Health Network
A Care Coordination Program for Mobile Patients

A force for health justice for the mobile poor
“To be a force for health justice for the mobile poor”
Office Locations

- Chico, CA
- Austin, TX
- Salisbury, MD
- Greencastle, PA
- Clinton, NY
10,000 + constituents
MCN’s primary constituents

- Migrant Mobile poor Immigrants

- Clinicians
  - Health educators
  - Nurses
  - Primary care providers
  - Dentists
  - Social workers
  - CHWs
  - Outreach workers
  - Medical assistants

- Federally funded Migrant & Community Health Centers

- State and local health departments
22 Years of Innovation
“Mobile-Friendly” Care Management AND Referral Tracking and Follow-up Health Network

Bridge Case Management

- Ongoing communication
- Patient care coordination services
- Easy enrollment
- Health education provided to mobile patients
- Store & transfer medical records
- Expert bilingual & culturally competent staff
- Toll free access
Health Network

- General Health
- Diabetes
- Prenatal
- HIV
- Cancer
- TBNet
General Health

Total Diagnoses

Cardiovascular/Blood Diagnoses 27%
Preventative 17%
ENT Diagnoses 10%
Musculoskeletal 5%
Renal/Urinary 5%
GI Diagnoses 6%
Mental Health/Neurological 7%
Developmental 1%
Other 7%
Skin Diagnoses 9%
Respiratory Diagnoses 6%
2,951 total clinics in U.S. and over 114 countries
Over 11,877 total HN enrollments
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
MCN’s Health Network does not discriminate on the basis of immigration status and will not share personal patient information without patient permission.
• 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
- Patient confidentiality
Forms Required for Enrollment
ENROLLMENT IN THE MCN HEALTH NETWORK

<table>
<thead>
<tr>
<th>Enrolling Clinic</th>
<th>Clinic phone number(s)</th>
</tr>
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<tbody>
<tr>
<td>E-mail address</td>
<td>Clinic fax number(s)</td>
</tr>
<tr>
<td>Contact person at Clinic</td>
<td></td>
</tr>
<tr>
<td>Security Question #1: Patient’s city of birth?</td>
<td></td>
</tr>
<tr>
<td>Security Question #2: Patient’s father’s first name?</td>
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</tr>
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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.

CONSENT FOR RELEASE OF MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>First Name(s)</th>
<th>Last Name(s)</th>
<th>Birth Date (Month / Day / Year)</th>
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The Health Network currently helps with continuity of care for people with infectious chronic illnesses or other healthcare concerns. (i) MCN is a non-profit company coordinating enrollment in the Health Network at no cost to me; (ii) MCN may not be able to obtain health care providers that are available for care at any cost to me; (iii) the health care providers who will be providing my treatment are independent and not employees of MCN; and (iv) MCN does not provide, and is not responsible for, any health care treatment, or the outcomes of such treatment, in connection with any or all of the Health Network projects.

I agree to participate in the Health Network, and I understand that my protected health information and personal information will only be released for the purposes of my medical treatment, healthcare operations, payment, or pursuant to my authorization.

I do not authorize MCN or future health care providers to have access to my medical records around issue(s) listed here:

(attach additional page if needed)

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

*PARTICIPANT SIGNATURE (or Signature of Legal Representative)  Date
Relationship of Legal Representative to Patient

We recommend that, whenever possible, you provide the participant with a copy of this Consent for Release of Medical Information form when it is completed.

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.
PARTICIPANT INFORMATION SHEET | MCN HEALTH NETWORK

First Name
Last Name(s)

Mother's Maiden Name
Birth Date (Month / Day / Year)

Place of birth:
City
State
Country

Gender:
Female
Male

Marital Status:
Single
Divorced
Married
Widowed

Race/Ethnicity:
White - Non-Hispanic/Latino
Black - Non-Hispanic/Latino
Asian - Non-Hispanic/Latino
Hispanic/Latino
Indigenous
Other:

Language(s):
English
Creole
Spanish
Other:
Language you prefer to be contacted in:

Occupation(s)
Farmworker
Homemaker
Student
Construction
Factory
Child care
Retired
Unemployed
Other:

Current Residence:
Home
Farmworker Camp Housing
Jail
ICE Detention Center
Other:

CURRENT CONTACT INFORMATION FOR PARTICIPANT:

*PHYSICAL ADDRESS:
Street / P.O Box
City
State
Zip/Country

*MAILING ADDRESS:

*PHONE NUMBER (with Area Code):
Is it ok if we talk to people that answer this phone about your personal health information? (If you do not check off either box, or you do not initial, your answer will be "No")

HOME / CELL / WORK:

OTHER CONTACT INFORMATION FOR PARTICIPANT (Place you normally move to):

Physical Address:
Street / P.O Box
City
State
Zip/Country

Mailing Address:

PHONE NUMBER (with Area Code):
Is it ok if we talk to people that answer this phone about your personal health information? (If you do not check off either box, or you do not initial, your answer will be "No")

HOME / CELL / WORK:

Additional Contact:
Please list someone we can contact if we cannot reach you at either of the locations you provided. In doing this you give MCN permission to contact that family member or friend to assist you in receiving continued health care, which may require discussing your health condition(s) with this individual. You do not have to provide this additional contact information.

First Name
Last Name
Relationship to Participant

*PHONE NUMBER (with Area Code):
Is it ok if we talk to people that answer this phone about your personal health information? (If you do not check off either box, or you do not initial, your answer will be "No")

HOME / CELL / WORK:

Must have the working phone numbers / e-mail
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
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**

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**Contact person at Clinic**
- Patient’s city of birth?
- 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

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**PARTICIPANT SIGNATURE**

*Required*
Educating patients

- 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
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
Health Network IMPACT

- Bridge between patients and their providers
- Fewer patients lost to follow up
- Higher % of patients completing treatment for Active and/or Latent TB
- Treatment completion reports
- Improved patient participation
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
Business Associates Agreements

Required to be compliant with HIPAA
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
  Thersessa Lyons-Clampitt:  512-579-4511 or tlyons@migrantclinician.org