Grant Outcome Report

Addressing the Refugee Health Care Crisis in Rochester, New York

The Problem

Since the enactment of the U.S. Refugee Act in 1980, 3 million refugees have come to the United States, with up to 5,000 refugees arriving in New York State annually. With 90% of these refugees resettling in upstate New York,1 the volume of new patients has put unprecedented financial strains on local health care systems. In response, providers have been forced to cease primary care services to refugees to avoid bankruptcy. Two health centers in Rochester closed their doors to new refugees because of the financial burden of providing services, and one center went bankrupt after developing a patient caseload of approximately 3,000 refugees. By 2008, Rochester faced a crisis when no primary care practices were able to accept new refugees into care, despite the arrival of 800 new refugees each year. In 2009, the New York State Health Foundation (NYSHealth) awarded a grant to Rochester General Hospital (RGH) to ensure access to primary care for refugees.

Grant Activities and Outcomes

Under the grant, RGH piloted a new model of care for refugees in the city of Rochester to increase their access to high-quality primary care services in a cost-effective and financially sustainable manner. The model’s strategies included:

- Developing strong partnerships with refugee resettlement agencies;
- Providing the initial refugee health assessments2 and capturing the federal funds associated with conducting the assessment surveys;
- Retaining Medicaid coverage for eligible refugees after their initial six-month coverage period expired;

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2 According to Rochester General Hospital, refugee health assessments are federally mandated to be provided within 90 days of arrival.
• Recruiting new primary care practices; and
• Coordinating transportation, interpretation, and patient navigation services.

Implementation of these strategies resulted in $240,000 per year in additional income—RGH applied half of the savings toward operational costs and the other half to the physicians as an incentive to provide primary care services to refugees.

The RGH model increased refugees’ access to high-quality and continuous primary care services. Approximately 1,953 refugees have been served by this program, and 96% of refugees entering Monroe County are in primary care practices. Using this model, none of the practices suffer financial strain. It is the only refugee health program in New York State to have successfully achieved financial self-sustainability.

The Future

Based on the sustainable outcomes of this pilot project, NYSHealth awarded a second grant to RGH to replicate the model in other communities in upstate New York. RGH will replicate the model by engaging health system leaders and on-the-ground physician champions and provide technical support to health systems contemplating or piloting the RGH model. RGH has identified Utica and Buffalo as the initial geographic target areas for replication.
BACKGROUND INFORMATION:

ABOUT THE GRANTEE
The Rochester General Health System (RGHS) comprises the Rochester General Hospital (RGH) and seven affiliates, including the Rochester General Medical Group (RGMG). RGH is a 528-bed tertiary care center and has served the Greater Rochester area since 1847. The RGMG is a multispecialty group practice of 250 physicians employed by RGHS and provides primary care and specialty medical services at 37 health care centers throughout Monroe and Wayne counties in upstate New York. Several of these centers are located in urban settings in Rochester (including the outpatient department attached to RGH) and rural settings in the sparsely populated Wayne County. The RGMG Office of Community Medicine develops, implements, and manages programs targeting health and health care disparities in vulnerable patient populations served at these urban and rural health care centers.

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