

# On the Road to TB Elimination – Progress in Implementing the California TB Elimination Plan

Flood J,<sup>1</sup> Miller C,<sup>1</sup> Stoller E,<sup>1</sup> Thigpen J,<sup>2</sup> Chavez G,<sup>3</sup> Rutherford G<sup>4</sup>

<sup>1</sup>TB Control Branch, California Department of Public Health; <sup>2</sup>California TB Controllers Association; <sup>3</sup>Center for Infectious Diseases, California Department of Public Health; <sup>4</sup>University of California, San Francisco

## Background

The *California Tuberculosis Elimination Plan 2016-2020* spells out steps needed to accelerate progress towards tuberculosis (TB) elimination. Seven recommendations with 68 action steps focus on scaling up latent TB infection (LTBI) testing and treatment. We describe the progress and barriers in implementation of the TB elimination plan.

## Methods

Action steps initiated and completed July 2016 through April 2018 and barriers to progress were reviewed. Monitoring worksheets and focused discussions with the California TB Elimination Advisory Committee provided progress data.

## Summary of Findings

Considerable progress has been made: 88% of action steps have been initiated and 10% have been completed.

Elimination Plan Recommendation	Action Steps Initiated
Engagement with providers	100%
LTBI testing	88%
LTBI treatment	82%
Create/expand partnerships	80%
Communication with providers and high risk populations	100%
LTBI surveillance	100%
Secure sufficient resources	75%

## Results

Successes in Plan recommendation implementation progress include:

### Find and engage providers/populations

- Identified high-volume providers who see non-US-born TB cases and patients at risk
- Collected medical home information from TB cases to identify missed opportunities for TB prevention
- Analyzed health care utilization patterns by country of birth to guide LTBI scale-up pilot projects

### LTBI testing

- Developed California TB Risk Assessment Tools (adult and pediatric versions) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx>)
- Produced new California LTBI guidelines
- Strategized with partners to change statewide laws for health care worker screening requirements

### LTBI treatment

- 95% of Medi-Cal (California's Medicaid) Managed Care plan formularies now include rifapentine, double the number from 2016
- Nursing algorithms are being produced for LTBI treatment in clinics
- Videos are being produced to model clinician communication with high-risk patients on the importance of LTBI treatment

### Create partnerships

- TB elimination coalitions that include public and private partners formed in local jurisdictions and statewide
- TB Free California project implemented to augment TB elimination activities in local health jurisdictions
- Education provided to civil surgeons to increase IGRA screening and treatment referrals

### Communications: providers & the public

- Covered California (the state ACA provider) sent alerts to its medical plan directors about the USPSTF recommendation for screening high-risk patients for LTBI
- TB Free California logo and assorted LTBI educational materials (posters, videos, information sheets) produced and disseminated
- Clinician toolbox with LTBI resources developed

### LTBI reporting

- The state health department has proposed that IGRA results be required to be reportable by electronic laboratory reporting by modifying a section of California state regulations
- Performance measures were developed for LTBI testing and treatment and are being pilot tested for use in LTBI surveillance

### Secure sufficient resources

- The California TB Control Program received funds in 2017 to establish the TB Free California Project for TB elimination efforts



## Challenges

### Barriers to Plan implementation

Full Plan implementation is impeded by factors that will need to be overcome to achieve TB elimination in California, including:

- Clinicians lack LTBI screening, testing and treatment knowledge
- No statewide LTBI surveillance system with identified LTBI metrics
- Absence of TB content data fields in electronic health records (EHRs); difficult to add data fields to existing EHRs
- Eliciting patient country of birth can be sensitive
- Cost of IGRAs for LTBI testing
- Costs associated with LTBI treatment

## Conclusions

TB elimination partners in California have made substantial progress in engaging providers; disseminating new tools, education and messages; and planning for LTBI reporting, tracking and evaluation. To speed TB elimination, engagement with more health care providers and systems is needed. TB content in EHRs is essential for elimination efforts. New strategies for engaging high-risk populations will facilitate focused testing and treatment for LTBI, and messaging to high risk populations. Additional resources are needed for local health jurisdiction TB programs to duplicate proven successful elimination strategies.

For more information, contact [Cathy.Miller@cdph.ca.gov](mailto:Cathy.Miller@cdph.ca.gov)

**Acknowledgments:** The authors express their thanks to TB program staff in local health jurisdictions and other partners who work tirelessly to prevent and control TB.