

# Appendix 1

## Click on Question for Instruction

Then click on Adobe back arrow to return to form

### Facility TB Profile

1. Name of Facility \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
2. Facility Address \_\_\_\_\_
3. Site Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_
4. Hours of Operation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Enter Times) Mon. Tues Wed Thur Fri Sat Sun

5. **Type of Facility** (complete a **separate** questionnaire for each type of facility and site location)

- Substance Abuse Treatment Facility (SATF): Methadone Maintenance
- SATF: Therapeutic Community/Residential Long Term
- HIV Early Intervention Service (Title III)
- Federally Qualified Community Health Center
- Other (Specify: \_\_\_\_\_)

6. **Total** number\* of **clients served** in treatment setting checked above during year 20\_\_\_\_: \_\_\_\_\_

7. Number\* of **clients newly admitted** during 20\_\_\_\_: \_\_\_\_\_. **Of these:**

Condition	Number
7a. Clients <b>receiving a Mantoux tuberculin skin test</b> (TST) by facility staff	
7b. Clients with <b>TST reading</b> by facility staff	
7c. Clients with <b>positive TST</b> reading by facility staff	
7d. Clients with a <b>documented history</b> of a prior positive TST (not tested by staff)	
7e. Clients with a <b>verbal history</b> of a prior positive TST (not tested by staff)	
7f. Clients with a <b>positive HIV test</b> (include those with a prior positive HIV test)	
7g. Clients with a history of <b>injection drug use</b>	
7h. Clients with a history of <b>non-injection drug use</b>	
7i. Clients <b>born outside the US</b> and arriving in past 5 years	

8. Which newly admitted **clients routinely receive a TST?**

- All
- Selected (specify \_\_\_\_\_)

9. At what facilities do clients with a positive Mantoux TST receive **follow up TB services?**

Service	Facility If Client Insured	Facility If Client Not Insured
9a. Chest X-Ray		
9b. Medical Evaluation		
9c. Treatment for Latent TB Infection (TST +)		

10. Estimated percentage of **newly-admitted clients** expected to be seen for following time periods:

% to be Seen for 4+ Months	% to be Seen for 6+ Months	% to be Seen for 9+ Months

\*Note: Individuals seen multiple times during the year should be counted only once.

# Appendix 1, cont'd

# Click on Question for Instruction

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11. Distribution of **clients newly-admitted** during 20\_\_ by **race and ethnicity**:

Race/Ethnicity	Number
White, Non-Hispanic	
Black, Non-Hispanic	
Hispanic	
Asian/Pacific Islander	
Other (Specify_____)	

12. Distribution of **clients newly admitted** during 20\_\_ by **expected payment source**:

Payor Source	Number
Private Insurance	
Medicaid/Medicare	
County/State Fund	
Self-Pay	
Other (_____)	

13. Number of full-time equivalent (FTE) **health-related staff on site** (use fractions, e.g., 0.5, if appropriate):

Service Category	# FTEs
Physicians	
Nurses	
Other (_____)	

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 14. Does facility have <b>radiology equipment on site</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does facility have a <b>licensed pharmacy on site</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does facility have a locked area in which to <b>store medication</b> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does facility provide <b>on site treatment for latent TB infection (LTBI)</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If yes, unduplicated* number of clients treated during 20__:</b> _____  |                          |                          |
| 18. Does facility provide <b>on site medical care and anti-retroviral drug therapy</b> for <b>HIV-infected individuals</b> ? | <input type="checkbox"/> | <input type="checkbox"/> |

19. Name of person completing form: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax completed questionnaire to (Profile Coordinator) at (###-###-####)

Questions – Call (Profile Coordinator) at (###-###-####) or contact by e-mail: \_\_\_\_\_

# Instructions for Completing the Facility TB Profile

(See Appendix 1 [Word](#) [PDF](#))\*

**Purpose of Profile:** To identify (1) the estimated level of TB infection and TB risk factors among clients served by the facility, (2) the current practices regarding TB testing, follow up, and treatment of LTBI, and (3) the potential capacity for strengthening on-site targeted TB testing and treatment of LTBI.

**Overall Responsibility:** Assign a single individual in the TB program overall responsibility for carrying out the following activities:

- Contacting the state agencies which fund or provide oversight to facilities to which the Profile potentially will be sent in order to:
  - Obtain support for sending the Profile
  - Identify specific facilities to which the Profile will be sent
  - Identify management contacts in each facility to which the Profile will be sent
  - Obtain data that may be available at the state agency level to complete portions of the Profile for each facility
- Contacting the management staff at each facility to which the Profile will be sent in order to:
  - Obtain support for completing the Profile
  - Identify the individual who will be responsible for completing the Profile
  - Preparing the cover letter and Profile to be sent to each facility
  - Following up with facility staff to ensure that the Profile is returned in a timely manner
  - Answer questions about completing the Profile
  - Clarify missing or discrepant data on completed Profiles, especially question 7
  - Compiling and analyzing data from the completed Profiles
  - Making recommendations based on results

Programs may want to consider using a university student (e.g., through internship or field experience program) to assist with the administrative tasks of collecting and analyzing data.

**Cover Letter (Appendix 2 [Word](#) [PDF](#))\*:** A prototype cover letter has been developed that can be adapted by health department staff for different types of facilities. As discussed in the Types of Facilities section (pages 7-11), collaborate with your state/city substance abuse agency, HIV/AIDS agency, and/or Primary Care Association in tailoring letters to each type of facility.

**Question # 5 - Type of Facility:** It is important that a separate Profile questionnaire be completed for each facility. Facilities with multiple sites (i.e., at different locations) should complete a separate Profile for each site.

**Questions # 6 - Number of Clients Served During Year:** The facility should indicate the number of individuals served during the time period specified, not the number of visits. Individuals seen multiple times during the year should be counted only once.

**Question # 7 - Number of Clients Newly Admitted During the Year:** Indicate the number of individuals newly admitted during the year, not the number of visits. The **conditions** of new clients (Questions 7a-7i) are the most critical of the Profile and may be the most difficult for facility staff to complete. The lead person for this project should carefully review data from this question on completed profiles and clarify missing or potentially discrepant data with the health care facility. Our experience suggests that just the process of completing the Profile may prompt facilities to more vigorously collect and maintain this information in the future.

\*Internet connection required.

### Questions # 7a – 7c - Mantoux tuberculin skin test (TST)

**results:** Most facilities are required to perform a TST on new admissions. Many facilities keep a “PPD” or “TB Skin Test” log on which to chronologically reflect dates of testing/reading, TST results, and referral information (if the TST result is positive).

**Question # 7d - Documented history of a prior positive TST:** These individuals would not be expected to be tested by the facility, but should be counted separately in #7d.

**Question # 7e - Verbal history of a prior positive TST:** Unless a history of a prior positive TST can be documented, the facility should perform the TST and count the result in #7a. In practice, however, many facilities accept the client’s verbal history and simply refer the client for a chest x-ray in order to rule out active TB. If the verbal history is accepted, these clients should be counted in #7e.

**Question # 7f-7i - TB risk factor data:** The following information is asked to determine the number of clients who, if infected, would likely benefit from treatment of LTBI.

■ **Question # 7f - Clients with a positive HIV test result:** HIV is the highest known risk factor for the development of active TB among persons with LTBI. This number should include clients with a prior positive HIV test, as well as clients tested and found positive by the facility (#7f). The state HIV/AIDS agency may have data on blinded HIV surveys or HIV counseling and testing conducted at the facility where the

Profile is being completed. These data may help in determining the prevalence of HIV infection at the facility.

- **Question # 7g - Clients with a history of injection drug use:** Injection drug users with LTBI are at increased risk of developing active TB, even in the absence of HIV infection.
- **Question # 7h - Clients with a history of non-injection drug use:** Although non-injection drug use is not an independent risk factor for developing active TB in persons with LTBI, many of these persons are members of high-risk groups (e.g., HIV-infected persons, homeless, residents of correctional facilities, and medically underserved, low-income persons) and should be included in targeted TB testing programs.
- **Question # 7i - Clients born outside the United States:** Persons entering the US within the past 5 years from areas with a high prevalence of TB (e.g., Asia, Africa, Latin America, and the Caribbean) may have been recently infected and, therefore, at high risk of developing active TB.

**Question # 8 - Which newly admitted clients receive a TST:** This question is intended to elicit the facility’s policy regarding which clients routinely receive a TST upon admission. If the facility indicates that all new admissions receive a TST, then one should expect that most (if not all) of the clients newly admitted during the year (Question #7) would have received a Mantoux TST (Question #7a). Any discrepancy should be explored with facility staff.

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4. Hours of Operation (Enter Times) \_\_\_\_\_  
5. Type of Facility (complete a separate questionnaire for each type of facility and site location)  
 Substance Abuse Treatment Facility (SATF)  
 SATF: Therapeutic Community/Residential Long Term  
 HIV Early Intervention Service (Title III)  
 Federally Qualified Community Health Center  
 Other (Specify: \_\_\_\_\_)

6. Total number of clients served in treatment setting checked above during year 20\_\_\_\_

7. Number of clients newly admitted during 20\_\_\_\_

Condition	Of these:	Number
7a. Clients receiving a Mantoux tuberculin skin test (TST) by facility staff		
7b. Clients with TST results by facility staff		
7c. Clients with positive TST results by facility staff		
7d. Clients with a documented history of a prior positive TST		
7e. Clients with a verbal history of a prior positive TST (not tested by staff)		
7f. Clients with a positive HIV and a verbal history of a prior positive TST (not tested by staff)		
7g. Clients with a history of injection drug use and a positive HIV test		
7h. Clients with a history of non-injection drug use and a positive HIV test		
7i. Clients born outside the US and arriving in past 5 years		

8. At what facilities do clients with a positive Mantoux TST receive follow up TB services?

Service	Facility if client housed	Facility if client not housed
8a. Chest X-ray		
8b. Medical Evaluation		
8c. Treatment for Latent TB Infection (TST +)		

9. Estimated percentage of newly-admitted clients expected to be seen for following time periods:

% to be Seen for 4-6 Months	% to be Seen for 6-12 Months	% to be Seen for 12-24 Months

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**Question # 9 - Follow-Up TB Services:** If the TST is positive, the facility will generally refer the client to the health department or to another facility for a chest x-ray (8a), medical evaluation to rule out active TB (8b), and treatment for LTBI (8c) (if active TB is ruled out). Clients with health insurance may be referred to a local hospital or other health care facility. Occasionally, one or more of the follow-up services may be performed on site by the facility. Clients without insurance are usually referred to the health department for follow up.

**Question # 10 - Length of Stay:** The purpose of this question is to determine the number of new admissions who, if infected with TB, would likely remain under the facility's care for a sufficient length of time to complete one of the recommended regimens to treat LTBI (i.e., 4 months of rifampin, 6 months of isoniazid, or 9 months of isoniazid). These values will likely be estimates or based on a retrospective assessment of length of stay in a cohort of discharged clients.

**Question # 11 - Race and Ethnicity:** Racial and ethnic minorities comprise a disproportionately large number of reported TB cases in the United States. Case rates among minorities are several-fold times higher than the case rates among non-Hispanic whites. Minority race/ethnicity is not in itself a risk factor for TB, but may reflect other factors associated with risk such as birth in a high prevalence country, crowded living conditions, or limited access to health care services.

**Question # 12 - Expected Payment Source:** This information will help determine whether or not the facility would consider providing services on site for clients with LTBI. If the facility will receive payment from a third party, it is much more likely to provide follow-up evaluation and treatment services for clients with LTBI.

**Question # 13 - Health-Related Staff:** This information will determine whether the facility has medical staff on site that, with appropriate training and oversight, could perform TB follow-up and treatment of LTBI services.

**Questions # 14-18 - Current On-Site Medical Services:** Some facilities may have radiology and/or pharmacy services on site, which would facilitate the provision of a chest radiograph and TB medications for clients with a positive TST. Having a locked area for medication would be essential, if the facility were to provide on-site treatment of LTBI. Staff in facilities with experience in providing on-site treatment of LTBI or treatment of HIV infection may be more amenable to implementing a strengthened targeted TB testing and treatment program for LTBI.