Outline

### Conclusions of prior years’ program evaluation activities: Successes/Challenges Project Period 2015-2019,

Successes:

For NTIP measure selected

(NAAT) TAT within 6 days to 92% - exceeded goal in 2017

Genotype coverage rate to 94% - exceeded goal in 2014

Evaluation of contacts 94% - met goal

Sputum culture conversion has exceeded NTIP goal 2015-2019

Reduced inappropriate SAT but did not meet target

Cohort review

Challenges:

RVCT completeness 99.2% - goal met from 2015-2017, goal not met 2018-2019\* (recheck NTIP)

Class B treatment initiation, goal not met

Class B treatment completion, goal not met

HIV status goal 94% by 2018, goal not met

Cohort review

Did not revisit program evaluation plan on an annual basis to refocus and prioritize program evaluation projects

Epidemiology and Evaluation sections have separate leadership – roles and coordination were not defined

Did not leverage DPH infrastructure in CS/CFS for evaluation projects to improve performance measures

Did not produce project evaluation reports in standard format

Dissemination of information

How the evaluation projects have changed program planning for the better

### Proposed Program Evaluation Annual Timeline

Review NTIP indicators (May-June)

Select Program Evaluation Project(s)

Target (performance measure, reporting quality, TB elimination)

Consider mix (NTIP Control, Elimination, Reporting/Data Quality) to span sections (Patient services, Surveillance/Reporting/Registry, Education/Elimination)

Use guide as framework, Assign Project to Epidemiologist/Epi Analyst Teams (3) to manage project and write report, publish on TBCP website

<https://www.cdc.gov/tb/programs/Evaluation/Guide/PDF/Complete_guide_Developing_eval_plan.pdf>

Cohort Review – Empower district to utilize cohort review as evaluation activity (5 year goal)

Performance Measure Quarterly report to each Region (SPA1/2, SPA3, SPA4, SPA5/6, SPA7/8)

Coordinate with QA/QI calendar (Karen Swanson)

Pitch potential evaluation projects, tech support for 1 (would be one of three projects)

NTIP performance measures -> targets for 2020-2024 -> need to tweak after q/a for 2019

[**http://ph.lacounty.gov/tb/targets.pdf**](http://ph.lacounty.gov/tb/targets.pdf)

Discuss status of 2020 projects (fill out workplan)

RVCT Q/A

HIV status

EDN entry

Immigration evaluation within 120 days

Propose 2021 projects (fill out workplan)

B notification 120 day evaluation

EDN entry continue

If HIV status has not been met, continue

COVID-19 related project
Contact completion?

Other possible projects

Data Management plan

### Strategy 1: Diagnosis & Treatment of Persons with TB Disease

No specific NAAT focus in current NOFO. Can include usage recs in TB manual. PHL will have hard time implementing, but could save $$

? annual hospital performance using NAAT vs. evaluate precision of NAAT to exclude Mtb vs. NTM (could help prioritize referrals)

Ensure case management and treatment of cases with active TB (relevant to COVID)\*

1. *Assess adequacy and appropriateness of therapy for persons with active TB.* TA activities to CS/CFS will include QA and treatment indicator reviews, case management tools.
2. *Improve timely diagnosis and reporting, initiation of appropriate regimen, and assurance of appropriate transfer of care for hospitalized and incarcerated persons with active TB.* TBCP will promote the use of NAAT/molecular drug resistance testing, and actively monitor pharmacy reports for patients on 2 or more drugs in DHS hospitals to assure early identification of cases, appropriate initial therapy, and coordinated patient discharge.

*Under timeline diagnosis and reporting (ongoing activity with epi re: quarterly review and assurance of case reporting and completeness (focus DST, HIV, homeless status 2020)*

1. *Provide expert consultation for MDR TB treatment and other complex cases of TB.* The TBCP MDR TB Unit is a multi-disciplinary team providing CS/CFS with ongoing clinical and patient-centered case management consultation for all MDR/selected drug resistant or complex TB cases including access to specialty laboratory services and anti-TB medications.

1. *Provide expert consultation regarding laboratory results for molecular detection of drug resistance and interpretation of other laboratory results.* The TBCP routinely reviews molecular laboratory results suggesting drug resistance and provides TA to CS/CFS to interpret the results in the context of clinical and other susceptibility information and to advise on effective treatment regimens.
2. *Collaborate with HIV/AIDS and STD programs to ensure that HIV status data will be shared across IRIS.* The TBCP will collaborate with the DPH Division of HIV/STD Programs (DHSP) and CFS to reduce health disparities among high-risk populations and to ensure all new TB cases are evaluated and treated for HIV.

*(IRIS )*

1. *Utilize, promote and promulgate effective binational referral mechanisms for binational patients.* The TBCP will promote CFS referrals to the binational referral program Cure TB for binational patients who move or become lost during treatment.
2. *Partner with the CDC Division of Global Migration and Quarantine (DGMQ) to support inter­national and binational TB quarantine efforts.* The TBCP will collaborate with DGMQ to ensure that appropriate restrictive travel measures are in place and implemented to pre­vent infectious TB patients from transmitting *M. tuberculosis* during their travels.
3. *Formulate and implement a plan for the elimination and interruption of transmission of* TB. The TBCP, in conjunction with the Coalition to End TB in LAC TB Elimination Advisory Committee (LATEAC) and stakeholders, will formulate a TB elimination plan for LAC in 2020; implementation of the new plan will begin in 2021. (not an evaluation plan activity)

### Strategy 2: Diagnosis & Treatment of Persons with TB Infection (LTBI)

#### Strategy 2a: Conduct Contact Investigations for Infectious TB Cases

The TBCP provides TA, epidemiology support, and training to CFS staff to enhance contact and field investigation, with an emphasis on extended CIs and outbreaks. This support includes provision of weekly CI logs, CI tools for specific settings (e.g. educational), and Cohort Reviews. Incentives and short-course therapy are provided to maximize TB evaluation and treatment outcomes. The TBCP reviews genotype data to help focus CI effectiveness. The TBCP submits the annual Aggregate Reports for TB Program Evaluation (ARPE) on CI performance.

CIOB 6 month reviews of HOL log for completeness, report back to district (complete, incomplete – recommended interventions), monthly summary, biannual or annual report

#### Strategy 2b: Examination of Immigrants and Refugees with TB or LTBI

The TBCP will improve the timeliness of Class B1 evaluations by providing TA to CS/CFS and will report the evaluations in the EDN system. The TBCP will forge new partnerships with both LAC DHS hospital Harbor UCLA and community providers at Children’s Hospital of Los Angeles (CHLA) to facilitate Class B2 and B3 arrivers and their linkage to LTBI treatment.

Q/A process for tracking timeliness of immigration evaluation (COVID-19 support prioritization of cases referred to district)

?evaluation of number of B1 waivers – require MD appointment to initiate evaluation vs. standing order to initiate plus video instruction, MD appointment if LTBI diagnosis for initiation of treatment defer to 2021 since 2020 has no 120 day deadline

B2/B3 evaluate new process (yield in linkage to care for LTBI treatment). Letter from TBCP to B2/B3 (refer to district health center, send DPH clinic health record, appointment scheduled only if B2/B3 calls for appointment). Those with no f/u – CHW call to facilitate linkage to care (DPH clinic, community provider, CHLA, Harbor UCLA)

Data entry into EDN (upload vs. direct) - develop report, evaluation of process, publish report

#### Strategy 2c: Targeted Testing and Treatment of LTBI in High-Risk Populations

Key activities, as outlined below, will be implemented by the TBCP in collaboration with TB elimination partners.

1. *Implement effective interventions to identify non-U.S.-born and locally-determined high-risk populations for developing TB, and ensure evaluation and treatment, if needed.* The TBCP will use select data sources to identify and prioritize and TB prevention efforts among non-U.S.-born populations and other high-risk communities. The TBCP has pursued various methods to identify local high-risk populations, including geographically and demographically targeted identification. MOUs with providers serving homeless populations and insured/uninsured populations to at least perform TB testing have been established, with at least one MOU partner able to initiate and complete LTBI treatment, and the other MOU partners referring to DPH clinics for treatment. TBCP will at least maintain these MOU partners and provide TA to scale up diagnosis and treatment of LTBI.

Tracking yield of outreach activities – report on MOU partners\*\*, Pathways activities

(useful for elimination plan)

1. *Partner with primary care providers serving high-risk populations to expand LTBI testing and treatment.* The TBCP will leverage new and existing partnerships with key health care and other LAC Health Agency e.g. Department of Mental Health, DHS organizations serving at-risk populations to expand LTBI testing and treatment. Organizations include large health maintenance organizations, federally-qualified health centers (FQHCs) and academic health centers. The TBCP will educate their leadership and providers about the clinical, treatment and technical aspects of LTBI.

*May develop with elimination plan.*

1. *Report targeted testing and treatment data using the appropriate Aggregate Reports for TB Program Evaluation (ARPE) form.* The TBCP will report the ARPE-TT to the California Department of Public Health (CDPH) and CDC annually.

### Strategy 4: Epidemiologic Surveillance and Response

1. *Enhance identification, reporting and follow-up of persons with confirmed or suspected TB by establishing collaborative relationships with appropriate reporting sources.* On a monthly basis, TBCP staff will match registry data with other sources (e.g. CMR, ELR) to ensure complete reporting of TB cases; findings will be shared with appropriate partners.

*discuss*

1. *Ensure complete, accurate and timely reporting of persons with confirmed or suspected TB.*The TBCP will provide CSF with monthly QA report logs and TA on reporting (including reporting on co-morbid conditions). Training will be delivered to the TBCP registry and epidemiology units to ensure complete, accurate and timely reporting. The TBCP will submit an annual TB surveillance quality assurance protocol to CDC

*See above, complete evaluation plan*

1. *Notify CDPH of TB cases in a complete, accurate and timely manner.* TB case data will be submitted to CALREDIE within 7 days of receiving case confirmation from CFS. The TBCP will develop and implement the revised 2020 RVCT in IRIS.

*(included in above)*

1. *Ensure prompt identification and investigation of TB genotype clusters.* LAC has achieved almost universal genotyping coverage, and the TBCP will collaborate with outside laboratories to ensure submission of isolates. The TBCP will link genotyping results to surveillance data within two weeks. The Genotype Cluster Investigation and Assessment Unit (GCIA) will evaluate and prioritize each genotype cluster and investigate all clusters with 3 cases and one risk factor, such as homelessness using available clinical, epidemiologic and molecular data.

*Evaluation ?* (Wendy/Bezaleel)

1. *Ensure appropriate response to large TB outbreaks*. The GCIA will systematically identify and monitor outbreaks and high priority genotype clusters for growth, and promptly report large outbreaks to CDPH and CDC. The GCIA will provide investigational support to CFS to ensure complete and accurate outbreak case finding, obtain epidemiologic data, and monitor the outbreak for containment. The TBCP will provide direct field support to large out­breaks, as needed. The GCIA will continue collaborations with the CDC to develop and test molecular epidemiology methods to enhance large TB outbreak responses.

*Evaluation* ?

1. *Promote standardized collection and reporting of case-level LTBI surveillance data.* The TBCP has standardized collection and reporting of LTBI data for contacts, status adjustors, and select homeless populations and unlicensed alcohol treatment centers (Grupos). The IRIS system will support case-level LTBI surveillance and reporting.

*Consider evaluation*

1. *Provide data on case-based surveillance for LTBI.* Starting October 2019, laboratories in California are required to report positive IGRA test results. The TBCP will assess the feasibility of case-based LTBI surveillance aligned with the RVCT data elements, and develop functionality in IRIS to support LTBI surveillance.

### Strategy 5: Human Resource Development and Partnerships

Evaluation plan

(intranet TBCP organization)

### Strategy 6: Public Health Laboratory Strengthening

DST TAT?

Culture TAT