

# DIRECTLY OBSERVED THERAPY

6/24/2011

# DOT STANDARDS

- National TB treatment guidelines recommend a patient centered approach for TB treatment, including DOT
- The American Thoracic Society and the Centers for Disease Control and Prevention recommend that every TB patient be considered for DOT
- Some LHD's/agencies mandate that all TB patients be placed on DOT

# DOT GOALS

- To cure the patient which prevents disease transmission
- Prevent drug resistance

# BENEFITS OF DOT

- More cost effective than self-administered therapy due to higher cure rate
- Reduces the risk of treatment failure, relapse, and drug resistance
- Enables treatment to be completed without lapses in treatment

# DOT DATA

- 86-90% of patients on DOT complete therapy compared to 61% on self administered therapy

# What is DOT?

- Requires that a HCW or other designated individual watch the patient swallow every dose of the prescribed TB drugs

# WHO?

- Nurses
- Doctors
- Outreach workers
- Clergy
- School personnel
- University Health Services
- Employers
- Drug or Substance Abuse Staff
- Staff at community based organizations
- **NOT FAMILY MEMBERS**

# WHERE?

- Home
- Work
- School
- Community based organizations
- Drug or alcohol treatment programs
- Creative ideas.....?

# WHEN?

- Daily (make sure to plan for weekends and holiday staffing)
- Two, three or five times a week
- Intermittent DOT

# HOW?

- DOT Worker assists and WATCHES the patient take their TB meds
- DOT Workers are NOT dispensing or administering the TB meds

# NON-COMPLIANT RISK GROUPS

- HX alcohol/ substance abuse
- Children and adolescents
- Homeless
- Hx non-adherence with TB meds
- Hx previous TB treatment
- Hx of incarceration in a correctional facility
- Psychiatric or cognitive disorder

# NON-COMPLIANT RISK GROUPS

- Denial or non-acceptance of TB diagnosis
- Poor compliance during initial treatment
- Slow sputum conversion or failure to demonstrate clinical improvement
- Clinical deterioration while on TB meds

# NON-COMPLIANCE

- *CAN WE REALLY PREDICT WHO WILL BE NON-COMPLIANT WITH TREATMENT?*

# NON-COMPLIANCE

***NO!!!!!!!!!!!!***

# CONTRACTS

- Negotiate a date, time & place for DOT
- Meet the client's needs in selecting the date, time and place
- Establish a method of communication (phone, email, Skype)
- Consider specifying consequences which may result if the client fails to comply with the contract
- Both the client and DOT worker should sign the agreement

# DOT RESPONSIBILITIES

- Check to make sure client is taking the right dose/ number of pills
- Watch the client swallow the pills
- Monitor for side effects
- Observe for signs of non-compliance
- Delivering prescribed meds to client if needed

# DOT RESPONSIBILITIES

- **Check, check physician orders**
- **Check, check refills**
- Identify barriers to treatment compliance
- Communicate with medical provider as needed regarding DOT compliance

# DOT RESPONSIBILITIES

- Communicate with the case manager if needed
- Provide patient education
- Offer incentives and enablers
- Integrate with case manager responsibilities
- **Document, document, document** each visit

# IMPROVING ADHERENCE TO TREATMENT

- Establish and maintain a collaborative working relationship with the client and/or family
- Use a holistic approach recognizing the social, psychological, cognitive, political, cultural and economic domains
- Use positive reinforcement measures
- Educate, educate, educate

# BUILDING TRUST

- Start where the patient is
- Be non-judgmental
- Protect patient confidentiality
- Communicate clearly
- Don't criticize
- Suggest behavior changes respectfully
- Live up to your end of the contract: be on time and be consistent

# COMMUNICATION SKILLS

- Listen carefully and respectfully
- Listen and validate client's concerns about DOT
- Demonstrate a relaxed, open body language
- Don't be accusatory or show frustration

# COMMUNICATION SKILLS

- Speak in simple terms
- Use appropriate language for the client
- Limit the amount of info/ education given on a visit

# COMMUNICATION TIPS

- Discuss most important topics first and last
- Repeat important information
- Listen to the patient
- Ask open ended questions
- Use concrete, understandable examples
- Be sensitive to cultural values/ issues

# LEGAL ISSUES

- Who is responsible for TB Control?
  - WE ARE!!
- Know your LHD's procedures for Issuance of Emergency Orders

# WHAT MAKES DOT WORK?

- You do!
- Build that trusting relationship
- Establish a contract
- Utilize a caring, compassionate, non-judgmental approach

# CHALLENGES FOR LHD'S

- Decreasing staff time for TB Control
- Consider alternate dosing regimen
- More utilization of community partners
- Ideas?? Urban vs rural?