Phil Griffin, BBA, CPM has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity
Directly Observed Therapy and Strategies for Success

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Comprehensive Care of person with TBs with Tuberculosis and Their Contacts
A Heartland National TB Center Course

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Objectives

- Discuss the use of directly observed therapy to ensure successful outcomes
- List significant components of DOT
- Discuss strategies to enhance completion of treatment

The Big Question:
Why do you have to watch me take these medications?
Directly Observed Therapy (DOT)

**What is it?**
- Health care worker (HCW) or other trained individual watches the person with TB swallow every dose of prescribed medications.

**Why are we concerned about non-adherence**
- Person with TB will remain sick longer or have more severe illness
- Person with TB may spread TB to others longer
- Person with TB may develop, spread drug resistant TB
- Person with TB may die from interruptions

Directly Observed Therapy (DOT)

**Why should the person with TB care about DOT?**
- Ensure person with TB receives adequate treatment
- Continually check for medication side effects
- Check for clinical response to medications
- Provide other social services or assistance as needed
- Help to facilitate completion of treatment so person with TB has minimal interruption to life

**Communicate these early on for buy-in**
- TB and DOT is an interruption in a person with TB’s life
Communication during DOT

- Communicate clearly
- Use a non-judgmental attitude
- “Start where the person with TB is”
- Be consistent; do what you say you are going to do.

Incentives and Enablers

- Incentives – What can we offer?
  - Opportunity to cure disease and not infect others around you
  - Assistance with coordinating services, help finding services
  - Tangible items (stickers, cookies, small items for person with TB)
  - Money/gift cards/spending time with person with TB
  - Lab services, exceptional nursing care, daily service
Incentives and Enablers

- **Enablers – How can we decrease barriers?**
  - Provide DOT outside of 9 am – 5 pm
  - Be flexible with location of DOT
  - Coordination with other providers
    - Provide person with TB with additional care (ensure, medications)
    - Person with TB hears the same message
  - Education and communication
  - Medication delivery methods
    (especially pediatric persons with TB)

**Barriers to Adherence**
Example 1 – You speak what?

- 1 confirmed person with cavitary TB, 1 contact with positive QFT, abnormal CXR, and s/sx
- Person with TB came from small group of an immigrant population settled in the area
- Spoke and read only Karen.
- Worked odd hours far from clinic.
- One was fired in the past when treated for Malaria.

Example 1 – You speak what?

- Language
  - Found Karen documents through KDHE webpage.
  - Used Language Line to speak with person with TB.
- Financial barriers
  - Used local charitable organizations to help with expenses, pay bills.
  - Assessed work site to determine possibility of spread of disease and quickly worked to remove from isolation.
- Clinic distance & clinic hours
  - Used trained DOT workers to come to person with TB when unable to come into clinic.
  - Work schedules dictated when person with TB able to come once they were removed from isolation.
Example 2 – He always shows up

- person with cavitary TB who lived in “trailer” with only electricity
- Worked in manual labor building houses at various locations everyday
- Spanish-speaking only
- Had multiple co-morbidities including GI bleeding, emphysema, heavy tobacco use.

Example 2 – He always shows up

- Close to homeless, yet very mobile
  - Educated person with TB on the necessity of treatment
  - person with TB borrowed phone each morning and called to let staff know where he would be
- Mental, emotional disorders
  - Nurses discussed other underlying issues with person with TB and referred him to clinic as needed
- Physician referrals
  - Worked with clinic that person with TB had been to follow up with co-morbidities.
  - Working with tobacco-cessation staff to quit smoking
Example 3 – You have a “lung infection”

- 6 year old person with TB
- Lived 45 minutes from LHD
- LHD has two FTE
- Mother and Father work and have one car, child rides bus to school
- No school nurse fulltime at school

Example 3 – You have a “lung infection”

- Time
  - 2.5 hours round trip for LHD
- Age
  - Parents are not to give DOT, failure when child refuses and the battles begin
  - Mother concerned and wanted to be compliant
- Mobility
  - Father carpools
  - Mother drives family car to work after the bus comes for child. Mother works four days per week
- Trained volunteer
  - Bus driver gave meds, mother brought to bus (child as first to be picked up)
  - Bus driver had a “toy chest”
- Monitoring
  - Mother took child to LHD each Monday after school
Other barriers

- Substance abuse
  - Can exacerbate any of the previously discussed barriers.
- Family issues
- Clinic staff, clinic atmosphere and cleanliness
  - Staff attitude, person with TB perception

TB Infection barriers

- What makes TB infection treatment more difficult to initiate and complete?
  - Person with TB not physically ill
  - Lack of motivation to complete treatment
  - Tendency to want to discontinue treatment at 1st side effects to medication
  - No sense of urgency at 2nd round of testing
- Education is key to address each of these issues.
- Follow-up with person with TB concerns.
What is the common thread?

- Each person with TB is unique and has specific sets of barriers to adherence.
- Each person with TB’s needs must be assessed and a specific treatment plan created and reviewed.
- Medical staff must be flexible and provide ongoing assessment of plan and change as necessary.

Questions