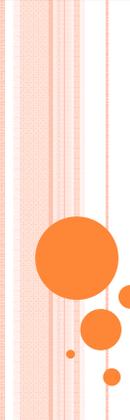


COHORT REVIEW – COMING TO AN OFFICE NEAR YOU

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COHORT REVIEW – ANOTHER WAVE OF CHANGE

- One way to evaluate a TB program
- Required by our federal cooperative agreement
- Looks at outcomes
- Done internally at the Central Office in 2010, looking at 2009 surveillance data



THE “COHORT” IN COHORT REVIEW

- A group of all TB cases counted in a specific time frame
- Frequency of review depends on number of cases reported
 - Quarterly
 - Twice a year
 - Yearly



THE "REVIEW" IN COHORT REVIEW

- Looking at specific information in each TB case in the cohort AFTER the case is closed
- Based on the National TB Indicators Project – "NTIP"
- Goals for each year increase to meet Virginia and national goals



WHAT HAPPENS IN A COHORT REVIEW

- The case manager prepares a summary form about each client in the cohort before the meeting
- A meeting is held with local and central office TB staff, which can include outreach workers, case-managers, health directors, program supervisors, and others
- A review of specific "NTIP" indicators for each case is done
- If an indicator is not met, discussion and problem solving occurs. It is a great teaching opportunity.
- The TB program is provided with data to show their achievement on the NTIP indicators.



NTIP PROGRAM OBJECTIVES AND PERFORMANCE TARGETS

- There are 15 objective categories - not all the responsibility of the local health department
- For 2011 Health District cohort reviews, only 6 objectives are under review
 - Completion of treatment within 366 days
 - Presence of drug susceptibility results if a culture confirmed TB case
 - Sputum culture reported for those with a respiratory site of disease
 - Sputum culture conversion within 60 days for those with originally positive *M. tb* sputum cultures
 - Recommended initial therapy with initial 4 drug treatment regimen
 - HIV result reported



VIRGINIA AND NATIONAL TARGETS - 1

- Completion of Treatment within 366 days – for patients with newly diagnosed TB for whom therapy for 12 months or less is indicated.
 - Alive at diagnosis
 - Initiated treatment on one or more drugs
 - Excludes any RIF resistant TB, meningial TB, and children aged 14 or younger with disseminated TB
 - Clients who died during treatment are excluded

- Virginia Goals: 2010 - 86%; 2014 - 93%
- National Goal: 2015 - 93%



VIRGINIA AND NATIONAL TARGETS - 2

- Presence of initial drug susceptibility results in all culture confirmed TB cases
 - the susceptibility results for Isoniazid and Rifampin reported as either resistant or susceptible.

- Virginia Goals: 2010 - 92%; 2014 - 100%
- National Goals: 2015 - 100%



VIRGINIA AND NATIONAL TARGETS - 3

- Sputum culture reported for those with a respiratory site of disease (pleural, pulmonary, laryngeal) in
 - Patients ages 12 years or older
 - Alive at diagnosis

- Virginia Goals: 2010 - 88%; 2014 - 92%
- National Goals: 2015 - 95.7%



VIRGINIA AND NATIONAL TARGETS - 4

- Sputum culture conversion - increase the proportion of TB patients with positive sputum culture results who have documented conversion to sputum culture-negative within 60 days of treatment initiation.
 - Alive at diagnosis
 - Started treatment
 - Patients who died within 60 days of initiating treatment are excluded
- Virginia Goals: 2010 - 40%; 2014 - 60%
- National Goals: 2015 - 61.5%



VIRGINIA AND NATIONAL TARGETS - 5

- Recommended initial therapy with initial 4 drug treatment regimen
 - Alive at diagnosis
 - Standard regimen is INH, RIF, PZA and EMB
 - Other TB drugs also count
 - Taken for 2 weeks or longer
- Virginia Goals: 2010 – 91.4%; 2014 - 93%
- National Goals: 2015 – 93.4%



VIRGINIA AND NATIONAL TARGETS - 6

- Presence of HIV result - positive or negative
- Virginia Goals: 2010 – 75%; 2014 - 83%
- National Goals: 2015 – 88.7%



WHAT IS THE NEXT WAVE OF CHANGE??

- o Addition of the contact investigation data
 - Contact elicitation
 - Evaluation
 - Treatment initiation
 - Treatment completion



WHAT IS MY ROLE AS AN OUTREACH WORKER?

- o Be aware of what is still needed for your cases, and discuss with the nurse case manager
- o When available to your nursing staff, consider putting the cohort review form on the record on admission and completing as you go
- o May attend cohort review sessions, add valuable information and learn from the discussion



WHAT'S THE POINT?

- o Studies have shown that just the process of performing cohort review, with no other program changes, has improved program performance
- o Local programs can use the data to set goals, look at their own processes, and make program changes to better serve TB clients
- o The cohort review discussions are meant to be positive learning experiences