

# Cohort Review: One Year of Reviews

Patty Raines  
TB Nurse Consultant  
MDCH

# Cohort Review

- ▶ Original plan:
  - do cohort review in highest incident health departments on a quarterly basis.
- ▶ Revised plan:
  - do cohort review in highest burden HD's at least bi-annually
  - Do cohort review as requested/ indicated for any LHD

# Cohort Review

- Original plan:
    - Conduct cohort review during TB Nurse Network meetings
  - Current practice:
    - Conduct cohort reviews separately by LHD usually by phone
  - Original plan:
    - Report of results? Data only? Written by MDCH?
- Current practice:  
Categorized issues, LHD input during and after cohort review
- 

# Cohort Review Report

## Clinical:

Strengths	Barriers	Corrective Action

## Programmatic:

Strengths	Barriers	Corrective Action

## Contact Investigation:

Strengths	Barriers	Corrective Action

## Educational:

Strengths	Barriers	Corrective Action

## Surveillance/Epidemiology

Strengths	Barriers	Corrective Action

# Cohort Review

- ▶ Pros of separate reviews

- No “competition” between LHDs
- No worry about airing surprises

- ▶ Cons of separate reviews

Less opportunity to share experiences, lessons learned, brainstorm solutions

Miss chance for low incidence LHD to learn

Miss chance to discuss cases that cross LHD lines

# Cohort Review

- ▶ Lessons learned about the process:
  - Be prepared, but open minded
  - It can take longer than planned because people want to tell the story (and there are amazing stories!)
  - It works...cohort reviews have given us surprises such as uncovering misconceptions about appropriate treatment and intermittent therapy, the need for better understanding of NAAT tests, data entry issues, discussion among medical directors about DOT

# Cohort Review

- Ask, don't tell (what changes are needed to the cohort review form?)
  - Be flexible, change mid-stream (we missed a few cases as we morphed, but we're getting better)
  - Celebrate the successes! Case managers are awesome– how do you get someone to take medicine for six to nine months when they don't believe they are infected? Among so many other things....!
- 

# Aggregate Data for cases counted 10/01/2010 to 01/01/2011

<b>Sex</b>	N	%	<b>Smear</b>	N	%
Female	7	43.8%	Neg	7	43.8%
Male	9	56.3%	Pos	9	56.3%
<b>Birth Country</b>	N	%	<b>Culture</b>	N	%
US	6	37.5%	Neg	4	25%
Foreign	10	62.5%	Pos	12	75%
<b>HIV</b>	N	%	<b>4 Drug Tx start</b>	N	%
Pos	1	6.3%	Y	14	87.5%
Neg	12	75.0%	N	2	12.5%
Ref	2	12.5%	<b>Tx complete</b>	N	%
Unk*	1	6.3%	Y	13	81.3%
			N**	3	18.8%
<b>Site of Disease</b>	N	%			
Pulmonary	11	68.8%	<b>Risk Factors</b>	N	%
Extra	4	25.0%	Homeless	1	6.3%
Both	1	6.3%	Medical Condition	5	31.3%
<b>NAA Test</b>	N	%	Substance abuse	1	6.3%
Pos	7	43.8%	Corrections	1	6.3%
Neg	1	6.3%			
Unk	7	43.8%			

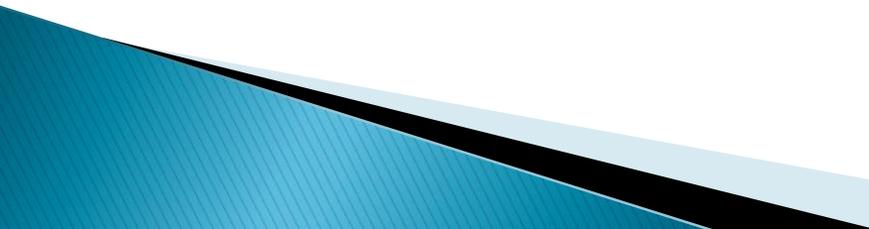
\* case was a 3 yo child, mother tested negative

\*\* 2 cases are MDR expected to complete in 2013

# Aggregate Data for cases counted 3/1/2011 to 2/29/2012

<b>Sex</b>	N	%	<b>Barriers</b>	N	%	<b>Smear</b>	N	%
Female	41	42.3%	Language	26	26.8%	Neg	48	49.5%
Male	56	57.7%	Medical Hx	22	22.7%	Pos	38	39.2%
<b>Birth Country</b>	N	%	Alcohol use	1	1.0%	<b>Culture</b>	N	%
US	31	32.0%	Social needs	1	1.0%	Neg	29	29.9%
Foreign	66	68.0%	Patient Cooperation	8	8.2%	Pos	63	64.9%
<b>HIV</b>	N	%	Medical Management	8	8.2%	<b>4 Drug Tx start</b>	N	%
Pos	5	5.2%			Y	90	92.8%	
Neg	75	77.3%			N	7	7.2%	
Ref	11	11.3%			<b>Tx complete</b>	N	%	
Unk	6	6.2%			Y	77	79.4%	
<b>Site of Disease</b>	N	%			N	20	20.6%	
Pulmonary	55	56.7%			<b>Risk Factors</b>	N	%	
Extra	40	41.2%			Homeless	1	1.0%	
Both	2	2.1%			Medical Condition	32	33.0%	
<b>NAA Test</b>	N	%			Substance abuse	3	3.1%	
Pos	34	35.1%			Contact to active case	7	7.2%	
Neg	6	6.2%						
Unk	11	11.3%						
N/A	49	50.5%						

# Cohort Review

- ▶ It's important to remember, the cohort reviews do not paint a picture of TB in Michigan. Our highest incidence LHDs tend to have TB experts involved – so, in particular, we see more extra-pulmonary cases
  - ▶ Part of our PE plan for 2012 was to compare data for cases reviewed and cases not reviewed. Stay after lunch this afternoon to hear more.
- 

Questions?