

Treating the  
Patient with  
Tuberculosis

# Guidelines for Collaborating with Community Physicians



New Jersey  
Medical School  
**National  
Tuberculosis  
Center**

*A Founding Component of the International Center for Public Health*  
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.....Treating the  
.....Patient with  
.....Tuberculosis.

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## Preface

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In 1999 the New Jersey Medical School National Tuberculosis Center (NTBC) designed a plan to facilitate the collaboration and communication between the TB Center and physicians in the community who care for patients with tuberculosis. The objectives were to ensure that all TB suspects and cases were:

- Identified/reported quickly by physicians in the community
- Treated according to ATS/CDC guidelines
- Monitored regularly for treatment effectiveness, potential medication side effects, and adverse drug reactions
- Afforded access to all services essential for the treatment of TB including contact investigation, sputum collection, x-rays, laboratory analysis, medication, and referrals

To accomplish the goals of early identification and treatment and initiation of directly observed therapy, guidelines were established and a series of forms and letters were designed to streamline the communication process. The results have been very rewarding and this approach has been successful.

This handbook is intended for use by state and local health departments who may wish to enhance elements of their TB control programs that require collaboration with healthcare providers practicing in the community.

## Introduction

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The following handbook is designed for use by state and local health department personnel who manage TB control programs. Assuring that essential health services are available community-wide and keeping private healthcare providers informed about the proper management of TB is a core function of public health. Regardless of who provides the medical management for an individual with tuberculosis, it is health department personnel who are ultimately responsible for disease prevention and control. Strong collaboration and effective communication between the public and private sectors removes barriers and fosters achievement of public health objectives. We recognize that certain aspects of TB control differ from state to state and depend on local laws; however, the content of this handbook can be adapted for general use.

This handbook contains templates for forms and letters to facilitate communication and accurately record patient progress. It is accompanied by a CD-ROM so forms and letters can be printed on agency letterhead and personalized according to available services and appropriate job titles.

## Steps in TB Case Management

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Treatment of a person diagnosed with tuberculosis requires a proactive approach in which various measures are used to address aspects of the individual's care. The use of a case management system helps ensure high quality, cost effective healthcare and the achievement of anticipated patient outcomes. While this process is initiated in the public sector, it serves to link health departments and TB control programs to the primary care providers in the community. This can be seen in the steps that follow.

1. Report of a TB case or suspect may be generated by a hospital infection control department, a clinical laboratory (smear or culture results), or a private physician. Once a TB patient has been identified, the case manager communicates with the diagnosing physician, describes the available TB case management services, and encourages collaboration with the TB control agency. However, if the physician is not interested in collaborating in the patient's care, certain case management activities and the monitoring of treatment outcomes are still the responsibility of the TB control agency.
2. The case manager sends the physician information confirming the agreement to collaborate in the treatment of the patient, including details of services provided, i.e., directly observed therapy (DOT), sputum collection, request for written orders for medication, and a summary of TB treatment to date, i.e., results of the tuberculin skin test (TST), chest x-ray, and sputum smears and cultures.
3. Since the goal is to evaluate the patient and initiate DOT as soon as possible after receiving the referral information, the case manager visits the patient to make an initial assessment, obtains written agreement from the patient for DOT, and introduces the assigned field staff member to the patient and family. Throughout the course of treatment, the case manager maintains close communication with the patient and family, the private doctor, and field staff who provide DOT to ensure that all aspects of the patient's care are implemented in an appropriate time frame.
4. Regardless of who is providing direct care to the TB patient, the case manager should obtain information about the patient's status and update this data periodically, reporting it to the appropriate department at the state level. Collaboration and cooperation between the TB control agency and the healthcare provider make this activity easier.

## Initial Communication with Physician

TB control agencies are required to verify information regarding diagnosis and treatment and update that information at specific intervals. As soon as a report of a TB case or suspect is received, the diagnosing physician should be contacted by telephone.

The initial contact with a physician treating a TB suspect or case establishes the groundwork for future interactions and can influence the outcome of the patient's treatment. The following script can be used as a guide for the case manager to suggest collaboration and describe available services. Recognizing that collaboration between the TB control agency and community physicians is optional, this initial contact is an opportunity to advise physicians about state regulations, current treatment recommendations, and their obligations when treating a person with tuberculosis.



## Template: Script for Contacting Private Physician

---

Hello, my name is \_\_\_\_\_ from \_\_\_\_\_.

I'm calling in reference to your patient \_\_\_\_\_.

He/she was reported by <hospital infection control nurse, state or local TB program, laboratory> as a TB case or suspect. The <agency> would like to collaborate with you in caring for this patient. We can offer the following services:

- Case management
- Directly observed therapy
- Field staff and support services
- Sputum collection and results

These services will improve the chances that <patient's name> will complete the course of treatment for TB and therefore, stop the spread of the disease. Of course, since you will be providing the medical management of this patient, he/she will come to your office on a regular basis. We ask that you provide a monthly update on a simple form that we will provide. Our office will communicate with you on a regular basis and mail you an update of the patient's progress. By keeping the lines of communication open, we hope to identify any problems or barriers that may arise and deal with them before they become major obstacles.

We realize that in a busy practice time is an important issue. We have streamlined the forms we use to avoid unnecessary phone calls to you and your staff members.

## Letter of Introduction to the Private Physician

The following letter is a follow up or confirmation of the initial verbal communication with the physician. It can be adapted by inserting the name of your agency where appropriate. Where specific services are listed, you may add or delete items to accurately reflect the services you provide.

Letters should be followed by another telephone call to insure that the doctor received the letter and will respond with the needed information in a reasonable timeframe. In addition, a phone call demonstrates interest and personalizes the communication. The importance of communicating with the private physician cannot be overstated and the sooner the lines of communication have been established, the better.

# Template: Letter of Introduction to Private Physician

---

Dear Dr. \_\_\_\_\_,

Your patient, \_\_\_\_\_ has been identified as a TB suspect or a TB case. The <name of agency> would like to collaborate with you in the care of this patient by offering the following services:

- Medical consultation
- Case management
- Outreach services including directly observed therapy (DOT)
- Sputum collection as needed
- Appointment reminders and delinquency control
- State reporting

A home visit will be made by the <case manager> to orient the patient to the program, introduce the <field staff>, gather pertinent data, and provide education about TB and its treatment. A member of the field staff will observe the pouring and ingestion of the prescribed medication. If the patient should miss two consecutive days of DOT, we will notify your office. In addition, we will send you a monthly progress report for your records.

The main purpose of this collaboration is to ensure adherence to the TB medication regimen that you have prescribed and to identify barriers to completion of treatment. Our responsibility is to provide the necessary support services through case management. The patient is expected to visit your office for TB follow up as well as any other health problems.

To facilitate the patient's enrollment in this program, please complete the medical evaluation form enclosed and fax it to this office as soon as possible. The fax number is \_\_\_\_\_. The form includes:

- Name and dosage of TB medications
- Patient's medical history, TB skin test results, chest x-ray results, and bacteriology results
- List of any other medical problems and medications used for treatment

Please feel free to contact <case manager> at <name of agency> if you have any questions. The phone number is: \_\_\_\_\_

Thank you for your cooperation.

Sincerely,

<Case Manager>

## DOT Contract/Authorization to Release Medical Records

The patient's physician or Health Department notifies the patient about the decision to collaborate in their treatment for TB. It is suggested that the patient sign an agreement with the agency regarding DOT and outreach services and the transfer of medical records. This form then is used as a guide to explain the case management process and collaboration. It may be completed and signed at the doctor's office or at the initial visit with the case manager and serves as a behavioral contract between the patient and the agency.

In the process of gaining consent, the following issues can be addressed or reinforced:

- Extent of Health Department or agency involvement is delineated. (Care is limited to the treatment of tuberculosis and will be co-managed with patient's physician)
- Confidentiality will be strictly maintained
- Expectations/responsibilities of the patient and the healthcare provider are outlined
- DOT schedule is established

# Template: DOT Contract/Authorization to Release Medical Records

---

I, <name of patient> have been advised about the services provided by <name of agency> for the treatment of tuberculosis and agree to directly observed therapy (DOT).

I understand that TB is a contagious/infectious disease and requires treatment with several different medications for six or more months.

I understand that if I do not take the medications as directed, I may not get better, I may be a threat to the health of others, and I may require more medications for a longer period of time.

I understand that the <case manager> will make occasional home visits and that an <field worker> will observe me taking my TB medication. I will fill the prescription for TB medications that my doctor gives me each month and keep these medicines in my home.

I understand that I will follow up with my private physician on a monthly basis and that the case manager and outreach worker will communicate regularly with my doctor regarding my progress. I will tell my physician, the case manager and/or the outreach worker if I have any questions, concerns, or physical complaints.

I will notify the <case manager> if I will not be available at the designated place and time for DOT. The case manager can be reached at <phone number>.

I authorize the <name of agency> and <name of private physician> to release medical information regarding my treatment for tuberculosis.

---

Signature of patient or parent/guardian

Date

---

Signature of witness

Date

## Medical Evaluation at Initial Visit

When TB treatment is initiated, the patient's physician is asked to complete this form containing:

- Patient history
- Current symptoms
- Chest x-ray and laboratory findings
- Medications
- Baseline vital signs

This information is helpful in determining the patient's status as it relates to infectiousness and the precautions required. It will also assist the case manager in developing the plan of care and designing an educational plan for the individual patient

# Template: Medical Evaluation Form

---

## MEDICAL EVALUATION

Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sex:  Male  Female Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nurse: \_\_\_\_\_

Office Manager: \_\_\_\_\_

## CURRENT DIAGNOSIS

TB Suspect  Pulmonary TB  Non-Pulmonary TB (site): \_\_\_\_\_

## INITIAL/PRESENTING SYMPTOMS

Date of onset: \_\_\_\_\_

Fever  Decreased Appetite  Chills  Cough  
 Night Sweats  Expectoration  Fatigue  Hemoptysis  
 Weight Loss  Chest Pain

## HISTORY OF PRIOR TREATMENT

Latent TB Infection  TB Disease Dates of Previous Treatment: \_\_\_\_\_

Therapy Completed:  Yes  No

## MANTOUX TUBERCULIN TEST

Date Administered: \_\_\_\_\_ Date Read: \_\_\_\_\_ mm of induration: \_\_\_\_\_

## RADIOLOGIC EXAMINATION

Chest x-ray Date: \_\_\_\_\_ Results: \_\_\_\_\_

CT Scan Date: \_\_\_\_\_ Results: \_\_\_\_\_

**BACTERIOLOGY FINDINGS**

Lab Slip Date	Sensitivity Source	Lab Smear	Culture	Number	Pattern	Name
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**BASELINE BLOOD TESTS (WITHIN 30 DAYS)**

AST/SGOT (UL) \_\_\_\_\_ ALT/SGPT \_\_\_\_\_ Alkaline phosphatase \_\_\_\_\_  
Total Bilirubin \_\_\_\_\_ Direct Bilirubin \_\_\_\_\_  
Creatinine \_\_\_\_\_ Other \_\_\_\_\_

**PAST MEDICAL HISTORY**

- Diabetes
- Cancer
- Asthma
- Hypertension
- HIV Infection
- Other \_\_\_\_\_
- Pneumonia
- Allergies \_\_\_\_\_
- Alcohol
- Illicit Drug Use Type: \_\_\_\_\_

**BASELINE VITAL SIGNS**

Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_  
Visual Acuity: \_\_\_\_\_ Color Vision: \_\_\_\_\_  
Hearing: \_\_\_\_\_

**INITIAL TB MEDICATION REGIMEN**

**Date started:** \_\_\_\_\_

Isoniazid \_\_\_\_\_mg. Rifampin \_\_\_\_\_mg. Pyrazinamide \_\_\_\_\_mg. Ethambutol \_\_\_\_\_mg.  
Other(s): \_\_\_\_\_

**CURRENT MEDICATIONS (OTHER THAN FOR TB)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next scheduled appointment: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Nursing Assessment at Initial Visit

The nurse case manager would complete this assessment on all patients even though the private physician provides medical management.

It provides more in-depth information and a detailed social history that can help determine the need for referrals and potential barriers to adherence.

It is important to remember that social problems and other health issues can be barriers to effective TB treatment and completion of therapy. With knowledge of these issues, the nurse case manager can take a proactive approach and possibly prevent problems before they occur. All problems that are identified must be referred to the appropriate provider or agency.

The nurse case manager or healthcare provider will make an initial visit after the patient is discharged from the hospital. The Nursing Assessment Form can be completed at that time. This initial visit is very important because it is the start of a therapeutic relationship between the private sector patient and the institution providing the services.

If a member of the field staff has been assigned to the patient for DOT and outreach activities, he/she should accompany the case manager for the initial visit, making the introduction, and explaining the extent of services. The nursing assessment includes:

- Evaluation of environment
- Vital signs
- Need for sputum collection
- Knowledge of TB transmission, disease process, DOT, legal implication of non-adherence, if any, importance of adherence, and length of treatment
- Review of all other medications

# Template: Nursing Assessment Form

## NURSING ASSESSMENT

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Sex \_\_\_\_\_  
 \_\_\_\_\_ Race: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Primary language spoken: \_\_\_\_\_  
 Referred by: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

<b>VITAL SIGNS</b>	BP: _____	Weight: _____	Pain: _____
<b>ALLERGIES</b>	Drug: _____	Food: _____	Reaction: _____

History of present illness (narrative)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past medical/surgical history:

\_\_\_\_\_

History of treatment for TB or LTBI:

\_\_\_\_\_

MEDICATION	Dose	Route	Frequency

## TB SYMPTOMS/DATE OF ONSET

Cough: Productive \_\_\_\_\_ Non-productive \_\_\_\_\_  Sputum: \_\_\_\_\_  Hemoptysis: \_\_\_\_\_  
 Weight loss: \_\_\_\_\_  Decreased appetite: \_\_\_\_\_  
 Fever: \_\_\_\_\_  Night sweat: \_\_\_\_\_  
 Chill: \_\_\_\_\_  Fatigue: \_\_\_\_\_  
 Chest Pain: \_\_\_\_\_  Difficulty breathing: \_\_\_\_\_  
 Other: \_\_\_\_\_

## COGNITIVE – SENSORY – COMMUNICATION

Mental Status:  Alert  Oriented  
 Vision:  Normal  Impaired \_\_\_Left \_\_\_Right  
 Eyeglasses \_\_\_\_\_  
 Contact lenses \_\_\_\_\_  
 Hearing:  Normal  
 Impaired \_\_\_Left \_\_\_Right  
 Hearing aid  
 Speech:  Normal  Impaired

## ROLE/RELATIONSHIP PATTERN

Primary Support Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

If none, refer to social worker

## LIVING ARRANGEMENTS

Private House

Apartment

Lives alone

Elevator

Flights of Stairs

Homeless (*refer to social worker*)

Lives with \_\_\_\_\_

## ACTIVITY – EXERCISE

Ambulatory

Gait: \_\_\_Steady \_\_\_Unsteady

## NUTRITION

Nausea

Dentures:

Difficulty swallowing:

Vomiting

Upper  Lower  None

No  Fluids  Solids

Change in appetite

## RESPIRATORY

Respirations

Normal

Abnormal

## NURSING PROBLEMS

Altered respiratory status

Altered nutrition

Ineffective coping

Altered health maintenance

Altered communication

Potential for non-adherence

Anxiety

Cognitive impairment

Sleep pattern disturbance

Knowledge deficit \_\_\_disease process \_\_\_medication

Other \_\_\_\_\_

## RISK FACTORS

Cigarettes:  No  Yes Packs per day \_\_\_\_\_

Duration of use \_\_\_\_\_

Alcohol:  No  Yes Last used \_\_\_\_\_

Duration of use/Quantity \_\_\_\_\_

Substance Abuse:  No  Yes Type \_\_\_\_\_

Frequency \_\_\_\_\_ Amount \_\_\_\_\_

Last used \_\_\_\_\_ Duration of use \_\_\_\_\_

Treatment program \_\_\_\_\_

HIV status:  Positive  Negative  Unknown

## PATIENT EDUCATION

Disease process

Community services

DOT

Diagnostic procedures

Medications

Literature given

Initial understanding of treatment plan

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Update from Private Physician

The private physician is asked to use this form to provide a patient update after each office visit or as patient's condition or treatment changes.

This form can be used to monitor patients' medical appointments; if appointments are missed, follow up should be initiated immediately to determine the cause. The completed form documents the patient's current medical condition and any changes in the medication regimen.

The form can be given to the patient a day or two before the scheduled appointment, delivered to the physician's office by the DOT/ outreach worker, or faxed/mailed. This also serves as an appointment reminder for the patient and may help avoid missed appointments.

# Template: Medical Update Form

---

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**Symptoms:**

- |                                       |                                     |                                      |                                     |   |
|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Cough        | <input type="checkbox"/> Fever      | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Fatigue    | <input type="checkbox"/> Decreased appetite |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Hemoptysis | <input type="checkbox"/> Chills      | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Expectoration      |

Summary of most recent physical exam: \_\_\_\_\_ Date: \_\_\_\_\_

Weight: \_\_\_\_\_

Physical findings: \_\_\_\_\_  
\_\_\_\_\_

Medications: (Please renew prescriptions as necessary)

\_\_\_\_\_  
\_\_\_\_\_

Expected length of treatment \_\_\_\_\_

Expected date of completion \_\_\_\_\_

Laboratory results: (Please note any abnormal lab values)

\_\_\_\_\_

Chest x-ray results: (Please indicate results of most recent CXR)

\_\_\_\_\_

If patient is on ethambutol or streptomycin, please note the following:

Visual acuity \_\_\_\_\_ Color discrimination \_\_\_\_\_

Hearing \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date of next appointment \_\_\_\_\_

Signature of physician \_\_\_\_\_

## Monthly Update for Private Physician

The case manager sends updated information to the private physician using this form. It can be used to facilitate communication regarding the patient's monthly adherence rate or to alert the doctor to reactivation of symptoms or problems that should be resolved quickly to ensure treatment continuation.

This form can be used on a monthly basis, or if the physician prefers, the information can be conveyed via a telephone call. If feasible, the forms should be sent at the same time every month or just prior to the patient's office visit. This will alert the physician to the patient's progress, providing information regarding adherence rate and sputum conversion that may necessitate an adjustment to the medication regimen.



# Template: Monthly Update Form

---

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Adherence rate for the month of \_\_\_\_\_ is \_\_\_\_\_ %  $\left[ \frac{\text{\# of days meds taken}}{\text{number of days}} \right]$

Sputum results:

Specimen # \_\_\_\_\_ Date of collection: \_\_\_\_\_

Smear: \_\_\_\_\_ Culture: \_\_\_\_\_

Sensitivity: \_\_\_\_\_

Current medication regimen:

\_\_\_\_\_  
\_\_\_\_\_

Barriers to treatment identified:

\_\_\_\_\_  
\_\_\_\_\_

Other problems or concerns:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

## Documenting Directly Observed Therapy (DOT)

The individual who observes the patient ingesting TB medication should complete this form on a daily basis. Any adverse reactions should be reported to the nurse or physician for immediate follow up. However, if outreach staff provides DOT, they should be instructed to refer any serious drug reactions to the nearest hospital emergency room.



## Documenting Treatment Completion

At the time of treatment completion, a letter is given to the patient documenting the details of their treatment for TB or latent TB infection. A copy should be placed in the patient's clinical record and the patient should be instructed to keep this record with other important documents. They may need to provide evidence of TB skin testing and/or TB treatment for school, military service, or employment.

If treatment was not completed, the reason(s) should be indicated and the patient should be given documentation of skin testing, x-ray results and treatment recommendations as well as identifying information of health care provider.

# Template: Treatment Completion Letter

---

To Whom it May Concern:

\_\_\_\_\_ was referred to <name of agency> for evaluation and/or  
patient's name/date of birth  
treatment of tuberculosis.

TST Date: \_\_\_\_\_ Results: \_\_\_\_\_ mm induration

Chest x-ray: Date: \_\_\_\_\_ Results: \_\_\_\_\_

Date medication started: \_\_\_\_\_ Date completed: \_\_\_\_\_

Date medication stopped: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication(s): \_\_\_\_\_

\_\_\_\_\_

This person is not contagious. He/she will always have a positive tuberculin skin test.  
The tuberculin skin test should not be repeated.

Annual or serial chest x-rays are not necessary for follow up and are only indicated in the presence of serious or chronic respiratory illness or signs/symptoms of TB. If you need any further information, please contact this office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Physician's Evaluation of TB Services

A questionnaire should be sent to the physician upon successful completion of treatment. It serves as both an internal and external measure of the quality of services. In addition to improving services, it can be used to validate the value of nurse case management in the care of the patient with TB.

Co-management of TB patients may be a new concept in many areas. The goal is to provide high quality patient care through collaboration between physicians in private practice in the community and public health agencies. It is important for physicians who have been utilizing the forms provided have an opportunity to comment on their usefulness and for the forms to be revised if necessary to eliminate barriers to communication.

# Template: Physician's Evaluation Survey

---

Dear Dr. \_\_\_\_\_,

The <name of agency> has provided services for your patient \_\_\_\_\_

Treatment for tuberculosis was completed on \_\_\_\_\_

Please rate the services listed below and return this form to the <name of agency> as soon as possible. Your feedback is very important and will help us to improve the services we provide.

**Rating: 1 Poor 2 Fair 3 Good 4 Excellent**

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Quality of services provided to the physician | 1 | 2 | 3 | 4 |
| 2. Communication between <agency> and physician  | 1 | 2 | 3 | 4 |
| 3. Overall benefit to the patient                | 1 | 2 | 3 | 4 |
| 4. Overall benefit to the physician              | 1 | 2 | 3 | 4 |
| 5. Value of the educational materials            | 1 | 2 | 3 | 4 |
| 6. Value of the consultation services            | 1 | 2 | 3 | 4 |

Please use the following space to make any comments or suggestions about the TB case management program.

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Thank you for your cooperation.

## Summary: When Collaboration Fails

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The goals of early identification and treatment of TB disease, completion of treatment, and prevention of transmission in the community are the cornerstone all TB control programs. Achieving these goals requires the provision of activities and services throughout the course of an individual's TB treatment. Such activities include directly observed therapy, sputum induction and collection, monthly evaluations, ongoing nursing assessments, contact investigations, and return to medical supervision. Although these services are provided in many local health department or hospital outpatient clinics, private providers usually do not have the personnel resources or public health knowledge to follow through with these essential services. Therefore, collaboration and good communication between private providers and TB programs are needed to ensure the achievement of TB prevention and treatment goals. Hopefully, you have found the letters, forms, and suggested dialogue in these guidelines useful tools for this process.

However, there may be some physicians who do not wish to collaborate, communicate, or provide the information that is necessary for good TB control. What should happen if attempts at collaboration are not entirely successful?

### **Some common problems**

- Delayed reporting of a suspected/diagnosed TB case
- Inappropriate doses of TB medications
- Addition of one new drug to a failing regimen
- Length of treatment longer than usual
- DOT not arranged for patient who is non-adherent
- Sputa not collected after discharge from hospital
- Sputum smear and/or culture conversion not documented
- Patient not appropriately monitored
- Physician fails to return calls
- Physician conducts a "contact investigation" by tuberculin skin testing of immediate family



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### **Suggested resolutions**

- Telephone or visit to the physician's office to discuss the related issues: failure to report, treatment issues, insufficient services or lack of services. Always follow-up the telephone call or office visit with a brief letter detailing the outcomes
- Inform the physician of state requirements for reporting TB. Explain when the TB case/suspect should be reported and provide easy, simple ways to facilitate reporting of TB case/suspect in the future; "Just call our office when you start someone on TB medications, and we'll assist you in reporting the case"
- If the physician fails to report in the future, or does not return telephone calls from the TB control program, it will be necessary to take additional steps with direction provided by the state health department. Since all essential TB control activities begin when the TB case is reported, failure to obtain notification about a case or suspect will delay initiation of public health activities necessary to prevent transmission of TB in the community
- If treatment is outside the standards recommended by CDC and the American Thoracic Society, ask the physician for an explanation. If the rationale is questionable or not acceptable, ask the Medical Director at the state or local health department to help resolve the issue and/or take necessary actions
- Advise the private physician about the usual services provided for a person with TB and offer to provide or coordinate some of the needed services such as, DOT and sputum induction/ collection. If the physician continues to provide sub-optimal care, contact the State TB Nurse Consultant and/or State Health Department Medical Director for assistance. It may be useful to visit the patient and assess their health status, and provide education about the essential components of TB treatment so the patient can appropriately discuss questions and concerns with the physician
- Public health workers who are confronted with obstacles from the private sector should engage the state and local health departments in a strategic plan to educate community providers and enforce the responsibilities in the care and treatment of patients with TB. The ultimate responsibility for the essential TB control activities of surveillance, case finding, reporting, ensuring patient adherence to TB treatment, isolation of infectious patients, contact investigation, and delinquency control lies with the TB control program at the state or local level

