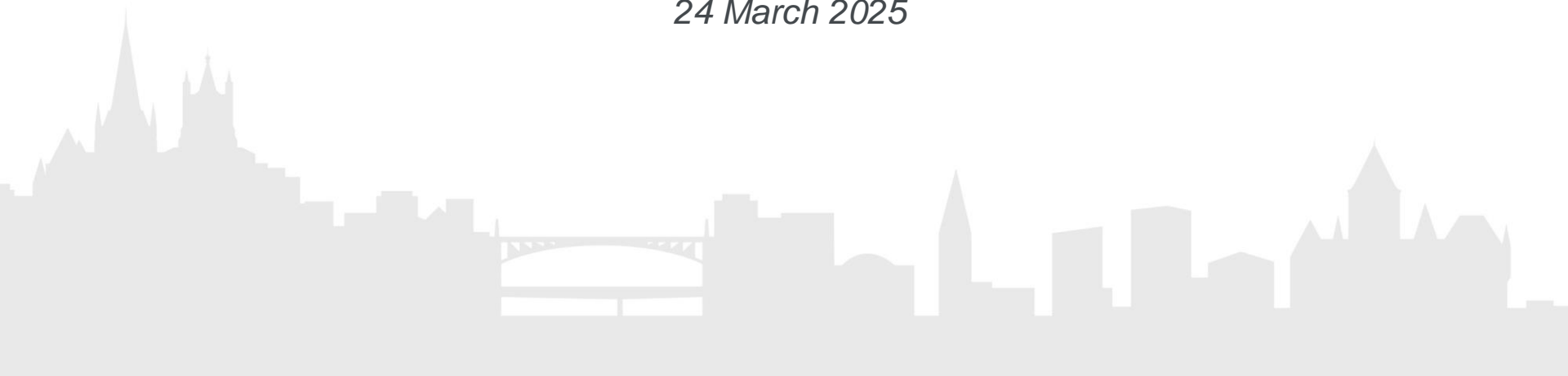


Care and cost trajectories of asylum seekers in a nurse-led care network

24 March 2025



Introduction

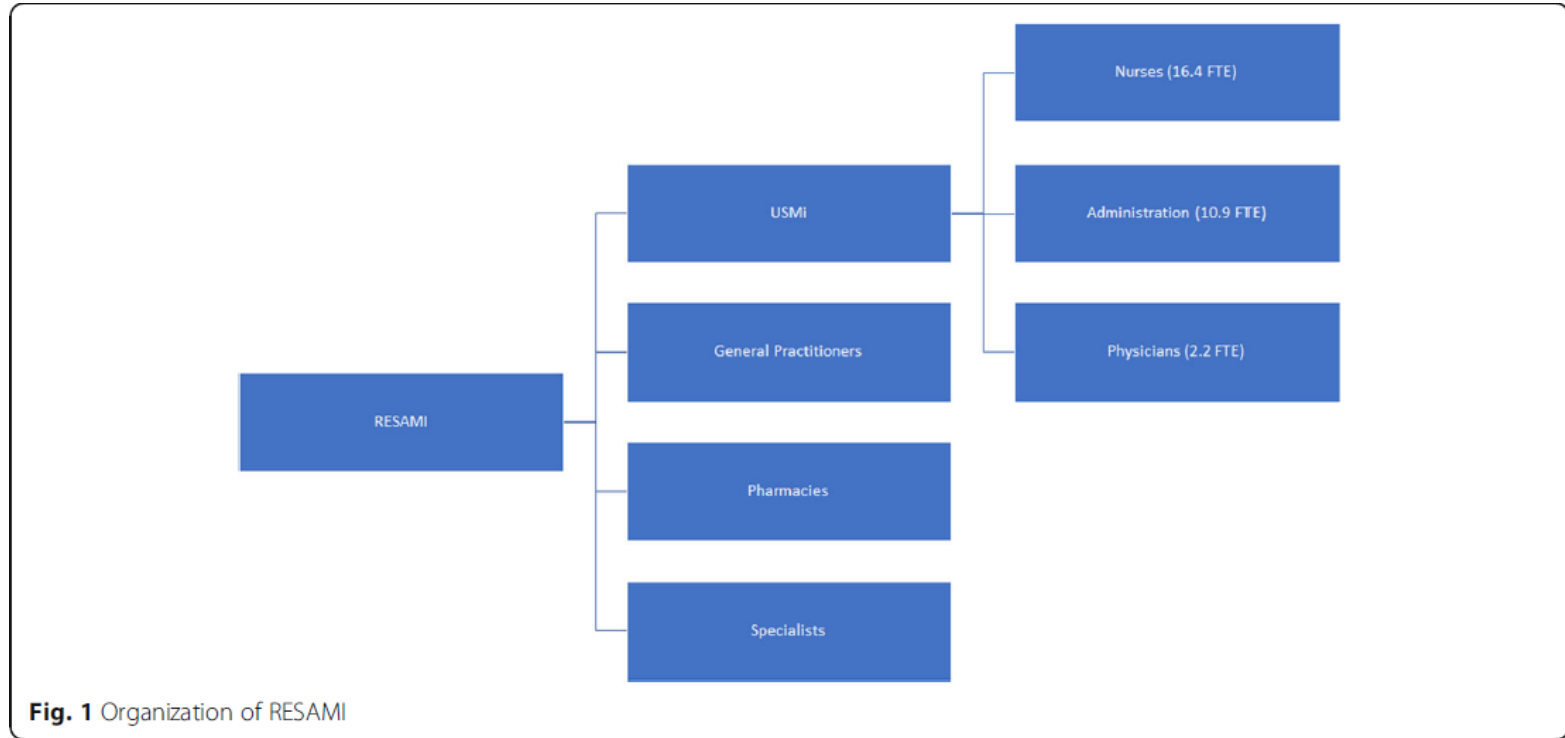
- Study of cost and care trajectories of asylum seekers in the canton of Vaud, Switzerland
- Arrived between 2012 and 2015
- Nurse-led team (Migrant Care Unit *USMi*) serves as first point of contact in a larger network (RESAMI)

Sources

Presentation of the main results from the following articles:

- Spycher, J., Bodenmann, P., Bize, R. et al. *Care and cost trajectories of asylum seekers in a nurse-led, patient centered, care network in Switzerland*. BMC Health Serv Res 21, 681 (2021). <https://doi.org/10.1186/s12913-021-06644-5>
- Tzogiou, C., Spycher, J., Bize, R. et al. *Detecting and describing heterogeneity in health care cost trajectories among asylum seekers*. BMC Health Serv Res **22**, 978 (2022). <https://doi.org/10.1186/s12913-022-08346-y>

RESAMI Network Organization



Source: Spycher et al. (2021), figure 1

RESAMI Network Mission

- Provide quality healthcare and a first point of contact to asylum seekers
- Provide information on the Swiss healthcare system and support the integration of asylum seekers

Asylum seeker pathway

Upon entry in the canton

- Invitation to receive a complete health check-up
- Vaccination program
- Information on disease prevention and health promotion

- Adherence not mandatory
- Free access to healthcare and no transportation costs

Data

- **All asylum seekers** who entered the canton between **1 January 2012** and **31 December 2015** and were **at least 18 years old** upon arrival. They were followed until **31 December 2018**.
- Three sources
 - Administrative
 - Migrant Care Unit
 - Health insurance

Methods

Spycher et al. (2021)

- Linear regressions adjusted for random effects and population characteristics

Tzogiou et al. (2022)

- Time series clustering
- Multinomial logistic regression

Study Population

N (first article) **5201**

Emergency assistance 25%

Age

20 to 39 78%

40 and older 23%

Language

Other 51%

National CH/English 49%

Women 25%

Family situation

Not alone 26%

Alone 74%

Origin

Africa 49%

Eastern Mediterranean 33%

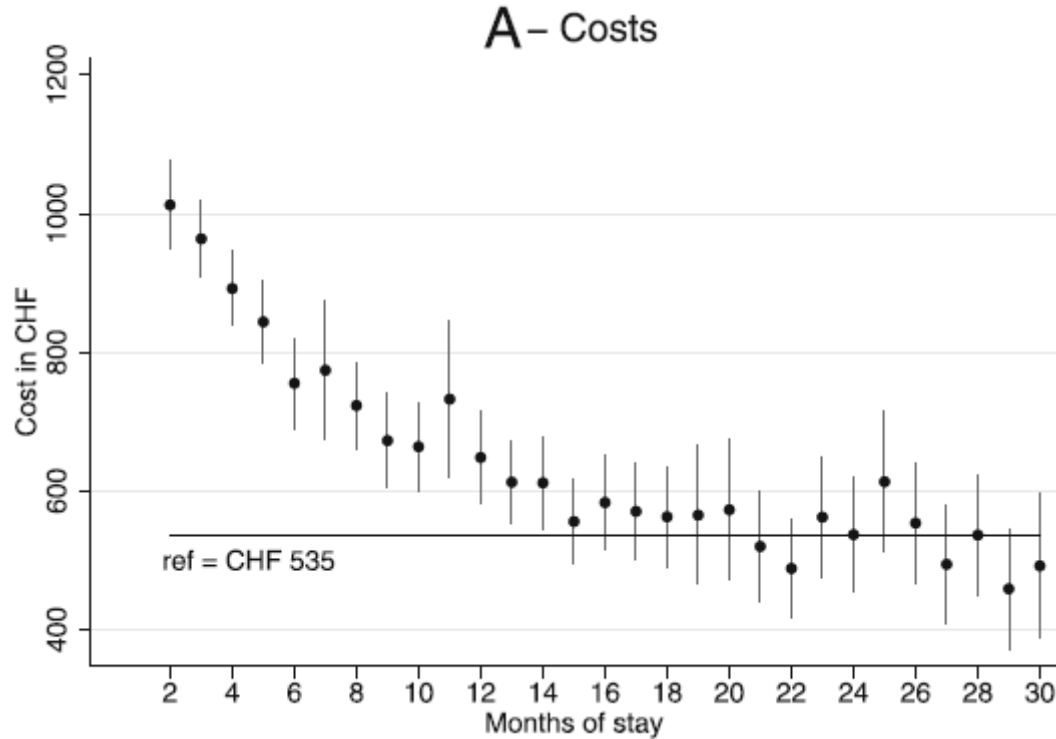
Other 19%

Source: Spycher et al. (2021), table 1 shortened

Study Population

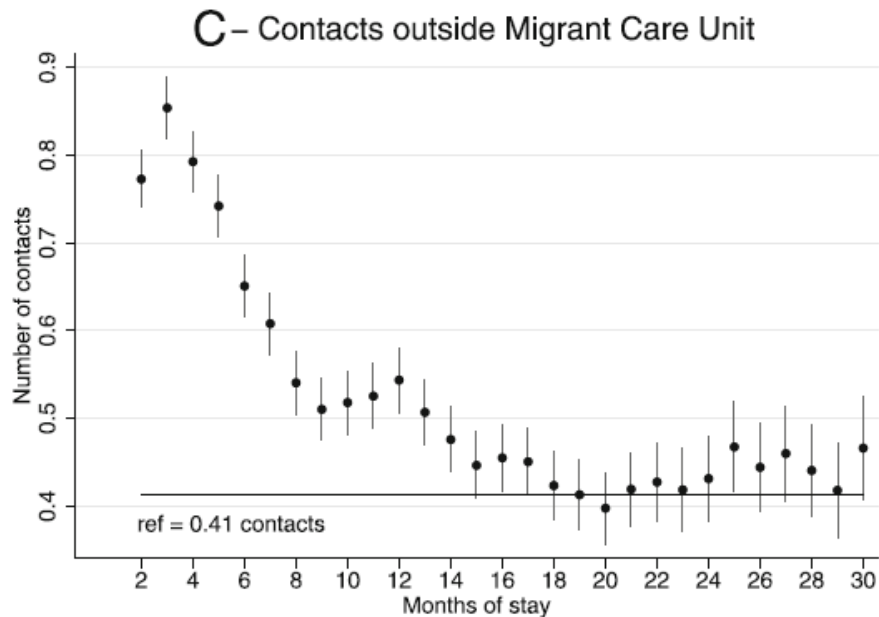
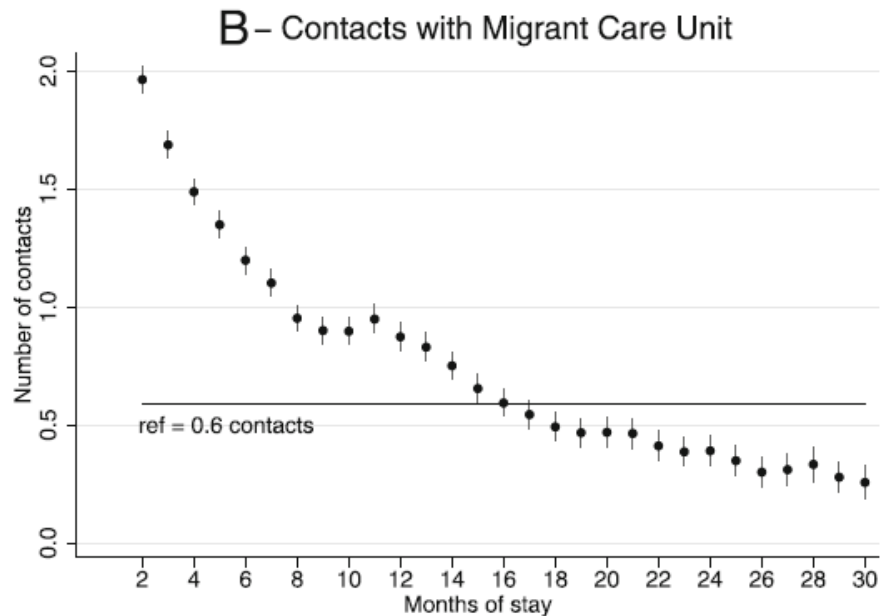
	Mean	Range
Length of stay (months)	20	1-82
Monthly Cost (CHF)		
Mandatory Health Insurance	445	0-34
Migrant Care Unit	266	3-2,859
Total	711	11-34,000
Monthly Contacts		
Migrant Care Unit	1.0	0-10.9
Emergency	0.1	0-4.4
Other	0.6	0-2.3

Evolution of Monthly Costs



Source: Spycher et al. (2021), figure 2 cropped

Evolution of Monthly Contacts



Source: Spycher et al. (2021), figure 2, cropped

Cost Categories

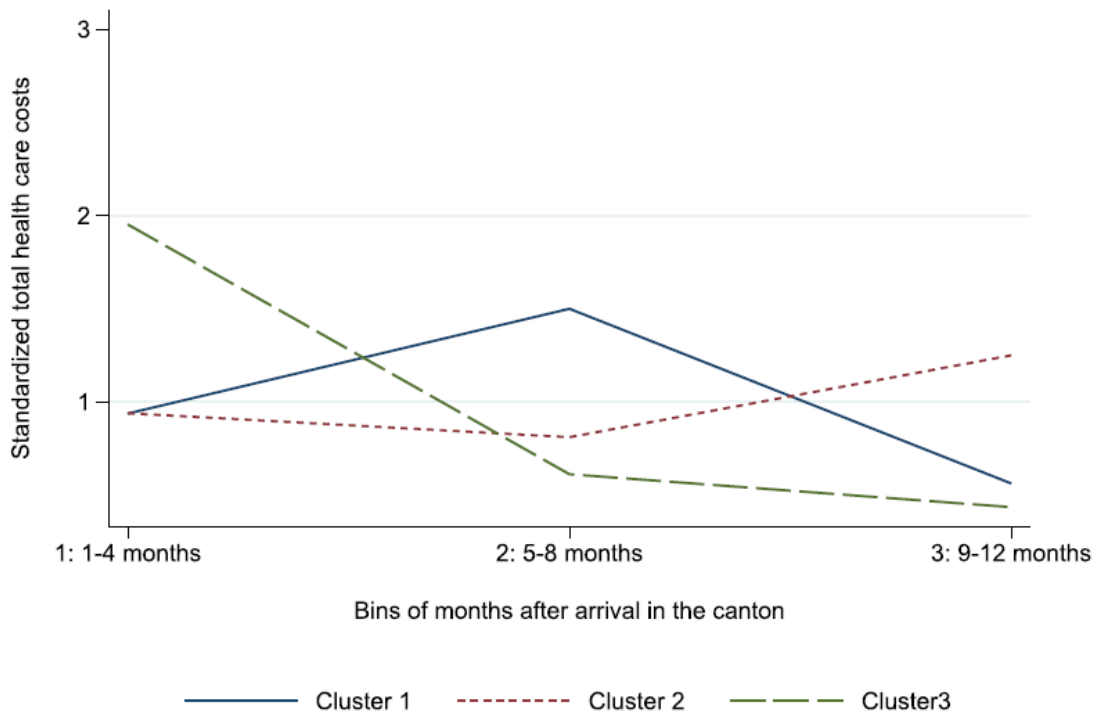


Fig. 1 Shape of representative trajectories of each cluster (i.e. centroids)

Source: Tzogiou et al. (2022), figure 1

Individual Factors Associated with Categories

Cluster 1

More likely

- Consultations with interpreter
- African or Eastern Mediterranean origin

Less likely

- Migrant Care Unit consultation in the 1st month

Cluster 2

More likely

- Age 20 to 24
- European origin
- Mental health conditions

Cluster 3

More likely

- Migrant Care Unit consultation in the 1st month
- Collective housing
- High inpatient consultations

Source: Tzogiou et al. (2022)

Limitations

- Poor information on health status (no diagnoses)
- Sample not fully representative of the population
- External validity

Policy Implications

Decreasing costs and Migrant Care Unit contacts in time

- Importance of early intervention
- Potential benefits of nurse-led network

Importance of origin of asylum seekers

- Pathologies
- Cultural/language barriers

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Thank you

