

TB Patient Management Project

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Background

- TIMS patient management function was not used widely by programs
- IOM TB Report Information Systems Findings
- Partnership with contractors specializing in information systems development and analysis

Project Vision

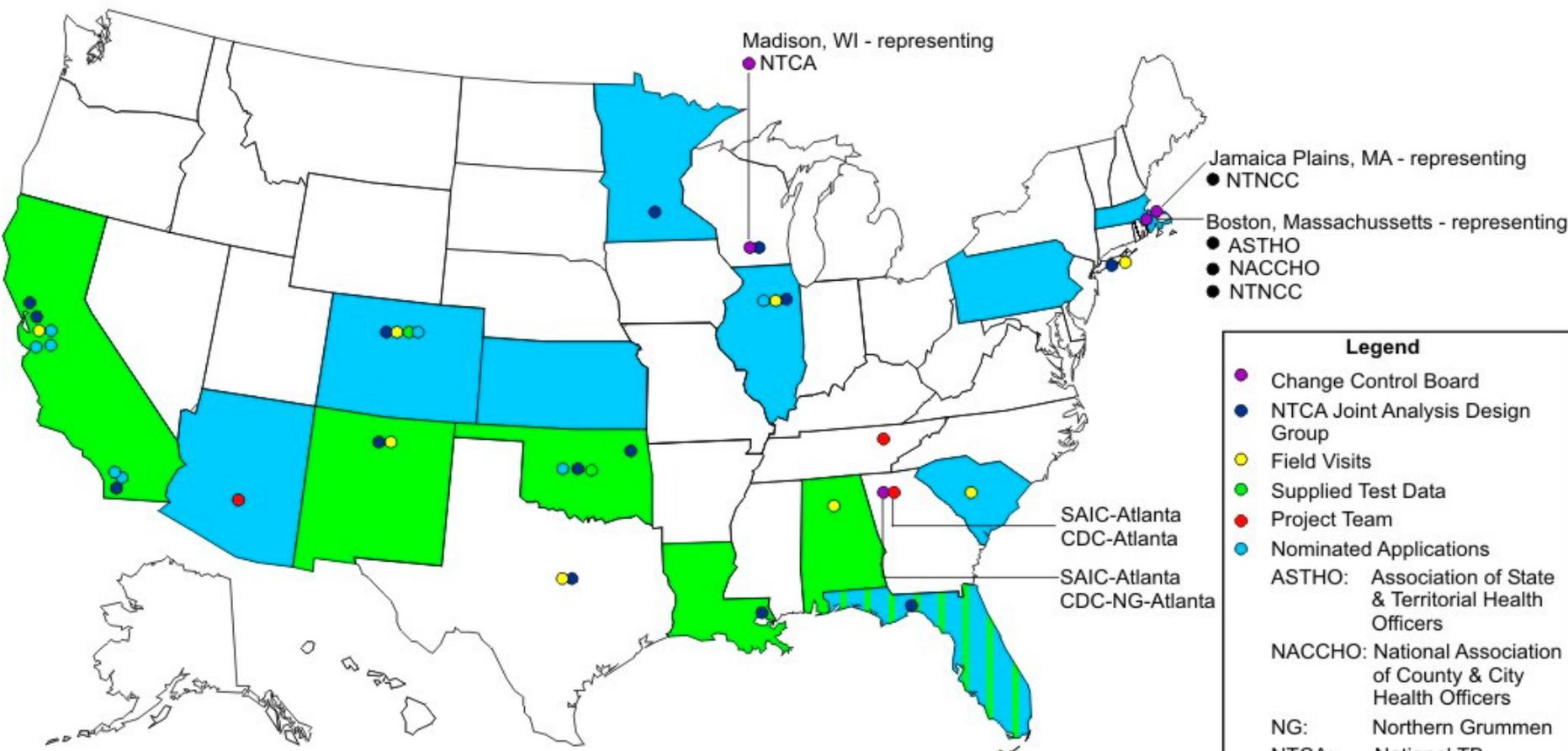
- Define core data elements & requirements
- Develop evaluation criteria
- Evaluate software systems against criteria
- Develop an implementation plan

Designed to evaluate existing Patient Management applications and not to develop software

Project Process/Schedule

- **3rd Quarter 2003:**
 - JAD sessions
 - Site visits.
- **4th Quarter 2003:**
 - Use case development
 - Supplementary requirements specification
 - Software Nominations
- **1st Quarter 2004:**
 - Assessment methodology development
- **2nd Quarter 2004:**
 - Assessment completion
- **3rd Quarter 2004:**
 - Implementation plan development

Tuberculosis Patient Management Project Stakeholders



Legend

- Change Control Board
- NTCA Joint Analysis Design Group
- Field Visits
- Supplied Test Data
- Project Team
- Nominated Applications

ASTHO: Association of State & Territorial Health Officers

NACCHO: National Association of County & City Health Officers

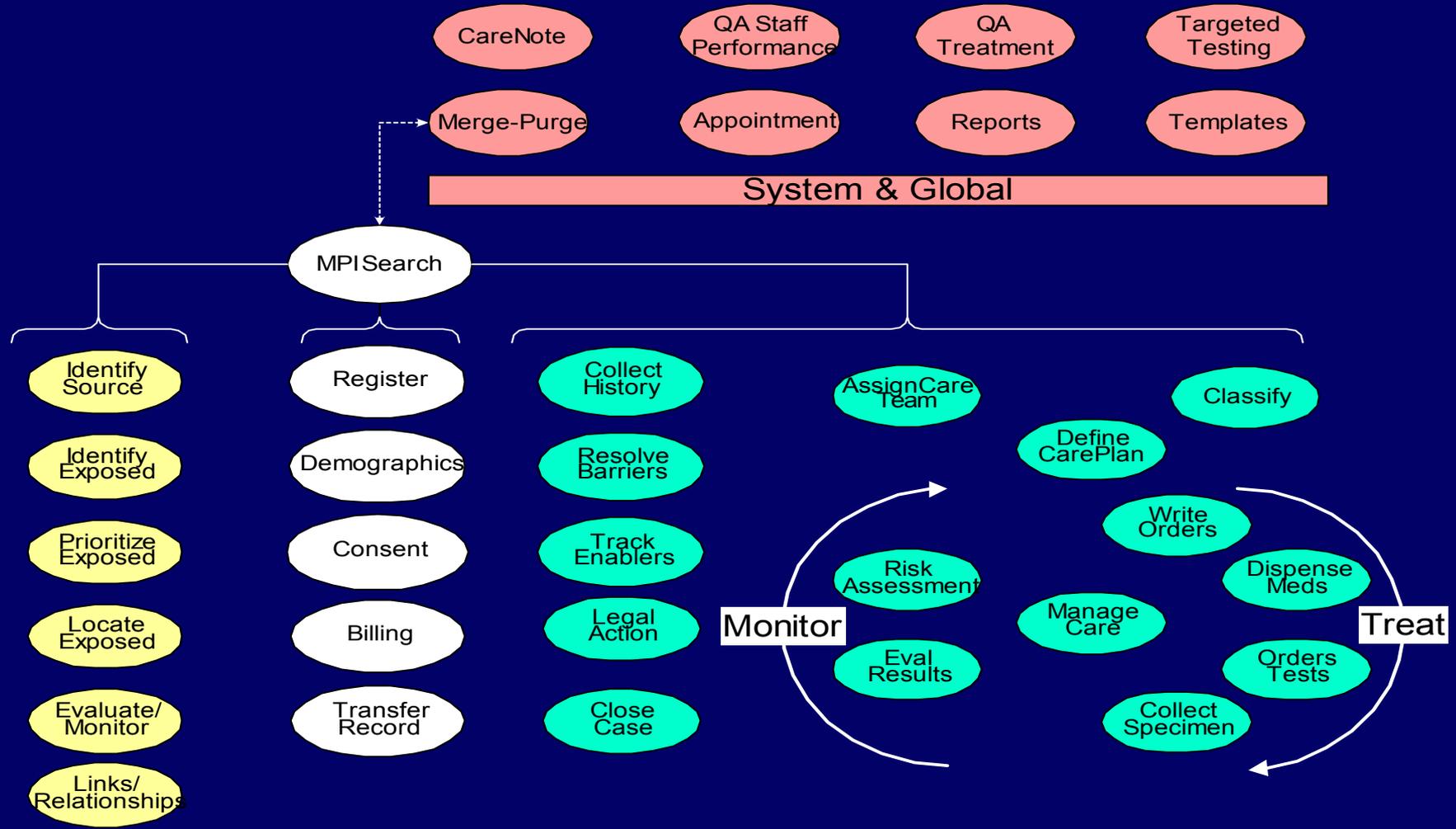
NG: Northern Grummen

NTCA: National TB Controllers Association

NTNCC: National TB Nurse Consultant Coalition

SAIC: Science Applications International Corporation

Baselined Business Use Cases



Contact Tracing

Enrollment

Care Management, Treatment, Monitor & Evaluate



Three-Tier Evaluation Process

- First-tier evaluation
 - “Back of the box” technical evaluation
 - Robustness and sustainability
- Second-tier evaluation
 - Functional capability evaluation based on business use case
- Third-tier evaluation
 - “Hands-on” evaluation
 - Develop implementation plan

3rd Tier Scenarios

Basic Flow

Characteristics of care:

Diagnosed at hospital
Patient does not change residence
No risk factors present
No social issues exist
No other medical conditions present
Only 4 adult contacts are identified
Contacts can be located
Contacts reside in patient's jurisdiction
DOT is used
Same PHW is available the entire time
Patient is compliant and employed
Patient and contacts complete treatment

Modified basic
flow with
alternate steps

Private Physician

Multi-Drug Resistant

Pediatric Suspect

Extra-Pulmonary

HIV+ Suspect

Prison-Initiated

Non-Compliant

Disabled Patient

Large # contacts

Previous TB

Outbreak

Transfer

Incentives

Frequent moves

Next Steps

- Development of an implementation plan
- Assess methods to operationalize the implementation plan
- Packaging and documentation of evaluation tools for reuse

Implementation Expectations

- Linkage to the TB Surveillance PAM
- Cost of acquisition and implementation
- Data migration
- Ongoing maintenance and improvements
- Required enhancements for functional fit
- Consideration of additional requirements

Acknowledgements

- State and Local TB Control Programs
- Patient Management Project Team
- CDC Office of Intergrated Health Information Systems
- Science Applications International Corporation

