

Case Management & Cohort Review

History

The 2000 Institute of Medicine report *Ending Neglect: The Elimination of Tuberculosis in the United States* concluded that tuberculosis (TB) elimination is feasible, but will require “aggressive and decisive action beyond what is now in effect.” The report recommended adopting an aggressive strategy in order to maintain control and ensure the most efficient application of resources.

To this end, TB control programs must develop new standards by which to monitor and evaluate program performance. One such evaluation method is cohort review, a systematic review of patients with TB disease and their contacts. A “cohort “ (which can be defined as “a group of individuals having a statistical factor , such as age or disease in common’ in a demographic study) of tuberculosis patients is reviewed in terms of each individual patient and contacts outcomes, as well as for program performance.

Cohort review is a management process used to motivate staff, identify program strengths and weaknesses, determine staff training and professional education needs, and hold staff accountable for completion of treatment for both TB disease and latent TB infection (LTBI).

The cohort review process can take many forms. In its most simplified form, TB control staff at the local level meet to review the treatment outcomes of every patient listed in a chronological patient register.

Today, with computerized TB registries, multimedia projection, and long-distance communications options, it can be adapted for a variety of uses and settings.

Washington State Medical Case Review / Cohort Review Process

Washington adopted the cohort review process in 2003 based on the New York City model, which was then modified a year later to meet specific WA State needs. Since then Cohort Review has become an integral part of the TB Program.

However in late 2010, due to budget cuts, staffing time and dissatisfaction with the process, a workgroup was formed to revise and develop an improved case management and cohort review process that will better suited to meet our state’s needs.

Ideas that were proposed by the workgroup and subsequently implemented by the TB Program include:

- Reviewing cases in real-time – Medical case management oversight
- Eliminating the cohort review presentation forms – capturing all necessary data in PHIMS TB

- Changing quarterly format from retrospective cohort review presentations to a clinical review of open, counted cases
- Incorporating biannual program evaluation (based on core objectives and measures) with a review of selected cases with a pre-selected cohort criteria
- Making the process more effective, efficient, and interactive
- In January 2012, the Medical Case Review / Cohort Review Process (formerly known as just the Cohort Review Process) was implemented. The following table shows what the new, two part, process looks like.

Medical Case Review / Cohort Review 2012

The following definitions may be helpful in this new process:

- Case Review– Discussion of patient case management; report on clinical status of the patient and identify variances/barriers in progress.
- Quality Assurance– A program for the systematic monitoring and evaluation of the various aspects of a project or program to ensure that standards of quality are being met.
- Cohort Review – A systematic, retrospective review of the management and outcomes of patients with TB disease and their contacts.

Quarterly medical case review	Bi-annual cohort review
<p>Attendees:</p> <ul style="list-style-type: none"> • Department of Health TB Medical Consultant • LHJ Representative (s) 	<p>Attendees:</p> <ul style="list-style-type: none"> • Department of Health TB Medical Consultant • Department of Health TB Program • Department of Health Epidemiologist • All LHJs • Other Interested Parties
<p>Department of Health will organize conferences call by:</p> <ul style="list-style-type: none"> • Pulling a list of current cases from PHIMS TB two weeks prior to case review date • Providing LHJs and Department of Health TB Medical Consultant with a list of the RVCT numbers of current open cases that will be reviewed • Emailing an agenda to LHJs with 	<p>Department of Health will organize meeting by:</p> <ul style="list-style-type: none"> • Two months prior to Cohort Review researching cases and selecting a limited number to be presented • One month prior to Cohort Review data contacting the LHJs with selected cases to offer the option of presenting their case or having Department of Health present

Quarterly medical case review	Bi-annual cohort review
<p>current cases stating their case will be reviewed and provide a tie frame of when Department of Health will contact them</p>	<ul style="list-style-type: none"> • Emailing all attendees the agenda/meeting information to attend via webinar or in-person • Providing each LHJ a copy of county-specific data for use in assessing how their LHJ is meeting core indicators
<p>During the call:</p> <ul style="list-style-type: none"> • Each case and their contacts will be reviewed in PHIMS TB with LHJ staff and Department of Health during a brief discussion • Department of Health TB Medical Consultant & Nurse Consultants will provide recommendations/follow-up for cases and contacts as needed 	<p>During the meeting:</p> <ul style="list-style-type: none"> • Department of Health will present data on core indicators for Washington State • Facilitated discussion of issues identified related to case management • Presentation by LHJ or Department of Health of the selected cases and interactive discussion of cases

During the biannual Cohort Review, the epidemiologist will report on a variety of timeliness measures as well as focusing on the following six core indicators:

- Cases who complete treatment in 12 months
- Sputum culture conversion
- Time from sputum smear positive result to starting TB treatment
- Treatment failures and relapse rates
- Contacts evaluated
- Contacts who start/complete treatment for LTBI.

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