CASE STUDY 3

COMMUNITY PARTNERSHIP PROJECT: SAN DIEGO COUNTY

Key elements of the program discussed in the following pages include:

- Co-location of services
- Decentralization of LTBI therapy
- Cost and reimbursement issues
- Appropriate use of data with community leaders and local politicians

INTRODUCTION

This case study details a decentralized, clinic-based prevention program in which a public health department, the San Diego Health Department's TB Control Program (SDHD TBC), teamed with a group of community health centers (CHCs) to provide targeted treatment services to high-risk patients. SDHD TBC recognized that many high-risk individuals were being screened for TB at CHCs, but did not receive treatment for latent tuberculosis infection (LTBI) because they lacked insurance. In response, SDHD TBC used federal assistance funds to implement an LTBI outreach program targeting uninsured populations. This case study highlights the effectiveness of partnering with community-based clinics, but raises the critical issue of resources required to support similar efforts.

In San Diego County, California, private and non-profit CHCs form the backbone of the community's primary care and preventive health services. They provide health care to more than 320,000 patients each year, many of whom are uninsured. SDHD TBC developed an innovative outreach program, the Community Partnership Project, to

use this network of CHCs to target its LTBI program to a large foreign-born and uninsured population.

TARGET POPULATION

Community clinics serve important groups at risk for TB, including recent immigrants, the homeless, and the uninsured. The clinics are neighborhood institutions whose staff and boards of directors reflect the ethnic and cultural composition of the communities they serve. Prior to initiating the Community Partnership Project, SDHD TBC determined that many high-risk individuals were screened for TB at the CHCs but did not always receive LTBI therapy, often due to lack of insurance. While patients were frequently referred to the TB Clinic at SDHD, most did not follow up with the referral. The Community Action Partnership to Prevent TB (CAPP-TB) program was designed to improve treatment success by providing LTBI therapy at sites the patient considers his or her medical "home".

DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY PARTNERSHIP

To better serve this population, SDHD TBC applied to and received funding from the Centers for Disease Control and Prevention (CDC) Division of Tuberculosis Elimination to implement a clinic-based targeted testing and treatment program. SDHD TBC utilized a Request for Proposal (RFP) process to elicit bids from CHCs throughout San Diego County. The clinics would agree to provide LTBI services and, in turn, SDHD TBC would reimburse these services.

To qualify for the program, the clinics had to:

- Serve a high-risk population
- Demonstrate existence of LTBI treatment protocols

- Agree to provide LTBI screening and treatment services
- Follow current CDC recommendations for LTBI therapy
- Have accessible clinic hours and locations
- Have competitive reimbursement rates
- Have patients sign a statement that they had no current health insurance

Geographic location was also considered to ensure CAPP-TB clinics were located in all regions of the county. Selected clinics would be reimbursed for providing isoniazid (INH) therapy.

During the first year of the program (2001), San Diego contracted with seven CHCs, with 17 clinic locations. An eighth CHC was added in 2002.

As part of the contract, reimbursement is contingent on clinics providing information on patient demographics, dates of monthly visits, and reasons for discontinuing therapy. SDHD TBC performs random audits to ensure compliance.

ACHIEVEMENTS

A review of the CAPP-TB program indicates that the CHCs enrolled 1,813 patients (2001–2002) at a mean cost of $218 per patient. Enrollment levels varied among clinics—one enrolling fewer than 20 patients (a CHC serving a predominantly homeless population), while another had more than 300.

LTBI completion rates for the first year averaged around 60% (see Table A). While these rates were below the goal of 75%, they rival LTBI completion rates reported in most TB programs. Because these rates reflect the start-up year of this new program, it is expected that outcomes for 2002 will be higher for many of the CHCs.

The program uses an innovative approach to provide the clinics with an incentive for facilitating the patients' completion of treatment. Reimbursement is provided in two phases. Half of the bid price is paid at the time of patient enrollment, with the remainder prorated over nine months of treatment. In the last pages of this Case Study, Table A summarizes program participation, outcomes, and cost.

DISCUSSION

In evaluating its program, San Diego determined that the collaboration with the local CHCs has had numerous benefits. High-risk patients with LTBI have been able to receive therapy from a convenient medical provider, located in their neighborhood without cost being a barrier. Excellent completion rates were achieved during the initial year, which might be attributed to the ability of the patients to have care provided at a site they already consider their medical home.

The clinics have benefited by having a source of reimbursement for this preventive health service. Further, the project has enabled many of the clinics to collect and analyze their own data for LTBI. This facilitates understanding of the LTBI problem within the clinic's client pool and can assist with operational analysis. Participation in the program has also improved clinical skills and built important capacity within the community clinic.

An additional important benefit of the program is that having the CHCs provide LTBI services has allowed the health department to concentrate on managing patients with active disease and contacts requiring LTBI therapy. In addition, the CHCs and the SDHD TBC meet quarterly, which has provided an ongoing forum for discussion of mutual concerns and development of collaborative solutions.

CONCLUSION

Overall, the community-based approach has provided San Diego with an effective approach to improving LTBI treatment services and completion rates. However, while decentralizing LTBI therapy has provided a number of benefits and has been relatively inexpensive, its continuation will depend on SDHD TBC's securing of ongoing funding. The initial development and implementation relied on outside funding from federal sources. Unless sources of continuing funding can be found, the program may be unable to maintain its support for this partnership. Health departments wishing to build upon this model will be challenged to identify financial resources but can strengthen their arguments for support by pointing to the cost-effectiveness and treatment success of San Diego's approach.

TABLE A: SUMMARY OF CLINIC PARTICIPATION, PATIENT OUTCOMES, AND COST – COMMUNITY PARTNERSHIP PROJECT, SAN DIEGO COUNTY, CA

	2001
CLINIC INFORMATION	
Participating sites	7 CHCs (17 clinics)

PATIENT INFORMATION	Number	Percentage
Patient enrollment	846	–
Outcome information	813	96%
Completed 6 months of treatment	470	58%
Lost to follow-up	180	22%
Patient stopped treatment	99	12%
Provider stopped treatment	28	3.4%
Moved	25	3%
Other (side effects)	11	1%

COST	
Mean per patient	$218.00