Introduction

Refugees and asylum-seekers represent a vulnerable group with increased health risks coupled with barriers to health care access due to low socioeconomic status, poor health literacy, language and cultural differences, and lack of insurance.

Refugee women in particular, struggle to access reproductive health care services and experience higher rates of women’s health cancers, unintended pregnancy, and experience higher rates of women’s health cancers, unintended pregnancy, and experience higher rates of women’s health cancers, unintended pregnancy, and experience higher rates of women’s health cancers, unintended pregnancy, and experience higher rates of women’s health cancers, unintended pregnancy, and experience higher rates of women’s health cancers, unintended pregnancy, and experience higher rates of women’s health cancers, unintended pregnancy, and experience higher rates of women’s health cancers, unintended pregnancy, and experience higher rates of women’s health cancers, unintended pregnancy.

Objective

To establish an internal referral system within the Penn Medicine network in order for refugee women to access obstetric and gynecologic care for appropriate, timely, and culturally competent issues.

Methods

Our quality improvement project is a collaborative effort with the Refuge Clinic at the Penn Center for Primary Care.

Refugees are referred to the refugee clinic by HIAS Pennsylvania, a partnering refugee settlement agency, and are evaluated within 30 days of arrival to the U.S.

During the refugee women’s clinic, primary care doctors perform annual visits, routine health screening, contraception education, and address basic GYN problems. However, more complex GYN issues are referred to an external clinic.

We conducted three separate half-day on-site needs assessments at the refugee clinic to determine basic GYN needs of the patients and gaps in access or delivery of care.

Results

Needs Assessment - We identified four main areas of complex GYN needs at the refugee primary care center that would require GYN consultation services and referral to a clinic to determine basic GYN needs of the patients and gaps in access or delivery of care.

Gap in Care - We found that currently, refugee patients were being referred to outside clinics for these complex GYN problems. These external referrals caused multiple issues including:

- Difficulty navigating the city with language barriers, which caused loss to follow up
- Difficulty with medical record exchange
- Difficulty tracking follow up care or interventions performed
- Increased wait time to schedule appointments which delayed care
- Difficulty with follow up for newly pregnant patients

We developed a legacy within our resident-run clinic for this highly underserved and vulnerable population.

Conclusions

We present an example of an internal referral system that was essential in helping refugee women access reproductive healthcare services in a timely, appropriate, and culturally competent fashion at the Hospital of the University of Pennsylvania.

This system can serve as a model for other similar referral and consultative services within the Penn system for refugee patients to access care and meet their healthcare needs upon arrival to the United States.