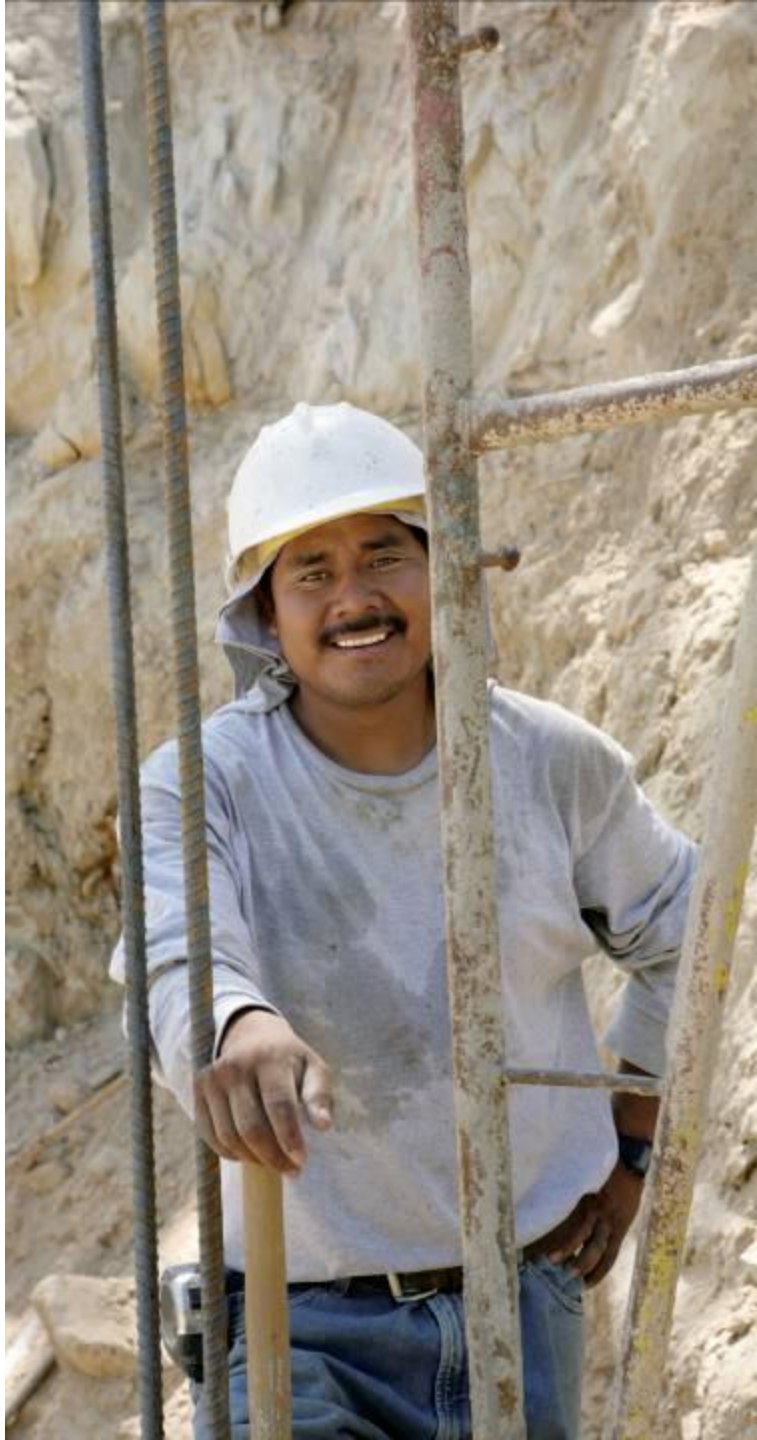
Health Network

Ensuring continuity of care through bridge case management

A force for health justice for the mobile poor

Ensuring Continuity of Care

- Overview of Bridge Case Management
  - Eliminate health disparities due to patient mobility
- Health Network and it's structure
- Case Studies
- Resources



Migrant Clinicians Network

- 10,000 constituents
- Founded in 1984
- Oldest clinical network serving the mobile poor
- MCN's primary constituents
  - Federally funded Migrant & Community Health Centers
  - State and local health departments

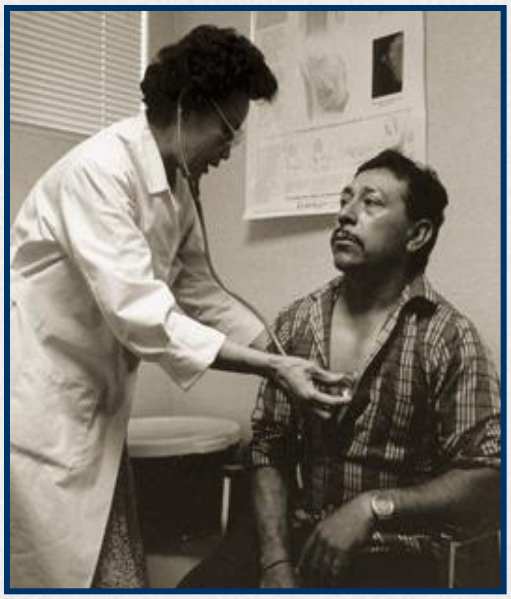


Photo © Alan Pogue

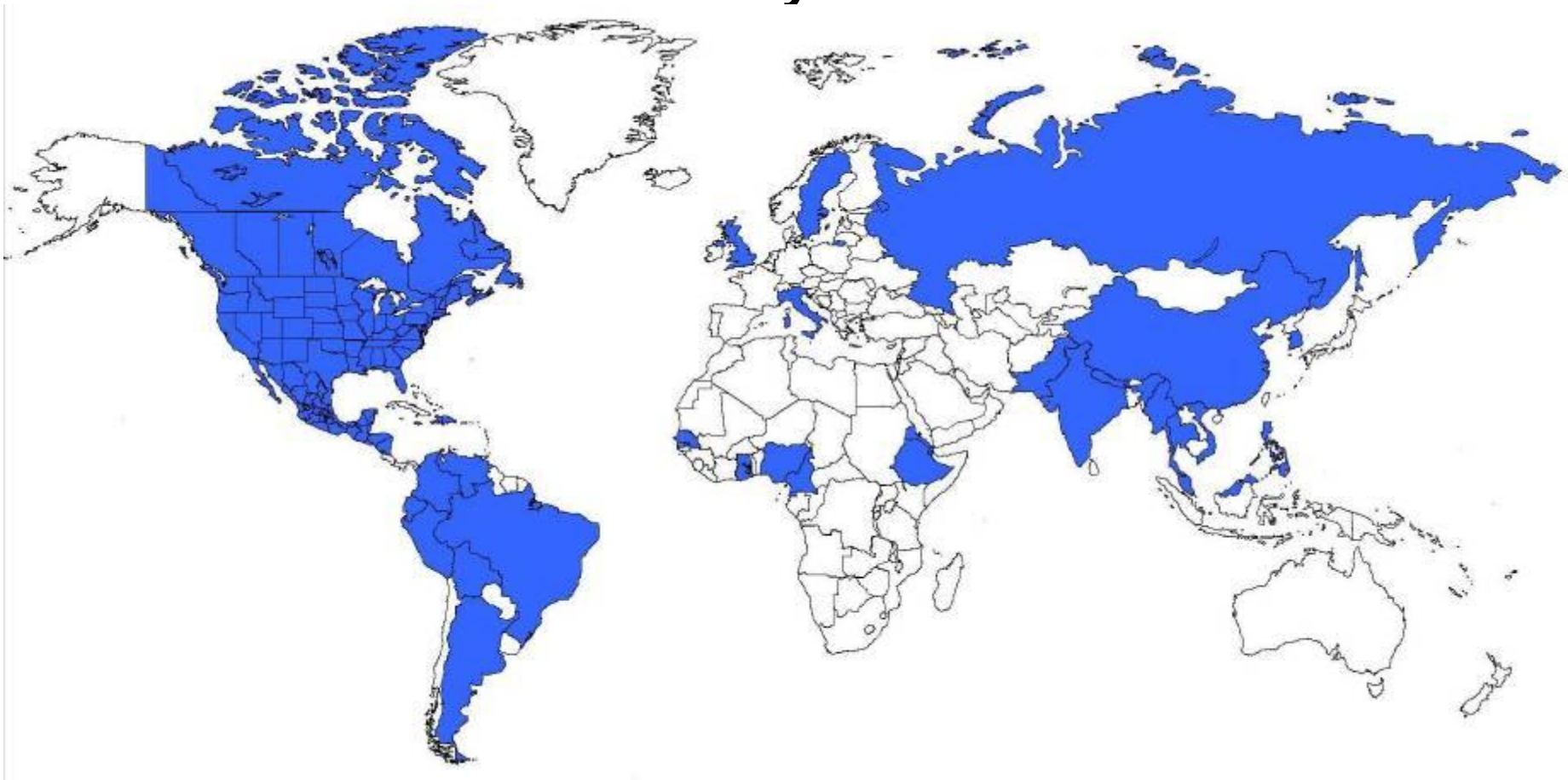
Migrant Clinicians Network

OUR MISSION

To be a force for justice in healthcare for the mobile poor

International Reach

All Countries Reached by Health Network in 2011



Health Network has established and maintained relationships with various National Health Programs around the world

What is Bridge Case Management?

Challenges for Providers and Patients

- Obtaining completion dates
- Reluctance to test or screen for possible health issues
- Reluctance to start patients on treatment
- Support for patients in treatment who are inclined to leave care

Health Network Solutions

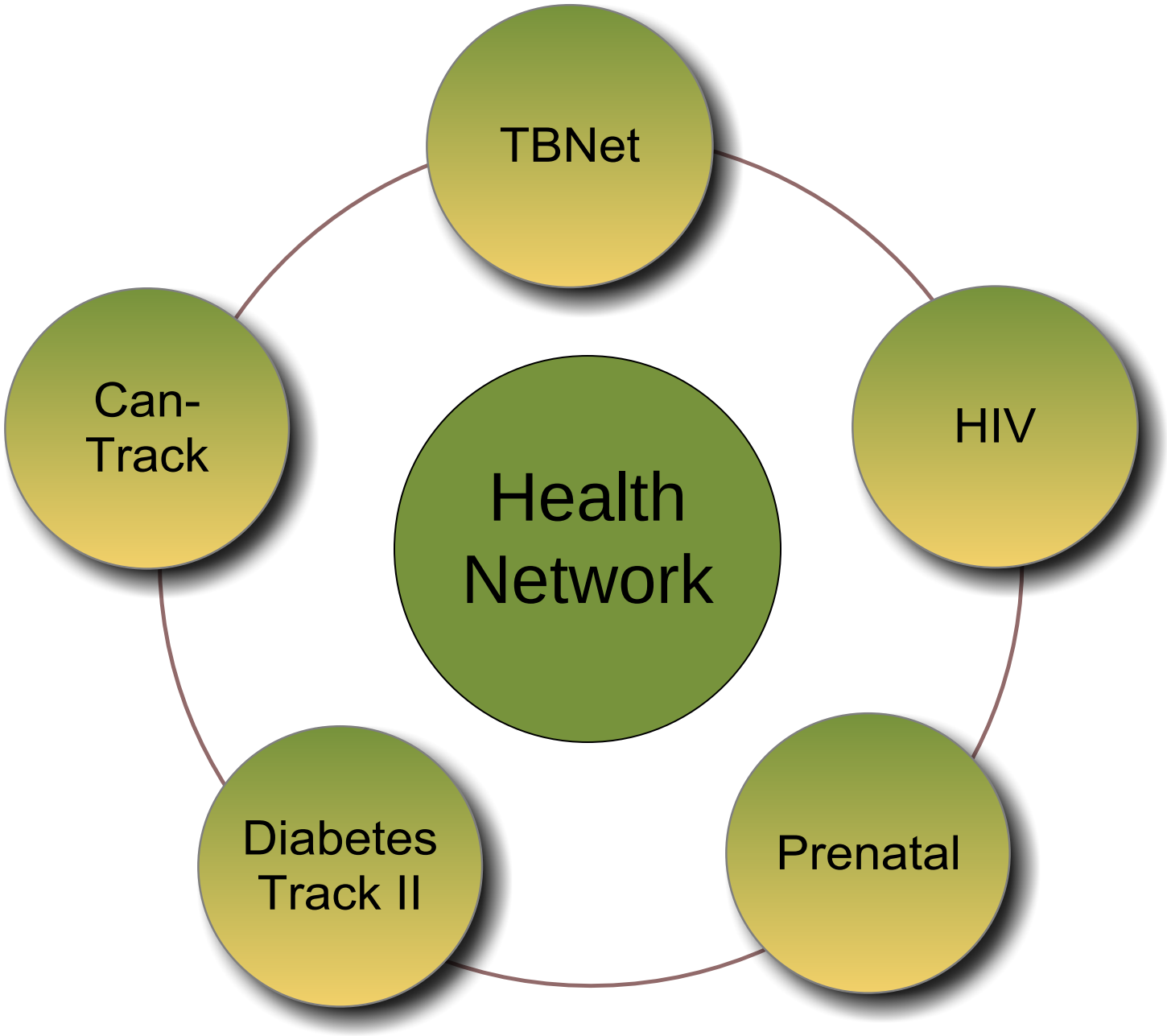
- Relays providers with completion dates
- Locates a clinic before a patient moves
- Tracks that patient through follow up and/or completion of treatment
- Provides health education
- Helps assure positive health outcomes
- Decreases overall health care costs

IMPACT

- Bridge between patients and their providers
- Lower percentage of patients that are lost to follow up
- Higher percentage of patients completing treatment for Active and/or Latent TB
- Treatment completion reports
- Improved patient participation

Barriers to Health Care

- Language / cultural differences
- Understanding test results
- Lack of health insurance
- Cost of care
- Legal status / fear
- Incomplete numbers / addresses
- Frustration over detention / journey back home
- Understanding treatment regimens


TBNet
Can-
Track
Health
Network
HIV
Diabetes
Track II
Prenatal

Other Key Issues…

- Responds to health provider input about challenges in providing continuity of care
- FREE
- Patients with other chronic conditions can still me enrolled in Health Network

- Confidentiality is critical to all MCN staff and all Health Network procedures conform to HIPPA standards
- All patients are asked to sign (or have a witness sign) a consent form before enrollment in Health Network

Challenges to Success

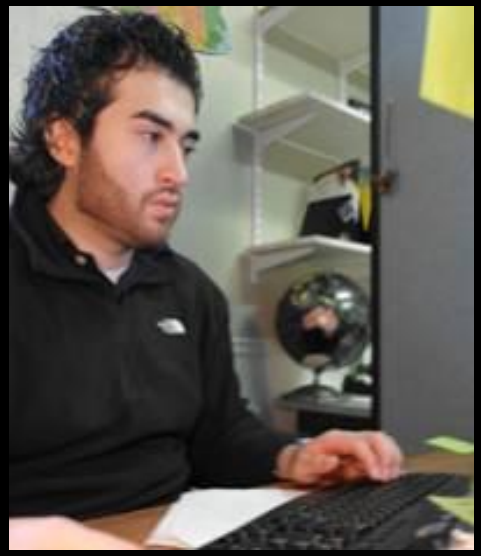
- Staff turnover at clinics
- Patient Cooperation
- Lack of complete medical records
- No consent form
- Incorrect patient information
- Delay in enrollment

Ask Yourself…

- Who will follow these patients if the results come back positive?
- How can these patients remain complaint while moving to a different state / country?
- How can I get completion results for patients that have started treatment?

Let HN work for you!

Our years of experience, a culturally-competent team, and streamlined protocols will provide you with solutions



To be successful, consider these questions:

- Who will enroll / set-up interviews?
- How are faxes / other communications going to be handled?
- Which patients should be enrolled?
- What will be the timeline for enrollment?
- What type of information is HN going to need from the patient?
- How can I incorporate HN enrollment into the routine workflow?

Health Network Enrollment Criteria

1

Patient is:

- Already mobile OR
- Likely to move

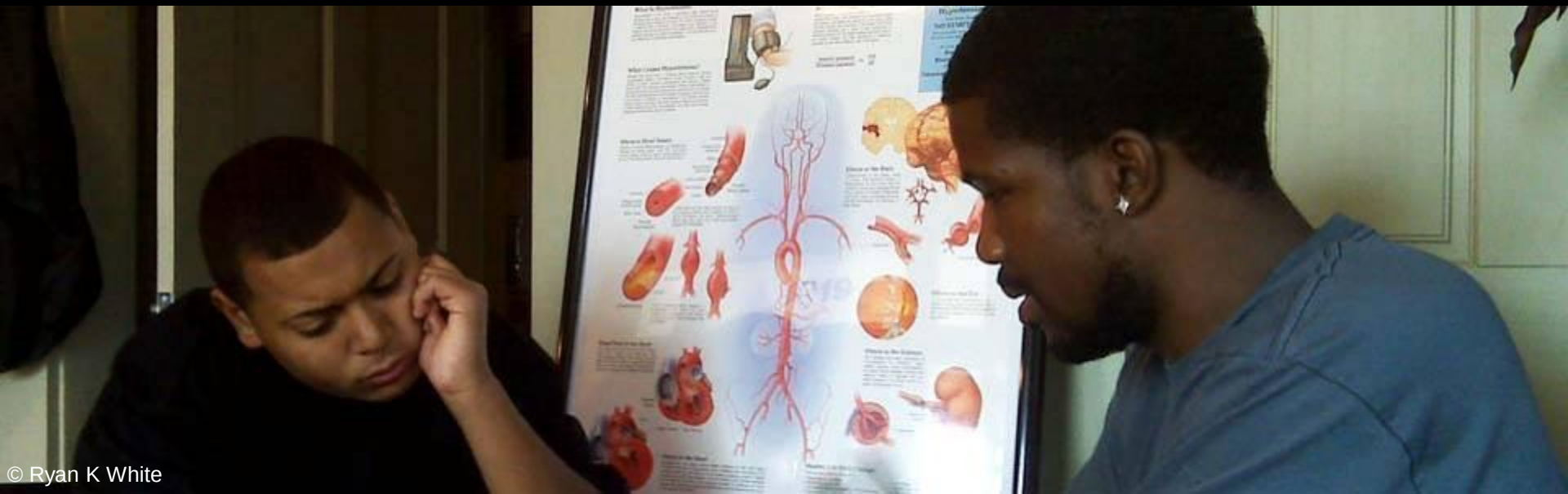
2

Patient has:

- Active or latent tuberculosis
- Diabetes or pre-diabetes
- Been tested for or is at risk for breast, cervical or colon cancer
- Is pregnant and needing prenatal care
- In need of a clinic for follow-up of Chronic condition

Educating patients

- How HN works and how they will benefit from participating (clinical support)
- How to use HN
- How HN keeps all patient information confidential
- The benefits, responsibilities and expectations



MCN's Health Network does not discriminate on the basis of immigration status and will not share personal patient information without patient permission

Participant Benefits:

- A clinic / doctor / nurse is waiting
- Updated records are forwarded to clinic / patient
- Toll free number in the U.S. and Mexico
- Better understanding and diagnosis of condition
- Completion results stored in patient file
- Patient confidentiality

Forms Required for Enrollment

Migrant Clinicians Network
PO Box 164285
Austin, Texas 78716

Business Phone: (512) 327-2017
Confidential Fax: (512) 327-6140
Confidential Phone: (800) 825-8205

ENROLLMENT IN THE MCN HEALTH NETWORK

Enrolling Clinic		Clinic phone number(s)	
E-mail address		Clinic fax number(s)	
Contact person at Clinic			
Security Question #1:	Patient's city of birth?		
Security Question #2:	Patient's father's first name?		

Please indicate the health area(s) for which the participant is being enrolled. If the participant's health status changes during enrollment in the Health Network, additional areas may be added with the participant's verbal consent.

☐ Tuberculosis ☐ HIV
☐ Prenatal Care ☐ General Health
☐ Cancer
☐ Diabetes

CONSENT FOR RELEASE OF MEDICAL INFORMATION

First Name		Last Name(s)	
Alias, Nicknames, Etc		Birth Date (Month / Day / Year)	

The Health Network currently helps with continuity of care for people with infectious, chronic illnesses or other healthcare concerns. (i) MCN is a non-profit company coordinating my enrollment in the Health Network at no cost to me; (ii) MCN may not be able to obtain health care providers that are available to care for my condition at no cost to me; (iii) the health care providers who will be providing my treatment are independent and not employees of MCN; and (iv) MCN does not provide, and is not responsible for, any health care treatment, or the administration of such treatment, in connection with any or all of the Health Network projects.

I agree to participate in the Health Network, and I understand that my protected health information and personal information will only be released for the purposes of my medical treatment, healthcare operations, payment, or pursuant to my authorization.

I do NOT authorize MCN or future health care providers to have access to my medical records around issue(s) listed here:

(attach additional page if needed)

I agree to notify my future health care providers of my enrollment in the MCN Health Network to help facilitate the transfer of my medical records. I understand and consent to MCN maintaining records for me containing sensitive health information (examples: HIV status and/or information about mental health issues) if my health care provider believes this information is needed for my treatment. I authorize MCN and future health care providers to have access to these medical records that my health care providers feel are necessary for my medical treatment and/or continued screening.

Authorized individuals from MCN may contact me by phone, mail or in person regarding follow-up and referral for my treatment for these conditions. These individuals will adhere to federally mandated confidentiality, privacy and security procedures. This consent form will remain in effect for two years (24 months) from the date signed or until my participation in the Health Network has ended for any reason. I can submit a written request any time to leave the Health Network or to limit the health issues that MCN is authorized to address. I also understand that I have a right to receive a copy of my medical records on file with MCN upon written request.

I HEREBY RELEASE MCN, ITS EMPLOYEES, OFFICERS, DIRECTORS, CONSULTANTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, CAUSES OF ACTIONS, DAMAGES, LOSSES, EXPENSES (INCLUDING ATTORNEYS' FEES), AND LIABILITIES OF ANY KIND WHATSOEVER ARISING OUT OF MY ENROLLMENT IN THE HEALTH NETWORK AND MY HEALTHCARE TREATMENT RESULTING FROM MY ENROLLMENT IN THE HEALTH NETWORK.

*REQUIRED

*PARTICIPANT SIGNATURE (or Signature of Legal Representative)		Date	
Relationship of Legal Representative to Patient		Witness Signature	

We recommend that, whenever possible, you provide the participant with a copy of this Consent for Release of Medical Records and MCN Health Network Enrollment form when it is completed.

ENGLISH – THIS CONSENT FORM IS VALID FOR 2 YEARS AFTER DATE OF SIGNATURE

Please contact us at 512-327-2017 or www.migrantclinician.org/network for more information on the MCN Health Network.

02-07

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Austin, Texas 78716

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Confidential Phone: (800) 825-8205

PARTICIPANT INFORMATION SHEET | MCN HEALTH NETWORK

*REQUIRED

First Name		Last Name(s)	
Mother's Maiden Name		Birth Date (Month / Day / Year)	
Place of birth: City		Gender: ☐ Female ☐ Male	
Place of birth: State		Marital Status: ☐ Single ☐ Divorced ☐ Other: ☐ Married ☐ Widowed	
Place of birth: Country			

Race/Ethnicity: ☐ White – Non-Hispanic/Latino ☐ Black – Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Asian – Non-Hispanic/Latino ☐ Indigenous ☐ Other:

Language(s) Spoken: ☐ English ☐ Creole ☐ Spanish ☐ Other:

Language you prefer to be contacted in:

Occupation(s) (from past two years): ☐ Farmworker ☐ Construction ☐ Retired ☐ Homemaker ☐ Factory ☐ Unemployed ☐ Student ☐ Child care ☐ Other:

Current Residence: ☐ Farmworker Camp Housing ☐ Jail ☐ Homeless ☐ Home ☐ ICE Detention Center ☐ Other:

CURRENT CONTACT INFORMATION FOR PARTICIPANT:

	Street / P.O Box	City	State	Zip/Country
*PHYSICAL ADDRESS:				
*MAILING ADDRESS:				

*PHONE NUMBER (with Area Code) HOME / CELL / WORK:

Is it ok if we talk to people that answer this phone about your personal health information? *(if you do not check off either box, or you do not initial, your answer will be "No")* ☐ Yes ☐ No

*INITIALS:

OTHER CONTACT INFORMATION FOR PARTICIPANT (Place you normally move to):

	Street / P.O Box	City	State	Zip/Country
Physical Address:				
Mailing Address:				

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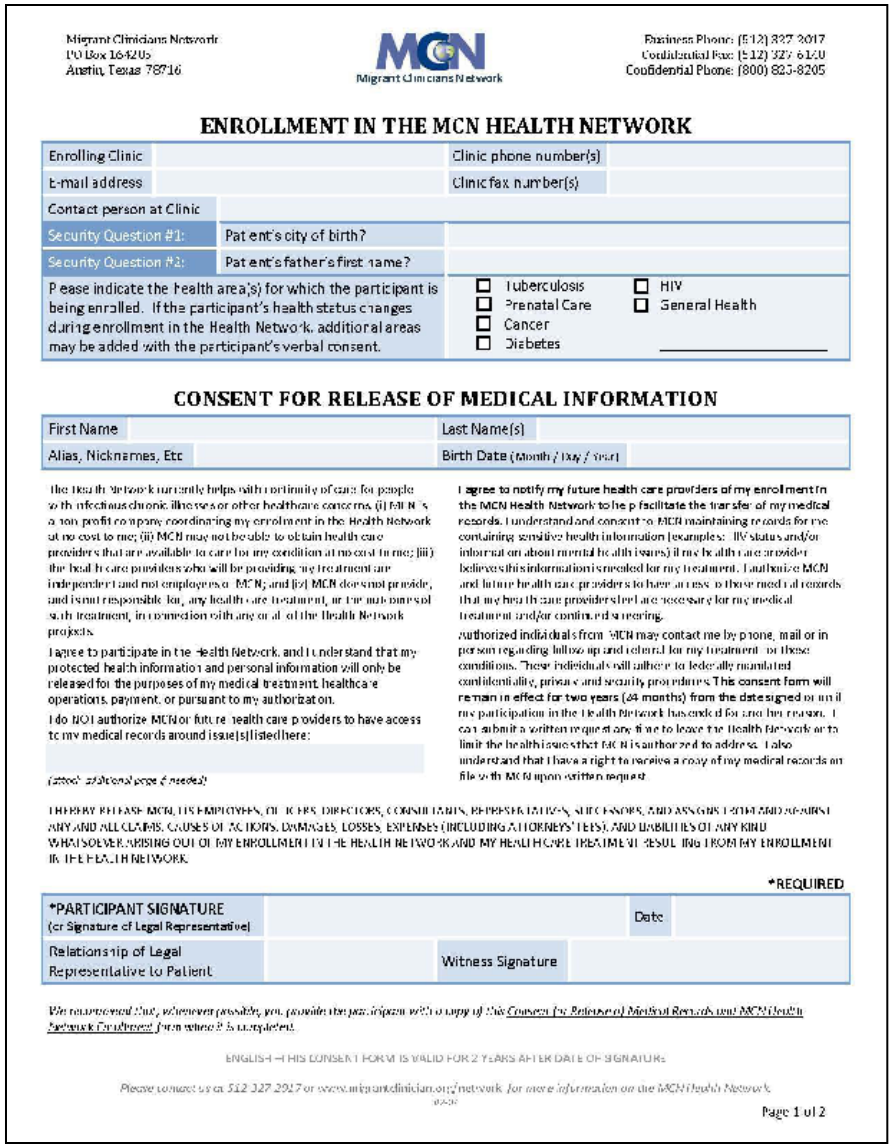
02-07

Consent Form

- Gives MCN staff legal permission to transfer participants' medical records and contact participants
- This form **must have** the participant's signature
- Valid if sent to HN staff within 5 business days of being signed by patient, and remains valid for 24 months from the date signed
- Participants may renew their consent after it expires if they still need assistance



Migrant Clinicians Network
PO Box 164205
Austin, Texas 78716

MCN Migrant Clinicians Network

Business Phone: (512) 327 2017
Confidential Fax: (512) 327 6120
Confidential Phone: (800) 823-8205

ENROLLMENT IN THE MCN HEALTH NETWORK

Enrolling Clinic		Clinic phone number(s)	
E-mail address		Clinic fax number(s)	
Contact person at Clinic			
Security Question #1:	Patient's city of birth?		
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Please indicate the health area(s) for which the participant is being enrolled. If the participant's health status changes during enrollment in the Health Network, additional areas may be added with the participant's verbal consent.

☐ Tuberculosis ☐ HIV
☐ Prenatal Care ☐ General Health
☐ Cancer
☐ Diabetes

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We recommend that, whenever possible, you provide the participant with a copy of this Consent for Released Medical Records and MCN Health Network Enrollment from where it is completed.

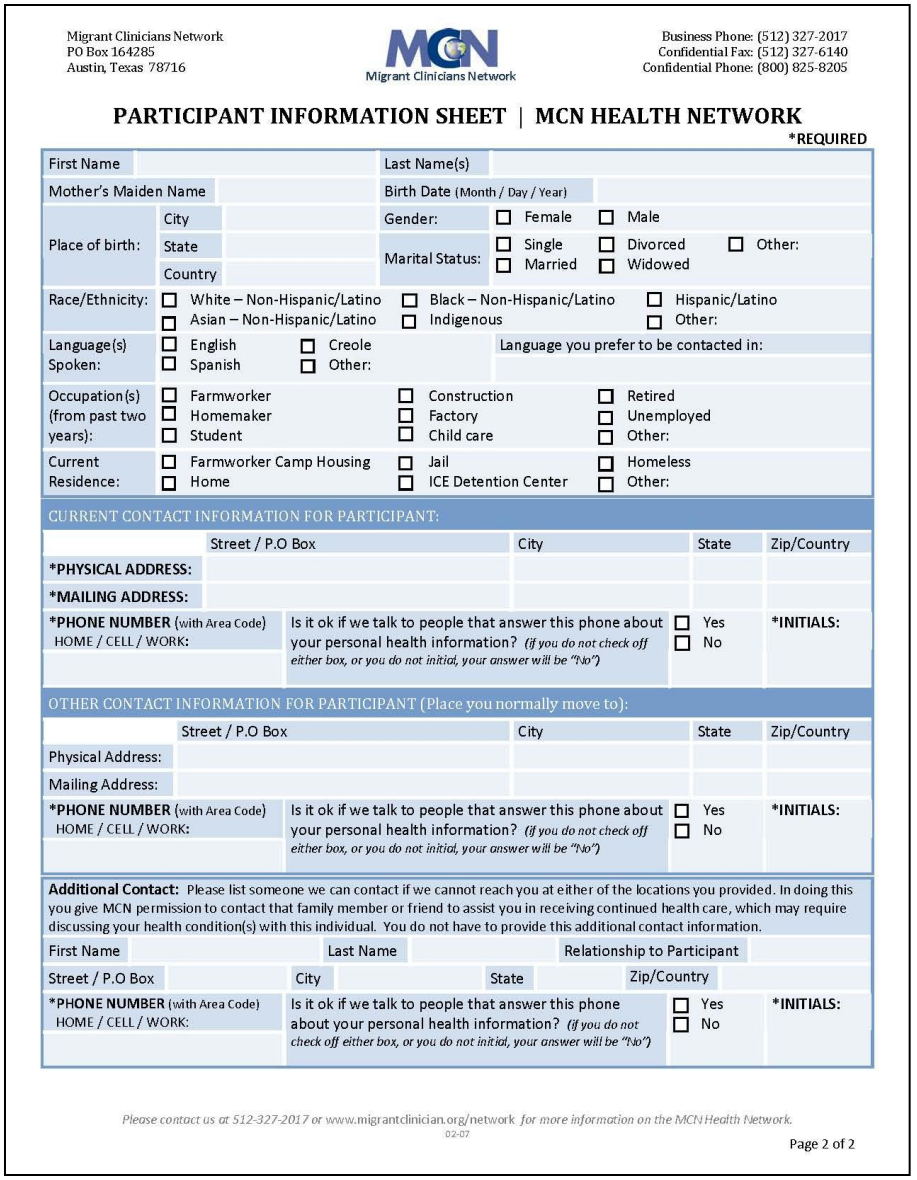
ENGLISH – THIS CONSENT FORM IS VALID FOR 2 YEARS AFTER DATE OF SIGNATURE

Please contact us at 512 327 2017 or www.migrantclinician.org/network for more information on the MCN Health Network.

Page 1 of 2

Patient Information Form

- **It is critical to get as much contact information as possible, such as:**
  - Home, Cell, work numbers (area codes)
  - E-mail address
  - Friends and family in hometown
  - family member who does not move in US / other countries that often/always knows where they are, etc.
  - person who will take a message for you if we cannot get in touch with you



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Confidential Phone: (800) 825-8205

PARTICIPANT INFORMATION SHEET | MCN HEALTH NETWORK

*REQUIRED

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Mother's Maiden Name		Birth Date (Month / Day / Year)	
Place of birth: City / State / Country		Gender: ☐ Female ☐ Male	
		Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other:	
Race/Ethnicity: ☐ White – Non-Hispanic/Latino ☐ Asian – Non-Hispanic/Latino ☐ Black – Non-Hispanic/Latino ☐ Indigenous ☐ Hispanic/Latino ☐ Other:			
Language(s) Spoken: ☐ English ☐ Spanish ☐ Creole ☐ Other:		Language you prefer to be contacted in:	
Occupation(s) (from past two years): ☐ Farmworker ☐ Homemaker ☐ Student ☐ Construction ☐ Factory ☐ Child care ☐ Retired ☐ Unemployed ☐ Other:			
Current Residence: ☐ Farmworker Camp Housing ☐ Home ☐ Jail ☐ ICE Detention Center ☐ Homeless ☐ Other:			

CURRENT CONTACT INFORMATION FOR PARTICIPANT:

	Street / P.O Box	City	State	Zip/Country
*PHYSICAL ADDRESS:				
*MAILING ADDRESS:				

*PHONE NUMBER (with Area Code) HOME / CELL / WORK:	Is it ok if we talk to people that answer this phone about your personal health information? *(if you do not check off either box, or you do not initial, your answer will be "No")*	☐ Yes ☐ No	*INITIALS:

OTHER CONTACT INFORMATION FOR PARTICIPANT (Place you normally move to):

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Physical Address:				
Mailing Address:				

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Please contact us at 512-327-2017 or www.migrantclinician.org/network for more information on the MCN Health Network.

02-07

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Option 1

We Interview:

1. Simply have us interview the patient, we explain the program, fill out the forms.
2. We will then fax the forms to you to have the patient sign them.*
3. Then fax us the signed forms along with the patient's medical records.

**Please be ready to have the patient sign the faxed consent form immediately after an interview.*

Option 2

You Interview:

1. Fill out the information about the patient.
2. Have the patient sign the consent form and provide all the contact information (must include phone numbers).
3. Fax the signed forms and medical records to Health Network staff

After Enrollment…

- Once consent form received, address will be verified
- HN staff orients the patient
- Obtain more contact information
- HN staff discusses next steps with patient

Health Network confidential fax number

512-327-6140

Maintaining a Patient in Care

The Patient's Role…

1. Provide HN with as many phone numbers as possible
2. Contact HN after arriving to new area
3. Stay on treatment until indicated
4. Inform HN of address / Phone changes
5. Notify clinics of enrollment in HN

Maintaining a Patient in Care

Send records to Health Network when:

- Patient Signs Consent form (new enrollments)
- An enrolled participant leaves your clinic
- Health Network staff call or fax a records request to your clinic
- Patient records need to be updated

Maintaining a Patient in Care

Request records from MCN when:

- A patient comes to your clinic and has been enrolled at another site.
- A patient that you enrolled at a previous time returns to your clinic

To safeguard participant confidentiality, be prepared to identify yourself and your clinic and provide identifying information about the participant.

Tools for Maintaining a Patient in Care

ATTENTION PROVIDERS: This client is a user of the MCN Health Network. MCN can help you access:

ATENCIÓN PROVEEDORES: Este paciente es usuario de la Red de Salud MCN. MCN les puede ayudar a encontrar:

This patient's medical record • *El expediente médico de este paciente*
This patient's lab results • *Los resultados de laboratorio de este paciente*
Financial assistance for his/her health care • *Ayuda económica para el cuidado de su salud*

This is a free service. • *El servicio es gratis.*

Call 1-800-825-8205
De México 01-800-681-9508

MCN Health Network

Medical Records and Care Coordination Card
Tarjeta de Expedientes Médicos y Coordinación de Salud

1-800-825-8205
De México 01-800-681-9508
www.migrantclinician.org

THIS IS NOT A MEDICAL INSURANCE CARD.
Esta no es una tarjeta de seguro médico.

Make sure patients have the HN toll free number:

800-825-8205

or

01-800-681-9508 if calling from Mexico

Photo © Candace Kugel

Continuous Quality Improvement

- Timed follow up with patient / clinic
- Completion rates
- Number of clinic referrals
- Review of cases
- Periodic calls / e-mails with facilities
  - How can we help
  - How can adapt our protocols

Health Network Stories

CAN-track Case Study

- “Maria”, 47 year-old migrant woman from Central America
- Enrolled in CAN-track in December when she received a mammogram in Maryland
- HN staff attempt contact in January after her move to Florida because she needs follow up screening
- Maria’s phone is disconnected
- HN call her daughter (listed as contact person on consent form)
- Maria is visiting her daughter and is there when HN staff call

- Maria knows she needs another appointment, but does not fully understand why
- Does not know where to receive care in Florida
- HN staff locate the nearest MCHC and set up an appointment for Maria
- Find transportation services to health center
- Requested a copy of Maria’s records from the Maryland Hospital where she had the mammogram and send it to the health center.

- Maria has repeat mammogram funded by BCCP
- Her repeat mammogram reveals benign findings and she is told to resume yearly mammograms

TB*Net* Case Study

- 34 yr old male from El Salvador
- El Salvador NTP called TB*Net* to get information regarding patient
- He had not yet been enrolled, they agreed to get enrollment forms signed by patient
- East Coast Health Department was contacted requesting information on patient. Provided treatment start date, and treatment regimen. This information was translated and forwarded to El Salvador

TB*Net* Case Study

- The patient successfully completed treatment
- TB*Net* sent completion information to East Coast HD
- East Coast HD was able to change the outcome from lost-to-follow-up to completion of adequate treatment

Health Network is continuity of care for mobile Patients around the world

Contact Us

- Health Network telephone:
  800-825-8205 (U.S.)
  01-800-681-9508 (from Mexico)

- Health Network fax: 512-327-6140

- MCN website: http://www.migrantclinician.org/

- If you have additional questions about the program, you may also contact
  Ricardo Garay: 512-579-4508 or
  rgaray@migrantclinician.org