

Welcome to Session 3 of the
Latent TB Infection
Virtual Provider Learning Sessions

We will begin in a moment!

While you are waiting...

Please use the chat to share the following information:

- What is your name and preferred pronouns?
- What is your title/role?
- What organization you are from?
- What is your favorite thing about winter?

Latent Tuberculosis Infection

Virtual Provider Learning

Session #3:

Reporting and Analysis

Thursday, December 10, 2020

10am-12pm





Session Schedule

Risk assessment and testing

- Thursday 11/12 from 12-2pm

Adherence support

- Thursday 11/19 from 9:30-11:30am

Reporting and analysis

- Thursday 12/10 from 10-12pm

Thank you for your participation!



The objectives of the Virtual Provider Learning Sessions are to:

- Update providers' knowledge and review resources that describe latent TB infection services, including risk assessment, testing, adherence support, and reporting
- Prepare agencies to plan for initiating or enhancing these services
- Share lessons learned



Session #3 Agenda

- Introductions
- Data reporting process
- Quality improvement
- Questions and discussion
- Break
- Breakout rooms
 - Pre-process mapping
- Wrap-up



Housekeeping: How to Connect to Audio by Computer

- Join using **computer audio** and a plug-in headset or computer speakers
- Please mute your line when you're not speaking
- If you're having audio issues, please chat the host



Choose ONE of the audio conference options

Phone Call Computer Audio

Join with Computer Audio

Test Speaker and Microphone

Automatically join audio by computer when joining a meeting

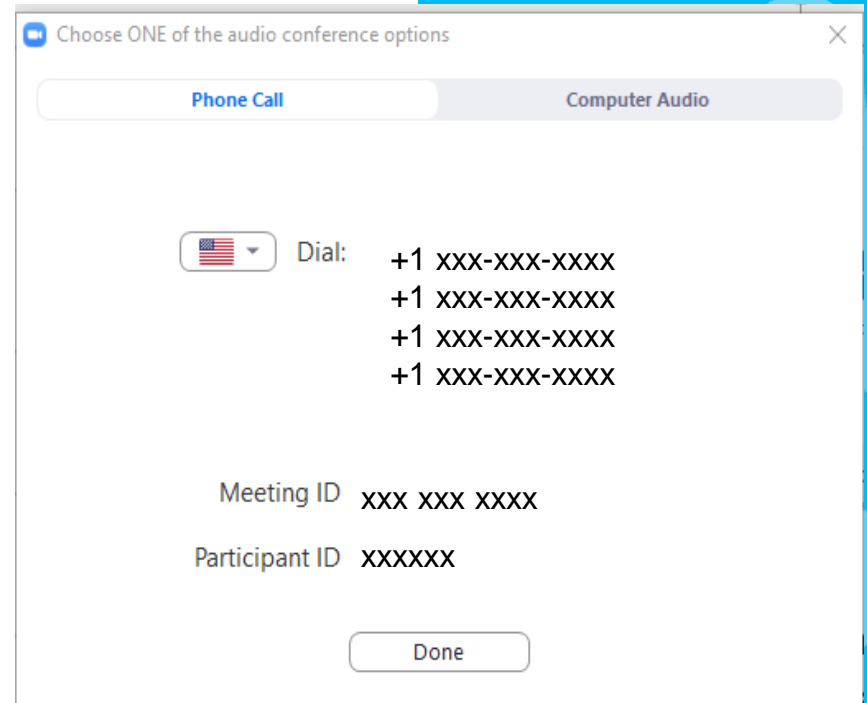
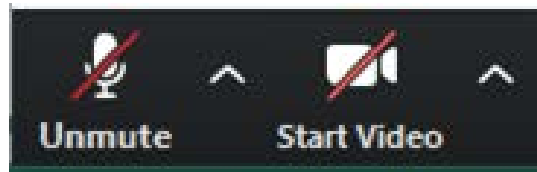


Housekeeping: Connecting by Phone, Using Video

Join by **phone**: Click **Join Audio, Phone Call** tab, dial the desired phone number, **Enter Meeting ID & Participant ID**

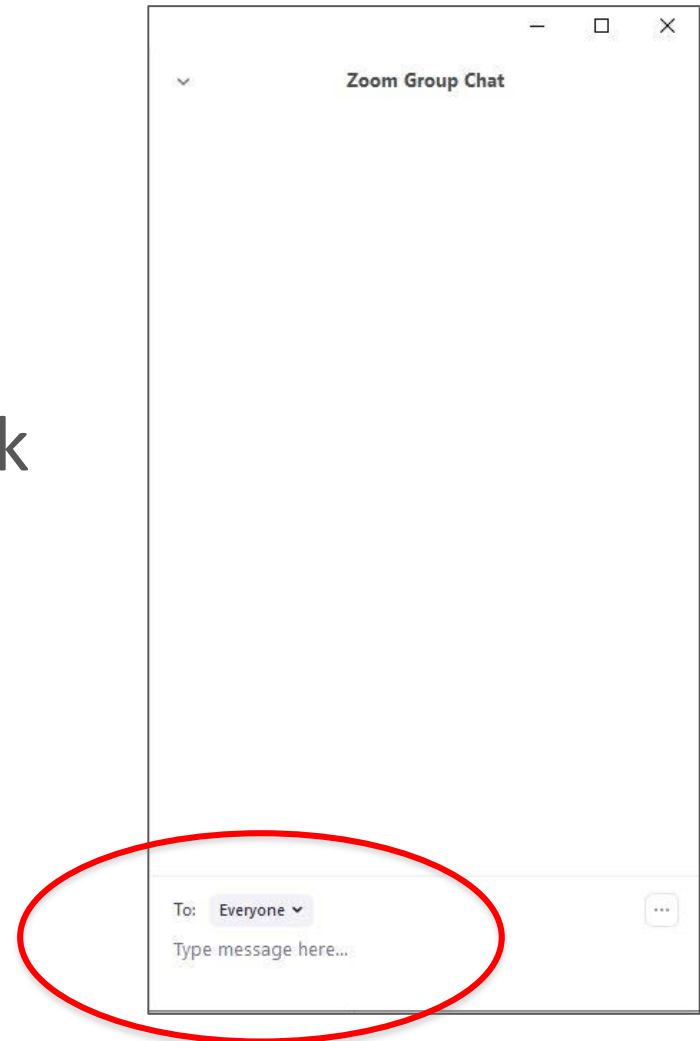
You will begin muted. To **unmute/mute** click the **Microphone icon**


Click **Start Video** to join by webcam



Housekeeping: Chat function

- Ask questions and join the discussion by using the chat feature or raising your hand to speak





Introductions -- Massachusetts Department of Public Health

- Andrew Tibbs
- Dawn Fukuda
- Denise Sanderson*
- Edward DeBortoli
- Emily Levine
- Frederick Kiggundu
- Jennifer Cochran*
- John Bernardo*
- Kevin Gavit
- Laura de Mondesert*
- Liisa Randall*
- Linda Goldman*
- Marisa Chiang*
- Monica Morrison
- Pat Iyer
- Sophie Lewis*
- Zakaria Ahmed-Gas*

** MDPH staff involved in the design and/or facilitation of this session.*



Introductions -- JSI/TA4SI

- Amy Sgueglia, Consultant*
- Sabrina Eagan, Technical Advisor*
- Molly Rafferty, Project Associate*
- Mira Levinson, Project Director
- Molly Higgins-Biddle, Project Manager
- Mikey Davis, Consultant
- Christine Luong, Consultant

* *Latent TB infection team leads*



Fact Sheets

- Series of 9 Fact Sheets on latent TB infection services
- **Purpose:** Address key considerations for each component of testing and treating individuals with latent TB infection
- **Audience:** Intended for agencies receiving funding from MDPH BIDLS to provide infectious disease services, including TB testing and latent TB infection services

Components for Testing and Treatment of Individuals with Latent Tuberculosis (TB) Infection



Risk assessment

- Identify individuals appropriate for TB testing because they are:
 - at increased risk for infection; and/or
 - at increased risk of disease progression
- Explain the result of the risk assessment and next steps to the individual
- Document assessment result



Testing

- Choose an appropriate tuberculosis test
- Administer tuberculosis test
- Confirm and document that test result was read or received by healthcare provider
- Provide test result to the individual



Evaluation

- Link to provider to clinically evaluate for latent TB infection or TB disease
- Confirm and/or document linkage to evaluation services
- Confirm whether a diagnosis was given to the individual



Treatment

- Link to treating provider
- Confirm and document linkage to treatment services
- Confirm and document date treatment was started



Adherence support

- Assess/reassess treatment adherence support needs
- Provide support for adherence to treatment and retention in care



Reporting and analysis

- Report cases of latent TB infection; report TB disease/suspected TB disease to Massachusetts Department of Public Health
- Report treatment outcomes, including date and reason stopped
- Assess quality of services and make improvements as needed



Treatment

- Link to treating provider
- Confirm and document linkage to treatment services
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Adherence support

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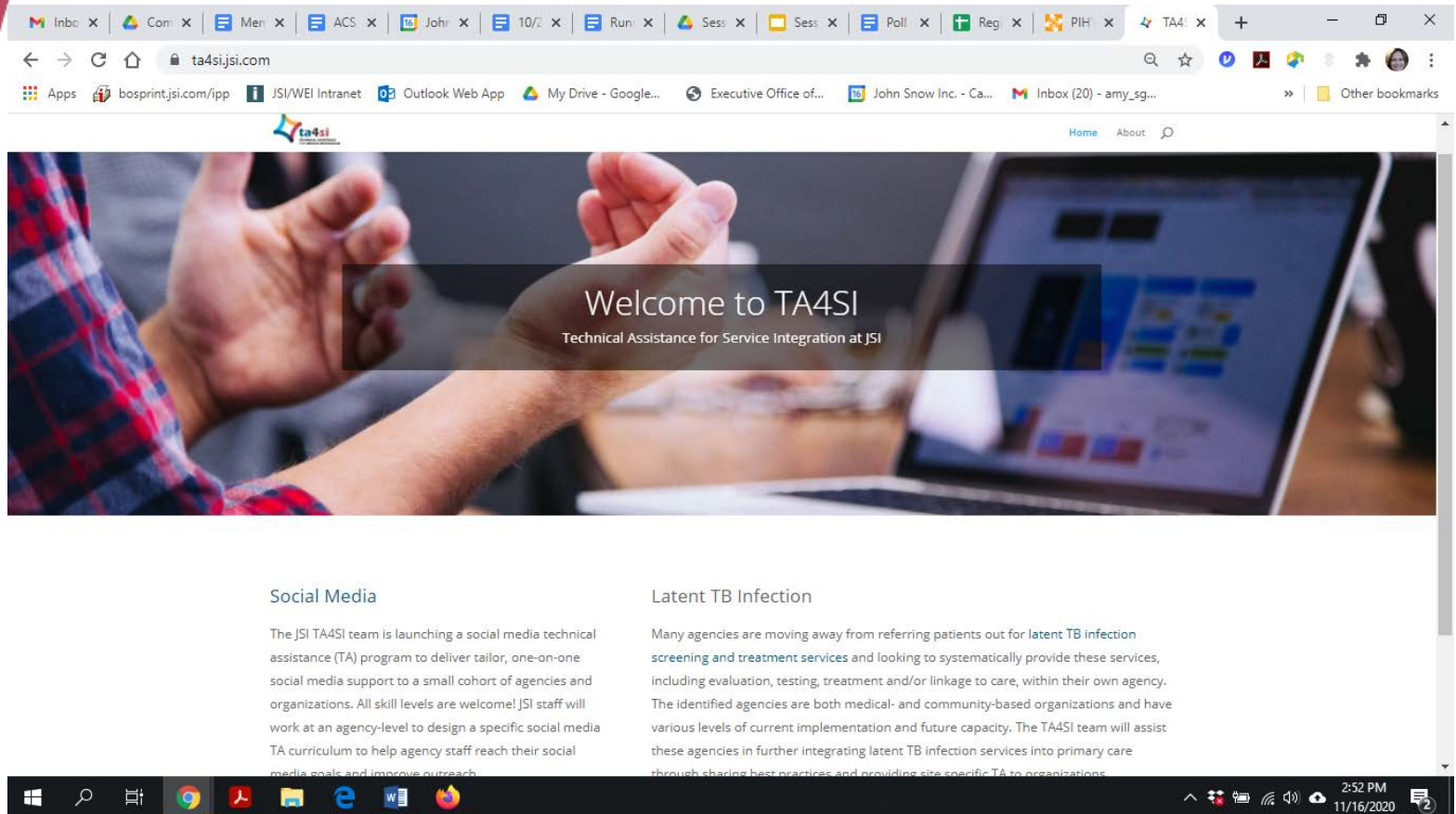



Reporting and analysis

- Report cases of latent TB infection; report TB disease/suspected TB disease to Massachusetts Department of Public Health
- Report treatment outcomes, including date and reason stopped
- Assess quality of services and make improvements as needed

The Fact Sheets will be posted on the TA4SI website:

<https://ta4si.jsi.com/>





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Poll Question:

How would you describe your agency's MDPH BIDLS data reporting activities (choose one)?

Data Reporting Process

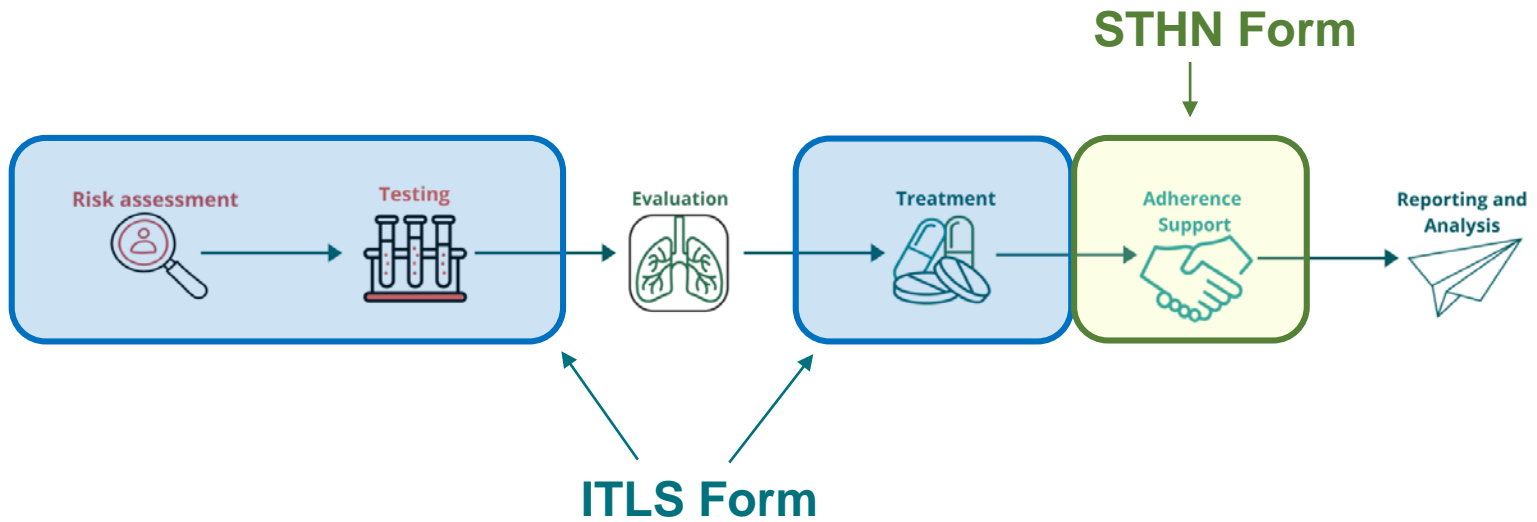
Laura de Mondesert, BIDLS
Andrew Tibbs, BIDLS



LTBI Reporting & Reporting Processes

Laura de Mondesert, Epidemiologist, Office of Health Care Planning, BIDLS
Andy Tibbs, Epidemiologist, Division of Global Populations & Infectious Disease
Surveillance, BIDLS

Components of Testing and Treatment of Individuals with Latent Tuberculosis (TB) Infection



Reporting Forms

Integrated Testing and Linkage Services

Massachusetts Department of Public Health
Version: 3.0 Jan2021

Demographics					
Site:	Session Date:	Client Code:	Date of Birth:	Gender Identity:	Sex at Birth:
Please take special care to ensure the above information has been entered accurately. These fields are used to construct the Form UNID located at the bottom of this form and specimen submission forms. This ID is unique to this session and is used to link this form with SPHL lab results and/or to locate and update this form if it is resent with new data. ONCE THIS FORM AND/OR SPECIMENS HAVE BEEN SENT, THE ABOVE INFORMATION CANNOT BE CHANGED.					
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> AIAN <input type="checkbox"/> NHPI <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	Hispanic:	Birth Country:		
Pregnant?	Insurance status:	Current housing status:	State:		
In prenatal care?	Enrollment assistance provided?	Have any of the following occurred in the last year? (select all that apply)			Zip:
<input type="checkbox"/> Incarcerated <input type="checkbox"/> Unstably housed <input type="checkbox"/> Homeless					
Medical/Test History					
Ever tested for HIV?	Ever diagnosed with:	<input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis	Diagnosed with any of the following in the last 12 months?		
Ever tested for HCV?	Month/Year:	<input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis			
PrEP history:	Where?				
Risk Factor Information					
Was risk reduction discussed at this visit?	If no risk factors noted below, why not?				
Sexual Risk					
Gender Identity of Sex Partner(s):		Male	Female	Transgender	
Last 12 Months	Vaginal or anal sex in the last 5 years	6	6	6	
	Vaginal or anal sex	6	6	6	
	Vaginal or anal sex with an IDU	6	6	6	
	Vaginal or anal sex with a person who is HIV+	6	6	6	
	Vaginal or anal sex in exchange for something they needed	6	6	6	
	Female only: Vaginal or anal sex with a man who has sex with other men	6	6	6	
Oral sex only	6	6	6		
Injection Drug Use					
Used injection drugs: Ever?	Last 5 Yrs?	Last 12 Mos?	Shared equipment: Ever?	Last 12 Mos?	
Referrals and Other Services					
<input type="checkbox"/> Narcain <input type="checkbox"/> HIV medical case management <input type="checkbox"/> Substance use services <input type="checkbox"/> Short-term health navigation <input type="checkbox"/> Prenatal services <input type="checkbox"/> PrEP <input type="checkbox"/> PEP					
<input type="checkbox"/> Primary care <input type="checkbox"/> Mental health services <input type="checkbox"/> Syringe services program <input type="checkbox"/> Correctional Linkage-to-Care <input type="checkbox"/> PrEP-DAP <input type="checkbox"/> HDAP					
Client vaccinated for Hep A this visit?	Client vaccinated for Hep B this visit?				
Client vaccinated with quadrivalent MenACWY at this visit?					
Current Testing and Linkage to Care					
Tested for at this visit:	<input type="checkbox"/> HIV <input type="checkbox"/> Hep C <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> TB <input type="checkbox"/> SARS CoV-2	Is testing associated w/ PrEP prescription?			
Final HIV result:	Provided to client?	Date provided:			
If positive, care status:	Appt date:	Where?			

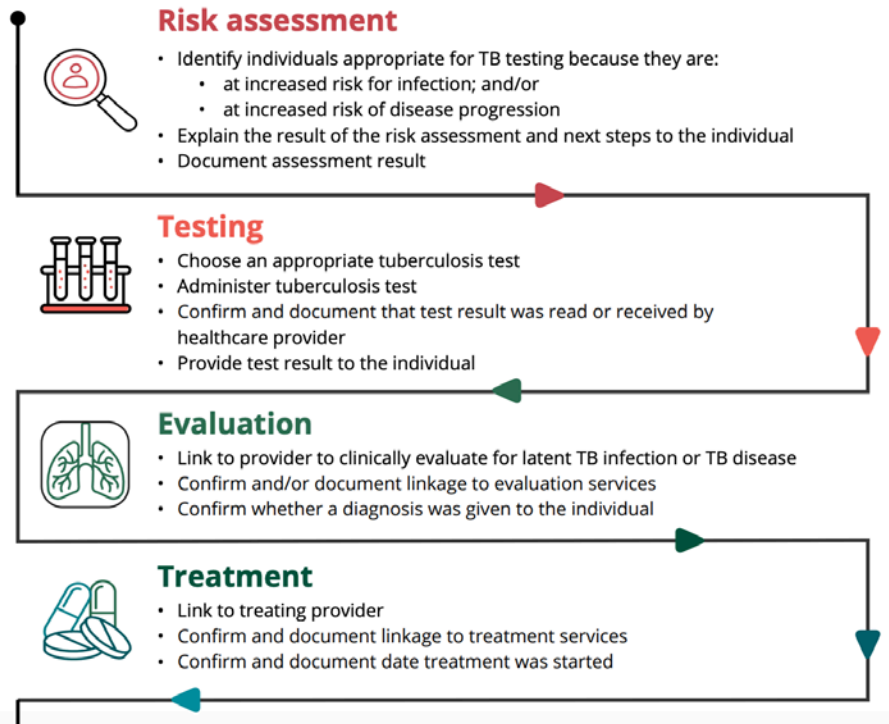
Syringe Services / Short-Term Health Navigation / PrEP

Massachusetts Department of Public Health
Version: 2.1 Jan2020

The Syringe Services, Short-Term Health Navigation, and PrEP sections below should be completed based on services provided in addition to integrated testing. If none of the below services are being provided, this page should be left blank (excluding Demographics and Risk which is pre-populated based on responses entered on Page 1). This page has been included with testing forms as a convenience and to prevent double data-entry, however a standalone version is available upon request from your Contract Manager.

Demographics and Risk					
Site:	Client Code:	Date of Birth:	Gender Identity:	Sex at Birth:	State: Zip:
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> AIAN <input type="checkbox"/> NHPI <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	Hispanic:	Priority Populations: <input type="checkbox"/> MSM <input type="checkbox"/> PWID <input type="checkbox"/> Non-US born		
Pregnant?	Insurance Status:	Current housing status:			
In prenatal care?	Enrollment assistance provided?	Have any of the following occurred in the last year? (select all that apply)			
<input type="checkbox"/> Incarcerated <input type="checkbox"/> Unstably housed <input type="checkbox"/> Homeless					
Syringe Services					
Complete this section only if syringe services are being provided. If syringe services are not being provided, this section must be left blank. Session Date and Enrollment Status are required and forms missing either will not be accepted.					
Session Date:	SSP enrollment status:	Syringes collected:	Syringes distributed:		
Referrals provided:	<input type="checkbox"/> Substance use services <input type="checkbox"/> Nalcain program <input type="checkbox"/> HIV/HCV/STI/TB testing <input type="checkbox"/> PrEP <input type="checkbox"/> PEP <input type="checkbox"/> Short-term health navigation				
Short Term Health Navigation					
Types of short term health navigation provided:				- Complete this section only if short-term health navigation is being provided. Otherwise, this section must be left blank.	
	Start date	End date	Outcome		
Hepatitis C treatment				- Forms should be submitted as soon as navigation has completed. Forms missing Start Date(s), End Date(s), and/or Outcome(s) are not considered complete.	
LTBI treatment					
Mental health services					
Housing					
Health care/Primary care				- If after 30 days, navigation is still on-going, an initial form should be sent including Start Date(s) to indicate navigation is being conducted. Once navigation is completed, an updated final form should be submitted.	
Substance use services					
Navigation assistance provided (select all that apply):					
<input type="checkbox"/> Appt scheduled w/ HCV treating provider <input type="checkbox"/> Appointment accompaniment(s) <input type="checkbox"/> Health education					
<input type="checkbox"/> Appt scheduled w/ LTBI treating provider <input type="checkbox"/> Appointment reminders <input type="checkbox"/> Referral to PrEP					
<input type="checkbox"/> Appt scheduled w/ PrEP prescribing provider <input type="checkbox"/> Referral to HIV/HCV/STI/TB testing <input type="checkbox"/> Referral to PEP					
<input type="checkbox"/> Appt scheduled w/ primary care provider <input type="checkbox"/> Medication adherence support <input type="checkbox"/> Risk reduction counseling					
<input type="checkbox"/> Appt scheduled w/ HIV care provider <input type="checkbox"/> Insurance assistance <input type="checkbox"/> Benefits access assistance					
<input type="checkbox"/> Other type of appt scheduled <input type="checkbox"/> Transportation assistance <input type="checkbox"/> Other					
- Multiple types of navigations may be documented on a single form. However once navigations have been completed, a new form should be started if short-term health navigation is provided again in the future.					
PrEP Navigation					

Reporting Components



- Born in Haiti
- HIV positive

- IGRA Positive

- Referred to ID specialist
- Individual successfully linked to treating provider

Reporting Components (cont.)



Adherence support

- Assess/reassess treatment adherence support needs
- Provide support for adherence to treatment and retention in care



Reporting and analysis

- Report cases of latent TB infection; report TB disease/suspected TB disease to Massachusetts Department of Public Health
- Report treatment outcomes, including date and reason stopped
- Assess quality of services and make improvements as needed

- Individual requires assistance in scheduling her appointment with a treating provider
- She may also require transportation assistance and an appointment reminder the day before her appointment

TB Surveillance Epidemiology Process

- Both clinical and non-clinical sites are expected to complete the ITLS form for each client who is tested for TB using the IGRA or TST, whether the result is positive or negative.
- Depending on the capacity of the facility, non-clinical sites are required to report any treatment adherence support that they provide to their clients being treated for latent TB infection on the STHN form.
- As long as you submit an ITLS form, you are not expected to complete any additional surveillance forms.
- If an individual tests positive for LTBI at your site, a DPH epidemiologist may contact you to collect additional information, discuss the process of evaluation as is relevant to your site, and walk you through next steps.

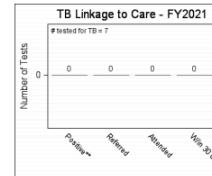
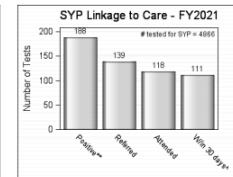
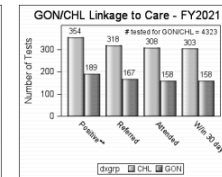
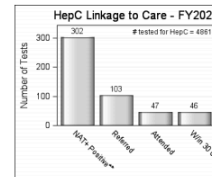
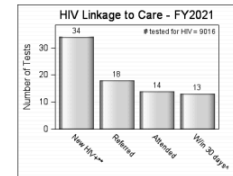
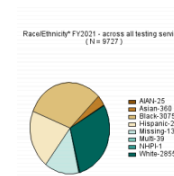
Using DPH Reports to Understand Your Data

ITLS Dashboard Reports

- Generated Monthly at agency- and site-levels
- Distributed by your Contract Manager
- Contains an overview of LTBI linkage to care in cascade form
- Also contains information on priority populations, race/ethnicity, & LTBI treatment navigation outcomes

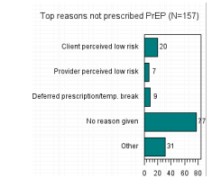
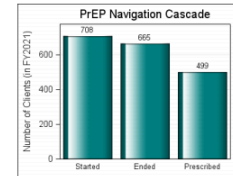
HIV/HCV/STI/TB Testing - Priority Populations

Priority population	# Tests	%
Any priority population	5322	56.4%
-MSM	1619	17.2%
-PWID	735	7.8%
-Non-US Born	3484	36.9%
-Born in Puerto Rico or US Dependencies	252	2.7%
-Transgender	57	0.6%
TOTAL (all populations)	8429	100.0%



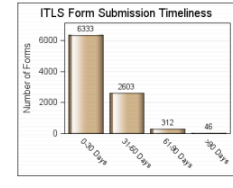
SHORT-TERM HEALTH NAVIGATION**

STHN Type	# Started	# Ended	# Positive Outcome
HepC treatment	90	76	84
LTBI treatment	0	0	0
Mental health	35	26	25
Housing	18	14	10
Primary care	495	474	260
Substance use	371	370	363



SYRINGE SERVICE PROGRAM DATA

supplied	SEP	FY2021
Syringes in (#)	274410	821029
Syringes out (#)	349270	956129
Unique clients (#)	4561	8651
Prescribed PrEP (#)	29	34
Substance use referrals (#)	130	453
Narcotic referrals (#)	2195	5969
Testing referrals (#)	21	79
PrEP referrals (#)	1	6
STHN referrals (#)	379	1383



*AMN = American Indian/Alaskan Native; NPHI = Native Hawaiian/Pacific Islander.
 **The number of positions in the linkage to care charts excludes persons who test positive and are already in care. For syringes, the number of positions also includes patients who were clinically evaluated.
 *** "Positive outcome" is indicative of any treatment completion, linkage to a provider, linkage to health services, assistance, or any successful STHN activity not otherwise specified in FY21.
 Only successful navigations with a start AND end date in FY21 are included in the "positive outcome" category.
 *No appointment date was recorded in the Testing & Linkage form, said clients will not be included in the "With 30 days" group.

Monthly ITLS Summary

- Also generated Monthly at the agency- and site-levels
- Distributed by your Contract Manager
- Reports on number of tests (IGRA or TST) conducted by your agency and number of positives

Date generated: 11/20/2020

Massachusetts Department of Public Health, Office of Health Care Planning
Monthly Integrated Testing and Linkage Services Summary

Results received through: 10/8/2020
FY21 Missing Service Forms = 385
FY21 Presumed Matching Error* = 22

		HIV Tests		HCV Tests		Chlamydia Tests		Gonorrhea Tests		Syphilis Tests		TB Tests	
		Total	New +**	Total	NAT +	Total	Positive	Total	Positive	Total	Positive	Total	Positive
All Sites	FY 2020	45,005	153 (0.3%)	29,412	3092 (10.5%)	25,381	1877 (7.4%)	25,368	965 (3.8%)	29,441	2366 (8%)	12	0
	FY 2021	9,016	36 (0.4%)	4,861	337 (6.9%)	4,323	354 (8.2%)	4,320	189 (4.4%)	4,866	502 (10.3%)	7	0

		Fiscal Year 2021***												
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
HIV	ITLS ^A	2,585	2,960	3,119	0	0	0	0	0	0	0	0	0	8,664
	SPHL	1,317	1,588	1,689	0	0	0	0	0	0	0	0	0	4,594
	New +	9	10	17	0	0	0	0	0	0	0	0	0	36
HCV	ITLS	1,346	1,545	1,618	0	0	0	0	0	0	0	0	0	4,509
	SPHL	1,317	1,588	1,689	0	0	0	0	0	0	0	0	0	4,594
	NAT+	91	114	132	0	0	0	0	0	0	0	0	0	337
CHL	ITLS	1,270	1,344	1,414	0	0	0	0	0	0	0	0	0	4,028
	SPHL	1,246	1,335	1,475	0	0	0	0	0	0	0	0	0	4,056
	POS	124	98	132	0	0	0	0	0	0	0	0	0	354
GON	ITLS	1,268	1,342	1,413	0	0	0	0	0	0	0	0	0	4,023
	SPHL	1,246	1,335	1,475	0	0	0	0	0	0	0	0	0	4,056
	POS	52	58	79	0	0	0	0	0	0	0	0	0	189
SYP	ITLS	1,347	1,549	1,618	0	0	0	0	0	0	0	0	0	4,514
	SPHL	1,317	1,588	1,689	0	0	0	0	0	0	0	0	0	4,594
	POS	149	179	174	0	0	0	0	0	0	0	0	0	502
TB	ITLS	0	4	3	0	0	0	0	0	0	0	0	0	7
	SPHL	0	0	0	0	0	0	0	0	0	0	0	0	0
	POS	0	0	0	0	0	0	0	0	0	0	0	0	0

*Estimated number of individual testing events with errors in the barcode; these lab results, thus, cannot match to a service form, or vice versa. This number is independent of the number of missing service forms.
 **Number of new HIV positive cases is an overestimate for agencies/sites that have not submitted all of their service forms, or did not indicate whether a client has previously been tested for HIV on the service form
 ***Data through 9/30/2020
^AITLS = Testing & Linkage, abbreviation for the Integrated Testing and Linkage Services form

Other Reports

- **Quarterly ITLS Report**

- Generated quarterly
- Contains a detailed breakdown of every field included in the ITLS form
- Examples of data you might find here:
 - TB tests conducted at your agency/site, stratified by age or race/ethnicity
 - LTBI linkage to care outcomes (e.g., number of individuals who tested positive and were linked to care, already in care, declined assistance, etc.)

- **Short-Term Health Navigation Report**

- Generated quarterly
- Contains a detailed summary of populations receiving short-term health navigation, along with navigation outcomes
- Examples of data you might find here:
 - Total number of navigations started during the fiscal year in question for each type of short-term health navigation by target population (i.e., MSM, IDU, Non-US Born, & Transgender)

LTBI Components & Their Indicators

Component A: Risk Assessment

Outcome Indicator

- # of individuals identified as at risk
 - **Required** to report this data
 - ITLS form

Process Indicator

- # of individuals assessed for risk
 - Recommended to collect this data
 - Your agency's internal database or information system

- % of individuals assessed for risk among populations to be screened per facility guidelines
 - Recommended to collect this data
 - Your agency's internal database or information system

HIV/HCV/STI/TB Testing - Priority Populations

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--MSM	1619	17.2%
--PWID	735	7.8%
--Non-US Born	3484	36.9%
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--Transgender	57	0.6%
TOTAL (all populations)	9429	100.0%

Component B: Testing

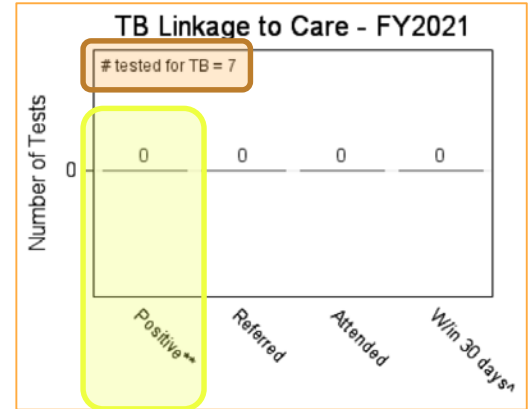
Outcome Indicator

- #/% Individuals tested for TB infection (among those at risk)
 - **Required** to report this data
 - ITLS form

- #/% Individuals with positive TB test (among those tested)
 - **Required** to report this data
 - ITLS form

Process Indicator

- # TB tests conducted
 - **Required** to report this data
 - ITLS



GON	ITLS	1,268	1,342	1,413
	SPHL	1,246	1,335	1,475
	POS	52	58	79
SYP	ITLS	1,347	1,549	1,618
	SPHL	1,317	1,588	1,689
	POS	149	179	174
TB	ITLS	0	4	3
	SPHL	0	0	0
	POS	0	0	0



Component C: Evaluation

Process Indicator

- # Individuals evaluated
 - **Required** to report this data
 - ITLS
- # Individuals receiving a diagnosis of latent TB infection
 - **Required** to report this data
 - ITLS

Outcome Indicator

- % Individuals with positive TB test evaluated for active TB disease
 - **Required** to report this data
 - ITLS form

Component D: Treatment

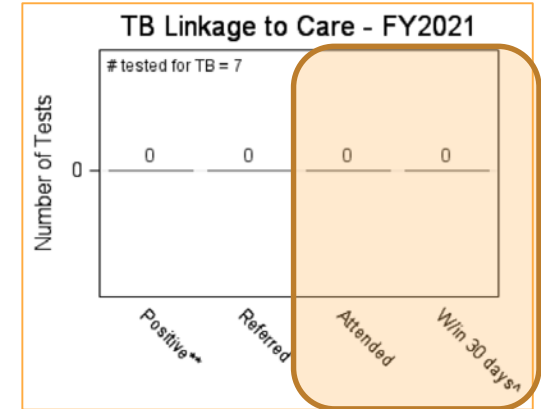
Outcome Indicator

- #/% Individuals initiating treatment (among those eligible and linked)
 - **Required** to report this data
 - BIDLS-generated line lists

Process Indicator

- # Individuals confirmed as being linked to treating provider
 - **Required** to report this data
 - ITLS

- #/% Individuals who were initiated on a shorter course LTBI regimen
 - Recommended to collect this data
 - Electronic health record (EHR), BIDLS generated line lists



SHORT-TERM HEALTH NAVIGATION***

<i>STHN Type</i>	<i># Started</i>	<i># Ended</i>	<i>Positive Outcome</i>
HepC treatment	90	76	54
LTBI treatment	0	0	0
Mental health	35	26	25
Housing	18	14	10
Primary care	495	474	260
Substance use	371	370	363

Component E: Adherence Support

Process Indicator

- # Individuals who received focused treatment adherence support (beyond routine follow-up)
 - **Required** to report this data*
 - Syringe Services / Short-Term Health Navigation (STHN) / PrEP form
- # Follow-up monitoring events (e.g., visits, calls, text messages) conducted per individual
 - Recommended to collect this data
 - EHR, other database

Outcome Indicator

- #/% Individuals completed treatment (among those initiated)
 - **Required** to report this data
 - EHR, other database, BIDLS-generated line lists
- % Patients retained in care
 - Recommended to collect this data
 - EHR, other database

SHORT-TERM HEALTH NAVIGATION***

<i>STHN Type</i>	<i># Started</i>	<i># Ended</i>	<i>Positive Outcome</i>
HepC treatment	90	76	54
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Mental health	35	26	25
Housing	18	14	10
Primary care	495	474	260
Substance use	371	370	363

* if BIDLS funding supports treatment adherence activities; otherwise, recommended to collect this data

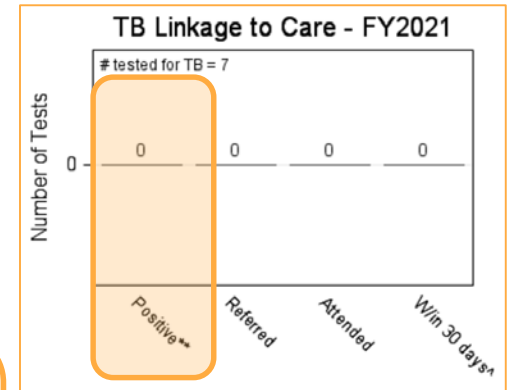
Component F: Reporting and Analysis

Process Indicator

- # Cases of latent TB infection reported
 - **Required** to report this data
 - ITLS
- # Cases of latent TB with treatment outcomes reported
 - **Required** to report this data
 - BIDLS-generated line lists

Outcome Indicator

- #/% Cases reported on-time to MDPH
 - Recommended to collect this data
 - EHR, other database



GON	ITLS	1,268	1,342	1,413
	SPHL	1,246	1,335	1,475
	POS	52	58	79
SYP	ITLS	1,347	1,549	1,618
	SPHL	1,317	1,588	1,689
	POS	149	179	174
TB	ITLS	0	4	3
	SPHL	0	0	0
	POS	0	0	0

QUESTIONS?


Quality Improvement

Liisa Randall, BIDLS



Poll Question:

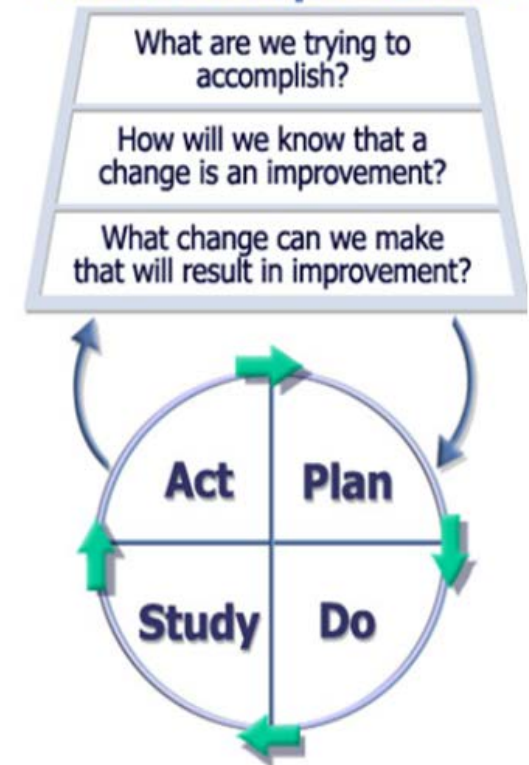
Have you attended a training on quality improvement before (choose one)?



Using a QI approach

- Process to evaluate service delivery and make a measureable improvement
- Plan, Do, Study, Act (PDSA) Cycle
 - Plan: What is the problem to solve? What is the goal? Who are the stakeholders? What will you implement? How will you evaluate?
 - Do: Carry out the plan, document issues and observations
 - Study: Analyze the data, compare to predictions
 - Act: Determine modifications

Model for Improvement



Developed by Associates in Process Improvement

<http://apiweb.org/>



Principles

1. Improvement is a continual, systematic process of evaluation, and implementation of incremental change.
2. Most “problems” are found in systems and processes.
3. If you can’t measure it, you can’t improve it. Collect the right data and use it.
4. Effective improvement requires input and buy-in from all team members, and ideally clients/patients.
5. A process map is an important step in improvement; it can suggest appropriate targets for changes.



LTBI: Testing Example

Indicator	Agency A	Agency B	Agency C
# identified as at increased risk	20	90	25
# TB tests conducted	1	45	30
% Individuals tested for TB infection (among those at risk)	5%	50%	120%



LTBI: Testing Example

- Agency C decided to do a QI process and there may be funding available to address any problems they find.
- To form a QI team, the program manager reached out to the infectious disease doctor, one of the medical case managers, and a community health worker that provides patient outreach and navigation.
- Poll question
 - *Which questions should they try to answer with their QI process? Choose all that apply.*



Questions?

Break

5 minutes!



Breakout rooms

Pre-process mapping and
data review case study





Breakout rooms

- Introductions
- Web-based interactive tool: Padlet
- Pre-process mapping for adherence support
- Discussion



Wrap-up and next steps

- Post-session activity
 - Process map for risk assessment
 - Process map for testing
 - Process map for adherence support
 - Process map for reporting and analysis
- Thank you for your participation!



ta4si

**TECHNICAL ASSISTANCE
FOR SERVICE INTEGRATION**

Thank you!

Contact us at
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