:

- Access to the service (geographical, financial and service availability)
- Safety and quality of patient care and service experience (clinical, administrative and coordination of care with other services)
- Service capacity (timely and appropriate care, access to and effective use of MBS system and scalability to accommodate fluctuating arrival numbers)

The identified service pathway and attributes have formed the basis of a general practice focussed service specification with which Primary Health Tasmania intends to test the market via an expression of interest (EOI) process and subsequent negotiation phase with successful applicants.

If successful, contracts will be executed with the new provider with the transition and decommissioning of the existing service to occur in early 2018.

During the commissioning period, Primary Health Tasmania will work with the commissioned provider/s and the broader primary health sector to support ongoing skill development and networks to support refugee health care delivery in Tasmania.

What is commissioning?

At its simplest, commissioning means planning and buying services to meet the health needs of local populations. It involves understanding localised priority issues and procuring appropriate services in order to address those issues in the most effective and efficient manner. Commissioning is different to the way we have been purchasing health and community services in the past; with a strong focus on ensuring outcomes for communities and populations, rather than a focus on delivering activity.

As well as planning and procuring, our commissioning model involves a continuous cycle of engagement and collaboration with communities, service providers and other stakeholders to ensure fit-for-purpose services and initiatives are designed and delivered to improve the health and wellbeing of Tasmanians.

Primary Health Tasmania's commissioning model involves four phases in a cyclical process:

1. Assessing Needs – understanding what local communities need and working out the local priorities we can address based on this information:

2. Designing Solutions – working with others to identify the most efficient and effective ways we can address the identified priorities

3. Implementing Solutions – procuring quality health services and initiatives and proactively working with providers to monitor performance and progress towards agreed outcomes

4. Evaluating Outcomes – assessing the efficiency and effectiveness of services and initiatives (including value for both health gains and money) against outcomes and informing priorities for future investment in successive commissioning cycles.

While described as four phases, the commissioning cycle is a fluid process, requiring consideration of all elements of commissioning through each phase of the cycle. For example, during the assessing needs phase, measuring and evaluating outcomes needs to be considered early as part of understanding the priority needs and identifying what we want to change. The design and implementing solutions phases then need to lead to measurable and achievable outcomes.

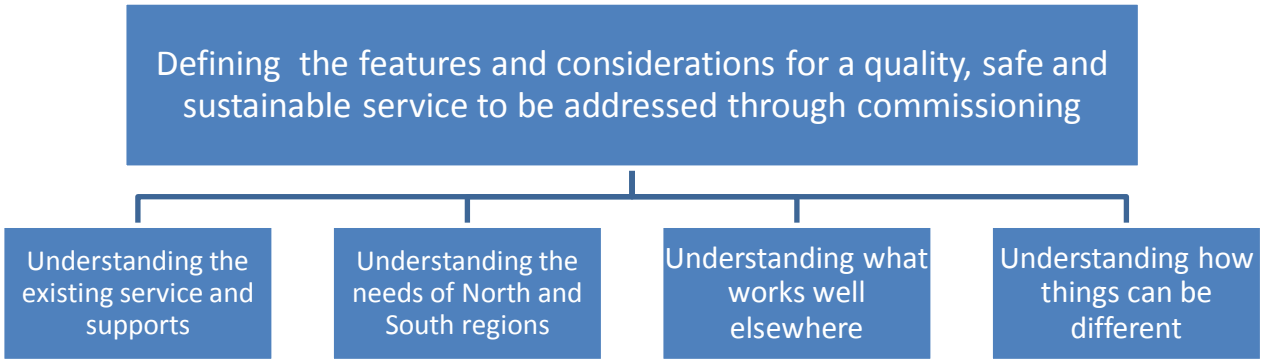
Engagement and collaboration with partners is essential to ensure improved health and wellbeing outcomes in Tasmania.

Commissioning timeframes

The commissioning cycle for Primary health services for newly arrived humanitarian entrants runs from July 2016–June 2018. Figure 1, below, shows Primary Health Tasmania's steps and timeframes for the commissioning of a primary health service for newly arrived humanitarian entrants. This timeframe will ensure the process is implemented efficiently and that any changes that may affect the existing services programs can be effectively transitioned.

Figure 1: Commissioning Timelines

PHASE 1 – ASSESSING NEEDS



1.1 The Tasmanian humanitarian entrant population

A refugee is a person who is subject to persecution in their home country and is unable to reside there. As a consequence, this person is in need of resettlement. The majority of applicants who are considered under this category are identified by the United Nations High Commissioner for Refugees (UNHCR) and referred by the UNHCR to Australia.

Eighty per cent (80%) of Australia's humanitarian intake is processed offshore humanitarian visas, and 54% of these were refugee visas in 2014-2015; almost 17% of these were granted in the 'women at risk' category.[1]

In 2015-2016, 1,732 protection visas were granted to non-illegal maritime arrivals to Australia (of 9,554 applications lodged).[2] Grant rates were highest for people from Syria, Libya and Iraq but the highest absolute numbers of refugee entrants (429) were from countries not specified. The Department of Immigration and Border Protection reports that over the past three years, the largest numbers of humanitarian entrants have been from Syria, Iraq and Myanmar. Primary Health Tasmania's refugee services estimate approximately 550 refugee and humanitarian arrivals per annum[3] (see Figure 2 & **Figure 3** below).

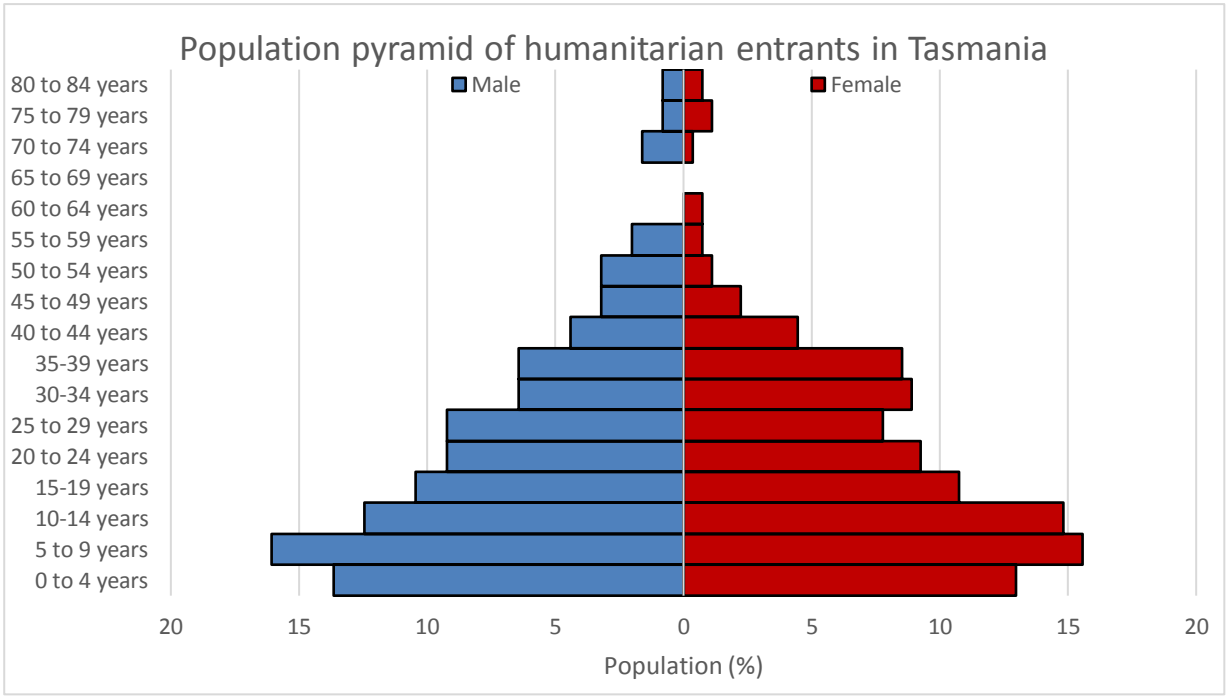


Figure 2: Population pyramid of newly arrived humanitarian entrants Tasmania 2013-2014 (n=519)[4]

[1] Migration Trends 2014-2015, Department of Immigration and Border Protection

[2] Onshore Humanitarian Programme 2015-16,Delivery and outcomes for Non–Illegal Maritime arrival (Non–I MA) as at 30 April 2016, Department of Immigration and Border Protection

[3] http://www.primaryhealthtas.com.au/programs-services/refugee-health

[4] The public health advantages of a generalist refugee focussed primary health care clinic, Faline Howes[1,2], Kelly Shaw[2], Andrew Hodson[3], Kath Ogden[3], Kate Macintyre[3], Mark Nelson[1], Margaret Kay[4] ,[1]Menzies Institute for Medical Research, [2]Primary Health Tasmania, [3]University of Tasmania, [4]The University of Queensland

The majority of Tasmania's humanitarian entrant community are resettled within the greater Hobart or Launceston regions. The median age is 17, which is notably younger than the median age of Tasmanians as a whole (approximately 41 years), but similar to humanitarian entrant populations across other Australian states and territories.[5] Compared to other Australian jurisdictions, Tasmania's humanitarian entrant population has a higher proportion of refugees from Asian and Middle eastern countries and fewer refugees from Africa; these figures should be interpreted with caution due to the small numbers involved. There are slightly more females than males resettled.

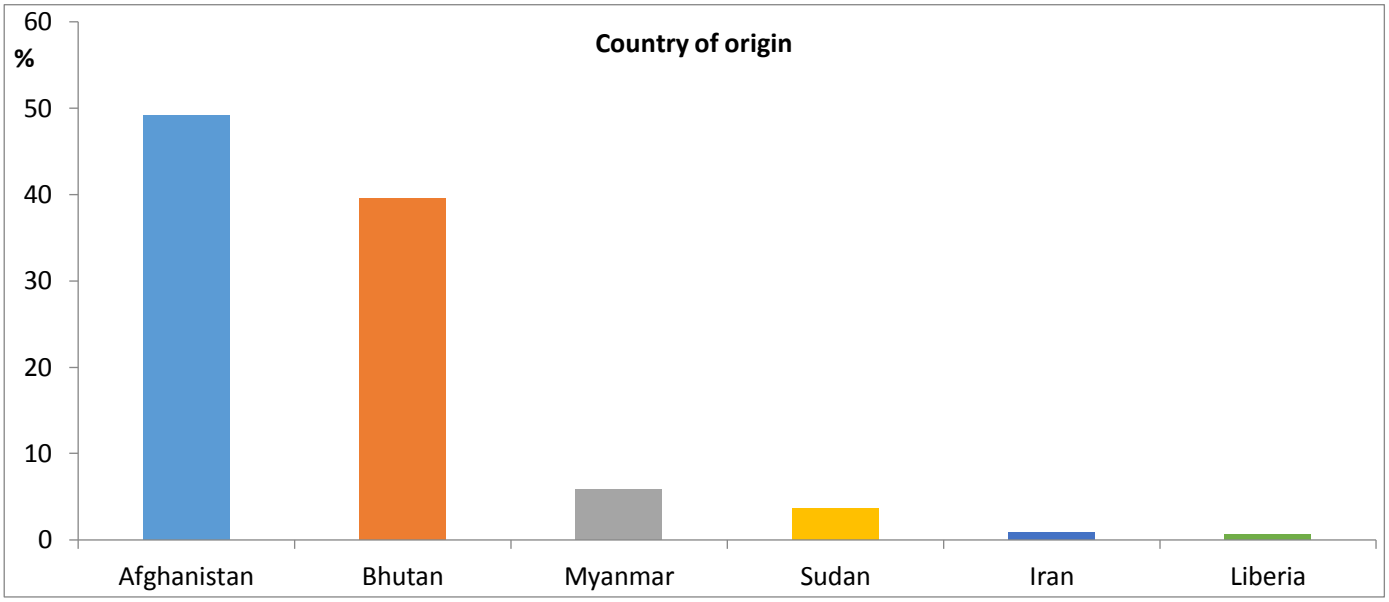


Figure 3: Country of origin for humanitarian entrants settled in Tasmania as at 2014[6]

Health conditions within Tasmania's refugee population

In general, people of humanitarian entrant background have higher rates of long-term physical and psychological problems than other migrants. This may include exposure to torture or severe human rights violations, traumatic events such as forced dislocation, prolonged political repression, refugee camp and detention centre experiences and loss of, or separation from, family members in violent circumstances.[7] They include families with young children exposed to varied extents of immunisation via different national schedules, culturally appropriate approaches to reproductive health needs and people with chronic conditions who may not have been exposed to comprehensive health care before.

The medical process for the incoming humanitarian entrants is two- fold, as follows:[8]

1. A 'visa medical screening' is performed by IOM (International Organisation for Migration) at a (varying) interval prior to departure for Australia, typically 4-6 months. If more than 6 months have passed since the last medical examination, it may be repeated. This involves:

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[5] Ibid

[6] The public health advantages of a generalist refugee focussed primary health care clinic, Faline Howes[1,2], Kelly Shaw[2], Andrew Hodson[3], Kath Ogden[3], Kate Macintyre[3], Mark Nelson[1], Margaret Kay[4] ,[1]Menzies Institute for Medical Research, [2]Primary Health Tasmania, [3]University of Tasmania, [4]The University of Queensland

[7] http://refugeehealthnetwork.org.au/wp-content/uploads/CRPGP_DTG_4thEdn_Tas_Online_s.pdf

[8] https://www.border.gov.au/about/corporate/information/fact-sheets/22health

- Clinical history, examination and documentation of any important conditions e.g. CVA/ COPD/ Diabetes.
- Chest x-ray for children over the age of 11
- Routine HIV serology for over the age of 15. Children under 15 with a relevant history may also be tested.
- Urinalysis for children over the age of 5

Hepatitis screening occurs only in specific groups, which includes pregnant women and unaccompanied minors. Dependant on the person's history, MMR vaccination may be administered.

2. A 'Pre-departure medical assessment' (PDMA), is conducted within 72 hrs prior to departure for Australia. This generally involves;

- a general exam to determine 'fitness to fly' and check for infectious symptoms e.g. fever or rash
- for females, may include beta HCG (though many arrive with undiagnosed pregnancies)
- MMR dose for people between 9 months and 54 years, unless pregnant or a reliable written record of previous immunisation is available
- Albendazole dose for intestinal parasites
- thick/thin film malaria test and treatment if needed
- further TB assessment for those with history or symptoms of TB

Infectious disease profiles are related to the person's country of origin or any country they spent a significant transit time in. Further screening conducted post-arrival includes a full blood count, screening for nutritional deficiencies, hepatitis, syphilis and schistosomiasis. Tasmanian screening rates were universally high.[9] Figure 4 summarises, by country of origin, positive screening tests (conducted on arrival) within the Tasmanian humanitarian entrant community in 2013-2014. Apart from very high rates of vitamin D deficiency amongst Afghani women, Tasmania's positive screening rates mirrored that of humanitarian entrants in other states and territories. Tasmanian humanitarian entrant screening results indicate lower positive schistosomiasis, malaria and syphilis tests when compared to other jurisdictions.

Nutritional deficiencies were more prevalent within the refugee population but rates of anaemia amongst women of childbearing age were similar to those seen in Australia. Ferritin levels were low across the refugee cohort, regardless of country of origin. It should be noted that vitamin D deficiency varies with geographic location, season and age in Australians as well as the refugee and migrant populations. However, Afghani women and girls over the age of 15 were significantly more likely to be vitamin D deficient than other population subgroups.[10] The majority had mild to moderate vitamin D deficiency. Approximately 12% of Tasmanian refugees were vitamin B12 deficient, most of them from Bhutan or Afghanistan and 70% over the age of 15.[11]

In terms of risk factors, male refugees over 18 were more likely to smoke than male Australians (approximately 27% vs 20%) whilst smoking rates were significantly lower amongst female refugees than female Australians (approximately 4% vs 16%).[12] Mean systolic blood pressure, overweight and obesity rates were all lower among the refugee population as compared to Australia in general regardless of gender (and Tasmania in particular); this may be partially due to the younger nature of the refugee cohort.[13] The

[9] The public health advantages of a generalist refugee focussed primary health care clinic, Faline Howes[1,2], Kelly Shaw[2], Andrew Hodson[3], Kath Ogden[3], Kate Macintyre[3], Mark Nelson[1], Margaret Kay[4] ,[1]Menzies Institute for Medical Research, [2]Primary Health Tasmania, [3]University of Tasmania, [4]The University of Queensland

[10] The public health advantages of a generalist refugee focussed primary health care clinic, Faline Howes[1,2], Kelly Shaw[2], Andrew Hodson[3], Kath Ogden[3], Kate Macintyre[3], Mark Nelson[1], Margaret Kay[4] ,[1]Menzies Institute for Medical Research, [2]Primary Health Tasmania, [3]University of Tasmania, [4]The University of Queensland

[11] Ibid

[12] Ibid

[13] Ibid

prevalence of diabetes amongst the Tasmanian refugee cohort was low (1.9%). Data specific to rates of other chronic conditions among the refugee population (including mental health conditions) were not available.

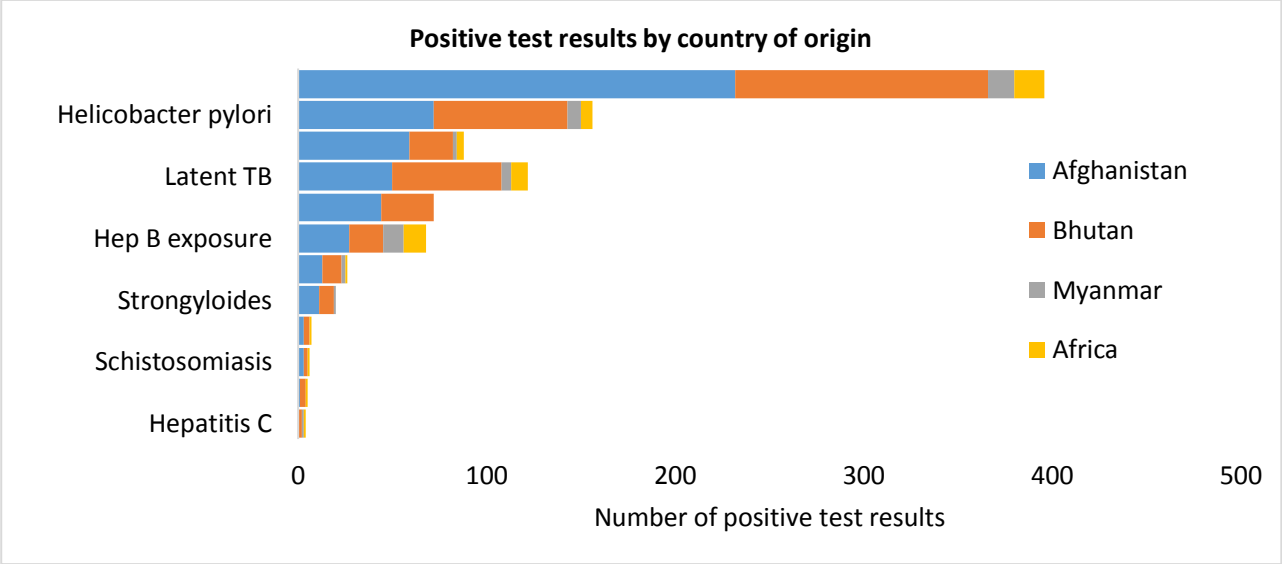

Figure 4: Positive tests by country of origin (2013-2014)[14]

Challenges humanitarian entrants face in accessing health care

Humanitarian entrants face particular challenges in accessing and managing their health care needs.

1. Challenges in accessing health care

Some refugees have to overcome different, often adverse, past experiences associated with accessing health services.[15] [16] Cultural norms might dictate how individuals access or seek health care (e.g. ask friends or family before seeking professional care).[17] Time is required to build trust with unfamiliar health professionals.[18] Actual information about where to go for help has been identified as a barrier in some instances,[19] as is getting past gatekeepers in the health care system due to language or a lack of familiarity and confidence in how appointment systems work.[20] Physically getting to appointments is challenging without familiarity with, and the ability to navigate, transport systems in a time efficient manner.[21]

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[14] Ibid

[15] Meeting the primary health care needs of refugees and asylum seekers, Jackson Bowers E., Cheng I, December 2010

[16] Identification of Queensland priorities under the national primary health care strategic framework to inform the development of the state-wide GP and primary health care plan, September 2012

[17] Ibid

[18] Building trust: Delivering health care to newly arrived refugees, P. Peterson, D. Sackey, I. Correra-Velez, M. Kay,

[19] Identification of Queensland priorities under the national primary health care strategic framework to inform the development of the state-wide GP and primary health care plan, September 2012

[20] Building trust: Delivering health care to newly arrived refugees, P. Peterson, D. Sackey, I. Correra-Velez, M. Kay

[21] Ibid

2. Challenges during the receipt of health care

Language and fluency is an often cited barrier to refugees accessing health care.[22] Whilst interpreter services are available, trust in interpretation skills needs to be established for both the client and health care provider.[23] Most refugees and practitioners still utilise family or friends as primary interpreters.[24] This can pose particular challenges to women and youth accessing reproductive or sexual health services.[25] [26] Mismatched expectations and understanding between clients and health practitioners can lead to misunderstandings and frustration for both parties;[27] these can be due not just to language, but culturally differing modes of expression (e.g. primarily mental or behavioural problems may be expressed via multiple somatic complaints, expressions of pain differ, expectations for treatment may be skewed towards medication).[28]

3. Challenges managing health care needs longer term

It is difficult to prioritise one's own health needs amongst the tumult and uncertainty of settling oneself and one's family into life in a foreign land; learning language, accessing employment, education, food and transport may all take priority.[29] Attending referral or follow up appointments is mediated by understanding the importance of appointments;[30] if clients do not realise how waiting lists work, or that certain practices have policies around non-attendance, they may prioritise other activity over attending these appointments. Cost is a challenge (seemingly minor costs take on extra significance when the person has limited financial means and unknown employment prospects, clients may prioritise other family essentials before purchasing health care). Language levels, health and computer literacy mediate the ability to adhere to treatment plans, access health care resources and self-manage.[31] Coordination of care and sharing relevant patient health information between health services involved in a person's care is at least as much of a challenge within the refugee health sector as it is across the wider health sector.[32]

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[22] Meeting the primary health care needs of refugees and asylum seekers, Jackson Bowers E., Cheng I, December 2010

[23] Building trust: Delivering health care to newly arrived refugees, P. Peterson, D. Sackey, I. Correra-Velez, M. Kay,

[24] Ibid

[25] Common threads common practice. Working with immigrant & refugee women in sexual & reproductive health, Hach M, 2012

[26] Diagnosis, management and prevention of infections in recently arrived refugees, Australian Society for Infectious Diseases, 2008

[27] Building trust: Delivering health care to newly arrived refugees, P. Peterson, D. Sackey, I. Correra-Velez, M. Kay

[28] Ibid

[29] An evaluation of the primary healthcare needs of refugees in South East metropolitan Melbourne, Southern Academic Primary Care research Unit for the Refugee Health Research Consortium, Dandenong, February 2011

[30] Building trust: Delivering health care to newly arrived refugees, P. Peterson, D. Sackey, I. Correra-Velez, M. Kay

[31] Building trust: Delivering health care to newly arrived refugees, P. Peterson, D. Sackey, I. Correra-Velez, M. Kay

[32] Modelling the delivery of refugee health in primary care, M. Kay, 2011.

1.2 The current service delivery context

There are three groups of international entrants to Tasmania: asylum seekers, humanitarian entrants and international entrants. As depicted in **Figure 5**, Asylum seekers and Humanitarian entrants are able to access the refugee health services to have immediate health needs assessed and a catch-up immunisation schedule administered, which is the focus of the existing Primary Health Tasmania refugee clinics and this commissioning cycle. It should be noted that the settlement of asylum seekers in Tasmania is rare and historically they have been settled in the South.

The third group (international entrants) access mainstream general practice services directly and do not fall under the scope of this commissioning cycle.

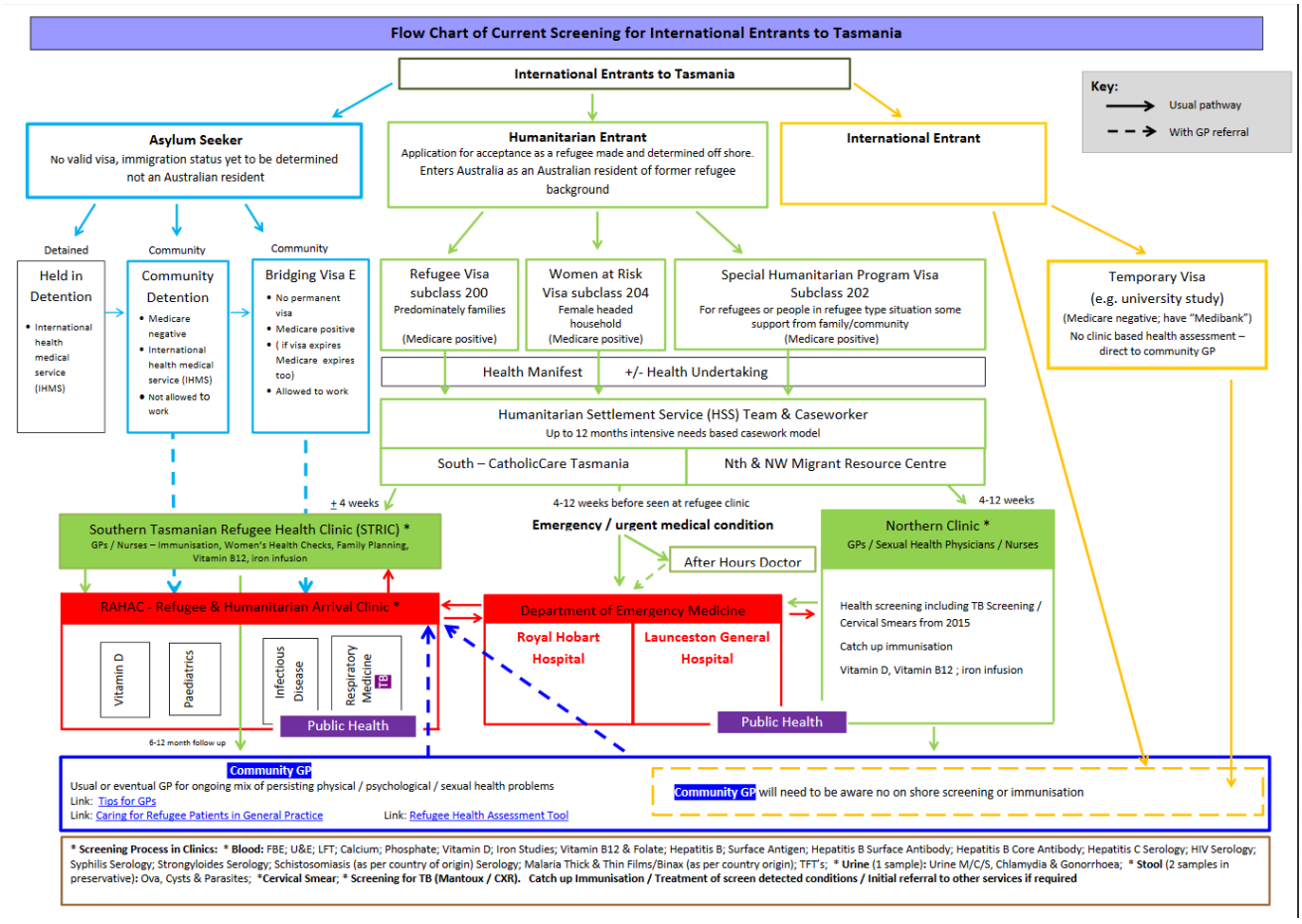

Figure 5. Health service delivery context for international entrants to Tasmania[33]

The Humanitarian Settlement Program (HSP)

The Australian Government Department of Social Services and Multicultural Affairs is responsible for managing the Humanitarian Settlement Program (HSP) and procuring services to deliver the program across Australia. Settlement contractors work in each Australian state and territory to deliver the program and provide

[33] Flow chart of current screening for international entrants to Tasmania, Tasmanian HealthPathways, https://tasmania.healthpathways.org.au/Resources/InternationalMigranttoTasmania.pdf

case workers, housing and social supports for refugees throughout the initial arrival period. In addition to these services state and territory governments provide a myriad of health, community and social support services.

Several years ago, following the identification of significant gaps in access to initial primary health care service provision for refugees, Primary Health Tasmania (formerly General Practice Tasmania/Tasmania Medical Local) established the current refugee health clinics, firstly in the north and then south of Tasmania.

Settlement Services

The Humanitarian Settlement Services (HSS) program has been delivered in Tasmania by Catholic Care in Southern Tasmania and the Migrant Resource Centre in Northern Tasmania (the current contracted providers) to provide frontline case workers who provide support to newly arrived humanitarian entrants during their initial settlement period.

Client referral to the refugee health clinics is always via contracted providers under the program.

During the consultation period, the Australian Government engaged AMES Australia in partnership with the Migrant Resource Centre (Southern Tasmania) to deliver the new Humanitarian Settlement Program (HSP) across the state (https://www.ames.net.au/ames-news-media). Existing providers Catholic Care and the Northern Tasmania Migrant Resource Centre will cease providing services from 30 October 2017.

The Tasmanian Health Service

Southern Region

The Tasmanian Health Service (THS) operates the Refugee and Humanitarian Arrival Clinic (RAHAC) at the Royal Hobart Hospital, with outreach provided to the north through the Launceston General Hospital.[34] These services are focussed on the screening, treatment and prevention of Infectious Diseases and complement the primary care services provided by the refugee health clinics. They have access to Infectious Disease (ID) specialists and two Clinical Nurse Consultants who provide a high level of clinical leadership and liaison.[35]

RAHAC's Infectious disease and paediatric focused assessments take three visits and provide treatment, follow-up and referral to specialists as appropriate.[36]

RAHAC visit schedule:

1st visit (preferably within 2 weeks of arrival) - CXR and mantoux test; screening blood tests; height and weight recorded. Paediatric (≤ 5 yrs of age) blood tests performed on a Monday.

2nd visit (2 days after 1st visit)– mantoux result; specimen pots for stool collection

3rd visit – consultant review of results (adult & paed) and letter to southern refugee health clinic

RAHAC treat vitamin D deficiencies.

Clients are encouraged to access broader DHHS and non-governmental organisation (NGO) funded health services, some of which include components specifically for migrants, e.g. DHHS child and parenting services

[34] http://www.dhhs.tas.gov.au/publichealth/public_health_archive/refugee_health/refugee_and_humanitarian_arrival_clinic_rahac

[35] http://www.multicultural.tas.gov.au/health#210202

[36] http://www.dhhs.tas.gov.au/publichealth/public_health_archive/refugee_health/refugee_and_humanitarian_arrival_clinic_rahac

and the bi-cultural community health program run by the Red Cross, which provides health promotion, information on sexual health, addictions, nutrition and stress management.[37]

The THS also employs a part-time refugee and migrant health liaison officer in the South, and a culturally and linguistically diverse (CALD) social worker in the North.

The RAHAC accepts referrals from GPs and Humanitarian Settlement health workers.

Northern Region

The Infectious Diseases Clinic at the Launceston General Hospital commenced in February 2007 and provides specialist medical services to clients.

Refugee Health Positions at THS[38]

- Refugee/Migrant Liaison Officers: these positions provide client liaison, staff training, and work to improve the overall cultural competency of the health system. These positions are based at the Royal Hobart Hospital and the Launceston General Hospital
- Clinical Nurse Consultant at the Launceston General Hospital: commenced in November 2007 this position has been key to the development of services, clinics and positions in Launceston as well as policy development for the Launceston General Hospital.
- Clinical Nurse Consultant at the Royal Hobart Hospital: commenced in June 2010 and this position manages the Refugee and Humanitarian Arrival Clinic and is working to establish other clinical services, improve data collection, networks and graduate training.

Specialist, allied health and community services

A review of Tasmanian HealthPathways identified the following Specialist, allied health and community services available supporting refugee health and wellbeing:

- **Adult Migrant English Program (AMEP):** Provides free English language courses to eligible migrants and humanitarian entrants via TasTAFE in southern Tasmania and Maxx Employment in Northern Tasmania.
- **Complex Case Support (CCS) Services:** The CCS Program delivers specialised and intensive case management services to humanitarian entrants with exceptional needs.
- **Family Planning Tasmania:** Provides sexual and reproductive health clinic services and education services.
- **Headspace:** National Youth Mental Health Foundation providing early intervention mental health services to people aged 12 to 25 years.
- **Migrant Resource Centre:** Provides support services for migrants living in the community.
- **Multicultural Access Point (MAP):** Website providing a quick and easy way to find information and services for migrants and former humanitarian entrants.
- **Pulse Youth Health Service:** Offers various services, including free counselling and drop-in.

[37] http://www.redcross.org.au/bi-cultural-health.aspx

[38] DHHS Refugee Health Services in Tasmania Overview and Review Recommendations

- **Red Cross:** Provides services and bi-cultural health education for refugees, asylum seekers, and immigration detainees.
- **Hobart Women's Shelter (Southern region only):** Provides a range of support services to women and children at risk of homelessness and/or who are experiencing family violence.
- **Southern Dental Clinic (Southern region only):** 100% of new arrivals are seen with small out of pocket expenses.
- **The Phoenix Centre:** (located in Glenorchy and Launceston) primarily provides counselling and advocacy for victims of persecution and war-related trauma. It also provides some aged care services (home care packages and social support groups), early childhood intervention for child victims of trauma, suicide prevention activity, a wide range of social determinant related services (e.g. employment services) and auspices the Tasmanian Transcultural Mental Health Network.[39]

Diagnostic services

Pathology and imaging services are performed by the Royal Hobart Hospital and Launceston General Hospital or bulk billing diagnostic providers in the community as appropriate to the needs of the patient and the nature of the diagnostic test being ordered.

1.3 The existing Refugee Health clinics

Currently managed by Primary Health Tasmania, the case for the establishment of these clinics was premised on general practice feedback at the time noting their difficulty in managing these often-complex clients within the normal consultation framework and pressure on a small number of practices within geographical settlement patterns.

The clinics are GP-led and supported by nurse immunisers. The assessment and treatment aims are to:

- facilitate the full catch-up immunisation schedule and
- undertake a comprehensive health assessment and necessary treatments for each refugee accessing the service.

Comprehensive medical assessments including investigations and screening are based on the Medicare Benefits Schedule requirements for health assessments[40] and the recommendations from the DHHS Guide for General Practitioners in Tasmania - Refugee Health, May 2005.[41]

Newly arrived humanitarian entrants are referred to the service by contracted providers of Settlement Services in Tasmania.

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[39] Ibid

[40] http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=A31&qt=noteID&criteria=refugee%20health%20assessment

[41] https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0016/37024/gp_guide_refugee_health_1st_edn_may05.pdf

Access to primary care services upon arrival now plays a vital role in supporting humanitarian entrants and their integration into the Tasmanian health system. The existing service currently supports approximately 350-450 refugees per year, with fluctuating arrival patterns throughout the year and year to year.

In 2017-18 it is anticipated refugee intake numbers will initially increase, however once the Australian Government commitment to settle an additional intake of Syrian refugees is completed it is expected settlement numbers will remain steady. It is also important to note that the complexity[42] of the refugees' health needs varies year to year depending on the cultural and country of origin makeup of the settlement intake.

The Northern clinic

The Northern clinic was initially established within the Migrant Resource Centre (MRC) in 2007. In 2013 the decision was made to relocate the clinic to the Northern Integrated Care Services (NICS) building located on the site of the Launceston General Hospital along with the other clinical services. Aside from the physical relocation the service continued in the same manner but shared administrative staff with the other Primary Health Tasmania clinical services.

The clinic is GP led and, as at June 2017, the clinic runs 6 sessions over 3 days per week, of which one session is allocated as a women's clinic on a fortnightly basis.

Each session requires a GP, RN Immuniser and administrative staff. Total staff currently available for a staffing roster include 7 GPs (4 female and 3 male), 4 RNs and 2 designated administrative staff.

The Southern Clinic

The southern clinic was established in 2013. It is co-located at the After-Hours Doctor Service in Derwent Park.

As with its Northern counterpart, the Southern clinic is GP led with support from a nurse immuniser and administrative staff. Each session requires a GP, RN and administrative staff. Total staff numbers include 5 GPs (4 female and 1 male), 2 RNs plus 1 casual RN and 2 designated administrative staff.

As at June 2017 the clinic runs 7 sessions over 3.5 days per week. The clinic does not have a designated women's clinic but does offer women's health services including health checks, contraception etc as required.

Key relationships and interactions

Establishing the clinics in each region, has enabled the development of knowledge focused on researching best practice management and treatment of a variety of previously uncommon (to Tasmania) deficiencies or conditions with consideration given to Tasmanian availability of, and access to treatment. A number of key relationships have been established by the clinics within the sector to facilitate a collaborative approach to knowledge development and patient treatment as outlined in Table 1 below.

Service Category	Northern Clinic	Southern Clinic
Settlement Services	Northern Tasmania Migrant Resource Centre	Catholic Care
Pathology	LGH Pathology Services	RHH Pathology Services
Pharmacy	LGH Pharmacy (for access to Vitamin D and Imprest Medications)	RAHAC (provides Vitamin D treatment)
Vaccine Supply	Communicable Disease Prevention Unit Tasmania	Communicable Disease Prevention Unit Tasmania
Mantoux, Infectious Diseases	LGH Mantoux clinic and CNC nurse	RAHAC
Research and training	The University of Tasmania (UTAS) and GP Training Tasmania (GPTT)	N/A

Table 1. Key relationships established by the existing clinics

Opportunities to improve and build sector capacity

Anecdotally, general practices in Northern Tasmania have reported greater capacity to take on new clients. In the South, this presents an opportunity for Primary Health Tasmania to support a new provider with capacity building projects aimed at mainstream general practice and humanitarian entrant support services to build networks, educate and develop the skills necessary to increase accessibility of mainstream general practice services for humanitarian entrants.

The northern clinic is co-located within the THS which makes coordination and transfer of patient care between the services easier by sharing access to medical records across the services, however the introduction of the My Health Record and upcoming work on a Tasmanian eReferral system presents an opportunity to continue this level of information sharing regardless of geographical location. In the South, the same approach could be used to improve the timeliness and access to information between the RAHAC and a commissioned primary health service for newly arrived humanitarian entrants, another issue identified during consultation.

The northern clinic has established a relationship with research and training organisations and its clinical staff play a role in regional and national advocacy for improved health supports for refugees. While this relationship is not within the scope of commissioning, the linkage is a valuable one and may be supported by Primary Health Tasmania in collaboration with the University of Tasmania as a capacity building initiative.

Other challenges experienced in the north are the absence of a dedicated humanitarian arrivals clinic such as RAHAC as it puts additional workload on clinic staff in coordinating infectious disease and paediatric assessments and treatment. A capacity building opportunity exists to increase communication between the

Infectious Disease clinic at LGH and the RAHAC clinic in the South to standardise THS services in each region. Additionally, this approach can be used locally in each region to build and maintain inter-service coordination and linkages through Primary Health Tasmania participation in local area coordination (LAC) meetings.

Consultation with the THS also indicates insufficient supporting information is provided to patients during the transition to mainstream general practice leading to confusion and delays accessing health information from the clinics during the process. During consultation, some innovative ideas to solve this problem were outlined by the CNC at LGH which could be applied across the North and South as a capacity building exercise

Service utilisation

Arrivals to Tasmania under the Humanitarian Settlement Services Program[43]

Table 2 outlines arrival numbers to Tasmania over the last five years which can be used as a guide to approximate service utilisation of the existing clinics. It should be noted however, that these numbers do not consider humanitarian entrants who arrived in, and subsequently left Tasmania. Neither does it indicate family members of previously settled humanitarian entrants who may choose not to utilise the services offered by the refugee health clinics and, instead seek treatment from mainstream general practices used by other members of the family group.

Financial year	Arrival numbers
2016-17	773
2015-16	439
2014-15	328
2013-14	905
2012-13	466

Table 2. Tasmanian humanitarian arrival numbers 2012 - 2017

[43] Department of Social Services Tasmania

Historical MBS Items utilised for patient care in the refugee health services

Outlined in the table below is an indicative list of MBS item numbers historically charged by the existing clinics over the past 3 years. Full details of MBS items and eligibility requirements is available at www.mbsonline.gov.au

MBS Item Number	Description
3	Surgery consultation, Level A
23	Surgery consultation, Level B
36	Surgery consultation, Level C
44	Survery consultation, Level D
703	Health Assessment, Standard
705	Health Assessment, Long
707	Health Assessment, Prolonged
721	GP management plan
723	Team care arrangement
2506	Service incentive payment, taking of a cervical smear from an unscreened or significantly under screened person
2713	GP mental health treatment plan
10991	Bulk Billing incentive
10997	Service provided to a person with chronic disease by a practice nurse or aboriginal community controlled health worker
11700	ECG tracing and report
14206	Hormone implant via cannula
73806	Pregnancy test

Table 3. MBS items previously claimed by the refugee health clinics

1.4 Defining the features and considerations for a quality, safe and sustainable services to be addressed through commissioning

Primary Health Tasmania has utilised a range of methods to gain an understanding of the current service features, supports and business model in addition exploring state-wide needs of the service and models of refugee health that work well elsewhere in Australia and Internationally.

Primary Health Tasmania sought input through the following:

- an analysis of publicly available refugee health and service utilisation and financial data for current services located in the North and South
- a review of the peer-reviewed literature
- facilitated consultation forums in the north and south of Tasmania with staff of the existing clinics that sought input and feedback on the current service model
- stakeholder consultations that sought input and feedback from key stakeholders who have linkages with the existing service and experience in refugee health needs across the health system.
- the provision of email, post and phone contact for people to give feedback on refugee health issues.

The following is an overview of what we have found and how this will inform potential service delivery options for primary health service delivery for newly arrived humanitarian entrants to Tasmania.

Core service elements for commissioning

Administration

- Coordination with settlement service contractors and clinicians within the service to determine patient eligibility for the service, book appointments and bill for episodes of care when completed
- Appropriate and timely communication with settlement and education support services to support a smooth transition to mainstream general practice services
- Other administrative duties to support service operation

Assessment and initial medical services

- Appropriately qualified staff to deliver assessment and medical care
- Ensuring appropriate use of translation and interpreting services
- The provision of a health assessment and immunisation catchup schedule for newly arrived humanitarian entrants to Tasmania by an appropriately qualified and registered professional
- Referral to, and coordination of initial medical care with hospital, community and specialist medical services as deemed necessary until the catchup immunisation schedule has been fully administered.

Immunisation to Australian standards

- Appropriately qualified staff to deliver a catch-up immunisation schedule
- The translation of non-English immunisation records where possible to inform a cost-effective immunisation catch-up schedule.
- The design and administration of an immunisation catch-up schedule to Australian standards (http://www.immunise.health.gov.au/) for newly arrived humanitarian entrants to Tasmania by an appropriately qualified and registered health professional
- Safe transition of patients to mainstream general practice is supported by providing understandable instructions to the patients on how to facilitate a transfer of their medical record.
- Increase collaboration between the service and supporting services for newly arrived humanitarian entrants to Tasmania

Attributes of the service

During the Assessing Needs phase the following attributes have been identified as necessary to ensure safe, effective and efficient delivery of the comissioned services.

Access

- The service should be geographically accessible to newly arrived refugees who may not have their own transport
- The service should be able to access the Medicare Benefits Scheme (MBS) and provide bulk billed services with no out-of-pocket costs to patients eligible for the commissioned services
- Eligible patients are newly arrived humanitarian entrants for whom no greater than nine months have passed since their first visit to the service or an exception has been granted by Primary Health Tasmania
- The service must be able to access the National Translating and Interpreting Service (TIS) https://www.tisnational.gov.au/ in situations where patients cannot effectively communicate in English and members of the service do not fluently speak the language of the patient. Any costs to access these services should not be passed on to patients

Capacity

- The service must have the capacity to see all humanitarian entrants within four to six weeks of arrival and accommodate urgent appointments within two business days as triaged by clinical staff.
- The service must complete a health assessment and the facilitation of a catch-up immunisation schedule within a six to nine month period.
- The service must be able to effectively communicate, and coordinate with settlement services and other refugee support organisations as necessary and appropriate to provide an effective and patient centred experience.
- The service must be able to scale up and down to meet fluctuating settlement numbers throughout the year as advised by settlement services

Safety and Quality

- The service should be compliant with all mandatory criteria within the RACGP standards for General Practices (4th edition) http://www.racgp.org.au/your-practice/standards/standards4thedition/ or similar quality and safety framework.
- All staff working in the service should have the skills, experience and personal attributes necessary to provide a professional, friendly and positive culturally sensitive service experience to patients from diverse cultural and language backgrounds

Appropriate use of MBS systems

- Where the service submits a claim for reimbursement under the Medicare Benefits Schedule, the service must ensure the appropriate item number has been charged and all eligibility requirements for claiming the item number have been adhered to
- The Medicare Benefits schedule and associated item guidelines can be accessed at https://www.mbsonline.gov.au and a listing of some key item numbers historically charged by the clinics is outlined in Table 3

Services and service models

Options and recommendations from literature

Targeted care coordination, trained, language appropriate interpreters, refugee and health care provider education and improved community engagement have been proposed to improve both refugee health seeking behaviour and general practices' capacity to manage the problems their refugee patients present with[44].

The Primary Care Amplification Model: a service model option for delivering refugee health care

This is based on complex adaptive systems theory.[45] A 'beacon' practice is one with expanded clinical capacity or specialisation in conditions prevalent amongst the refugee population that is linked to existing local community services and general practices. This facilitates both coordination of care and education of the wider local health workforce.[46] It is resourced with technology and infrastructure to host a broad clinical team, and to teach and provide a central meeting point for related community and health service activity. The beacon practice smooths communication/interaction/shared care with tertiary care and community services as required, and generally acts to amplify local provider strengths to provide comprehensive, coordinated care and continuous (i.e. non-fragmented) care to refugees. The 'amplification' process includes:

- developing best practice guidelines that incorporate evidence-based data
- facilitating engagement with other care providers
- providing support for specific patients when the care is more complex
- supporting teaching of skills relevant to community and provider needs
- enabling advocacy within the community

The model involves governance via a collaborative effort between practice clinical leadership and local relevant government and non-government organisations; these include local refugee community leaders or organisations. The main aim of the governance structure is to ensure that the beacon practice remains relevant to the changing needs of the refugee cohort it services. Funding is a mixture of public and private funds, including specific grant funding related to specific priority health needs (e.g. mental health).

This model has been implemented in Queensland and the ACT within the general practice setting, and preliminary evidence indicates that its major advantage is its flexibility, which enables it to rapidly incorporate positive ideas and adjust to the changing circumstances of the refugees as they arrive[47]. Having a shared articulated purpose appeared to be a 'core attractor' for staff and patients, and drove systematic improvements

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[44] Farley, R., Askew, D., Kay, M. Caring for refugees in general practice: perspectives from the coalface. 21 December 2012, Australian Journal of Primary Health, 20(1) 85-91

[45] Phillips, C., Hall, S., Elmitt, N., Bookallil, M. and Douglas, K., 2017. People-centred integration in a refugee primary care service: a complex adaptive systems perspective. Journal of Integrated Care, 25(1).

[46] Kay, M., Jackson, C., Nicholson, C. Refugee health: a new model for delivering primary health care. Australian Journal of Primary Health, 2010,16,98-103

[47] Farley, R., Askew, D., Kay, M. Caring for refugees in general practice: perspectives from the coalface. 21 December 2012, Australian Journal of Primary Health, 20(1) 85-91

in the service[48].Clinical teams often integrated informally, and the lack of formal communication structures between clinical teams was not a barrier to better patient outcomes[49]. Part of the service's resilience and ongoing service orientation was due to the fostering of an emergent self-organising form of integration through a complex adaptive systems approach[50]. The outcome of this integration was characterised through the metaphors of "home" for patients, and "family" for staff[51].

Challenges within this model included unstable funding, sourcing skilled clinical leadership, avoiding poor communication and conflict, significant change management costs required to enable the appropriate service governance, culture and engagement with local general practices and the primary care community[52]. Many providers indicated they felt somewhat isolated and under resourced[53]. Along with the need for further resources, the importance of improved knowledge exchange and transfer regarding available resources and a more cohesive approach to refugee health care was emphasised[54].

[48] Phillips, C., Hall, S., Elmitt, N., Bookallil, M. and Douglas, K., 2017. People-centred integration in a refugee primary care service: a complex adaptive systems perspective. Journal of Integrated Care, 25(1).

[49] Ibid

[50] Ibid

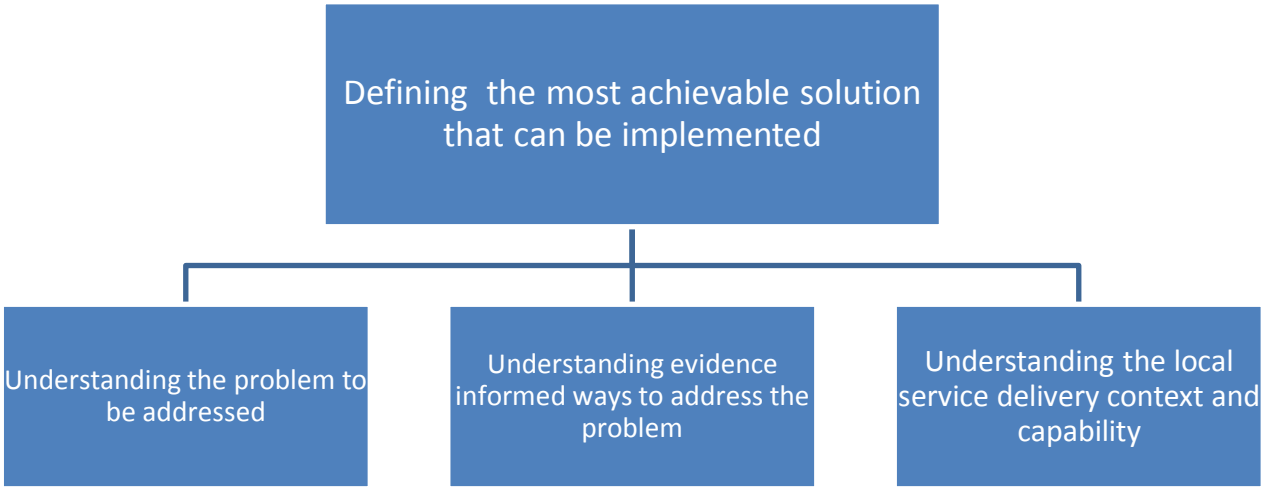
[51] Ibid

[52] Jackson, C.L., Askew, D.A., Nicholson, C. and Brooks, P.M., 2008. The primary care amplification model: taking the best of primary care forward. BMC health services research, 8(1), p.268.

[53] Farley, R., Askew, D., Kay, M. Caring for refugees in general practice: perspectives from the coalface. 21 December 2012, Australian Journal of Primary Health, 20(1) 85-91

[54] Ibid

PHASE 2 – DESIGNING SOLUTIONS



2. Refugee health commissioning options

2.1 What services will be commissioned for refugee health care?

Primary Health Tasmania will commission primary health care services for newly arrived humanitarian entrants in Tasmania. The scope of health services to be delivered will include health assessment, delivery of a catch-up immunisation schedule to Australian vaccination standards and interim medical care during the initial settlement period of six to nine months.

The clinical aspects of the service must be General Practitioner led, however Primary Health Tasmania will not be prescribing a service model and applicants may consider partnership or consortium approaches to service coordination and delivery.

Service providers will be invited to develop proposals that identify and address these key considerations, with a focus on improving the experience for humanitarian entrants and their families.

2.2 Outcomes

Commissioned Refugee health services must align with the overarching Primary Health Network objectives:

- To increase the efficiency and effectiveness of medical services for patients – particularly those as risk of poor health outcomes, and
- To improve the coordination of care to ensure patients receive the right care in the right place at the right time

These overarching objectives, evidence from literature review, assessment and thorough understanding of the current refugee health services provided within the existing clinics and stakeholder engagement have informed the commissioning design for determining the outcomes that commissioned services must deliver against.

These outcomes are identified below:

- Safe and appropriate primary care medical services for newly arrived refugees during their initial settlement period within Tasmania
- Immunisation of newly arrived refugees to Australian standards
- Coordination of care with social, community and hospital and specialist medical services identified as needed after assessment

2.3 Services that are out of scope

Primary Health Tasmania funding is intended to offset the additional administrative costs required to appropriately support the coordination and delivery of services to newly arrived humanitarian entrants to Tasmania and cannot be used for the following:

- Non administrative expenses (i.e financial supplements to Medicare funded services)
- capital works
- clinical trials
- funding of transport services
- interstate travel/costs not associated with the funded service, any overseas travel or related expenses
- legal costs or compensation associated with employment related disputes or actions

2.4 Application Process

Primary Health Tasmania will conduct a two-staged approach to market to commission primary health care services for newly arrived humanitarian entrants in Tasmania. Stage one of the approach to market is through open Expressions of Interest (EOI). The purpose of this stage is to determine the market interest and capacity in delivering this service. At the completion of this stage, Primary health Tasmania will identify prospective applicants to proceed to stage two. During stage two, further details of service models and proposals will sought and negotiated with prospective providers.

2.5 Service criteria specification for commissioning

Table 4 below details the mandatory and desirable criteria in accordance with the patient journey through the health service.

Criteria	Requirement
1. Patient Coordination and Intake	
1.1. Secure, single point of receipt for refugee settlement notifications and patient manifests from settlement services	Mandatory
1.2. Electronic patient appointment booking system. E.g. Best Practice / Medical Director etc.	Mandatory
1.3. Ability to access Medicare Benefits Scheme (MBS) and provide bulk billed services with no out-of-pocket costs to patients eligible under the commissioned services	Mandatory
1.4. Ability to generate and store invoices or medicare benefit claims for services rendered in accordance with MBS guidelines	Mandatory
1.5. The service is operated from a facility compliant with all criteria under section 5.1 of the Royal Australian College of General Practitioners (RACGP) standards for general practice (4th edition) http://www.racgp.org.au/your-practice/standards/standards4thedition/	Mandatory
1.6. Ability to communicate with settlement service case workers and patients to organise appointments, and arrivals to the clinic	Desirable
1.7. Ability to operate the service from a geographically assessible service locations in the north and south of Tasmania for newly arrived refugees who may not have their own transport	Desirable
1.8. Service capacity to see all newly arrived refugees within 4 to 6 weeks of arrival	Desirable
1.9. Service scalability to accommodate fluctuating patient demand levels throughout the year	Desirable
2. Patient Assessment and Management	
2.1. Ability to access to commonwealth funded translation services provided by the National Translating and Interpreting Service (TIS) https://www.tisnational.gov.au/	Mandatory
2.2. The service is compliant with all mandatory criteria within the RACGP standards for General Practices (4th edition) http://www.racgp.org.au/your-practice/standards/standards4thedition/	Mandatory
2.3. All health professionals contracted by the service are appropriately qualified and credentialed to provide clinical services, and are registered with the	Mandatory

Australian Health Practitioner Registration Agency (AHPRA) and relevant professional bodies	
2.4. The service is able to provide an initial health assessment for newly arrived Tasmanian refugees in accordance with Medicare guidelines. MBS guidelines for the provision of a health assessment for refugees can be accessed at: http://www.health.gov.au/internet/main/publishing.nsf/content/mbsprimarycare_mbsitem_refugees	Mandatory
2.5. In accordance with the Australian Government standards, the service is able to plan, administer and report to the ACIR an immunisation catch-up schedule for newly arrived refugees. Information on the Australian immunisation standards can be accessed at http://www.immunise.health.gov.au/	Mandatory
2.6. The service is able to facilitate the referral to, and coordination of initial medical care with hospital, community and specialist medical services as deemed necessary until the catch-up immunisation schedule has been fully administered.	Mandatory
2.7. Usage of and compliance with Medicare Benefits Schedule, ensuring that appropriate item numbers have been charged and all eligibility requirements have been met for services rendered. The Medicare Benefits schedule and associated item values can be accessed at https://www.mbsonline.gov.au and a listing of some key item numbers historically charged by the clinics is outlined in Appendix A of the Commissioning Intentions Document.	Mandatory
2.8. The service is able to organise the translation of non-English immunisation records free of charge to the patient through an appropriate translation service where possible to inform a cost effective immunisation catch-up schedule.	Desirable
2.9. Policies and procedures in place to ensure appropriate use of translation and interpreting services	Desirable
2.10. The service is accredited to the RACGP standards for General Practices (4th edition) http://www.racgp.org.au/your-practice/standards/standards4thedition/.	Desirable
2.11. Staff working in the service have the skills, experience and personal attributes necessary to provide a professional, friendly and culturally sensitive service experience to patients from diverse cultural and linguistic backgrounds.	Desirable
2.12. Ability to obtain patient feedback on service experience at final visit	Desirable
3. Transition and discharge to mainstream primary care	
3.1. Collaboration with relevant health and social support organisations for refugees where appropriate (e.g notification to education services when client transition to mainstream services is imminent so education can be targeted to finding and making an appointment with mainstream general practices)	Mandatory
3.2. Appropriate and timely communication with settlement and education support services to support a smooth transition to mainstream general practice	Desirable
3.3. Safe transition of patients to mainstream general practice is supported by providing understandable instructions to them regarding the transfer of their medical record to their new GP.	Desirable
3.4. Ability to provide a health summary or copy of medical record to the patient's chosen clinic upon request	Desirable
3.5. Ability to register patient for a My Health record, and upload a shared health summary prior to transition	Desirable
3.6. Effective liaison with settlement services and contractors	Desirable

Table 4: Service criteria and requirements

2.6 The assessment process

PHT will form an assessment panel, which will include internal representatives, along with external expertise from the settlement services sector and an independent probity advisor. The panel will be guided by several fundamental principles in undertaking this role. These are:

- independence
- expertise, knowledge and experience
- ethics
- conflict of interest and
- confidentiality and security of information.

2.7 Financial model

In accordance with the Health Insurance Act 1973 contracted service providers will be remunerated under the Medicare Benefits Schedule (MBS). Due to the complex nature of health service provision to newly arrived humanitarian entrants Primary Health Tasmania acknowledges that it will be necessary to provide a financial contribution (administrative payment) to the successful provider/s to ensure service viability.

The second stage of Primary Health Tasmania's market approach will be by Request For Proposals, during which interested applicants will be asked to identify a suitable financial model to support their proposal's financial viability.

2.8 Contract term

In the first instance, Primary Health Tasmania will offer successful applicants a contract commencing 1 February 2018 until 30 June 2019. Contract extensions will be contingent on ongoing funding from the Australian Government and subject to successful service delivery.

2.9 Procurement timeframes

Activity	Estimated Dates (2017/2018)*
Two Stage Approach to Market: Stage 1: Expressions of Interest opens on Tenderlink	2pm Friday 22 September 2017
EOI Forums (North and South) Session recorded and posted on PHT website and link sent out to practices via website & GP update	Week of 06 October 2017
EOI close date	2pm Friday 13 October 2017
EOI reviews and evaluation	16-20 October 2017
Notification to successful and unsuccessful applicants	1 November 2017
Stage 2: Request for Proposal (RFP) opens	1 November 2017
Request for Proposal closes	2pm 24 November 2017
RFP Assessment	To 7 December 2017
Execute contract documents	31 January 2018
Transitioning phase	Mid-February to 30 March 2018

New services fully operational	**Monday 2 April 2018**

*These timeframes are subject to change

2.10 Preparing and submitting your proposal

Applicants should be aware that:

- all proposals must be submitted via PHT's Tenderlink portal https://www.tenderlink.com/primaryhealthtas/
- applicants are encouraged to seek clarification on issues relating to the procurement process. All questions on clarifications received from applicants during the open process must be submitted in writing using the online forum within Tenderlink
- when a question is received, the PHT procurement advisor receives all alerts around questions and will liaise with the project support officer/project manager to obtain the necessary response accordingly. Responses will be made available on the Tenderlink online forum
- further information on the general terms and conditions can be found at Tenderlink

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