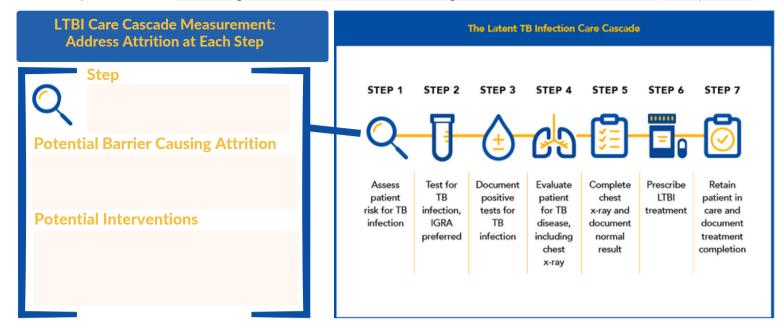
LATENT TUBERCULOSIS INFECTION (LTBI) CARE CASCADE: ADDRESSING COMMON BARRIERS

Courtesy of TB Free CA, Preventing Tuberculosis in Your Clinical Setting: A Practical Guidebook. Richmond, CA. April 2022.



Step

Potential Barrier

Potential Interventions

1. Assess Patient Risk for TB Infection

- Providers may be unaware who is at risk and should be tested for TB infection.
- Patients may be unaware that they can still get TB if they have had BCG vaccine.
- Add the <u>San Diego County TB Risk</u>
 <u>Assessment</u> to routine health
 maintenance screen or to a well
 visit chart note template.

2. Test For TB Infection

- Challenging to order a TB test for patients at risk.
- Incorporate TB blood test, Interferon-Gamma Release Assays (IGRA), as a standing order based on risk or add to routine lab order sets.
- Display patient education materials on TB in clinic.

3. Document Positive Tests for TB Infection

- Patients may not come back to have Tuberculin Skin Test (TST) read.
- TST results are in an inconsistent, qualitative format.
- Offer IGRA tests to patients aged ≥ 2 yrs when available (if IGRA not available, use TST).
- Work with local lab to discuss pricing and bring blood draw on-site, with electronic reporting.

KNOW YOUR TB STATUS. GET TESTED. IF POSITIVE, TAKE MEDICATION.







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STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6 STEP 7



Step

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4. Evaluate for TB Disease

- Patients may not perceive the importance of a chest x-ray (CXR).
- Patients may not be able to readily access x-ray services.
- Patient education provided at time of TB testing so, if the test is positive, the patient understands next steps.
- An assigned LTBI care coordinator can use an EMR-generated report to followup & ensure patients complete the CXR.
- Identify patient-centered options for imaging.
- Help patients anticipate co-pays/costs associated with their health plans.

5. Complete Chest X-Ray and Document Normal Result

- Chest x-ray results may not be well-integrated into the EMR.
- Clinics can work to bring x-ray onsite; co-locate radiology services in clinics with high prevalence of LTBI.
- Develop a standardized method to document results using predictive phrases or templates and the ICD-10 code for LTBI.

6. Prescribe LTBI Treatment

- Providers may be unfamiliar with newer, shorter-course LTBI treatment regimens, and patients may be uninterested because they feel well & treatment is long.
- Provider education on the efficacy of newer, shorter LTBI regimens and drug interactions.
- Clinic flow modified to offer shortcourse rifamycin-based regimens as an "opt out" for patients with a positive TB test.
- Create standard order sets ensure preferred LTBI medications easily accessible within EHR template.

7. Retain Patient in Care and Document Treatment Completion

- Providers may be unaware whether patients complete LTBI treatment.
- Treatment completion is not documented on the patient chart.
- LTBI care coordinator follows up with patients, documents treatment completion using:
 - 1. New discrete field for treatment completion date;
 - 2. If medications not completed, reason stopped field.

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