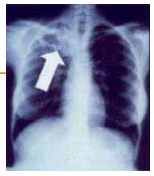
Tuberculosis Community Partnership



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TB Updates for the Community: Partnering to Eliminate TB July 21, 2009

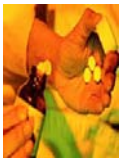
Overview

- Various TB Management Relationships in Texas – benefits, drawbacks of each
- How to start a community partnership
- Effect of TB rates with a community partnership
- Impact on disease reporting
- Next steps

Management of TB in Texas

- Primary Care Managed
  - Benefits:
    - •trusted by patient,
    - •full spectrum care,
    - •locally available,
    - •affordable for insured or sliding scale,
    - •complications managed locally and quickly
  - Drawbacks:
    - •difficult to locate in rural areas,
    - •uninsured difficult to access,
    - •Follow medical care model (not public health),
    - •doctors see TB rarely and not comfortable managing, don't follow standard of care.

Management of TB in Texas



- Public Health Model
  - Benefits
  - •Know Standard of Care of TB management
  - •Know public health law/quarantine regulations
  - •Know TB resources in community, statewide and national
  - •Staff knowledgeable to do full investigation and DOT
  - •Resources available to all regardless of nationality or financial situation
  - Drawbacks
  - •"super sub-specialty" care, not full scope health care
  - •Patients not overly trusting of "government" health care
  - •Limited number of physicians in public health (shrinking area)

Management of TB in Texas

- Community Partnership
  - –Benefits:
  - •Private MD sees public health as a referral area (not only a consultant). System in place for referrals in most practices.
  - •Reduces private MD liability concerns
  - •Encourages private MD to interact with public health more regularly.
  - •Reporting increases
  - •Public health establishes a place for referral for other patients in community.
  - •Educates private docs on TB (and other public health issues).
  - Drawbacks:
  - •Private medical community does not learn to manage cases.
  - •Requires MD in public health to be certain management able to be done with local system.

Community Partnership

- Write community specific guidelines to include:

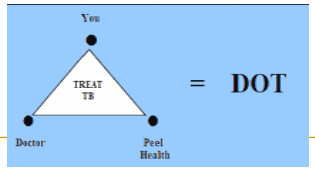
–when to skin test,
–when to order CXR's,
–when to order LTBI,
–when to "clear" people to go to school/work/shelter (how to document it)
–what to do with a TB suspect/case, including mask isolation and referral to public health (regardless of insurance or funding status)

- Public health to be the "expert" with regard to TB assessments
- Know own limitations and when to request consult from others (TB Heartland Center)

- Develop system to keep primary care physician "in the loop"–Written notes, phone calls, follow up appointments, etc.
- Patient should be informed overall health care has not "transferred" to public health, only TB.–If no, PCP, refer to one based on need and availability.
- Public health physician should feel supported in his/her effort to manage all TB cases through out completion of therapy by public health system.

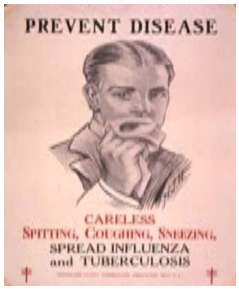
Example of Community Partnership

- LHD TB program filling DOT and other orders from PCP's and ID docs in community without regard to standard of care or consult. (PH not the "experts")
- •Patients were often over-treated or under-treated if symptoms/CXR resolved quickly (routine medical model)
- •TB skin tests were required to be positive to be a TB suspect
- •Often, suspects not placed in isolation or started on meds unless cultures positive.



Example of Community Partnership

- Not all patients were DOT (up to PCP and his/her determination of patient's ability to be reliable)
- Not all TB patients had contact investigations.
- Public health good at caring for indigent, not for insured.
- Private docs did not do LTBI.
- Pregnant patient care was deferred to OB (LTBI case found active during c-section delivery)



Example of Community Partnership - Benefits

- Following improved:
- Private MD's appreciative of involvement/assistance
- Patients got consistent care regardless of funding.
- Increased numbers of reports
- TB staff received consistent orders, able to readily report adverse reactions, problems, etc.
- Increased number of court ordered quarantine cases
- LHD interaction with state improved due to consistent reporting, completion and submission of TB 400's
- Improved tracking of cases, epidemiological investigations, statistics (important for funding formula)

Effects on TB Rates

- TB rates locally increased
- –Able to track cases better
- –Case definitions improved
- –More clinical cases
- –More HIV testing (requirement)
- –More pediatric cases found
- –More non-pulmonary cases identified
- –Able to provide public information on TB rates, risk, etc

Effects on Disease Reporting

- •"Spill over" effect.
- –More TB cases, more HIV testing, more STD testing, more issues with regard to special populations…impacted public health overall
- •Increased public awareness of TB due to "high profile" cases in school, workplace, etc.
- –More awareness leads to more reporting

Conclusion

- Various TB Management Relationships in Texas
- –Benefits, Drawbacks of each
- –Primary Care/Medical Model
- –Public Health Model
- –Community Partnership Model
- Increase TB rates
- Increase of disease reporting

Acknowledgement

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