**Work Plan**

**Program**

Outcomes Achieved; Completion / Frequency

1a.2: Increase in cases with HIV and drug susceptibility testing results; 2020 / ongoing

1a.3: Increase in patients on/responding to appropriate treatment; 2020 / ongoing

1.2: Increase in patients completing treatment within 12 months; 2022 / ongoing

2a.1: Increase in contacts elicited/examined; 2020 / quarterly & increase annually

2a.2: Increase in treatment initiation for patients with LTBI who are recommended for treatment; 2020 / quarterly and 5% increase annually

2.1: Increase in LTBI treatment completion rates; 2021 for contacts and 2023 for other targeted populations / increase annually

2.2: Decrease in patients who progress from infection to disease; 2021 for contacts and 2023 for other targeted populations / ongoing

2b: Examine immigrants/refugees with Class B notification: Increase in treatment initiation for patients with LTBI/prior pulmonary TB who are recommended for treatment; 2022 & ongoing

2c: Increase in LTBI diagnoses and high-risk patients who initiate treatment; 2023 and 5% increase annually

3a: Increase in program evaluation activities based on performance measures; 2022 & ongoing

3c: Increase in identification/dissemination of best practices within and between state/local programs; 2022 & ongoing

4a.1: Increase in national accuracy and completeness of surveillance, genotyping, and whole-genome sequencing data; 2020 / increase or maintain 100% annually / ongoing

4a.2: Increase in cases genotyped and linked to surveillance data; 2020 / increase or maintain 100% annually / ongoing

4b: Increase in availability of better data to inform cluster investigations/targeted efforts to reduce cluster- and outbreak- associated transmission; 2021 / ongoing

4.1: Increase in capacity for cluster/outbreak detection; 2021 / ongoing

4.2: Increase in capacity to investigation/interrupt recent TB transmission; 2021 / ongoing

4.3: Increase in ability to inform TB elimination activities through epidemiologic analyses of surveillance data; 2020 / ongoing

4c.1: Increase in local programs collecting core LTBI data on individual level; 2022 / increase annually

4c.2: Increase in local programs with LTBI baselines/capacity to track treatment; 2022 / increase annually

5a.2: Increase in awareness/use of HRD resources; 2022 / ongoing

6: Decrease in turnaround times for specimen receipt, acid-fast bacillus smear, nucleic acid amplification, identification of MTBC and growth-based or molecular drug susceptibility testing;

A: Decrease in overall TB incidence; 2024 / ongoing

C: Implement TB Elimination Plan; 2020, 2024 / ongoing

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| **Outcome Measures (Outcome Addressed)** | **Activities** | **Activity Process Measures** | **Responsible Position** |
| Increase in NTIP known HIV status (1a.2) | Promote HIV testing for all cases of TB unless contraindicated | Known HIV status reported in RVCT | CC, Epi, PM |
| Identify barriers to or best practices for expanded HIV testing of TB cases | Barriers or best practices identified during routine dialogue with LHDs, case or cohort reviews | PHC, PM |
| Increase in NTIP DST results (1a.2) | Encourage LHDs and providers to submit all specimens directly to BOL | Monitor BOL reports and StarLIMS | Epi, PM |
| Routine dialogue with LHDs and providers |
| Assure specimens submitted to other reference laboratories are promptly routed to BOL | Routine dialogue with LHDs/providers to identify when specimens were submitted to reference laboratory |
| Prompt dialogue with reference laboratory to identify specimen and need/guidance for routing to BOL | BOL, Epi, PM |
| Collaborate with BOL to verify receipt of specimen |
| Increase in NTIP recommended initial therapy (1a.3) | Promote initiation of four-drug therapy in all patients for whom it is appropriate | Treatment regimen reported in RVCT | CC, Epi, PM |
| Ongoing dialogue with LHDs to confirm initial treatment regimen |
| Identify barriers to or best practices for initiating recommended therapy | Barriers or best practices identified during dialogue with LHDs, case or cohort reviews | PHC, PM |
| Increase in NTIP treatment initiation (1a.3) | Promote prompt initiation of treatment for all suspect cases of TB unless contraindicated | Date of treatment initiation reported in RVCT | CC, Epi, PM |
| Ongoing dialogue with LHDs to confirm date of treatment initiation |
| Identify barriers to or best practices for prompt initiation of empiric treatment | Barriers or best practices identified during routine dialogue with LHDs, case or cohort reviews | PHC, PM |
| Patients exhibit clinical improvement during initiation phase of treatment (1a.3) | Discuss patients' clinical response to treatment during initiation phase with LHDs and/or treating providers | LHDs will be engaged throughout the initiation phase and notes will be logged in MDSS | CC, Epi, PM |
| Collaborate with LHDs to identify metrics to assess clinical improvement | Metrics or indicators for clinical improvement will be identified | CC, Epi, PHC, PM |
| Increase in NTIP completion of therapy (1.2) | Update treatment completion date timely in RVCT | Date of treatment completion documented in RVCT and transmitted to DTBE | Epi |
| Provide incentive/enabler to overcome patient barriers to completing treatment | Incentives & enablers provided to LHDs upon request | PHC |
| Encourage and support LHDs to provide flexible DOT schedules and eDOT | Provision of DOT documented in RVCT and discussed during cohort reviews | Epi, PHC, PM |
| Identify barriers to or best practices for completing treatment | Barriers or best practices identified during routine dialogue with LHDs, case/cohort reviews |
| Increase NTIP Objectives on Contact Investigations (2a.1, 2a.2, 2.1, 2.2) | Conduct contact investigations for infectious TB cases | Establishing contact tracing plans, training and equipping local staff, real-time CI reviews, cohort CI reviews, ARPE completion | Epi, PM, PHC |
| Increase proportion of B2’s starting and completing LTBI treatment (2b) | Identify barriers to and best practices for starting and completing LTBI treatment | Barriers or best practices identified during routine dialogue with LHDs | PHC |
| Encourage LHDs to connect promptly with B2 immigrants/refugees | Date of evaluation documented in EDN | Epi, DA |
| Promote complete EDN record keeping | Number of fields completed | DA |
| Increase high risk populations screened for LTBI (2c1) | Test high-risk targeted populations | Identify one additional non-U.S.-born target population, identify one high-risk target population, develop partnerships with high-risk program areas | Epi, PM, PHC |
| Increase high-risk populations diagnosed and started on LTBI treatment (2c1, 2.1, 2.2) | Test and treat high-risk, targeted populations | Communications to PCPs and Civil Surgeons, completion of core variables in LTBI case report form | PM, PHC, Epi |
| Create a PE plan for 2020-2025 (3a) | Identify targets, outcomes and create measures | PE and remediation plan for any outcomes that have not been met | PHC, PM |
| Increase in identification of HRD resources (3c) | Review past resource requests for baseline | Resource requests stemming from case or cohort reviews and post-training evaluations from 2018-2019 | DA, PHC |
| Training participants will identify resources required for best practices | Standard survey for participants after each training activity |
| Categorization and dissemination of requested resources (3c) | Categorize requests based on type and frequency | A dynamic catalogue of resource requests |
| Create trainings and resources to inform and encourage best practices | Michigan-specific trainings and resources designed and created based on need |
| Increase completeness of each core RVCT (4a.1, 4a.2, 4.3) | Report cases in timely, accurate, and complete manner, including linkage of genotyping and whole-genome sequencing results | 2020 RVCT training, weekly and monthly case transmission, quarterly data reviews, disseminating gaps to LHDs | Epi |
| Increase in percentage of clusters that are reviewed (4.1, 4.2, 4b) | Routinely review & prioritize investigation of TB clusters | Linkage of genotype data to surveillance data, cluster reviews | Epi |
| Increase LTBI surveillance activities (4c.1, 4.3) | Develop LTBI surveillance plan | Estimating LTBI prevalence, gap analysis for case-level surveillance, update of LTBI case report form | Epi |
| Increase in LTBI case reports completed for target populations (4c.1, 4c.2, 4.3) | Promote standardized collection and reporting of individual level LTBI data | LTBI case report training, ensuring completion of LTBI case reports for contacts diagnosed with LTBI | Epi, DA |
| Increase in use of HRD resources (5a.2) | Training participants will report on using the requested resources to establish/ maintain best practices | Standard survey for participants to complete 3 and 6 months after each training activity | DA, PHC |
| Decrease in NTIP TB incidence rate (A) | Monitor internal surveillance data and NTIP | Internal data and NTIP will be monitored | Epi, PM |
| Compare internal data and NTIP performance against benchmarks in elimination plan | Comparison will be made and progress will be assessed |
| Reestablish advisory committee (C) | Review membership from prior Advisory Committee and identify those willing to continue | Members will be identified and recruited | DA, PHC, PM |
| Recruit additional members as needed |
| Submit preliminary elimination plan (C) | Review existing elimination plans from DTBE and other states | Existing elimination plans will be reviewed and model content or approaches will be identified | Epi, PHC, PM |
| Consult with DTBE Program Consultant to refine definition of elimination in MI, content and goals | Target/definition of elimination, proposed strategies, benchmarks and goals will be defined |
| Write preliminary plan | Plan will be written |
| Evaluate impacts of elimination plan (C) | Establish evaluation metrics and indicators | Metrics and indicators will be identified | Epi, PHC, PM |
| Identify relevant data sources | Data sources will be identified |
| Conduct evaluation and/or analyze data | Data will be analyzed and impacts will be identified |
| Revise elimination plan if warranted (C) | Use evaluation results to identify topics for revision | Topics for revision will be identified | PHC, PM |
| Revisions will be made |

Abbreviations: CC = Clinical Consultant; DA = Data Analyst; Epi = Epidemiologist; PHC = Public Health Consultant; PM = Program Manager.