Tuberculosis
Community Partnership

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TB Updates for the Community: Partnering to Eliminate TB July 21, 2009

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Overview

- Various TB Management Relationships in Texas – benefits, drawbacks of each
- How to start a community partnership
- Effect of TB rates with a community partnership
- Impact on disease reporting
- Next steps

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Management of TB in Texas

- Primary Care Managed
  - Benefits:
    - Trusted by patient,
    - Full spectrum care,
    - Locally available,
    - Affordable for insured or sliding scale,
    - Complications managed locally and quickly
  - Drawbacks:
    - Difficult to locate in rural areas,
    - Uninsured difficult to access,
    - Follow medical care model (not public health),
    - Doctors see TB rarely and not comfortable managing, don’t follow standard of care.
Management of TB in Texas

Public Health Model
- **Benefits**
  - Know Standard of Care of TB management
  - Know public health law/quarantine regulations
  - Know TB resources in community, statewide and national
  - Staff knowledgeable to do full investigation and DOT
  - Resources available to all regardless of nationality or financial situation
- **Drawbacks**
  - "super sub-specialty" care, not full scope health care
  - Patients not overly trusting of "government" health care
  - Limited number of physicians in public health (shrinking area)

Community Partnership
- **Benefits**
  - Private MD sees public health as a referral area (not only a consultant).
  - System in place for referrals in most practices.
  - Reduces private MD liability concerns
  - Encourages private MD to interact with public health more regularly.
  - Reporting increases
  - Public health establishes a place for referral for other patients in community.
  - Educates private docs on TB (and other public health issues).
- **Drawbacks**
  - Private medical community does not learn to manage cases.
  - Requires MD in public health to be certain management able to be done with local system.

Write community specific guidelines to include:
- when to skin test,
- when to order CXR’s,
- when to order LTBI,
- when to “clear” people to go to school/work/shelter (how to document it)
- what to do with a TB suspect/case, including mask isolation and referral to public health (regardless of insurance or funding status)
- Public health to be the "expert" with regard to TB assessments

Know own limitations and when to request consult from others (TB Heartland Center)
Develop system to keep primary care physician “in the loop”–Written notes, phone calls, follow up appointments, etc.

Patient should be informed overall health care has not “transferred” to public health, only TB. If no, PCP, refer to one based on need and availability.

Public health physician should feel supported in his/her effort to manage all TB cases throughout completion of therapy by public health system.

Example of Community Partnership

- LHD TB program filling DOT and other orders from PCP’s and ID docs in community without regard to standard of care or consult. (PH not the “experts”)
- Patients were often over-treated or under-treated if symptoms/CXR resolved quickly (routine medical model)
- TB skin tests were required to be positive to be a TB suspect
- Often, suspects not placed in isolation or started on meds unless cultures positive.

Example of Community Partnership

- Not all patients were DOT (up to PCP and his/her determination of patient’s ability to be reliable)
- Not all TB patients had contact investigations.
- Public health good at caring for indigent, not for insured.
- Private docs did not do LTBI.
- Pregnant patient care was deferred to OB (LTBI case found active during c-section delivery)
Example of Community Partnership - Benefits

- Following improved:
  - Private MD's appreciative of involvement/assistance
  - Patients got consistent care regardless of funding.
  - Increased numbers of reports
  - TB staff received consistent orders, able to readily report adverse reactions, problems, etc.
  - Increased number of court ordered quarantine cases
  - LHD interaction with state improved due to consistent reporting, completion and submission of TB 400's
  - Improved tracking of cases, epidemiological investigations, statistics (important for funding formula)

Effects on TB Rates

- TB rates locally increased
  - Able to track cases better
  - Case definitions improved
  - More clinical cases
  - More HIV testing (requirement)
  - More pediatric cases found
  - More non-pulmonary cases identified
  - Able to provide public information on TB rates, risk, etc.

Effects on Disease Reporting

- “Spill over” effect.
  - More TB cases, more HIV testing, more STD testing, more issues with regard to special populations...impacted public health overall
  - Increased public awareness of TB due to “high profile” cases in school, workplace, etc.
  - More awareness leads to more reporting
Conclusion

- Various TB Management Relationships in Texas
  - Benefits, Drawbacks of each
  - Primary Care/Medical Model
  - Public Health Model
  - Community Partnership Model
- Increase TB rates
- Increase of disease reporting

Acknowledgement

- Thanks to Dr. Sandra Guerra, Medical Director Region 8, for the use of this presentation.