

Tuberculosis Control Program (TBCP) QI Summit 2013

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TB Elimination



National TB Program Objectives and Performance Targets for 2015

Objective Categories		Objectives and Performance Targets
1	Completion of Treatment	For patients with newly diagnosed TB for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months to 93.0%.
2	TB Case Rates <ul style="list-style-type: none"> ■ U.S.-born Persons ■ Foreign-born Persons ■ U.S.-born non-Hispanic Blacks ■ Children Younger than 5 Years of Age 	Decrease the TB case rate in U.S.-born persons to less than 0.7 cases per 100,000. <ul style="list-style-type: none"> ■ Increase the average yearly decline in TB case rate in U.S.-born persons to at least 11.0%. Decrease the TB case rate for foreign-born persons to less than 14.0 cases per 100,000. <ul style="list-style-type: none"> ■ Increase the average yearly decline in TB case rate in foreign-born persons to at least 4.0%. Decrease the TB case rate in U.S.-born non-Hispanic blacks to less than 1.3 cases per 100,000. Decrease the TB case rate for children younger than 5 years of age to less than 0.4 cases per 100,000.
3	Contact Investigation <ul style="list-style-type: none"> ■ Contact Elicitation ■ Evaluation ■ Treatment Initiation ■ Treatment Completion 	Increase the proportion of TB patients with positive acid-fast bacillus (AFB) sputum-smear results who have contacts elicited to 100.0%. Increase the proportion of contacts to sputum AFB smear-positive TB patients who are evaluated for infection and disease to 93.0%. Increase the proportion of contacts to sputum AFB smear-positive TB patients with newly diagnosed latent TB infection (LTBI) who start treatment to 88.0%. For contacts to sputum AFB smear-positive TB patients who have started treatment for the newly diagnosed LTBI, increase the proportion who complete treatment to 79.0%.
4	Laboratory Reporting <ul style="list-style-type: none"> ■ Turnaround Time ■ Drug-susceptibility Result 	Increase the proportion of culture-positive or nucleic acid amplification (NAA) test-positive TB cases with a pleural or respiratory site of disease that have the identification of <i>M. tuberculosis</i> complex reported by laboratory within N days from the date the initial diagnostic pleural or respiratory specimen was collected to n%. Increase the proportion of culture-positive TB cases with initial drug-susceptibility results reported to 100.0%.



Objective

**Current
TB
Practices**
LAC DPH
Community Health
Services
(CHS)



- **Improve case management**
- **Accountability patient treatment outcomes**
- **Facilitate quality assurance**



**NTIP
Objectives
&
LAC DPH
TB
Performance
Measures**



LAC Evaluation Plan 2010-2011

Infrastructure

Reorganization

- Defined objectives & Action plans
- TBC Program Functional Units aligned with NTIP objectives
 - Capacity building
 - Accountability shift
 - Managers to facilitate progress

How do we close the “gap between actual performance and desired performance?”



Program Evaluation Activities

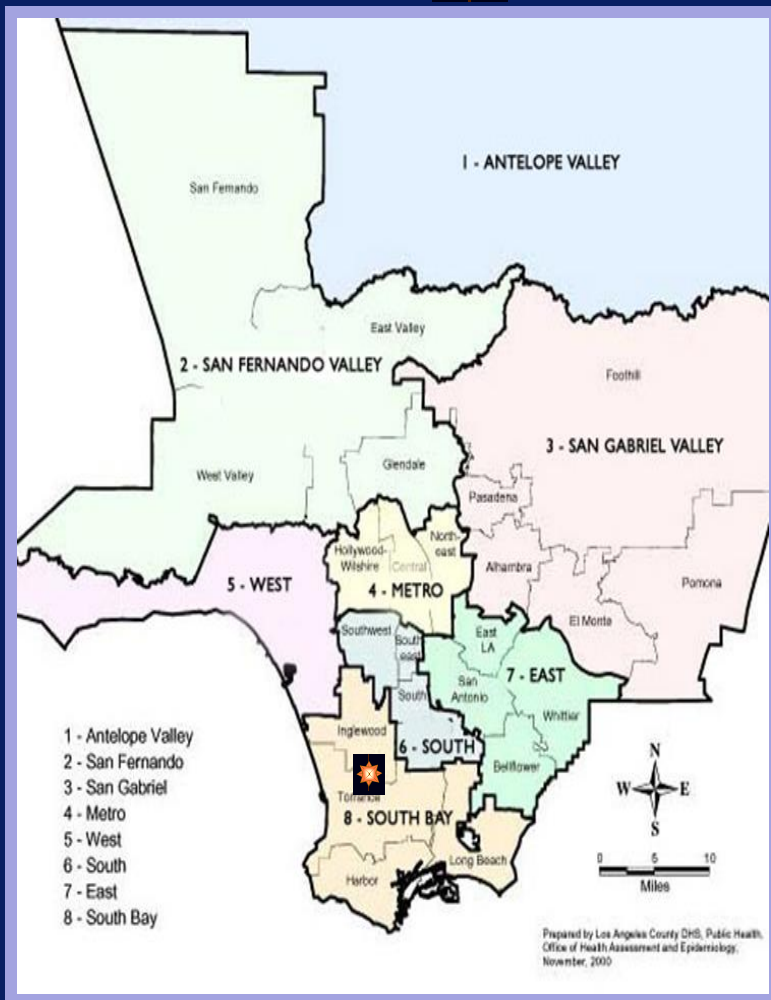
- TRIMS Access for CHS
- TBCP Infrastructure change
- TBCP Website
- TB Coalition-
- Cohort Review Cohort Training & Development
 - Electronic Case Presentation Form



SPA 6 - South Health Center



Approx. 1 million residents



Tuberculosis Control Program

TB Registry Information Management System

Access to the TB Control Program is restricted to authorized personnel.
 Unauthorized use of this site is strictly forbidden.

User ID:

Password:

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 Public Health

Los Angeles County Department of Public Health
 COHORT REVIEW CASE PRESENTATION FORM

Dr # Medical Record # PIR #

Patient Name Date of Birth: 01/15/1964 Gender: Male

Race: White Ethnicity: Hispanic

Country of Origin: Guatemala Date Arrived in U.S.: 1990

Primary Occupation Within the Past Year: Unemployed

Resident of Correctional Facility at Time of Diagnosis: None Other: UNKNOWN

Resident of Long-Term Care Facility at Time of Diagnosis: Nothing/None

RISK FACTORS

Heredity: _____

ADDITIONAL TB RISK FACTORS:

Spinal Cord Disease: _____

DIAGNOSTIC

Primary Reason for Suspected TB: _____ TB Symptoms: _____

Patient Status at Diagnosis: IGRA

Patient is diagnosed with: Pulmonary TB

Primary Site of Disease: Pulmonary

Confirmation is based on: _____

Sputum Smear Results: Positive Sputum Culture Results: Positive

Sputum Culture Conversion: NR

Number of Cysts in Sputum: 52

IGRA Test Results: _____

Test Type: _____

Date Results Reported: _____

Months	Tuberculin Skin Test Results:	Previous	Date	Reading	Result
		Current	07/02/2010		Negative

Chest X Ray Result Initial: 02/27/2010
 Chest X Ray Result Current: None Correlates: No Military: No

HY Status: Not/None

TREATMENT INFORMATION

Drug Susceptibility Testing Results: Not Done

Drug	Start Date	End Date	Initial Dose
First-Line Drug Regimen			
Isoniazid	02/08/2010		X
Rifampin	02/08/2010		X
Pyrazinamide	02/08/2010		X
Ethambutol	02/08/2010		X
Other Drug Regimen			
Fluoroquinolone	02/01/2010		
Chloramphenicol	02/01/2010		
Pyriminidyl	02/01/2010		

Treatment Plan: _____

Is Treatment Length of 12 months or less indicated? YES

Proposed Treatment Completion Date: _____

Method of Treatment Administration: Not/None/Check/Observe/Therapy

Reason for Self-Administered Therapy: _____

Lack of Resources Patient Refusal Provider Refusal Other - Specify _____

Treatment Status: Comp Tx

Treatment Closure Information: _____

Closure Date: 02/07/2010

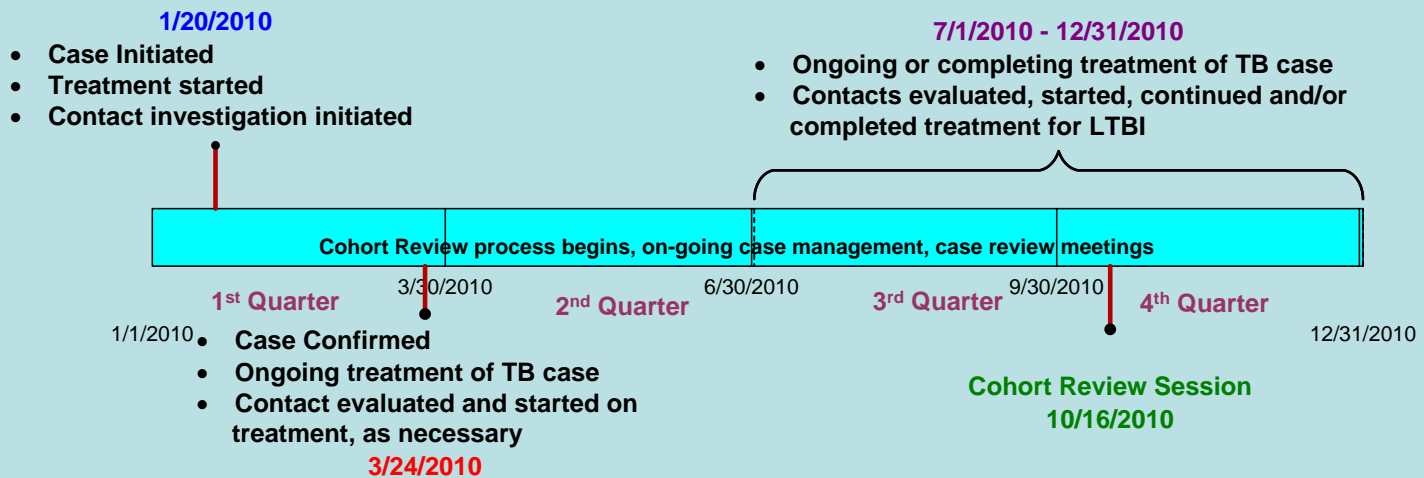
Closure Reason: Comp Tx

Relevant TB Indicator for Treatment Completion was Met Treatment Completed in 282 days



Background

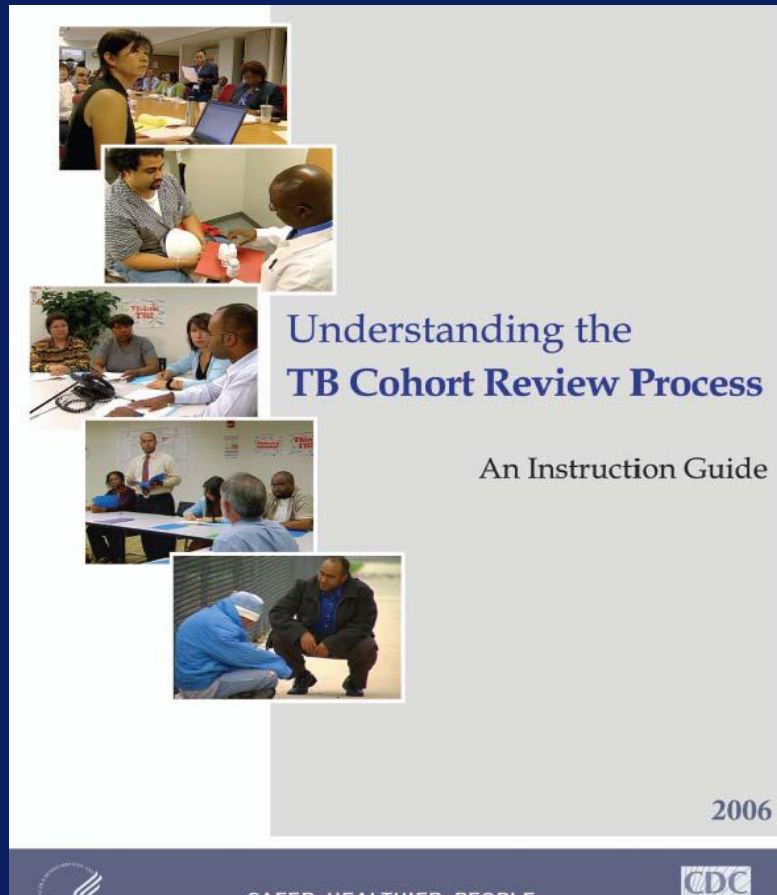
Example of Cohort Review Timeline



This cycle is repeated throughout the year so that every TB case and contact investigation receives a thorough review.

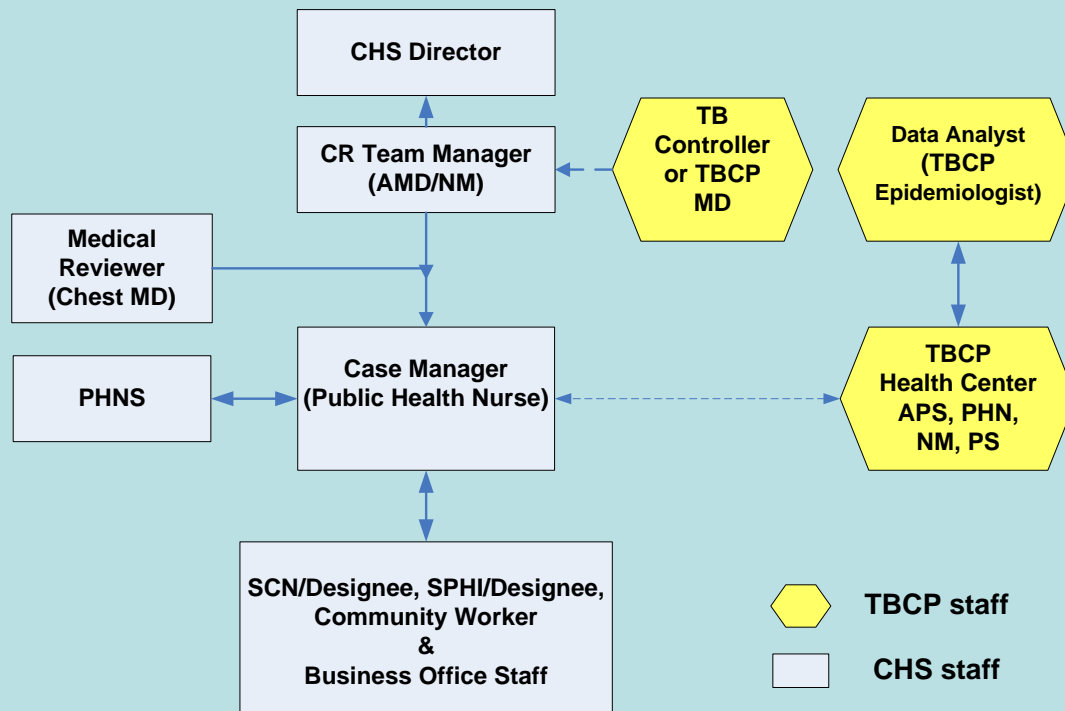


Methods



Methods

TB Cohort Review (CR) Team

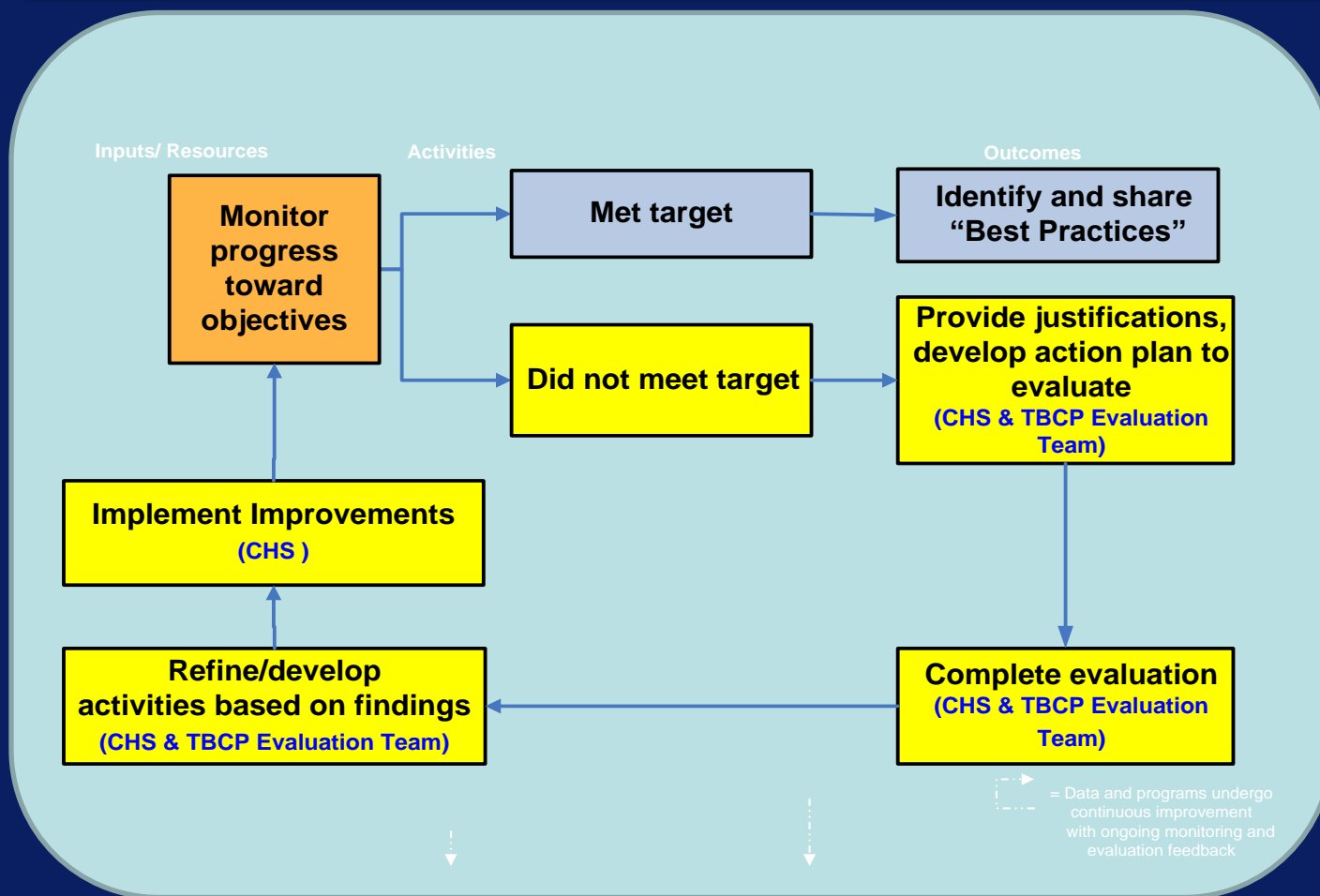


Rev: 2/1/11



Results

LAC Program Evaluation Process (TB Cohort Review)



SPA 6 - COHORT REVIEW INDICES BY QUARTER (2010) PROVISIONAL

COMPLETION OF TREATMENT (2010)

INDICES	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr	Year	2009 SPA 6 Baseline	2015 Target
Percent of Eligible TB cases who completed treatment within 12 months	93.8%	86.7%	94.1%	94.1%	92.2%	79.5%	93.0%

CONTACT INVESTIGATION (2010)

INDICES	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Year	2009 SPA 6 Baseline	2015 Target
Percent of smear positive TB disease cases with >0 contacts identified	62.5%	91.7%	90.9%	94.1%	87.5%	90.9%	100%
Percent of smear positive contacts <u>evaluated</u>	99.6%	97.3%	100.0%	100%	99.5%	99.4%	93.0%
Percent of contacts of smear positive cases that started on LTBI treatment	70.0%	61.5%	100.0%	81.8%	82.9%	72.8%	88.0%
Percent of contacts of smear positive cases <u>completed</u> LBTI treatment	71.4%	87.5%	64.0%	61.1%	67.2%	42.7%	79.0%



Results

- ❖ The TB Cohort Review process:
 - Helped to define clear case management objectives:
 - ✓ Educate CHS & TBCP staff on NTIP/ LAC DPH PMs
 - ✓ Clarified Roles and responsibilities of CHS & TBC
 - Improved collaborative efforts between TBCP and South H.C.
 - Increased staff accountability for patient outcome
 - Staff motivation
 - Revealed program strengths and weaknesses, and indicated staff training and education needs
 - Improved patient treatment outcomes

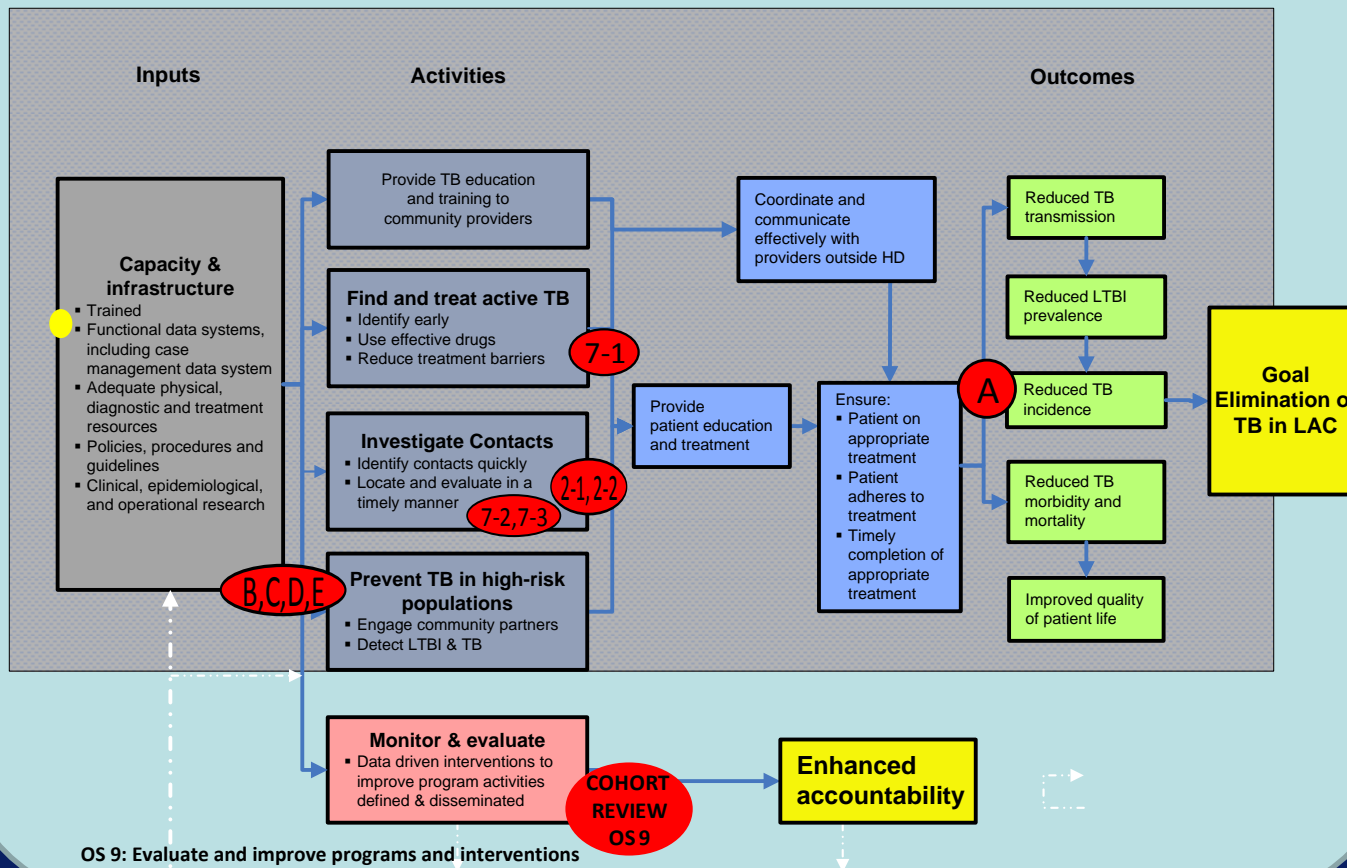


Results

Integration of
CDC National TB
Indicators

and

LAC Performance
Measures DPH
Strategic Plan



THANK YOU!

Questions?

