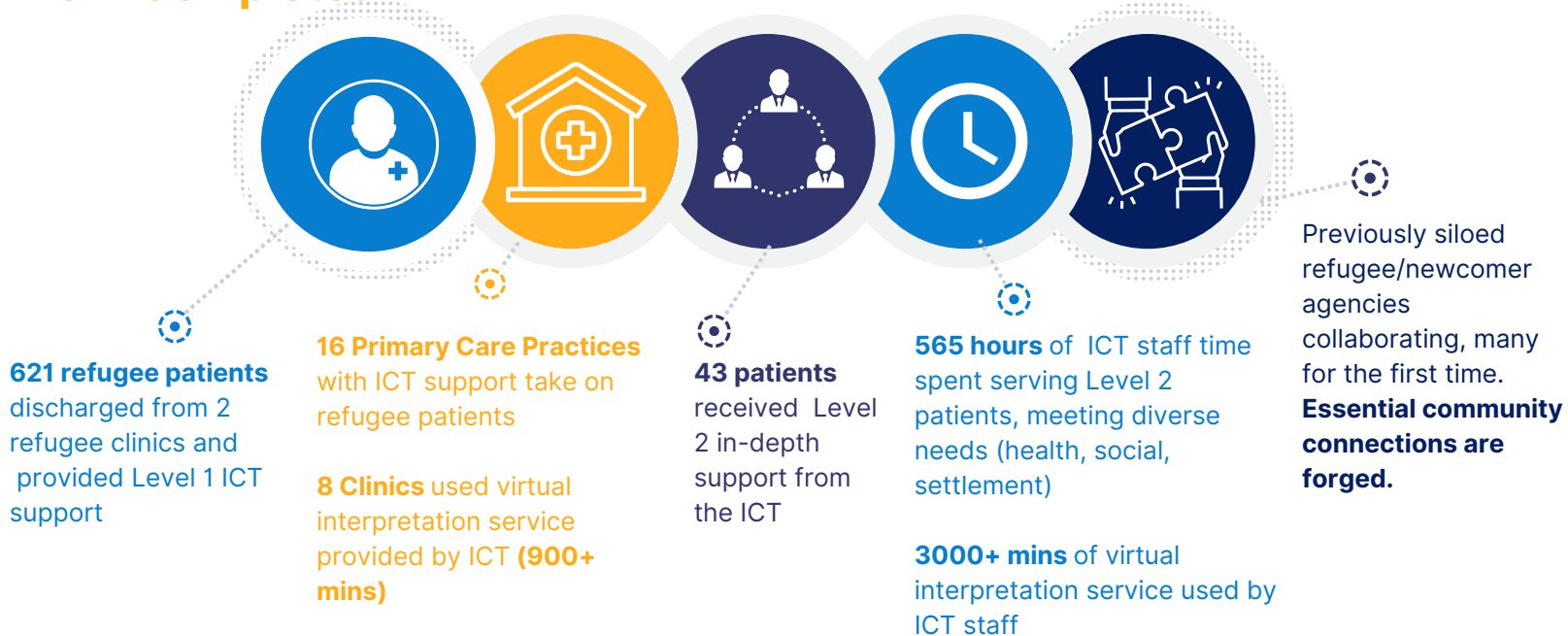


Program & Aims

The aim of the ICT is to support refugee patients as they transition from refugee clinics to permanent primary care practices (PCPs), and to support the receiving clinics. The ICT program included an interdisciplinary team (case workers, pharmacist, home care, coordinator, refugee clinic staff), largely funded with in-kind staff time from the partnering agencies, and access to a virtual interpretation service. Objectives included: transitioning 300 refugee patients in year 1, providing refugees with easier access to community resources using a team-based approach, and supporting PCPs to take on refugee patients. The program was funded in Oct. 2021, launched in Jan. 2022 during the Omicron wave of the COVID-19 pandemic, and funding ended in January. 2023. External and in-kind funds have allowed some components of the program to continue into Spring 2023.

Work Completed



Impact

CARING FOR THE VULNERABLE

"I cannot even imagine how we would have survived without their help and their services or their systems... we really needed their help."

-ICT Patient (Level 2)

PREVENTION

"I love the opportunity to work with people more so that we're not putting out fires, we're preventing them." - ICT Staff

COLLABORATION & INTEGRATION

"[Our organizations] weren't connecting. They were very insular. I would say the biggest impact is the bringing together... people who weren't having conversation are having conversations."- ICT Staff

Opportunities & Key Observations

21 interviews with staff, clinicians and ICT patients, in multiple languages, highlighted:

- The high and diverse health and social needs of some refugees and their families. For these families, ongoing and intensive support was and continues to be required. For others, the transition required few supports.
- For many ICT patients, getting to their first few appointments at the new primary care practice was challenging, and a critical time for support and intervention.
- The need for interpretation across a number of health and social care setting was emphasized. A health care system predicated on informed consent requires professional (not family) interpretation. Interviewees noted that this is an accessibility issue.
- Local primary care practices need to be encouraged, and supported, to take on more refugee patients. The need far outweighs the supply. Finding clinics to accept refugee patients is a persistent challenge for our organizations.