

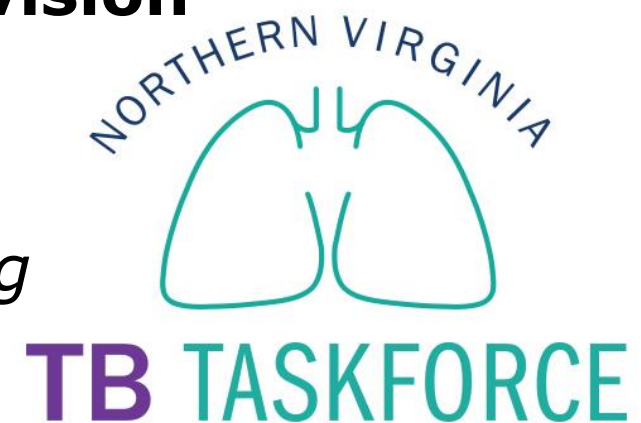
# Appointment Needed?

## Our Journey to Engage Providers

---

**Sondra Dietz, Arlington County Public Health Division**  
**Karen Fujii, Fairfax County Health Department**

*2024 Biennial TB and Newcomer Health Nurse Meeting*  
November 22, 2024



# Today's Objectives

- ☑ Describe the Northern Virginia TB Taskforce and our goals
- ☑ Describe efforts to engage healthcare providers about LTBI treatment

# Background

# TB Control in NoVa



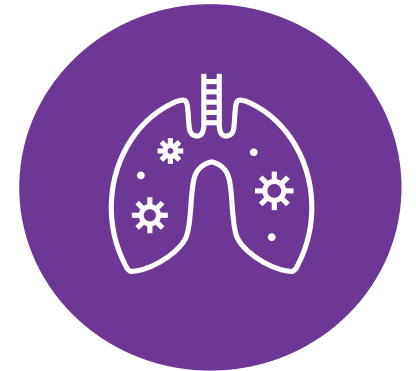
**1/3 of  
VA's  
population**



**28% non-  
US-born**



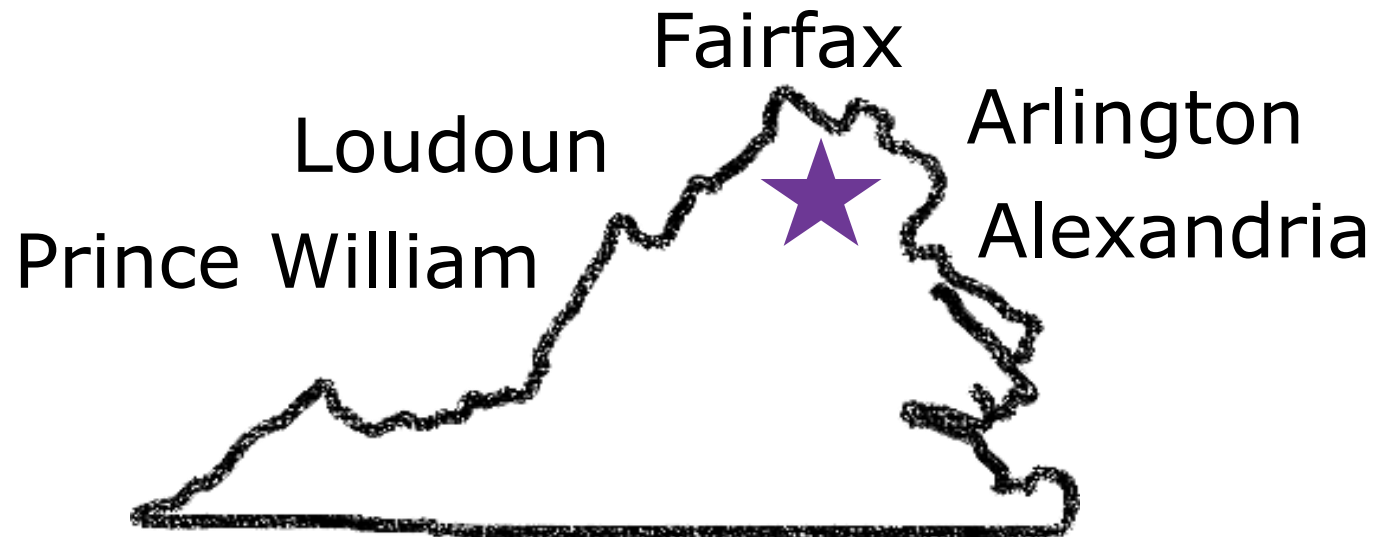
**180  
languages**



**90% TB  
cases non-  
US-born**

# Goal

Identify and develop sustainable approaches to increase community capacity to advance TB elimination goals



# Objectives

1. Establish task force
2. Identify challenges
3. Identify advisors
  - Community members
  - Healthcare providers
4. Implement solutions
  - Public education campaign
  - Healthcare provider education

# Do this with them, *not for them!*

The traditional model of TB control in the United States, in which planning and execution reside almost exclusively with the public health sector, is no longer the optimal approach during a sustained drive toward the elimination of TB

–Advisory Council for the Elimination of Tuberculosis, January 1995

- ☑ Understand their needs
- ☑ Make better decisions
- ☑ Increase involvement and satisfaction

# Planning



**Brainstormed**



**Reviewed LTBI data**



**Reviewed provider data**





# Survey

# Survey Development

- Less labor intensive than calls or in-person
- Cost effective
- 21 questions in REDCap
- Pilot

The screenshot shows a survey form from the Virginia Department of Health (VDH). The header includes the VDH logo and the text 'Brought to you by the Northern Virginia Health Districts'. The survey title is 'Northern Virginia (NOVA) Healthcare Provider Survey - Latent Tuberculosis Infection'. Below the title is an 'Introduction' section explaining the purpose of the survey and the importance of healthcare providers in TB elimination. The survey is estimated to take 5-10 minutes to complete. The form is divided into two main sections: 'Provider Information' and 'Practice Information'. The 'Provider Information' section contains two required questions: '1. Provider Name (required):' with a text input field and a red asterisk icon, and '2. Professional Title (required):' with a dropdown menu. The 'Practice Information' section contains two questions: '3. Name of practice:' with a text input field, and '4. Are you responding on behalf of other providers in your practice?' with radio buttons for 'Yes' and 'No'. The form also includes a 'Returning?' link in the top right corner.

# Survey Distribution



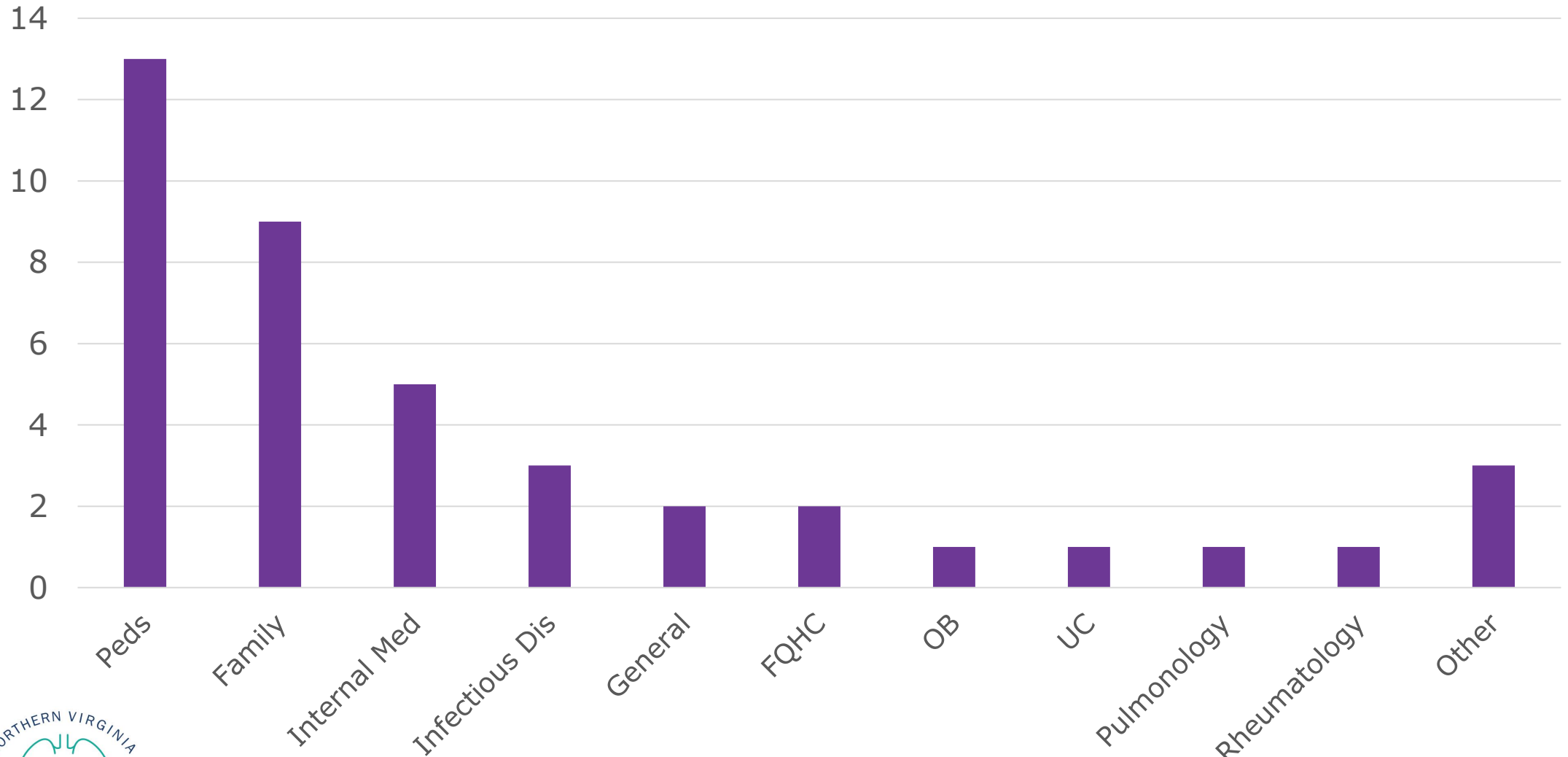
- ~2,000 providers
- Medical Society of Northern Virginia
- Reminders
- Personal emails and calls
- Personal email from physician

# Survey Responses

Goal = 50

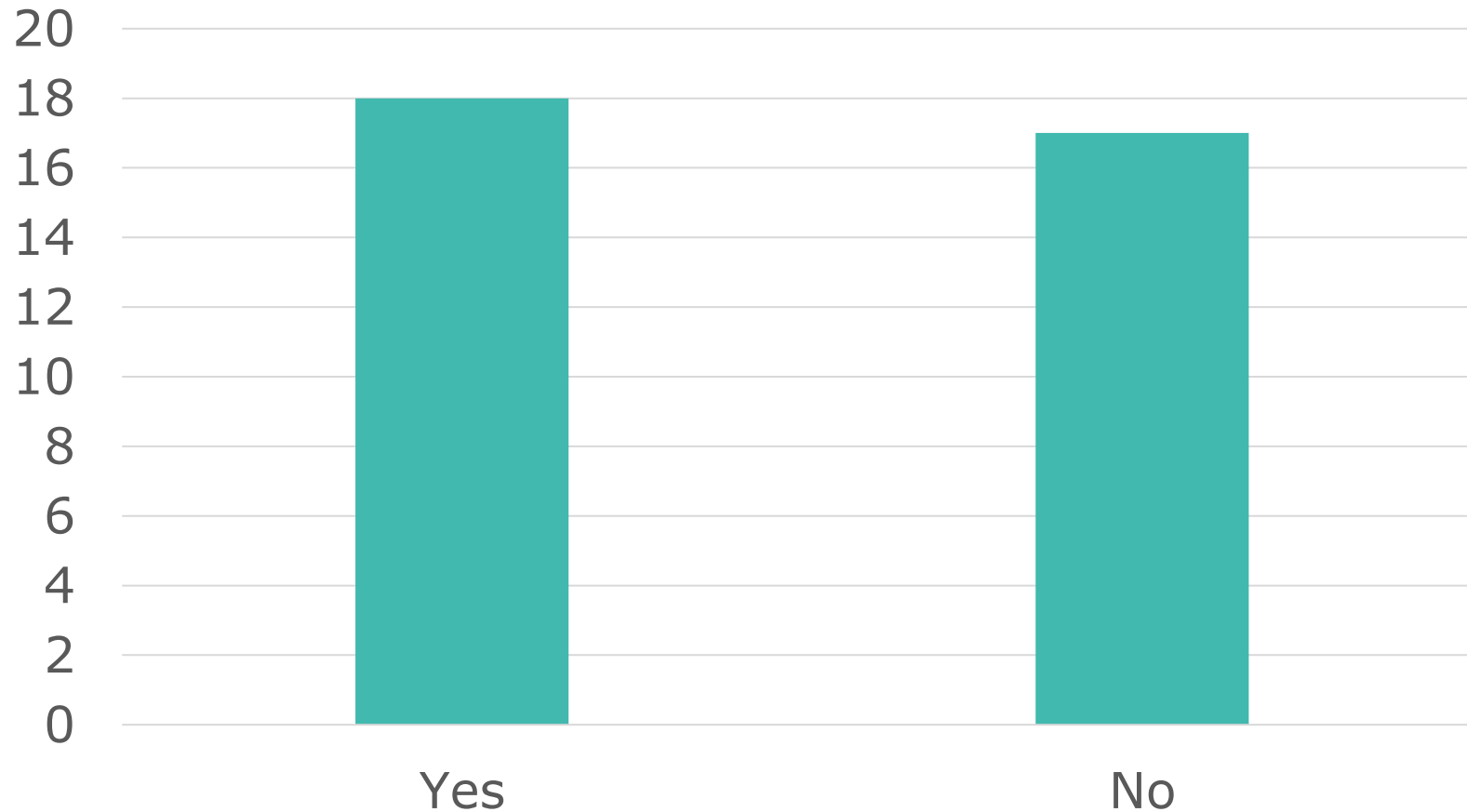
Actual = 35

# Practice Type



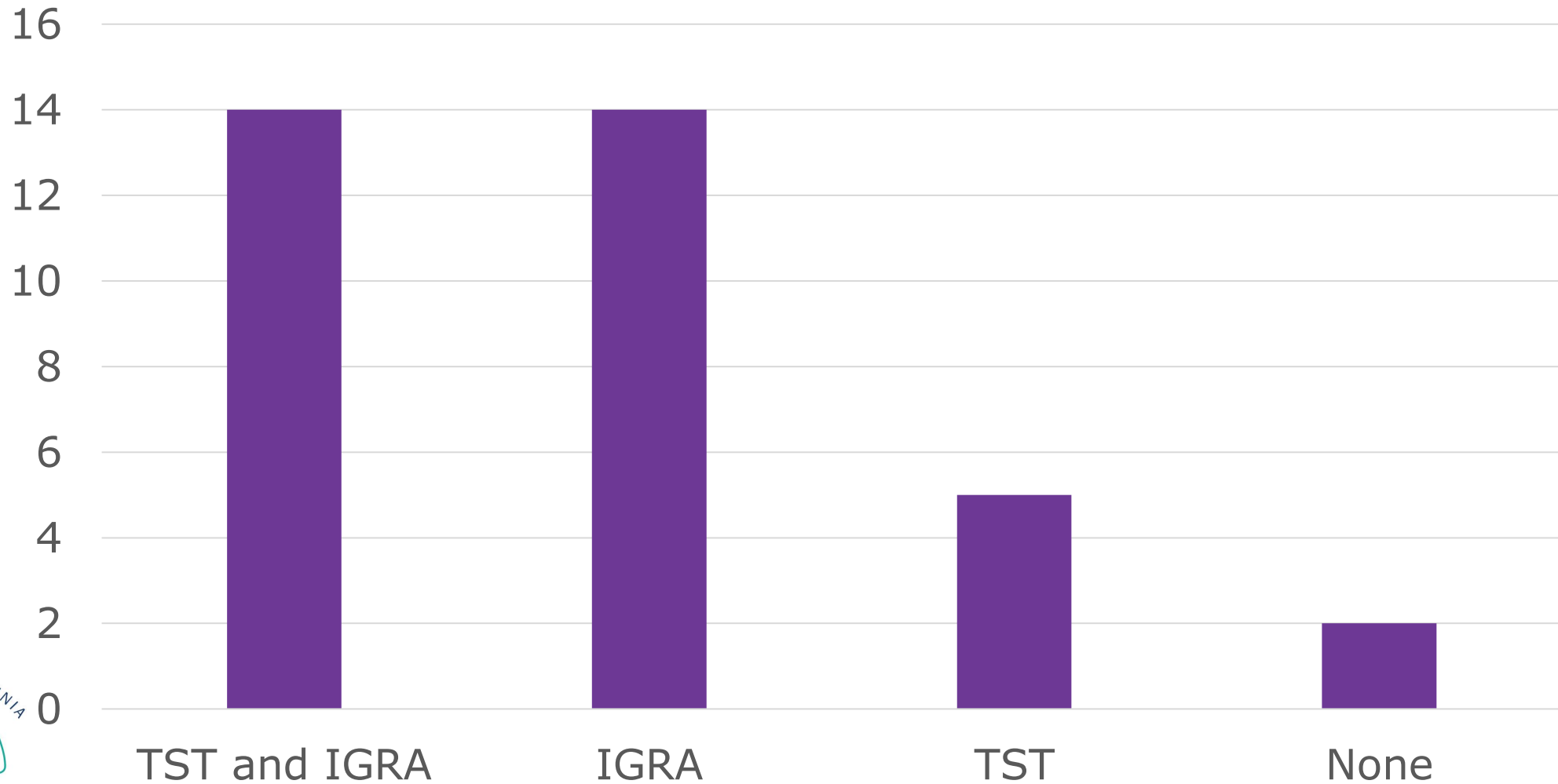
# Universal Screening

Are you universally screening patients to determine if TB testing is necessary?



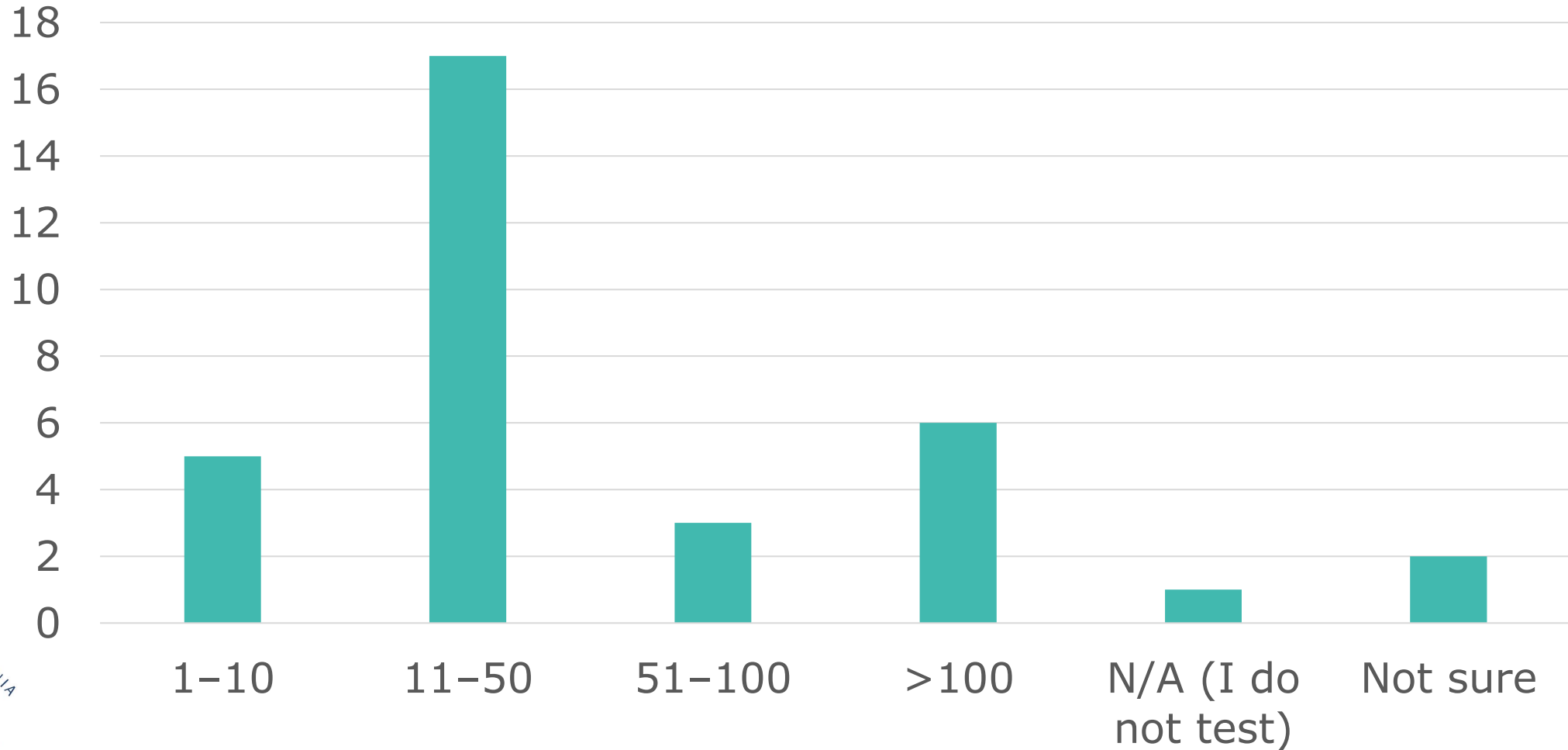
# TB Test Type

Which TB test do you use/order?



# # of TB Tests

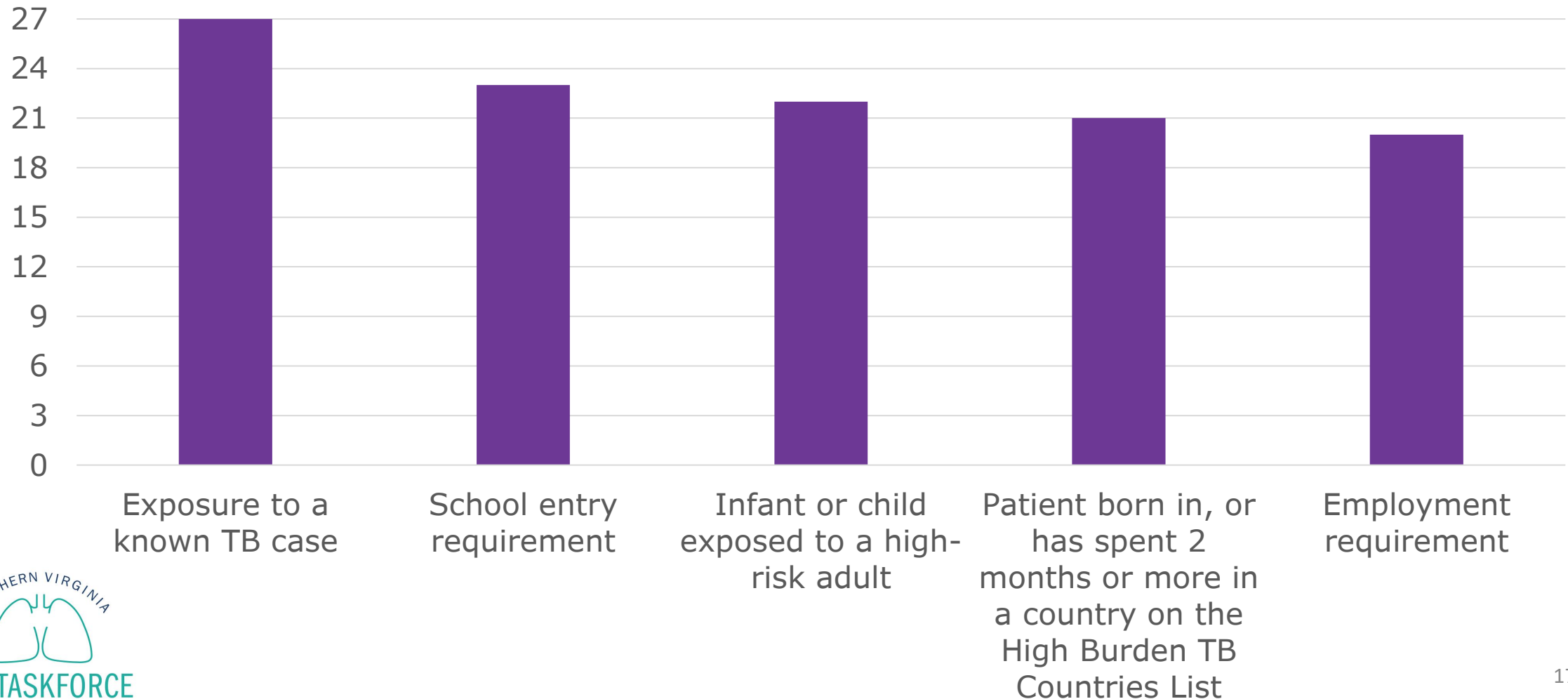
How many TB tests do you order or perform annually?





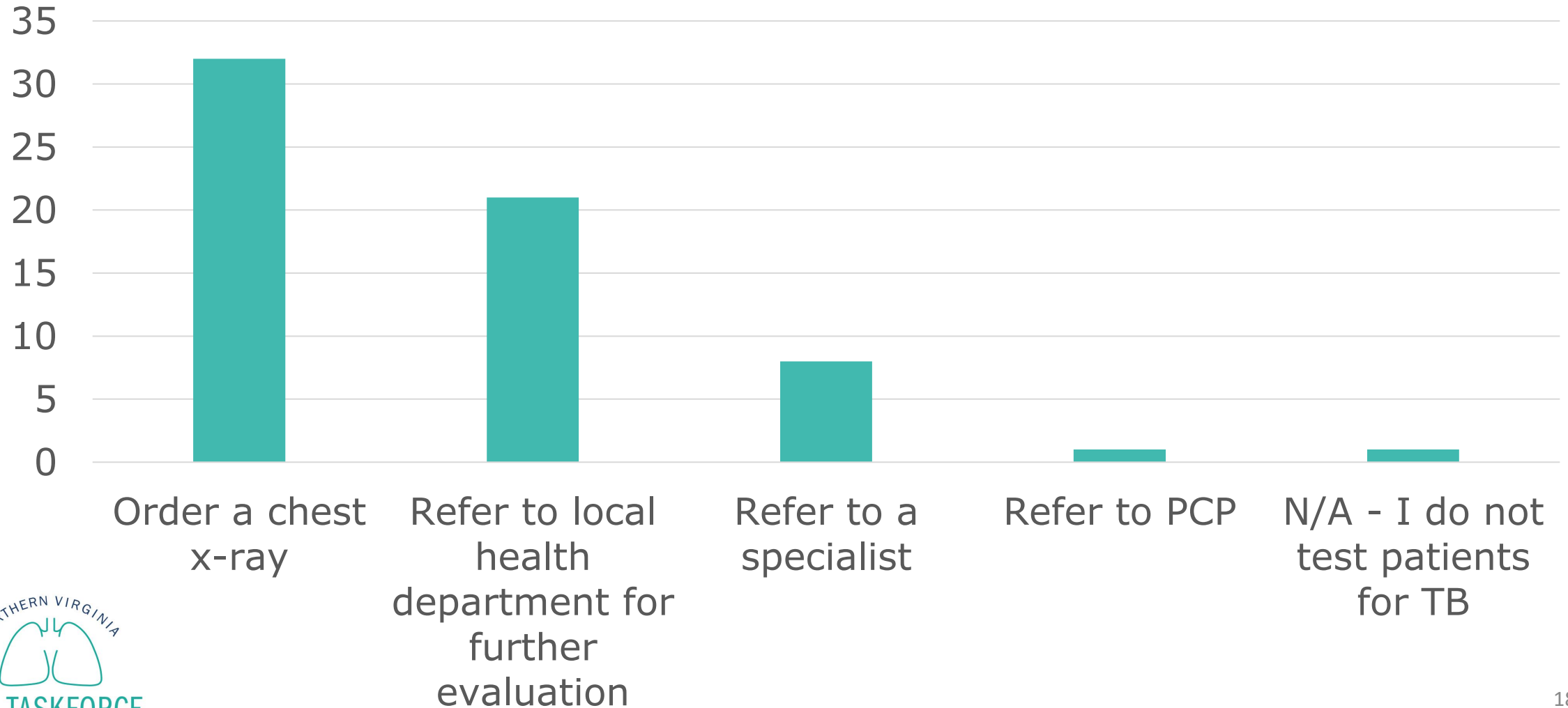
# Top 5 Risk Factors for Testing

Which of the following risk factors for TB infection and/or risk for progression to TB disease prompts you to order a TB test for a patient? Check all that apply.



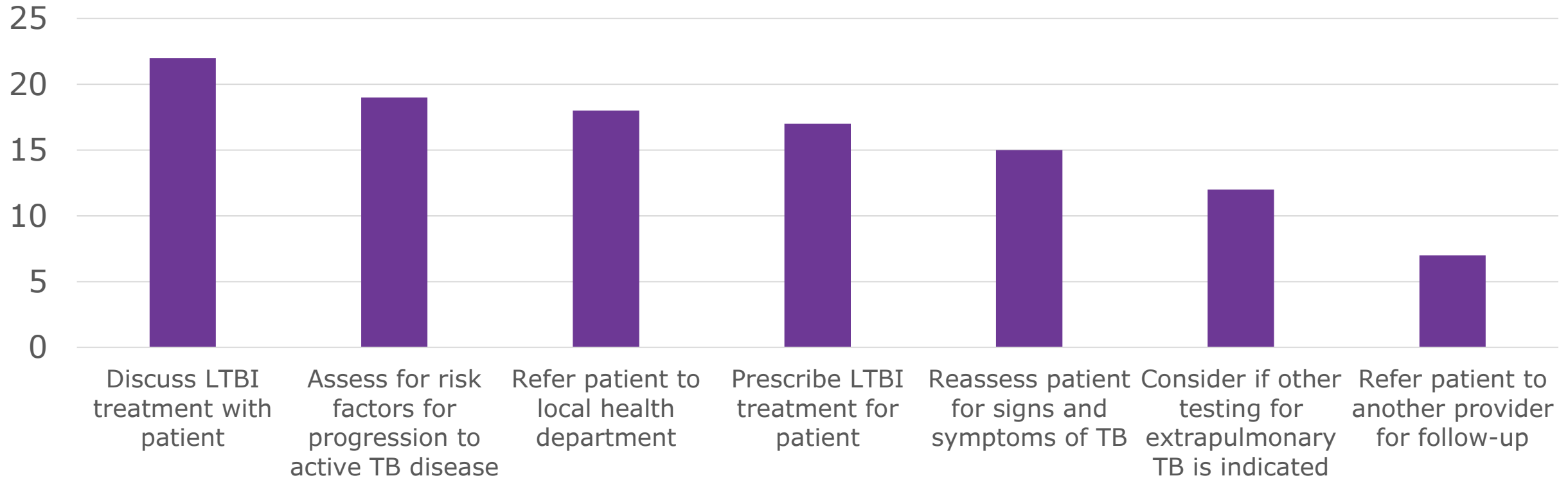
# New Positive TB Test

If a patient has a new positive TB test (TST or IGRA), what action(s) do you take?  
Check all that apply.



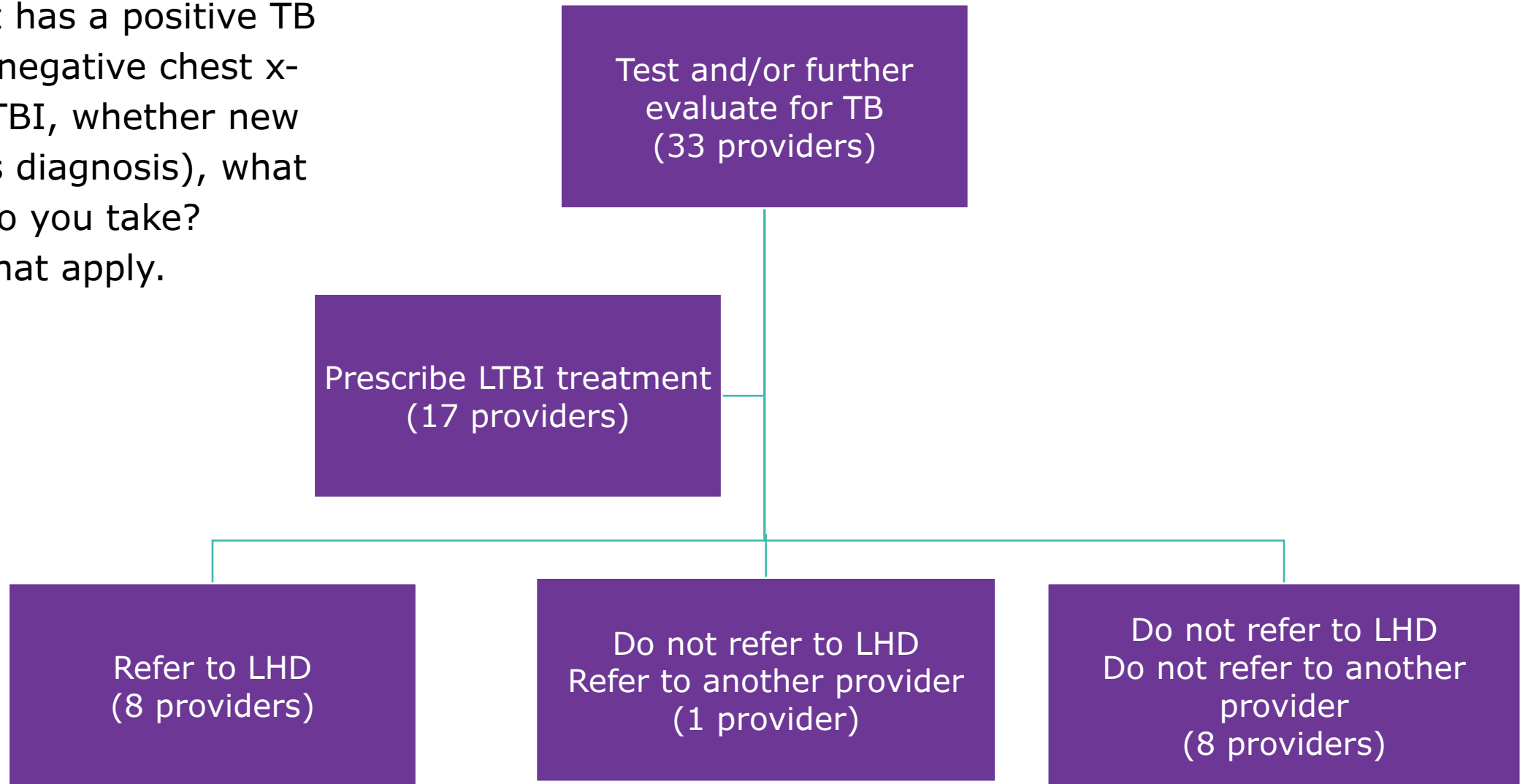
# Positive TB Test, Negative Chest X-ray

If a patient has a positive TB test and a negative chest x-ray (i.e., LTBI, whether new or previous diagnosis), what action(s) do you take? Check all that apply.



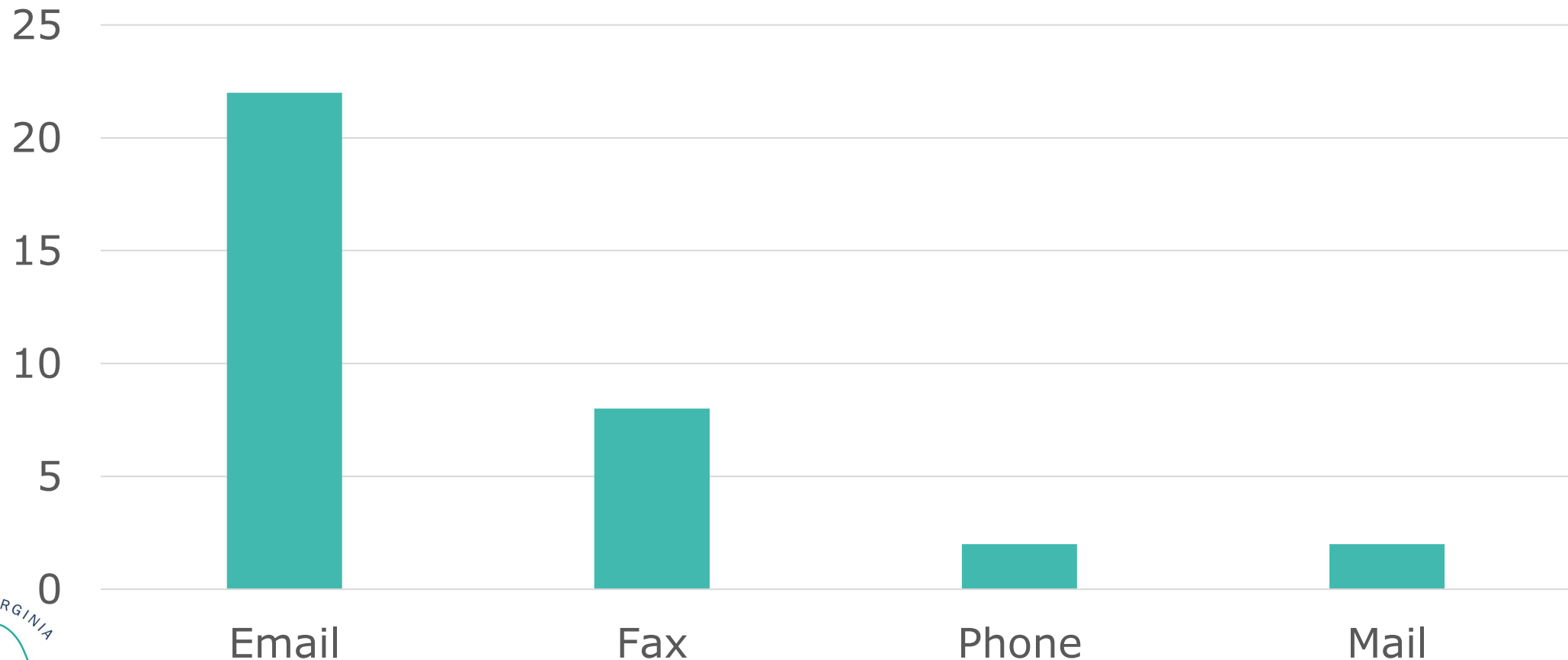
# Positive TB Test, Negative Chest X-ray

If a patient has a positive TB test and a negative chest x-ray (i.e., LTBI, whether new or previous diagnosis), what action(s) do you take?  
Check all that apply.



# How to Receive Info

Would you, or a representative from your practice, be interested in sharing additional feedback as we develop LTBI resources? If yes, my preferred method of contact is:



# Challenges

- Getting contact information
- “Not another survey!”
- No incentive
- Juggling follow-up calls with clinical services

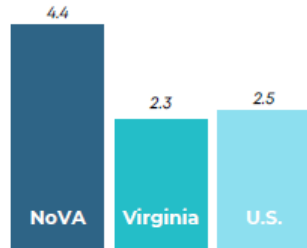


# Infographic

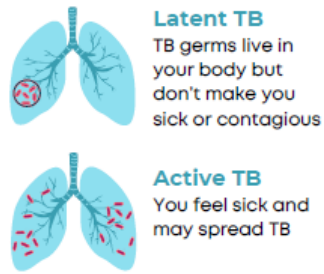
# Take on Tuberculosis (TB) in Northern VA



2022 TB Case Rate  
per 100,000 people



Latent TB Infection (LTBI) and Active TB Disease



113 people with active TB disease

If untreated, 1 in 10 people can develop active TB and spread the disease

~118,000 people with LTBI

## 90% of NoVA TB cases

occur among people born in other countries. 60% are born in

- Afghanistan
- El Salvador
- Ethiopia
- India
- Pakistan
- Peru
- The Philippines
- Vietnam

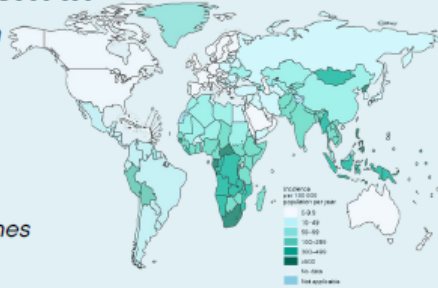


Image: World Health Organization, 2021

## Age



TB affects people of all ages

## #1 Medical Risk Factor

for progression to active TB  
~25% of NoVA active TB cases have diabetes

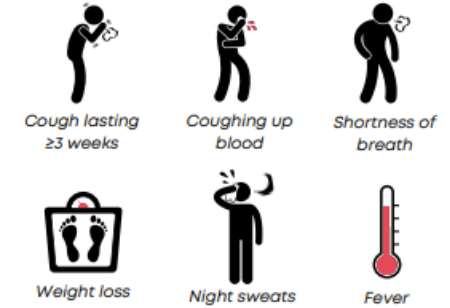


## TB is Preventable and Curable and You Can Make a Difference

LTBI treatment can reduce the risk of TB disease by 90%.

This helps protect our community and prevent negative effects on the person, such as **isolation, missed work, hospitalization, and even death.**

### Active TB Symptoms



### THINK

People at high risk include those:

- Born in or who spent ≥1 month in a country with a high TB burden ([bit.ly/3QkmmkUk](https://bit.ly/3QkmmkUk)); **or**
- With conditions (e.g., diabetes) or on medication that weakens the immune system ([bit.ly/45w22wE](https://bit.ly/45w22wE)); **or**
- Who ever had close contact to someone with active TB

### TEST

Test high risk patients using:

- Mantoux tuberculin skin test (TST) **or**
- Interferon Gamma Release Assay (IGRA) blood test (preferred for those who had Bacille Calmette-Guérin (BCG) vaccine)

### TREAT

Treat LTBI as soon as diagnosis is confirmed  
TB medication is the only way to get rid of TB bacteria  
Stopping treatment early or skipping doses reduces effectiveness

### Report TB



Healthcare providers must report **all** presumptive TB cases



Call your local health department to report active TB cases



Scan to report LTBI cases online ([bit.ly/3QlOzaf](https://bit.ly/3QlOzaf))

### Your Health Department is Here to Help

- Guidance on evaluating potential TB cases
- Case management and treatment for TB disease
- Consultation for LTBI

Alexandria: 703-746-4960  
Arlington: 703-228-5200  
Fairfax: 703-246-2411  
Loudoun: 703-777-0236  
Prince William: 703-792-6300

#### Resources

CDC LTBI Fact Sheet: [bit.ly/403L2gg](https://bit.ly/403L2gg)  
VDH TB Website: [bit.ly/3KD2skI](https://bit.ly/3KD2skI)  
VDH LTBI Provider Guide: [bit.ly/3gnUkX0](https://bit.ly/3gnUkX0)  
U.S. Preventive Services Task Force LTBI Screening in Adults: [bit.ly/3QkITbk](https://bit.ly/3QkITbk)

#### Sources

Virginia Electronic Disease Surveillance System, 2022 Tuberculosis – United States, 2022. *MMWR* 2023. [bit.ly/3qGM9oV](https://bit.ly/3qGM9oV)



# Focus Groups

# Focus Groups

- Partnered with George Mason University
- 29 survey respondents + ~175 others
- Extensive planning
- No one signed up 😞



# Outreach

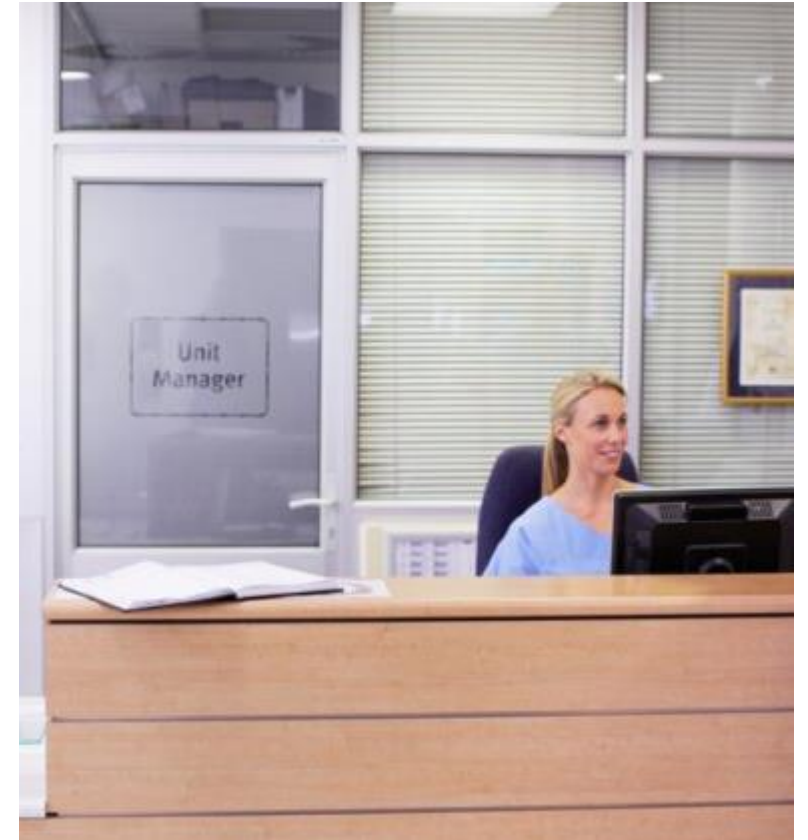
# Outreach Planning

- List of providers
- Talking points
- Materials
- Tracking log
- Evaluation

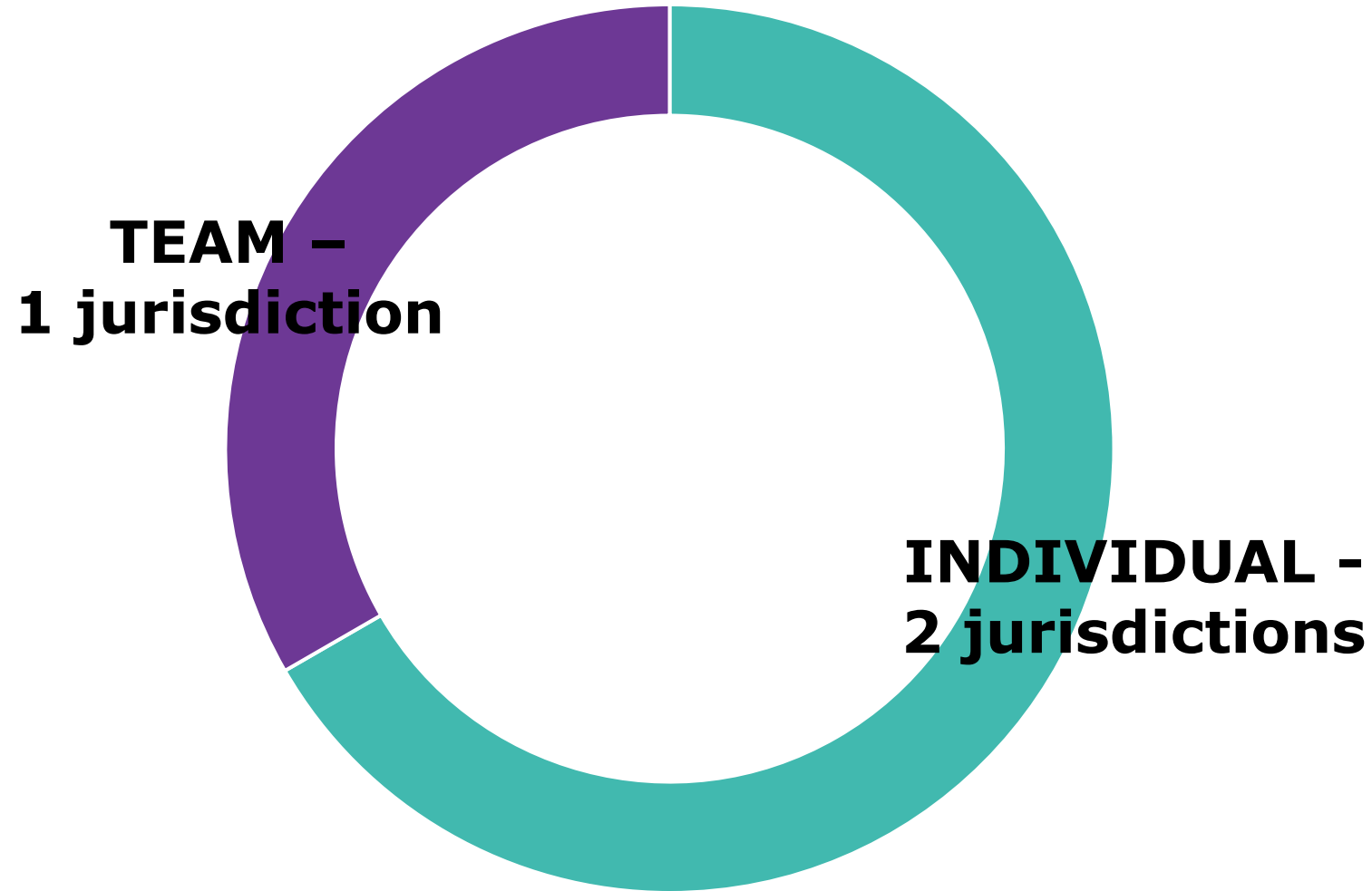


# Outreach Results

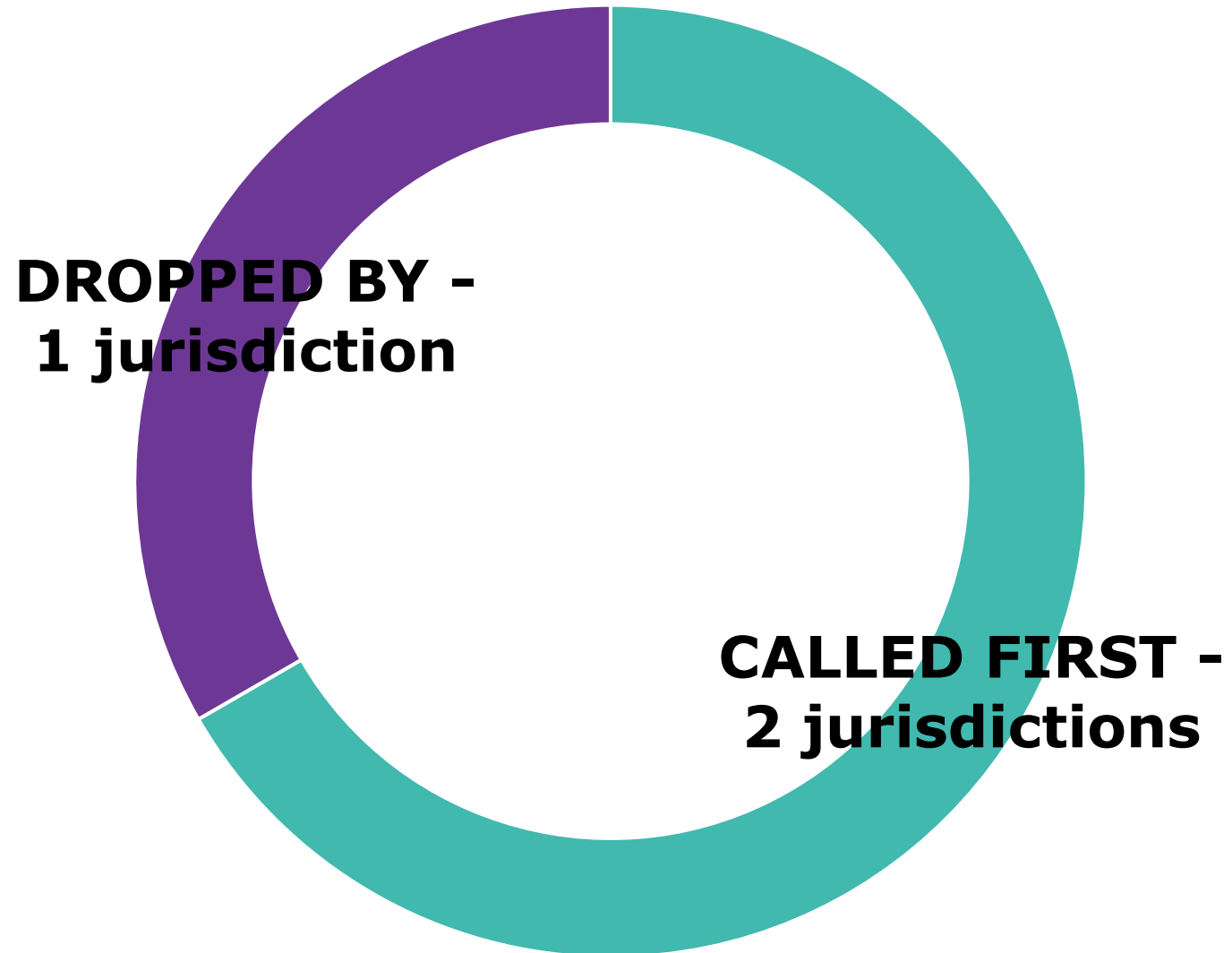
- 3 jurisdictions
- 36 locations
- 40-45 minutes per location
- Shared materials



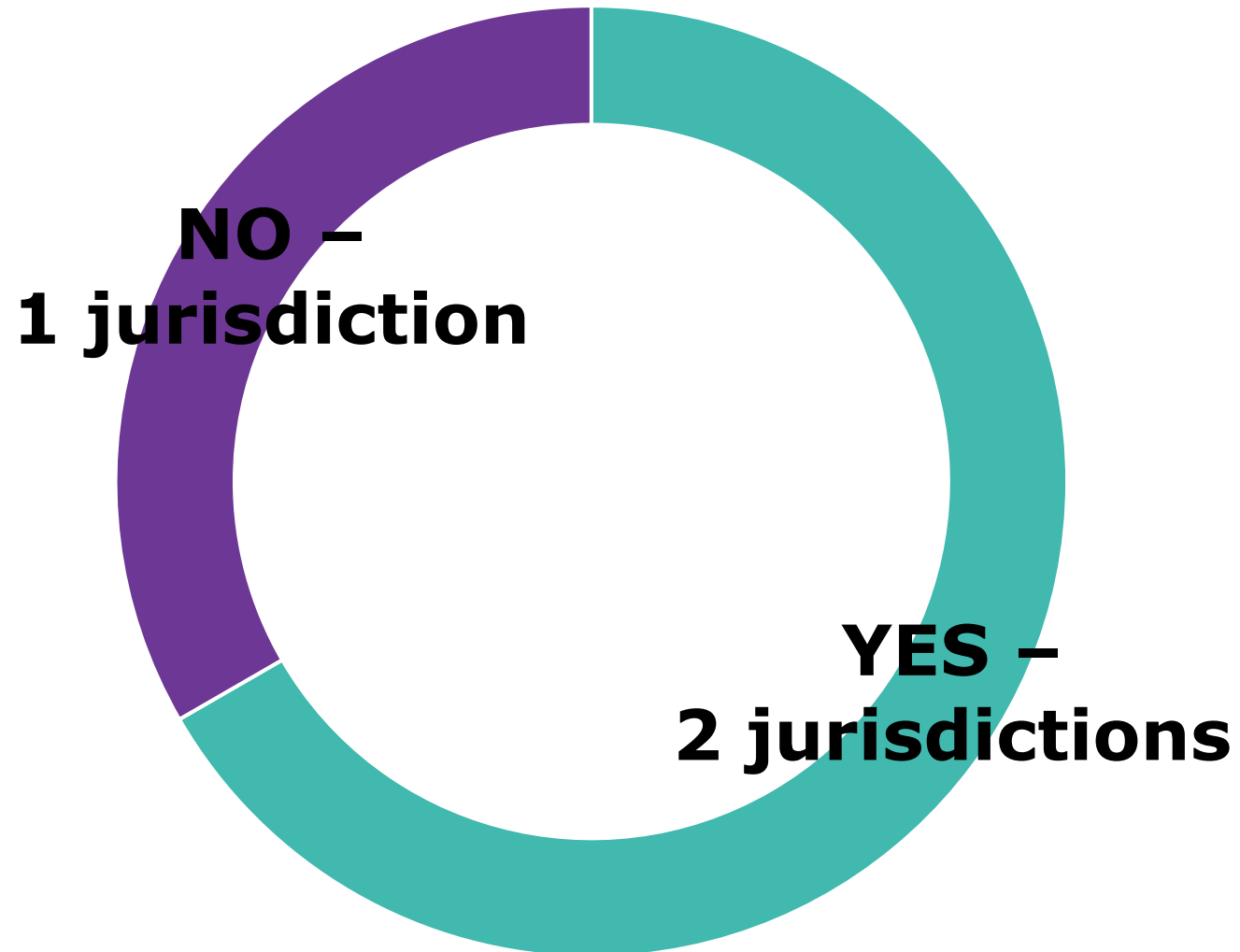
# Individual or Team Outreach



# Scheduling Visits



# Provider Willingness to Talk





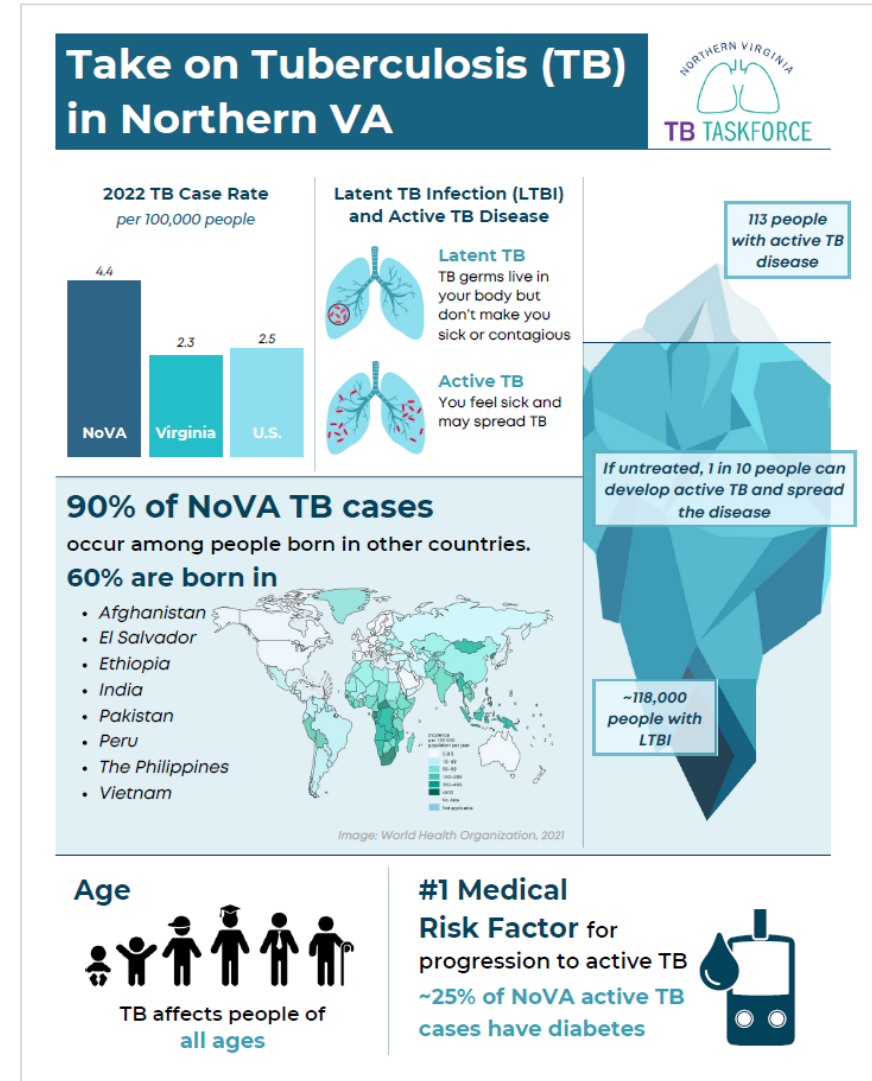
# Provider Feedback: General

- Appreciated consultation resource
- Open to and prefer electronic materials
- Questions about other clinic services, eligibility requirements, cost



# Provider Feedback: Infographic

- Data useful
- Unaware of TB case rate in NOVA vs. VA and US



# Provider Feedback: Practices

- Most test but refer for treatment
- Providers who treat liked info about shorter LTBI regimens
- Patients refuse treatment



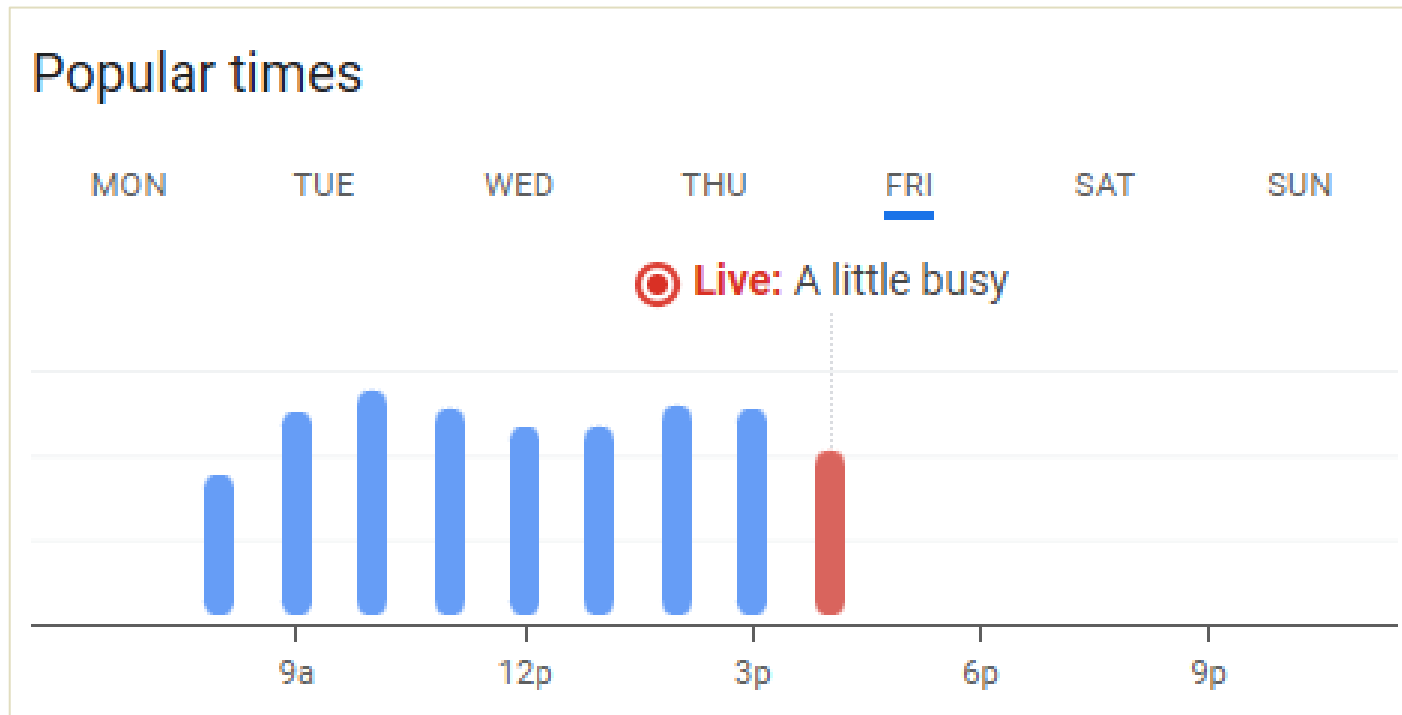
# Factors Facilitating Outreach

- Existing relationship
- Staff meeting
- VDH swag and other materials



# Factors Facilitating Outreach

- Dividing visits among team
- Didn't have to drive far
- Using Google to show busy times



# Factors Impeding Outreach

- Health department time and staff availability
- Doctor's offices not calling back
- Prior points of contact no longer there
- Old office address information







- ▶ Continuing provider outreach
- ▶ Updating community education campaign
- ▶ Ensure TB messaging integrated into other outreach efforts

Questions?

[sdietz@arlingtonva.us](mailto:sdietz@arlingtonva.us) | [karen.fujii@fairfaxcounty.gov](mailto:karen.fujii@fairfaxcounty.gov)