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DIFFERENTIATED TB CARE MANAGEMENT

A comprehensive package of clinical, radiological and pathological services to reduce preventable morbidity & mortality among TB patients

Background

Tuberculosis is still a leading cause of death in India and reduction of TB mortality is one of the goals under the National Strategic Plan for TB (2017-25). Under the SDG and End TB Strategy, the goal has been set to reduce TB mortality rate to 90% of the 2015 baseline by 2030.

Morbidity and mortality during treatment in patients with active TB can occur either due to extensive tuberculosis with complications or due to serious co-morbidities like severe undernutrition, advanced HIV infection, uncontrolled diabetes, substance abuse, mental illness, immunosuppressive therapy etc.

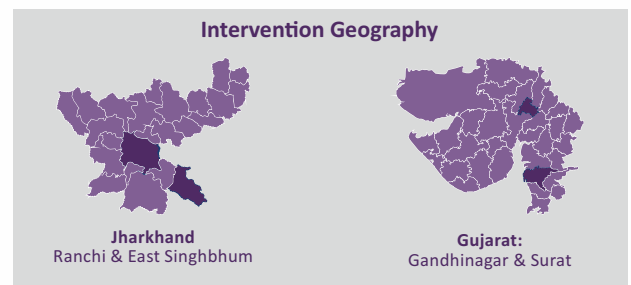
With a view to improving treatment outcomes of TB patients, “Differentiated Care of TB Patients” is developed which involves assessment of every TB patient for basic clinical, laboratory and radiological assessment at the time of TB diagnosis. It lays down criteria for risk stratification of TB patients through a scoring system, and institutionalized patient-centred care to mitigate the risk factors for rapid reduction of preventable mortality among TB patients.



Care coordinator assessing a TB patient in Gujarat

Context

Patient prioritization based on the risk stratification provides the opportunity to providing TB prevention, care and support services to those who need it the most. High priority patients groups as narrated in the diagram below.



Key objective of the activity

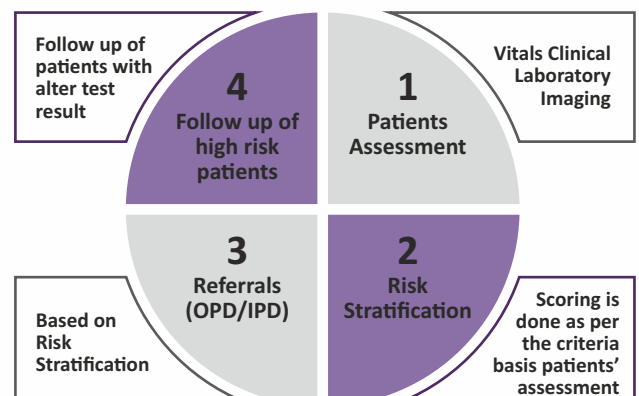
To segregate the high-risk patients at an early stage and link them with appropriate services

To identify vital parameters determining poor treatment outcome and prioritize the system response to address it

To establish a sustainable and effective model to manage differentiated TB care within the system

To identify the requirements to build the Nikshay

Intervention workflow



IDENTIFICATION OF HIGH RISK PATIENTS BASED ON ASSESSMENT

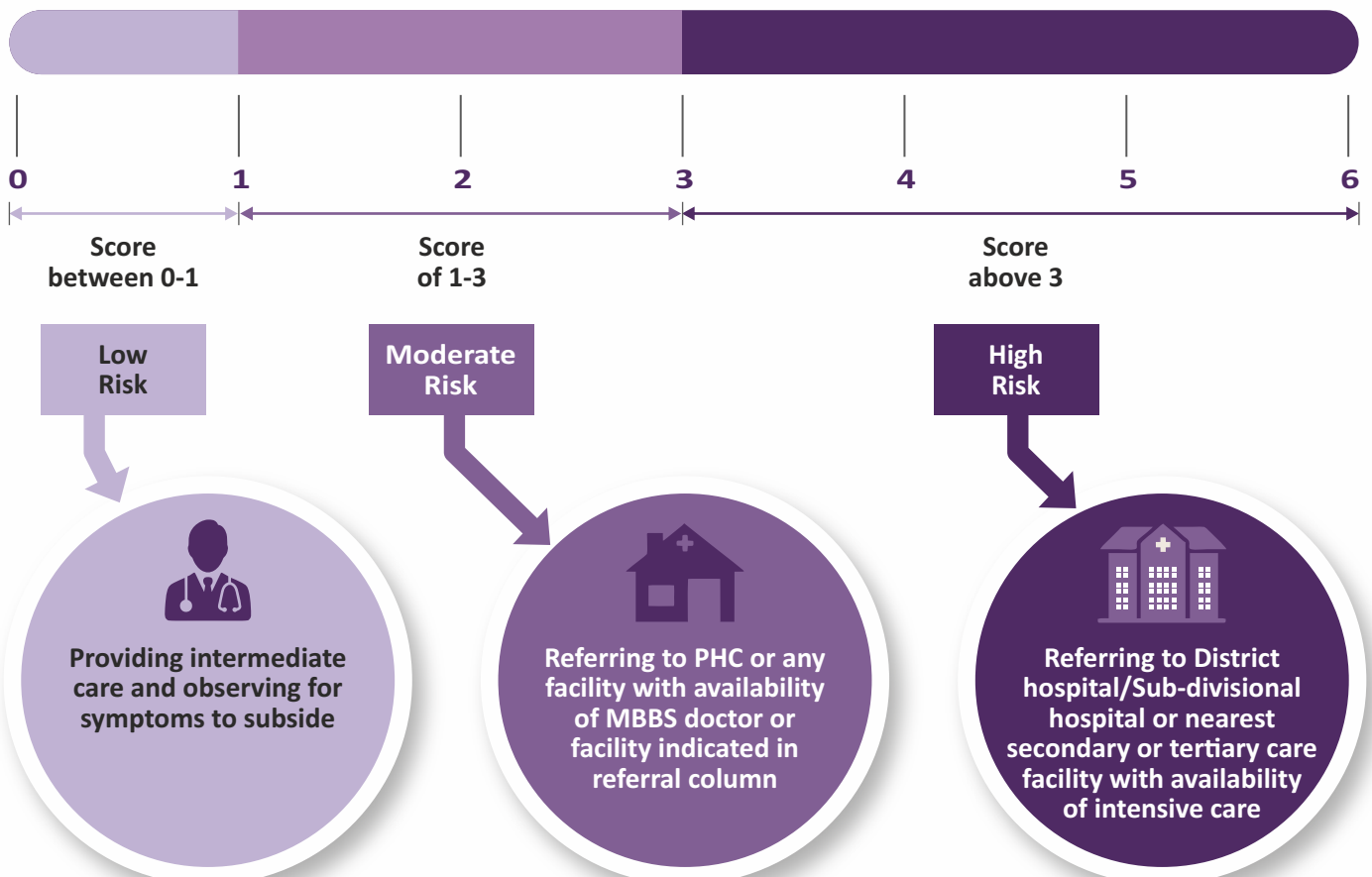
Patient Assessment, Risk Stratification and Referral

Identified health facility staff ensures patient's clinical examination, laboratory and radiological investigation. Based upon the score and clinical condition of the patient, the Medical Officer of the concerned facility categorize it and link it to the required services. It could be outpatient-based management/ in-patient care/ critical care management at an appropriate health facility. The patient will be advised to avail the suggested services and project team will track and facilitate. The project team follows the high-risk patient referred to assess the progress till the treatment outcome.

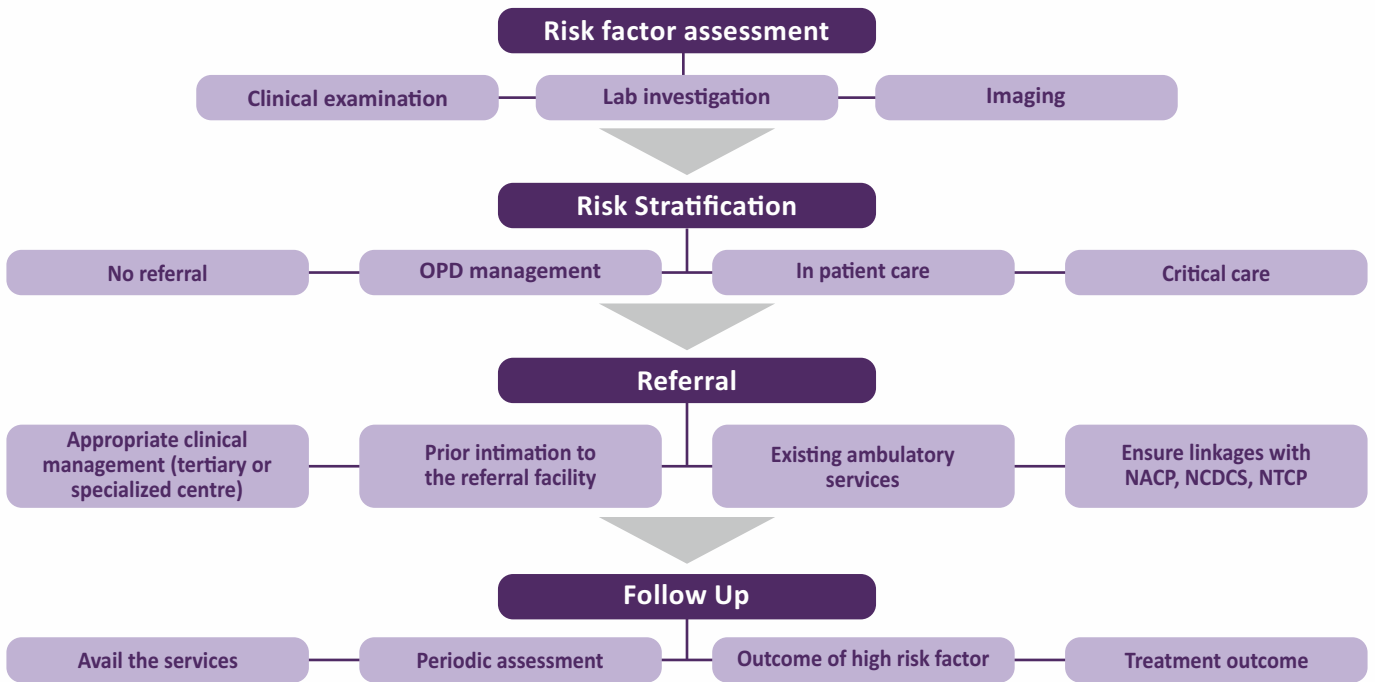
Patient Assessment

Clinical Examination	Laboratory Investigation	Imaging	Nutritional Assessment
<ul style="list-style-type: none"> Vital parameter - Temperature, Pulse Rate, Blood Pressure Respiratory Rate Oxygen Saturation Icterus Oedema General condition: bedridden / ambulatory, conscious / drowsy Hemoptysis 	<ul style="list-style-type: none"> Haemoglobin levels Complete blood count (Total Count, Differential Count, Platelet Count) HIV Random Blood sugar SGPT S. Creatinine S. Bilirubin 	<ul style="list-style-type: none"> Chest X-ray 	<ul style="list-style-type: none"> BMI MUAC

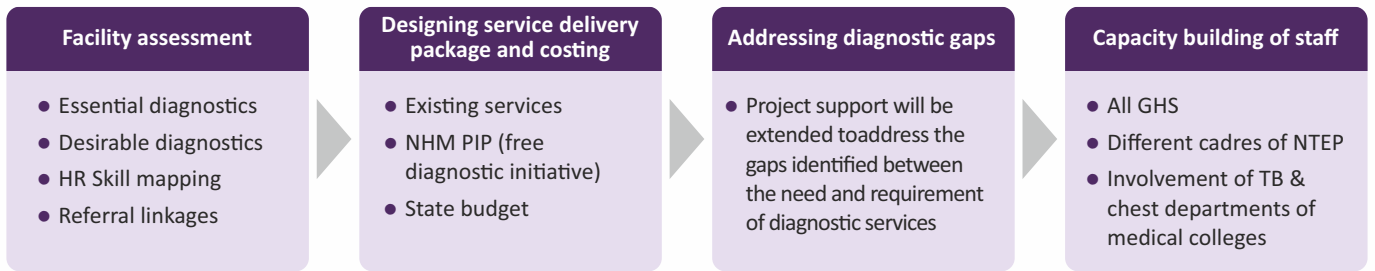
Risk Stratification



COMPREHENSIVE PACKAGE OF DIFFERENTIATED CARE



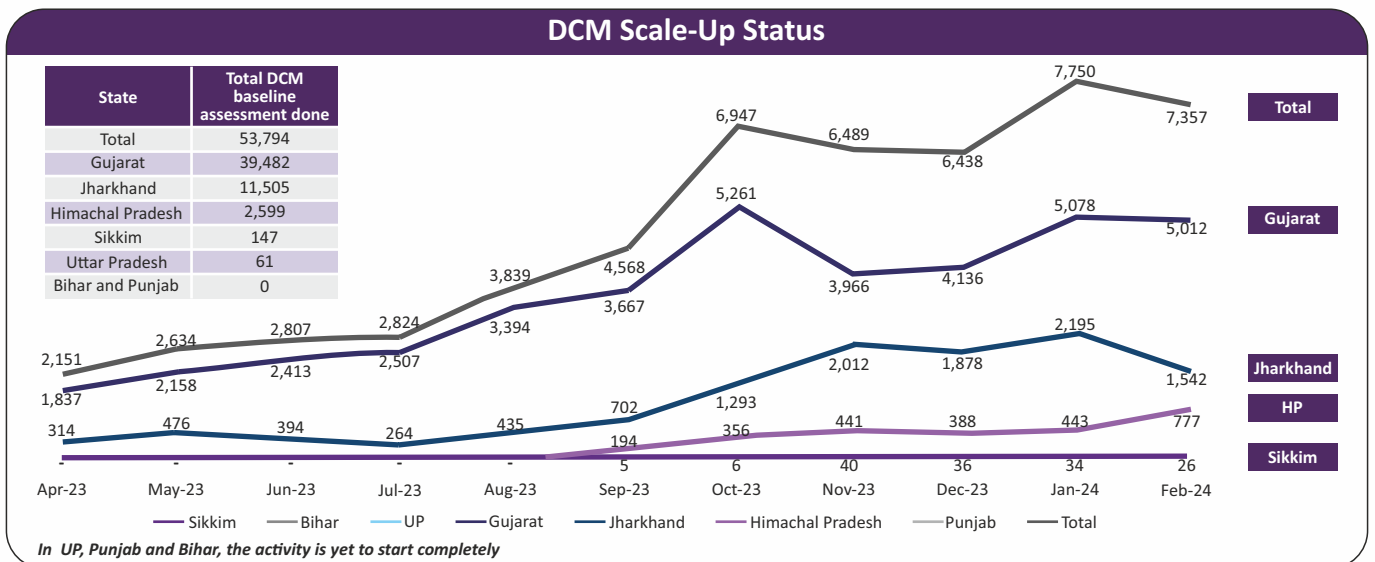
Institutional Service Delivery Package



Follow-up examination of high-risk patients will be carried out periodically with respect to assess the progression in response to the services received from the linked health facility. Entire enrolled cohort including the patient with the evaluation tests values fall in “normal” range will be followed till the treatment outcome.

Results

Till June 2023, 3,480 patients have been screened in Gujarat and Jharkhand through the DCM intervention sites. This activity got further scaled in these two states and 5 other states where, cumulatively, 53,794 patients have been provided DCM baseline assessment till Feb 24.



Key learnings

- Essential to ensure free access to evaluation tests to avoid out-of-pocket expenditure even in public health facility.
- The referral is easy and the patient is motivated if the referral services are accessible within the same campus or nearby as in the case of tertiary care facilities.
- Challenges to assess Respiratory Rate (manual), especially for female patients and Mid Upper Arm Circumferences (MUAC) due to operational issues.
- Need for the additional tests (apart from those recommended by programme guidance) in a specific situation for further evaluation.

Way forward

- Automated scoring based risk stratification of patients for decision making on referrals
- Institutionalization of required evaluation tests through sustainable mechanism
- Building a task list to prioritize high-risk patients through the Nikshay to improve efficiency

About the CGC Project

Closing the gaps in TB care cascade (CGC) is a four-year (2020-2024) project funded by United States Agency for International Development (USAID). Care cascades provide a framework to monitor system-level responsiveness to the patient throughout their treatment journey. The project which started from two districts each in Jharkhand (Ranchi & East Singhbhum) and Gujarat (Gandhinagar and Surat), has now been scaled to all the districts in these states. Based on the success of the CGC interventions, five additional states (Bihar, Sikkim, Uttar Pradesh, Punjab and Himachal Pradesh) are now being supported by WHP for scale-up of CGC activities. The project is providing technical support to the states for training of human resources, roll-out of differentiated TB care, post-treatment follow-up, integration of mental health services and evidence from monitoring of activities aimed at closing the gaps in TB care cascade.



TB patients are screened for altered parameters and appropriate next steps are recommended by Medical Officer

World Health Partners (WHP) is a non-profit Indian society that sets up programs to bring sustainable healthcare within easy access to underserved and vulnerable communities. It innovatively harnesses already available resources more efficiently by using evidence-based management and technological solutions. WHP is best known for its programs focused on early detection and treatment of tuberculosis in urban and rural settings supported by community-based activities to ensure prevention. The organization uses all available resources - both in the public and private sectors to ensure that people living in any part of the country will have access to high-quality treatment.

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