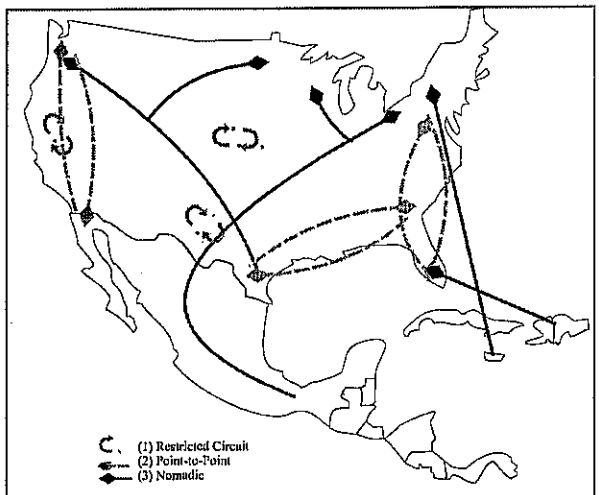
Bridging Islands of Care to Eliminate Health Disparities



This map of representative migrant patient movement patterns demonstrates the obstacles that clinicians who treat these patients face when designing long-term treatment plans for their patients.

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One major obstacle to delivering health care to mobile populations like migrant farmworkers is that clinicians rarely have access to individuals' complete medical history. Migrant farmworkers and their families may seek treatment at several different health care facilities on one side of the border or the other, or around the United States and Mexico. The result is that invaluable medical information is often scattered in multiple locations, and in most cases, the information is not retrievable. Inaccessible medical data is the product of a number of realities including the patients' inability or unwillingness to specifically recall prior sites where health care was received, communications and technological barriers, and the logistics involved in the timely receipt of information. The resulting lack of information interferes with clinicians' ability to effectively treat these patients, formulate long term treatment plans, or gauge the effectiveness of care delivered. Furthermore, because certain medical information is crucial in managing patients, medical studies are often repeated out of necessity, thereby increasing the cost of health care delivery to these patients. Many diseases—like tuberculosis and sexually transmitted diseases—also have important public health consequences as well as consequences for unborn children. Many of these same diseases require long-term treatment that cannot be squeezed into small windows of time. Because of these obstacles, migrant farmworkers often receive inadequate treatment that places at risk not only their personal health but also that of their families and the general population.

Networked health care tracking systems can remove the disparities in health care that these obstacles create by providing a central storehouse for patient medical histories, a mechanism for coordinating long-term care between health care providers, regardless of geography, and favorably impact the cost-effectiveness of health care delivery to this population. In addition, these tracking systems can aid in control of communicable diseases, and help identify areas of health care utilization by mobile populations that may require intensification of resource allocation.

In 1995, a consortium of regional and international public health authorities created TB Net with the goal of eliminating these obstacles for a specific disease that disproportionately impacts migrant communities: tuberculosis. In its five years of

operation, TB Net has worked to help over 900 migrant patients complete their six to twelve month treatment regimens even as they move around the United States and Mexico. Over 70% of these patients successfully complete treatment.

The TB Net tracking system owes its success to its adherence to six simple design principles:

1) Use existing, low-cost technology to operate the system
2) Provide a central storehouse of patient medical information
3) Allow clinicians and patients access to medical history via a toll free phone number
4) Supply patients with durable, portable medical records
5) Utilize an expert, bilingual, culturally-competent staff to answer treatment questions and to offer resource and referral information
6) Ensure the confidentiality of patient medical information

These design principles create a flexible program that can grow organically to meet the needs of the patients enrolled in it.

TB Net's success demonstrates that patient tracking and referral systems for migrant patients can create and maintain continuity of care for enrolled patients. Several other projects—Diabetes Track II, Cure-TB, and Heart Fax—underscore the potential of tracking systems with their achievements. Despite each project's success, they represent only the first step in a larger process.

A variety of diseases are endemic in migrant populations. And each migrant farmworker has individually unique health care needs. Tracking projects that focus on specific disease entities improve only a single aspect of migrant health care. But the continuity of care needs of the migrant population spread beyond the focus of existing tracking projects. Migrant farmworkers and their families need continuity of care services for prenatal care, sexually transmitted diseases, cardiovascular disease and dental care. And this is just the beginning of the list.

Tracking projects that are focused on single diseases can only do so much. To significantly improve their health care, migrant farmworkers need comprehensive continuity of care services that respond to all their health care needs. Efforts to create such a system are hampered by the categorical nature of existing funding. The existing tracking projects listed above are supported by disease specific funding that limits their focus. Tracking projects capable of providing comprehensive continuity of care services need to be supported by a diverse platform of private, state and national funding that is not directed at a specific disease.

The dependence on categorical funding reveals another flaw in existing tracking efforts. Disease specific funding fluctuates according to the political climate and according to the incidence of a disease in the general population. As a result, funding for tracking in unstable. To fully realize the possibilities of tracking projects, tracking needs to be conceptualized as an integral part of the infrastructure of the migrant health care system. A comprehensive tracking project could weave the individual efforts of health care providers into unified health care strategy for each patient. Such a project could maximize the benefits of the work performed by individual clinics while reducing each clinic's costs. But these benefits can only be realized if tracking becomes funded as an essential component of the migrant health delivery system's infrastructure.

A comprehensive tracking project could make further improvements on the success of existing tracking projects. The existing tracking projects tend to direct patients towards a single type of health resource. One project may guide patients towards the

treatment offered by county health departments, while other projects may rely heavily on the services provided by migrant and community health centers. But migrant farmworkers seek health care from a broad spectrum of providers. Currently, migrant and community health centers provide health care to approximately 20% of the eligible population. If providers outside of community clinics started to identify their migrant patients and enroll them into a comprehensive tracking project, the tracking program could help the enrolled patients take full advantage of all the resources available to them.

Existing tracking projects demonstrate the potential of providing continuity of care services to migrant populations. The trailblazing work of the projects opens new horizons in migrant health care. Migrant farmworkers and their families benefit significantly from continuity of care services. The next step is to create a comprehensive tracking project that assures continuity of care for all their health care needs. This project will need to be supported by a diversified base of non-disease specific funding from private, state and national sources. This funding needs to become an integral component of the migrant health care system. A comprehensive tracking project can improve the cost-effectiveness of clinics and expand the range of health care options that are available to migrant farmworkers.