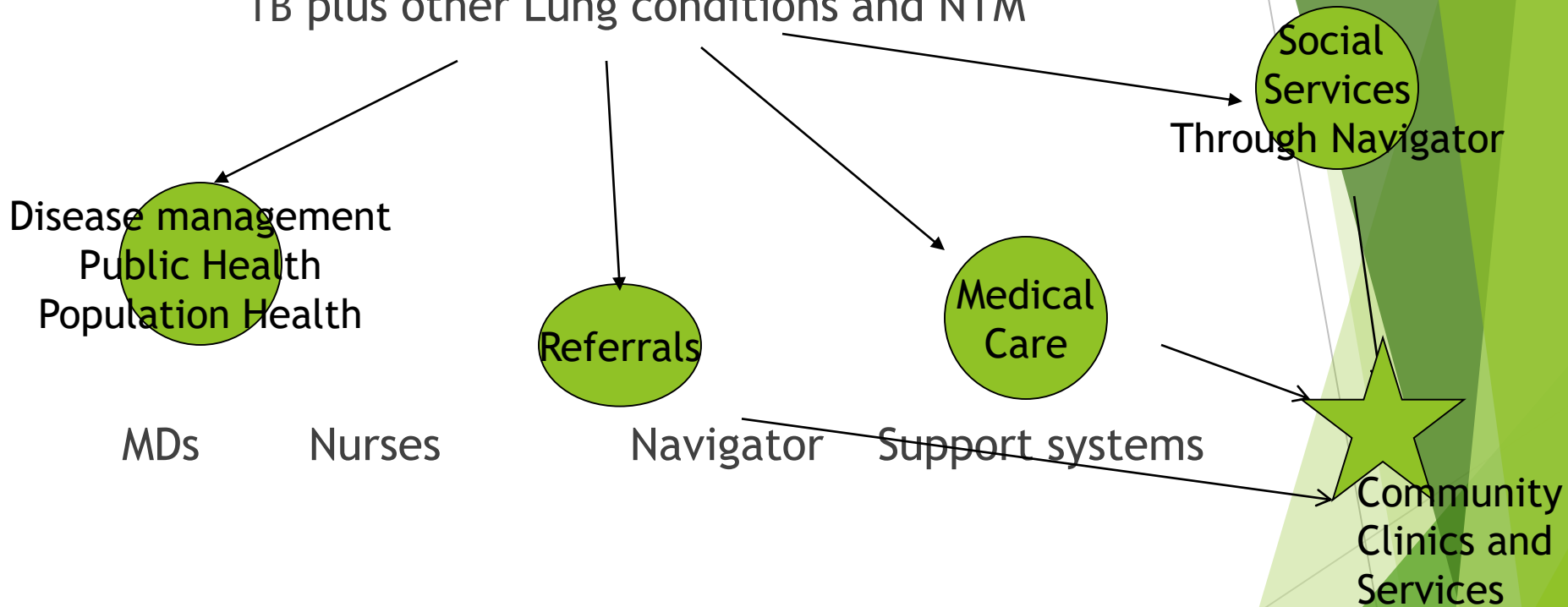


# Concept of a Virtual Medical Home

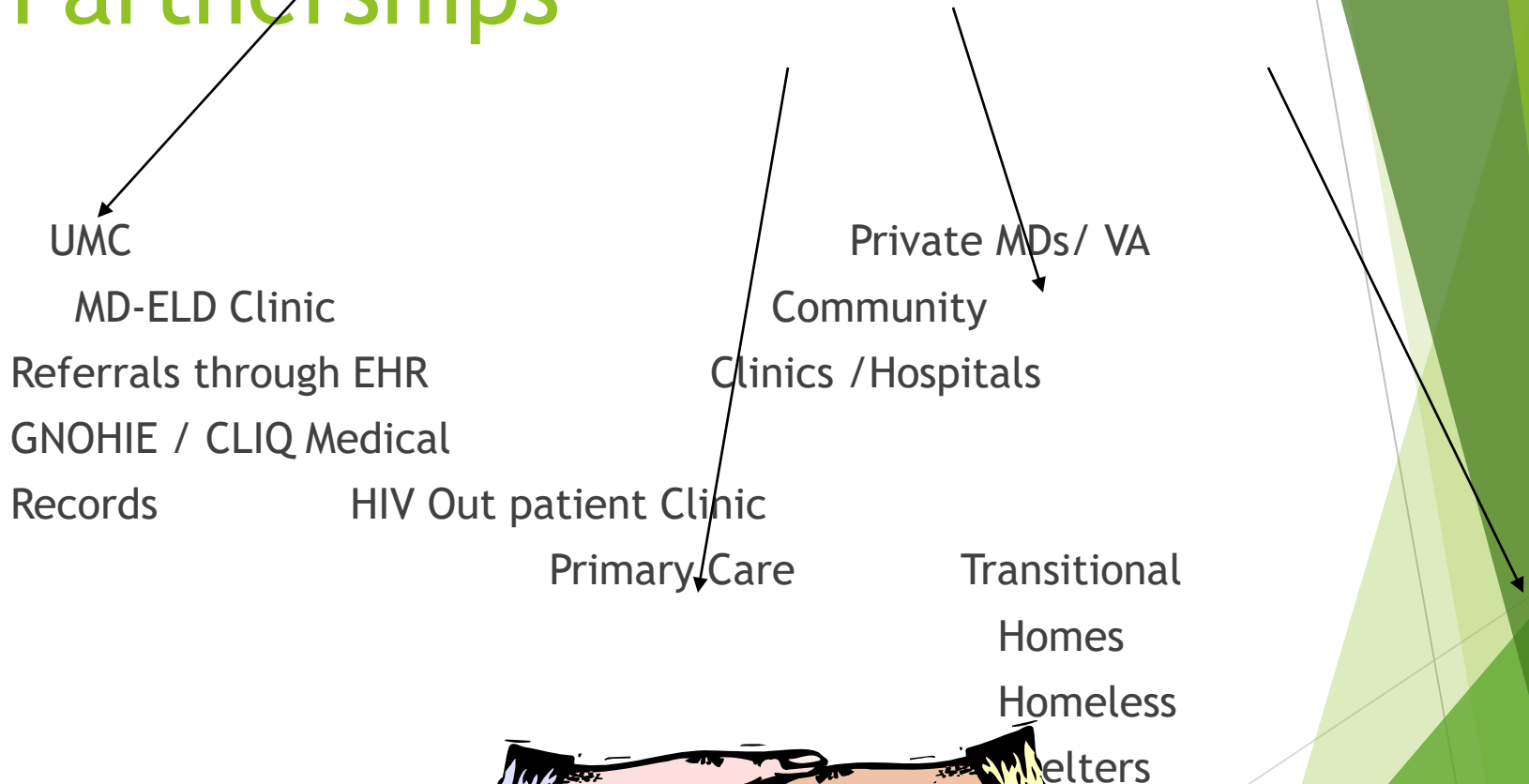
A typical TB patient /family with multiple co-morbid conditions;  
dual mycobacterial diseases, “dropped by OPH and TB control”  
Due to policy and budget constraints

TB plus other Lung conditions and NTM



**HEALTH CARE delayed is Health Care denied ; A fragmented Health Delivery system hampers access to care , disrupts continuity of care , and reduces standard of care  
This team working to see that happens less and less**

# Clinical patient service Partnerships



# Specific Community liaison

Homeless Shelters

Community Clinics

Ozanam Inn  
House

Covenant

Bridge House  
the Homeless

Healthcare for

Salvation Army  
(other than OPH)

New Orleans Health Unit

New Orleans Mission  
Clinic

Urgent Care

Centers

Drug Rehab



## *Having Said That...*

### “Case” Finding: The Real “TST”

- ▶ **is** Risk Stratification , **Targeted Screening** and Site and Focus of Team Efforts
- ▶ Identifying Active & Latent TB and the steps in diagnosis and **Treatment**
- ▶ Role of Primary Care and lack thereof\*\*
- ▶ Care Coordination and Continuity of Care and Closing the Loop  
Coordination of Community, Special Needs areas  
Academics, Clinical and Public Health  
Medicine with Case Management



\*\*Ref: JAMA Editorial Case Finding in TB 1941;116

\*\***PICO based Case Management Paradigm & Strategy**

\*ATS/CDC/IDSA Clinical Practice Guidelines for Drug Susceptible TB CID Advanced Access Aug 10.2016

\*\*JAMA 2016 ;316(9):970-983 Kahwati et al Cochrane Analysis on Primary Care Screening & US Preventive Services Task Force

# DOTS yes, but Do We Connect the Dots too?

