CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)
TUBERCULOSIS CONTROL BRANCH (TBCB)
TUBERCULOSIS PROGRAM ASSESSMENT TOOL (TPAT)
Final Version II - March 2014

OBJECTIVES:
o Assess local tuberculosis (TB) program capacity to prevent and control TB
o Describe how local TB programs are organized and how services are delivered
o Identify capacity gaps and program needs
o Track and monitor changes over time
o Provide a method for comparing elements and services across local TB programs

BACKGROUND
This self-assessment tool was developed to help health department TB control programs determine if their resources support a public health infrastructure capable of preventing and controlling TB. The state TB Control Branch recommends that local health departments (LHDs) complete this tool every two years. This tool is divided into six sections – one for each program standard. The standards are actions and capacities necessary for a high performing local TB control program and are derived from the CDC's Essential Components of a TB Prevention and Control Program report.(1) Each standard is followed by a series of questions that assess important corresponding program policies.

POTENTIAL USES:
o Facilitate communication between local and state TB programs regarding infrastructure needs and priorities
o Set goals for infrastructure improvement
o Identify areas where technical assistance is needed
o Create infrastructure program performance indicators
o Compare local program components with aggregate statewide data
o Raise awareness among program staff regarding TB control standards
o Provide data that might be used to assess resource allocations at the local level
o Build on the existing relationship between local and state TB control programs

REFERENCES
1. CDC. Essential components of a TB prevention and control program. MMWR 1995; 44 (No. RR-11). Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/00038823.htm.
2. American Thoracic Society, Centers for Disease Control and Prevention. Treatment of tuberculosis. MMWR 2003; 52 (RR-11). http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm
3. National TB Nurse Coalition. Tuberculosis Nursing; A comprehensive guide to patient care, Second Edition (2011).
4. California Department of Public Health and California Tuberculosis Controllers Association Joint Guidelines, various publication dates. http://www.ctca.org/guidelines.
5. CDC. Controlling TB in the US. MMWR 2005; 54 (No. RR-12). Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5412a1.htm.
6. Centers for Disease Control and Prevention/University of Alabama, Birmingham. Focus on Developing Tuberculosis Training: A Practical Guide (1997). Wanda Walton, PhD, MEd, Division of Tuberculosis Elimination, Centers for Disease Control and Prevention.

INSTRUCTIONS FOR TOOL COMPLETION
1. Discuss among a representative group of TB program staff and answer the self-assessment questions.
2. Answer all questions in each section by placing a check in the box for the most appropriate response.
3. Use the space at the end of each standard to describe specific areas of potential program improvement and technical support needs.

Only aggregate responses will be included in reports distributed by the TB Control Branch, unless local approval to share individual responses is granted.

1. Select your local health department (LHD):

2. Morbidity category (avg # of cases during the last 3 years):

- (a) High (55 or more cases)
- (b) Medium (15 - 54 cases)
- (c) Low (5 - 14 cases)
- (d) Very low (less than 5 cases)

3. LHD contact person for the TPAT:

Name:

Title:

Email Address:

4. Date completed (mm/dd/yyyy):

	MM	DD	YYYY
Date	/	/	

5. TB Controller:

Name:

Percentage of FTE dedicated to TB:

Other non-TB responsibilities:

6. All staff who perform TB control activities are under the authority of the TB Controller:

- Yes
- No

7. TB Program Manager:

Name:

Percentage of FTE dedicated to TB:

Other non-TB responsibilities:

8. Comments:

STANDARD 1. SURVEILLANCE AND EPIDEMIOLOGY - processes are in place to ensure timely, complete and accurate reporting of active TB cases.

9. What steps are taken to facilitate timely reporting of TB suspects and cases? (check all that apply):

☐ (a) The TB program uses standardized reporting forms which providers and laboratories are encouraged to use

☐ (b) The TB program routinely provides education to providers and laboratories regarding timely and complete reporting

☐ (c) In the past year, our program has contacted providers and/or laboratories to follow up on potentially preventable delays in diagnosis or reporting

☐ (d) The TB program has guidelines to implement the Medical Board of California's "Citation and Fine" procedures when physicians delay, provide incomplete information or fail to report suspected or active TB disease as required by law

Comments:

10. Approximate percentage of time the epidemiologist spends on TB control activities:

○ (a) 0% (TB program has no access to an epidemiologist)

○ (b) 1 - 25%

○ (c) 26 - 50%

○ (d) 51 - 100%

○ (e) > 100% (more than one FTE epidemiologist available to the program)

Comments:

11. The epidemiologist spends time on (check all that apply):

☐ (a) Monitoring TB trends

☐ (b) Program evaluation

☐ (c) Assessing outbreak and extended contact investigation results

☐ (d) Identifying populations at high risk for infection and progression to disease for targeted testing and treatment

☐ (e) Monitoring genotyping results

☐ (f) Surveillance reporting

☐ (g) Developing surveillance summary reports for internal and external use

☐ (h) Other (specify in comments)

☐ (i) N/A: the TB program does not have an epidemiologist

Comments:

12. The TB program uses genotyping data in the following ways (check all that apply):

- ☐ (a) To confirm individual case links in a contact or outbreak investigation
- ☐ (b) To identify and examine case clusters
- ☐ (c) To investigate potential laboratory error or cross-contamination
- ☐ (d) To evaluate if outbreaks have been contained
- ☐ (e) We receive genotyping data but do not have the resources to analyze or use it
- ☐ (f) Other (specify in comments)
- ☐ (g) N/A: we do not submit specimens for genotyping

Comments:

13. The TB program utilizes computerized systems for (check all that apply):

	Local system	CalREDIE	None
(a) Reporting and surveillance	☐	☐	☐
(b) Registry for TB suspects	☐	☐	☐
(c) Registry for confirmed TB cases	☐	☐	☐
(d) Case management	☐	☐	☐
(e) Contact investigations	☐	☐	☐
(f) Data analysis to monitor disease trends	☐	☐	☐
(g) Electronic medical record-keeping	☐	☐	☐
(h) Management of recently arriving persons with a TB classification (B notification), in addition to Electronic Disease Notification system	☐	☐	☐
(i) Other (specify in comments)	☐	☐	☐

Comments:

14. Activities the TB program would like to implement to strengthen this surveillance and epidemiology standard (if any):

15. Technical assistance the TB program needs from the TB Control Branch in order to meet this standard (if any):

16. Standard 1 comments/other:

STANDARD 2. CLINICAL CARE AND SERVICES - ensure patients receive clinical care and services defined by state and national TB standards of care

17. Where do the following persons in your jurisdiction receive outpatient TB-related clinical services? (check all that apply)

	TB program-managed clinic	LHD-managed clinic (not staffed by TB program)	Not provided by LHD (specify where in comments)
(a) Suspected and confirmed TB cases	☐	☐	☐
(b) Contacts	☐	☐	☐
(c) B1 notifications (abnormal CXR)	☐	☐	☐
(d) B2 notifications (LTBI)	☐	☐	☐
(e) Non-contacts referred or targeted for LTBI evaluation or treatment	☐	☐	☐
(f) Uninsured patients	☐	☐	☐

Comments:

18. In our jurisdiction, uninsured patients with suspected or confirmed TB receive inpatient care when necessary regardless of legal status or ability to pay.

☐ Yes (specify in comments)

☐ No

Where are uninsured patients usually hospitalized?

19. Besides the health department, which facilities, clinics or provider groups diagnose the majority of your jurisdiction's TB cases?

(1)

(2)

(3)

20. Besides the health department, which facilities, clinics or provider groups treat the majority of your jurisdiction's TB cases?

(1)

(2)

(3)

21. Besides the health department, which facilities, clinics or provider groups treat the majority of your jurisdiction's LTBI?

(1)

(2)

(3)

22. Our program has access to consultation with clinicians who have expertise with complex and drug resistant cases. We utilize the following (check all that apply):

- ☐ (a) Clinical experts within the TB program
- ☐ (b) California TB Control Branch clinical consultants and/or MDR TB service
- ☐ (c) Curry International TB Center Warmline
- ☐ (d) Local pulmonologist or infectious disease specialist
- ☐ (e) Other (specify)

Comments:

23. Individuals with infectious TB are isolated in the following settings (check all that apply):

- ☐ (a) Homes
- ☐ (b) Hospitals
- ☐ (c) Motel or hotel
- ☐ (d) Other (describe)

Comments:

24. Health department clinics providing medical care to TB patients provide the following services (check all that apply):

- ☐ (a) Chest X-rays
- ☐ (b) Sputum induction
- ☐ (c) Language interpretation
- ☐ (d) Phlebotomy
- ☐ (e) Visual acuity & Ishihara color vision testing
- ☐ (f) Physical examination
- ☐ (g) First-line TB medications
- ☐ (h) Second-line TB medications
- ☐ (i) HIV testing
- ☐ (j) N/A: Our jurisdiction does not have health department clinics

Comments (describe any service barriers or gaps):

25. Our jurisdiction does not have health department clinics but TB patients have access to the following services (check all that apply):

- ☐ (a) Chest X-rays
- ☐ (b) Sputum induction
- ☐ (c) Language interpretation
- ☐ (d) Phlebotomy
- ☐ (e) Visual acuity & Ishihara color vision testing
- ☐ (f) Physical examination
- ☐ (g) First-line TB medications
- ☐ (h) Second-line TB medications
- ☐ (i) HIV testing
- ☐ (j) N/A: Our jurisdiction has health department clinics

Comments (Where are services provided? Are there service barriers or gaps?):

26. Which labs perform the following tests for local health department clinic patients? (check all that apply):

	LHD lab	Private lab	Another LHD lab	CDPH State lab	Local hospital lab	N/A	Other
(a) HIV	☐	☐	☐	☐	☐	☐	☐
(b) AFB smear	☐	☐	☐	☐	☐	☐	☐
(c) NAAT or other rapid diagnostic	☐	☐	☐	☐	☐	☐	☐
(d) Conventional culture for M.tb	☐	☐	☐	☐	☐	☐	☐
(e) First-line drug susceptibility	☐	☐	☐	☐	☐	☐	☐
(f) Second-line drug susceptibility	☐	☐	☐	☐	☐	☐	☐
(g) IGRA	☐	☐	☐	☐	☐	☐	☐
(h) GeneXpert	☐	☐	☐	☐	☐	☐	☐

Comments:

27. Our jurisdiction does not have health department clinics but TB patients have access to the following laboratory services (check all that apply):

- ☐ (a) HIV
- ☐ (b) AFB smear
- ☐ (c) NAAT or other rapid diagnostic
- ☐ (d) Conventional culture for M.tb
- ☐ (e) First-line drug susceptibility
- ☐ (f) Second-line drug susceptibility
- ☐ (g) IGRA
- ☐ (h) GeneXpert
- ☐ (i) N/A: Our jurisdiction has health department clinics

Which labs perform each of these tests?

28. Where do health department-managed patients usually obtain TB medications?

	Yes	No
TB or LHD clinic	☐	☐
Health department pharmacy	☐	☐
Private pharmacies	☐	☐
Other	☐	☐

Comments:

29. The TB program conducts LTBI testing and treatment for the following groups (check all that apply):

	Testing	Treatment
(a) Children upon entry to school	☐	☐
(b) Foreign-born persons in the U.S. less than 5 years	☐	☐
(c) Foreign-born persons in the U.S. 5 years or longer	☐	☐
(d) Persons in homeless shelters	☐	☐
(e) Persons enrolled in substance abuse programs	☐	☐
(f) Contacts to infectious TB patients	☐	☐
(g) Persons with high risk medical conditions (e.g. HIV, diabetes)	☐	☐
(h) Other (specify in comments)	☐	☐
(i) N/A: not provided by our program	☐	☐

Comments:

30. What LTBI regimens are routinely used in your LHD clinic? (check all that apply):

	Yes	No
(a) 9 months Isoniazid (INH)	○	○
(b) 6 months INH	○	○
(c) 3 months INH + Rifapentine	○	○
(d) 4 months Rifampin (RIF)	○	○
(e) 4 months INH + RIF	○	○
(f) Other	○	○

Comments:

31. In the past year, our program has engaged with state or federal partners to investigate and mitigate drug shortages, laboratory insufficiencies and other resource gaps related to the diagnosis and treatment of TB.

- ◯ Yes
- ◯ No

Comments (describe):

32. Activities the TB program would like to implement to strengthen this clinical care and services standard (if any):

33. Technical assistance the TB program needs from the TB Control Branch in order to meet this standard (if any):

34. Standard 2 comments/other:

STANDARD 3. CASE MANAGEMENT AND ADHERENCE - ensure that all TB patients receive appropriate case management and employ effective strategies to ensure adherence to therapy

35. Case managers perform (check all that apply):

- ☐ (a) TB activities exclusively
- ☐ (b) TB and other communicable disease activities only
- ☐ (c) TB and other general activities (e.g., maternal and child health)
- ☐ (d) N/A

Comments:

36. On average in the last year, each case manager has the following number of confirmed TB cases in their workload at any given time:

- ○ (a) Up to 10
- ○ (b) 11-20
- ○ (c) 21-30
- ○ (d) 30 plus

Comments:

37. Our TB program usually responds to new suspected or confirmed TB case reports for infectious cases in the following timeframes:

	Within 1 business day	2 - 5 business days	> 5 business days
(a) Communicate with the private provider to collect case information	☐	☐	☐
(b) Assign to a case manager	☐	☐	☐
(c) Initial interview in the home, hospital, or correctional facility	☐	☐	☐

Comments:

38. Hospitals routinely submit patient plans to the TB program for approval prior to patient discharge:

- ☐ Yes
- ☐ Sometimes
- ☐ No

Comments:

39. Our case managers find it challenging to consistently perform the following activities (check all that apply):

	Health department patients	Privately-managed patients
(a) Ensure that individuals with highly suspected or confirmed TB receive initial treatment with a standard 4-drug regimen, as appropriate	☐	☐
(b) Assess and monitor patients for potential adverse drug reactions	☐	☐
(c) Ensure that individuals receive at least a monthly medical examination by the treating clinician	☐	☐
(d) Evaluate patients for causes of poor adherence and implement a plan to address them (e.g., use of enablers and incentives)	☐	☐
(e) Make face-to-face assessments (at least monthly) with each patient until treatment is completed	☐	☐
(f) Monitor the collection of clinical specimens to document culture conversion and end of treatment cure	☐	☐
(g) Assess and link patients to providers of substance abuse treatment, mental health, and other medical and social services	☐	☐
(h) Identify and document HIV status of active TB cases	☐	☐
(i) Make use of interpreters	☐	☐

Comments:

40. Our program issues health officer orders as indicated to protect the public from TB (check all that apply):

	(a) Routinely	(b) Sometimes	(c) Rarely	(d) Never
(a) Isolation order	☐	☐	☐	☐
(b) Examination order	☐	☐	☐	☐
(c) Order for treatment/DOT	☐	☐	☐	☐
(d) Order for detention	☐	☐	☐	☐
(e) N/A: we don't issue legal orders	☐	☐	☐	☐

Who serves orders in your jurisdiction? Describe any programmatic barriers:

41. In the face of limited resources, what strategies has your program employed regarding the provision of DOT? (check all that apply):

☐ (a) Provide DOT to fewer PMD-managed patients

☐ (b) Discontinue the use of DOT after the initiation phase with patients that demonstrate adherence

☐ (c) Don't provide DOT to certain high risk patients (describe below)

☐ (d) Other (describe below)

Comments (describe high risk conditions that are de-prioritized for DOT):

42. The TB program uses the following means to provide DOT (check all that apply):

	Often	Sometimes	Seldom	Never
(a) Field DOT	◯	◯	◯	◯
(b) Clinic DOT	◯	◯	◯	◯
(c) Video DOT (VOT)	◯	◯	◯	◯
(d) Program staff in other agencies (e.g., schools, drug treatment facilities)	◯	◯	◯	◯
(e) N/A	◯	◯	◯	◯

Comments (describe what technology is used for VOT):

43. The TB program uses the following to facilitate continuity of care for TB patients (check all that apply):

- ☐ (a) CureTB (for patients going to Mexico and Central America)
- ☐ (b) TBNet/Migrant Clinicians Network (for moves to countries other than Mexico and Central America)
- ☐ (c) CDPH TBCB Patient Locating Service
- ☐ (d) Travel restrictions (Do Not Board/Look Out lists)
- ☐ (e) Medical holds and stays of removal for Immigration and Customs Enforcement (ICE) detainees
- ☐ (f) "Meet and Greets" at the border for federal detainees
- ☐ (g) Interjurisdictional referrals
- ☐ (h) N/A

Comments:

44. Activities the TB program would like to implement to strengthen this case management and adherence standard (if any):

45. Technical assistance the TB program needs from the TB Control Branch or other organizations in order to meet this standard (if any):

46. Standard 3 comments/other:

STANDARD 4. CONTACT INVESTIGATION - processes are in place to ensure the timely identification, examination, evaluation, and treatment for all persons at risk for latent TB infection or TB disease due to exposure to TB

47. In what settings are interviews of cases and suspected cases usually performed? (check all that apply):

- ☐ (a) Over the phone
- ☐ (b) At the TB or LHD clinic
- ☐ (c) In the patient's home
- ☐ (d) At the hospital (for inpatients)
- ☐ (e) Correctional facility (for incarcerated patients)
- ☐ (f) Other (describe in comments)

Comments:

48. To determine whether to close or expand a contact investigation, the TB program examines preliminary contact investigation results through (check all that apply):

- ☐ (a) Data analysis of the contact investigation by the case manager or CDI
- ☐ (b) Review by supervisor or TB Controller
- ☐ (c) Case conferences or contact investigation meetings
- ☐ (d) Other (specify in comments)
- ☐ (e) No routine analyses of contact investigation

Comments:

49. The TB program conducts source case investigations (SCI) for children:

	Yes	No
(a) With LTBI	☐	☐
(b) With active TB disease	☐	☐
(c) Converters	☐	☐

Comments (if yes, specify age cutoff):

50. Activities the TB program would like to implement to strengthen this CI standard (if any):

51. Technical assistance the TB program needs from the TB Control Branch in order to meet this standard (if any):

52. Standard 4 comments/other:

STANDARD 5. FISCAL RESOURCES AND STAFFING - sufficient fiscal and staffing resources are available and effectively used to prevent and control TB

53. The TB program has experienced which of the following changes in overall funding in the past year:

- ◯ (a) An increase in funding
- ◯ (b) A decrease in funding
- ◯ (c) No change in funding

Comments (specify source of increase or decrease):

54. The TB program has experienced a change in FTEs assigned to TB Control in the past year:

- ◯ (a) An increase in FTEs
- ◯ (b) A decrease in FTEs
- ◯ (c) No change in FTEs

Describe any staff changes (e.g., FTEs and job function(s) lost, reassigned, etc...):

55. Have resource or funding gaps led to any of the following challenges relating to surveillance and epidemiology in the past year? (check all that apply):

- ☐ (a) Decrease in registry maintenance
- ☐ (b) Delays in reporting cases to State TBCB
- ☐ (c) Diminished capacity to obtain and analyze genotype results
- ☐ (d) Reduced capacity to perform data analysis to monitor disease trends
- ☐ (e) Delays in completing electronic disease notifications (EDNs)
- ☐ (f) Other (specify in comments)
- ☐ (g) N/A

Comments:

56. Have resource or funding gaps led to any of the following challenges in regards to the provision of clinical care by your local health department in the past year? (check all that apply):

- ☐ (a) Decrease in provision of clinic services (e.g., volume, frequency)
- ☐ (b) Increased delays in diagnosis of TB due to scaled-back clinics
- ☐ (c) Decrease in treatment of LTBI for high-risk contacts
- ☐ (d) Decrease in LTBI treatment for others
- ☐ (e) Decrease in refugee/immigrant screening
- ☐ (f) Decrease in access to drug supply for TB cases
- ☐ (g) Decrease in access to drug supply for LTBI
- ☐ (h) Decreased use of certain TB medications due to cost
- ☐ (i) Decreased use of IGRAs
- ☐ (j) Reduction in laboratory services provided
- ☐ (k) Reduced availability of language services/interpreters
- ☐ (l) Other (specify in comments)
- ☐ (m) N/A

Comments:

57. Have resource or funding gaps led to any of the following challenges in regards to the provision of case management in the past year? (check all that apply):

- ☐ (a) Reduction in number of TB case patients on DOT
- ☐ (b) Increase in acquired drug resistance due to lack of DOT
- ☐ (c) Reduction in number of high-risk contacts on directly observed therapy for LTBI
- ☐ (d) Increase in number of patients assigned to each case manager
- ☐ (e) Decrease in provision of case management for PMD-managed patients
- ☐ (f) Lack of or delayed isolation for infectious patients
- ☐ (g) Reduced availability of language services/interpreters
- ☐ (h) Reduced ability to use incentives and enablers
- ☐ (i) Other (specify in comments)
- ☐ (j) N/A

Comments:

58. Have resource or funding gaps led to any of the following challenges in the provision of contact investigation activities in the past year? (check all that apply):

- ☐ (a) Decrease or delay in contact investigation(s)
- ☐ (b) Decreased capacity for outbreak response
- ☐ (c) Decreased capacity to perform extended contact investigations
- ☐ (d) Reduced capacity for field work
- ☐ (e) Reduced access to language services/interpreters
- ☐ (f) Decreased ability to do oversight of contact investigation
- ☐ (g) Other (specify in comments)
- ☐ (h) N/A

Comments:

59. Have resource or funding gaps led to any of the following challenges in program planning and evaluation in the past year? (check all that apply):

- ☐ (a) Reduced capacity to perform program management
- ☐ (b) Reduced capacity to participate in program evaluation process
- ☐ (c) Other (specify in comments)
- ☐ (d) N/A

Comments:

60. The TB program collaborates with providers and/or community groups that provide targeting testing and treatment of LTBI to populations at high risk for developing TB disease:

- ○ Yes
- ○ No

List key partnerships:

61. The TB program directs resources to the education and oversight of the medical community through (check all that apply):

- ☐ (a) Phone communication
- ☐ (b) Email communication
- ☐ (b) Office visits
- ☐ (c) Presentations to medical providers
- ☐ (d) Case conferences
- ☐ (e) Print materials/newsletters
- ☐ (f) Other (specify in comments)
- ☐ (g) N/A

Comments:

62. The TB program bills for services provided (check all that apply):

	Case management	Clinic services	DOT	Medications	N/A: Do not bill
(a) Patients	☐	☐	☐	☐	☐
(b) Commercial Insurers	☐	☐	☐	☐	☐
(c) Medicare	☐	☐	☐	☐	☐
(d) Medi-Cal	☐	☐	☐	☐	☐
(e) Other (specify in comments)	☐	☐	☐	☐	☐

Are collected funds remitted to the TB program or to your jurisdiction's general fund? How successful is the program at completing the billing process, and/or collecting revenue?

63. Our TB program uses the media to alert the public about TB events:

- ○ Never
- ○ Sometimes
- ○ Frequently

Comments:

64. Has your TB program made any programmatic changes or do you anticipate making changes as a result of the Affordable Care Act?

- ○ Yes
- ○ No

Comments (if yes, describe):

65. Activities the TB program would like to implement to strengthen this fiscal resources and staffing standard (if any):

66. Technical assistance the TB program needs from the TB Control Branch in order to meet this standard (if any):

67. Standard 5 comments/other:

STANDARD 6. PROGRAM PLANNING AND EVALUATION - engage in an ongoing, systematic process of self-assessment, planning, evaluation and allocation of resources

68. The TB program would like to develop local, written policies and procedures for (check all that apply):

- ☐ (a) Surveillance and reporting
- ☐ (b) Provision of clinical care/diagnostic services (e.g. NAAT, 3HP)
- ☐ (c) Case management
- ☐ (d) DOT/VOT
- ☐ (e) HIV testing
- ☐ (f) Contact investigation
- ☐ (g) Security and confidentiality of patient information
- ☐ (h) Use of legal orders
- ☐ (i) Use of interpreters
- ☐ (j) Use of incentives and enablers
- ☐ (k) Other (specify in comments)
- ☐ (l) N/A

Comments (List existing local written policies):

69. The TB program performs the following quality assurance (QA) and evaluation processes (check all that apply):

- ☐ (a) Routine TB patient chart audits
- ☐ (b) Review of selected records (e.g., death certificates, pharmacy and lab reports) to detect unreported cases
- ☐ (c) Review of TB deaths
- ☐ (d) Review of pediatric cases
- ☐ (e) Review of Reports of Verified Cases of Tuberculosis (RVCTs) before they are submitted to the State
- ☐ (f) Patient satisfaction surveys
- ☐ (g) Other (specify in comments)
- ☐ (h) N/A

How often are the above activities performed? Other comments:

70. The TB program provides feedback and training to private providers when non-standard care occurs (check all that apply):

- [ ] Phone call from case manager/TB controller/other clinician (specify below)
- [ ] In-person visit from TB program staff (specify below)
- [ ] Mail guidelines or other reference materials
- [ ] Other

Who makes follow-up phone calls or visits?

71. The TB program conducts case conferences (a scheduled forum for the review of cases at the outset and throughout treatment designed to promote problem solving):

- ( ) Yes
- ( ) No

How often are cases presented?

72. The TB program routinely conducts cohort reviews (a systematic review of a group of cases identified during a specific time period, reviewed in a group setting when patients are nearing the end of treatment, designed to improve accountability for outcomes):

- ( ) Yes
- ( ) No

How often are cohort reviews held?

73. Activities the TB program would like to implement to strengthen this program planning and evaluation standard (if any):

74. Technical assistance the TB program needs from the TB Control Branch in order to meet this standard (if any):

75. Standard 6 comments/other:

CONCLUSION

76. The TB Control Branch would like to share data from the TB Program Assessment Tool in aggregate and at the jurisdiction level. Are you comfortable sharing your responses to this survey?

- [ ] (a) Yes, as aggregated data
- [ ] (b) Yes, at the individual jurisdiction level
- [ ] (c) No
- [ ] (d) Other (specify in comments)

Comments: