

# REGION 1 OPH WETMORE TB CLINIC 2019 update\* AND PARTNERSHIPS

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Region 1 OPH - Metro - Wetmore TB Clinics and LSU Wetmore Foundation Mycobacterial Programs



\* Specific statistics available

\*\*\*Presentation prepared by  
Ms. MV and JA

# Structure of team at Wetmore clinic

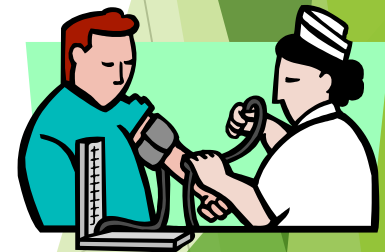
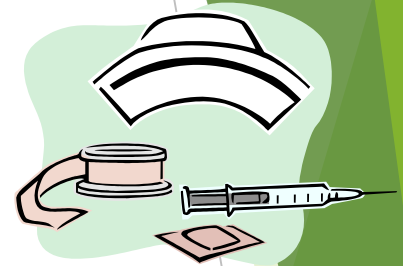
- ▶ Office Staff
- ▶ Nursing Staff
- ▶ TB Control/Disease Intervention Specialists (DIS) team
- ▶ Clinic Manager/OPH TB control Adm
- ▶ Radiography personnel
- ▶ Trainees/
- ▶ Physicians ( twice a wk)\*
- ▶ \* Mostly available “on call”



# Process of Patient /Client flow and service dealing with

\*\*

- ▶ Patient check-in
- ▶ Pre-interview with nurse
- ▶ Trainee/Physician evaluation
- ▶ Post-interview with nurse
- ▶ Lab tests, Medication Directly Observed Treatment ( DOT) arrangement, where applicable, follow up appointment and scheduling
- ▶ Referral to other clinics as indicated



\* Active TB , possible TB , Latent TB , contacts of TB etc.

# Regular Academic affiliations



Section of Pulmonary Medicine -LSU School of Medicine (SOM) , New Orleans

Section of Pulmonary Medicine - Tulane SOM

Section of Infectious Disease - LSU SOM

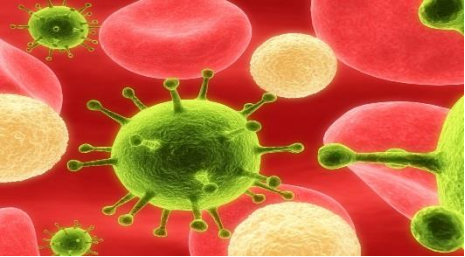
Section of Infectious Disease - Tulane SOM

Dept. of Pediatrics , Tulane U HSC

Dept. of Tropical Med/Public Health Tulane

# A day at the clinic

- ▶ Patient services and preparation for MD visit
- ▶ MD visit, completing data base
- ▶ DOT planning
- ▶ Nurse conferences
- ▶ T-Spot testing & other lab tests
- ▶ Sputum collection
- ▶ Chart preparation
- ▶ Patient referrals & scheduling
- ▶ Documentation and *statistical collection*
- ▶ *Coordination of follow up and care*



## “State of the art ”medical practice

- ▶ T-Spot test
- ▶ Treatment drug level testing\*
- ▶ Updated Imaging i.e. CT scan referrals
- ▶ Digital X-ray svcs and Access (courtesy WF)
- ▶ Negative Pressure sputum induction room
- ▶ Culture and Sensitivity testing
- ▶ Coordination with special labs and centers
- ▶ Dealing with Drug resistant TB
- ▶ Coordination with reference labs and CDC

\* To ensure adequate and effective Rx

# Commitment of Medical Staff

- ▶ Multi-disciplinary faculty
- ▶ Drawn from both LSU and Tulane
- ▶ Academic approach
- ▶ Standard of care as best as “administration” and “budget” allows
- ▶ Time commitment way beyond the constraints of contractual obligations with inadequate compensation to MDs
- ▶ No RVUs matching the effort and commitment
- ▶

# Clinic Nursing Leadership and staff

- ▶ Ensuring efficient practice and flow of patient and health care delivery
- ▶ Close liaison with all staff and Health care delivery team
- ▶ Working with all Health Units



# Role of DIS field staff

- ▶ Implementation of the medical and treatment plan
- ▶ Contact screening measures
- ▶ Ensure compliance with Rx
- ▶ Identify patient issues and other road blocks to implementation
- ▶ Assure follow up
- ▶ Community Coordination

# TB control staff and leadership

- ▶ Ensure and monitor compliance of program as per policy and procedure as per national guidelines
- ▶ Liaison of and with public health and patient health care delivery team
- ▶ Work with medical leadership

# Social and support services through Clinic Navigator

*Regular proactive and energetic problem solving approach*

*Working closely the Wetmore Foundation to provide for those patients in need*

*Address their social and societal issues while they are being medically treated at Wetmore.*

*Be a patient advocate*

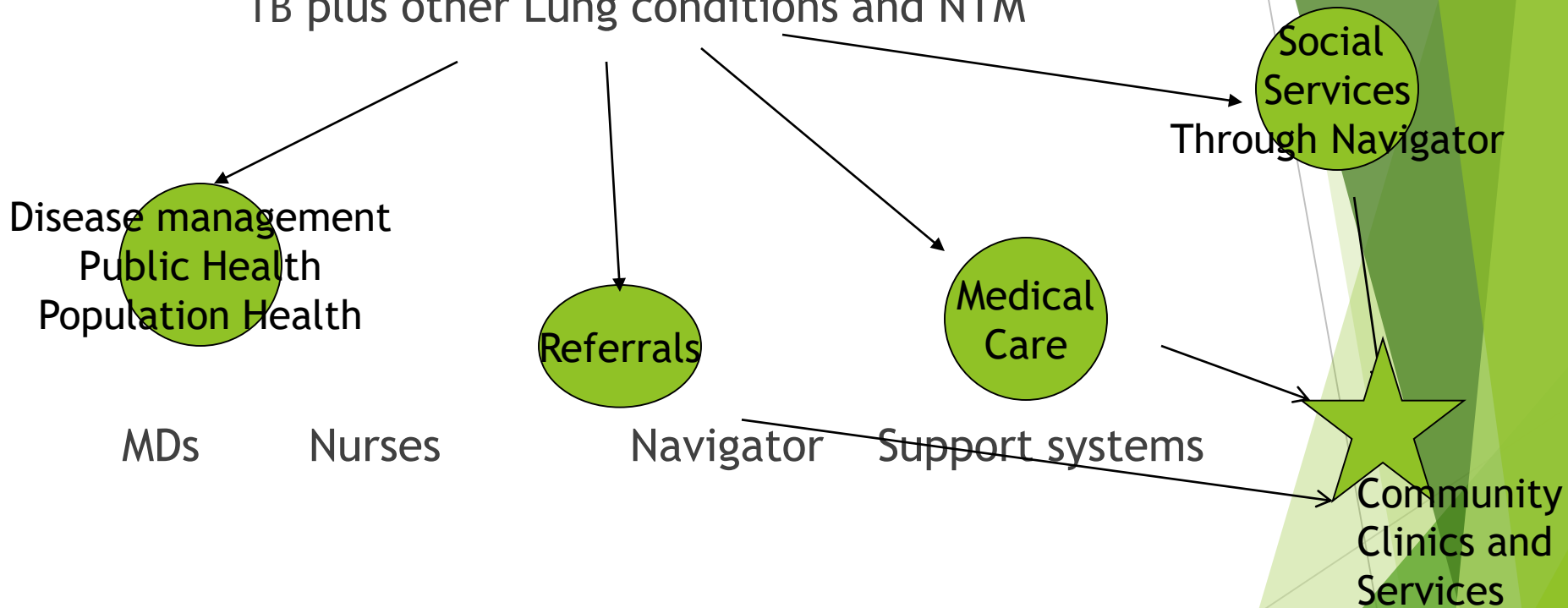
*Coordination and continuation of care*

*Creating a bridge between Public Health, Clinical , Academic and Wetmore Trust mission*

# Concept of a Virtual Medical Home

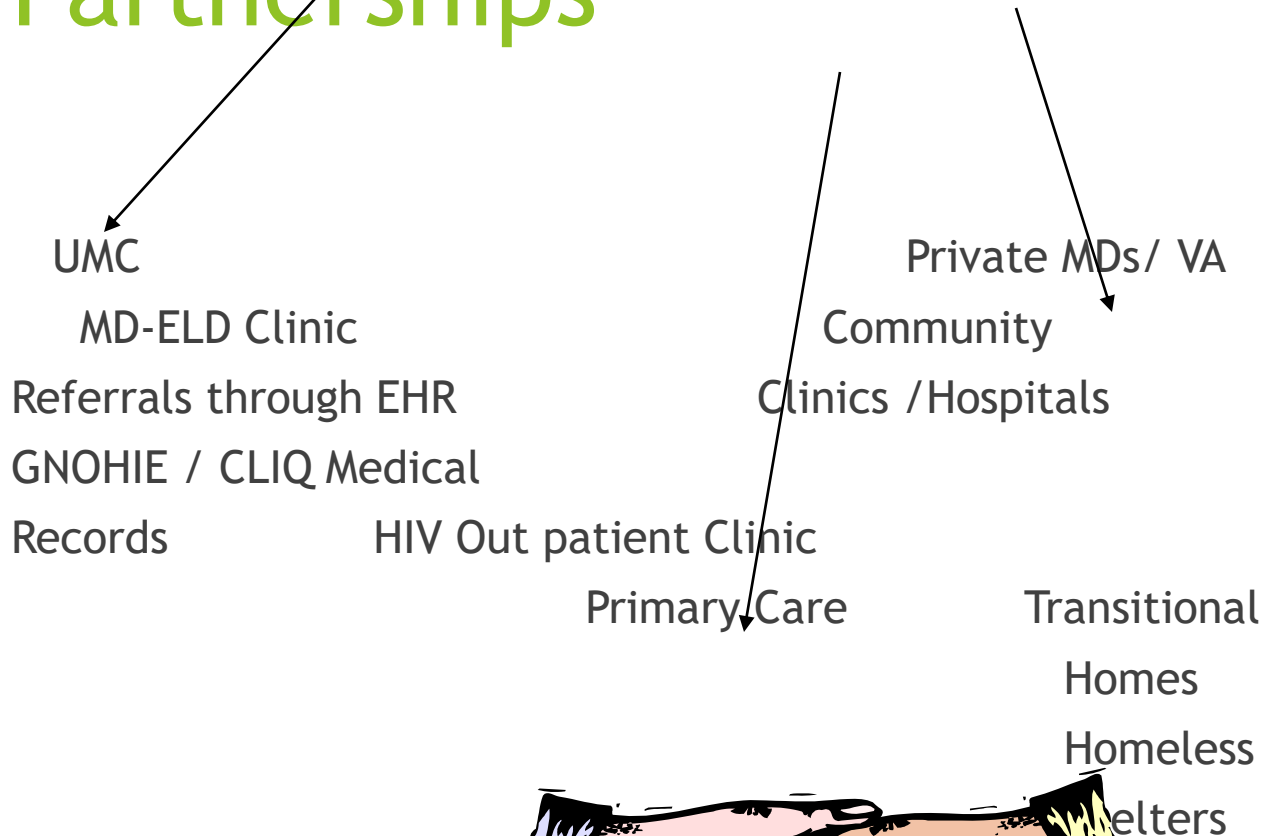
A typical TB patient /family with multiple co-morbid conditions;  
dual mycobacterial diseases, “dropped by OPH and TB control”  
Due to policy and budget constraints

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



# Research and academic partnerships through appropriate regulatory channels


- ▶ NIH funded LSU Pulm Section study\*
- ▶ Tulane Public Health student class practicum\*\*
- ▶ Rotation of students/trainees from Tulane school of Public Health /Academic venues
- ▶ Community and patient centered programs

**\*\* Result in presentations of papers and Publications in the past and present**



## *Having Said That...*

### “Case” Finding: The Real “TST”

- ▶ <sup>is</sup> 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





# LANDSCAPE OF PULMONARY DISEASES IN THE GREATER NEW ORLEANS AREA

Needs Assessment of Patient Services for these Diseases

Partially Prepared by Maureen Vincent

# PATIENT CATEGORIES

- ▶ A. UNINSURED/SELF PAY
- ▶ B. UNDERINSURED
- ▶ C. CHARITY/FREE CARE AS DESIGNATED BY UMC
- ▶ D. TRANSITION FACILITIES
- ▶ E. PATIENTS WITH INSURANCE BUT GAP IN COVERAGE

# MOST COMMON LUNG DISEASES

**COPD** – Approximately 7% of patients in Southeast LA have COPD

COPD is EMPHYSEMA, CHRONIC BRONCHITIS with co morbid Conditions such as **HF, DM, OSA**

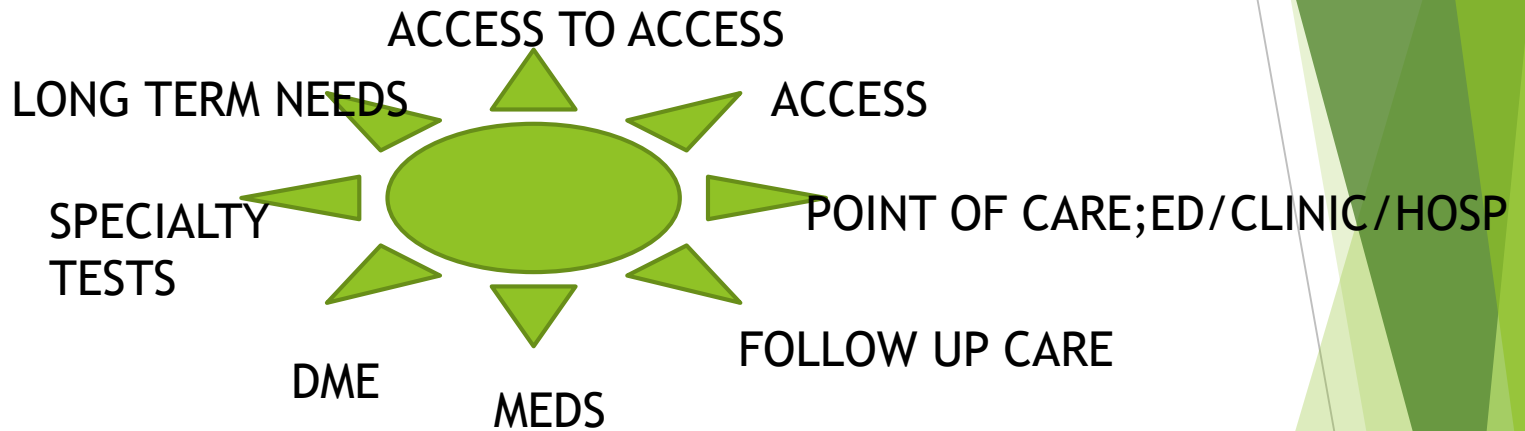
**ASTHMA** – Between 2007/2008, an estimated 246,000 adults and 97,000 children in LA had asthma.

**NTM AND BONCHIECTASIS** – A significant increase in the number of NTM related deaths was seen from 1999-2010. Various risk factors, including over age 55, women and living in Louisiana contributed to higher mortality rates.

**LUNG CANCER** – In LA, 70 people per 100,00 are diagnosed with lung cancer. An average of 50 of those die.

**MTB** – Statistics for 2014 – Region 1 reported 47 ACTIVE TB cases last year. Total for the state was 121 ACTIVE TB cases which is 2.6 cases per 100,000. LATENT TB cases : Estimate 5-10K ; Contact of each active case involves about 20 contacts. This is a very fragmented approach currently and relies on a number of extraneous factors

## THE CIRCLE OF CONTINUED CHRONIC PATIENT CARE



# Specific progress and action items completed or underway 2017

- ▶ Organizational and staff streamlining at Wetmore
- ▶ Wetmore OPH /state Leadership engagement
- ▶ LSU training and mentoring program with MDs
- ▶ Patient Navigation pathway
- ▶ Collaboration with other HCPs at other points of service specially with pts in Transitional centers
- ▶ Streamlining Primary care and Spec care referrals
- ▶ More Robust Contact Screening pathways
- ▶ “Missing” Patients/No shows
- ▶ Broader Coverage of Other Respiratory Disease pts
- ▶ Increased coordination at National & International level
- ▶ Pilot V DOT program through SECTION

# CHALLENGES ; DISCUSSION

Core Mission

Overlap issues

PATIENT CENTERED NEEDS FOR CARE  
NAVIGATION

SPECIAL NEEDS

THE DISEASES WITH “NO VOICE”, TB included

CONTINUED ACADEMIC / TRAINING SUPPORT  
THROUGH SCHOOLS

PARTNERSHIP WITH OTHER AVAILABLE RESOURCES

# Acknowledgement & thanks

Nursing Leadership & Team at Wetmore

Maureen Vincent, CLSS at LSU

Chris Brown & the DIS team and Staff at Wetmore

Students/Residents/Fellows L&T

Current , Past /Late Team MD members

& .....

OPH Adm & Leadership, CDC/TB control  
Leadership, L& T Medical Schools MDs  
and the Wetmore Trust/Foundation  
Leadership & staff