

2016 Michigan Cohort Review Presentation Form

Date: _____ LHD: _____ Case Manager: _____ Presenter: _____

PATIENT INFORMATION

_____ Age Male Female *If patient is <18 years, is the source identified?* Y N Source MDSS# _____

Country of Birth: _____ Mon-Year arrived in the U.S. _____

Race: American Indian/Alaska Native Asian Black/African American Caucasian Hawaiian/Pacific Islander
 Unknown Other _____ Hispanic: Yes No Unknown Arab: Yes No UnknownRisk Factors: Homeless IDU Non-IDU Alcoholism Medical conditions/treatments _____ Smoker COPD Diabetes HIV Viral Hepatitis _____ Resident/Employee of a health care facility Resident/Employee of a correctional facility Other: _____Employed: Y N N/A: _____ If yes, what occupation? _____

CLINICAL INFORMATION

Date of Initial TB Diagnosis/Suspicion of TB: _____ Date of Referral to LHD: _____

Referral Made By: _____

Primary Reason Evaluated: Contact Investigation Targeted Testing Incidental Lab Result
 Immigration Exam TB Signs/Symptoms Abnormal RadiographDate of Symptom Onset: _____ Symptoms: Productive Cough Hemoptysis Chest Pain Fever Night Sweats Fatigue Unintentional Weight Loss SOB Other: _____TST: + - _____ mm Not Done Unknown Date Placed: _____IGRA: + - Indeterminate Borderline Not Done Unknown Date Collected: _____Type: Quantiferon T-SpotCXR: Normal Abnormal, consistent w/TB Abnormal, not consistent w/TB Cavitory Evidence of Miliary Not Done Date: _____ Site: _____CT: Normal Abnormal, consistent w/TB Abnormal, not consistent w/TB Cavitory Evidence of Miliary Not Done Date: _____ Site: _____Site of Disease: Pulmonary TB Extrapulmonary TB (Ruled out Pulmonary TB Y N If Yes, How? _____) Both Pulmonary & Extrapulmonary TB

Site of Extrapulmonary TB _____

Follow-up CXR/CT: Improved Worsened Unchanged Date: _____ Not Done N/ASmear Results: Sputum + - OR other source _____ + - Date Collected: _____ Not DoneCulture Results: Sputum + - OR other source _____ + - Date Collected: _____ Not DoneNAAT: + - Date Collected: _____ Not Done or N/ASusceptibility Testing: N/A (Clinical Case) Pan-Sensitive Resistant to _____ MDR XDRPart of a genotype cluster: Y N N/A (If yes, Cluster Name _____)HIV Status: Positive Negative Date: _____ Unknown Refused Not offered, Why? _____Testing Source: Private Provider Hospital Health Department Other: _____

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TREATMENT INFORMATION

Initiation Regimen: Initial Treatment with Standard Four Drug Therapy **OR**

Other Regimen: _____ Date Started: _____

Continuation Regimen: Continuation Phase INH-RIF Twice Weekly **OR**

Other Regimen: _____ Date Started: _____

Choose One

Treatment Completed On (Date): _____ # of Doses Given: _____

Currently taking TB meds and is planned to complete in _____ months for a total of _____ doses

Did not complete treatment because: Refused Lost Died Moved Reported at Death

If died, cause of death: _____

Total months of treatment _____ If treatment took longer than 12 months, what was the reason?

Sputum Culture Conversion Documented Not Documented N/A (*Initial not done, EPTB, clinical case or resistance to RIF*)

If documented, What was the collection date of the first consistently negative sputum culture _____

Number of Days to Culture Conversion: _____ (*date of first consistently negative sputum culture - date treatment started*)

If not documented, Why? Specimen not collected Other: _____

DOT Status: Y N If No, why? _____

If yes, Number of DOT doses: _____ Number of Self-Administered Doses: _____

If yes, What methods were used? In Person Multimedia (specify type) _____ Both

If multimedia was used, please provide comments including frequency:

INCENTIVES AND ENABLERS

Did you use incentives or enablers with this patient? Y N

What type of incentive or enabler did you use? _____ Vendor (if applicable) _____

What was the total amount provided? \$ _____ What was the source? Request Fulfilled from MDHHS

LHD from TB or Other Funds Staff Individually or Collectively Other: _____

Reason for I/E use with this patient: _____

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CONTACT INVESTIGATION												
Did you conduct a contact investigation on this case? <input type="checkbox"/> Y <input type="checkbox"/> N If No, why?												
Contacts	Household		NH Family		Work	Social		HCWs	Other		Total	
	A	C	A	C	A	A	C	A	A	C	A	C
Identified												
Refused Evaluation												
Evaluated												
US Born												
Foreign Born												
TST/IGRA Positive												
Previous Disease												
Active Disease												
Started LTBI Treatment												
Started Window Prophylaxis												
Refused LTBI Treatment												
Currently on LTBI Treatment												
Discontinued LTBI Treatment												
Lost to Follow-up												
Died Before Completed												
Completed LTBI Treatment												
NOTES:												
CONTACT INVESTIGATION BARRIERS												
Contact Investigation Barriers	Effective Strategies					Ineffective Strategies						
<input type="checkbox"/> Culture/Religion												
<input type="checkbox"/> Known Previous Exposure												
<input type="checkbox"/> Language												
<input type="checkbox"/> LHD Org. Capacity												
<input type="checkbox"/> LHD Resources												
<input type="checkbox"/> LHD Staff Training												
<input type="checkbox"/> Patient Education												
<input type="checkbox"/> Testing Supplies												
<input type="checkbox"/> Uncooperative Contacts												
<input type="checkbox"/> Uncooperative Patient												
<input type="checkbox"/> Other: _____												

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CASE MANAGEMENT BARRIERS		
Case Management Barriers	Effective Strategies	Ineffective Strategies
CLINICAL		
<input type="checkbox"/> Co-Management (HIV, Diabetes, Mental Illness, Hepatitis, etc.)		
<input type="checkbox"/> Did Not Finish TB/LTBI Treatment		
<input type="checkbox"/> DOT		
<input type="checkbox"/> In Genotype Cluster		
<input type="checkbox"/> Lab Specimen Collection		
<input type="checkbox"/> LHD Staff Knowledge/Training		
<input type="checkbox"/> Medical Management		
<input type="checkbox"/> Medication Interactions		
<input type="checkbox"/> Partnerships With Other Organizations		
<input type="checkbox"/> Previous Diagnosis of TB/LTBI		
<input type="checkbox"/> Referring/Managing Physician		
<input type="checkbox"/> Unspecified Lab Results		
<input type="checkbox"/> Other: _____		
SOCIAL		
<input type="checkbox"/> Alcoholism		
<input type="checkbox"/> Culture		
<input type="checkbox"/> Family Cooperation/Support		
<input type="checkbox"/> IDU		
<input type="checkbox"/> Language		
<input type="checkbox"/> Literacy		
<input type="checkbox"/> Non-IDU		
<input type="checkbox"/> Patient Cooperation		
<input type="checkbox"/> Religion		
<input type="checkbox"/> Other: _____		
ECONOMIC		
<input type="checkbox"/> Financial Stability		
<input type="checkbox"/> Food Security		
<input type="checkbox"/> Homelessness/ Shelter Security		
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Unemployed/ Employment Security		
<input type="checkbox"/> Uninsured/Underinsured		
<input type="checkbox"/> Other: _____		

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Glossary of Terms

A: Adult ≥ 18 years of age identified through a contact investigation

C: Child < 18 years of age identified through a contact investigation

CI: Contact Investigation

Culture Conversion: The conversion from an initial positive TB culture to a negative TB culture

DOT: Directly Observed Therapy

Enabler: Any token or provision that enabled the patient to adhere to treatment, such as covering transportation, groceries, or bills (energy, mortgage, etc.). This could have been provided solely by the local health department or it could have been requested for and provided by MDHHS.

HIV: Human Immunodeficiency Virus

IDU: Injection Drug User

Incentive: Any token or provision that encouraged the patient to adhere to treatment. This could have been provided solely by the local health department or it could have been requested for and provided by MDHHS.

INH: Isoniazid

LHD: Local Health Department

LTBI: Latent tuberculosis infection

MDSS: Michigan Disease Surveillance System

N/A: Not Applicable

NH: Non-household contacts

Multimedia: Any electronic device that was used to administer DOT (video/skype, text, email, pictures, etc.)

Non-IDU: Non-injection Drug User

Pan-Sensitive: The patient's TB is sensitive to all first-line drugs

RIF: Rifampin

SOB: Shortness of Breath

TB: Mycobacterium Tuberculosis

TST: Tuberculin (Mantoux) Skin Test

Window Prophylaxis: Beginning treatment for presumed LTBI until a second skin test has been administered and read. If the second test result is negative, treatment should be discontinued.

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Helpful Guides

Barriers: Identify all barriers experienced during the management of the case and the contact investigation whether you were able to overcome the barrier or not. Even if it is a common barrier you are used to dealing with (transportation, culture, medication, etc), still mark the barrier down. We do not expect every box to be checked and every cell to be filled; only check the ones that are appropriate for the case. Write strategies (if any) that you used in the appropriate column (whether effective or ineffective). For checked barriers with no strategies written, we will assume the barrier was unaddressed.

The goal of the barriers section is two-fold. One, the information you provide regarding how you overcome barriers can be shared with other local health departments to help them address similar barriers. We can determine best practices and lessons learned that the whole state can benefit from. Second, this exercise is important for evaluation. Through identifying barriers, whether they were addressed, and how you addressed them, we can identify strengths across our state in resources and support available. It can also help us identify areas of need for resources and assistance. This provides an argument for greater funding and assistance in the future.

Employed or unemployed status is to help us determine financial and economic stability. We have added N/A for those who are not employed because of retirement, school/university, or other reasons which do not necessarily make them unstable.

Sputum Culture Conversion is defined as the conversion from an initial positive sputum culture to a negative sputum culture. To calculate the days required to convert a patient's sputum culture, subtract the treatment start date from the date of the first consistently negative sputum culture.