



Best Practices in TB Control



TB Cohort In Action: Putting It All Together

February 10, 2011





Objectives






Upon completion of this seminar, participants will be able to:

- Describe the flow of activities in a cohort review session
- Analyze the comments and feedback from the program manager and medical reviewer
- Examine clinical and programmatic teaching points that are used to highlight lessons learned in the cohort review
- Identify issues that need follow-up by different staff
- Identify benefits of the cohort review process and program improvements that may result

Faculty (1)

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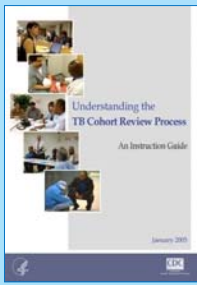
Introduction to the Simulated Cohort Review

Bill L. Bower, MPH




Background Resources

Instruction Guide

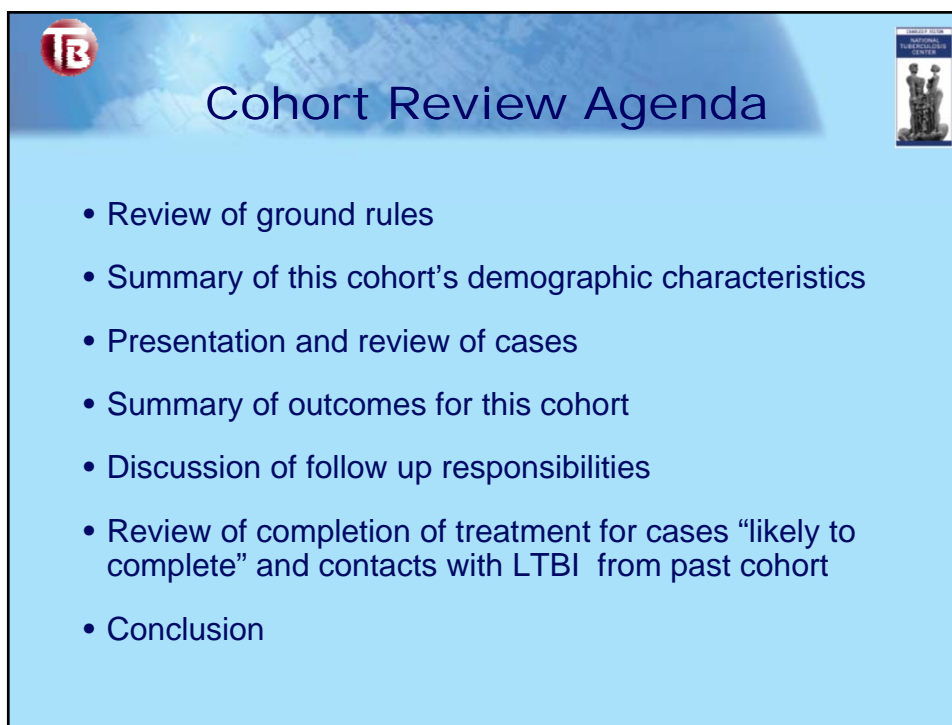
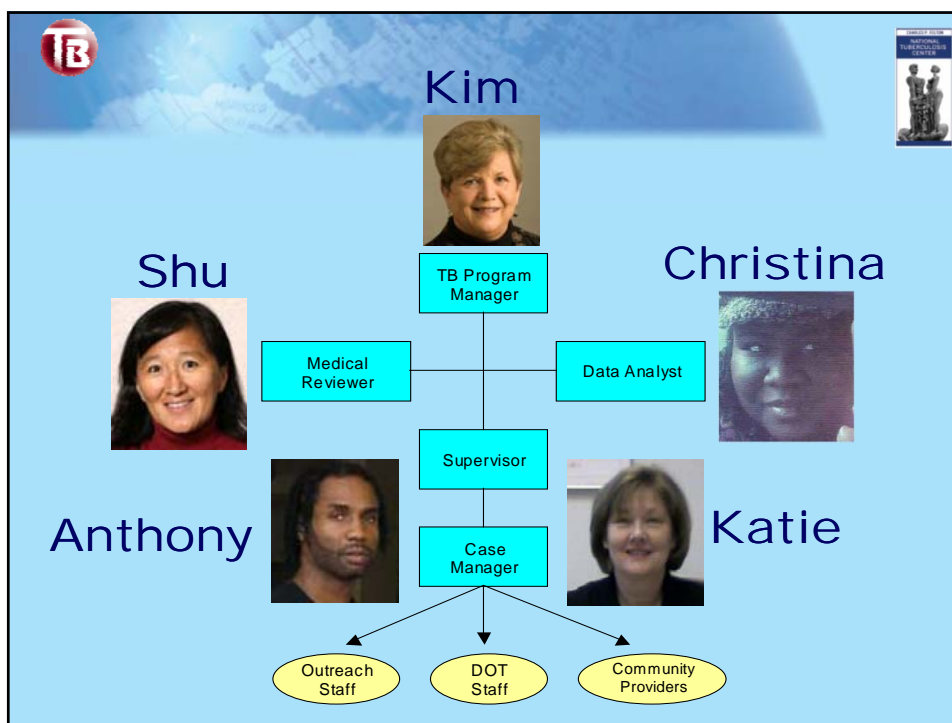


Video / DVD



www.cdc.gov/tb/education/cohort.htm
www.cdc.gov/tb/publications/guidestoolkits/cohort/Cohort.pdf

Archived Webinars www.umdj.edu/globaltb/audioarchives



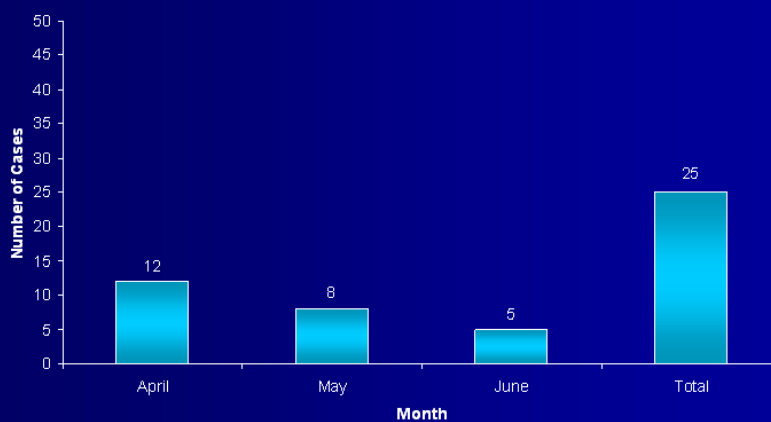
Cohort Case Review 2nd Quarter 2010



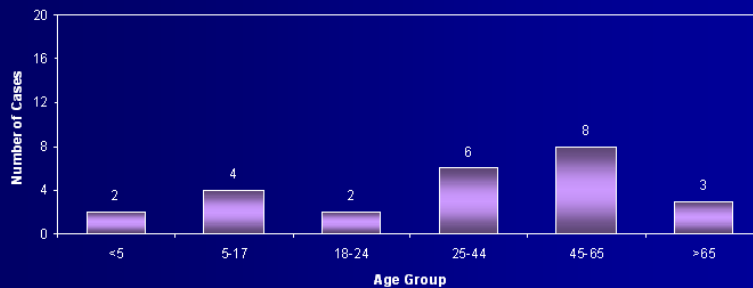
Demographic and Medical Characteristics

Philadelphia Department of Public Health
Tuberculosis Control Program

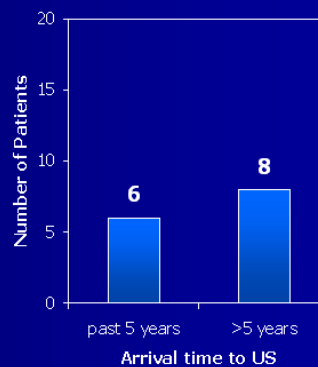
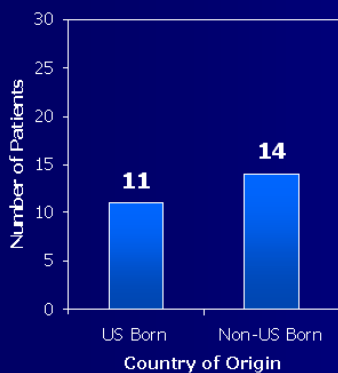
TB Cases 2nd Quarter 2010



TB Cases by Age Group 2nd Quarter 2010

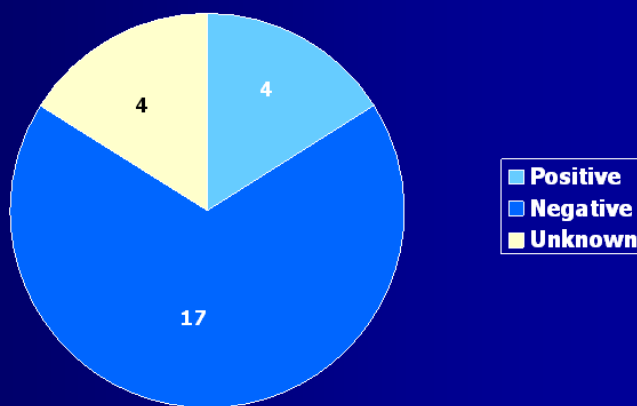


TB Cases by Birth Country 2nd Quarter 2010

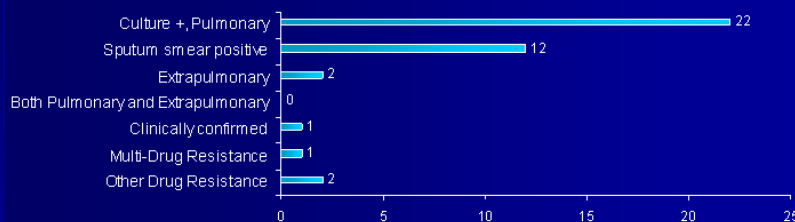


The non-US born are from the Philippines, Laos, Puerto Rico, Indonesia, Haiti, Cambodia, China, Dominican Republic, Brazil, Guinea, Vietnam

Special Therapy Status 2nd Quarter 2010



Clinical Characteristics of TB Cases 2nd Quarter 2010



Other drug resistance includes INH and streptomycin

Large Contact Investigations 2nd Quarter 2010

- 1 Extended Contact Investigation
 - Nursing Home



Presentation & Review of Cases

Cohort Case Review Results

2nd Quarter 2010
February 10, 2011

**Index of Completion as of February 10,
2010**

54.5%



Default Rate*

4.2%

*includes "Lost" and "Refused Treatment"

Total Cohort Failure Rate*

8.3%

*includes "Lost" "Refused Treatment" and "Cohort Failure" (Those not likely to complete treatment within 365 days of initiation)

Percentage of Eligible Patients Ever on DOT

78.3%

Mean Months on DOT: **6.0**

Time to Interview

Sputum Smear Positive Cases: **12**

Median Days: **1**

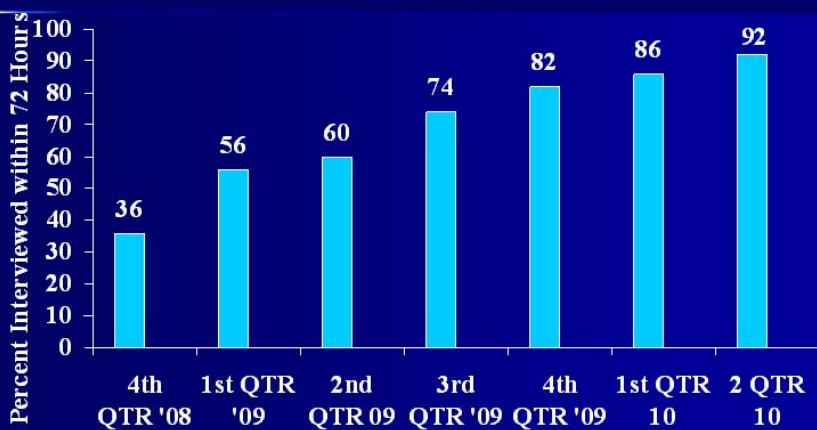
Mean Days: **1**

Mode: **0**

% interviewed within 3 days: 92%

Goal: 90%

Smear Positive-Interview Trend



Goal: 90%

Time to Interview other Interviews:	13
Median Days:	5
Mean Days:	11
Mode:	1
% interviewed within 5 days:	85%

Contacts

Pulmonary Cases	22		
# Identified	175	8.0	Mean
		6.0	Median
# Appropriate	174	99.4%	
# Evaluated	140	80.5%	

National Goal: 90% of contacts to sputum smear + cases will be identified and evaluated

Contacts

# Tested	117	67.2%	
# Infected	27	23.1%	
# Diseased	1	0.9%	
# Suspects	0	0.0%	
# Appropriate for LTBI	26		
# Refused tx for LTBI	0	0.0%	
# Started on tx for LTBI	26	100.0%	
# Completing tx for LTBI	4	15.4%	84.6%

# Still on tx for LTBI	18	69.2%
#Refused to Continue	1	3.8%
# Adv Rxn	0	0.0%
# Lost	2	7.7%
# Died	0	0.0%
# Moved	1	3.8%

**Final Completion Results
4th Quarter 2009**

Best Possible Completion Rate: 100%

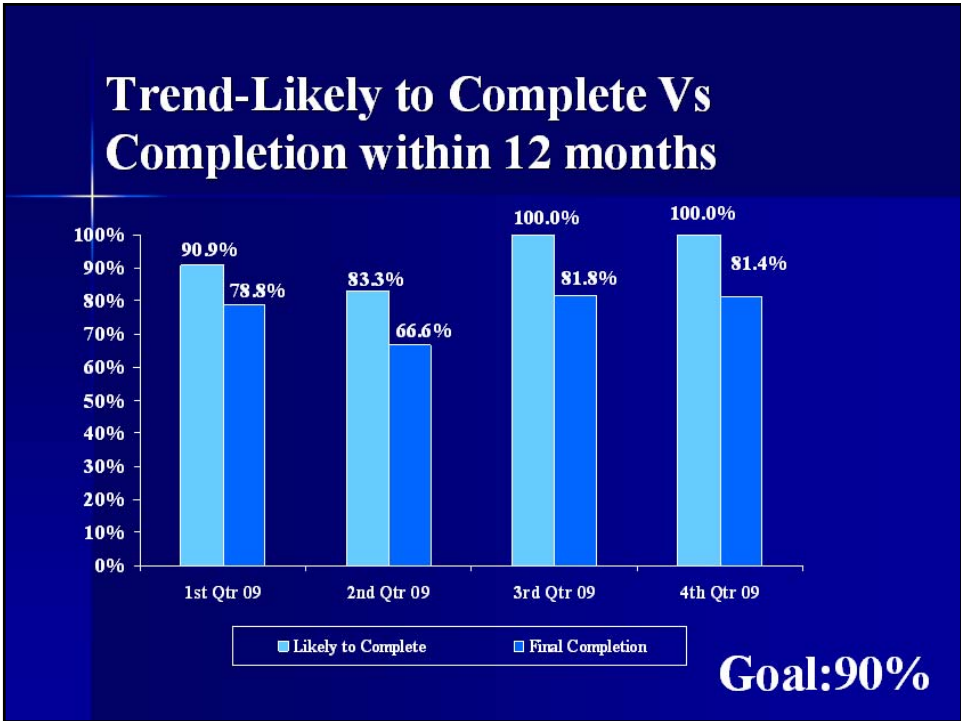
Cases counted during quarter: 24

Final Completion Results 4th Quarter 2009

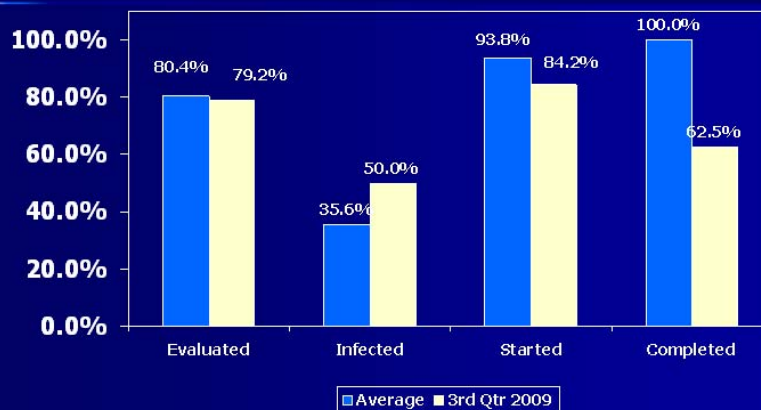
Best Possible Completion Rate: 100%

Finalized Results: 81.8%

Cases counted during quarter: 24



LTBI Completion



National Goal: 85% of infected contacts complete
 Program Goal: 81% of infected contacts complete

Tracking Cohort Issues

1st Qtr 2010

- 37 cases
- 10 issues
- 9 issues were resolved or addressed.

Tracking Cohort Issues

1st Quarter 2010

ISSUES

- Follow CDC guidelines to offer HIV testing to all patients between the ages of 15-70
- Follow new CDC guidelines to treat all HIV infected patients who have been recently exposed to TB disease regardless of previous treatment
- Important to note that INH resistance is of importance but not Streptomycin
- Investigate systematic way to alert hospitals and other jurisdictions about infectious patients who may be lost
- Update treatment and close completed cases
- Update contact information in NEDSS
- Expand contact investigation

Questions?



Benefits





- Your whole program learns together
- Can reinforce standards of care and documentation
- Can give emphasis on contacts as well as Tx
- Case managers “own” the case and follow up on details
- Programmatic issues can be addressed by all: e.g. pediatric TB, coordination of HIV care & treatment, case management, interruptions in treatment, timeliness of interventions, drug regimens, or HIV testing



Challenges



- Time – Resources – Staffing
- Case manager may have to present a case that is really managed by a private community physician
- A cohort review meeting cannot do justice to acknowledging all of the hard work that goes into managing some of the most complex cases
- Presenters need to see this as a learning opportunity, not as a challenge to their work or competence



Additional Questions

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Thank you for your participation!!