MIGRANT CLINICIANS NETWORK

MCN

Health Network

A Care Coordination Program for Patients Who Move During Treatment

MIGRANT CLINICIANS NETWORK

MCN

A force for health justice

Somos una fuerza dedicada a la justicia en salud

Our mission is to create practical solutions at the intersection of vulnerability, migration, and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.

MIGRANT CLINICIANS NETWORK

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Our Work

Worker Health and Safety

Bridge Case Management

Research

Education

Resource Development

Peer Networking

Advocacy

Psychosocial Support for Providers

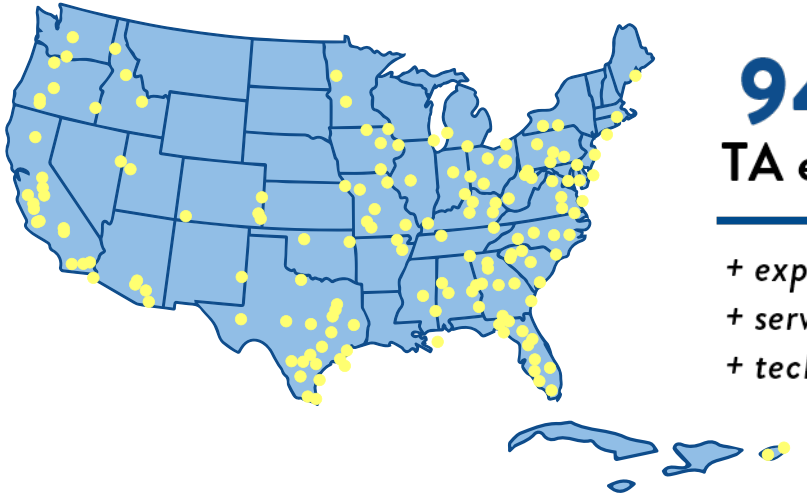
Our Impact

3,478 webinar attendees

25,045 times HN contacted clinics & patients

1,215 registrants for safety webinars

3,500 registrants seeking psychosocial support



94,192 TA encounters

+ expertise
+ services
+ technical support

Conflict of Interest 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.

Migrant Clinicians Network (MCN) is accredited as an approved provider of continuing nursing education by the American Nurses Credentialing Center's commission on accreditation

- To receive contact hours for this continuing education activity participants must complete a post-activity evaluation.
- Once successful completion has been verified, each participant will receive an electronic copy of his/her certificate that details the number of contact hours awarded.
- The planning committee members, presenters, faculty, authors, and content reviews of this CNE activity have disclosed no relevant professional, personal, or financial relationships related to the planning or implementation of this CNE activity.
- This CNE activity received no sponsorship or commercial support.
- This CNE activity does not endorse any products.
- For questions or additional information please contact: Jillian Hopewell at jhopewell@migrantclinician.org

MIGRANT CLINICIANS NETWORK

MCN Office Locations

10,000 + constituents

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

Photo by Earl Dotter

MCN Health Network

Eliminate health disparities due to patient mobility

Forms Required for Enrollment

Migrant Clinicians Network
PO Box 164285
Austin, Texas 78716

Migrant Clinicians Network

Business Phone: (512) 327-
Confidential Fax: (512) 327
Confidential Phone: (800) 825

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.

- ❑ Tuberculosis
- ❑ HIV
- ❑ Prenatal Care
- ❑ General Health
- ❑ Cancer
- ❑ 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 issue(s) listed here:

(attach additional page if needed)

I agree to notify my future health care providers of my enrollm… the MCN Health Network to help facilitate the transfer of my m… records. I understand and consent to MCN maintaining records … containing sensitive health information (examples: HIV status a… information about mental health issues) if my health care provi… believes this information is needed for my treatment. I authori… and future health care providers to have access to those medi… that my health care providers feel are necessary for my medic… treatment and/or continued screening.

Authorized individuals from MCN may contact me by phone, … person regarding follow up and referral for my treatment fo… conditions. These individuals will adhere to federally manda… confidentiality, privacy and security procedures. **This conse… remain in effect for two years (24 months) from the date signed …** my participation in the Health Network has ended for another reason. I can submit a written request any time to leave the Health Network or 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.

I HEREBY RELEASE MCN, ITS EMPLOYEES, OFFICERS, DIRECTORS, CONSULTANTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, CAUSES OF ACTIONS, DAMAGES, LOSSES, EXPENSES (INCLUDING ATTORNEYS' FEES), AND LIABILITIES OF ANY KIND WHATSOEVER ARISING OUT OF MY ENROLLMENT IN THE HEALTH NETWORK AND MY HEALTH CARE TREATMENT RESULT… …ENROLLMENT IN THE HEALTH NETWORK.

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

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

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

Please contact us at 512-327-2017 or www.migrantclinician.org/network for more information on the MCN Health Network.

10.01

Must have the participant's signature

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

Migrant Clinicians Network
PO Box 164285
Austin, Texas 78716

Migrant Clinicians Network

Business Phone: (512) 327-2017
Confidential Fax: (512) 327-6140
Confidential Phone: (800) 825-8205

PARTICIPANT INFORMATION SHEET | MCN HEALTH NETWORK

*REQUIRED

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

CURRENT CONTACT INFORMATION FOR PARTICIPANT:

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

***PHONE NUMBER** (with Area Code) HOME / CELL / WORK:	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")*	❑ Yes ❑ No	***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) HOME / CELL / WORK:	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")*	❑ Yes ❑ No	***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) HOME / CELL / WORK:	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")*	❑ Yes ❑ No	***INITIALS:**

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

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 Maintaining a Patient in Care

Contacts patients on a scheduled basis (monthly for TB patients)

Contacts TB clinics monthly

Assists patients in locating clinics for services and resources

Reports back to the enrolling clinic and notifies them of outcomes

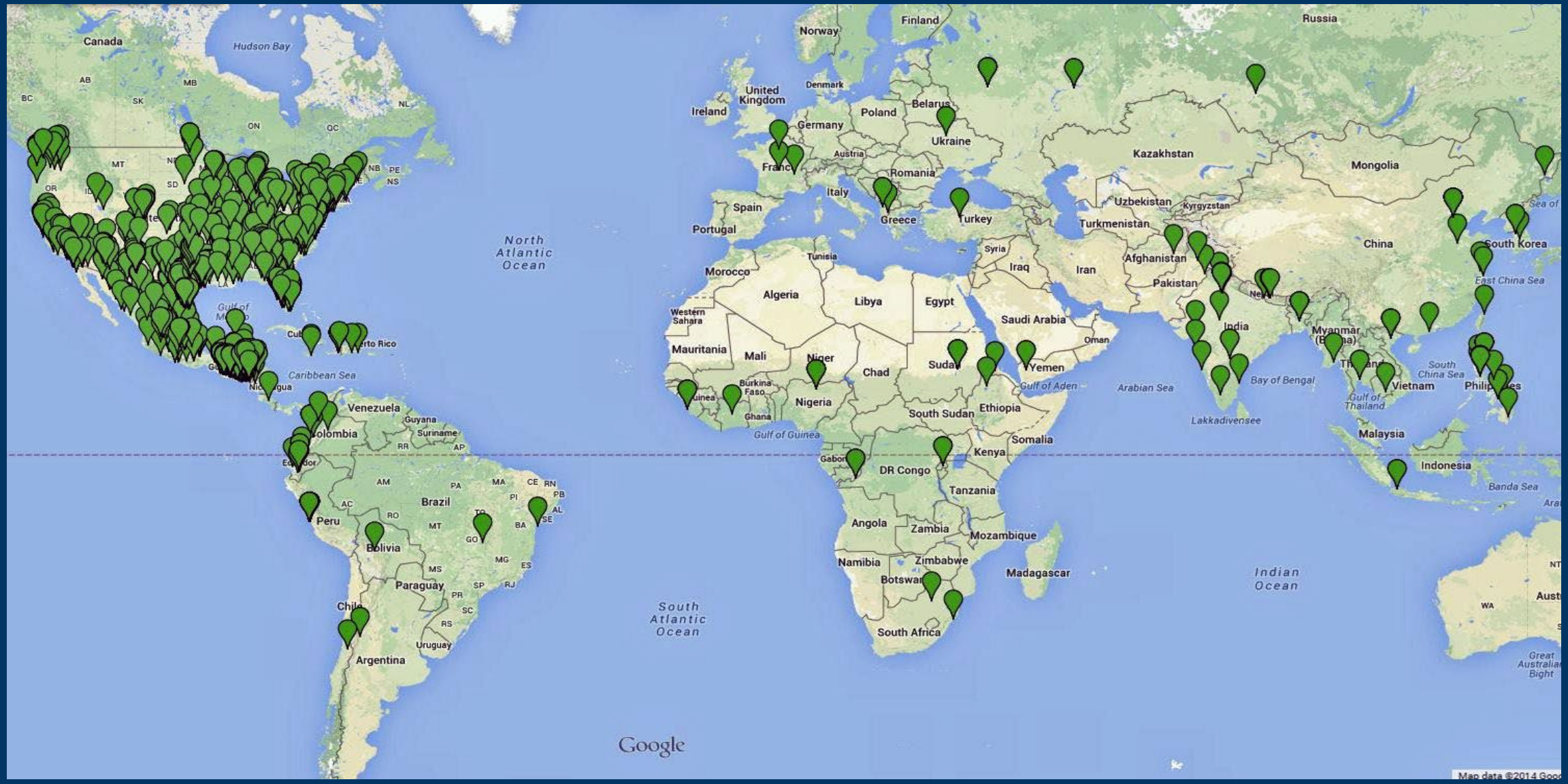
The Patient's Role…

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


Over 15,100 total HN
enrollments



Over 3,000 total clinics in U.S. and over **114** countries

“Tuberculosis is a social problem with a medical aspect”

Sir William Osler, 1904


2,125 Treatment Recommended
(26 MDR; 65 resistant to at least one drug)
37 deceased

2,088 Followed by TBNet for Active TB

211 lost to follow up

106 refused treatment

1,771 Complete Treatment

84.8%

Class 3 Active TB:
TBNet Treatment Success (1/1/2005-12/31/2019)

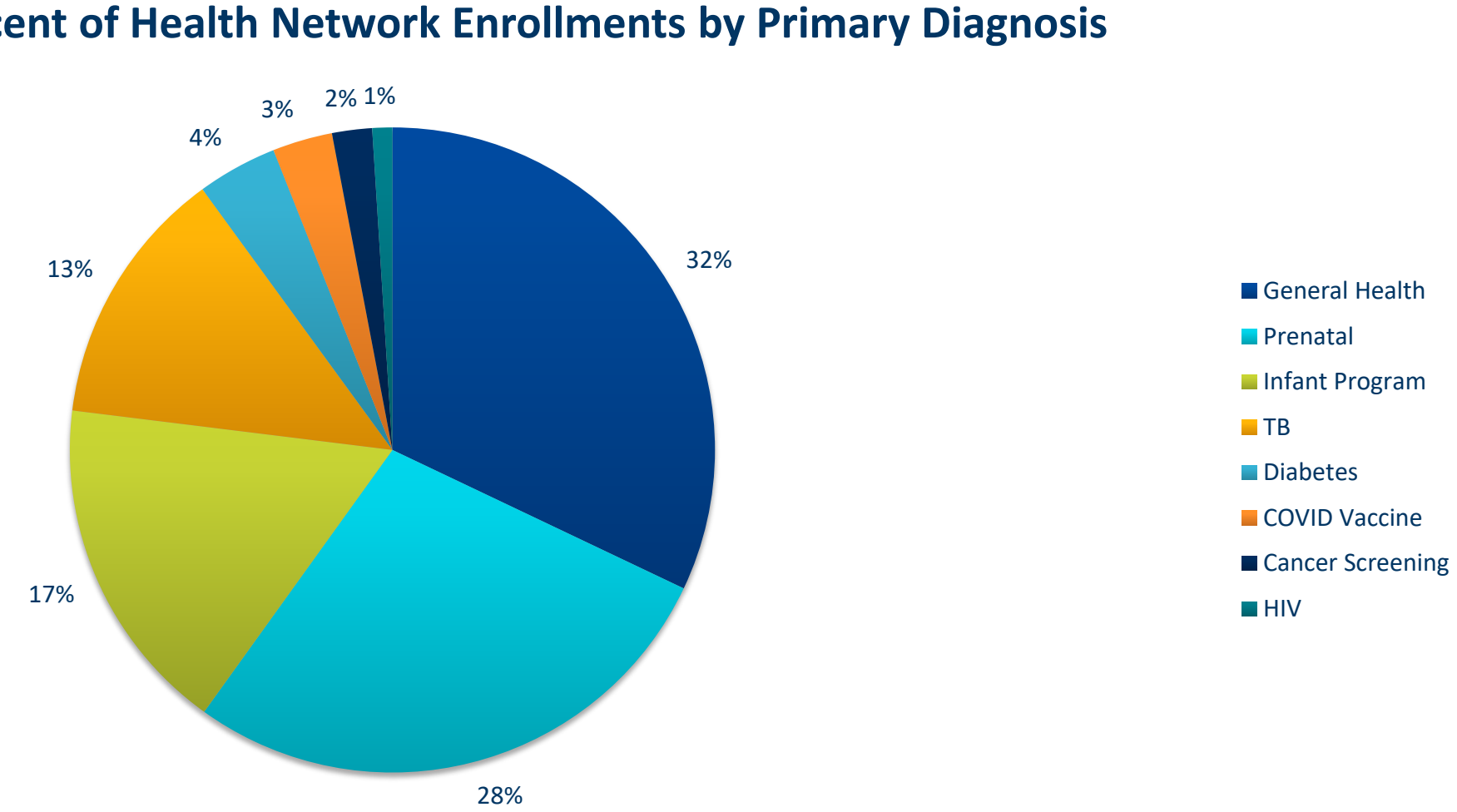
Contract with ICE 2005-2017
(91 Total Countries)

- ✓ 2,176 Class 3 Active TB Cases Referred
  - 51 not recommended by country
- ✓ 2,125 Treatment Recommended
  - *37 deceased*
- ✓ 2,088 Followed by TBNet for Active TB
  - *211 lost to follow up*
  - *106 refused treatment*

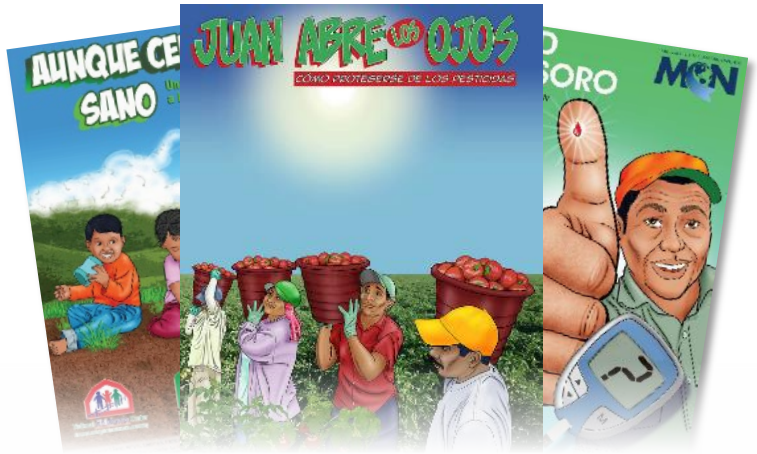
How Can TBNet Have such a high completion rate to 114 countries??

- MCN has a group of multilingual/multicultural dedicated young case managers who use multiple communication techniques (text, Whatsapp, cell phone, email), sincere concern for the patients and persistence.
- Case managers speak multiple languages (English, Spanish, Haitian Creole, French and Portuguese and use Language Line for all others)

MCN Health Network



Connect with MCN!



Access our latest resources

Get updates from the field

Attend our virtual trainings

and a lot more at

www.migrantclinician.org

@tweetMCN | @migrantclinician | @migrantcliniciansnetwork

Contact Us

- Health Network telephone:
  800-825-8205 (U.S.)

- 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**