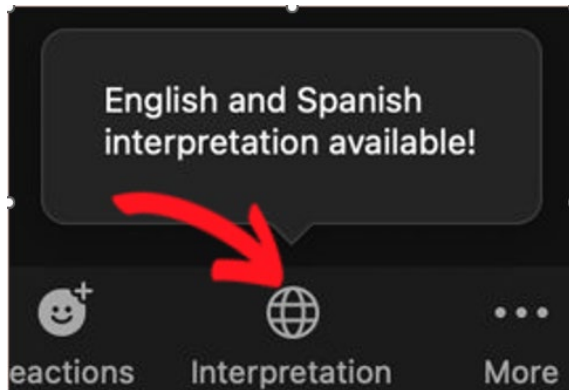


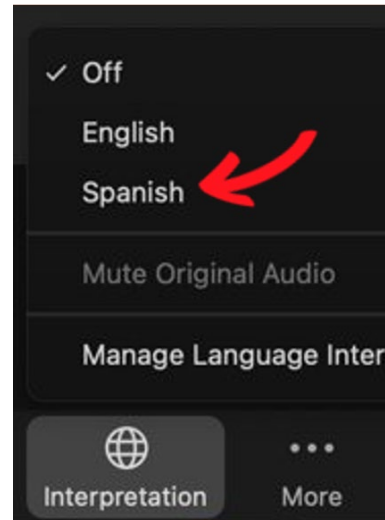
Use of Simultaneous Interpretation in Zoom

If you want to listen to the presentation in Spanish...

1) Locate the Interpretation Globe icon



2) Click the Interpretation Globe and select "Spanish"



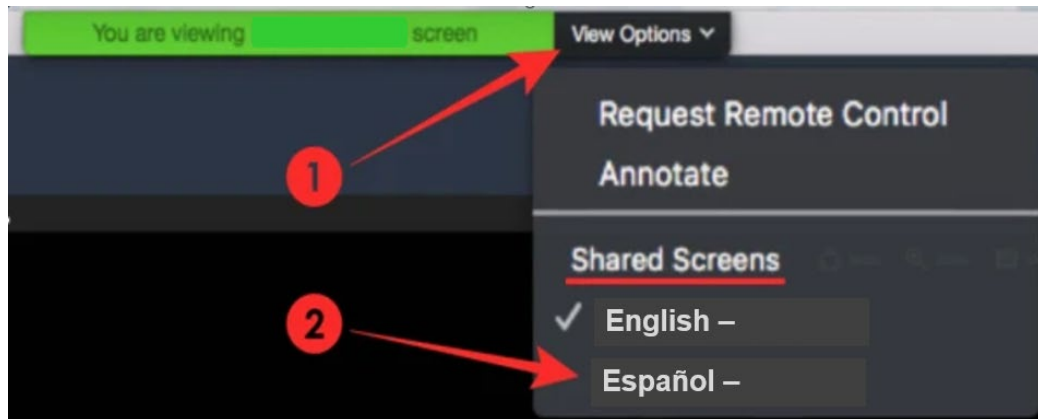
If you want to listen to the presentation in Spanish from a smartphone...

- 1) Touch the screen to make the options appear
- 2) Touch the three dots that say "More"
- 3) Select "Language Interpretation"
- 4) Select "Spanish"
- 5) Touch "Done"

Selecting Your Viewing Language in Zoom

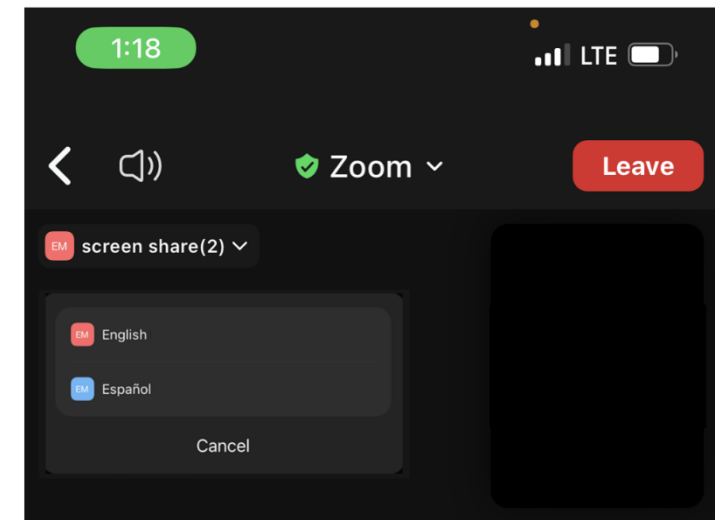
If you want to view the Spanish version of the PPT...

- 1) At the top of the screen click on “View Options”
- 2) A dropdown menu will appear with the option of English or Spanish



If you want to view the Spanish version of the PPT from a smartphone...

- 1) Touch the screen to make the options appear
- 2) Touch the three dots that say “More”
- 3) Select “Language Interpretation”
- 4) Select “Spanish”
- 5) Touch “Done”





MIGRANT CLINICIANS NETWORK



A force for health justice

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.

Our Work



Resource
Development



Education



Technical
Assistance



Research



Bridge Case
Management



Worker Health
and Safety



Psychosocial Support
for Providers



Evaluation



Advocacy



Peer
Networking



Where We Are



MCN's Primary Constituents

- Primary Care Providers
- Community Health Workers
- Nurses
- Dentists
- Social Workers
- Outreach Workers
- Public Health Professionals
- Health Educators
- Medical Assistants



MIGRANT CLINICIANS NETWORK



Health Network

Eliminate health
disparities due
to patient mobility



©Earl Dotter

A photograph showing four men walking through a field of young corn plants. The man in the foreground on the left is wearing a blue headwrap and a striped shirt. The man on the right is wearing a white t-shirt and a cap, holding a wooden tool. The background shows more men walking away in the distance. The text "Health Network 28 Years of Innovation" is overlaid in the center of the image.

Health Network
28 Years of Innovation



MCN's Health Network does
not discriminate on the basis
of immigration status and
will not share personal patient
information without
patient permission.

CONFIDENTIAL

- ✓ **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



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

Health Network General Consent / Formato de consentimiento general

 Name of patient / Nombre del paciente

 Date of birth / Fecha de nacimiento

MM/DD/YYYY
 mes/día/año

Migrant Clinicians Network is a non-profit organization that helps with continuity of care through the Health Network program at no cost to me (or my child). However, MCN cannot guarantee access to all healthcare providers or the quality of care. Providers are independent and not MCN employees. MCN does not provide or oversee treatment or outcomes.

Migrant Clinicians Network es una organización sin fines de lucro que ayuda con la continuidad de la atención a través del programa Health Network sin costo alguno para mí (o mi hijo/a). Sin embargo, MCN no puede garantizar el acceso a todos los proveedores de atención médica ni la calidad de la atención. Los proveedores son independientes y no empleados de MCN. MCN no proporciona ni supervisa el tratamiento o los resultados.

I consent to MCN using my (or my child's) health and personal information solely for medical treatment, healthcare operations, or as authorized by me. I agree to inform future providers of my (or my child's) MCN enrollment to facilitate record transfers and consent to MCN maintaining sensitive health information.

Doy mi consentimiento para que MCN utilice mi información médica y personal (o la de mi hijo/a) únicamente para tratamiento médico, operaciones de atención médica o según lo autorizo. Acepto informar a los futuros proveedores de mi inscripción (o la de mi hijo/a) en MCN para facilitar la transferencia de registros y doy mi consentimiento para que MCN conserve la información confidencial sobre mi salud.

I authorize MCN and my (or my child's) providers to access these records for treatment.

Autorizo a MCN y a mis proveedores (o los de mi hijo/a) a acceder a estos registros para el tratamiento.

MCN may contact me about follow-up and referrals while adhering to confidentiality laws. This consent is valid for 24 months or until I opt out. I can request to leave the Health Network program or limit its scope at any time and receive a copy of my (or my child's) records upon request.

MCN puede ponerse en contacto conmigo para realizar seguimientos y derivaciones respetando las leyes de confidencialidad. Este consentimiento es válido por 24 meses o hasta que yo opte por retirarme. Puedo solicitar abandonar el programa de Health Network o limitar su alcance en cualquier momento y recibir una copia de mis registros (o los de mi hijo/a) si la solicito.

I release MCN and its affiliates from any claims or liabilities related to my (or my child's) Health Network enrollment

Libero a MCN y a sus afiliados de cualquier reclamo o responsabilidad relacionados con mi inscripción (o la de mi hijo/a) en Health Network.

 Signature of the patient or legal representative /
 Firma del paciente o representante legal

 Date of Signature /
 Fecha de Firma

 Phone number / Número telefónico

 Signature of Witness / Firma de Testigo

 Date of Signature/ Fecha de Firma

A contact person whom Health Network can communicate with who will always know the patient's location.
 Un contacto que siempre sabrá del paciente con quien Health Network se pueda comunicar

 Name of contact / Nombre del contacto

 Phone # / # telefónico

 e-mail / correo electrónico

 Name of contact / Nombre del contacto

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 e-mail / correo electrónico

.....
 For the health care provider / Para el proveedor de servicios de salud

Gender _____ Farmworker Yes No _____
 Traveling to _____ City, State

Language: English Spanish Haitian Creole Other _____

Country of Origin: _____ Current Location: _____

Medical reason for requesting continuity of care support from Health Network:

TB Perinatal Care Cancer Diabetes HIV/Aids General Health Pediatrics

Reason : _____

Please attach all medical records (screening results, hospital records, Clinical Notes, etc) to this consent.

Forms Required for Enrollment



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Confidential Phone: (800) 825-8205

Health Network General Consent / Formato de consentimiento general

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Date of birth / Fecha de nacimiento ^{MM/DD/YYYY}
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MCN puede ponerse en contacto conmigo para realizar seguimientos y derivaciones respetando las leyes de confidencialidad. Este consentimiento es válido por 24 meses o hasta que yo opte por retirarme. Puedo solicitar abandonar el programa de Health Network o limitar su alcance en cualquier momento y recibir una copia de mis registros (o los de mi hijo/a) si la solicito.

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Firma del paciente o representante legal

Date of Signature /
Fecha de Firma

Phone number / Número telefónico

Signature of Witness / Firma de Testigo

Date of Signature/ Fecha de Firma

A contact person whom Health Network can communicate with who will always know the patient's location.
Un contacto que siempre sabrá del paciente con quien Health Network se pueda comunicar

Name of contact / Nombre del contacto

Phone # / # telefónico

e-mail / correo electrónico

Name of contact / Nombre del contacto

Phone # / # telefónico

e-mail / correo electrónico

For the health care provider / Para el proveedor de servicios de salud

Gender _____ Farmworker Yes No _____ Traveling to _____ City, State

Language: English Spanish Haitian Creole Other _____

Country of Origin: _____ Current Location: _____

Medical reason for requesting continuity of care support from Health Network:

TB Perinatal Care Cancer Diabetes HIV/Aids General Health Pediatrics

Reason : _____

Please attach all medical records (screening results, hospital records, Clinical Notes, etc) to this consent.

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

These enrollment resources are available:

www.migrantclinician.org/health-network/enrollment



MIGRANT CLINICIANS NETWORK
HealthNetwork

La Red de Salud es un sistema de administración de casos para pacientes móviles creado por Migrant Clinicians Network.



Cualquier proveedor de salud que trabaja con migrantes que tienen la intención de marcharse y se encuentran bajo tratamiento



La Red de Salud también puede proveer al paciente con educación necesaria acerca de temas clínicos.

Informational Videos about Health Network

MIGRANT CLINICIANS NETWORK
MCN

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

Health Network General Consent / Formato de consentimiento general

Name of patient / Nombre del paciente _____ Date of birth / Fecha de nacimiento MM/DD/YYYY
mes/día/año

I consent to MCN using my (or my child's) health and personal information solely for medical treatment, health care operations, or as authorized by me. I agree to release these provisions of my (or my child's) MCN enrollment to facilitate secure transfers and consent to MCN receiving medical health information.

I authorize MCN and my (or my child's) provider to access these records for treatment.

MCN may contact me about follow-up and referrals with adhering to confidentiality laws. This consent is valid for 18 months or until I ask to be removed from the Health Network program or until the end of any time and expires a copy of my (or my child's) records upon request.

I release MCN and its affiliates from any claims or liabilities related to my (or my child's) health Network enrollment.

Migrant Clinicians Network es una organización sin fines de lucro que ayuda con la continuidad de la atención a través del programa Health Network de casos móviles para el país entero. Este consentimiento MCN no puede proporcionar el acceso a todos los procedimientos de atención médica ni la totalidad de la atención. Los procedimientos son independientes de los registros de MCN. MCN no proporciona el registro de tratamiento a los proveedores.

Only MCN enrollment allows MCN utilize and disseminate medical and personal data to the Health Network database for treatment, health care operations, or as authorized by the patient. Any other release of this personal information to other providers is the responsibility of the patient. Any other transfer of data requires the patient's consent. I agree to release these provisions of my (or my child's) MCN enrollment to facilitate secure transfers and consent to MCN access to the information contained within the record.

Además a MCN y a sus proveedores de los de mi hijo(a) y acceder a estos registros para el tratamiento.

MCN puede contactarme acerca de seguimiento y referencias con adherencia a las leyes de confidencialidad. Este consentimiento es válido por 18 meses o hasta que yo pida que me retire del programa. Este consentimiento expira una copia de mis (o de mi hijo(a)) registros de salud al momento de solicitar el consentimiento y recibir una copia de mis registros (o los de mi hijo(a)) de salud.

Libero a MCN y a sus afiliados de cualquier reclamo o responsabilidad relacionada con mi inscripción (o la de mi hijo(a)) en Health Network.

Signature of the patient or legal representative / Firma del paciente o representante legal _____ Date of Signature / Fecha de Firma _____ Phone number / Número telefónico _____

Signature of Witness / Firma de Testigo _____ Date of Signature/ Fecha de Firma _____

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For the health care provider / Para el proveedor de servicios de salud

Gender _____ Farmworker Yes No _____ Traveling to _____ City, State _____

Language: English Spanish Haitian Creole Other _____

Country of Origin: _____ Current Location: _____

Medical reason for requesting continuity of care support from Health Network:
TB Perinatal Care Cancer Diabetes HIV/AIDS General Health Pediatrics

Reason: _____

Please attach all medical records (screening results, hospital records, Clinical Notes, etc) to this consent.

Download Enrollment Packets in English, Haitian Creole, Portuguese and Spanish

HIPAA BUSINESS ASSOCIATE AGREEMENT

THIS HIPAA BUSINESS ASSOCIATE AGREEMENT (the "Agreement") is entered into effective [date] (the "Effective Date"), by and between Migrant Clinicians Network ("MCN", "Business Associate", or "Party") and <<organization>> (the "Covered Entity" or "Party") (collectively referred to as the "Parties").

Business associate and covered entity have a business relationship (the "Relationship" or the "Agreement") in which business associate may perform functions or activities on behalf of covered entity involving the use and/or disclosure of protected health information received from, or created or received by, business associate on behalf of covered entity. Therefore, if business associate is functioning as a business associate to covered entity, business associate agrees to the following terms and conditions set forth in this HIPAA Business Associate Agreement.

Definitions

Catch-all definition:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

(a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean MCN.

(b) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean [insert Name of Covered Entity].

(c) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

Obligations and Activities of Business Associate

Business Associate agrees to:

(a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

Business Associates Agreements

Required to be compliant with HIPAA

Recap of 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



Steps to Maintaining a Patient in Care

MCN's Health Network Associate:



✓ Contacts patients on a scheduled basis



✓ Contacts clinics monthly, other healthcare clinics receive updates as requested, and when treatment has completed.



✓ Assists patients in locating clinics for services and resources



✓ Reports back to the enrolling clinic and notifies them of final outcomes



The Patient's Role...

Provide as many
phone numbers
as possible

###-###-####

###-###-####

###-###-####



**Inform Health Network (HN)
Associates of any phone or
address changes and
contact HN staff after
arriving in a new area**





**Continue
treatment as
long as
indicated by
their physician**



**Over 15,100 total
HN enrollments**



Over 3,000 total clinics in U.S. and over 114 countries engaged to eliminate mobility as an obstacle to continuity of care



MCN's Health Network program began
initially as TB NET

2,125

Treatment Recommended

(26 MDR; 65 resistant to at least one drug)

37 deceased

A faint, light blue world map is visible in the background of the slide, centered behind the text.

2,088 Followed for Active TB

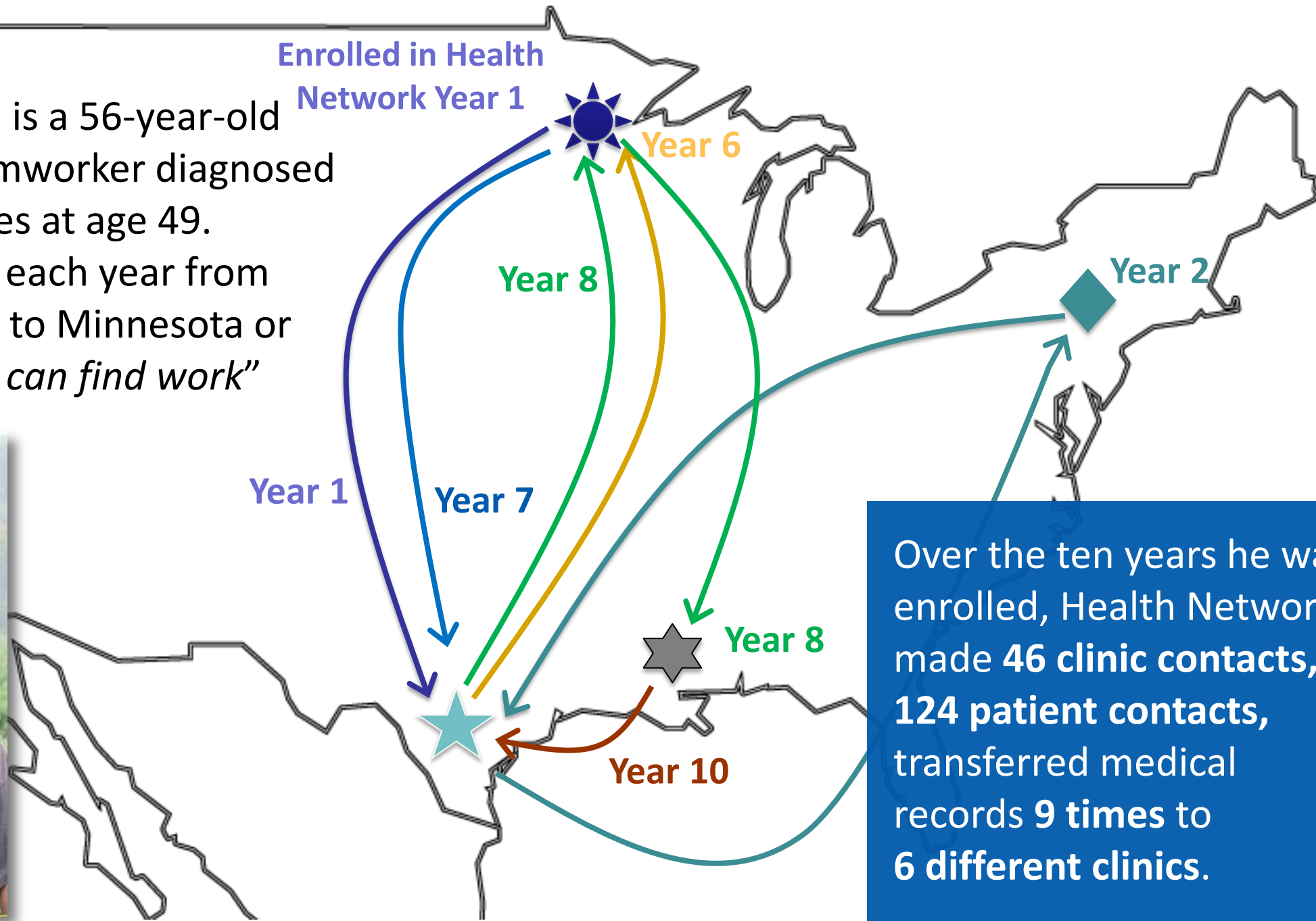
211 lost to follow up
106 refused treatment

1,771 Complete Treatment



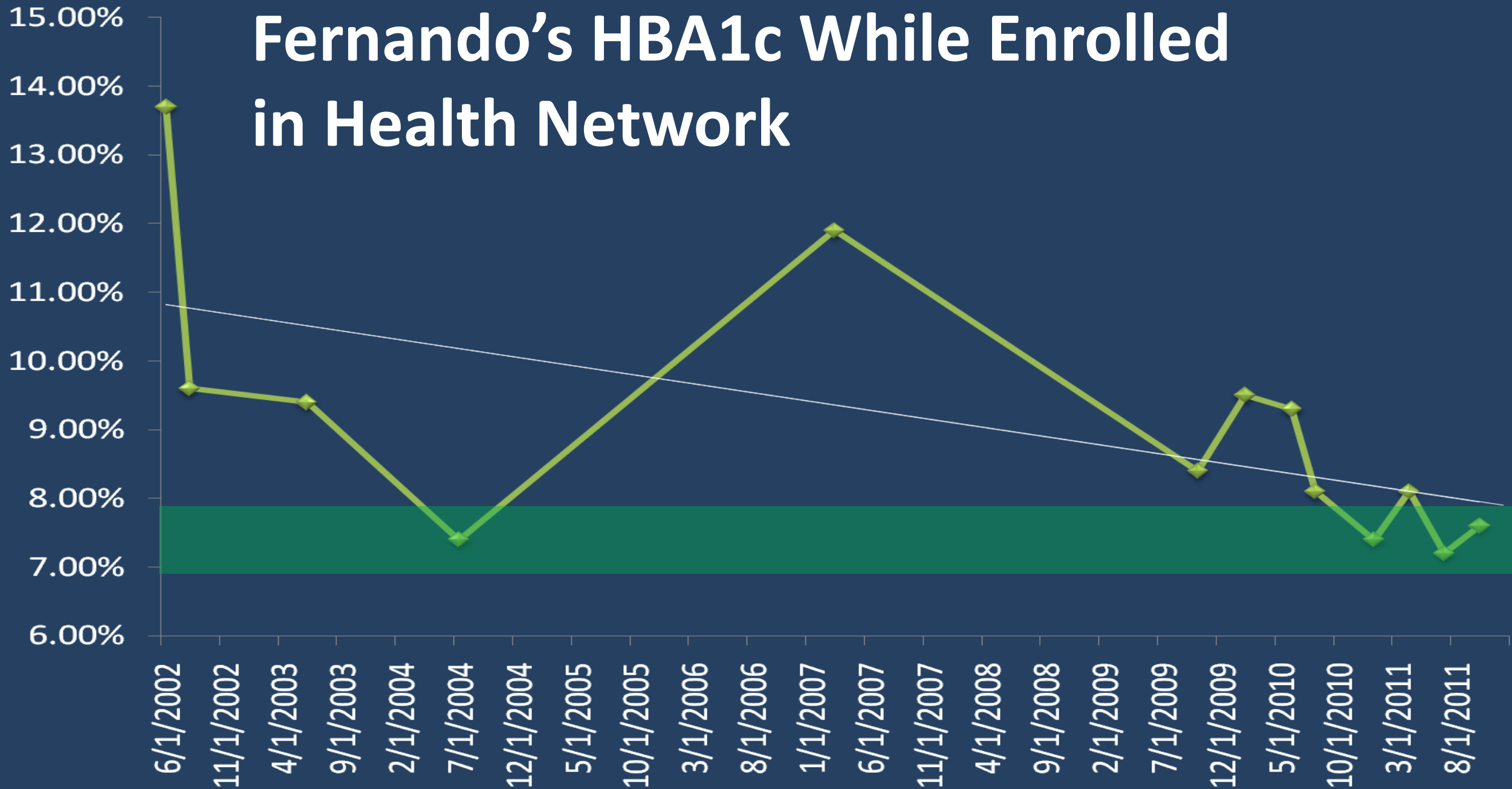
84.8%

“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”*



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**.

Fernando's HBA1c While Enrolled in Health Network



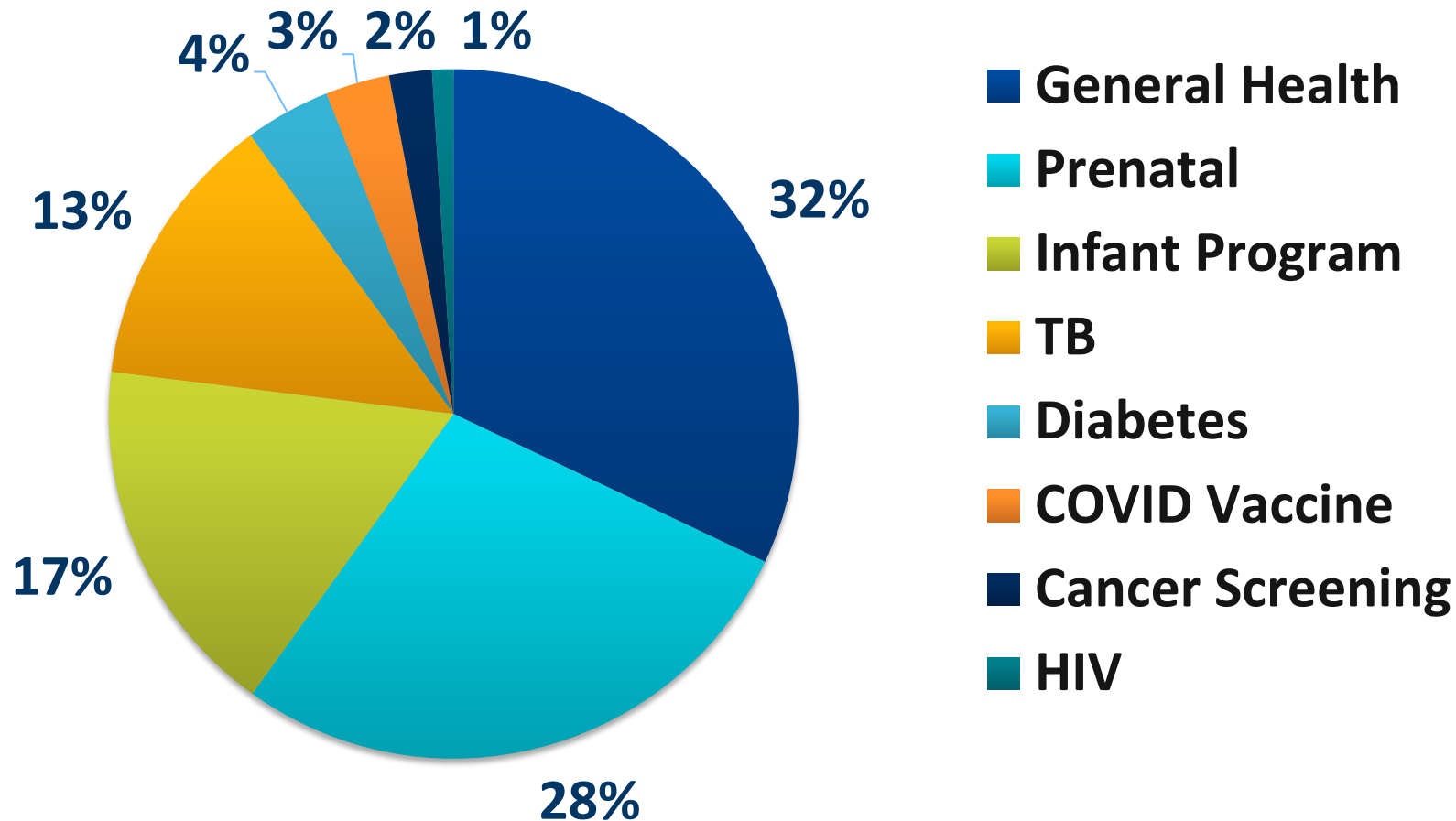


How Can MCN's Health Network Have such a high completion rate to 114 countries??

- Multilingual/multicultural case managers who use multiple communication techniques.
- MCNs' Case managers speak multiple languages (English, Spanish, Haitian Creole, French and Portuguese and use Language Line for all others)

MCN Health Network

Percent of Health Network Enrollments by Primary Diagnosis





What is the SCAN Program?

SCAN stands for the **Specialty Care Access Network**

SCAN's primary goal is to assist with the coordination of pediatric patients into sub-specialty care.

Referral into the SCAN program

- ✓ A clinic, program, organization or SCAN member identifies a patient with sub-specialty need
- ✓ Health Network helps to guide and instruct on how to complete the enrollment packet.



Referral into the SCAN program

SCAN's goal is to have the following information prepared to help with the continuation of care and coordination with the SCAN Team Member:

- Patient's information
- Signed consent form
- Patient Care Summary
(if the patient has already been seen by a previous provider)
- Next Steps



Referral into the SCAN program

- ✓ The SCAN Patient care coordinator will contact the family to introduce the program and complete patient enrollment if needed.
- ✓ Patient care coordinator will identify the appropriate SCAN Member to contact and send out a request for assistance with the patient's summary.



Example of Patient Enrollment Summary

- **Leti is a 5-year-old girl born in Guatemala (DOB) with Developmental Delay to include Speech and Toileting.**
- The child arrived at **Welcome Center** in Tucson on 01/01/2021.
- Her mother speaks the Spanish language fluently and is literate. The enrolling HN associate talked with the mother about the referral and mom agreed: Mom also told the associate that in the past she was told that the child might have microcephaly, and was sent for tests, but mom never took her.

Example of Patient Enrollment Summary

- Mom says the child has had, essentially, no health care. Today, the enrolling HN associate accomplished a complete EPSDT (Well Child Evaluation) on the child.
- The physical exam is normal: height in 50%ile, weight in 25%ile: The enrolling HN associate will include the EPSDT form and growth chart when records are sent. The child has essentially no speech and uses diapers – does not toilet at all.

Example of Patient Enrollment Summary

The family is traveling to California later today.

The HN associate [has] the address and telephone number of their sponsoring family. Mom signed the referral to MCN. I will follow the HN associate's instructions and see if I can get the documents to you in a secure email. If not, we will use a secure fax to send them.

The possible follow-up needs that I have identified are:

- Pediatrician
- Peds Neurology
- Speech Therapy
- Occupational Therapy

Who do you send the referral to for SCAN?

Patient care coordinator for SCAN – Elizabeth González Ibarra

- Will complete the referral
- Identify the appropriate SCAN team member to contact
- Continue patient care coordination with SCAN Team member

Contact me for further instructions:
egonzalez-ibarra@migrantclinician.org

Introduction to the MCN Portal for Enrolling Patients into Health Network

Tuesday, Nov 19, 2024

Register at

migrantclinician.org/webinars



Connect with MCN!



Access our
latest resources



Get updates
from the field



Attend our
virtual trainings

and a lot more at

www.migrantclinician.org



Contact Us

- Health Network telephone:
800-825-8205 (U.S.)
- Health Network fax:
512-327-6140
- MCN website:
<http://www.migrantclinician.org/>

For questions when enrolling your patients, please contact Alma Colmenero
acolmenero@migrantclinician.org
(512) 579-4510

To schedule additional trainings like the one today, please contact Theresa Lyons-Clampitt
tlyons@migrantclinician.org



**Please remember to submit the
evaluation.**

Your opinions help us improve our
online presentations.