Managing Primary Health Care for Torture Survivors

Webinar

Center for Victims of Torture

May 14, 2008

Sarah P. Combs,
RN MPH PhD

Director of Health Care Services
Rocky Mountain Survivors Center
Assistant Professor,
University of Colorado Denver
College of Nursing

Rocky Mountain Survivors Center Denver, Colorado

Questions for Audience

1. Do you have primary care providers (not just a one time medical evaluation) in your center?

Questions for Audience

2. Do you refer all clients to the same primary care provider?

Questions for Audience

3. Do you refer clients to a variety of primary care providers?

Definition: Primary Care

Level of care or setting : Entry point

Activities : Treat common illnesses, preventive care , referrals case mgt,

Attributes: Accessible, continuous comprehensive, coordinated, and accountable

Providers: Family Practice MDs, Internists, Pediatricians, OB-GYN, Nurse practitioners, Physician assistants

Institute of Medicine, 1994

Everyone should have A “Health Care Home”

(Notice the use of the word “health”, not “medicine” or “medical care”)

Other "Primary" Providers

- Dentists
- Optometrists, Opthalmologists
- Audiologists
- Podiatrists
- Specialty clinics for contraception, vaccination, screening (Often done through county health departments)

Definition: Case Management

"Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes".

Case Management Society of America, 2008

ER: Case Study

"33 y/o female "who is non-English speaking…from Africa…accompanied by a family member who did the interpretation".

In USA X 2 mos, complaints for one month of:

Subjective fevers and chills,

Headache, not constant but almost daily. "A burning sensation on the top of her head"

Eyes reddened, "comes and goes"

Appetite somewhat decreased; Tired, no energy

No abdominal pain, dysuria, urgency, or frequency

Denies neck pain or stiffness. No numbness or tingling.

Physical Exam

Neck supple, no meningeal signs
BP 98/54; P 67; RR 20; T 98.7;
Pulse Oxygen on RA 96%
(No weight or height obtained)
Thin, alert, oriented, "nontoxic appearing"
Physical Exam: All normal

Diagnostic Studies

CXR "no acute pulmonary disease"

Cat Scan of the head→normal

CBC normal, white count normal 6.1

Only abnormal findings:

UA 1+ gross blood, 30 protein, neg nitritres
2+leucocyte esterase

5-10 red cells

2-35 epithelial cells

Many bacteria

Diagnosis, Treatment, Cost & Follow Up

Diagnoses:

Urinary Tract Infection (UTI)

Headaches

Recommended Treatment

Bactrim for UTI, Motrin 600 mg

Follow up with a primary care doctor in 4-5 days

Cost

Approximately $3,000

She never returned for follow-up care

What they missed…

She was from Ethiopia, she spoke Tigrinya

Torture history: Arrested, beaten, kept in solitary confinement, interrogated and threatened with death by gun, had become ill in prison and received no treatment

Her father had been "disappeared" & her husband and six children were left behind

She was living with strangers; the man was her host

She was sleeping on their couch and could not sleep

She had been asked to leave & had no where to go

She did not have enough to eat and had lost considerable wt

She was constipated

She was PPD+ and Hep B +

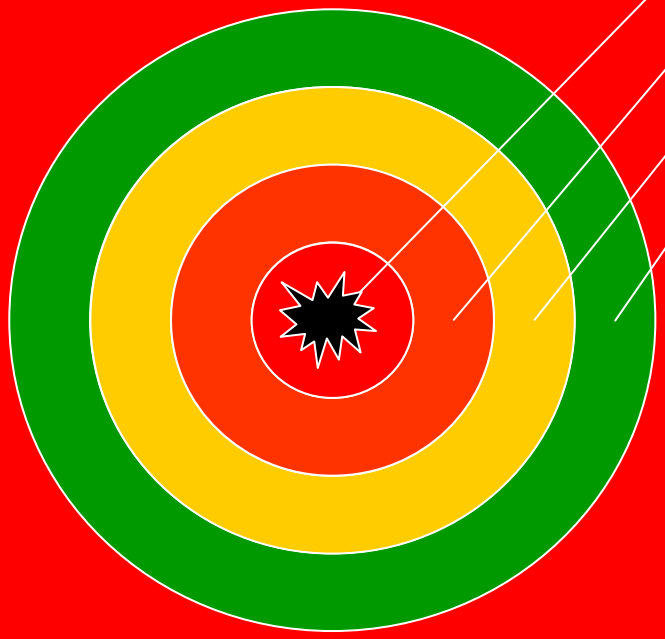
What she needed was:

PRIMARY health care

My recommendation:

Start by establishing comprehensive and ongoing primary health care—where all the following issues can be addressed…

Health Care Issues



Torture

Acute physical injuries

Chronic PTSD, Rehab, Pain, Access to Care

"UNFROZEN" LIFE NARRATIVE?

INTEGRATION INTO NEW COMMUNITY?

Learning Objective #1
Health Assessment prior to a referral

Primary sequelae of torture

Secondary sequelae of torture

Medically neglected chronic illness

Previously undiagnosed chronic illness

Infectious diseases, including STI

Women's/Men's/Children's Health

Preventive Care

Survivors of Torture in an Internal Medicine Residency Clinic

The Caritas Study

PRELIMINARY DATA

Jennifer Tamblyn, MD, MSPH
Aaron Calderon, MD
Sarah Combs, RN, MPH, PhD

Background

Collaboration between The Caritas Clinic and RMSC to provide comprehensive medical care to survivors of torture in place since 2004.

Retrospective chart review of 58 RMSC patients seen in the Caritas Clinic from 2004 through 2007.

Descriptive Statistics

- Average age : 34 years.
- 71% male, 29% female
- Immigration status: 52% seeking asylum; 12% asylees; 22% on visas, and 16% undocumented
- 45% had been living in a refugee camp outside their country before coming to the U.S.

Primary sequelae
Caritas: History of Torture

88% had experienced torture themselves, in the form of physical torture

74% had witnessed torture performed on others, most of these have been family members.

21% had experienced sexual torture

Primary sequelae
Caritas: Types of Torture

Physical	Sexual
73% Beating (all kinds including falanga)	50% Rape
25% Denial of food/ water	33% Genital mutilation
8% Electric shock/ burns	17% Harassment

Caritas: Primary & Secondary Sequelae

2 men: Chronic hematuria from genital trauma

2 men: Seizures from closed head injuries

2 women: Anorexic from PTSD and trauma

1 woman infected with HIV 2/2 rape

1 pregnancy 2/2 rape

1 miscarriage 2/2 severe beating

(Headaches, Eye Pain, Gastric distress, constipation)

Psychiatric Diagnoses Caritas: Secondary sequelae

50% had insomnia, compared with 8-12% of the general U.S. population

48% had PTSD, compared with 4.6% of the general U.S. population

45% had depression, compared with 5% of the general U.S. population

31% had anxiety, compared with 11% of the general pop

Chronic Disease
Caritas: Medical Diagnoses

29% had hypertension, the same as the age-adjusted prevalence in the general U.S. population

(Migraines, thyroid disease, high cholesterol, hypoglycemia, asthma, obesity)

Infectious Disease Caritas: Medical Diagnoses

6% of those screened had HIV

32% of those screened had latent TB, or had been treated for active TB in the past

(H pylori, syphilis, malaria)

Women's/Men's Preventive Care: Caritas

Caritas screened for HIV 60% of the time

Caritas screened for TB 48% of the time

Caritas provided needed vaccines, or asked about prior vaccinations 66% of the time

(Pap smears, mammography, prostate screening, colorectal cancer)

And don’t forget…

Love, if I weep it will not matter,
And if you laugh I shall not care;
Foolish am I to think about it,
But it is good to feel you there.

Edna St Vincent Millay

Do what I say, not what I did!

Don’t assume that even highly traumatized clients will not be sexually active.

Consider

Contraception

Learning Objective #2 Components of a Referral to a Provider

Information about the provider

Information about the client

Information about the person making the referral

The Pre-Appointment Appointment:

- Map(s)
- Brochure from hospital
- Identity card(s) (RMSC, theirs)
- Payment
- HIPAA Release of information
- Agency brochure & nurse's business card
- Referral Form (time, date, expectations)
- Any available medical records

About the Client

Date of referral: May 1, 2008
Client name: Miriam KIDANE
DOB: January 8, 1975
RMSC #: 1234
Address: 618 Jones Street, Denver, Colorado 80206
Phone: Cell 303-333-3333
Language: Tigrinya
Needs Interpreter?: Yes , Ms Tsega DAWIT

ALLERGIES: Nivaquine→Rash

About the provider

Referred to: Caritas Clinic, Saint Joseph Hospital

Address: 2005 Franklin Street, Denver, Colorado 90218

Telephone/Extension: 303-318-2250

Email:

Date/Time of Appointment: Wednesday, May 16, 2008, 1:00 pm

Provider: Dr. Ferdinand Koch, MD

Payment information: $5.00 co-pay

HIPAA Release Attached: X Yes No

About the person making the Referral

Referred by:

Sarah P. Combs, RN MPH, PhD,

Director of Health Care Services

Telephone: 303-321-3221, Ext 207

Fax: 303-321-3314

Email: scombs@rmscdenver.org

About the client

List and/or take ALL the medications:

Oral, topical, other

Prescription

Over the counter

Borrowed

Herbal, traditional

No longer used

Empty bottles

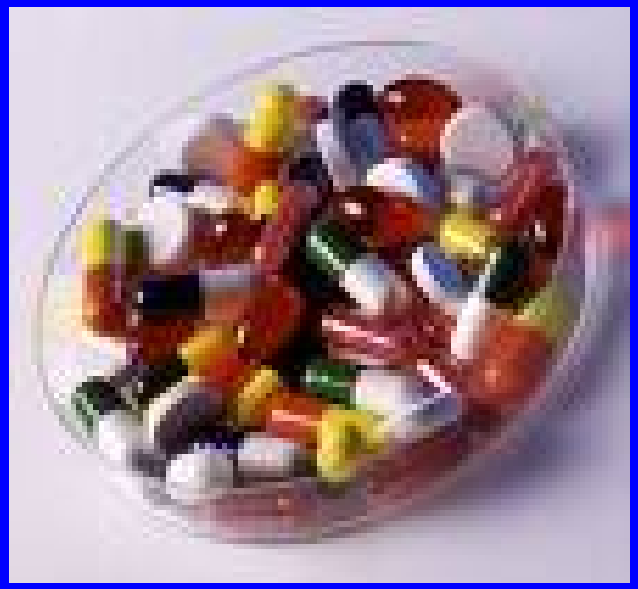
Individual tablets

MEDICATIONS!!!

The best idea is to teach your clients to take the actual medications to the appointment with them.

Take ALL medications

To EVERY appointment



About the client History

Personal: Gender, age, education, profession and current occupation

Trauma History: Dates and types of torture, imprisoned?, any care afterwards? (HIV)

Social History: Present living circumstances, financial and legal status

Medical History/Complaints: As they told them to you

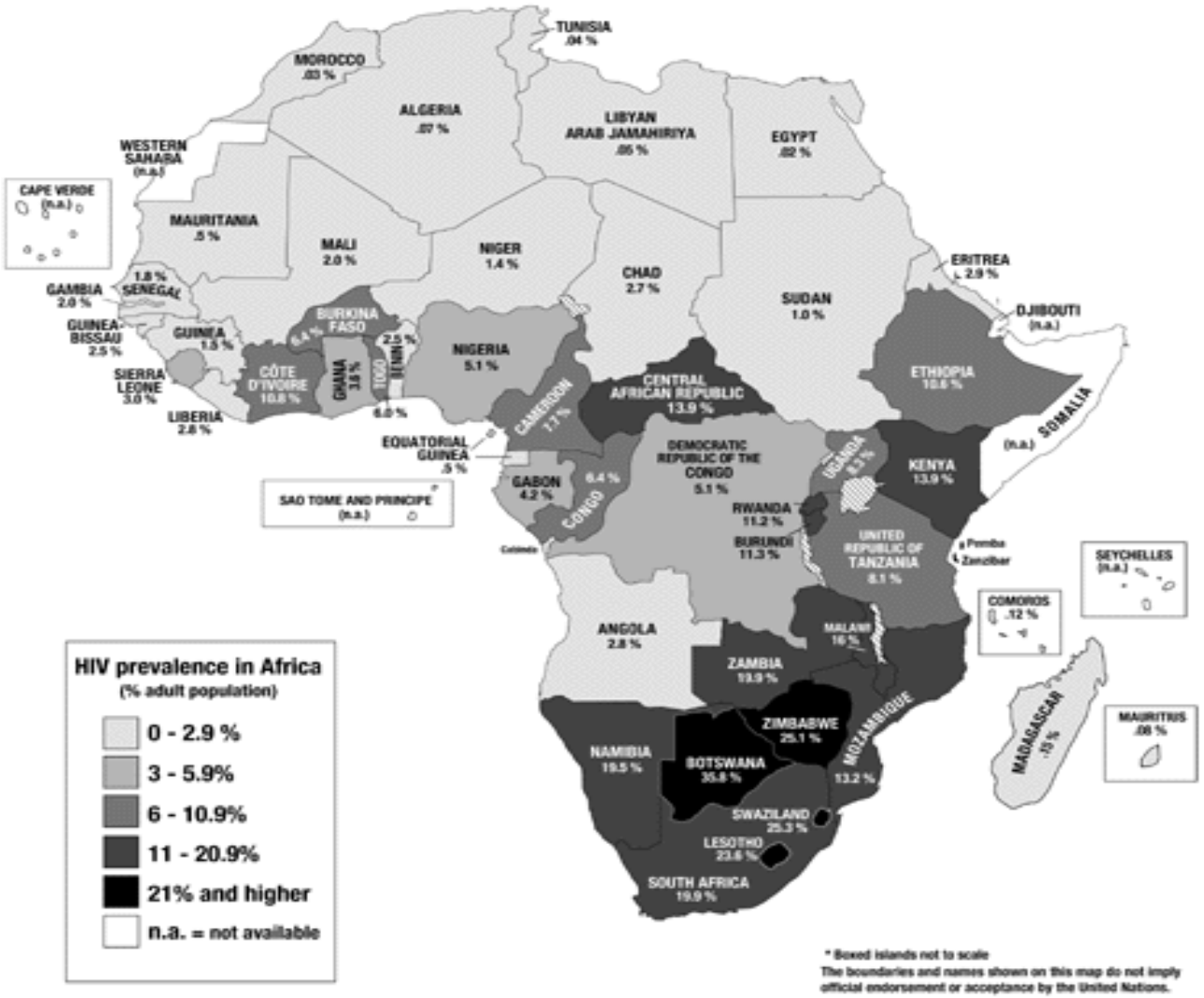
(Physical Exam)

Providers may not know

Need to screen for TB and HIV in this population, as they are a high risk group--exposure at home , refugee camps and prisons

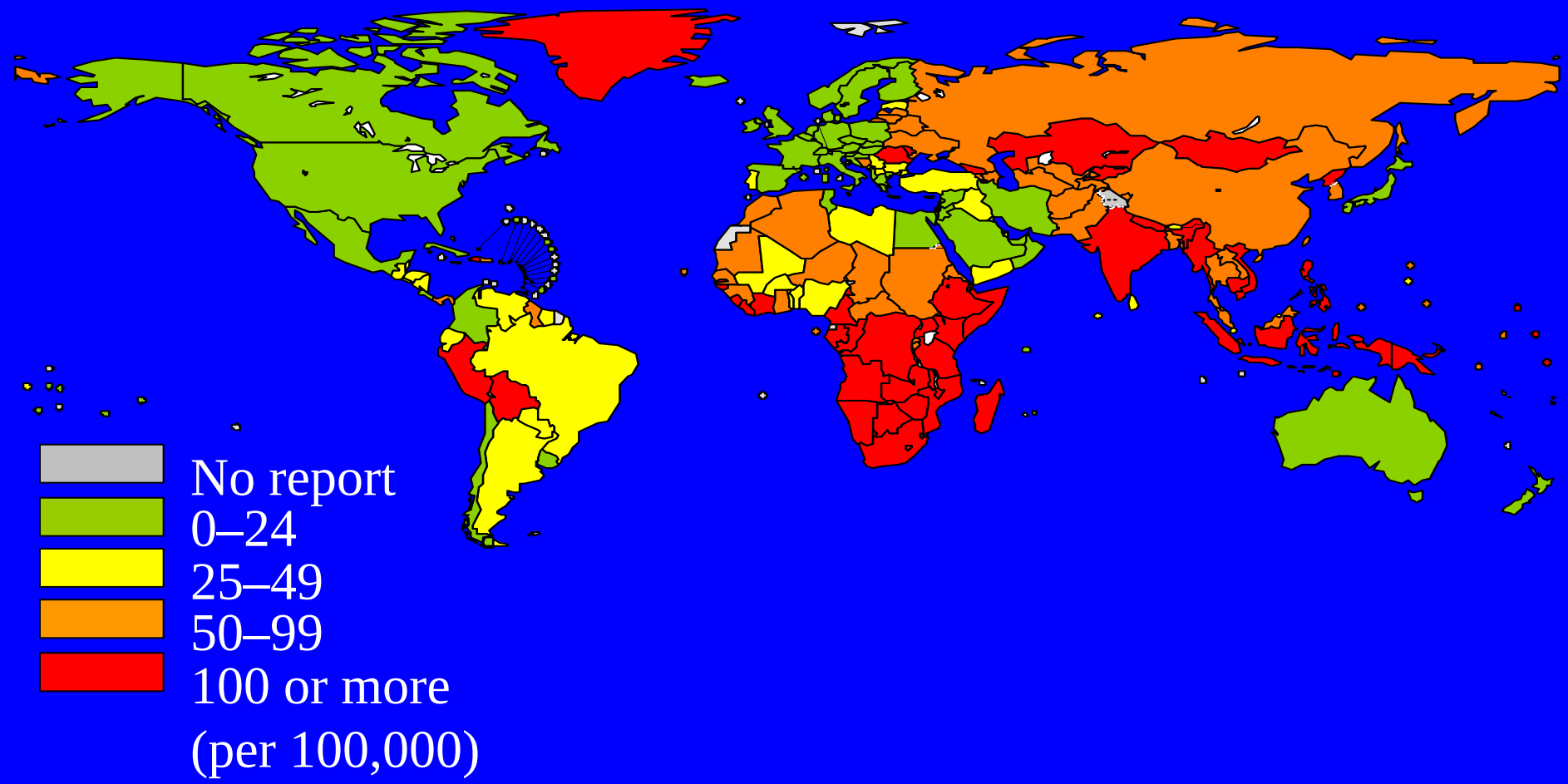
Need to provide/ enquire into vaccinations as many have had no health care prior to their arrival in the U.S.

HIV prevalence in Africa



Source: *UN Africa Recovery from UNAIDS, Report on the Global HIV-AIDS Epidemic, June 2000.*

Estimated Worldwide TB notification rates 2005



Specific requests "Referred For"

- Establishment of Primary health care
- Evaluation of headaches
- Evaluation of dysuria
- Women's health care, including STI screening, history of sexual assault
- Tuberculosis screening , history of imprisonment
- Evaluation of need for psychotropic medication for sleep, depression

Learning Objective #3
Health care case management

Getting information back

Client follow-through

Closure

Getting information back

RMSC is a nonprofit agency providing multidisciplinary services to survivors of torture and war trauma. We will continue to provide case management for health care. It would be helpful if you would fax a copy of your notes to my attention. Please do not hesitate to contact me if I can be of further assistance. Thank you for your care of our client.

Client follow-through

Name(s) of the provider(s)

Obtaining laboratory results

Following up on diagnostic studies

Obtaining medications (current and refills)

Using medications

Contacting the clinic

The follow up appointment(s)

Client has "Access" to Care…

Knows how to make appointment

Has transportation to site & can find office

Knows names and roles of providers

Can communicate with provider or knows how to access appropriate interpreter

Understands costs and has means to pay for care

Knows what to do in an emergency

Closure

Keep a numbered problem list

Date each problem when opened and closed

Note outcome

When problem is "resolved" or "stable in care"→Close problem

When all problems are Closed→Close case

Closure

"Closed" means that client can access medical care independently and can follow through with instructions

Case mgr has no further role to play

Communicate closure to client & provider

TAKE HOME MESSAGES

Educate your clients thoroughly about what is expected of them and what to expect from health care services.

Do not make assumptions about what the providers will know or understand about survivors of torture. Inform them.

Provide complete, unabbreviated information to all parties.

References

Baker R. Psychosocial Consequences of Tortured Refugees Seeking Asylum and Refugee Status in Europe, chapter 5, in Başoğlu M (Ed): Torture and Its Consequences: Current Treatment Approaches. New York, NY, Cambridge University Press, 1992. United Nations. *Committee relating to the Status of Refugees*. New York: United Nations, 1951.

Case Management Society of America (2008). http://www.cmsa.org/ABOUTUS/DefinitionofCaseManagement/tabid/104/Default.aspx

Centers for Disease Control. www.cdc.gov.

Eisenman DP, Keller AS, Kim G. Survivors of Torture in a General Medicine Setting—How often have patients been tortured and how often is it missed? *West J Med*. 2000;172:301-304. U.S. Committee for Refugees. World Refugee Survey 2007. (Available from www.refugees.org).

Institute of Medicine (1994). Donaldson, M., Yordy, K.; Vanselow, N., Ed *Defining Primary Care: An Interim Report.* Washington D.C. , National Academy Press, http://books.nap.edu/openbook.php?record_id=9153&page=R1

References

Moreno A, Piwowarczyk L, LaMorte WW, Grodin MA. Characteristics and Utilization of Primary Care Services in a Torture Rehabilitation Center. *J Imm Minority Health*. 2006;8:163-171.

Richey, S. L. Assessment and Management of Survivors of Torture in the Emergency Department. *J Emergency Nursing.* 2007, 33(5), p 484-487.

World Health Organization. www.who.int/tb.

Contact Information

Sarah P. Combs RN, MPH, PhD
Director of Health Care Services
Rocky Mountain Survivors Center
1547 Gaylord Street
Denver, Colorado 80206
Tel 303-321-3221, Ext 207
Fax 303-321-3315
scombs@rmscdenver.org

Assistant Professor, College of Nursing
University of Colorado Denver
sarah.combs@uchsc.edu