Health Network
Providing Continuity of Care for Patient Populations on the Move

Presented by:
Theressa Lyons-Clampitt and Elizabeth Gonzalez-Ibarra
2023 Midwest Forum
Providing Continuity of Care for Patient Populations on the Move

Patient Centered Medical Homes (PCMHs) greatly improve continuity of care for patient outcomes and experiences with health care settings. However, the advances of a PCMH tend to be focused on geographically stable populations. Robust medical home transformation can also include assuring continuity of care services for patients experiencing barriers to health care due to mobility.
Learning Objectives:

Upon completion of this session, you will be able to:

• Understand the adapted PCMH model and know how to identify mobile patients at risk of loss to follow up.

• Describe the enrollment process for enrolling patients into Health Network and learn the benefits of enrolling patients at risk of loss to follow up.

• Gain strategies and resources for providing continuity of care for mobile patients like agricultural workers.
Our mission is to create practical solutions at the intersection of vulnerability, migration, and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.
Where We Are

- San Juan, PR
- Salisbury, MD
- Austin, TX
- Chico, CA
- Los Angeles, CA
- Berkeley, CA
- Austin Suburbs: Hutto, Dripping Springs, Buda, Cedar Park
- McAllen, TX
- Miami, FL
- Greenville, ME
- East Longmeadow, MA
- Philadelphia, PA
- Fayetteville, NC
- Clinton, NY
- Greenville, ME
- McAllen, TX
Migration
In 2005 there were **195 million** international migrants

\[= 3.1\% \]

In 2020 there were **281** million international migrants

This is the equivalent to the 4\textsuperscript{th} largest country in the world.
Recent Shifts in Migration

- Increase in refugees coming to the U.S.
- Shift in population seen at border sites (Haitian, Eastern Europe, Columbia, Venezuela, Peru, and Russia)
- Continued influx of migrants from Central America and Mexico
- Agricultural work continues to be lowest rung on the economic ladder.
Agricultural Work
What Impacts Agricultural Worker Health?

Structural Issues
- Discrimination
- Immigration Status
- Language
- Continuity of Care
- Regulatory Issues

Living Conditions
- Work
- Physical Health
- Mental Health

Agricultural Worker
Physical Health

The health issues that face migrant and other mobile underserved populations are similar to those faced by the general population but are often magnified or compounded by their migration, living conditions, and occupation.
Service Delivery Challenges

**Continuity of Care**
- Agricultural workers may seek care only when necessary
- Agricultural workers may move during treatment
- Communication between MHCs and other providers is difficult

**Culture and Language**
- Provision of multi-lingual services (reception, health education, prescriptions, bilingual staff/translators, etc.)
- Relevant training and continuing education for staff

Photo by Tony Loreti for MHP Salud
Exploring Effective Adaptations for Mobility and Culture
Health Network

Eliminate health disparities due to patient mobility
Care Management AND Referral Tracking and Follow-up

Health Network
Over 15,100 total HN enrollments
Over 3,000 total clinics in U.S. and over 114 countries engaged to eliminate mobility as an obstacle to continuity of care
How Can MCN’s Health Network Have such a high completion rate to 114 countries??

• Multilingual/multicultural case managers who use multiple communication techniques.

• MCNs’ Case managers speak multiple languages (English, Spanish, Haitian Creole, French and Portuguese and use Language Line for all others)
Percent of Health Network Enrollments by Primary Diagnosis

- General Health: 32%
- Prenatal: 13%
- Infant Program: 17%
- TB: 4%
- Diabetes: 3%
- COVID Vaccine: 2%
- Cancer Screening: 1%
- HIV: 1%
MCN’s Health Network does not discriminate on the basis of immigration status and will not share personal patient information without patient permission.
✓ 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
Forms Required for Enrollment
**ENROLLMENT IN THE MCN HEALTH NETWORK**

<table>
<thead>
<tr>
<th>Enrolling Clinic</th>
<th>Clinic phone number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail address</td>
<td>Clinic fax number(s)</td>
</tr>
</tbody>
</table>

**Contact person at Clinic**

<table>
<thead>
<tr>
<th>Security Question 1: Patient’s city of birth?</th>
<th>Security Question 2: Patient’s father’s first name?</th>
</tr>
</thead>
</table>

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
- Prenatal Care
- HIV
- General Health
- Cancer
- Diabetes

**CONSENT FOR RELEASE OF MEDICAL INFORMATION**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name(s)</th>
<th>Birth Date (Month/Day/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alias, Nicknames, Etc.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Health Network currently helps with continuity of care for people with infectious chronic or severe 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 needed 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 outcomes of such treatment, in connection with any 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 at this time.

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 containing sensitive health information (examples: HIV status, mental health issues, family history). I understand that my health care providers that are necessary for my medical treatment and/or continued screening. Authorized individuals from MCN may contact me by phone or in person regarding follow-up and referral for my treatment for these conditions. These individuals will adhere to federal and state 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 another reason.

**Participan Signature**

(Signature of Legal Representative)

Relationship of Legal Representative to Patient

Date

Witness Signature

We understand, to the extent possible, you will provide the participant with a copy of this Consent for Release of Medical Records and MCN Health Network Contract Form when it is completed.
## PARTICIPANT INFORMATION SHEET | MCN HEALTH NETWORK

*REQUIRED*

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Last Name(s)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mother’s Maiden Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Birth Date (Month / Day / Year)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Female, Male</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>Single, Married, Widowed</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td>White – Non-Hispanic/Latino, Asian – Non-Hispanic/Latino, Black – Non-Hispanic/Latino, Hispanic/Latino, Indigenous, Other:</td>
</tr>
<tr>
<td><strong>Language(s) Spoken</strong></td>
<td>English, Spanish, Creole, Other:</td>
</tr>
<tr>
<td><strong>Occupation(s)</strong></td>
<td>Farmworker, Homemaker, Student, Retired, Unemployed, Other:</td>
</tr>
<tr>
<td><strong>Current Residence</strong></td>
<td>Farmworker Camp Housing, Jail, ICE Detention Center, Homeless, Other:</td>
</tr>
</tbody>
</table>

### CURRENT CONTACT INFORMATION FOR PARTICIPANT:

- **Address:**
  - Street / P.O. Box | City | State | Zip/Country
- **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 do not pick a box, your answer will be "no"): Yes, No
- **Initials:**

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

- **Address:**
  - Street / P.O. Box | City | State | Zip/Country
  
  **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 do not pick a box, your answer will be "no"): Yes, No
  - **Initials:**

**Additional Contact:** Please list someone we can contact if we cannot reach you at either of the locations you provided. In doing this you give MCN permission to contact that family member or friend to assist you in receiving continued health care, which may require discussing your health condition(s) with this individual. You do not have to provide this additional contact information.

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Last Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship to Participant</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Street / P.O. Box**         | City | State | Zip/Country
- **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 do not pick a box, your answer will be "no"): Yes, No
  - **Initials:**

---

*MCN: Migrant Clinicians Network*
## Single Point of Contact at the Health Center

**MCN Migrant Clinicians Network**

**Contact Information:**
- **P.O. Box 16-2925**
- **Austin, Texas 78716**
- **Business Phone:** (512) 377-2017
- **Confidential Phone:** (512) 377-6340
- **Confidential Fax:** (900) 825-8205

### ENROLLMENT IN THE MCN HEALTH NETWORK

<table>
<thead>
<tr>
<th>Enrolling Clinic</th>
<th>Clinic phone number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact person at Clinic</strong></td>
<td>Clinic fax number(s)</td>
</tr>
</tbody>
</table>

**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
- Prenatal Care
- General Health
- Cancer
- Diabetes

### CONSENT FOR RELEASE OF MEDICAL INFORMATION

- **First Name:**
- **Last Name:**
- **DOB (day/month/year):**
- **Sex:**
- **Race/Ethnicity:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Relationship:**
- **Signature:**
- **Witness Signature:**
- **Date:**

*Required fields are marked with an asterisk.*

For more information, please contact Migrant Clinicians Network at (512) 825-7930 or visit [MCN Health Network](http://migrantcliniciansnetwork.org).
These enrollment resources are available:

www.migrantclinician.org/health-network/enrollment

Informational Videos about Health Network

Download Enrollment Packets in English, Haitian Creole, Portuguese and Spanish
Recap of Health Network Enrollment Criteria

1 Patient is:
- Mobile / Migrant
- Thinking of leaving area of care

2 Patient has:
- Need for clinical follow-up
- Working phone number or family member with phone number
- Signed MCN consent form
- Clinical base or enrolling clinic
Steps to Maintaining a Patient in Care
MCN’s Health Network Associate:

- Contacts patients on a scheduled basis
- Contacts clinics monthly, other healthcare clinics receive updates as requested, and when treatment has completed.
- Assists patients in locating clinics for services and resources
- Reports back to the enrolling clinic and notifies them of final outcomes
The Patient’s Role...
As many phone numbers as possible
Inform Health Network (HN) Associates of any phone or address changes and contact HN staff after arriving in a new area.
Continue treatment as long as indicated by their physician.
Over the ten years he was enrolled, Health Network made
46 clinic contacts, 124 patient contacts, transferred medical
records 9 times to 6 different clinics.

“Fernando” is a 56 year old migrant farmworker diagnosed with diabetes at age 49. He traveled each year from South Texas to Minnesota or “wherever I can find work.”
Fernando’s HBA1c While Enrolled in Health Network
Contact Us

• Health Network telephone: 800-825-8205 (U.S.)

• Health Network fax: 512-327-6140

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

For questions when enrolling your patients, please contact Alma Colmenero: acolmenero@migrantclinician.org or (512) 579-4510

To Schedule additional trainings like the one today, please contact Theressa Lyons-Clampitt tlyons@migrantclinician.org
Connect with MCN!

Access our latest resources

Get updates from the field

Attend our virtual trainings

and a lot more at www.migrantclinician.org

@tweetMCN | @migrantclinician | @migrantcliniciansnetwork
Please remember to submit the evaluation. MCN values your opinions and suggestions. We use the information you provide to update and improve all our educational offerings. Do take a few moments to complete the evaluation. Thank you!