Covid-19 threats to LTBI Care

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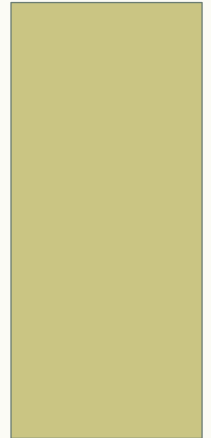


Background – Management of TB Infection

- **TB infection historically managed through the MA state funded TB clinic system**

- **Challenges to patients can contribute to poor treatment completion rates**
  - Clinic locations limited
  - Limited hours of operation
  - Waiting lists
  - Unfamiliar medical setting

New Strategy
Treat TB Infection in Primary Care

- **MDPH partnering with Community Health Centers (CHCs), Local Public Health and TB clinics to integrate TB services into the patient-centered medical home**

- **Health care reform has improved access to health insurance and primary care**

- **Holistic model of integrated care benefits the patient and the provider team and can lead to increased acceptance and completion of treatment for TB infection**

Lynn CHC – Pilot Site

MDPH Pilot Selection Criteria:

- **CHC with Refugee Health Assessment (RHA) contract**
  - Start with a specific, insured population that has MDPH support for follow-up (refugees)
- **Pharmacy capacity**
- **Interest in collaboration**
- **LCHC initiated interest in starting TB clinic**

Profile
City of Lynn and Lynn CHC

City of Lynn – 10 miles from Boston

- Gateway city for immigrants
- 93,000 residents: 52% persons of color and 30% non-US born

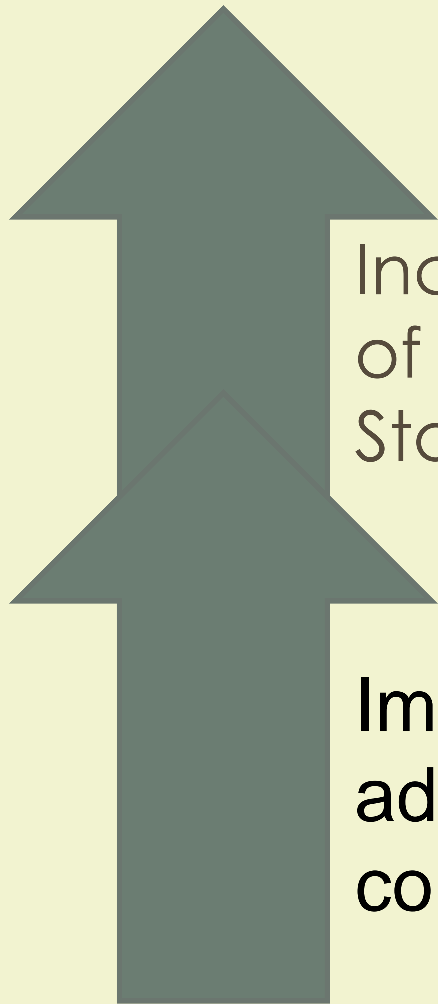
Lynn CHC

- Level 3 Patient-Center Medical Home
- Provided 283,281 medical, behavioral health, vision and dental visits to 43,009 patients
- Service to > 40% of Lynn residents and over 40% of all Lynn children ≤ 19 of age
- >90% of patients live ≤200% of the federal poverty level
- >55% are best served in a language other than English

Implementation of TB Services

- **Initiated TB specialty clinic in Fall of 2013**
- **Started with 2 specific populations: refugees and persons receiving care for HIV infection**
- **April 2014: Services expanded to other high-risk patients**
- **October 2016: Awarded a 3 years grant funding to expand testing and treatment services provided by the clinic in CDC demonstration project**

LCHC: Pre-Project Scale Up



Increased comfort of Health Center Staff and Clinicians

Improved treatment adherence and completion rates

Increase reach and capacity

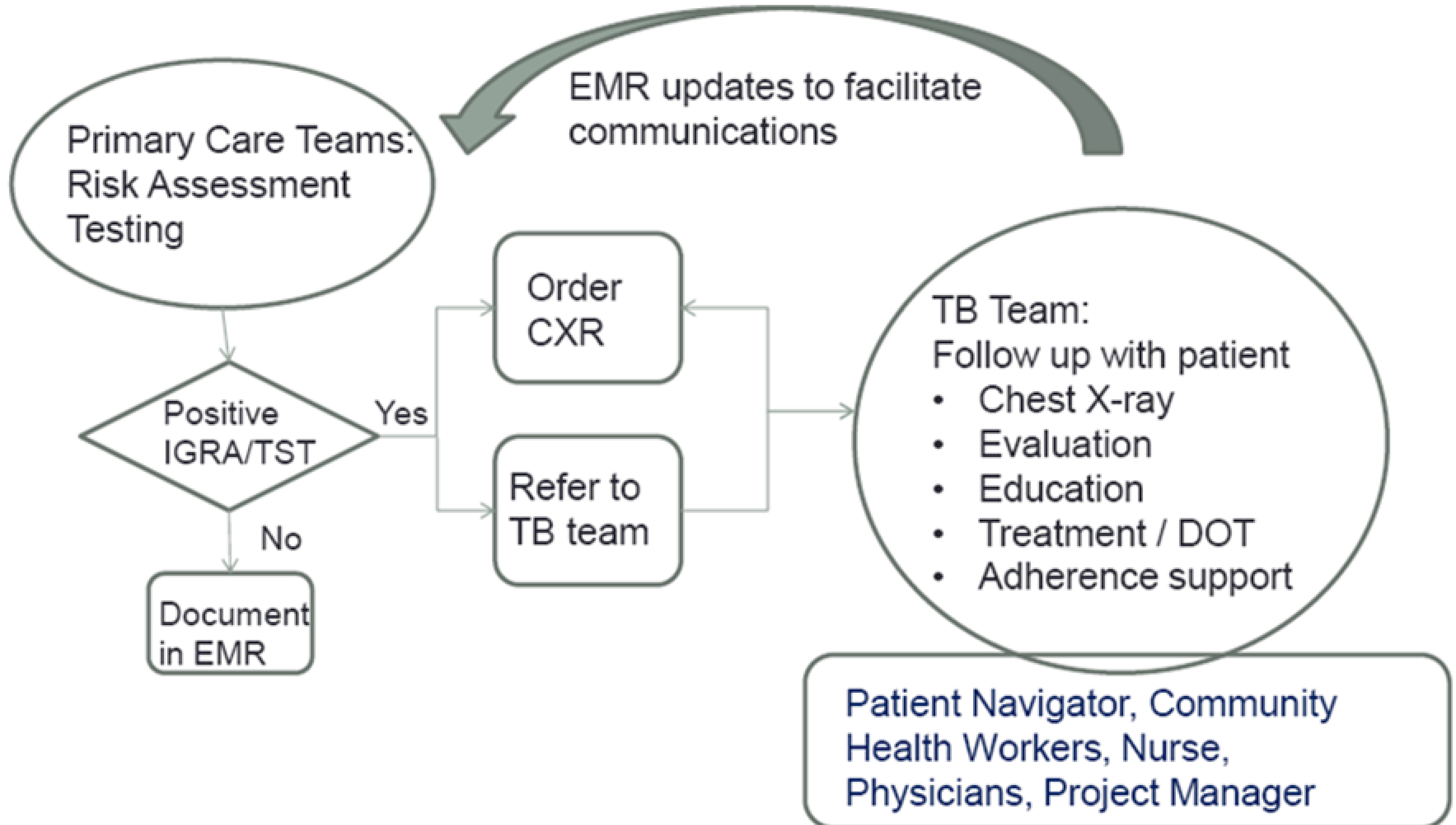
Expand to new populations

Ambitious targets outlined by CDC

- Three-year time frame
- Test 2,500 persons/year
  - High-risk population: 20% latent TB infection prevalence
  - Identify ~500 positive individuals/year

- Evaluate and treat
  - High treatment acceptance rate: 90%
  - High treatment completion rate: 80%
  - Use shorter regimens: INH+Rifapentine weekly x 12 weeks (3HP) or Rifampin x 4 months (4R)

Flow: Lynn Community Health Center



TB RISK ASSESSMENT

In what country were you born?	Country of Origin: No Country of Origin on File
Select "Yes" if any country **other than** US, Canada, Australia, New Zealand or Western and North Europe	{Yes or No:12479}
Have you been treated for TB infection or disease?	{Yes or No:12479}

Country of Origin populates automatically from registration

In what country were you born?	Country of Origin: No Country of Origin on File	
Select "Yes" if any country **other than** US, Canada, Australia, New Zealand or Western and North Europe	{Yes or No:12479}	Yes
Have you been treated for TB infection or disease?	{Yes or No:12479}	No

Drop down boxes allow you to select the Yes/No answers easily

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Posters throughout health center

“Getting tested and treated for TB infection can help keep you and your family healthy.”

Talk with your doctor about testing and treatment for TB infection.

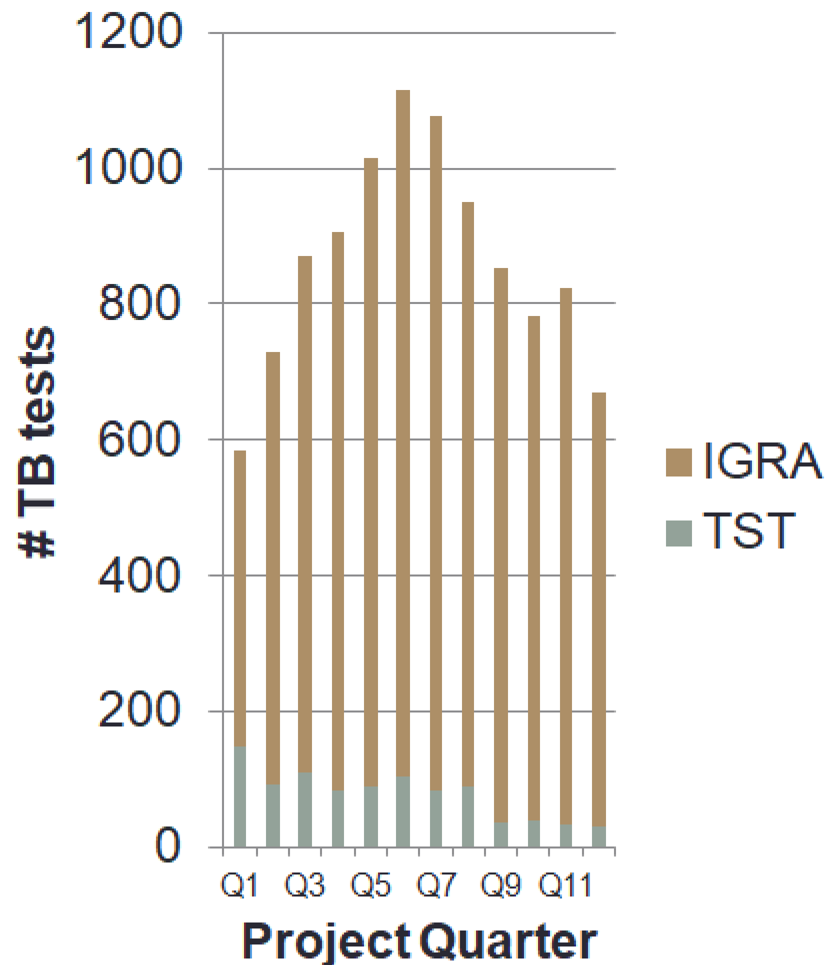
“Puede protegerse usted y a su família si se hace la prueba de la infección de tuberculosis y recibe tratamiento.”

Hable con su médico sobre el diagnóstico y tratamiento de infección de tuberculosis.

Education and awareness efforts

- Community Advisory Board for project
  - Agencies and individuals
  - Quarterly meetings
  - TB survivor guest
- Community conversations
  - Opportunities to listen
  - Latent TB infection awareness low
  - Requests for education
- Education for community providers
  - Academic detailing for primary care practices
  - CME Update – September 2018

Successful scaling up of TB testing



- Risk assessment and testing implemented at primary care team level
- Focus on persons born outside the US
- Increase in testing is in use of IGRA
- Overall, 15.5% positive (IGRA or TST)

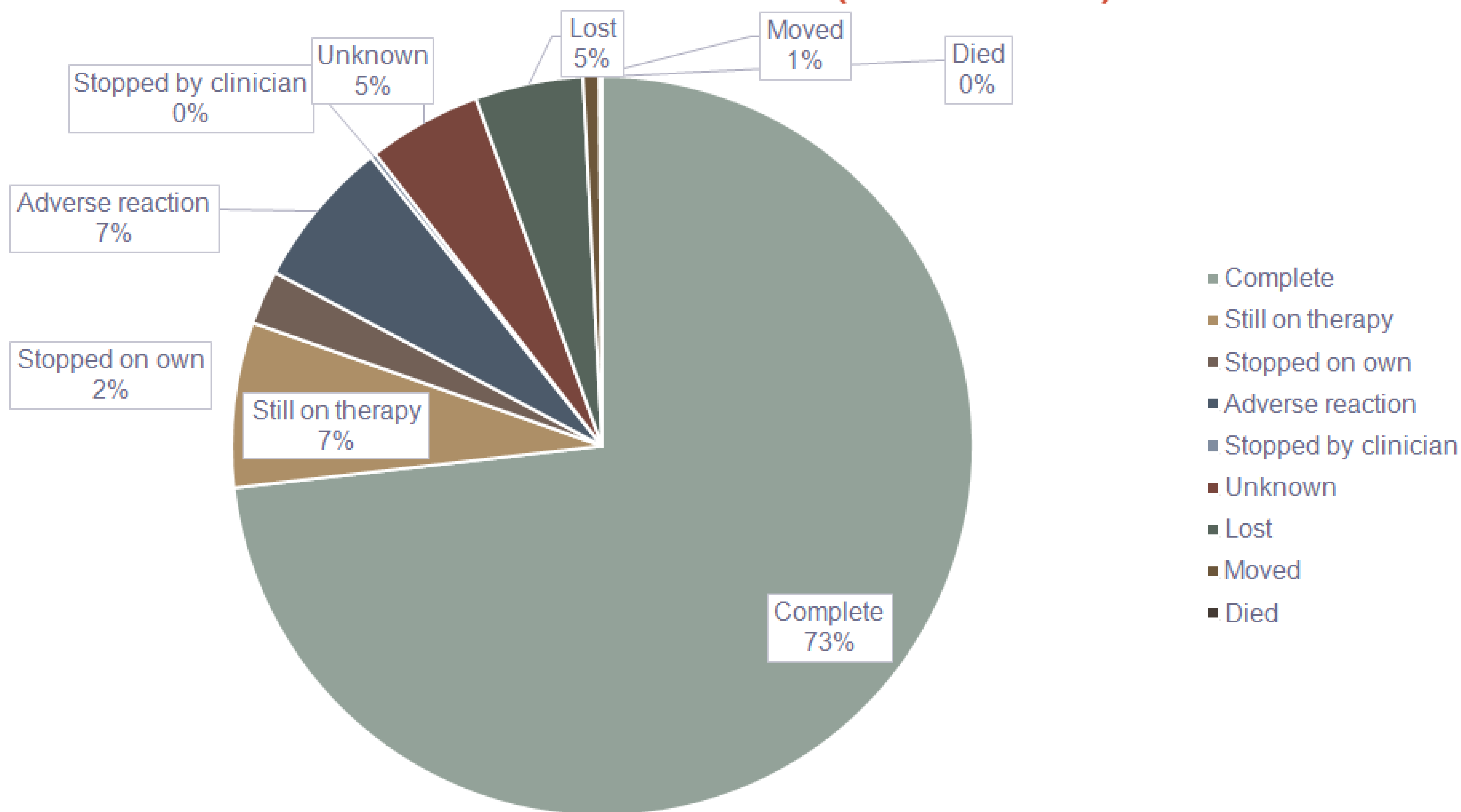
LTBI Care Cascade

	Positive Screen	Evaluated	Treatment Rec	Treatment Started	Treatment Completed
Number of Patients	1368	1037	928	847	620

Initial screening date: October 1, 2016 – March 31, 2019

Initial treatment regimen

Treatment outcomes (N=847)



Initial screening date: October 1, 2016 – March 31, 2019

Treating latent TB infection

- **Uptake of short-course regimens is good**
  - 12-dose regimen successes
- **Patient-centered care**
  - Time for teaching
  - Flexibility in DOT visits
  - Community health workers (CHWs) and patient navigator on TB team support patients
- **Completion rates: 73% (620/847) of patients with IGRA/TST+ result in Q1-Q11 who started treatment have documented completion of treatment**

MDPH FUNDED TB CLINIC

- **March 2020**,
  - Schedule to start TB services to non- health center patients as one of the State's TB Referral Clinic.
  - Due to the Covid-19 Pandemic, the MDPH TB referral clinic has been put on hold.
- **Late April 2020,**
  - Telephone and Virtual visits were started for the regular TB and LTBI referral but at a lower volume.

TB Testing Volume by Month, 2016-2020
Lynn Community Health Center

500
450
400
350
300
250
200
150
100
50
0

Project Baseline

COVID Impacted

J F M A M J J A S O N D
2016

J F M A M J J A S O N D
2017

J F M A M J J A S O N D
2018

J F M A M J J A S O N D
2019

J F M A M J J A S O N D
2020

Data current as received from LCHC on 1/28/2020

WHAT AFFECTED TB VOLUME

- Reduced Primary Care Visit
  - Markedly reduced face to face medical visits.
  - Most TB screening done at annual Physical exam
- Immigration and Refugee services.
  - Lack of new refugees coming to US.
  - Limited services in Immigration courts.
- Reduction in international College Students.
  - Leading to reduced referrals.
- Massive unemployment leading to lack of insurance.
  - Unable to afford copays

- The Covid-19 pandemic exposed health care and economic disparities
- In majority of patients that were below < 200 % of the federal poverty level.
- Low wage earners that could barely afford to pay for their expenses were put in significant financial stress leading to food and housing insecurities.
- This changes their priority from medical care to providing food and other necessities for their families.
- Difficult to discuss LTBI while facing food and housing insecurities.
- Fear of contracting Covid-19 kept patients away from their medical care.

HOW DO WE MITIGATE THESE CURRENT PROBLEMS AND PROVIDE ACCEPTABLE LTBI SERVICES.

1. Screen for Social Determinants of Health with every patient encountered.
2. If screen positive, refer to appropriate services for food, housing insecurities, mental health and social services.
3. We need to understand people's priorities and beliefs and address them on their terms.
4. Involve community leaders and Community Base Organizations in educating them on LTBI and the stigma of TB so they can carry our message.
5. Important to build a trusting relationship with our high risk, high incidence communities and then we can talk about prevention.
6. We need to provide flexible scheduling, accessible and free clinic services in order to provide preventative LTBI care to the community.

Acknowledgements: project team

Massachusetts DPH
- John Bernardo, MD
- Robert Carr
- Marisa Chiang
- Jennifer Cochran
- Tammy Goodhue Pat Iyer, RN
- Sophie Lewis
- MaryKate Martelon
- Nalina Narain, PhD
- Catherine Ngo
- Liisa Randall, PhD
- Denise Sanderson
- Laura Smock
- Andrew Tibbs
- MACET

Institute for Community Health
- Ranjani Paradise, PhD
- Carolyn Fisher, PhD
- Blessing Dube
- Martina Todaro

CDC/Division of TB Elimination
- Garrett Asay, PhD
- Vernard Green, PhD
- Suzanne Marks
- Rachel Yelk-Woodruff

Lynn Community Health Center
- Mani Biswa
- Melis Celmen
- Robert Dempkowski
- Elena Freydin, DNP
- Brent Fryling, MD
- Nairalys Guerrero
- Vilma Garcia
- Hanna Haptu, MD
- Hansel Lugo
- Kiame Mahaniah, MD
- Deborah McManus, RN
- Joyce Reen, RN
- Cindy Steger-Wilson
- Bernadette Thomas, APRN

Eaton Apothecary

Thank you!
Any Questions?

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