Building Partnerships with Community Health Centers for the Treatment and Management of Latent TB Infection

Karen Galanowsky, RN, BSN, MPH
New Jersey Department of Health & Senior Service, TB Program

Description of Federally Qualified Health Centers (FQHCs) – 1

- FQHCs are major providers of comprehensive, community-based primary health care through community health centers, satellites and mobile clinics
- In NJ there are 19 FQHCs which operate 100 satellite clinics where patient services are delivered
- Clinics are located in 19/21 counties

Services Provided

- Medical services are provided 7 days/evenings a week
- A broad range of specialty services are provided in most counties including OB/GYN, Pediatrics, Orthopedics, Infectious Disease, Ophthalmology
- Staffing consists of MD’s who are board-certified or board-eligible and nurse practitioners
- RN’s are not routinely hired
- Medical technicians and LPN’s are hired in place of RN’s
Issues Raised by TB Clinic Personnel

• FQHC’s provide TST to their patient population and refer those with a positive TST to the county TB clinics for evaluation and treatment

• Targeted TST is not practiced

• Most FQHCs that refer to the TB clinics only provided the patient with the address of the clinic
  ▪ A referral to the clinic is not routine
  ▪ No appointment is obtained,
  ▪ Symptom assessment is not documented and submitted

Issues Raised - 2

• Poor communication between the FQHC’s and the TB clinics is often challenging and leads to accessibility issues for the client

• With the shrinking public health workforce in TB, referrals for all individuals with a positive TST from FQHC’s causes a burden on TB clinics for MD appointments and follow-up

• With the increased burden of work for follow-up, there are poor outcomes for the treatment of LTBI

• FQHC staff are not well informed about TB disease, symptom assessment, medical evaluation, and treatment of LTBI

Why Collaborate?

• Improve the availability of targeted testing and treatment for LTBI at FQHCs/CBOs
  — FQHC’s have access to populations at high risk for TB disease and LTBI

  — Targeted TST or IGRA is an important component of health care for this population during the primary care visit

  — One stop shopping for FQHC patients seeking care for other health concerns/diagnoses
Why Collaborate - 2

- FQHC’s provide primary health care to individuals in their neighborhoods
- Increased hours of operation of the FQHC’s compared to a TB clinic will allow the working population to keep follow-up appointments to completion of treatment for LTBI
- Most patients perceive access to primary care services as more significant than treatment of an asymptomatic latent TB infection

Why Collaborate - 3

- Assist in the identification of health care resources and how to access the resources at the FQHC
- Establish a referral mechanism for TB suspects/cases and individuals diagnosed with LTBI who have no access to health care instead of just providing information to the patient and sending them home to figure it out by themselves
- Referral mechanism will ensure that TB clinic patients with non-TB conditions identified during the TB evaluation, but beyond the scope of the TB Clinic, receive appropriate evaluation and case management services
- TB clinics can focus on efforts on TB cases, suspects, contacts, new immigrants and high risk reactors

Meet and Greet

- First step in developing partnerships is to set up a meeting with the key partners from both the community based organization and the local/county TB program
  - In NJ, the state TB nurse consultants and education coordinator have established and provided leadership at these meetings
  - Important that all key players are at the initial meeting
Purpose of Initial Meeting

• Conduct an informal assessment of the FQCH including services and ability to diagnose and treat LTBI including:
  – population served, location(s), services, costs to consumers, reimbursement, existing contracts, referral sources, relationships with local health departments, pharmacy
  – availability civil surgeon services
  – ability to diagnosis and treatment of TB disease and LTBI

Purpose of Initial Meeting - 2

• Provide education to FQHC administrative, medical, and nursing staff regarding
  – recommendations for targeted testing for LTBI
  – follow-up of those with a positive TST or QFT-TB Gold
  – recommendations and procedures for referrals to county TB Programs
  – signs and symptoms of active TB disease

Assessment - 1

• Obtain information regarding the policies and procedures for the diagnosis and treatment of LTBI
  – Identification of individuals suspected of having active TB disease
  – Diagnosis of LTBI including chest x-rays
    • Where, cost, follow-up
  – Policies and procedures for obtaining laboratory values for patients prior to starting treatment for LTBI and subsequently thereafter, if necessary
Assessment - 2

- Policies and procedures for routinely monitoring patients being treated for LTBI
  - Availability of RN for monthly (or as needed) nursing assessment for side effects of TB medication and adherence
  - How is medication for treatment for LTBI provided
    - Prescription to be filled at a local pharmacy?
    - Or
    - Does/can the facility stock a supply of medication?
    - Is the facility able to receive the state supply of TB medication?

Assessment - 3

• What is the policy or routine procedure when an individual is found to be suspected with active TB disease
  – Will the TB suspect/case be treated at the FQHC?
  – Knowledge of state’s TB reporting regulations
  – Mechanism for referral to the county TB clinic

• What is the infection control policy when an individual presents at the FQHC with signs/symptoms of TB disease

Need for Education Identified

• On-site educational programs have been provided at numerous FQHC’s and other CBO’s regarding targeted testing for LTBI, diagnosis and treatment of LTBI and TB disease
  – Educational sessions are provided by the NJDHSS TB Program’s Nurse Consultants and members of its TB Medical Advisory Board
  – Objectives of these educational sessions are to increase the knowledge of the physician’s and nurses to empower them to diagnose and treat LTBI in their facility and increase the suspicion for TB disease in their population
Educational Opportunities Expanded

• Other training opportunities have been made available to the CBO’s and FQHC’s based on the needs as identified by the county nurse case managers and state TB program staff
  – Webinars are funded by the NJDHSS TB Program through the UMDNJ Center for Continuing Outreach and Education and the Global TB Institute have been provided to staff at FQHC’s
  – Topics include as the diagnosis and treatment of TB disease and LTBI, HIV/TB, diabetes/TB, IGRA’s, infection control procedures
  – Webinars are archived for viewing at their leisure in the future

Collaboration Leads to TB Consultation

• Expert Medical or Nursing Consultation has been available as needed
  – Nurse Consultants and members of the TB Medical Advisory Board are available for expert consultation whenever necessary to assist in appropriate medical management of LTBI and to facilitate referrals of patients with suspected or confirmed active TB disease to regional specialty clinics throughout New Jersey

Collaboration Leads to Implementing Priorities

• NJDHSS has developed and facilitated the implementation of appropriate guidelines and referral systems to assist FQHC’s to prioritize individuals who have increased risk factors for LTBI and/or progression from LTBI to TB disease

• The NJDHSS TB Program recommends and continues to support TB clinics to focus on TB suspects/cases, contact investigations, new immigrants arriving in the US with B1/B2 status, contacts being treated for LTBI, and high risk reactors
When Collaboration Works
A Case Presentation

- A 35 year old, Hispanic, female, from the Dominican Republic (DR) immigrated into the USA on January 16, 2009

- She had a history of treatment for pulmonary TB with R/I/P/E from 06/23/08 to 01/13/09

- She denied alcohol, smoking, or substance abuse

- HIV status is negative
Case Presentation - 2

- Symptoms of fever, chills, night sweats, weight loss since 04/01/08
  - She did not seek medical help at that time because she was working on getting visas for her and her three children to immigrate to the USA
- On 05/28/08, the patient went for the immigration medical evaluation
  - TST was positive – 22 mm
  - Chest x-ray was abnormal – infiltrates and cavity
  - Three sputum were collected – neg. AFB
e- Cultures were not done
- The patient was cleared for travel and diagnosed as LTBI

Case Presentation - 3

- A Green Card was issued on 06/10/08
- On 06/16/08 she had her “first” hemoptysis episode
  - Went to PMD, who based on her immigration chest x-rays and current symptoms, ordered 3 sputum, which came back +AFB
- On 06/23/08, she was diagnosed with infectious, active, pulmonary Tuberculosis. She was started on R/I/P/E.

Case Presentation - 4

- Three days later the patient left the Dominican Republic to avoid losing her visa to enter the USA
- She arrived in New Jersey on 01/16/09
- On 01/26/09, a “second” episode of hemoptysis occurred that lasted 4 days
  - She called her PMD in the DR and was advised to go the nearest TB clinic
- On Friday afternoon, 3:30 pm, 1/30/09, the patient went to the local FQHC for help
Case Presentation - 5

• At the FQHC, the patient was triaged to respiratory isolation as soon as she entered the facility
  • The county and state TB program had recently had a meeting at the FQHC regarding how to handle individuals suspicious of TB disease and diagnosis and treatment of LTBI
• The Medical Director was called to evaluate the patient and immediately called the county TB chest clinic for advice
• MD was advised to fax the medical record from DR, to put a mask on the patient, and send her to the local hospital ER for admission

Case Presentation - 6

• The county TB nurse case manager contacted the hospital ICP, physician and ER charge nurse to alert them of the arrival of a symptomatic TB case
• The nurse case manager and field supervisor went to the hospital ER to wait for the patient’s arrival
  – They provided the hospital with copies of the patient’s medical record
  – Interviewed the patient, provided TB education and information about resources for TB care and treatment
  – Established a relationship
  – Ensured that sputum were collected

Case Presentation - 7

• Patient was started on first-line TB medications
• PCR and molecular DST were ordered and testing was facilitated by the state TB Program for a smear (+) sputum specimen
• MDR-TB was confirmed 2 days later
• XDR-TB confirmed by second-line DST
Lessons Learned

• Establishing a network between the FQHC and county TB program is essential for appropriate management of TB cases in the community

• The FQHC’s knowledge of potential TB symptoms and the training of all staff in appropriate infection control procedures prevented the transmission of MDR-TB/XDR-TB in their health care facility and hospital ER

Lessons Learned - 2

• Establishing a referring system between the FQHC and the TB clinic to ensure follow-up evaluation for individuals suspicious of TB disease and those diagnosed with LTBI

• This referral system should include
  – Calling the TB clinic to set up an appointment for the patient and giving the patient the appointment date and time while the patient is at the FQHC
  – If the TB clinic is not open when the patient is at his/her medical appointment, the FQHC should make the appointment on the next business day and contact the patient with the information
  – Fax the referral form and any other pertinent information to the FQHC

Meet, Greet and Re-Meet

• A close partnership between the FQHCs county TB clinics/programs expands the effectiveness of TB control and prevention activities to benefit both the individuals at risk of TB disease, LTBI and the public

• Persistence and continual communication between the county TB clinics and the FQHC’s is the key to successful partnerships

• Meetings are required at identified intervals throughout the year(s) to discuss new issues that arise and educate new administration and/or medical providers