

Regional Collaboration It Makes a Difference!

The six New England tuberculosis (TB) control programs formed the New England TB Consortium in 2005 as a way to communicate, coordinate, and collaborate.

New England TB Consortium Partners

- Six New England TB Programs and state laboratories
- * Northeastern RTMCC
- **★** CDC Division of Tuberculosis Elimination
- ★ Massachusetts and Connecticut Advisory Committees for the Elimination of TB
- ★ Lemuel Shattuck TB Treatment Unit

"Sometimes I feel isolated and there is no one to share problems with. The Consortium provides a way to brainstorm solutions."

--Consortium stakeholder

The New England TB Consortium uses a consensus plan of action including

- * Holding monthly planning calls
- Sharing materials, facilitating adaptation of materials
- Building region-wide nursing and physician networks
- Presenting local trainings open to the whole region
- Sharing of skills, experience, and mentoring among members

All programs in the region greatly benefit from collaboration with and support from nearby programs, adding an additional safety layer of infrastructure support and capacity.

"The genotyping calls are an opportunity to exchange information and to feel like we're not in a vacuum."

--Consortium stakeholder

Key strengths of the regional model

- * Relies on team leadership that encompasses the collective TB experience in the region
- ★ Places the RTMCC TB educator in the field where it is possible to become an integral part of the team, gain first-hand knowledge of the region's programmatic challenges, build ongoing assessment and support of existing capacity for programs to conduct trainings, and adapt and quickly respond to new challenges
- Nurses lead the Consortium in many areas including case management, clinical assessment, and field experience and use this expertise to help programs improve performance, develop resources, and foster the sharing of expertise in the region
- ★ Reinforces advocacy by speaking with a united voice











Education

- Regional and state targeted needs assessments
- ★ Trainings open to the whole region
- * Web-based case series for providers
- * TB Talk webinar series for nurses
- **★** Sharing products
- Website with materials, resources, community forums

The Consortium regional model allows for flexibility when education demands unexpectedly change. It is cost-effective when programs assist each other with trainings. For example, in the last five years New Hampshire began holding a yearly training with assistance from Massachusetts and the Northeastern RTMCC.

Communication & Support

- * Fostering consultation among members
- * Engaging in an ongoing dialogue to promote regional planning and policy development
- * CDC assignee and onsite RTMCC educator connect people with similar roles and concerns
- Recognize outstanding service through the TB Heroes Award

The Consortium is an effective way for staff new to state programs to establish relationships and receive support from Consortium members. Regularly scheduled communication between Consortium members facilitates prompt crossjurisdictional case reviews and contact investigations.

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Partnering

- * Share collaborative experiences with state HIV, STD and hepatitis programs
- Promoting collaborations with state labs and refugee coordinators
- * Advancing Program Collaboration and Service Integration throughout the region (such as involving the HIV, STD, and hepatitis programs in this year's conference for outreach workers)

The Consortium collaborates with the Federal Training Centers Consortium (FTCC) to increase communication and to make products and trainings available to a broader audience. The on-site location of the RTMCC educator makes it possible to attend FTCC meetings, build stronger relationships with the other Training Centers, and host materials tables at conferences.

Enhancing Capacity

- Expanding the expertise of members
- ★ Initiated the New England Genotyping Project to investigate possible interstate transmission and monitor trends throughout the region
- Conducted a region-wide survey of Mycobacterium laboratory capacity and practices

Launched the New England Public Health Law Project with the Shattuck TB Treatment Unit, legal partners in the region, and CDC to work on issues pertaining to involuntary TB isolation to develop a legal framework for involuntary isolation of patients transferred to the Shattuck Hospital TB Treatment Unit from other states.