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
26 Years of Innovation
Bridge Case Management

- Ongoing communication
- Patient care coordination services
- Easy enrollment
- Health education provided to mobile patients
- Store & transfer medical records
- Toll free access
- Expert bilingual & culturally competent staff
MCN’s Health Network does not discriminate on the basis of immigration status and will not share personal patient information without patient's permission.
General Health

- Cardiovascular/Blood Diagnoses: 27%
- Preventative: 17%
- ENT Diagnoses: 10%
- Skin Diagnoses: 9%
- GI Diagnoses: 6%
- Mental Health/Neurological: 7%
- Developmental: 1%
- Other: 7%
- Respiratory Diagnoses: 6%
- Musculoskeletal: 5%
- Renal/Urinary: 5%
Over 14,000 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
Enrollment Requirements and Forms
CONSENT FOR RELEASE OF MEDICAL INFORMATION

I agree to notify my future health care providers of my enrollment in the MCN Health Network to facilitate the transfer of my health records. I understand and consent to MCN maintaining records containing sensitive health information (examples: HIV status or information about mental health issues) if my health care provider believes this information is needed for my treatment. I authorize future health care providers to have access to these records for a 24 months from the date my participation in the Health Network has ended for any reason.

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

PARTICIPANT SIGNATURE

Date

We recommend that, wherever possible, you provide the participant with a copy of this Consent for Release of Medical Information. Enrolling forms may be used instead.

ELIGIBILITY CRITERIA:

- Tuberculosis
- HIV
- Fecalal Care
- Cancer
- General Health
- Diabetes

MCN provides legal permission to transfer participants' medical records and contact participants.

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

Participants may renew their consent after it expires if they still need assistance.
<table>
<thead>
<tr>
<th>Field</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Mother’s Maiden Name</td>
<td></td>
</tr>
<tr>
<td>Birth Date (Month / Day / Year)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Place of birth</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Mental Status</td>
<td>Single</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>White</td>
</tr>
<tr>
<td>Languages Spoken</td>
<td>English</td>
</tr>
<tr>
<td>Occupation</td>
<td>Farmworker</td>
</tr>
<tr>
<td>Current Residence</td>
<td>Home</td>
</tr>
<tr>
<td>Phone Numbers (Home, Cell, Work)</td>
<td></td>
</tr>
</tbody>
</table>

**MUST HAVE THE WORKING PHONE NUMBERS OR E-MAIL**
Optional Information for Enrollment

PRAPARE

Stands for

Protocol Responding Assessing Patients’ Assets Risk Experiences
Are you Hispanic or Latino?

Are you worried about losing your housing?

Has Lack of transportation kept you from medical appointments etc.

What language are you most comfortable speaking?

21 questions to determine SDOH issues
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**

<table>
<thead>
<tr>
<th>Security Question #1:</th>
<th>Patient's city of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Question #2:</td>
<td>Patient's father's first name?</td>
</tr>
</tbody>
</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
- 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 (mm/dd/yy)</td>
</tr>
</tbody>
</table>
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
BACKGROUND: FAMILY OF CORONAVIRUSES (CoV)

ANIMAL

• Numerous coronaviruses cause disease in animals

HUMAN

• Four types commonly circulate among humans, causing mild to moderate upper-respiratory-tract illnesses (229E, NL63, OC43, and HKU1)

ZOONOTIC

• Three animal coronaviruses have jumped to humans, then been transmitted from person to person:
  • SARS-CoV - emerged 2003, caused >8000 cases; no cases since 2004
  • MERS-CoV - emerged 2012, caused >2400 cases; continues to infect humans
  • SARS-CoV-2 - emerged 2019, outbreak ongoing
Why Stopping Transmission is So Important

Timeline of Infection: Infectious Period

CALENDAR DAYS

Person infected

Incubation period
(ranges from 2-14 days, but typically 5 days)

Signs and symptoms
(mild illness, about 10 days)
(severe illness, 2 or more weeks)

Infectious period

Starts 2 days PRIOR to symptoms

Most infectious at day 1 of symptoms

Contagion lessens with time

Image source: Center for Teaching and Learning, Johns Hopkins Bloomberg School of Public Health.
Why Stopping Transmission is So Important

Timeline of Infection: Infected Contact

**Person infected**
- **Incubation period**
  - (ranges from 2-14 days, but typically 5 days)

**Signs and symptoms**
- (mild illness, about 10 days)
- (severe illness, 2 or more weeks)

**Infected Contact**
- (5 day incubation)
- (10 days signs and symptoms)
Number of daily cases

Days since the first case

Without protective measures

With protective measures

Healthcare system capacity

SOURCE: CDC
COVID-19 RESPONSE

NEGATIVE

Exposed to Known Case?

NO

Watch for
Fevers
Cough
Shortness of Breath
Wear a Mask
6 Feet Apart

YES

Moving?

NO

Quarantine if possible

YES

Quarantine for 14 days since last contact with infected person (CASE) + Watch for Fevers, Cough, SOB

POSITIVE

Contact Investigation Possible?

NO

ISOLATION
Stay Home / Hotel
At least 10 days after onset of symptoms
Done When No Fevers in Last 3 Days AND Improving

YES

Have all contacts investigated from 2 DAYS before onset of symptoms

Symptoms?

NO

Moving?

YES

Can you postpone your move?

NO

Watch for fevers, cough, SOB

YES

ISOLATION
As much as possible while moving

AND
COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.

If you had close contact with a person who has COVID-19:

- Stay home until 14 days after your last contact.
- Check your temperature twice a day and watch for symptoms of COVID-19.
- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

If you are sick and think or know you have COVID-19:

- Stay home until after:
  - 3 days with no fever and
  - Symptoms improved and
  - 10 days since symptoms first appeared

If you tested positive for COVID-19 but do not have symptoms:

- Stay home until after:
  - 10 days have passed since your positive test.

If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.

cdc.gov/coronavirus
COVID-19 Resources


https://es.hesperian.org/hhg/Coronavirus

Contact Us

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

- Health Network fax: 512-327-6140


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