



Migrant Health

Accessing GP Capacity with Video Enabled Care

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CHO-Dublin North City & County (DNCC)**





Background

- Mobile Migrant Health Response Team established March 2022 (Ukraine War)
- 8,500 Migrants – 4,000 Ukraine, 4,500 International Protection Applicants (IPA)
- Residing in 57 congregated accommodation settings.



Pre Covid
4,500 IPA
arrivals
annually
(90 per week)

During Covid
2,000 IPA
arrivals
annually
(40 per week)

2022/2023
99,000
Ukraine
25,500 IPA
(1,300 per
week)



The problem to solve!

When

July 2022 – Social Inclusion received a call from the Operations manager of ED in the Mater Hospital.

Why

3 consecutive days the Mater experienced a large number of migrant people attending their service with non-critical medical conditions

Where

SI DNCC faced complex high-level problem that needed a quick solution

What

Opportunity to solve this problem using telehealth technology- bringing healthcare closer to home

Who

SI approached Digital Health DNCC for advice, subsequently introduced to the National Telehealth Programme team

HE What we did ?

- **Set up a Working Group**
- **Collaboration with all relevant stakeholders**
- **Defined goals and objectives**
- **Reviewed workflows (current and future)**
- **Expression of Interest to 72 targeted GPs**
- **Conducted an equipment and platform needs assessment**
- **Attend Anywhere licences and equipment acquired**
- **Testing – connectivity and suitability**
- **Training and Practice**
- **Documentation, templates, Standard Operating Procedures developed**
- **Go Live – start small**



HE How it works?

- **Communication and change management key to success in this implementation**
- **Suitability criteria review, all patients pre-screened**
- **Admin support have full control of appointment scheduling**
- **Easy access to interpreter services**
- **Onsite service no requirement for transportation**

Video Enabled Care is part of a blended healthcare model





HE Challenges

Getting 'buy in' from GPs

- Involving GPs in the process
- Online presence
- Easy process & robust support
- Online Translation services



Cultural difference

- Buy-in from the staff - new way of working
- Patient cohort

Building Capacity

- Mobile Health Unit





Benefits

- Improved accessibility and capacity
- More timely access - reduced wait lists.
- Reduction in the number of people attending hospital ED's with non-urgent conditions.
- Reduced transportation costs
- Reduction in carbon footprint
- Reduces further impact of the health problem
- Reduction in the number of 'no show/ DNA'
- Overall increase in effectiveness and efficiency for the team
- Easy to adapt





Outcomes

Statistics

500 migrant people seen via VEC Jan–Oct'23

50% increase in people seen compared to traditional appointment

8 minute decrease in appt. time compared to traditional appointment

€16,000 saved - Transportation cost

Overall carbon footprint reduced by 20%.

2000+ hours saved of patient time. (No wait at GP practice)

Learning

Ensure system and team readiness - minimising connectivity issues and unscheduled downtime

Contingency planning

Maximising practice sessions - identifying issues that may impact live sessions

Privacy issues at accommodation settings resulting with the introduction of a new Mobile Health Unit

Scaling

The Migrant Health VEC model has excellent scalability potential

Concept has been proven - Several CHO SI teams made enquiries regarding usability

All documentation readily available for scaling nationally

CHO DNCC – Extending capacity through mobile health unit

Adaptability - potential use in Homeless service



Thank you

Social Inclusion - Providing equal access to healthcare services and support to marginalised groups in the community

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