

Laszlo Madaras, MD

717-404-5250

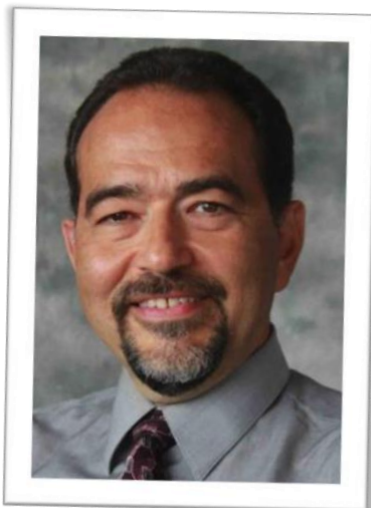
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Co-Chief Medical Officers Migrant Clinicians Network



Disclosure and Disclaimer

Faculty:

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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?



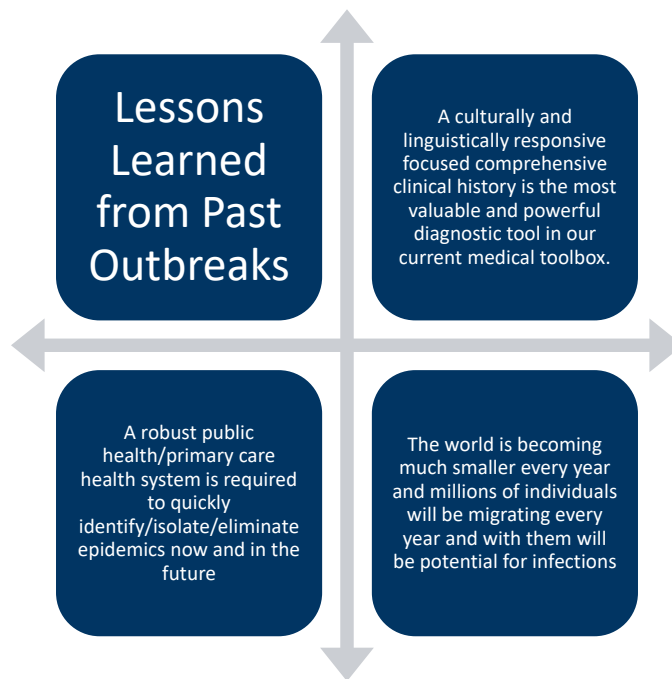
Zika

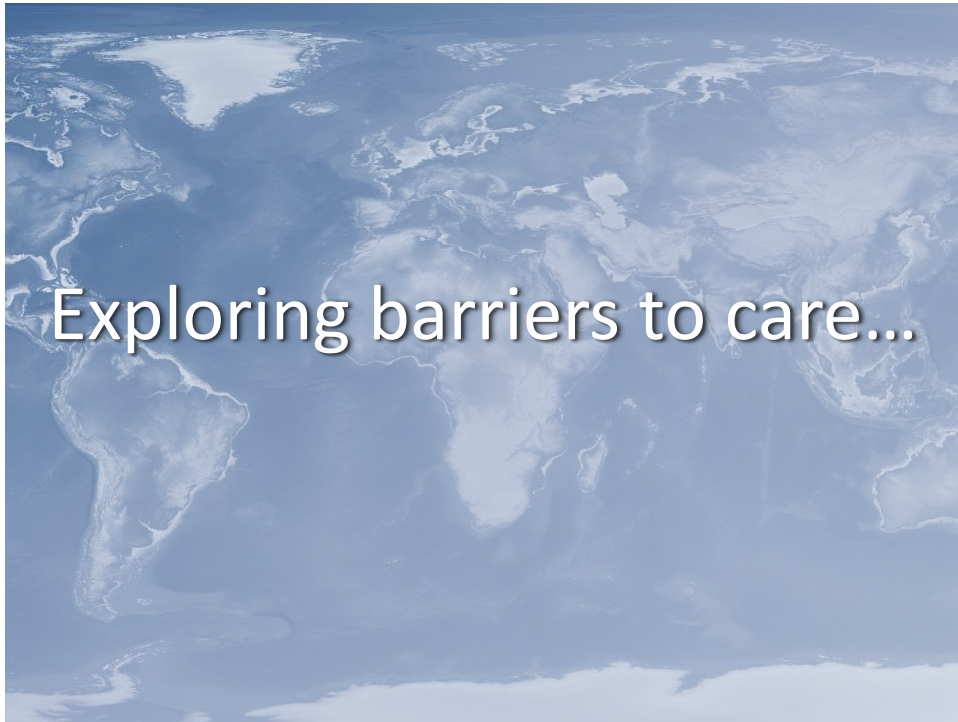


Lessons Learned

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.





Fear of
isolation...



Photo: Ed Zuroweste

Loss of community...

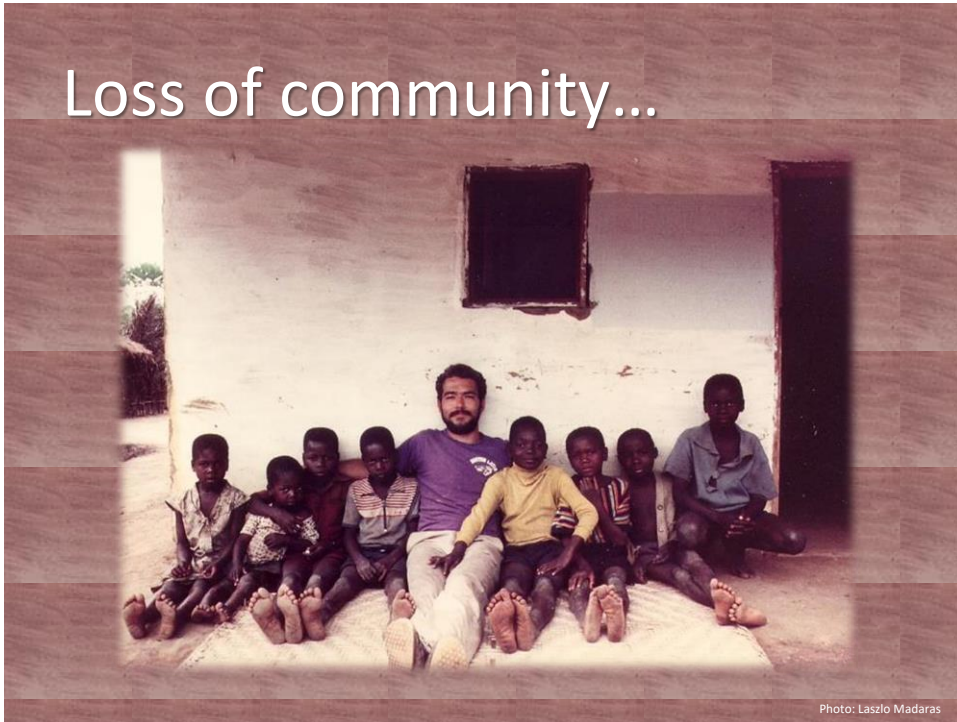


Photo: Laszlo Madaras



Potholes in the rainy season...

Photo: Laszlo Madaras



Photo: Laszlo Madaras

Stalling out in
1st gear on
the way to
the health
center...



Finding transportation...

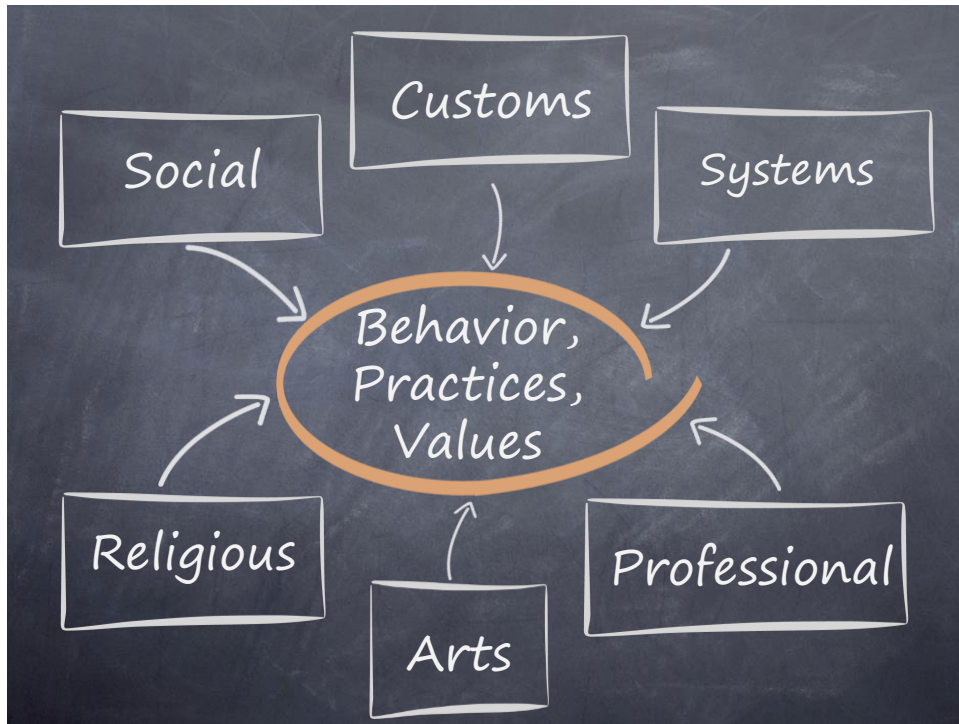
Photo: Laszlo Madaras

Sharing the road...



What is culture?





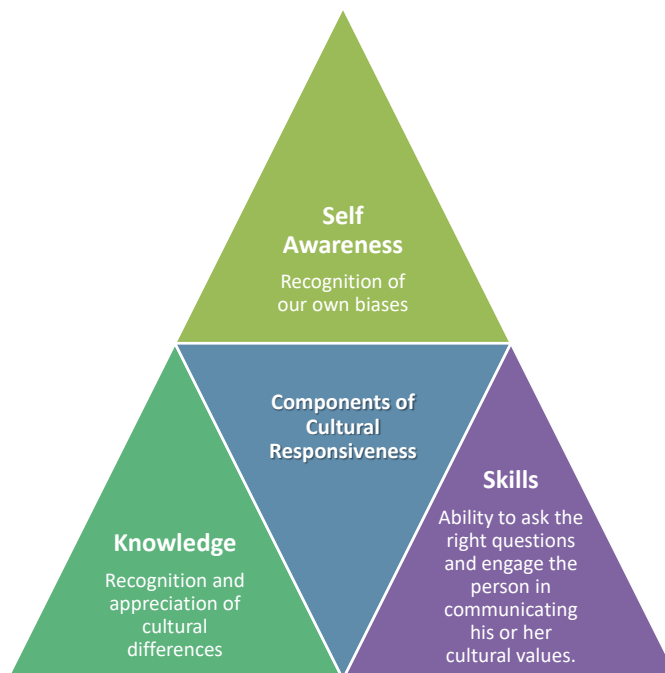
Cultural Responsivness



Photo: Candace Kugel

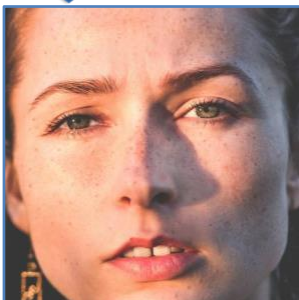
Cultural Responsiveness

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.

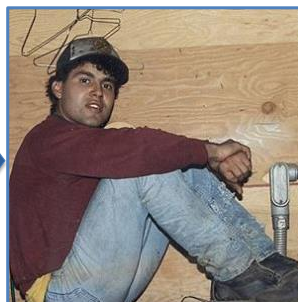


Self-Awareness

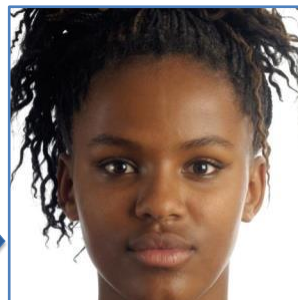
24 y/o white female graduated from Yale at age 21 daughter of physician mother and lawyer father



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



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



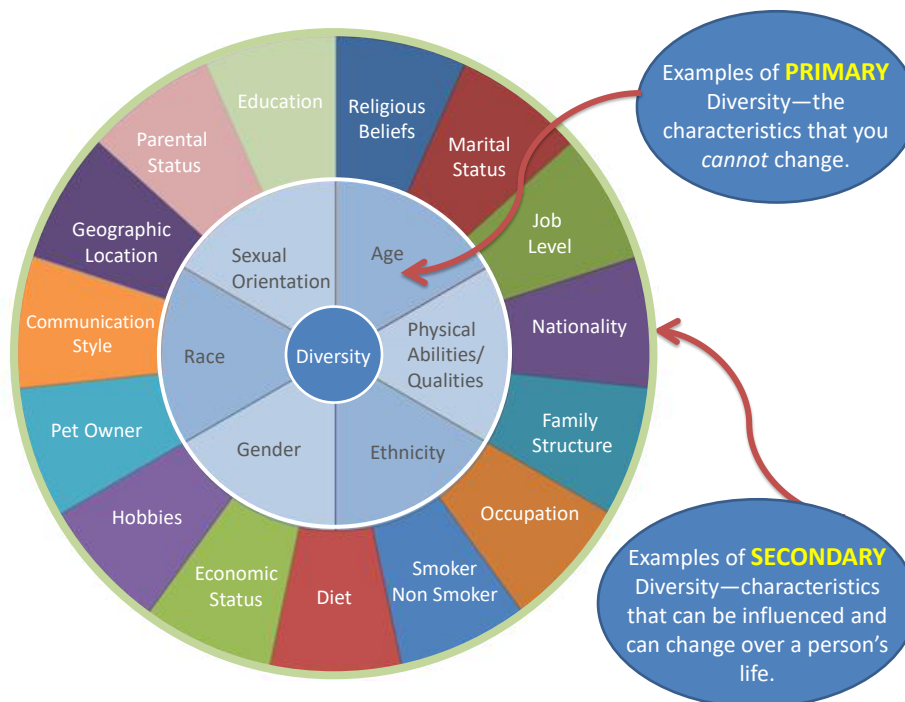
Familiarization with selected cultural characteristics, history, values, belief systems and behaviors of the members of another ethnic group.



Photo: Naomi Salz

Cultural Awareness

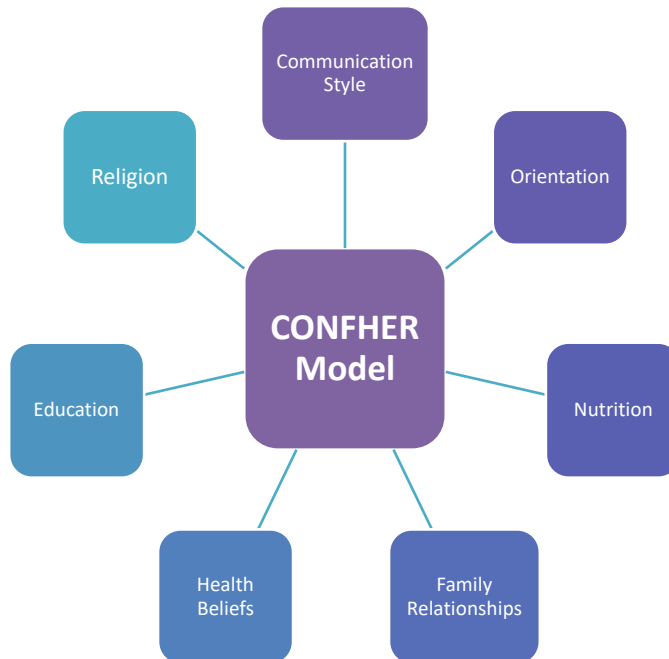
Developing sensitivity and understanding of another ethnic group. Usually involves internal changes in terms of attitudes and values.

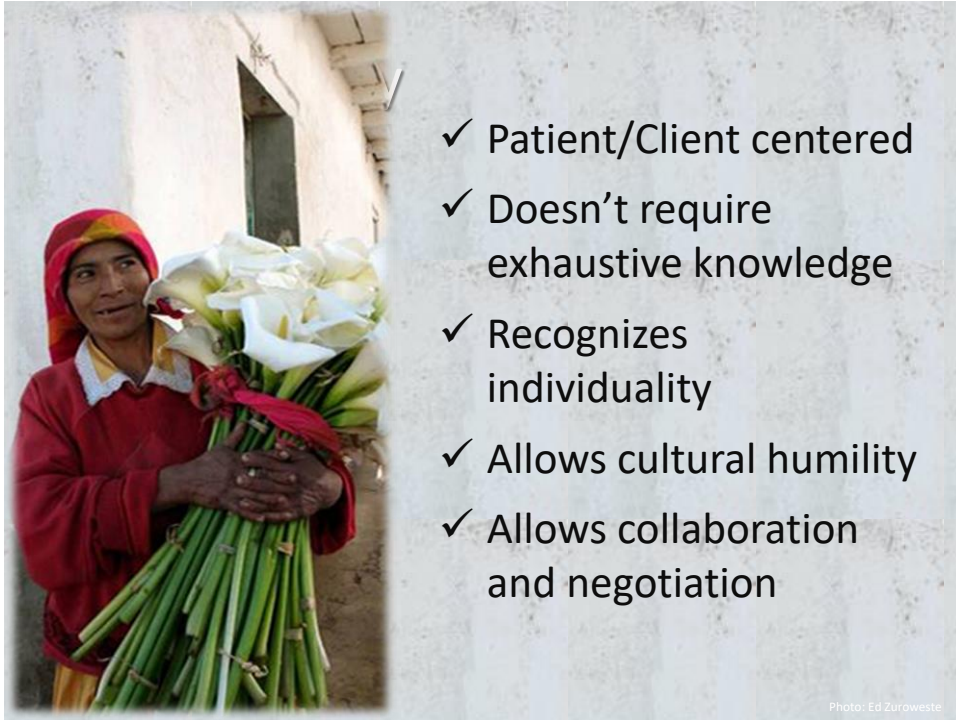




Cultural Sensitivity

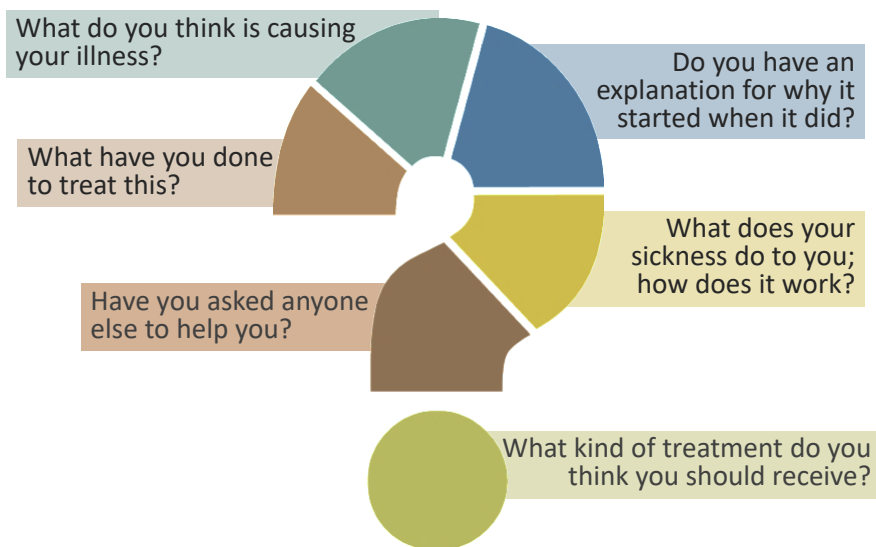
Knowing that cultural differences as well as similarities exist, without assigning values to those differences.





- ✓ Patient/Client centered
- ✓ Doesn't require exhaustive knowledge
- ✓ Recognizes individuality
- ✓ Allows cultural humility
- ✓ Allows collaboration and negotiation

Sample Questions



Translation and Interpretation



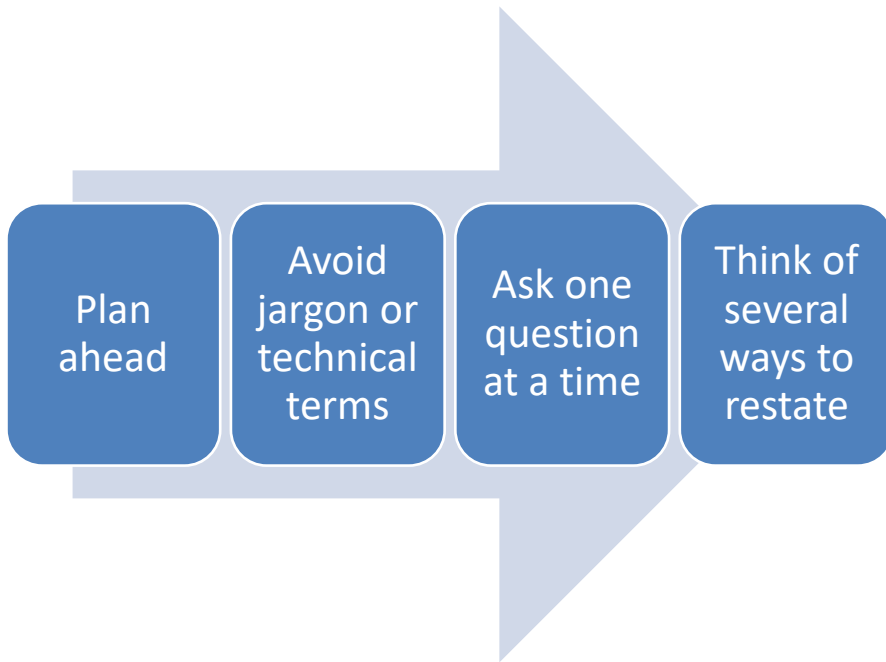
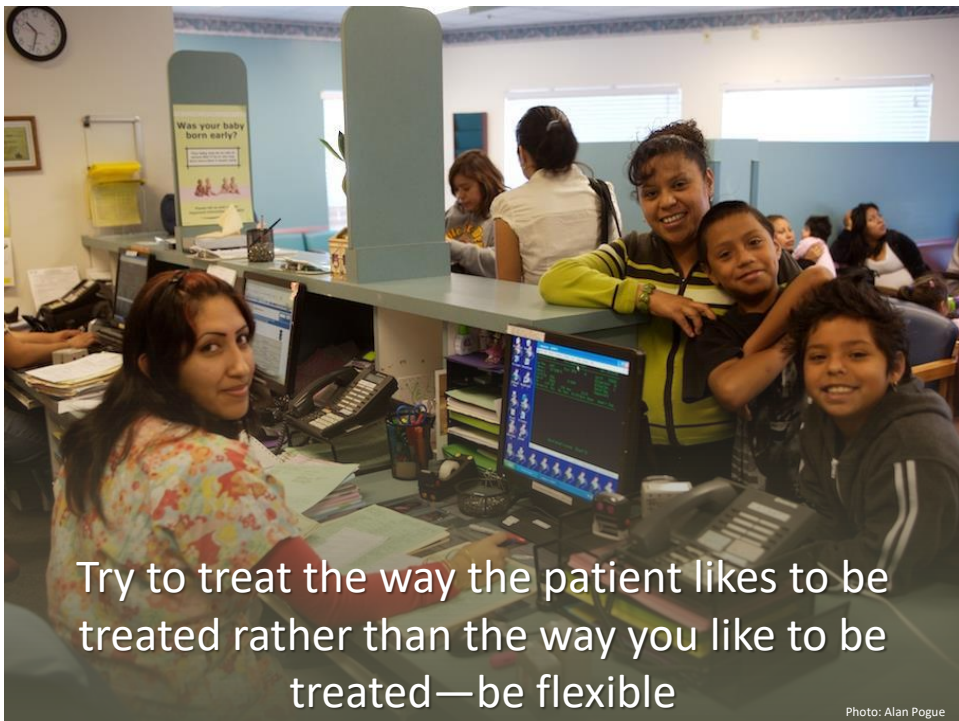


Photo: Laszlo Madaras

Encounters in Context





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)



Photo: Ed Zuraweste

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.”

Photo: Ed Zuroweste

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).

Photo: Ed Zuroweste

Communication Skills

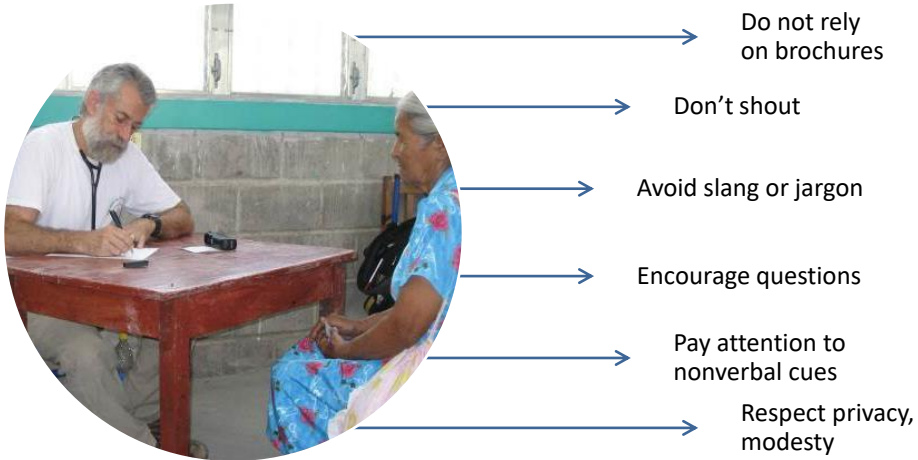


Photo: Candace Kugel

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.



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 repellent
- Usually not focus group for education by DOH



Population mobility and infectious disease vulnerability

various phases:

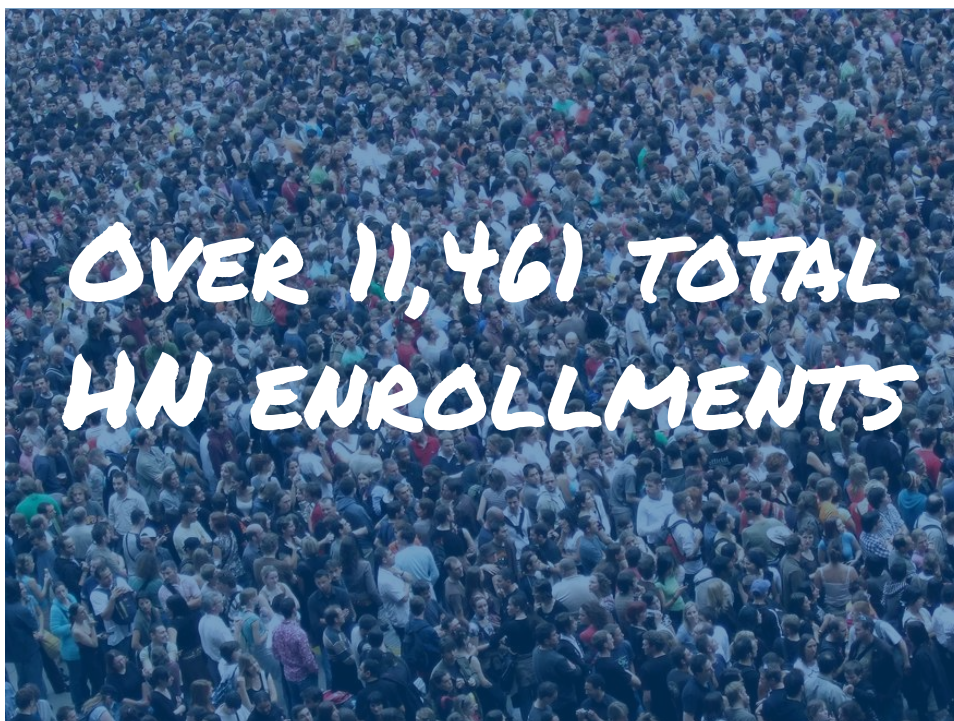
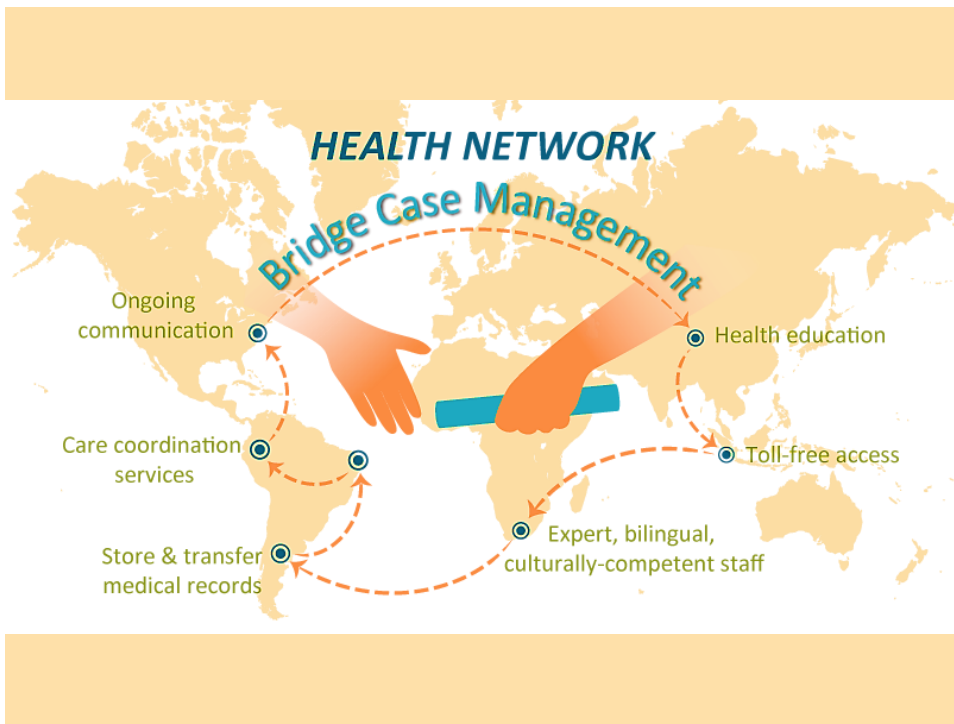
- ✓ during transit,
- ✓ in destination communities,
- ✓ in communities of departure and return

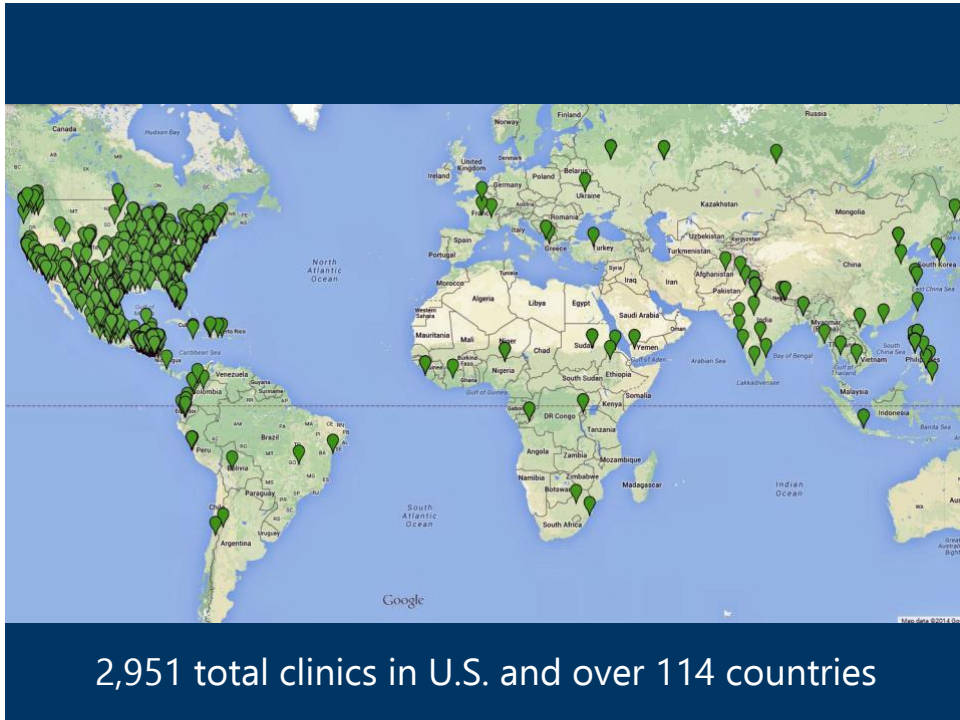
What we have learned from Ebola, TB, Zika, Dengue



- ✓ 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







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



Migrant Clinicians Network
PO Box 164285
Austin, Texas 78716

Business Phone: (512) 327-3277
Confidential Fax: (512) 327-3277
Confidential Phone: (800) 925-3277

ENROLLMENT IN THE MCN HEALTH NETWORK

Enrolling Clinic	Clinic phone number(s)	
E-mail address	Clinic fax number(s)	
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.		
<input type="checkbox"/> Tuberculosis <input type="checkbox"/> HIV <input type="checkbox"/> Prenatal Care <input type="checkbox"/> General Health <input type="checkbox"/> Diabetes		

CONSENT FOR RELEASE OF MEDICAL INFORMATION

First Name	Last Name(s)
Alias, Nicknames, Etc.	Birth Date (Month / Day / Year)

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 my enrollment in the Health Network at no cost to me. (ii) MCN may not be able to obtain health care providers that are available to care for my condition at no 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 issues 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 LITIGATION COSTS) ARISING OUT OF MY ENROLLMENT IN THE HEALTH NETWORK AND MY HEALTH CARE TREATMENT RESULTING FROM MY ENROLLMENT.

I agree to notify my future health care providers of my enrollment in the MCN Health Network to help facilitate the transfer of my records. I understand and consent to MCN maintaining records containing sensitive health information (examples: HIV status & information about mental health issues) if my health care provider believes this information is needed for my treatment. I authorize and future health care providers to have access to these medical records if my health care providers feel are necessary for my medical treatment and/or continued screening.

Authorized individuals from MCN may contact me by phone, person regarding follow up and referral for my treatment for conditions. These individuals will adhere to federal privacy, confidentiality, privacy and security procedures. This consent remains in effect for two years (24 months) from the date of my participation in the Health Network has ended for and can submit a written request any time to leave the Health Network to limit the health issues that MCN is authorized to address. I also understand that I have a right to receive a copy of my medical records on file with MCN upon written request.

***PARTICIPANT SIGNATURE**
(or Signature of Legal Representative)

Relationship of Legal Representative to Patient

Witness Signature

Date

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

ENGLISH—THIS CONSENT FORM IS VALID FOR 2 YEARS AFTER DATE OF SIGNATURE.

Please contact us at 512-327-3277 or www.migrantclinicians.org/network for more information on the Health Network.

Page 1 of 2

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

PARTICIPANTS MAY RENEW THEIR CONSENT AFTER IT EXPIRES IF THEY STILL NEED ASSISTANCE

MUST HAVE THE PARTICIPANT'S SIGNATURE

Migrant Clinicians Network
PO Box 164285
Austin, Texas 78716



Business Phone: (512) 327-2017
Confidential Fax: (512) 327-6140
Confidential Phone: (800) 925-8295

PARTICIPANT INFORMATION SHEET | MCN HEALTH NETWORK

***REQUIRED**

First Name	Last Name(s)	
Mother's Maiden Name	Birth Date (Month / Day / Year)	
City	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
State	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other:	
Country	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Race/Ethnicity:	<input type="checkbox"/> White - Non-Hispanic/Latino	<input type="checkbox"/> Black - Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Asian - Non-Hispanic/Latino	<input type="checkbox"/> Indigenous <input type="checkbox"/> Other:
Language(s) Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Creole	Language you prefer to be contacted in:
	<input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Occupation(s) (from past two years):	<input type="checkbox"/> Farmworker <input type="checkbox"/> Construction <input type="checkbox"/> Retired	
	<input type="checkbox"/> Homemaker <input type="checkbox"/> Factory <input type="checkbox"/> Unemployed	
	<input type="checkbox"/> Student <input type="checkbox"/> Child care <input type="checkbox"/> Other:	
Current Residence:	<input type="checkbox"/> Farmworker Camp Housing <input type="checkbox"/> Jail <input type="checkbox"/> Homeless	
	<input type="checkbox"/> Home <input type="checkbox"/> ICE Detention Center <input type="checkbox"/> Other:	

CURRENT CONTACT INFORMATION FOR PARTICIPANT:

Street / P.O. Box	City	State	Zip/Country
*PHYSICAL ADDRESS:			
*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")		<input type="checkbox"/> Yes <input type="checkbox"/> No
HOME / CELL / WORK:			*INITIALS:

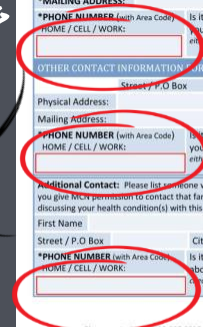
OTHER CONTACT INFORMATION FOR PARTICIPANT (Place you normally move to):

Street / P.O. Box	City	State	Zip/Country
Physical Address:			
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")		<input type="checkbox"/> Yes <input type="checkbox"/> No
HOME / CELL / WORK:			*INITIALS:

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
Street / P.O. Box	City	State
Zip/Country		
*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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*INITIALS:	

MUST HAVE THE WORKING PHONE NUMBERS / E-MAIL



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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.*

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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



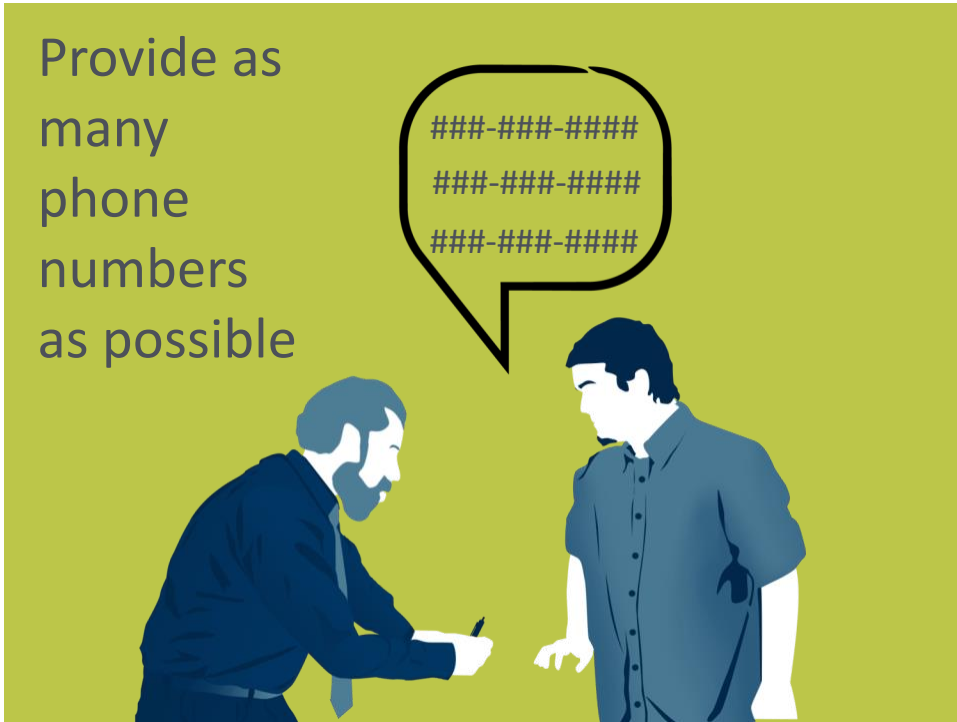
Reports outcome back to enrolling clinic



Maintaining a Patient in Care

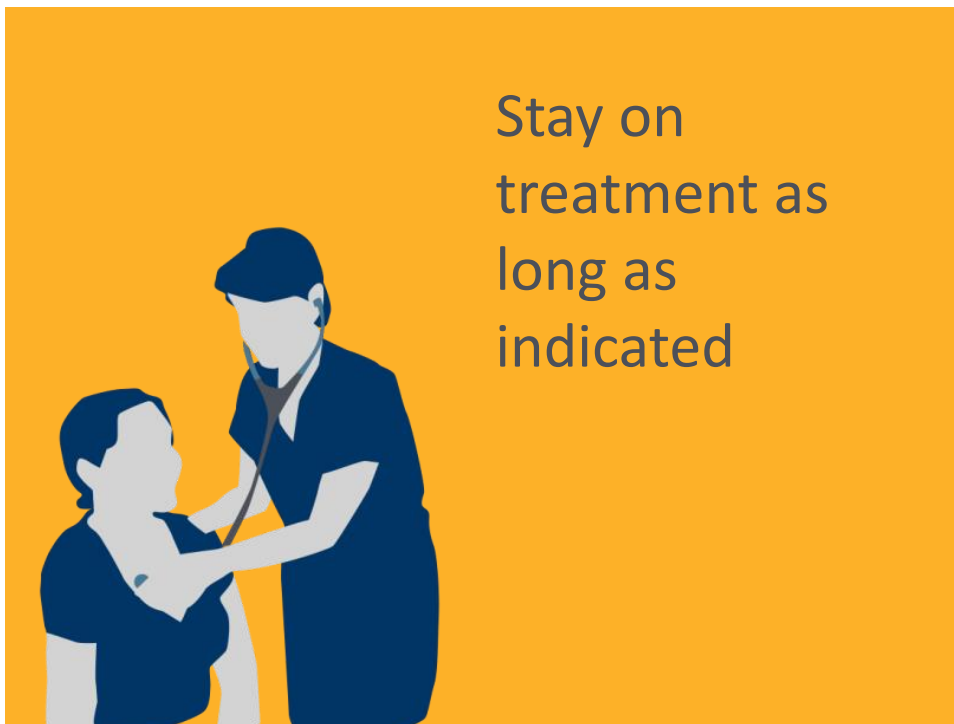
The Patient's Role...

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

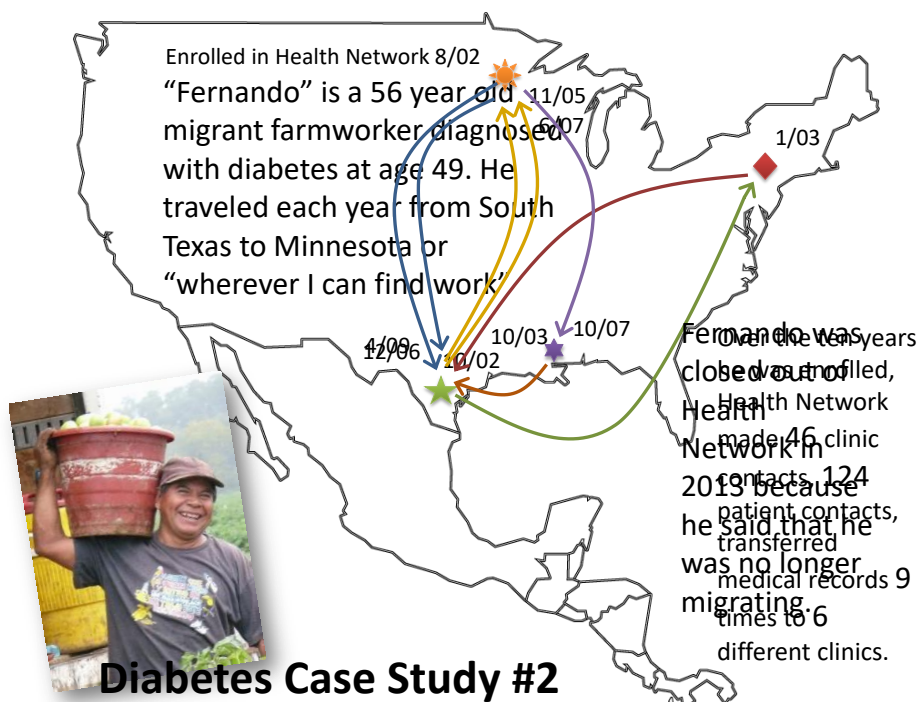
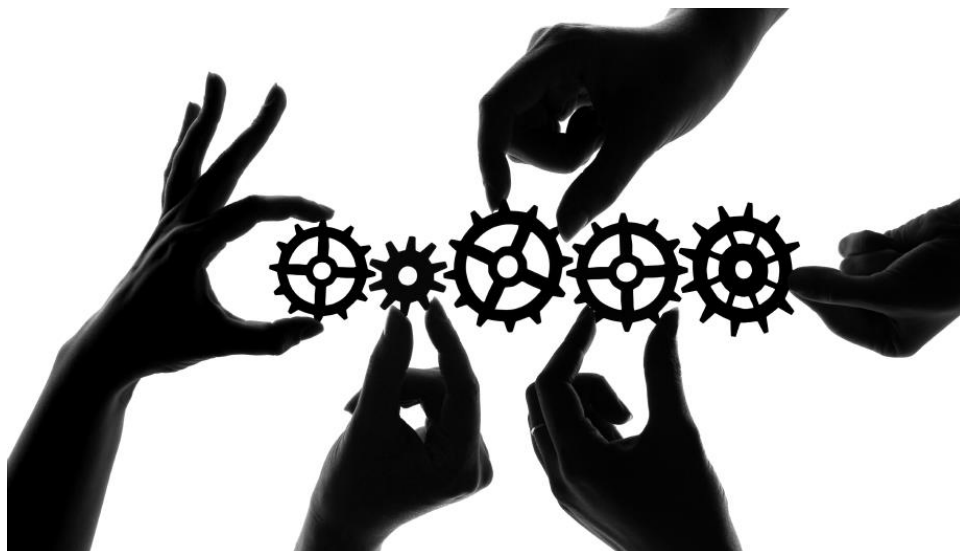


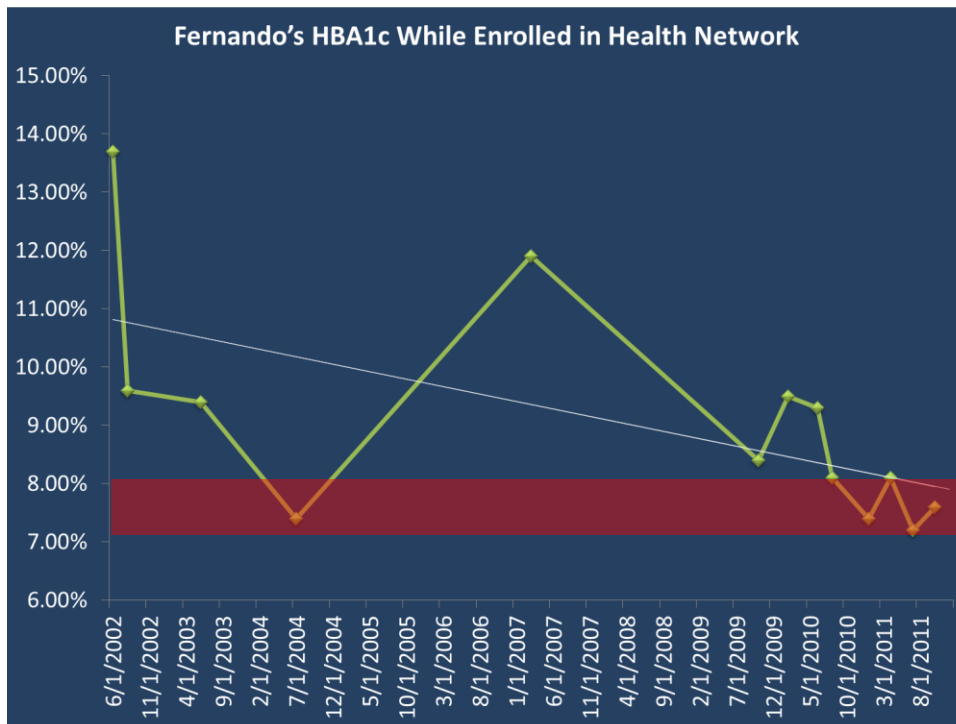


Notify new clinics of enrollment in HN



Team-Based Approach





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

<p>ATTENTION PROVIDERS: This client is a user of the MCN Health Network. MCN can help you access:</p> <p>ATENCIÓN PROVEEDORES: Este paciente es usuario de la Red de Salud MCN. MCN les puede ayudar a encontrar:</p> <p>This patient's medical record • El expediente médico de este paciente This patient's lab results • Los resultados de laboratorio de este paciente Financial assistance for his/her health care • Ayuda económica para el cuidado de su salud</p> <p>This is a free service. • El servicio es gratis.</p> <p>Call 1-800-825-8205 De México 01-800-681-9508</p>	<p>MCN Health Network</p> <p>Medical Records and Care Coordination Card Tarjeta de Expedientes Médicos y Coordinación de Salud</p> <p>1-800-825-8205 De México 01-800-681-9508 www.migrantclinician.org</p> <p>THIS IS <u>NOT</u> A MEDICAL INSURANCE CARD. Esta no es una tarjeta de seguro médico.</p>
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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
Theresa Lyons-Clampitt: 512-579-4511 or
tlyons@migrantclinician.org