

# Improving Communication between the City of Milwaukee Health Department and Aurora's Walker's Point Clinic in the management of patients with latent tuberculosis infection

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## Background:

- TB affects 1/3 of the world's population
- In the US, there are 11,000 active TB cases annually, and 3.2% have latent tuberculosis infection (LTBI)
- New cases of TB are typically among immigrants from highly endemic areas
- Healthy People Objectives 2020: Decrease rate of active TB to 1/100,000
- Milwaukee Health Department (MHD) wishes to achieve this by treating LTBI

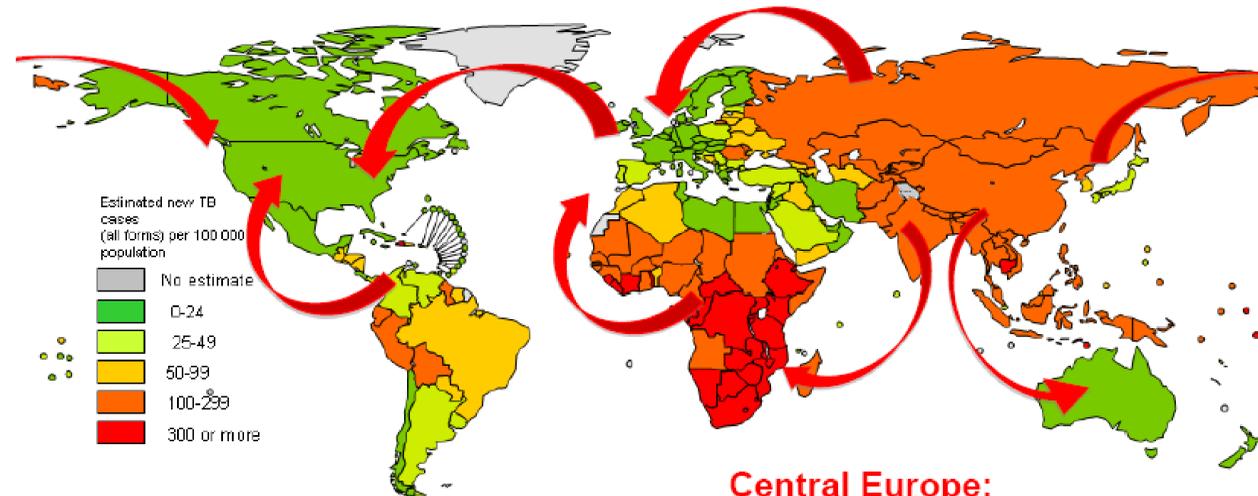
Goal: Expand management of LTBI within community clinics with their support

**Location:** Aurora Walker's Point Community Clinic (AWPCC) is located in the 53204 zip code of Milwaukee. In this zip code the population is:

- 65% Hispanic, 39% Foreign born, 38% Uninsured
- Clinic serves only uninsured, and 71% Spanish-only.
- AWPCC Model of Care: To be an access point for health care. For patients with chronic diseases they try to transition them to other community clinics within 3-4 months. This allows AWPCC to continue to be an access point for care and financially sustainable.

## Family Medicine and Public Health Selective:

- Clinical time: MHD's STD clinic, Aurora St. Luke's Family Medicine Residency Clinic, and AWPCC
- Resource Investigation: collected information on key resources offered to the Latino community.
- Health Fairs: Helped staff a table on STD's in the Milwaukee Public Schools.
- Attended weekly TB rounds with MHD Staff.
- Conducted key informant interviews at AWPCC to expand LTBI services.



**USA: >50% TB cases of foreign origin**

**Central Europe: 20 to >50% TB cases of foreign origin**

Modified from Detjen, Anne. 2011. "The Diagnosis of Active Tuberculosis in Children" International Union Against Tuberculosis and Lung Disease. New York.

## Methodology:

- Previous students performed a literature search and prepared a power point on LTBI treatment.
- Selected AWPCC because of previously established relationships and the large immigrant population that they serve.
- We presented the power point and had informal conversations with providers, administration and medical director.

## Clinic's Approach to LTBI currently:

- Screen those with symptoms and those who ask because of work/school.
- PPD+ patients are referred to MHD for further workup and treatment.
- Because AWPCC is a clinic for the uninsured they manage resources carefully.
- Costs for labs and x-rays are passed on to the patient.
- Clinicians concerns: who would pay for Chest X-rays, lab testing and treatment if they were to manage LTBI at AWPCC

## Results:

- Increased the knowledge about LTBI among clinicians
- Learned providers' concerns about how LTBI might fit into their model for care.
- Outlined next steps to provide coordinated LTBI care

## Challenges to Expanding Treatment:

- 6-9 months of Isoniazide though clinic policy is to maintain patients for 3-4 months with chronic disease.
- Obtaining medication, chest x-rays (\$100) and LFT's (\$8)
- Willingness of patients to accept a long course of treatment while feeling healthy.
- Question of implementation: testing, treatment, follow-up and clinic delegation.
- Maintain up to date info and relationship with MHD.

## Discussion/Future Steps:

- All of the questions revolved around resources and relationships.
- Clinicians wanted one contact person at MHD.
- MHD is considering assigning one TB nurse to each community clinic to be their contact person.
- Resources: MHD realized that they may need to continue to provide chest X-ray's and LFT's to this population since the clinic does not receive federal funds
- We facilitated the first meeting between the Associate Medical Director of MHD and key staff and administration at AWPCC.



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