Health Network: A Care Coordination Program for Patients Who Move During Treatment
Our mission is to create practical solutions at the intersection of vulnerability, migration, and health.
10,000 + constituents

- Health educators
- Nurses
- Primary care providers
- Dentists
- Social workers
- CHWs
- Outreach workers
- Medical assistants
- Others
24 Years of Innovation

Photo by Earl Dotter
MCN’s Health Network does not discriminate on the basis of immigration status and will not share personal patient information without patient permission.
General Health

Total Diagnoses
- Cardiovascular/Blood Diagnoses: 27%
- Preventative: 17%
- ENT Diagnoses: 10%
- Skin Diagnoses: 9%
- Respiratory Diagnoses: 6%
- Developmental: 1%
- Mental Health/Neurological: 7%
- GI Diagnoses: 6%
- Renal/Urinary: 5%
- Musculoskeletal: 5%
- Other: 7%
Over 12,000 total HN enrollments
2,951 total clinics in U.S. and over 114 countries
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
• 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
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
Forms Required for Enrollment
Gives MCN staff legal permission to transfer participants' medical records and contact participants.

Valid if sent within 5 business days of being signed by patient, remains valid for 24 months from the date signed.

Must have the participant's signature or the signature of a witness to consent.

Participants may renew their consent after it expires if they still need assistance.
**MUST HAVE THE WORKING PHONE NUMBERS OR E-MAIL**
Optional Information for Enrollment

PRAPARE

Stands for

- Protocol
- Responding
- Assessing
- Patients’ Assets
- Risk
- Experiences
21 questions to determine SDOH issues

- Are you Hispanic or Latino?
- Are you worried about losing your housing?
- What language are you most comfortable speaking?
- Has Lack of transportation kept you from medical appointments etc.
2 Ways to Enroll
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
Regardless of which option you pick, we will need...

1. The signed consent form
2. The contact information
3. The medical record or summary

before we can provide the navigation for the patient.
Challenges to Success

- Staff turnover at clinics (**#1 Challenge**)
- No single health center point of contact (**Close 2nd**)
- Patient Cooperation
- Identifying mobile patients
- Incorrect patient information
- Delay in enrollment
Single Point of Contact

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:

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

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

PARTICIPANT SIGNATURE

Date

Relationship of legal representative to patient

Witness Signature

This CONSENT FORM IS VALID FOR 2 YEARS AFTER DATE OF SIGNATURE.
Educating patients (using your trust relationship)

• 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
Maintaining a Patient in Care

The Patient’s Role...
Provide as many phone numbers as possible
Inform HN of any phone or address changes and contact HN staff after arriving in a new area.
Stay on treatment as long as indicated
Notify new clinics of enrollment in HN
Team-Based Approach
Health Network Summary of Services

Contacts patients on a scheduled basis

Contacts clinics on a scheduled basis

Assists patients in locating clinics for services and resources.

Transportation/Scheduling

Reports outcome back to enrolling clinic
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
Enrollment resources at your fingertips:
www.migrantclinician.org/services/network

Informational Videos about Health Network

Download Enrollment Packets in English, Kreyol, Portuguese and Spanish
Business Associates Agreements

Required to be compliant with HIPAA
Health Network IMPACT

• Bridge between patients and their providers
• Fewer patients lost to follow up
• Higher % of patients completing or continuing treatment
• Treatment completion reports
• Improved patient participation
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/](http://www.migrantclinician.org/)

If you have additional questions about the program, you may also contact:  
Theressa Lyons-Clampitt:  **512-579-4511**
or  **tlyons@migrantclinician.org**