Managing Primary Health Care for Torture Survivors

Webinar

Center for Victims of Torture

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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 management,

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, Ophthalmologists
- 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 nitrites
   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

<table>
<thead>
<tr>
<th>Physical</th>
<th>Sexual</th>
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<tbody>
<tr>
<td>73% Beating (all kinds including falanga)</td>
<td>50% Rape</td>
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<tr>
<td>25% Denial of food/water</td>
<td>33% Genital mutilation</td>
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<tr>
<td>8% Electric shock/burns</td>
<td>17% Harassment</td>
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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 population
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: 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.
Estimated Worldwide TB notification rates 2005

- No report
- 0–24
- 25–49
- 50–99
- 100 or more (per 100,000)
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


Centers for Disease Control. www.cdc.gov.


References


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