

Using Incentives & Enablers for Tuberculosis Case Management

Enhanced DOT

Adhering to lengthy TB therapy can be very challenging. It is critical that persons with TB take their medications correctly, without skipping or taking partial doses. Responsibility for successful treatment is assigned to the health-care provider, not the patient.

In addition to using Directly Observed Therapy (DOT) to enhance treatment adherence, incentives and enablers (IEs) can be a very effective part of a patient-centered approach to TB case management. The key to a successful DOT program is the use of information on poor adherence, side effects, and adverse reactions to promptly identify and respond to potential barriers to adherence, missed doses, and potential adverse treatment effects.

- **Incentives** are “small rewards” that encourage patients to complete TB treatment by motivating them with something they want or need.
- **Enablers** help to patients overcome barriers to completing their TB treatment. Examples of incentives and enablers are on the back of this document

When to Use IEs

As a health care professional, you can make a difference by understanding how to use incentives effectively and conveying a positive, caring attitude. Use incentives to motivate or reward, not coerce. Using IEs should not necessarily be routine or automatic for all TB patients. IEs should be chosen according to the patient’s needs.

Using Incentives

Make a verbal or written agreement early in the relationship. Be clear that if the patient keeps all DOT appointments (or whatever you agree upon), they will receive the agreed-upon incentive. If the patient does not keep their end of the agreement, withhold the incentive. Kindly but firmly explain why the incentive is not being given and what they need to do to start receiving it again. Incentives are usually used on an ongoing basis- weekly, monthly, or when key milestones are reached.

Using Enablers

Identify barriers that interfere with the patient’s ability to adhere to the treatment plan and provide something that will help overcome that specific barrier. Examples of instances when you might choose to use an enabler include inadequate transportation for clinic and DOT appointments, poor appetite or malnourishment, uninsured or underinsured, or a child who dislikes the taste of medication.

Missed DOT Doses

If a DOT dose is missed, the patient should be contacted as soon as possible. A missed dose should be an opportunity to identify barriers to adherence and work with the patient to find ways to successful completion of treatment.

Incentives

- Food assistance (food stamps, snacks, meals, fast food vouchers, and restaurant or grocery coupons)
- Assistance in finding or providing housing
- Clothing or other personal products
- Books, toys, stickers, games
- Stipends
- Patient contracts, which can involve providing information about close contacts, going to medical appointments, or maintain home isolation

Enablers

- Transportation vouchers (bus passes or taxi vouchers)
- Nutritional supplements to increase weight gain or foods to help take with medicine
- Convenient clinic hours and locations
- Clinic personnel who speak the languages of the populations served
- Reminder systems and follow-up of missed appointments
- Social service assistance (referrals for substance abuse treatment and counseling, help with applying for medical assistance, or finding housing)
- Outreach workers (bilingual and/or bicultural that can provide DOT, follow-up on missed appointments, monthly monitoring, transportation, sputum collection, social service assistance, and educational reinforcement)
- Integration of care for TB with care for other conditions (diabetes, HIV, hepatitis)

For more information about how to use IEs in Michigan for TB case management, please see our [website](#).

Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis. Clin Infect Dis. 2016;63(7):e147-e195. doi:10.1093/cid/ciw376