Systematic Engagement of Hospitals

*Philippine Experience*

Dr. Marl Mantala

8th PPM Sub-group Meeting,

10 Nov. 2012, Kuala Lumpur
Flow of discussion

- Context
- Process
- Results
- Recommendations

CATCH TB cases project
Philippines

Population: 100 million
GNI of $2,210
Devolved health delivery system
Big private sector
No. of hospitals: 1,800
TB and Control Program

• High TB burden country
• Prevalence of MDR-TB (all) – 5%
• Case detection rate, all forms – 75%
• Treatment success rate – 89%
Rationale for hospital involvement

- Stagnating TB case detection
- Estimated 90,000 TB cases are “missing”
- 4 out of 10 TB suspects went to hospitals
- Most are not following NTP protocol
TB-DOTS in Hospitals: National Health Policy and Direction

February 24, 2004

ADMINISTRATIVE ORDER
No. 40 s. 2004

SUBJECT: Revised Guidelines for Hospital-Based TB Control Program Under the Hospitals as Centers of Wellness Program

I. RATIONALE

A significant proportion of TB cases seek assistance from the hospitals. The first National Tuberculosis (TB) Prevalence Study conducted in 1991-1993 showed that 23% of TB symptomatic visits the hospitals while the National Prevalence Study conducted in 1997 stated that only approximately half of the TB symptomatic visits the hospitals. Of these, 47.9% self-medicated and only 12.8% availed of the treatment heath centers, which serve as the entry point to the National Center for Health Facilities Development of which ranks as the number two cause of death, fifth in cause of consultations among DOH-contributors. It is imperative to enhance the role of hospitals in the CATCH TB cases project.

Further, increasing case detection is a good strategy to achieve target.

In this regard, the National Center for Disease Prevention at Hospitals as Centers of Wellness Program (CHWP) of strengthening the services to doctors and TB patients.

This is being pursued by Observed Treatment Short Course Chemotherapy for TB (DOTS) strategy in tracking TB cases in all DOH-retained and LGU Hospitals. This strategy has proven to have dramatically improved the cure rate of TB patients to more than 80 per cent in areas where it has been implemented. Therefore, LGU hospitals and DOH-retained hospitals have been integrated into the CATCH TB cases project.

Performance target (2016): 90% of all public hospitals and 60% of private hospitals must be participating in TB control.
These are the leaks!

Rapid Assessment Survey (RAS) of 14 Public Hospitals in Metro Manila 2010
Averilla, ML.; Mantala, M.; Carillo, A.; Teodoro, A.; Vianzon, R
Collaboration for Additional TB Cases through Contacts and Hospitals against TB

**Objective:**
To determine effective and feasible TB case finding strategies.

**Implementing arrangement:**
Managed by DOH with support from WHO and Canadian International Development Agency (CIDA)
Phl is one of the five countries implementing the global initiative

**Site:** Metro Manila (population: 12 million)
Logistical and technical support from DOH and WHO/CIDA
Project Target and Strategies (3H)

- Engaging Hospitals
- Focusing on High Risk Groups
- Household contact investigation

Target: 8,620 TB cases

Diabetes Urban Poor

CATCH TB cases project
Engaged Hospitals

- 17 big public hospitals in Metro Manila out of 230
- 150 – 4,200 beds
- 11 DOH-owned, 5 LGU and 1 university
- 9 are TB-DOTS providing hospitals

CATCH TB cases project
Installing hospital TB-DOTS

Situational assessment
Talk with management
Assign hospital team
Role definition
Plan formulation
Logistics
Advocacy
Capability-building
Enablers
Recording and reporting

STARPLACER

CATCH TB cases project
Improving TB services

Case Finding

- Quality-assured direct sputum smear microscopy
- TB Diagnostic Committee

Case holding and /or referral

- NTP treatment regimen
- Free drugs from DOH
- May initiate treatment for admitted patient
- Refer
Strengthening TB Referral Systems

- TB patients (OPD)
- TB patients (wards)

**TB or DOTS Clinic**

- Enrol/ Register and Report to NTP
- Refer to a DOTS facility

Internal Referral

External Referral

CATCH TB cases project
Measuring Hospital Performance

• No. and Percent of TB cases contributed by the hospitals

• Intra-hospital referral rate (ward) – proportion of discharged TB cases referred to TB clinic

• Referral acceptance rate - proportion successfully referred to other DOTS facilities

Methods:

(a) Electronic data collection, submission and analysis
(b) Monitoring visits
(c) Project implementation review

CATCH TB cases project
Trend of Intra-Hospital Referral Rate (Ward)
17 hospitals, June 2010 – June 2012

CATCH TB cases project
No. of TB Cases Detected and Disposition, 17 Hospitals, June 2010 – September 2012

17,057
TB cases found

% Managed by TB clinics: 20%

3,339 (20%)
Registered

1,505 (9%)
Died, not referred
Non-DOTS

12,213 (72%)
Referred to other DOTS facilities

3,339 (100%)
Reported to NTP
## Characteristics of TB Patients Detected by 17 Hospitals (n=17,057)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Median: 36, Range: 0-99 years old, % less than 15 y.o.: 15%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Male: 63 %, Female: 37 %</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td>From Metro Manila: 75%</td>
</tr>
<tr>
<td><strong>Classification</strong></td>
<td>Pulmonary: 90%, Smear negative: 70%, Smear positive: 27%, Smear not done: 3%, Extrapulmonary: 10%</td>
</tr>
</tbody>
</table>
No. Successfully Referred, 17 Hospitals, June 2010 – September 2012

17,057 TB cases found

12,213 (72%) Referred

8,630 Accepted

Referral Acceptance Rate: 71%*
Mode of Knowing the Outcome of Referral (n=8,639)

- Return Slip brought: 61%
- SMS: 17%
- Cross checking ETR: 9%
- Cross checking TB Reg: 4%
- Calling the DOTS facility: 5%
- Others: 2%
- Postage: 2%
- Email: 0%
- Fax: 0%
- Call the patient: 0%
Referral Acceptance Rate by Hospital, 14 Hospitals, June 2010 - September 2012

- JRMMC: 95%
- TMC: 87%
- ARMCC: 78%
- PCGH: 75%
- QCGH: 72%
- OSMUN: 72%
- RMC: 71%
- LCP: 70%
- SLH: 67%
- EAMC: 66%
- OMMC: 64%
- PGH: 58%
- NCMH: 46%
- TDH: 42%
## Reasons Cited of Lost TB Patients

**Contacted (n=130)**

<table>
<thead>
<tr>
<th>Reasons</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not want to be treated at the DOTS facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Refused facility DOT</td>
<td>55</td>
<td>50%</td>
</tr>
<tr>
<td>b. Stigma</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>50%</td>
</tr>
<tr>
<td>Went to DOTS facility but were not accepted</td>
<td>32</td>
<td>25%</td>
</tr>
<tr>
<td>Died</td>
<td>21</td>
<td>16%</td>
</tr>
<tr>
<td>Relocated</td>
<td>12</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>100%</td>
</tr>
</tbody>
</table>

CATCH TB cases project
Contribution of Hospitals to NTP, June 2010 – Sept 2012

TB Clinics
27,546

1,995
TB suspects
Referred for DSSM, TBDC etc.

119TB cases

17,057 (62%)
TB cases found in the TB clinic

3,339 (20%)
Registered

12,213 (72%)
Referred to other DOTS facilities

8,639 accepted

n=12,097
<table>
<thead>
<tr>
<th>Year</th>
<th>Registered TB cases</th>
<th>TB cases successfully referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>405</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td>258</td>
<td>0</td>
</tr>
<tr>
<td>2007</td>
<td>133</td>
<td>284</td>
</tr>
<tr>
<td>2008</td>
<td>283</td>
<td>131</td>
</tr>
<tr>
<td>2009</td>
<td>416</td>
<td>1742</td>
</tr>
<tr>
<td>2010</td>
<td>538</td>
<td>2018</td>
</tr>
<tr>
<td>2011</td>
<td>670</td>
<td>2310</td>
</tr>
<tr>
<td>2012</td>
<td>1135</td>
<td></td>
</tr>
</tbody>
</table>

CATCH TB cases Project started in June 2010.
Percent Contribution of Hospitals to Metro Manila, TB All forms, 2010-2011

- 2010: 4% CATCH contribution (hospitals) - 25271 cases
- 2011: 10% CATCH contribution (hospitals) - 30463 cases
## Sustainability Measures

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TB part of pre-service orientation</td>
</tr>
<tr>
<td>2</td>
<td>TB clinic corner established and</td>
</tr>
<tr>
<td>3</td>
<td>TB Laboratory part of EQA</td>
</tr>
<tr>
<td>4</td>
<td>Hospital submitting reports</td>
</tr>
<tr>
<td>5</td>
<td>Hospital Policy on TB issued</td>
</tr>
<tr>
<td>6</td>
<td>Active Hospital TB Team</td>
</tr>
<tr>
<td>7</td>
<td>Hospital Support to TB clinic</td>
</tr>
<tr>
<td>8</td>
<td>Certified and Accredited TB clinic</td>
</tr>
<tr>
<td>9</td>
<td>Other Sources of Funding</td>
</tr>
<tr>
<td>10</td>
<td>Linkage with PHO,CHO and health centers</td>
</tr>
</tbody>
</table>
## Implementation challenges

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotating / new staff (doctors / nurses)</td>
<td>Regular orientation and feedback</td>
</tr>
<tr>
<td></td>
<td>Assigned point person per unit</td>
</tr>
<tr>
<td>Lack of staff such as the nurse and medical technologist</td>
<td>Advocated to hospital management</td>
</tr>
<tr>
<td></td>
<td>Hired contractual staff</td>
</tr>
<tr>
<td>Many TB cases missed at laboratory and radiology</td>
<td>Lab results issued thru TB clinic</td>
</tr>
<tr>
<td></td>
<td>Letter to attending physician attached to X-ray result</td>
</tr>
<tr>
<td>TB cases not accepted by health centers</td>
<td>Hospital – City Health Office-Health center dialogue done</td>
</tr>
<tr>
<td>Many TB cases were lost during external referral</td>
<td>Follow-up thru text within a week</td>
</tr>
<tr>
<td></td>
<td>Provided list of missing TB cases to HC</td>
</tr>
<tr>
<td></td>
<td>CATCH TB cases project</td>
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Conclusions

• Hospital engagement is feasible
• Hospitals contributed substantially to TB case detection
• Partnership is critical

CATCH TB cases project
Scaling up Activities

• Scale up plan formulated
• National and regional resource teams organized
• Pilot hospitals acted as resource team and field demonstration site
• Support of hospital chiefs solicited
• Training of hospital TB teams started
• Resources mobilized: government, Global Fund and USAID
Recommendations

Must engage hospitals to improve case finding

• Conduct systematic and phased implementation
• Prioritize big public hospitals or those that had been initially engaged
• Regularly monitor
• Put sustainability measures in place
• Mobilize partners

CATCH TB cases project
Components of Hospital TB-DOTS (5 S)

1. Start TB-DOTS in hospitals
2. Strengthen TB referral process
3. Service improvement
4. Sustainability mechanisms
5. Supervise and monitor

CATCH TB cases project
Benefits of Hospital TB DOTS

To patients:
- quality service
- less expenses

To hospitals:
- Better service
- More resources
- Good relationship with HC

To TB control program:
- Contribute more TB cases

CATCH TB cases project
Maraming Salamat po! (THANK YOU)