switchboard
connecting resettlement experts

Service and Health Care Provider Collaboration

Promoting Clients' Health Through Improved Coordination

Service providers (such as resettlement agencies and community-based organizations) and primary health care providers (clinicians) both have the best interests of clients' health in mind. But demanding caseloads and lack of clarity around roles can make collaboration difficult. This guide, created by Switchboard in partnership with the Society of Refugee Healthcare Providers, highlights tips from service and health care providers on how service providers can facilitate collaboration with health care provider colleagues to support newcomers' health.

Introduction

Effective communication and collaboration between primary health care providers (clinicians) and service providers (resettlement agencies and community-based organizations) is one of the best ways to support newcomer clients' health needs. However, there can be barriers to achieving this, especially given busy office and clinic schedules. Through understanding each other's roles, strengths, and limitations and by taking steps to improve collaboration, service providers and clinicians can deliver the best care to newcomers.

While this is not an exhaustive list, this guide covers key points related to roles and offers tips for service providers for better collaboration to support newcomers' health.

Understanding the Service Provider's Role in Health Care

Service providers, including staff at resettlement agencies and community-based organizations (CBOs), help address barriers that newcomers may face in accessing health care services. Service providers should:

- Support clients in achieving self-sufficiency
- Have knowledge of available resources and programs
- Understand clients' cultural and linguistic needs
- Help facilitate coordination of care and assist with some referrals to services and medical appointments
- Build trust and relationships with refugee clients and communities

Resettlement agency and/or CBO staff efforts to help clients keep appointments, arrive on time, etc. is extremely helpful in making sure that all the time the clinician spends with the client during a medical appointment is focused on health.

While some service provider organizations have health teams or medical case management programs, most resettlement agency staff are **not** health care providers. They therefore do not have the training, credentials, or licensing to diagnose or treat medical conditions and should not attempt to do so.

For more details about service providers' roles and boundaries, download our guide An Introduction to Refugee Health.

Understanding the Health Care Provider's Role

Health care providers (also referred to as clinicians) are professionals with specific health care system knowledge who are licensed and trained to:

- Diagnose medical conditions
- Prescribe medications or treatments
- Assess signs and symptoms
- Determine urgency of medical issues

Depending on the state and local region, health care providers serving refugees and newcomers may provide:

- Only medical screenings
- Only primary care services after the medical screening is completed elsewhere
- Both medical screenings and primary care

The information in this guide can be utilized with health care providers in any of the above three scenarios.

Clinicians often work in a clinic or hospital system with expectations established by their employers and insurance companies for the standard amount of time to meet with each patient, how many patients to see, and other administrative obligations. These responsibilities are in addition to providing direct patient care, charting, refilling prescriptions, reviewing results, consulting with other professionals, completing paperwork, and more.

Recommendations for Collaboration

Designate a Champion at Each Site

Since health care providers and case managers/CBO staff are often busy, identifying a champion or point person at each site helps facilitate and streamline communication between partners, as well as within each site's team.

The resettlement agency or CBO may choose a health team member, a specified case manager, or another designated person to be their champion. The health clinic's point person can be a medical assistant, nurse, social worker, care coordinator, patient navigator, or community health worker. Ideally, the champion at each site will be passionate about supporting refugee health care, have health care experience, and have time allotted to carry out this role (rather than the role being an "add-on" to their existing workload).

Develop a Communication Chain of Command

Develop a communication chain of command at both the primary care clinic and resettlement agency/CBO specifying who is involved with communication and what the process entails. Consider these questions when creating the communication process:

- **Who are the staff members on both sides who handle routine scheduling?**
- **What is the expected timeline for responses from both sides?**
- **What are the after-hours communications options and contacts, if available and necessary within your collaboration team?**
- **How to elevate and address urgent medical needs?** For example, clients who arrive with urgent medical needs, as indicated on pre-arrival IOM documents, may need an appointment within 48 hours of arrival. How can the resettlement agency and medical clinic work to accommodate these cases (within reason and when possible)? This may entail the clinic utilizing one of their reserved sick visit appointments or having a supporting staff member (i.e., nurse) who is equipped to provide an initial assessment of the client.

The communication chain should also be bi-directional. When a client brings up a non-medical concern to a health care provider, that provider should know how to communicate with the service provider to ensure they are able to follow up on the issue. Usually this would be the person identified as the "champion" at the resettlement agency or community-based organization.

You may consider having the following roles in your communication chain of command:

- **Referral point persons ("champions"):** These are the individuals at both the clinic and resettlement agency who are responsible for handling referrals for routine scheduling and non-urgent communication. Routine requests and communications between clinics and resettlement agencies would be through these designated contact persons, who would then disseminate messages and questions to other staff members as appropriate.
- **Service provider agency manager/health care professional (e.g., nurse, nurse manager, provider):** These are the persons at both the clinic and resettlement agency/CBO who should be notified and engaged when urgent medical needs arise. Depending on the situation, they may need to step in and make decisions about how the urgent need should be addressed. They may need to communicate with other relevant stakeholders (e.g., the state refugee health coordinator). They may also be the people engaged if the referral point person is unreachable or otherwise not responding in the agreed-upon timeline. At the resettlement agency, this would likely be a manager. At the clinic, this would need to be a clinical staff member such as the nurse or health care provider.
- **Decision-makers (e.g., service provider agency upper management, clinic/hospital administration):** These may be people who are not involved with the day-to-day communication or client/patient care but who are part of regular meetings between the clinic and resettlement agency to discuss key topics, evaluate how the collaboration is going, and determine if any changes should be made to streamline the process.

Share Resources

Identify ways to leverage and share resources between the service provider organization and medical clinic. These resources may include staffing, interpretation, educational materials, support groups and services, physical space, and collaborating on publicity and logistics for health initiatives such as vaccine clinics.

For example, the medical clinic may have a patient advocate or health navigator staff member who can assist clients with scheduling follow-up appointments, transportation, or navigating health care access issues. Or the service provider organization may have a health case manager, intensive case manager, or refugee health promotion service that the client can utilize.

Collaboration Example: Arizona

1. Service provider assists client with receiving U.S. Domestic Medical Examination (DME) at local department of public health.

2. Service provider helps client schedule appointment with primary care clinic. Clinic has reserved specific time slots for new refugee patients.

3. Client attends PCP appointment to establish care and follow up on any concerns identified during overseas medical exam or DME.

- Service provider may assist with transportation
- Interpretation is provided either by clinic's trained, bilingual cultural health navigator (CHN) or phone interpretation
- Client brings DME records to first appointment, or clinic requests records from public health department.

4. Service provider and clinic CHN coordinate with client for scheduling follow-up appointments as needed.

5. Regular communication via email occurs between service providers and CHNs/clinic staff. Meetings are scheduled as needed, especially to discuss high-needs families.

Case Study: Collaboration in Action in Denver, Colorado

To improve communication between clinicians and resettlement agencies (RAs), a hospital-based clinic in Denver that conducts initial health screenings (U.S. Domestic Medical Examination) created a chain of communication for newly arrived clients. The clinic works closely with a particular RA that has a medical team composed of a health coordinator and other staff who handle any medical and social issues. The clinic's team includes the medical screener, medical director, care navigators, lead medical assistants, and designated front desk staff.

The chain of communication occurs as follows:

1. RA creates an email address for RA's health team to communicate needs and concerns to health care providers.
2. Every email sent by RA reaches the clinic's refugee care navigators for triage.
3. For any urgent medical needs, clinic care navigators send a secure message with details about the client's case to medical screener for review.
4. The clinic medical screener reviews the case and emails their recommendation to the care navigator as to whether a pre-screen* visit is needed to address urgent health concerns.
5. If a pre-screen visit is needed, care navigators will work closely with the RA's medical team to coordinate the appointment. If a pre-screen visit is not needed, skip ahead to #10.
6. If referrals are needed after the pre-screen visit is over, care navigators will coordinate with the specific department at the main hospital to secure an appointment for the client.
7. Care navigators send the RA's medical team a notification via email and calendar requests once there is a scheduled appointment.
8. RA's medical team arranges transportation for the client.
9. Care navigators contact the hospital's social worker if the client has social needs that the RA's case management team is not able to meet.
10. Once clinic fully screens the refugee client (two-day process) through the initial health screening, the clinic matches each family with one of its care navigators who assists clients with medical home connection** along with any referrals.
11. Care navigator provides education on how to navigate the health care system in the city, call 911 if a very urgent health issue arises, use the ER and urgent care clinics, and call the nurse line if not sure what to do.
12. Once clients establish care with the primary care provider, the care navigator will slowly reduce their support, except if there are complex medical concerns such as referrals for specialty care.
13. Duration of care navigation varies by family and is based on complexity of medical problems. It averages six to nine months.

*pre-screen = an appointment taking place before the initial health screening

**medical home connection = connecting a client to a primary care clinic that becomes the main provider of that client's care. Medical homes are known for providing comprehensive and holistic care.

Another opportunity for clinics and service providers to leverage shared resources is interpretation. Resettlement agencies may maintain a cohort of trained interpreters for use with clients. Sometimes they provide these interpreters with additional medical interpretation training and then enter into an agreement with a clinic for the interpreters to provide in-person interpretation to the clinic at a more cost effective rate than other interpretation agencies.

In addition to interpretation, translation can also be useful. For example, if clinics have patient information on different health conditions or treatments in English, resettlement agencies may be able to take those informational leaflets and translate them into key client languages. Resettlement agencies can also help publicize clinics' health initiatives, such as vaccine clinics, or host a health initiative at the RA's own building.

Hold Regularly Scheduled Meetings

It's important to meet regularly to determine goals, discuss successes and challenges, and work to improve processes and efficiency for all parties involved. Identify goals of the clinic-service provider partnership, frequency for meeting (e.g., monthly, quarterly, etc.), and who needs to be involved (i.e., which agencies, clinics, staff, etc.).

Plan for Emergencies

If a client is in crisis, how will it be managed? Thinking this through and having a written protocol is helpful. Protocols will likely differ depending on whether the crisis is a medical crisis or a mental health crisis, and the primary care clinic's capacities and preferences are. For example, some clinics may have mental health providers onsite, while many may only have the capacity to address physical health needs. Some primary care providers may still want to be contacted during mental health crises to give advice, since they are responsible for clients' holistic health needs.

Often clients will first go to the trusted case manager with a medical or mental health issue rather than a health care provider. However, resettlement staff should be mindful that health issues are not their responsibility to navigate alone. At times, they may need to call 911 for life-threatening medical issues, or 988 or the local crisis line for mental health crises. For non-life-threatening crises, they may need to make a more urgent phone call to the clinic to speak with the medical or mental health provider.

Clearly Identify Responsibilities

Identify who is responsible for certain aspects of care. For example, does the resettlement agency/CBO have a program that assists with transportation to medical appointments? Or does the medical clinic have a community health worker who can assist with transportation as part of their job? Who helps coordinate follow-up and specialty appointments? Who is assisting the client with obtaining a required medical device? Note that health care providers may not be aware of what is and is not within a service provider's scope, or that the type of health care access assistance provided to clients may depend on which program(s) the client is enrolled in.

Maintain Privacy When Sharing Health Information

When dealing with health care information and records, it is important to respect privacy and confidentiality guidelines and laws. It is up to the organizations to determine how to best move forward with privacy concerns. Some options to consider include a memorandum of understanding (MOU) between the resettlement agency/CBO and health care clinic outlining roles and information sharing; clients signing release of information between partners; encrypted emails; or a combination of all these options.

Both sides should limit the amount of health information shared by communicating only the information most necessary to coordinate care. The individuals receiving this health information should also be significantly limited (e.g., one service provider critical to care coordination). Providers should be mindful of where they are physically located when verbally discussing health information—they should ensure that other clients, family members, or staff members cannot overhear their conversations.

Remember:

Service providers do not provide health care or health care advice. They facilitate newcomers receiving care from health care providers.

However, both service and health care providers do:

- Provide culturally, linguistically, and trauma-informed care
- Provide interpretation/ translation services
- Support client self-sufficiency

Include All Staff Members in Training

Involve all clinic and service provider staff in training. While not everyone needs an in-depth training about the care coordination processes, all staff should receive training on topics such as cultural humility, trauma-informed care, refugee health 101 (i.e., an introduction to who refugees are and their unique health considerations), confidentiality and protecting

personally identifiable information, interpretation and translation requirements, etc.

Such training is essential because service providers and health care providers are not the only individuals who interact with newcomers. Front office staff, medical assistants, and other personnel also play important roles.

Examples of Improving Care through Communication and Collaboration

Non-Health Care Issues

Clinicians often receive questions from refugee and newcomer patients regarding employment, food insecurity, housing issues, and more. By establishing a clear communication channel and understanding roles, a medical provider will be able to assure the patient that they will communicate these issues to the service provider. This validates and reassures the patient about non-health-care issues and allows the health care provider to focus on addressing health concerns during the visit.

Managing Expectations

Aspects of the health care system can be difficult to navigate. Aligning and setting expectations with clients is important for both service and health care providers to do.

For example, a client in need of a wheelchair may not understand that the process takes months, as it starts with an order from the provider, insurance approval, taking measurements, and then the time to make the wheelchair. If the health care and service provider are in close communication about the wheelchair, they can both give clients an accurate expectation of when the wheelchair will be ready. This also assures the client that their needs are being addressed and not forgotten.

Not sure where to start?

Here are some ideas for service providers to initiate a conversation with a clinic about streamlining or starting concerted collaboration:

- Reach out to the local clinic's medical director or office manager. Explain what you would like to do and how it will be mutually beneficial. Request a meeting to explore collaboration.
- If you cannot reach the medical director or office manager, talk with the health care provider who sees refugee patients, the medical assistant, or front desk staff. Explain what you are hoping to achieve and see if they can facilitate connections to the right people.
- Ask your state refugee health coordinator for assistance. An invaluable part of their role is cultivating relationships with health care providers. They may have contacts or ideas for how to reach the decision-makers at the clinic.

Conclusion

Service and health care providers across the country have established robust communication and collaboration processes. They leverage shared resources, fill health care system gaps, provide better care, and support improved health for newcomers. Service providers can follow these tips in establishing their own local collaborative health networks.

Resources

For Resettlement and Health Care Providers

An Introduction to Refugee Health. Information guide.

A Collaborative Approach to Promoting Continuing Care for Refugees. *Harvard Public Health Review* article.

Association of Refugee Health Coordinators

Assisting Newcomers with Navigating the U.S. Health Care System: An Introduction for Direct Service Providers. Webinar recording and information guide.

EthnoMed. Cultural information in clinical practice.

Healthcare Navigation Toolkit. Various resources for providers and clients about healthcare navigation.

Helping Clients Prepare for Their Initial Medical Appointments. Checklist, guide, and blog post.

National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM). Culturally and linguistically appropriate health messages for newcomers; promising practices on health topics for service providers.

New Arrival Health Overviews. From the Colorado Center of Excellence in Newcomer Health in partnership with CDC.

Refugee and Immigrant Healthcare Provider Directory. Listing of health care providers serving or interested in serving refugee patients.

Refugee Health Care: An Essential Medical Guide (2nd Edition). Resource for primary care physicians and mental health practitioners who evaluate refugees. Also relevant for students, public health departments, and resettlement providers.

Refugee Health Profiles. CDC's profiles of different refugee groups, detailing priority health conditions and demographic, cultural, and health characteristics.

Society of Refugee Healthcare Providers. Education, networking, and best practices.

Tips for Creating Your Own Local Refugee Health Care Provider Directory. Blog post.

Understanding U.S. Domestic Medical Screening for Refugees and Other Newcomers. Webinar recording.

What is Health Case Management? Blog post.

For Health Care Providers

CareRef Clinical Assessment for Refugees. Interactive tool developed by Minnesota Department of Health in partnership with CDC.

Center of Excellence in Newcomer Health. Clinical guidance, tools, trainings, and best practices, including Refugee Health Care Provider Resources.

Evidence-based clinical guidelines for immigrants and refugees. Canadian Medical Association Journal article.

Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees and Refugee Health Guidance. CDC guidance for health care providers and state public health departments.

Immigrant and Refugee Health Care. CME-accredited course for clinicians from the University of Minnesota.

RefugeeCare. An app for health care providers.

Introduction to Refugee and Immigrant Health Course; Refugee Health 101. A free introductory course and webinar recording from the University of Minnesota.

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