Barriers to Care: What Stops Refugees from Continuing Primary Care?

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Abstract

The aim of this project was to focus on refugees, particularly refugees from Myanmar, in order to understand why the rate of physician visits fell off following their first eight months of subsidized care. A chart review was performed to find patients that fit into our criteria for patients that have fallen out of care. Through use of phone interviews, we aimed to understand the barriers to care for these patients and to see how we could bring them back to care. In addition, we would use the information obtained to educate providers to promote a better continuation of care amongst refugee populations. The results obtained from the phone interviews showed that patients did not know or understand what the concept of primary care was prior to our phone interviews. We also found that patients had difficulty in speaking with the front desk and making appointments as their primary language is not English.

Introduction

Refugees arriving in the United States typically have spent some time in refugee camps throughout the world. They often present to physicians with mental health issues and chronic conditions that may or may not have been diagnosed.[1] Upon arriving in the United States, refugees receive eight months of federally subsidized medical coverage.[2] It has been shown that refugees from Myanmar, an established refugee population in Rhode Island, have some of the lowest average primary care physician visits at the Medicine Pediatrics Primary Care Center (MPPCC).[3] Our proposed hypotheses for the discontinuation of care were lack of insurance, a language and cultural barrier, and outward migration from Rhode Island.

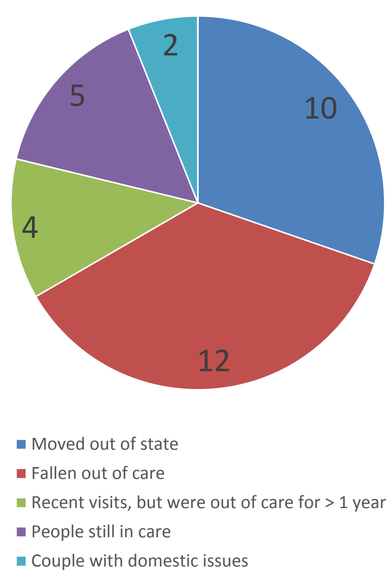
Methods

The project was done in two steps. The first step was a chart review of refugees to the state from September 2009 until April 2015 to locate refugees from Myanmar. Once these refugees were found, we attempted to see which patients had not seen a physician at the MPPCC in the past year. After making a list of refugees, we proceeded to use contact information from the chart review to interview patients with a survey about their recent healthcare.

Results

A chart review showed that there were 31 refugees from Myanmar in the time frame of September 2009 to April 2015 (Figure 1). Of these 31 refugees, 10 had disclosed that they were moving out of Rhode Island. 5 were regularly seeing physicians at the MPPCC. 4 had only recently been seen by providers at the MPPCC for sick visits; otherwise, their last visits for general wellness/annuals was well over 1 year ago. 12 patients had fallen out of care and had not seen a physician at the MPPCC for over a year. A married couple (2 patients) were seeing different physicians outside of the MPPCC due to domestic disputes.

Figure 1: Refugees from Myanmar



For our interviews, we decided to contact both patients who had fallen out of care (12 patients) and the patients who had only recently seen physicians due to sick visits (4 patients). Using contact information given by patients, we were only able to contact 3 patients. The 13 other patients we were unable to contact. The results from the interviews were as follows:

- **The patients did have health insurance.**
- **One patient stated: "It is hard to make appointments because I am not sure how to ask for a 'physical' when I call the front office."**
- **Patients reported that before the conversation, they did not know about the concept of primary care.**
- **Two patients reported that "primary care is a new concept to us."**
- **One patient stated that "We only go see doctors when something is wrong or if we are sick."**
- **Another stated "If I am healthy there is no need to see a doctor."**
- **A patient reported that insurance was an issue and was confused as to why she was charged even though she had insurance.**

Conclusions

From the three patients we were able to contact, a major issue was the lack of education about primary care. This seems to be more of a cultural issue. There also seemed to be an issue with knowledge about the medical care system. Another problem that these patients mentioned was difficulty with English and setting up appointments for annuals. Of the patients we were unable to contact, we can hypothesize that they are pursuing care elsewhere or have moved out of the state due to the large wave of out migration amongst this refugee community.

Future Directions

- Work with refugee patients to teach what primary care is and why it is important
- Reach out to the community to help educate them about primary care
- Work with providers to see how we can better educate patients before subsidized care ends
- Look into other refugee communities to see their views on primary care
- Look at other communities and see why they see physicians more often

References

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