

Site Visit Report Template

National Training and Technical Assistance Cooperative Agreement Site Visit Report

TA Request Details

TA Request Number: TA005588

Grantee Information: Migrant Clinicians Network (MCN)
1001 Land Creek Cove
Austin, TX 78746-6827

Contact: Theresa Lyons-Clampitt, Senior Program Manager
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Type of Visit: NCA Verification Site Visit

Date(s) of Visit: September 10-11, 2019

Consultant: Pat Fairchild
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Site Visit Participants

Name	Title	Interviewed	Entrance Conference	Exit Conference
Individual's Full Name	Role (e.g., at NCA)	Yes or No	Yes or No	Yes or No
Karen Mountain	CEO	Yes	Yes	Yes
Theresa Lyons-Clampitt	Senior Program Manager	Yes	Yes	Yes
Jillian Hopewell	Director of Education and Communication	Yes	Yes	Yes
Elaine Penn	Chief Financial Officer	Yes	Yes	No
Deliana Garcia	Director of International Projects and Emerging Issues	Yes	Yes	Yes

Name	Title	Interviewed	Entrance Conference	Exit Conference
Laszlo Madaras	Chief Medical Officer	Video Conference	Video Conference	No
Amy Liebman	Director of Environmental and Occupational Health	Video Conference	Video Conference	No
Saul Delgado	Health Network Data Specialist	Yes	Yes	Yes
Gayle Thomas,	Board Chair	Video Conference	No	No
Candace Kugel	Clinical Specialist	Video Conference	No	No
Martha Alvarado	Project Coordinator, Online Education & Training	Video Conference	No	No
Nellie Salgado de Snyder	Visiting Fellow	Yes	No	No
Evelyn Clingerman	MCN Board Member	No	No	Video Conference
Gladys Cate	Project Officer	Yes	Yes	Yes
Patricia Fairchild	Consultant	Yes	Yes	Yes

Purpose of Visit

The NCA site visit is conducted once per project period to review and assess activities, share key accomplishments, and identify promising practices in supporting the T/TA needs of health centers.

Program Requirement Verification Review Summary

Program Verification Review (NCA Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)	Verification Status	Task Questions Used to Verify (NCA Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)
Special and Vulnerable Populations NCAs Goal areas: 1) increase the number of	Verified	Pre-site review: Goals 1, 2, 3 & optional goal, as applicable (and associated activities) questions

Program Verification Review (NCA Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)	Verification Status	Task Questions Used to Verify (NCA Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)
special and vulnerable population patients serviced by health centers; 2) decrease the % of patients with uncontrolled diabetes; and 3) increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation and food security		Onsite review: Goal 1, 2, 3 & optional goal as applicable

[Program Verification Review Details](#)

Section 1: Goal 1

Goal 1: Increase Access to Care

Activity: Learning Collaborative - Health Network

Verification Status (Verified or Not Verified): Verified

Verification Review Findings:

Migrant Clinicians Network’s (MCN) Health Network is a long-standing successful program that tracks and manages mobile patients, including Migratory and Seasonal Agricultural Workers (MSAWs), requiring follow-up and consistent treatment as they move and change providers. Health Network manages patients with a broad range of health concerns including tuberculosis (TB), diabetes, HIV, pregnancy, behavioral health, and other conditions. For the current National Cooperative Agreement (NCA) project period, MCN’s goals were to expand the number of health centers utilizing Health Network as well as the number of patients enrolled. MCN has exceeded its goals in both of these areas. However, staff notes that some states and health centers serving large numbers of mobile patients are not using Health Network. Further, staff turnover at health centers means that regular contact and training with health centers are required to continue a high level of participation.

MCN’s success in expanding use of Health Network brings challenges. Specifically, increases in utilization require expanding care coordination staff and supportive resources. Because MCN has

had level funding for its NCA activities for several years, expanding staff to meet demand, particularly during peak periods, is an ongoing challenge.

MCN's evaluation of Health Network documents the success of its systems in tracking patients, closing of cases, providing feedback to referring health centers, and the impact on health outcomes. MCN has done less evaluation on Health Network's financial value to funders and organizations.

Actions Recommended for Improvement:

1. Continue and expand efforts to target specific states and/or key health centers that are not utilizing Health Network.
2. Consider applying Return on Investment (ROI) methodologies to demonstrate the value of Health Network to the Health Resources and Services Administration (HRSA), other potential funders, and health centers.

Goal 1: Increase Access to Care

Activity: National Audience - Clinical and Emerging Issues Training and Technical Assistance (T/TA)

Verification Status (Verified or Not Verified): Verified

Verification Review Findings:

This activity provides T/TA for health centers and clinicians serving MSAWs as well as other mobile populations. T/TA is provided through individual consultation, virtual and in-person training sessions, and development/dissemination of publications (e.g., MCN's Streamline) on emerging and key topics, such as Patient Centered Medical Home (PCMH), cultural competency, clinical systems, and general migrant health emergent issues. MCN routinely and significantly exceeds its goals for this activity. Evaluation is tailored to the specific type of T/TA intervention or publication. MCN is currently developing a new approach to better evaluate its individual TA offerings.

Actions Recommended for Improvement:

None

Section 2: Goal 2

Goal 2: Improve Health Outcomes

Activity: Learning Collaborative - Coordination of NCA Task Force on Diabetes Care

Verification Status (Verified or Not Verified): Verified

Verification Review Findings:

Rates of uncontrolled diabetes (i.e., percentage of people diagnosed with diabetes who have an A1c above 9) among health center patients have been trending in the wrong direction (2015 baseline was 29.8%; 2018 reported data is 32.79%). MCN is the lead organization for the NCA Diabetes Task Force. The goal of the task force is to improve diabetes care and outcomes among special and vulnerable populations served by health centers. The task force includes 13 NCAs focusing on special and vulnerable populations as well as the NCA focused on oral health. As the lead organization for the task force, MCN has been responsible for organizing and facilitating the task force to avoid duplication among NCAs and to bring a coordinated voice to issues facing special and vulnerable populations related to diabetes care. MCN also provides clinical expertise related to diabetes care needs among mobile populations.

MCN has accomplished its coordination goal. Several virtual and two in-person sessions were conducted among the participating NCAs, resulting in coordinated educational resources, training sessions and learning collaboratives as well as clinical groups focusing on the needs of special and vulnerable populations. MCN noted that an additional benefit of the task force was connecting with national organizations, such as the American Diabetes Association and Centers for Disease Control and Prevention (CDC) to highlight the unique needs of special and vulnerable populations with a unified voice for health centers.

Actions Recommended for Improvement:

None

Goal 2: Improve Health Outcomes

Activity: National Audience - Performance Analysis 101 for Diabetes

Verification Status (Verified or Not Verified): Verified

Verification Review Findings:

As planned, MCN conducted a webinar in May 2019 to train staff working with agricultural workers and other mobile populations about the HRSA Diabetes Quality Improvement Initiative and the Performance Analysis that occurs during Operational Site Visits (OSVs). The webinar was attended live by 88 participants. MCN has not tabulated how many people viewed the webinar online post-session.

As with many online training sessions held by MCN and other NCAs, response rates on post-session evaluations have been low. MCN sent a link to the evaluation post-session to all who attended. However, only 21% of attendees responded.

Note: Low evaluation response rates are for webinars and other virtual T/TA sessions. Learning collaboratives generally achieve good response rates. For its learning collaboratives, MCN conducts pre/post tests to measure change in knowledge and behavior as well as evaluating each session. To measure change, MCN has tried evaluating its learning collaboratives both with

pre/post tests and, more recently, with a retroactive pre/post-test, in which the participants self-assess changes in their knowledge after completion of the collaborative. MCN believes the latter method produces more accurate results.

Actions Recommended for Improvement:

1. MCN’s virtual training sessions are archived and available to everyone free of charge through the MCN website. However, MCN does not routinely collect/report the number of people who access its virtual training after the live presentation. As a result, actual participation in MCN’s online training is understated. It is recommended that MCN track and report people who access and complete its webinars and other online trainings for a period of at least six months after the live session.
2. MCN received very positive evaluations on this webinar but had a low response rate. Other online trainings have also had lower than optimal response rates. It is recommended that MCN research different approaches to evaluating its virtual offerings, including consulting with other NCAs and reviewing the current literature on online training evaluations.

Section 3: Optional Goal 4

Goal 4: Improve Health Outcomes and Disparities for Hypertension Control

Activity: Learning Collaborative - Hypertension Extension for Community Health Care Outcomes (ECHO) Clinics for Community Health Workers (CHWs)

Verification Status (Verified or Not Verified): Verified

Verification Review Findings:

In both years 1 and 2, MCN conducted an ECHO clinic learning collaborative for Spanish-speaking CHWs. The goal of the collaborative in both years was to improve the capacity of Spanish-speaking CHWs to deliver outreach and education services. The collaborative addressed both diabetes and hypertension. MCN worked closely with MHP Salud, another NCA, on this collaborative. Each year of the collaborative had a different group of CHWs and a different curriculum. MCN plans to continue the collaborative in year 3 with a specific focus on patient education material.

In addition to providing CHWs with knowledge about diabetes and hypertension in Spanish, the collaborative had some additional benefits for CHWs. While they were learning content, many participating CHWs were also participating in a virtual learning platform for the first time and were learning many new skills related to computers and web-based learning. MCN’s lead on this activity spent significant amounts of time coaching participants on use of technology to ensure their full participation. The collaboratives also served as a professional development opportunity for some of the participants. A couple of the participants from the year 1 series became faculty for the year 2 series.

To evaluate this collaborative in year two, MCN used a retroactive approach to assessing knowledge change, which it believes is very effective. See Goal 2, National Audience Activity above.

Actions Recommended for Improvement:

None

Goal 4: Improve Health Outcomes and Disparities for Hypertension Control

Activity: National Audience - Clinical Management of Hypertension in Mobile Patients

Verification Status (Verified or Not Verified): Verified

Verification Review Findings:

Following the devastation of Puerto Rico (PR) by hurricanes Irma and Maria in 2017, many lessons were learned about managing hypertension and other illnesses during and after disasters. MCN partnered with its PR-based clinical consultant to provide a national training in Spanish on managing hypertension during emergencies. Fifty-eight people participated in one of two virtual trainings, which were conducted in August 2018. Evaluations were conducted post-session and, unlike some virtual trainings, response rates were very good (62%).

Actions Recommended for Improvement:

None

Section 4: Goal 3

Goal 3: Promote Health Equity

Activity: Learning Collaborative - National Nurse-Led Care Consortium (NNCC) Learning Collaborative

Verification Status (Verified or Not Verified): Verified

Verification Review Findings:

MCN collaborated with NNCC, another NCA, on this learning collaborative. MCN spoke highly of NNCC and said the collaboration was very positive and productive. The goal of the learning collaborative was the development/strengthening of care teams for effective patient engagement. A sub-goal was to include both representatives of urban public housing programs and rural M/SAW programs for cross-learning. Interest in the collaborative was high with 29 organizations applying for and accepted to participate (target was 10). MCN noted the group was too large for effective discussion and did not fully engage verbally with their peers or presenters, so some of the benefits of the collaborative were diminished. On the positive side, it felt the

participation of care teams was productive and led to implementation. Lessons from the first year of the collaborative are being applied to the design of the second year.

Because excellent tools exist related to patient engagement, MCN utilized many of these for the collaborative, adapting and translating them for its target audience. Evaluation was pre/post self-assessment. MCN currently prefers a self-assessment of knowledge change that is administered only at the completion of the collaborative. See Goal 2, National Audience Activity above.

Actions Recommended for Improvement:

None

Goal 3: Improving Health Equity

Activity: National Audience - Occupational Health Issues in the Context of Primary Care

Verification Status (Verified or Not Verified): Verified

Verification Review Findings:

MCN has a long history of working with health centers and agricultural workers to address occupational health risks inherent in agricultural work. This activity is only a small portion of MCN's work in this area and focuses on developing the clinical capacity of health centers to address occupational health issues within the context of primary care. Specifically, MCN provided T/TA related to occupational health in primary care during the project period through a variety of mechanisms, including two articles in Streamline, inclusion of occupational health issues in some of its online training and in-person training, and direct technical assistance with health centers and other groups. Evaluations are conducted for all T/TA using different methods appropriate to the intervention.

Actions Recommended for Improvement:

None

Section 5. Innovative/Promising Practices

1. **Linked database and Smart Sheet:** MCN's Health Network manages the clinical care of patients with complex illness and, therefore, has extensive personal health information (PHI) in its files that must be protected. MCN also provides T/TA and disseminates publications and participates in social media with thousands of individuals and organizations. MCN has developed a database that has two separate but linked components, which enables it to merge contact information and track activities across individuals and organizations while protecting PHI. Data populates a Smart Sheet that

enables MCN to concisely and graphically display consolidated information on all its activities and impact.

2. **Multi-level learning platform for learning collaboratives:** For some of its learning collaboratives, MCN has adopted an approach that utilizes multiple platforms to support participant learning. In addition to interactive web sessions for its live learning, MCN is using public domain applications (Moodle) to support tracking participant assignments, dialogue with peers and instructors/facilitators, and other participant learning between sessions. MCN has found this approach advances participant learning and makes the live sessions more productive.
3. **Health Network staff support:** MCN's Health Network is, in its entirety, a best practice for managing health care for mobile patients with health issues that require closely monitoring as patients move. This program has been in place for many years, and its capabilities have been documented. One aspect of Health Network that is less well-known is the work MCN is doing to support its own staff who may experience stress and burnout managing complex patients in difficult life situations. MCN has a collaboration with the University of Texas at Austin School of Social Work through which MCN Health Network staff can access faculty via telephone for listening and support. MCN also has a partnership with the Witnessing Project, which enables providers and CHWs working in high-stress situations (such as responding to the California Camp Fire) to contact licensed clinical specialists volunteering with the American Family Therapy Academy (AFTA) for support via phone or video. Volunteers provide three-to-four listening sessions and an individualized toolkit to manage stress. MCN is also conducting a two-part national webinar on this topic.

Section 6. Targeted TA Recommendations

Summary of recommendations included in verification review:

1. Continue and expand efforts to target states and/or key health centers that are not utilizing Health Network.
2. Consider applying ROI methodologies to demonstrate the value of Health Network to HRSA, other potential funders, and health centers.
3. Routinely track and report people who access and complete webinars and other online training for a period of at least six months after the live session.
4. Research different approaches for evaluating virtual T/TA, including consulting with other NCAs and reviewing the current literature on online training evaluations.

Additional recommendations:

1. Review with the HRSA Project Officer current HRSA guidelines for crediting NCA funding on MCN's website and make adjustments as indicated.

Section 7. Budget Review

MCN is expending its initially-allocated budget (\$1,094,709.00) as projected and expects to fully expend funds within the project period. Currently, the NCA award comprises 44% of MCN's total budget. MCN receives about 30% of its funding from foundations and is able to leverage much of that funding for the benefit of health centers. MCN did not receive any supplemental awards. No NCA funds are used for purposes outside the agreed-upon NCA work plan. MCN has no contracts under its NCA. However, MCN has comprehensive procurement and contract monitoring policies and procedures that would support contract management if needed by the NCA.

In budget discussions, MCN noted that costs associated with NCA collaborative activities, such as the Needs Assessment and National Resource Center, have significantly exceeded what was planned for in its budget. Significant costs include both staff time and travel expenses for joint meetings. MCN has tried to control costs by attending some meetings virtually but has found that to be difficult due to the length and format of the meetings.

NCA staff currently allocate their time to the NCA based on actual time spent. Time is recorded daily on a standardized timesheet and approved by each person's supervisor on a bi-weekly basis.

MCN has a publication plan that clearly defines which publications, and even subparts of publications, are supported with NCA funds. HRSA support is credited on relevant publications or sections of publications and MCN's website. However, HRSA support was not immediately visible to the reviewer the website.

All publications are housed on the MCN website, www.migrantclinician.org. Listings of available publications with links back to the MCN website are provided on the National Resources Center (NRC) Clearinghouse website housed on the National Association of Community Health Centers' (NACHC) site, www.healthcenterinfo.org. Publications are available free of charge to everyone. MCN tracks views and downloads on its website.

Documents Reviewed

BPHC Documents	NCA Documents
<ol style="list-style-type: none"> 1. FY 2017 NCA Notice of Funding Opportunity (NOFO) <u> X </u> 2. Competing cooperative agreement application <u> X </u> 3. HRSA-Initiated Supplemental Funding Opportunity or Federal Register Notices (FRN) (if applicable) <u> </u> 4. All work plans from the current project period <u> X </u> 5. Year 1 and year 2 Progress Reports <u> X </u> 6. Federal Financial Report (SF-425) for the current budget period Most recent budget narrative and staffing plan <u> X </u> 	<ol style="list-style-type: none"> 1. NCA website <u> X </u> 2. Most recent organization chart, staffing plan, position descriptions, and staffing bios <u> X </u> 3. Needs assessment documents* <u> X </u> 4. Documentation of two (2) sample T/TA activities from each of the required goals and metrics per NCA type. Depending on the NCA type, two (2) to fourteen (14) sample TA activities are expected.¹ <u> X </u> <p style="margin-left: 40px;">T/TA activities documentation should include:</p> <ol style="list-style-type: none"> i. Course Evaluations <u> X </u> ii. Attendance records <u> X </u> iii. All materials shared with participants including: slide deck, handouts, course materials, etc. <u> X </u> 5. Statement of work and budget for contracts paid with BPHC funding for each budget period within the current project period. <u> X </u> 6. Work plans related to any approved supplemental funding activity (if applicable). <u> </u> 7. All publication plans with links to posted publications for the current project period. Consultant should document that the provided publication links are active and accessible to the widest possible audience. <u> X </u>

Provide a list of any additional documents reviewed prior to and/or during the Site Visit:

Document Title	Web Site Link (if applicable)	Date	Document Purpose	Review Purpose
N/A				

¹ NCA documentation of “optional” goals and metrics can be provided and reviewed during the site visit, but only as an addition to documentation of activities related to the NCA type “required” goals and metrics.