LTBI Screening in Community Settings

Dr. Diana Gaviria, Washington County Health Department

Dr. Kelly Russo, Community Clinic, Inc.

Dr. Joanna Saba, St. Clare Medical Outreach

April 25, 2018

MARYLAND Department of Health

Washington County Health Department

Dr. Diana Gaviria

MARYLAND Department of Health

Background about your facility

Washington County Health Department

- County Health Department
  - Population 150,292 (2016 est., www.uscensus.gov)
- Annual number of clients served: 2017 – 45 TLTBI, 33 assessed for LTBI, 2 active disease
- LTBI patients are referred by primary care providers and other local clinicians, local substance use treatment facilities, HIV case management, occasionally by employer or school

LTBI Services

Washington County Health Department

- Populations screened: healthcare employees (including Health Department), substance use treatment clients, HIV + clients, pre-treatment with biologic agents (usually by provider)
- Referred patients receive a risk assessment and CXR prior to chest clinic visit, visit includes clinician evaluation, HIV testing and, if appropriate, treatment is initiated
- Two screening tools are used (healthcare worker and general), are updating to include in EMR (PatTrac)
- TST or Quantiferon is used (sometimes both), have just started to draw Quantiferon Plus in-house

LTBI Services

Washington County Health Department

- CXRs are referred to local radiology group (Health Department provides an order, Health Department is billed)
- If more evaluation is needed based on the CXR, a Chest CT can also be obtained through local radiology group, referral to pulmonology if bronchoscopy or other diagnostics required

Treatment for LTBI

Washington County Health Department

- Treatment regimens offered: INH, RIF, INH/RFP DOPT
- Monitoring is done through monthly medication pick up and nurse evaluation, periodic clinician visit (q 2-3 mo.)
- After treatment completion the patient receives completion letter (copied to PCP), spreadsheet maintained by TB Nurse Coordinator
- Do you monitor your LTBI treatment completion rates - No

Community Based LTBI Services: Barriers and Successes

Washington County Health Department

- Barriers:
  - Populations with poor follow-up rates (case management, substance use treatment)
  - Limited staffing to perform intensive f/u and contact for LTBI patients who do not complete treatment
  - Follow-up after sputum testing (delay causes loss to follow-up)
  - Internal barrier: cumbersome recordkeeping (moving to EMR)
- Successes:
  - Good relations with referring community providers
  - Collaboration with Case Management and local HIV care provider (ID specialist) to assure treatment of high-risk clients

CCI Health and Wellness Services

Dr. Kelly Russo

MARYLAND Department of Health

Background about your facility

CCI Health & Wellness Services

- Federally Qualified Health Center (FQHC)
  - 11 sites in Montgomery and Prince George's Counties (+WIC)
- Uninsured (25%), MA(49%), Medicare (4%), private (21%)
  - Sliding scale fee (51% live at below 200% poverty)
  - 63 languages spoken (Spanish-62%, English, French, Amharic, Pashto)
- 81,100 medical visits 2017
- Provide primary care, dental, behavioral health, family planning, maternity, WIC, refugee health, HIV, PrEP, hepatitis C services
  - Primary care providers evaluate and treat LTBI internally
  - Uninsured patients with +TB tests referred to the health departments if they can't afford services/meds

LTBI Services

CCI Health & Wellness Services

- Patients screened: all foreign born patients from a TB endemic area, patients who are immunocompromised, history of homelessness, drug use or incarceration
- EHR TB form built into visits
- Form asks questions about risk and if checked, a “TEST FOR TB” statement appears in the form
- Quantiferon Gold/Labcorp if >4 years, TST otherwise (QFT done in younger occasionally)
- Patients referred to Community Radiology for CXR ($37.16 self-pay)
- If abnormal suggesting TB, referred to either Montgomery Co or Prince George’s Co for health department evaluation

Treatment for LTBI

CCI Health & Wellness Services

- Adults receive RIF x4m, children receive INH x9m
- Completion of treatment is documented in the TB form (& will be added to problem list)
- Monitoring during treatment is performed as a nursing function
  - Monthly phone calls (symptom checks, adherence, pharmacy/refill checks)
  - Provider follow-up (usually once during 4m, more often for 9m)
- A letter documenting treatment completion is a great idea!
- Currently we are working on improving the EHR to allow more precise data extraction

Community Based LTBI Services: Barriers and Successes

CCI Health & Wellness Services

- Barriers
  - Frequent staffing changes make continuity of care, program involvement and staff education challenging
  - EHR/data collection (IT staff availability, mapping issues, utilizing i2i, proper documentation)
- Successes
  - Support from leadership
  - Relationships with local health departments
  - Providers and nurses feel comfortable prescribing/monitoring TLTBI (educational materials, workflow, trainings, ID consultant available)
  - Plans for additional trainings underway (providers, nurses)
  - Improvements of EHR nearly complete

St. Clare Medical Outreach

Dr. Joanna Saba

MARYLAND Department of Health

Background about your facility

St. Clare Medical Outreach

- Primary Care Clinic in Lutherville, MD
- Serves patients with no access to health insurance (immigrants)
- 4,384 unique patient visits in 2017
- People find us through word of mouth or referred from University of Maryland St. Joseph Medical Center (UM SJMC)

LTBI Services

St. Clare Medical Outreach

- Every patient is screened for need for LTBI testing
- Only patients identified as high risk for conversion to active TB are given T-spot test
- Screening questions:
  - Years in US, co-morbid conditions, occupation, medications, living conditions, travel, visitors from high risk countries
- Patients with positive T-spot are referred to UM SJMC for CXR
- We can get bronchoscopy, sputum testing, CT if needed through UM SJMC

Treatment for LTBI

St. Clare Medical Outreach

- Treatment: INH and B6 for 9 months or referred to health department for rifampin
- A note is made in patient's chart when treatment is completed
- We see patients every 1-3 months to track treatment compliance
- We do not provide a letter to the patient upon treatment completion (unless requested by patient)
- We do not have data on LTBI treatment completion rates

Community Based LTBI Services: Barriers and Successes

St. Clare Medical Outreach

- Barriers:
  - Lack of community resources (no treatment options through city health department)
  - Low literacy, lack of understanding about refills
- Successes
  - Implemented testing and treatment at our office (previously referred out)
  - Easier treatment plan (ease of follow up appointment, familiar location)

Maryland Department of Health
Prevention and Health Promotion Administration

https://phpa.health.maryland.gov

MARYLAND Department of Health