New England Regional Tuberculosis Plan

1. THE CHARGE: Programs Use Regional Approaches as a Mechanism to Reach the Goal of TB Elimination

The New England Regional Tuberculosis Plan provides a framework for reducing TB morbidity and to guide TB Control Programs in developing their state strategic plans. This plan results from a consultative process between the New England TB programs and CDC. It builds on strategies suggested in the IOM report "Ending Neglect" which promotes regionalization as a means to improve and enhance operations for TB prevention and to intensify activities to accelerate TB control. The framework sets out the goals and objectives for effective collaboration between programs and partners in the region. It identifies five strategic components (effective communication, collaborative prevention, training and education, enhanced case-finding, and program evaluation) and five key operations (collaboration, policy development, surveillance using molecular genotyping, cohort reviews, and research). The Division of Tuberculosis Elimination (DTBE) and state and local partners are supporting this effort to share resources and experiences. Starting in 2005, a CDC medical officer will work with the six New England TB programs to help develop a regional approach to building capacity through supporting existing programs and implementing new initiatives. This plan is intended to serve as a platform for on-going discussion and problem-solving, as regionalization becomes part of the vision for TB elimination.

2. REGIONAL STRATEGIES

The strategies of regionalization are that state and local programs will:

- Engage in a structured dialogue to ensure that regional planning and policy development takes place,
- Increase consultation related to conducting cohort and case reviews and contact investigations,
- Increase training targeted to regionally-identified training needs,
- Actively utilize data from genotyping of *Mycobacterium tuberculosis* isolated from pulmonary cases, and
- Based on state evaluation plans, use program evaluation to target and improve outcomes.

3. REGIONAL OBJECTIVES

In order to accomplish these goals, key elements of the following objectives need to be implemented:

1) Create a regional plan including action steps so that appropriate state and local TB control managers and staff will have the necessary awareness and venues of regional communication to create a shared vision.

- 2) Make available through the regional medical officer programmatic, epidemiological, and medical consultation to all states and major localities to enhance capacity and improve outcomes for TB cases and high-risk contacts.
- 3) Initiate support and assistance to the Northeast Regional TB Model Center / New England for the purpose of planning and promoting region-wide training and education of staff, providers, and patients using in-person or distance modalities.
- 4) Send all *M. tuberculosis* isolates for DNA genotyping and entry into a shared database. The CDC regional medical officer will be available for consultation on the interpretation of results.
- 5) Use program evaluation consistently to define best practices and to measure outcomes of TB prevention and control.

4. REGIONAL WORK PLAN

The following tables present the New England Regional TB Plan, which outlines each of the regional objectives, including component sub-objectives, related strategies and action steps, and persons or groups with lead responsibility. Objective 1 is

the overarching objective encompassing policy and planning. To accomplish this objective, the regional leadership must focus on achieving 4 additional regional objectives: technical assistance for capacity building, training and education, genotyping, and program evaluation.

<u>Objective 1</u>. Create a regional plan including action steps so that appropriate state and local TB control managers and staff will have the necessary awareness and venues of regional communication to create a shared vision by Fall 2005.

Sub-Objective 1.1. Ensure that a vision and work plan for regional collaboration is in place and shared by the New England TB programs, their local partners, and DTBE.

Action Steps	Coordinator(s)	Contributors	Status
 Engage TB program leadership in discussions 	Mark Lobato	TB Controllers	Ongoing
 Use existing or develop new venues to discuss vision 	TB Controllers	Mark Lobato	Ongoing
Regional medical officer will visit each program at least once	Mark Lobato	TB Controllers	Completed
each program at least once annually Incorporate a regional approach into new or updated TB elimination plans	TB Controllers	Dan Ruggiero Mark Lobato	• Proposed

Sub-Objective 1.2. By Fall 2005, programs' expectations for regional collaboration are consistently being communicated to partners and DTBE through multiple sources.				
 Action Steps Communicate plans and progress made toward regionalization to DTBE and Northeast RTMCC staff Publicize supporting materials and 	Coordinator(s) • Mark Lobato	Contributors • Dan Ruggiero Eileen Napolitano Sue Etkind	Status Ongoing	
regional resources to partners at all levels (updates in TB notes, post on websites)	Sue Etkind	• Erin Howe	Started	
 Increase number of posters, presentations, meetings, abstracts, and journal articles on regional collaboration 	TB Controllers	•	 Started 	
 Communicate importance of regionalization in venues such as NTCA and ACET 	Zach Taylor	TB Controllers Dan Ruggiero	Proposed	

<u>Objective 2</u>. Make available through the regional medical officer programmatic, epidemiological, and medical consultation to all states and major localities to enhance capacity and improve outcomes for TB cases and high risk contacts by the Summer 2005.

Action Steps	Coordinator(s)	Contributors	Status
 Determine and communicate program needs 	RTMCC / NE Mark Lobato	Phil LoBue	Ongoing
Participate on medical consultation committeeDevelop marketing and	• RTMCC	 John Bernardo Mark Lobato 	Ongoing
dissemination plan	RTMCC / New England	•	Started

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Objective 3. Initiate support and assistar purpose of planning and promoting region person or distance modalities by the Win	on-wide training and edu		
 Action Steps Create a team to organize training activities Develop and administer a needs assessment Compile existing training materials (e.g. program managers' course, evaluation trainings, etc.) Collaborate with partners to develop an evaluation training repository Encourage preceptorships as a form of training Create promotion plan to encourage trainings at meetings and appropriate venues 	Coordinator(s) • Kathy Hursen • RTMCC / New England • RTMCC / New England •	Contributors	Status

Sub-Objective 3.1. Promote targeted training to enhance program evaluation sk	ills.
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Action Steps Determine available training Access and promote training to assist state and local TB program staff in using evaluation tools Make materials from trainings and workshops available to all state and local TB program staff Coordinate TB training with other infectious disease training (HIV, STD)	Coordinator(s)	Contributors RTMCC / NE Kathy Hursen (MA)	Status

Sub-Objective 3.2. Encourage regular cohort reviews and training on contact investigations.				
Promote the use of regular cohort and case management reviews at the state and local levels Provide technical assistance for the treatment and management of difficult and complex cases	Coordinator(s) • John Bernardo Mark Lobato • RTMCC	Contributors TB Controllers John Bernardo Mark Lobato	• Started • Ongoing	
Sub-Objective 3.3. Develop an education	program for clinic phys	sicians and nurses.		
 Action Steps Assess the education needs of TB clinic providers. Assess the education needs of non-TB clinic providers. 	Coordinator(s) RTMCC / NE RTMCC / NE	Contributors TB Controllers John Bernardo TB Controllers	Status	

Objective 4. Send all *M. tuberculosis* isolates for DNA genotyping and enter results into a shared database. The CDC regional medical officer will be available for consultation on the interpretation of results by Winter 2005.

Action Steps Explore the legal basis for sharing patient information Form a planning group that will address issues of selecting variables, creating a database, and possibly writing a MOU for sharing data Create venues and opportunities for group to regularly communicate findings and possible transmission Create methods to disseminate models, best practices, lessons learned, and FAQs	Coordinator(s) TB Controllers PHPS Fellow Sharon Sharnprapai (MA) Mark Lobato TB Controllers Kathy Hursen	Contributors Tracy Miller, CDC gnrl counsel Tom Condren Judy Proctor Jody Schwietzer Peggy Sweeny Paul Elvin Sandy Price-CDC State laboratories •	• Completed • Completed • Ongoing
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prevention and control by Spring 2006. Sub-Objective 5.1. Develop a logic model for TB control.				
 Action Steps Create a group to develop a logic model or models for TB control Share an example of a logic model for a public health program 	Coordinator(s) • PHPS fellow Tom Condren	Contributors • Nancy Hughes	Status	
Action Steps Create a group to work on an evaluation plan that incorporates the key components of CDC's TB plan	Coordinator(s) PHPS fellow	Contributors • MA	Status • Planned	

 Action Steps Compile an inventory of program indicators Agree on standard data definitions for calculating indicators Share available tools from state and local TB programs 	Coordinator(s) PHPS fellow EWG TB Controllers Mark Lobato	Contributors	StatusStart 9/2005OngoingIn progress
Sub-Objective 5.4. Promote training and	education on the use of	evaluation.	
Sub-Objective 5.4. Promote training and a	education on the use of Coordinator(s)	evaluation. Contributors	Status
•			Status • Completed
ction Steps Identify existing training materials	Coordinator(s)	Contributors	

5. STATE-SPECIFIC PROJECTS

Each state had identified needs that are either priorities for their program or specific to that state. The projects require a limited but sustained effort to initiate or develop to the next stage and may generate ongoing activities or evolve into other state-specific projects.

State	Project	Stage
Connecticut	 Form a state TB Advisory Committee Address policy of school-based tuberculin skin testing policies 	DoneDoneDone
New Hampshire	Create an expanded surveillance system for foreign-born TB patients TB education for private providers	Started
Maine		
Massachusetts	Provide an up-to-date curriculum for TB providers	Planned
Rhode Island	Initiate and expand cohort reviews	Planned
Vermont	Consult on revising guidelines for correctional facilities	Planned

6. EVALUATION PLAN

The following plan outlines how the New England programs will measure progress toward each of the objectives.

Objective	Indicator(s)	Data Source(s)
Objective 1. Create a regional plan including action steps so that appropriate state and local TB control managers and staff will have the necessary awareness and venues of regional communication to create a shared vision.	 % managers participating in planning calls # of managers providing feedback to the planning process Completion of the plan 	Same data sources for indicators in objectives # 2-5
Sub-Objective 1.1. By Fall 2005, a vision and work plan for regional collaboration is in place and shared by the New England TB programs, their local partners, and DTBE.	 % managers who self-report need for regional collaboration % managers reporting that vision for regionalization is shared across organizational levels language supporting regional TB control efforts incorporated in the 2007 cooperative agreements 	Survey Document review
Sub-Objective 1.2. By Fall 2005, programs' expectations for regional collaboration are consistently being communicated to partners and DTBE through multiple sources.	 # state and local program staff who know of the proposed regional plans % state and local TB program managers who report that regionalization messages are being communicated consistently and frequently # different documents communicating regionalization messages # articles printed, meetings held, conference presentations that include regional themes 	Survey Document review

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Objective 2. Make available through the regional medical officer programmatic, epidemiolgocial, and medical consultation to all states and major localities to enhance capacity and improve outcomes for TB cases and high risk contacts by Summer 2005.	 % programs who report either used or planning to use medical consultative service frequency of types of consultation 	Survey
Objective 3. Initiate support and assistance to the Northeast Regional TB Model Center / New England for the purpose of planning and promoting region-wide training and education of staff, providers, and patients using in-person or distance modalities by Winter 2005.	 # persons and organizations participating in RTMCC / New England planning group % programs reporting receipt of training or education 	Survey Document review
Sub-Objective 3.1. Promote targeted training to enhance program evaluation skills.	 Types and frequency of training and education # and types of persons receiving training and educ 	Document review
Sub-Objective 3.2. Encourage regular cohort reviews and training on contact investigations.	 Dissemination plan developed # trainings offered on cohort reviews and CIs # state and locales that report performing cohort reviews 	Document review Survey
Objective 4. Send all <i>M. tuberculosis</i> isolates for DNA genotyping and enter results into a shared database. The CDC regional medical officer will be available for consultation on the interpretation of results by Winter 2005.	 # and mix of participants in network # requests received # requests filled % of programs who accurately report awareness of technical assistance and how to access it # programs participating in regional database 	Analysis of membership Logs Survey

Objective 5. Use program evaluation consistently to define best practices and to measure outcomes of TB prevention and control by Spring 2006.	 # programs engaging in routine evaluation # of local programs conducting case reviews active promotion of evaluation at state and regional meetings 	Logs Surveys
Sub-Objective 5.1. Compile and develop program indicators for use in contact investigations.	Indicator Library developedStandard definitions agreed uponGuidance Document disseminated	Document review
Sub-Objective 5.2. Compile and share evaluation tools for contact investigations.	Repository of CI tools developed	Document review
Sub-Objective 5.3. Promote the use of existing training and support additional training venues for program evaluation.	 # or % of TB staff from different levels who have participated in trainings # and types of courses provided 	Survey