INTRODUCTION

The Medical Advisory Committee for the Elimination of Tuberculosis (MACET) is a volunteer panel of Tuberculosis experts formed to counsel the Massachusetts Department of Public Health in its effort to eliminate Tuberculosis. In 2001, the MACET Provider Education Subcommittee drafted an Action Plan to identify gaps in case detection and management among providers. The Subcommittee conducted a literature review, a survey of epidemiological data, and a survey of current educational resources related to TB. The Subcommittee chose to target Emergency Department (ED) providers after discovering high rates of delayed diagnoses of TB in that practice setting.

WHY THE ED?

High rates of delayed diagnoses in the ED resulted in prolonged infectiousness, loss to follow-up, potential drug resistance, and poor treatment outcomes. In 2006, the MACET Provider Education Subcommittee met with many of its new partners to conduct a patient flow exercise, with the goal of identifying critical points for intervention in the flow of patients through EDs. Three composite case histories with accompanying social, demographic, and clinical information were discussed to determine critical junctures where interventions could result in timely diagnoses of TB.

PARTNERS

The subcommittee identified key community stakeholders and invited them to participate in an expanded Subcommittee. To facilitate participation, this Subcommittee was invited to participate in an extended Subcommittee.

PATIENT FLOW

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POTENTIAL INTERVENTIONS

The Subcommittee initially believed that CME offerings would be the most effective intervention, and surveyed 88 hospitals in Massachusetts to assess how they provide professional education. Members of the expanded subcommittee concluded that CME offerings were not the best strategy for intervention because:

- Shift work patterns and time constraints made scheduling and attendance difficult.
- ED professionals felt that TB was comparatively low in importance.
- Education might not translate into providers “thinking TB” in the practice setting.

Interventions under consideration:

- Provide level interventions:
  - Workshop on TB in the ED for all ED staff.
  - Workshop on preventing TB transmission for all ED staff.
  - Workshop on TB prevention strategies for all ED staff.

- System-level interventions:
  - Develop and distribute guidelines on TB transmission prevention.
  - Develop and distribute guidelines on TB prevention strategies.

Barriers to implementing these interventions included:

- Provider reluctance to label a patient as a TB suspect because of procedures that are followed once this occurs (isolation, masks, etc.).
- Difficulty changing official hospital documents (EMR and triage forms) due to document differences between hospitals and the lengthy administrative procedures required to change them.