

Regionalization of TB Specialty Clinics in NJ

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Infrastructure of the NJ TB Program

TB clinical services are provided for residents of 115 separate health jurisdictions in 21 county chest clinics

These local clinics are supported by six (6) regional TB specialty clinics available for referrals

Each county has at least one designated TB nurse case manager

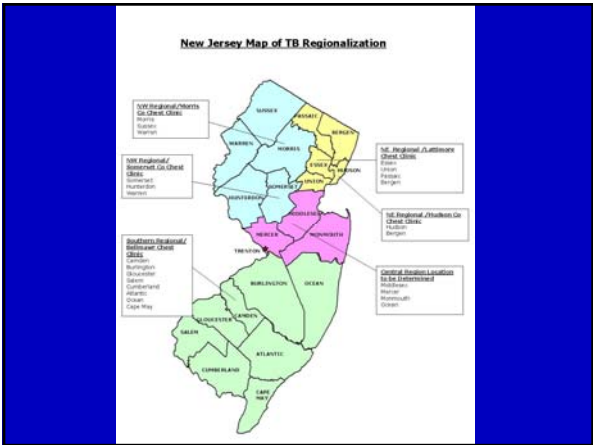
High incidence counties have lay outreach workers, but most counties do not have these resources

Development of Regional Chest Clinics

- In 2004, the NJDHSS TB Program began developing the regional TB clinic concept to address the findings of an independent program review
- During this collaborative process, meetings were held with
 - “expert “ physicians
 - local health officers and hospital administrators
 - nurse case managers
- Regional specialty clinic sites were chosen from among existing county chest clinics
- The implementation phase will end when a sixth county clinic transitions to providing regional services in 2010

Six Regional Specialty TB Clinics In NJ

- The clinics are located as follows:
 - Northern NJ
 - Lattimore Practice, Newark
 - Hudson Co. Chest Clinic, Jersey City
 - Morris Co. Chest Clinic, Morristown
 - Central NJ
 - Somerset Co. Chest Clinic, Somerville
 - Middlesex Co. Chest Clinic, Edison (to be operational in 2010)
 - Southern NJ
 - Camden Co. Regional Specialty Clinic, Bellmawr



Purpose of the Regional Specialty Clinics

To provide expertise in the diagnosis, treatment, medical management & nurse case management of TB and LTBI

Provision of these services are flexible:

- Medical management may continue throughout treatment
- One time and/or periodic MD consultation may be provided over the course of treatment
- Consultation via telephone regarding TB diagnosis, treatment & medical management is available
- Nurse case management consultation is available for pediatric cases/contacts & patients who are experiencing difficulties with treatment or non-adherence

Eligibility

- The following individuals may be referred to a regional clinic:
 - TB cases/suspects
 - Contacts to infectious or potentially infectious TB
 - High risk reactors
 - Recent arrivals with Class B1 or B2 status
- Patients may go to any of the regional clinics
 - The decision is based upon MD availability, special circumstances, nurse case manager and patient preference or nurse consultants decision

“Recommended Referrals”

It is recommended that patients with the following conditions be referred to a Regional TB Specialty Clinic for consultation and/or medical management:

- MDR or XDR-TB
- Co-existing HIV infection or AIDS
- Drug-induced hepatitis
- Anticipated Rx of any second-line anti-TB drug
- Adverse effects or intolerance to medications
- Treatment failure
- Disease reactivation
- Poor response to treatment
- Any TB case/suspect identified by the NJDHSS Nurse Consultant

Clinical Services

Clinical services available at regional sites include:

- Expert physicians, including pediatric ID specialist (2 sites)
- Sputum induction
- On-site chest x-ray
- QuantIFERON-TB Gold (in-tube) testing
- Laboratory courier service
- Infusion therapy

Responsibilities

- To achieve successful referrals and maximum benefit for the patient, it is important that all parties involved understand and accept their responsibilities in the process
- Roles need to be redefined periodically
- Requires close collaboration with NJDHSS TB Program staff
- Poor communication between the referring jurisdiction and the regional clinic can endanger the patient

Responsibilities of Nurse Case Manager Making the Referral

- Identify the need
- Educate the patient/family
- Obtain an appointment
- Identify and remove
- Determine transportation needs
- Fax or send the medical record, including the radiographic films
- Complete the Referral to Specialty Clinic
- Accompany the patient

Responsibilities of the Regional TB Clinic Physician and Nurse Case Manager

- Review the medical record
- Medically evaluate the patient and schedule follow-up visits and/or consult with referring MD
- Discuss treatment plan with patient and referring nurse case manager/physician
- Fax or send documentation of visit

Responsibilities of NJDHSS TB Program

- Facilitate the referral, if necessary
- Pick up and deliver medical records and radiographs to regional clinic upon request
- Provide transportation
- Accompany the patient and/or nurse case manager if necessary
- Provide consultation to nurse case managers regarding issues that arise during the treatment and/or referral process

Advantages of Regional Specialty Clinics

- Referrals ensure the preservation of MD and nursing expertise despite decreasing disease incidence
- Specialty services are available to all NJ residents
- Regional services improve the timeliness and quality of care provided (more clinical sessions and increased physician expertise than in low incidence counties)
- Regional specialty clinic services have been successfully marketed to private medical providers

Advantages of Regional Specialty Clinics

- All patients are case managed locally and some are medically managed locally once a diagnosis is made, unless on-going specialty care is required
- New diagnostic technologies and treatment modalities can be made available to all residents at minimal cost due to a limited number of implementation sites
- \$201K in additional local investment in TB has been realized since the implementation of regional clinic operations
- The number of specialty clinics may be decreased if financially necessary without limiting access to expert care, as long as transportation resources are maintained

Challenges to Regional Clinic Operations

- Communication

The most significant threat to successful regional clinic operations is communication between the regional clinic and the referring jurisdiction

- Time & Travel

Provision of transportation by the NJDHSS TB Program generally serves to overcome this barrier for patients, but this is also an issue for staff in both the regional clinic and the referring jurisdiction

- Adequate Funding

Always a threat, if the number of regional clinics decrease, time and travel will become a more significant issue

Numbers of Patients Seen Per Year in Northern, Central, and Southern Regional Specialty Clinics

<u>Year (#cases)</u>	<u>Northern</u>	<u>Central</u>	<u>Southern</u>
2006 (508)	59 (330)	- (95)	- (83)
2007 (467)	154 (289)	16 (101)	7 (77)
2008 (422)	188 (270)	22 (92)	25 (60)
2009 (405)	224 (261)	30 (82)	32 (62)
2010 (Jan- June)	130	17	19

Summary



- All patients have expressed gratitude and satisfaction with the services they have received at the regional chest clinics. Most opt to remain under the care of the regional physician despite the travel and time
- County nurse case managers have also expressed gratitude for the expertise available to them and their patients
- As nurse consultants, we are extremely grateful for the ability to obtain expert medical TB care and treatment for those who present challenges during the course of treatment
- Treatment outcomes have been improved