Treating Global Health At Your Doorstep Starts with a Good Patient History

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Disclosure and Disclaimer

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Disclosure: We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

35 year old Hispanic male presents to your office for the first time with fever, joint pain and headache on May 3, 2016.
This is a Spanish only Speaking Patient. How are you going to communicate?

What else do you want to know? What is your most likely diagnosis?
Which of these questions would you ask?

Answers

• Where do you live
  – Puerto Rico

• How long have you been in Chicago?
  – 3 days

• Where were you born
  – Puerto Rico

• Who have you been traveling with
  – My wife and 2 children

• What sort of work do you do
  – Agricultural Worker
What else do you want to know?

• Anyone else at home sick?
• Anyone else at home with any chronic illnesses?
• What treatment have you had?
• What do you think you have?

Zika
Lessons Learned

A culturally and linguistically responsive focused comprehensive clinical history is the most valuable and powerful diagnostic tool in our current medical toolbox.

- Must always take into account cultural aspects of history (fear if this patient was undocumented, stigma, “hispanics” are not homogeneous)
- Read “between the lines” why did this person choose now to be evaluated, what is the “body language” of the patient or family members, what is your “gut feeling” about the information you are given.

Lessons Learned from Past Outbreaks

A robust public health/primary care health system is required to quickly identify/isolate/eliminate epidemics now and in the future.

The world is becoming much smaller every year and millions of individuals will be migrating every year and with them will be potential for infections.
Exploring barriers to care...

Fear of isolation...
Loss of community...

Potholes in the rainy season...

Photo: Laszlo Madaras
Stalling out in 1st gear on the way to the health center...

Finding transportation...
Sharing the road...

What is culture?
Cultural Responsivness

Photo: Candace Kugel
Cultural Responsiveness

The knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences; self-awareness; knowledge of the patient’s culture; and adaptation of skills.

- Self Awareness: Recognition of our own biases
- Components of Cultural Responsiveness
- Knowledge: Recognition and appreciation of cultural differences
- Skills: Ability to ask the right questions and engage the person in communicating his or her cultural values
Self-Awareness

42 y/o Hispanic male, arrived into the US "undocumented" at age 19 as a migrant farmworker.

24 y/o white female graduated from Yale at age 21 daughter of physician mother and lawyer father.

17 y/o African American female with one child age 6 mos.

Alfredo Quinones-Hinojosa MD
“Mary” has had substance abuse problems since her early teenage years. Presents to you for treatment of active TB following her recent discharge from her third Drug/Alcohol Rehab for chronic meth-amphetamine addiction. She is HIV and HepC positive.

- “Nakisha” will be graduating from an inner-city high school in NYC this May as the Valedictorian of her class. She has scored 1540 on her SATs and has a full scholarship to college in the fall.
- Her pregnancy was the result of a rape when she was 15.
- She is scheduled to see you today because she had a positive TST when she had her college PE, she remembers being told that her grandmother died of TB when she was a young child.
Cultural Knowledge

Familiarization with selected cultural characteristics, history, values, belief systems and behaviors of the members of another ethnic group.

Cultural Awareness

Developing sensitivity and understanding of another ethnic group. Usually involves internal changes in terms of attitudes and values.
Cultural Diversity Between and Within

Examples of **PRIMARY** Diversity—the characteristics that you *cannot* change.

Examples of **SECONDARY** Diversity—characteristics that can be influenced and can change over a person’s life.
Knowing that cultural differences as well as similarities exist, without assigning values to those differences.
Sample Questions

- What do you think is causing your illness?
- What have you done to treat this?
- Have you asked anyone else to help you?
- Do you have an explanation for why it started when it did?
- What does your sickness do to you; how does it work?
- What kind of treatment do you think you should receive?
Translation and Interpretation

Translation is written

Interpretation is oral
Plan ahead
Avoid jargon or technical terms
Ask one question at a time
Think of several ways to restate

Encounters in Context

Photo: Laslo Madaras
Impatience and annoyance may be your signal of an intercultural misunderstanding.

Personal questions asked of you by a patient may reflect a cultural need for trust and reassurance.
Hesitation may indicate you’ve hit a cultural wall...

Try to treat the way the patient likes to be treated rather than the way you like to be treated—be flexible.
If patients repeat your instructions in exact form, there is a likelihood they do not understand. Rephrase and ask them to restate.

**Language**

Use professional medical interpreters whenever possible or:

- Bilingual trained staff
- Language line
- A former patient from community
- Other unrelated bilingual individual (only in emergencies)
Interpretation Dos

- Have interpreter sit beside and slightly behind patient.
- Establish “ground rules” with interpreter before patient interview.
- Speak directly to the patient, not to the interpreter.
- LISTEN to patient.
- Pay close attention to “body language.”

Interpretation Don’ts

- Do not use family, especially children!
- Do not use an unqualified interpreter.
- Do not speak directly to the interpreter or phone.
- Do not ignore cultural differences (i.e. some cultures do not appreciate looking you in the eye).
Communication Skills

- Do not rely on brochures
- Don’t shout
- Avoid slang or jargon
- Encourage questions
- Pay attention to nonverbal cues
- Respect privacy, modesty

Other Considerations...

- Providers are not able to understand all cultural aspects of TB patients from very large global pool.
- Be open-minded and non-judgmental.
- Ask questions and respond with empathy.
- Make adjustments to protocols when necessary without compromising treatment outcomes.

Photo: Candace Kugel

Photo: Ed Zurowski
Team may need to be enlarged to include:

- Interpreters
- Community health workers
- (promotoras)
- Spiritual leaders
- Non-traditional healers

Farmworkers
Farmworkers and other recent immigrants at Increased Risk

- Access to care (including immigration status)
- Culturally and linguistically isolated
- Outdoor work
- Lack of access to insect repellant
- Usually not focus group for education by DOH

Population mobility and infectious disease vulnerability

various phases:
✓ during transit,
✓ in destination communities,
✓ in communities of departure and return
What we have learned from Ebola, TB, Zika, Dengue

- Travel History is essential
- Work History is essential
- Cultural/Linguistic Hx is essential
- Is this patient “Mobile”
- Early signs and symptoms can be very similar
- Recent family illness essential

MCN Health Network

Eliminate health disparities due to patient mobility
Health Network

- Bridge Case Management
- Ongoing communication
- Health education
- Care coordination, services
- Toll-free access
- Store & transfer medical records
- Expert, bilingual, culturally-competent staff

Over 11,461 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
Forms Required for Enrollment

CONSENT FOR RELEASE OF MEDICAL INFORMATION

Participants must have the participant’s signature.

Participants may renew their consent after it expires if they still need assistance.

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

Gives MCN staff legal permission to transfer participants’ medical records and contact participants.

Must have the participant’s signature.
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
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

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

“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.”

Enrolled in Health Network 8/02
10/02
1/03
10/02
10/07
6/07
12/06
11/05
10/03
Enrolled in Health Network 11/05 11/05
Fernando was closed out of Health Network in 2013 because he said that he was no longer migrating.

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.

Diabetes Case Study #2
Enrollment resources at your finger tips

Informational Videos about Health Network

Download Enrollment Packets in English, Kreyol, Portuguese and Spanish

www.migrantclinician.org
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

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/

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