Patient Centered (Mobile) Medical Homes

Session 5: Orientation to Migration Health
Jennie McLaurin, MD, MPH

Disclosure Statement

- Faculty: Jennie McLaurin, MD, MPH
- Disclosure: I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas
My center is...

1. Recognized as a PCMH
2. Working on PCMH recognition
3. Not formally a PCMH
4. Huh?

My center has modified PCMH criteria for migrant populations we serve...
MCN promotes medical home transformation designed to **include** patients who experience barriers to health care due to mobility, poverty, language and culture.

Because migrant workers experience...

- ↑ environmental/occupational health conditions
- Late diagnoses of preventable and chronic disease
- Significant stress and trauma related behavioral health concerns
- Neglected oral health care
- Complex social determinants of health
Adaptations within the PCMH framework are necessary for positive health outcomes.

An adapted mobile medical home includes....

- Integrative approach between disciplines and across sites of care
- Increased capacity for health information technology to be transmitted
- Intensive primary care both in-center and out in the community
Six Standards for PCMH

1. Enhance Access and Continuity
2. Identify and Manage Patient Populations
3. Plan and Manage Care
4. Provide Self-Care Support and Community Resources
5. Track and Coordinate Care
6. Measure and Improve Performance

Six Must Pass Elements within the Six Standards

1. Access During Office Hours
2. Use Data for Population Management
3. Care Management
4. Support Self-Care Process
5. Referral Tracking and Follow-Up
6. Implement Continuous Quality Improvement
Mobile Medical Home?

What tools do you need to build a mobile medical home on your site?
Alternate doors opening up for easy access

Surveying expertise to measure the “Yurt” footprint

Support Self-Care; outfit your site with services that are in reach

Care management that is “mobile-friendly”

Referral tracking and follow-up

Appraising that special home...

Case Studies
<table>
<thead>
<tr>
<th>Elements</th>
<th>Factors</th>
<th>MCO Training and Technical Assistance</th>
<th>Core Meaningful Use</th>
<th>Menu Meaningful Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a: Access to the office</td>
<td>Practice has written process standards and demonstrates that it maintains performance against the standards</td>
<td>1. Provide Same Day Access</td>
<td>Include open access scheduling.</td>
<td>** Points</td>
</tr>
<tr>
<td></td>
<td>2. Provide timely access by phone</td>
<td>Provide message in appropriate language</td>
<td>** Points</td>
<td>* Points</td>
</tr>
<tr>
<td></td>
<td>3. Provide timely access by electronic message</td>
<td>Document that interpretation was provided by trained medical interpreter</td>
<td>* Points</td>
<td>* Points</td>
</tr>
<tr>
<td></td>
<td>4. Document clinical advice</td>
<td></td>
<td>* Points</td>
<td>* Points</td>
</tr>
<tr>
<td>5b: After-hour’s Access</td>
<td>Practice has written process standards and demonstrates performance</td>
<td>1. Access to immediate and urgent care outside business hours</td>
<td>Provide access to a language-appropriate triage system</td>
<td>** Points</td>
</tr>
<tr>
<td></td>
<td>2. Continuity of medical record information for care and advice when office is closed</td>
<td>Document that record is available in appropriate language</td>
<td>* Points</td>
<td>* Points</td>
</tr>
<tr>
<td></td>
<td>3. Timely advice by phone when office is closed</td>
<td></td>
<td>* Points</td>
<td>* Points</td>
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<tr>
<td></td>
<td>4. Provide timely advice using interactive electronic system when office is closed</td>
<td></td>
<td>* Points</td>
<td>* Points</td>
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<tr>
<td></td>
<td>5. Document after-hour’s advice</td>
<td></td>
<td>* Points</td>
<td>* Points</td>
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<tr>
<td>5c: Electronic Access</td>
<td>Practice provides through a secure electronic system</td>
<td>1. Electronic access to health information within 3 days to more than 98% of patients who request</td>
<td>X</td>
<td>* Points</td>
</tr>
<tr>
<td></td>
<td>2. Electronic access to current health information within 4 days to at least 98% of patients</td>
<td></td>
<td>X</td>
<td></td>
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Access During Office Hours
Open Access Checklist for Migrants

☑ Orient all patients to the scheduling protocols, recognizing that patients may be unfamiliar with scheduling practices or US healthcare systems.

☑ Document 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 Checklist for Migrants

☑ Recognizes the limited access to phone and electronic communication that migrant patients experience, as well as their unpredictable work schedule. Allows walk-in migrants to be seen in a similar manner as those who call by phone or electronic message.

☑ Equally available to patients who are non-English speakers as to English-speakers.

☑ After hours advice is equally available to patients who are non-English speakers as to English-speakers.

☑ Added time may be required for migrant patients to secure multiple healthcare needs in one visit.
Standard Two, Must Pass Element:

Use Data for Population Management

Our center identifies patients as migrant within the EHR so that data can be sorted by this factor.
MCN Identification Tool
Available for download from our website, www.migrantclinician.org

Data Tool for Population Management

- Center measures (examples):
  - # migrant workers and dependents with subcategories of children, retired, disabled and adult in retrievable EHR entries
  - Occupational and environmental health conditions associated with crop work in center region
  - Core measures by migrant status
  - Access to specialty services for migrant population
  - ED use and hospitalization of migrant population
Standard Four: Plan and Manage Care

Must Pass: Care Management
Health Literacy...

The ability to obtain, process, and understand health information to make informed decisions about health care. It involves using literacy as well as other skills (e.g., listening) to perform health-related tasks.

Includes many downloadable tools for clear communication, medications, patient appointments, cultural/literacy assessments, and QI.

Excellent resource!
Standard Six: Measure and Improve Performance

Must Pass: Implement Continuous Quality Improvement

Who is in your Migrant Medical Home?

What impact do barriers of transportation, finances, schedule, immigration factors, and health literacy have?

CQI Migrant Measures Tool

What are their health outcomes by core measures?

For what reasons do your mobile workers access care?
Health Network
Ensuring continuity of care through bridge case management
Health Network Enrollment Criteria

**Patient is:**
- Already mobile OR
- Likely to move

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

Tools for Maintaining a Patient in Care

Make sure patients have the HN toll free number:

**800-825-8205**

or

**01-800-681-9508** if calling from Mexico
Invitation to Sentinel Network

• Clinicians caring for migrant patients
• Outreach/CHW providing care to migrant patients
• Collectively IDENTIFY and DOCUMENT health conditions, concerns and outcomes
• Change the stats!

Any questions?

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# Clinician Orientation to Migration Health

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<td>Overview of Critical Concerns in Migration Health</td>
<td>Feb 13th</td>
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<td>Cultural Proficiency in the Context of Migration Health</td>
<td>Mar 13th</td>
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<td>3</td>
<td>The Intersection of Primary Care and Migration Health</td>
<td>Apr 17th</td>
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<td>4</td>
<td>Workers and Health: How Frontline Providers Make a Difference in the Protection of Migrant Workers &amp; Their Families</td>
<td>May 15th</td>
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<td>Creating a Patient Centered Medical Home for Patients on the Move</td>
<td>June 12th</td>
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<td>Women’s Health and Migration</td>
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<td>Quality and Meaningful Use in Migration Care</td>
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