

TBNet

Ensuring continuity of care through
global trans-border patient navigation



Migrant Clinicians Network

Ricardo Garay

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Ensuring Continuity of Care for TB Patients

- Overview
 - MCN
 - Global Trans-border Patient Navigation
 - Challenges and Benefits
 - Barriers
- TB*Net* Enrollment
- Case Studies
- Resources

Migrant Clinicians Network

- 5,000 constituents
- Founded in 1984
- Oldest clinical network serving the mobile poor
- Global Reach
- MCN-Health Network-*TBNet*



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Under MCN Health Network

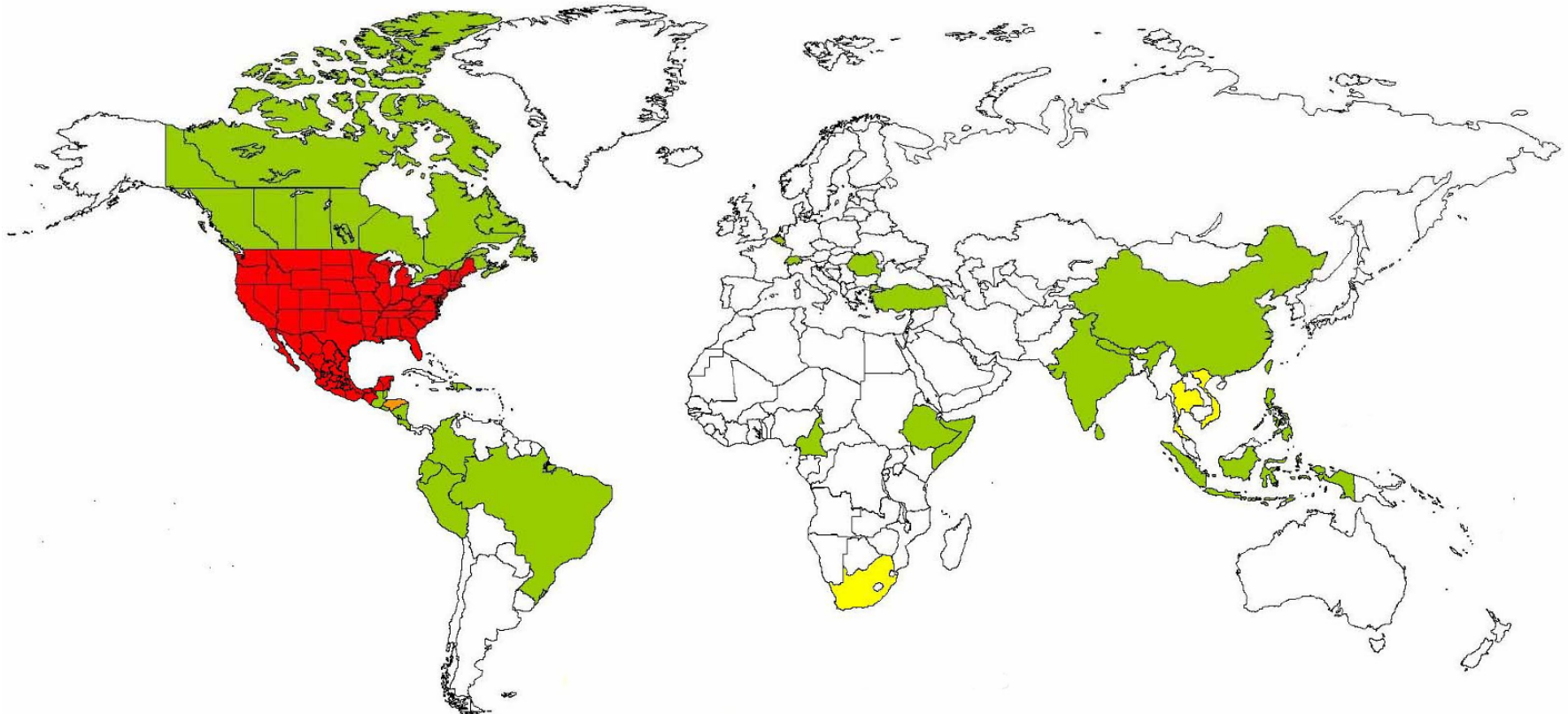
- Comprised of 5 projects:
 - **TBNet**
 - Diabetes Track II
 - CAN-track
 - Prenatal
 - HIV
- Goal: eliminate health disparities due to patient mobility
- Responds to health provider input about challenges in providing continuity of care
- Services free of charge to clinics and participants



Our Mission

To be a force for justice in health care
for the mobile poor

Migrant Clinicians Network's International Reach



TBNet has established and maintained relationships with numerous National Tuberculosis Programs (NTPs) around the world.

What is Global Trans-border Patient Navigation

- Provides continuity of care services for mobile populations
- Bridge between mobile patients and their providers
 - Transfers medical records
 - Offers toll-free access for patients and clinicians
 - Expert, bilingual, culturally-competent staff
 - Provides care coordination services and health education to mobile patients
 - Central storehouse of patient medical information



Photo © Alan Pogue

IMPACT of TBNet

- Bridge between patients and their providers
- Lower percentage of patients are lost to follow up
- Higher percentage of patients completing treatment for Active and/or Latent TB
- Better patient education
- Global control and management of TB for mobile populations





For Each Facility: Ask yourself

- Has this patient finished TB treatment in their native country already?
- Who will make sure this patient finishes treatment once they are deported?
- Who will notify the patient/clinic of positive culture results once they move?
- Who should inform that country's NTP of patient's condition and treatment?
- How can TB completion rates be improved?
- Who will contact family/friends if a patient is positive?



Let *TBNet* work for you!

If you face any of the challenges of providing continuity of care to your patients, global patient navigation is designed to meet these challenges



Barriers for Continuity of Care

- Language differences
- Lack of contact information from the patient
- Cultural differences
- Patient's fear of the costs involved with treatment
- Understanding treatment phases
- New living arrangements and other adjustments
- Stigmas towards TB treatment around the world
- Time constraints and personnel shortages
- Lack of understanding of TBNet's capabilities and enrollment procedures



Pre-Enrollment Education

- The success of the project depends on participants understanding the program
- Referring Facilities should explain to patients:
 - How *TBNet* works and how they will benefit from participating
 - How *TBNet* keeps all patient information confidential
 - The benefits and responsibilities for the patient



Health Network Confidentiality

- 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

Pre-enrollment Education Assurance to the patient

TBNet will not share
personal patient
information without
patient permission



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To be successful, we suggest telling the patient:

- TBNet will need a phone number (s), and address in order start enroll
- The patient will be directed to the closest clinic when address is verified
- TBNet's sole concern is for patient to complete treatment and improve health
- Service is free of charge
- Treatment interruptions can complicate and prolong TB condition
- Finishing TB treatment should become a priority for the patient





TB*Net* Enrollment Criteria

- As soon as a Patient has:
 - Abnormal X-Ray
 - Classified as 5
 - Showing TB Symptoms, or history of TB
 - Is HIV +
 - Positive AFB Smear/Culture
 - Started Treatment for TB



Pre-enrollment Education

Participant Benefits:

- Free easy access (8am-6pm CST Monday to Friday) through our toll-free number to a bilingual and friendly team ready to help them access health care services
- Assistance with finding clinics, and transferring medical records
- Assurance that records and medical information will be kept confidential



Options for Enrollment

TBNet provides facilities with 2 ways of enrolling patients. Having these options makes it easier for sites to enroll patients based on their preferences.

- 1) Phone Interview
- 2) Paper enrollment



Phone Interview

We can do it:

- Simply have the patient call us and we will fill out the forms.
- We will then immediately fax the forms to you to have the patient verify and sign them.
- Then fax us back the signed forms along with the patient's medical records.

It is important for the patient to sign and date the consent form. Forms must be faxed back to Health Network staff within five business for enrollment to be activated.



Paper Enrollment

You enroll them:

- Fill out the information with your patient.
- Have the patient sign BOTH forms.
- Fax the signed forms along with the medical records to Health Network staff within five business days.

TB/Net staff cannot work on cases unless a patient's consent form has been signed. Any medical records sent without a signed and dated consent form will not be opened.



Consent Form

- Gives MCN staff legal permission to transfer participants' medical records and contact participants
- This form must have the participant's signature
- Valid if sent to Health Network staff within five business days of being signed by patient, and remains valid for two years (24 months) from the date signed
- Participants may renew their consent after it expires if they still need assistance

Migrant Clinicians Network PO Box 164285 Austin, Texas 78716				Teléfono: (512) 327-2017 Fax Confidencial: (512) 327-6140 Teléfono confidencial: (800) 825-8205	
Autorización para la inscripción y entrega de información médica en la Red de Salud de MCN					
Yo, _____, he sido informado sobre la Red de Salud de MCN. (Por favor escriba el nombre del paciente)					
La Red de Salud actualmente ayuda a gente con Tuberculosis, Diabetes, Cáncer de mama, cervical o de colon y Embarazo (Pre-Natal). Entiendo que (i)MCN es una organización sin fines de lucro que coordina mi inscripción en la Red de Salud sin coste para mí; (ii) MCN puede que no sea capaz de obtener proveedores de salud que estén disponibles para cuidar de mi enfermedad sin coste para mí; (iii) los proveedores de salud que se ocuparan de mi tratamiento son independientes y no empleados de MCN; y (iv) MCN no proporciona, y no es responsable de, ningún tratamiento de cuidado de salud, o los resultados de tal tratamiento, en conexión con alguno o todos los proyectos de la Red de Salud.					
Estoy de acuerdo en participar en la Red de Salud, y entiendo que tanto mi información personal como de salud solo será publicada para los propósitos de mi tratamiento médico, operaciones en el cuidado de mi salud, para pagar, o según mi autorización. Estoy de acuerdo en avisar a todos mis futuros proveedores de salud de mi inscripción en la Red de Salud de MCN para ayudar a facilitar la transferencia de mi expediente médico. Entiendo y consiento a MCN a que guarde mis expedientes médicos sabiendo que estos pueden contener información confidencial sobre mi salud (por ejemplo: resultados de VIH y/o información sobre mi salud mental) si mi proveedor de salud cree que esta información es necesaria para mi tratamiento. Autorizo a MCN y a los futuros proveedores de salud a tener acceso a esos expedientes médicos si mis proveedores de salud consideran que es importante para mi tratamiento médico y/o continuos exámenes.					
No autorizo a MCN o a proveedores de salud futuros a tener acceso a mis expedientes médicos sobre los asuntos que aquí se detallan: (adjunte una página adicional si es necesario)					
El personal autorizado de MCN puede ponerse en contacto conmigo por teléfono, correo o en persona en referencia a estas condiciones de salud y al seguimiento de mi tratamiento médico. Este personal seguirá los procedimientos federales de confidencialidad, privacidad y seguridad. Este documento de autorización será válido durante dos años (24 meses) desde el día en que sea firmado o hasta que mi participación en la Red de Salud haya terminado por otro motivo. En cualquier momento puedo solicitar por escrito, dejar la Red de Salud o limitar los asuntos médicos a los que MCN esta autorizado a tener acceso. También entiendo que tengo el derecho de solicitar por escrito una copia del expediente medico que guarda MCN.					
POR MEDIO DE LA PRESENTE, EXONERO A MCN, SUS EMPLEADOS, OFICIALES, DIRECTORES, CONSULTORES, REPRESENTANTES, SUCESORES, Y ASIGNADOS DE Y EN CONTRA DE CUALQUIER Y TODAS RECLAMACIONES, CAUSAS DE ACCIONES, DAÑOS, PÉRDIDAS, GASTOS (INCLUYENDO HONORARIOS DE ABOGADOS), Y RESPONSABILIDADES DE CUALQUIER TIPO EN ABSOLUTO QUE SE PUEDAN PRODUCIR POR LA INSCRIPCIÓN EN LA RED DE SALUD Y EN EL TRATAMIENTO DE MI SALUD COMO RESULTADO DE MI INSCRIPCIÓN EN LA RED DE SALUD.					
Nombre		Apellido			
_____		_____			
Apellido de soltera de la madre/Otro apellido			Fecha de Nacimiento (Mes / Día / Año)		
_____			_____		
Firma del Participante (o Representante Legal del Participante)		Fecha		Nombre y Número de Teléfono de la Clínica de Inscripción	
_____		_____			
Relación del representante legal con el participante		_____			
Firma del Testigo		Fecha			
_____		_____			
LA PÁGINA SIGUIENTE DEBE SER COMPLETADA PARA LA INSCRIPCIÓN EN LA RED DE SALUD					
Por favor contáctenos al teléfono 512-327-2017 ó en http://www.migrantclinician.org/network/ para obtener más información sobre la Red de Salud de MCN.					
ESPAÑOL/SPANISH – ESTE FORMULARIO DE CONSENTIMIENTO ES VÁLIDO DURANTE DOS AÑOS DESPUÉS DE LA FECHA EN QUE SE HAYA FIRMADO.					
02-07					



Patient Contact Information

- It is critical to get as much contact information as possible, such as:
 - crew leader phone number
 - friend with cell
 - Mom/dad in hometown
 - friend with cell phone in your group that travels together, etc.
 - family member who does not move in US/other countries that often/always knows where you are, etc.
 - person who will take a message for you if we cannot get in touch with you



Maintaining a Patient in Care

- Remember, when a patient is enrolled in TBNet, he or she will be asked to provide contact information and/or alternate contact information in the event that the patient cannot be reached.
 - Option of allowing staff to share health information with this contact or not.



Fax Contact

Fax completed forms within five business days
to Health Network using the confidential fax
number:

512-327-6140



Correspondence

- Fax
 - Fax cover including associate handling the case (their number, e-mail address)
- Encrypted E-mails
 - First E-mail contains INF / Clinic Referral
 - Second e-mail contains the password to open the encrypted document



Action for Maintaining a Patient in Care

- Consent form Received / Suspect report processed
- Address is Verified
- NTP is notified of patient's address
- Medical records are forwarded to NTP through a document called INF (International Notification Form)
- NTP finds and directs TBNet to clinic
- **Clinic Referral** is sent to the enrolling facility
- Enrolling facility notifies TBNet that patient has left
- Contact is made with both patient and clinic to make sure treatment continues
- TBNet checks in with both patient and clinic until treatment is completed
- Proper outcome documentation is obtained and case is closed



M I G R A N T C L I N I C I A N S N E T W O R K

Confidential Email

To: _____ From: _____
Email: _____ Pages: 1
Phone: _____ Date: 7/12/2010
Re: _____ A# _____
DOB: _____

Urgent For Review Please Comment Please Reply Please Recycle

We have:

<input checked="" type="checkbox"/> Verified patient address	Home Address: _____
<input checked="" type="checkbox"/> Located a clinic/health center	Contact Person: _____
<input checked="" type="checkbox"/> Clinic is waiting for patient	Telephone #: _____
<input checked="" type="checkbox"/> Patient started on medications	Health Center: _____
<input type="checkbox"/> Patient not started on medications	Health Center Telephone #: _____
	Contact Person: _____

Please let us know when the patient has been removed.

Thank you,

Ricardo Garay
Health Network Manager

TBNet Clinic Referral

Maintaining a Patient in Care

- Up-to-date medical records are enormously valuable.
- Please forward all available records to *TBNet*.
- Send records to *TBNet* when:
 - You enroll a new participant
 - TB testing results,
 - An enrolled participant leaves your clinic
 - Health Network staff call or fax a records request to your clinic



Photo © Alan Pogue



Maintaining a Patient in Care

TBNet will make every effort to obtain up-to-date medical records for all patients enrolled. Request records from MCN when:

- A patient comes to your clinic and has been enrolled at another site.
- A patient that you enrolled at a previous time returns to your clinic
- To safeguard participant confidentiality, be prepared to identify yourself and your clinic and provide identifying information about the participant.



TBNet Case Study #1

- Case X (Vietnam)
- Need for Care
 - Patient Returning to Vietnam
- Course of Navigation
 - Smears reverted to positive / HIV positive
 - Patient took one dose in U.S., went to Vietnam and returned to U.S.
 - High priority case for ICE
 - Patient very concerned about personal information

TBNet Case Study #1

Course of Navigation (continued)

- NTP was contacted for clinic referral
- Clinic found, patient preferred a private clinic-Provided name of doctor and clinic name
- Contact established with clinic, updated on case, clinic referral was sent out
- Recommendation made to have patient take copies of med records (information relayed to detention facility)
- Contacted clinic and patient on patient status
- Patient completed treatment

Case Study #2

- Case Y
- Need for Care
 - Patient returning to El Salvador
- Course of Navigation
 - Patient under custody negative AFB smears / positive cultures after deportation
 - Patient referred to clinic in his town, records sent and NTP notified of his condition
 - Patient arrives and continues treatment

Case Study #2

Course of Navigation

- TBNet finds out the patient has decided to return to the U.S.
- Family provides us with the patient's address (after confidentiality is assured)
- Patient contacted, address in U.S. verified
- Health Department contacted notified
- Records from El Salvador were translated and sent to Health Department
- Patient finished treatment in the U.S.

TBNet

- International TB control knowledge and experience
- Simple enrollments, complete patient follow-up
- Established relationships with NTPs and other partners
- Proven record of completion rates
- Flexible tool to help facilities deal with cost containment and improvement of quality of care for patients
- Capability of dealing with HIV on international level
- Awarded the *2010 Border Models of Excellence in Tuberculosis Surveillance and Control* by U.S.-México Border Health Commission



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:
Ricardo Garay
Health Network Manager at: **512-579-4508**
E-mail: **rgaray@migrantclinician.org**