

Patient-Centered Medical Home and the Migrant Community: Meeting the NCQA Standards

OPEN ACCESS

Patient-Centered Medical Home (PCMH) is a concept started by pediatricians in the 1960's as they realized special needs children were often seeing a host of providers at disparate centers without coordination of care. Immunizations, medical records, social services, reimbursement mechanisms and other care needs ran the risk of being duplicated, omitted, or incomplete. Exchange of information between providers depended on the goodwill and extra effort of the interested clinician rather than on a system of care.

Sound familiar? The same issues that spurred the pediatric PCMH affect the migrant farmworker population, and more broadly, all special populations. Mobility, lack of stable insurance, multiple sites of care, categorical inclusions and exclusions from care, and cultural barriers impede proactive planning for specific patient healthcare needs. Just as the first PCMH concept recognized the special needs of a subpopulation, so we now recognize the particular needs of the migrant and seasonal farmworker population. Each NCQA element is addressed here as it pertains to the migrant population, or more broadly, the mobile poor.

PCMH Standard 1: Enhance Access and Continuity

A. Access During Office Hours

The standard assumes “open access” meaning that patients can get same-day appointments for acute care needs and rapid access to routine care needs. The access is not meant to be an add-on to a full schedule, and the patient is meant to be typically seen by his/her own provider team. When the office is closed, the patient must be able to get timely advice. Secure electronic messaging is also a part of this element's profile.

What does “Open Access” look like for migrant patients? Here are some issues that should be addressed in clinic protocols, reflected in weekly schedules, and available in screen shots as this factor is demonstrated:

- The health center orients all patients to the scheduling protocols used at the center, recognizing that patients may be unfamiliar with scheduling practices or US healthcare systems.
- The health center documents the numbers of migrant workers in the region by month, the typical work hours and the transportation available to them.
- Open Access scheduling permits an influx of migrant patients to be seen as seasonal variance is experienced.
- Open Access scheduling accommodates the work hours, transportation issues and geographic barriers experienced by migrant workers.
- Open Access scheduling recognizes the limited access to phone and electronic communication that migrant patients experience, as well as their unpredictable work schedule. It allows walk-in migrants to be seen in a similar manner as those who call by phone or electronic message.
- Open Access is equally available to patients who are non-English speakers as to English-speakers.
- Open Access after hours advice is equally available to patients who are non-English speakers as to English-speakers.
- Appointment time slots for Open Access should reflect the needs of the patients being served. Added time may be required for migrant patients to secure multiple healthcare needs in one visit.