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.

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 federal funds 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.

Bibliography

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