Promising Specialized and Friendly Patient-Centered Care

Masan National TB Hospital, Korea

Director of Dep. of Chest Medicine
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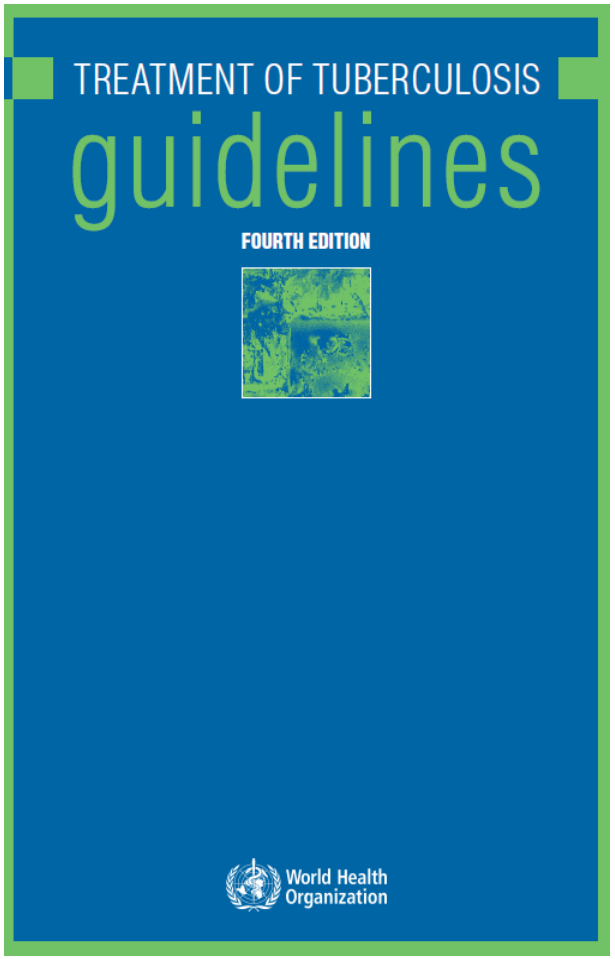


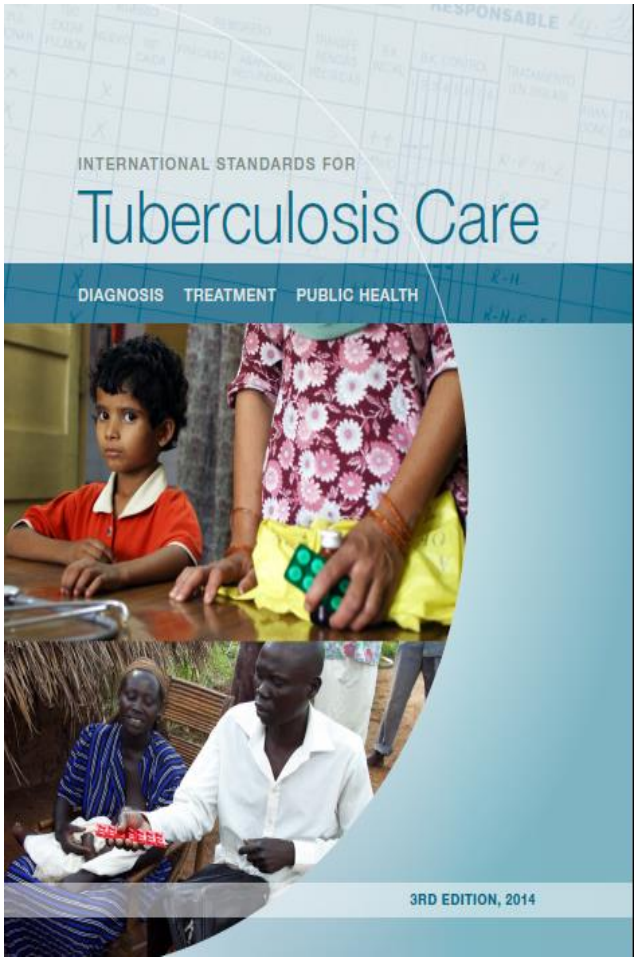
6

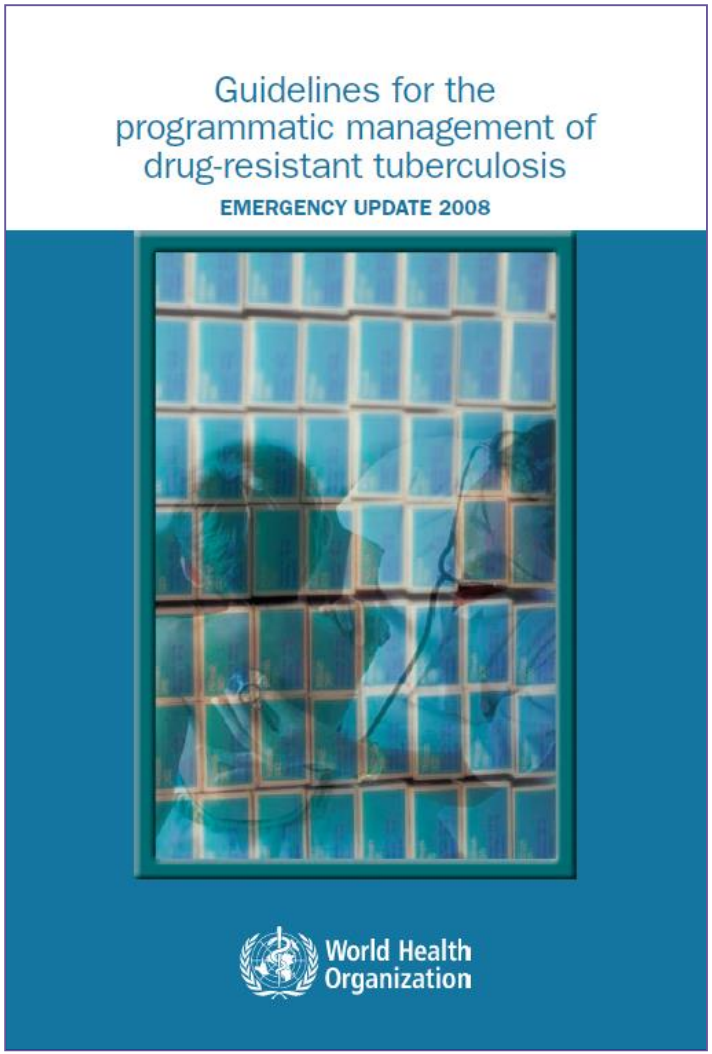
Supervision and patient support

6.4 Using a patient-centred approach to care and treatment delivery

'It is essential that these approaches be based on ethical principles regarding the needs, rights, capabilities and responsibilities of patients, their families and their communities.'

Standard 9. A patient-centered approach to treatment should be developed for all patients in order to promote adherence, improve quality of life, and relieve suffering. This approach should be based on the patient's needs and mutual respect between the patient and the provider.





CHAPTER 19

Managing DR-TB through patient-centred care

Successful management of DR-TB requires putting the patient at the centre of a comprehensive programme of care that includes allows patients to exercise their rights. This, in turn, enables patients to fulfill their responsibilities and assist in the treatment success.

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PERSPECTIVES

Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients?

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~~'defaulter'~~	→	'person lost to follow-up'
'TB suspect'	→	'person with presumptive TB'
~~'control'~~	→	'prevention and care'

Key Component of Patient Centered Care

1. Respect for patient's values, preferences and expressed needs
2. Coordination and integration of care
3. Information, communication and education
4. financial, Physical, emotional Support
5. Involvement of family and friends
6. Transition and continuity

Contents

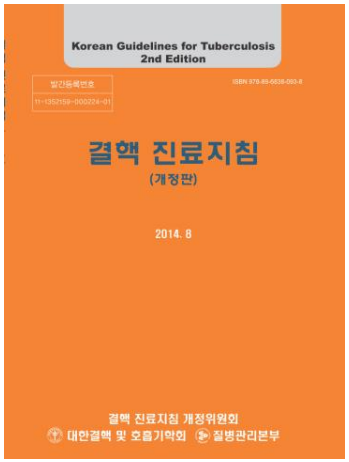
1. Patient centered Care

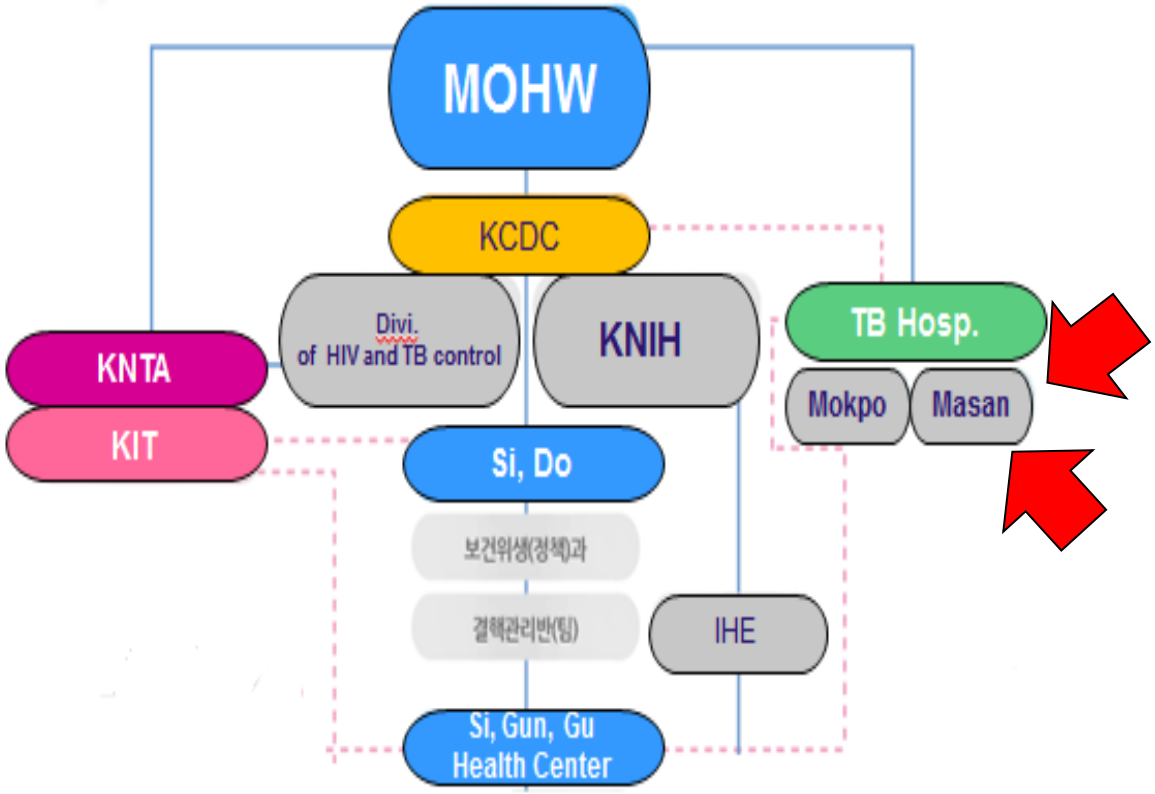
– TB Hospital based

2. Patient centered Care

– PMDT in Korea


2016
국가결핵관리지침
보건복지부
질병관리본부


Korean Guidelines for Tuberculosis
2nd Edition
결핵 진료지침
(개정판)
2014. 8
결핵 진료지침 개정위원회
대한결핵 및 호흡기학회
질병관리본부


MOHW
KCDC
KNTA
KIT
Divi.
of HIV and TB control
KNIH
TB Hosp.
Mokpo
Masan
Si, Do
보건위생(정책)과
결핵관리반(팀)
IHE
Si, Gun, Gu
Health Center

Role of MNTH

- Management of (MDR)TB
- Clinical Research
- Education & Training
- Cooperation & Partnership

Stop TB

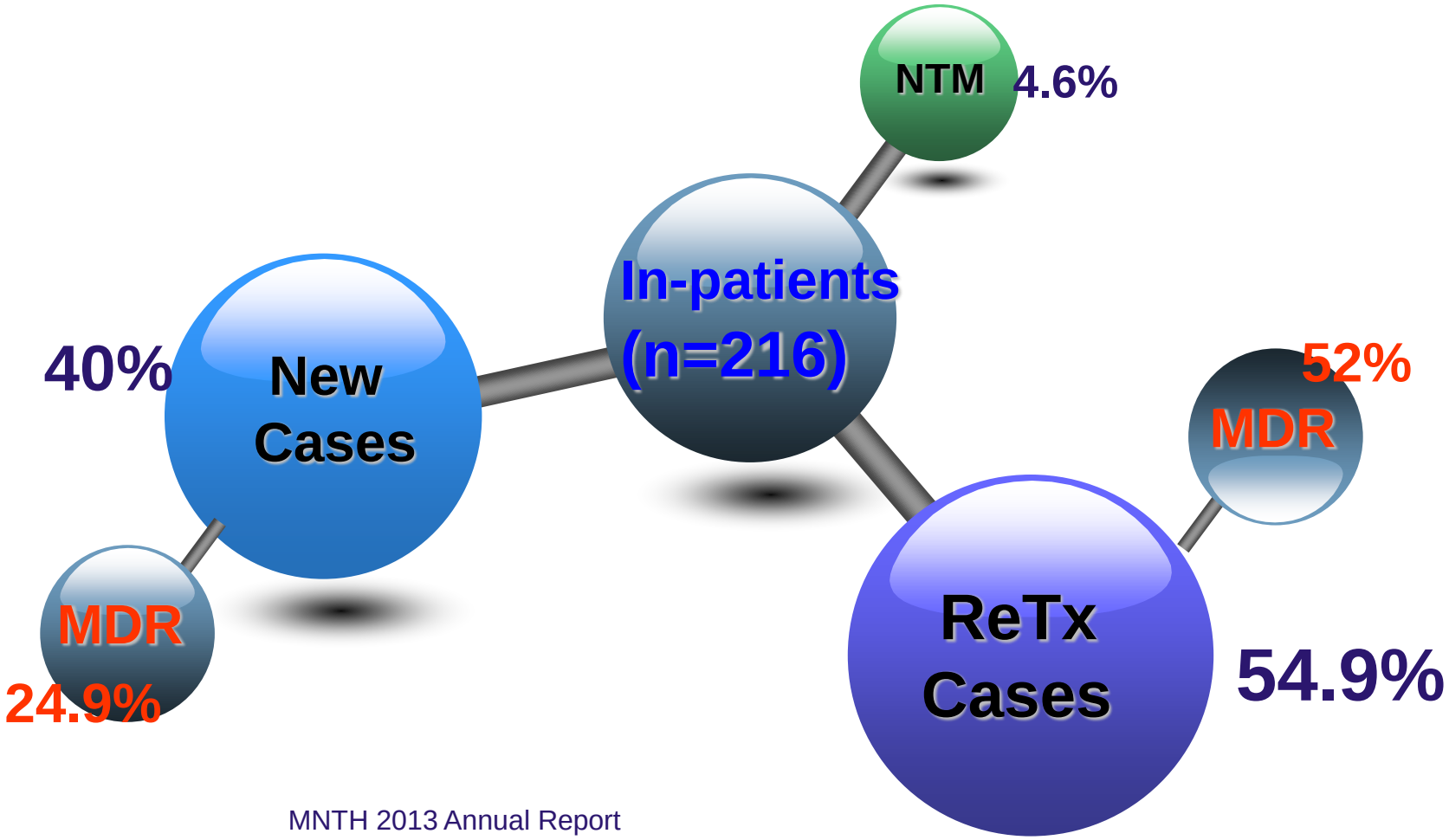
Patient Profile in MNTH, 2013

- The largest TB referral hospital in Korea
  : More than 80% of patients are transferred cases.

# of admitted patients/year	569 patients
Annual outpatient visits	4,244 visits
Average No. of inpatients/day	216 patients
Mean duration of admission/patient	118 days

MNTH 2013 Annual Report

Classification of Inpatients, 2013



MNTH 2013 Annual Report

" 5 A'S : Assess
Advise
Agree
Assist
Arrange

Companion handbook to the WHO guidelines for the programmatic management of drug-resistant tuberculosis, 2014, WHO

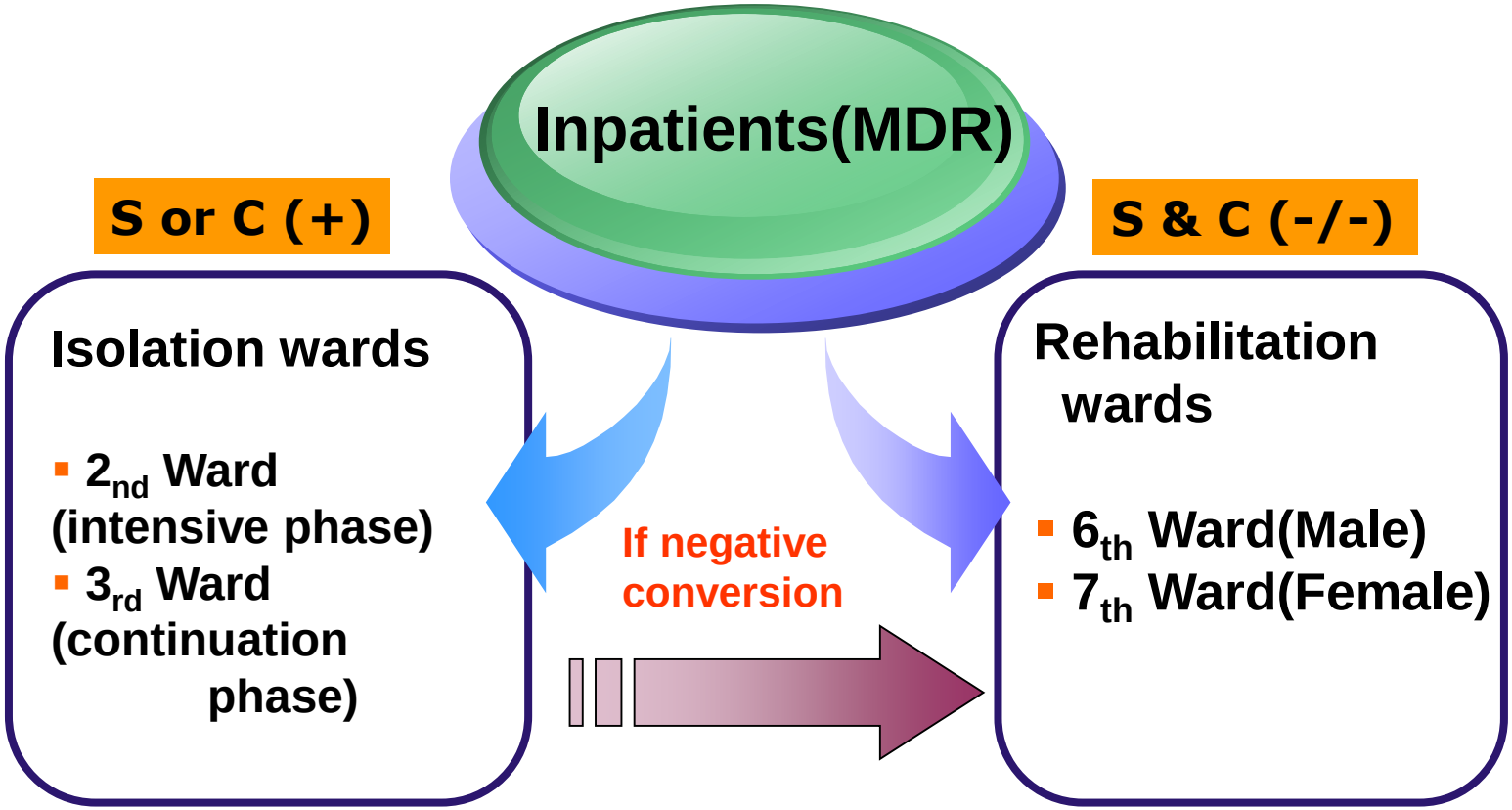
	Responsibility
Attending physician	**Integration Of 5 A'S** **Assess patient's goals at the start** **Assess patient's clinical status, classify/identify relevant treatments** **Assess for the presence of adverse effects** **Correct any inaccurate knowledge** **Discuss the options (different treatment delivery options, regimens,, palliative care)** • **Provide treatments/medication** • **Provide other medical treatments**
Attending nurse	**Assess patient's adherence to their medications** **Assess factors associated with the patient's lifestyle that might prevent adherence to therapy** **Evaluate the importance the patient gives to the indicated treatment** **Provide a written or pictorial summary of the plan** **Provide a DOT provider and/or drug-resistant TB treatment supporter** **Provide skills and tools to assist with self-management and adherence** **Link to available support: Friends and family**

	Responsibility
PPM nurse	**Advise on the social protection schemes the patient is eligible** **Link to available support: Community services** **Arrange follow-up care and a follow-up visit to monitor treatment progress and to reinforce key messages** **Arrange a way for the patient to contact you if problems arise**
Social worker	**Assess the financial situation (job, education, dependents)** **Provide with sickness certificate to facilitate access to social protection schemes** **Link to available support: Community services**
Religious facility	**Assess patient's knowledge, beliefs, concerns and daily behaviours related to drug-resistant TB and its treatment** **Link to available support: Community services**

System & Program for Management

1. Arrangement
2. Management
3. Education & Support
4. DOT

1. Admission : Arrangement of Patients



2. Management

- Appropriate regimen & monitoring
  - MNTH TB Management Guideline & Care Plan-
- Appropriate facilities
- TB chart and catabase
- Referral system
- LAB and Imaging study facility
- Special clinics

2. Education and Counseling

“ Through the Patients’ eye” Education Program:

	schedule	Topic	provider	tool	Material
DR-TB	Day 1-2	- General Instruction(DOT) - Alcohol abstinence, Stop smoking	nurse	Face to face	Self Management Pocket book
	Week 1	- Video Education(self Management)	nurse	Online lecture	Educational Video
	Month 1	- TB medication facts	nurse	Face to face	Hand book
	Month 2	- Self Management - Prevention of acquired resistance	nurse	Online lecture	Educational Video
	Month 3	-TB Management -Knowing where I am	nurse	Face to face	Hand book
	Month 4	- Continuous Care after Discharge	nurse	Face to face	leaflet
Obligatory Hospitalization	Week 1	- Understanding of Obligatory Hospitalization - Contact Investigation	PPM nurse	Face to face	Hand book
	At the time of Lifting	- Supporting system after discharge	PPM nurse	Face to face	Hand book

Education Program: Diabetes and Hypertension

	Topic	Provider	tool	material
Diabetes	Tuberculosis and diabetes	nurse	lecture	PPT slides
Hypertension	Management of hypertension	nurse	lecture	PPT slides

Improving awareness through education(2015)
: Annual survey and feedback on the program

Question(awareness)	Degree of awareness	before	after
Infectiousness of TB	Well known	73%	98%
Disease progression	Well known	67%	99%
Significance of TB treatment	Well known	64%	95%
Specific TB medications	Well known	33%	77%
Dosage and usage of medication	Well known	24%	67%
Side effects of medications	Well known	39%	83%
Treatment duration	Well known	52%	97%
Hazard from drug discontinuation	Well known	54%	95%

Counseling with social worker:

- Restoration of medical insurance
- Financial support for patient's basic life

  link exterior funds to patients
- Link patient to sanatorium, mental nursing facility etc.

Counseling with PPM nurse:

- Communication with outside medical facilities
- Follow –up program after discharge
- Support from NTP

  'Obligatory Admission and Isolation"

4. In-Patient DOT

- **DOT Since Dec. 2004 for all in-patients**

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1. Patient centered Care

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Hx of TB in Korea(1)

❖ 1970' – 2000'

1980 Adoption of short course chemotherapy

Table 1. Trend of tuberculosis situation according to the national prevalence surveys

	1965	1975	1980	1985	1990	1995	2006	2010
Annual Risk of Infection	5.3	2.3	1.8	1.2	1.1	0.5	*0.21*	*0.16*
Infection rate(0~29,%)	44.5	46.9	41.7	38.7	27.3	15.5	*8.4*	*6.5*
Prevalence								
Radiologically active (%)	5.1	3.3	2.5	2.2	1.8	1.0	*0.486*	*0.380*
No. of patients(1,000)	1,240	1,014	852	798	728	429	*224*	*178*
Bacillary positives (%)	0.94	0.76	0.54	0.44	0.24	0.22	*0.095*	*0.079*
No. of patients(1,000)	226	235	186	164	95	91	*44*	*37*
Smear positives (%)	0.69	0.48	0.31	0.24	0.14	0.09	*0.039*	*0.033*
No. of patients(1,000)	170	146	104	89	56	39	*18*	*15*
Drug resistance (%)								
Initial resistance	26.2	27.3	23.8	19.0	15.4	5.8		
Acquired resistance	55.2	73.3	74.5	58.6	54.3	25.0		
Combined resistance	38.0	38.3	47.5	35.3	27.4	9.9		

Italics are estimated figure

Estimation of annual risk of infection; calculated by the regression equation using infection rate of 5~9 years old; LnY=6.37253－0.07485 * X (R－square: 0.96)

Estimation of prevalence; calculated by the age－specific reduction rate using the 1980~1995 year survey.

Hx of TB in Korea(2)

- **2000’ ~**

2006 9. **“Stop TB Plan 2030”**
2008 3. **“2030 plan for TB Elimination Revision”**
2011 **“New 2020 plan”**
2013 **TB Control Master Plan Stage I(2013-2017)**

KCDC, MOHW, Korea new plan 2020

Policy Objectives

Halve the TB Incidence till 2020

'11 100/10^5 ⇨ '20 50/10^5

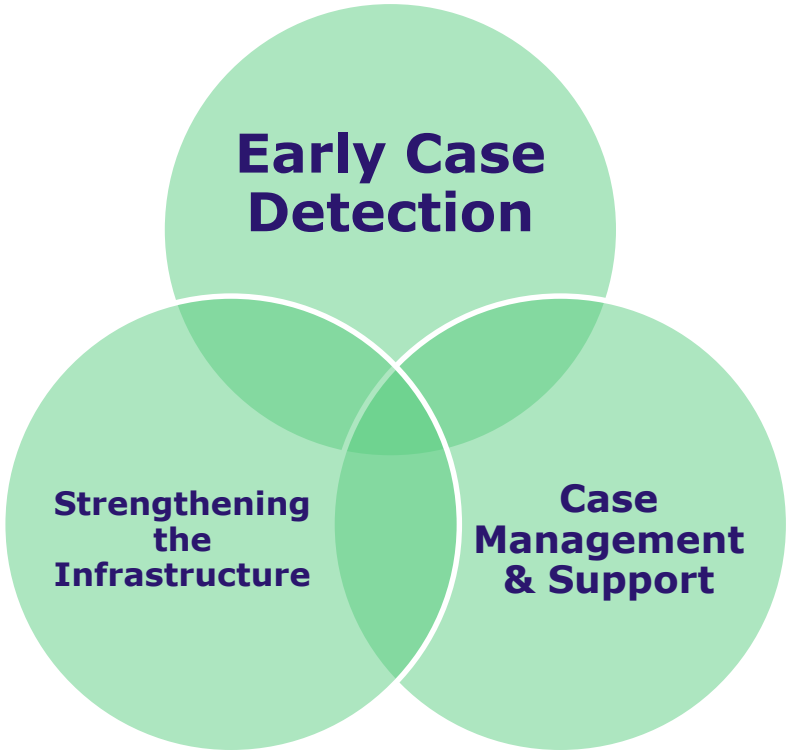
Basic Directions

01 Active and rapid case detection with customized intensive care

02 Build-up overall management system from monitoring to project evaluation

03 National investment and focusing attention toward TB

Strategies and Projects



NTP –
Case Management services, 2015

1. ***Support Budget for TB nurse***

   Facility(>100 Notified cases a year
   or >200 National Insurance reimbursement claims)

2. ***Case Management Fee***
   9000 won/case

3. ***Support Expenses of TB Patients***
   support 50% of cost(other than insurance coverage)
   → free from July, 2016

NTP –
Case Management Services, 2015

4. Contact Case Management :

Free screening for TB of Family members

Free LTBI Treatment

5. Epidemiologic Survey in Outbreak

school, company office, military camp, shelter etc.

“ Central Outbreak Survey Task Force Team in KCDC”

NTP –
Case Management Services, 2015

6. " Obligatory Hospitalization":

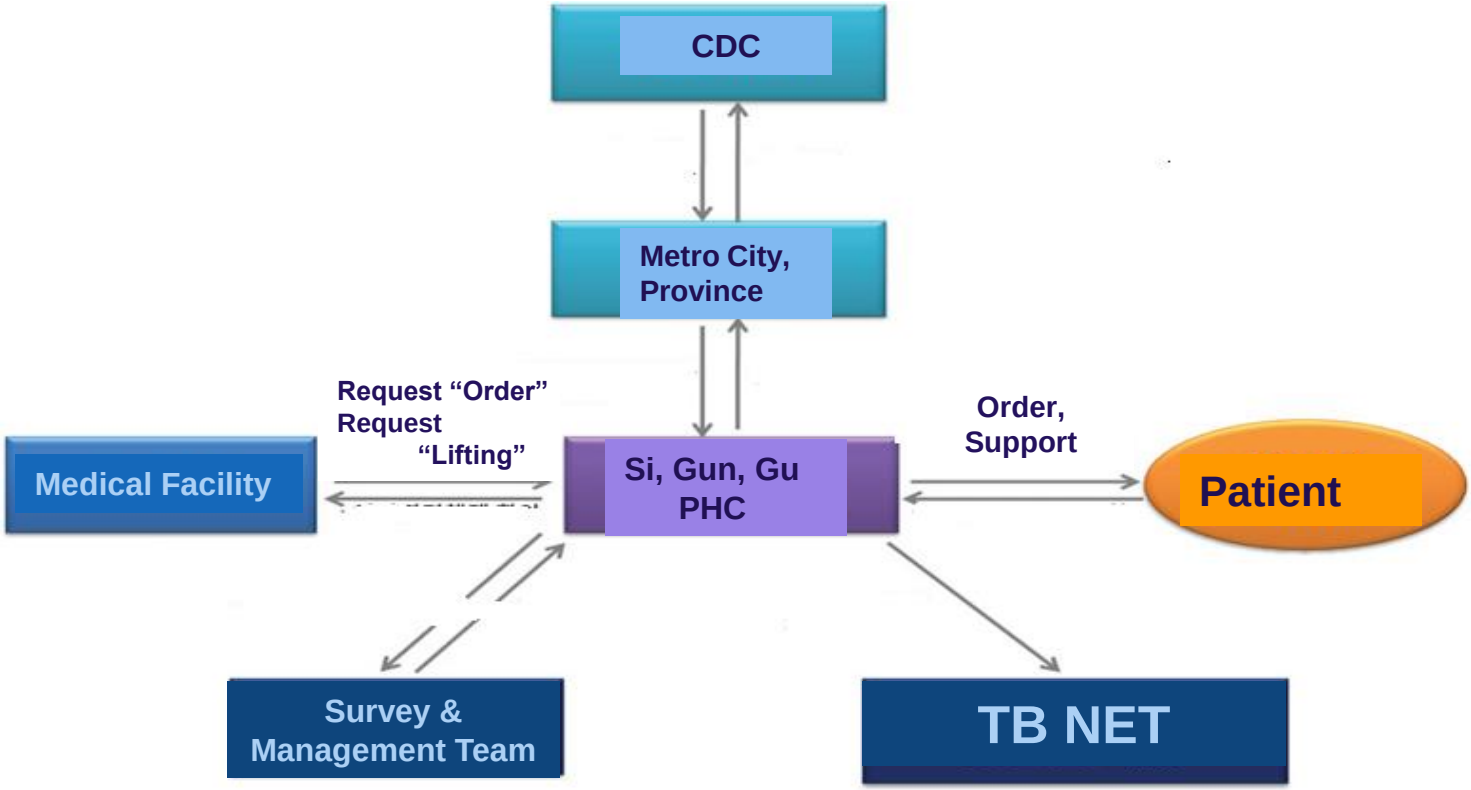
Eligibility: infectious MDR TB cases
infectious non-compliant TB cases

full Support : in-patient cost
medication cost not covered by insurance
financial support for minimum cost-of-living
partial Support : caregiver cost
in patient cost not covered by national insurance

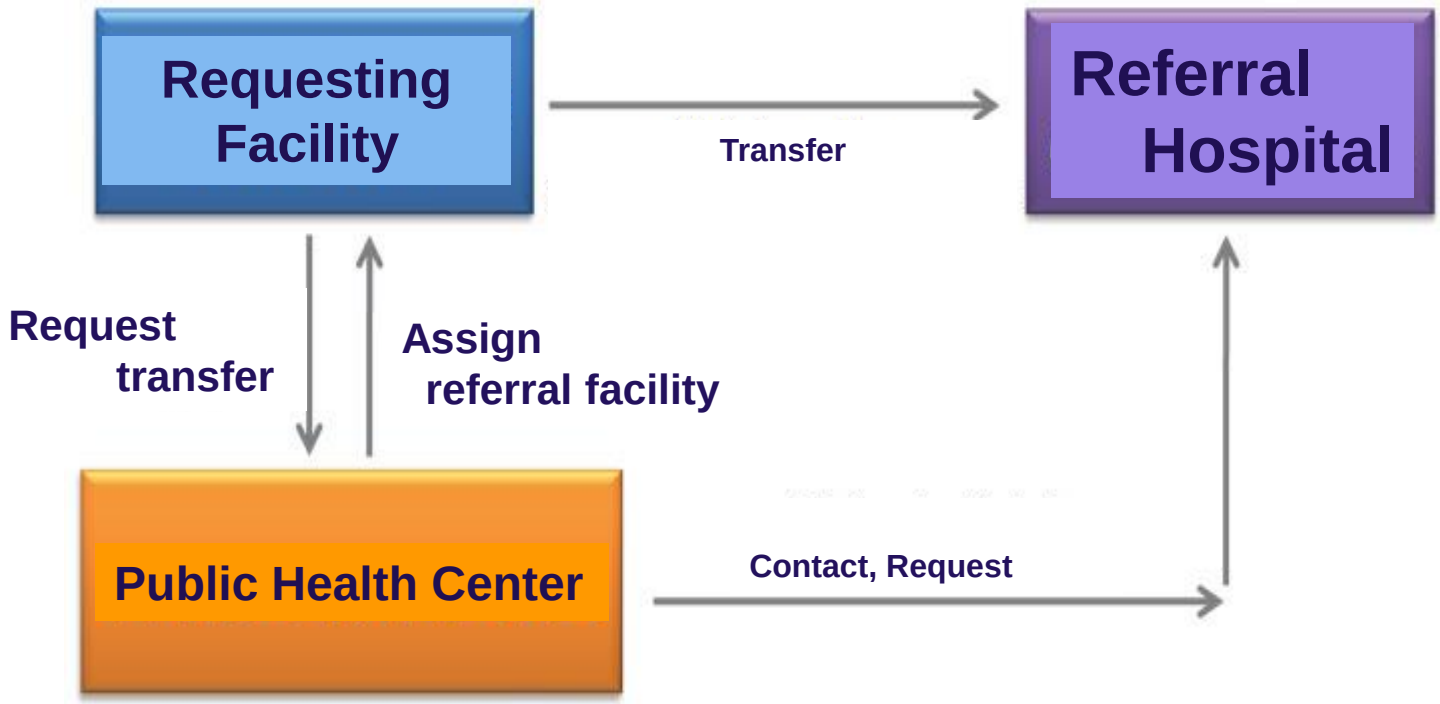
Lifting: more than 2 weeks medication
& 3 more consecutive smear negativity
& attending physician's approval

NTP –
Case Management Services, 2015

6. " Obligatory Hospitalization"



6. " Obligatory Hospitalization" –Referral System



NTP –
Case Management Services, 2015

6. " Obligatory Hospitalization": Masan National TB Hospital

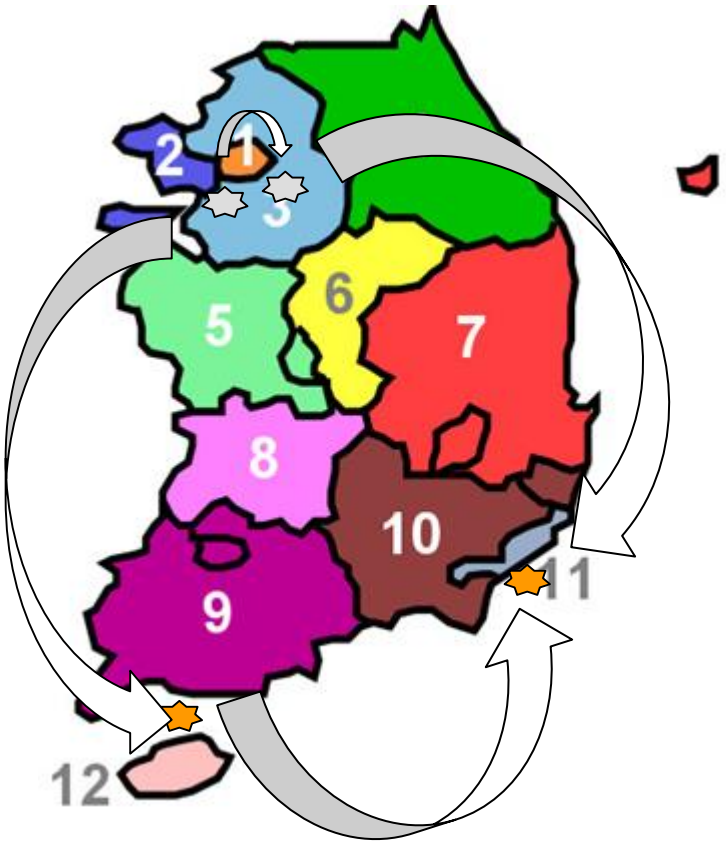
year	2011	2012	2013
# of cases	79	109	134

Nationwide cases

	# of Cases(%)			Refuse to follow the order
	Total	MDR	Non compliant	
total	1,372(100)	980(71.4)	393(28.6)	15
2011	329(100)	184(55.9)	145(44.1)	2
2012	472(100)	335(71.0)	137(29.0)	5
2013	571(100)	459(80.4)	112(19.6)	8

NTP –
Case Management Services, 2015

6. " Obligatory Hospitalization":
TB Safety Belt(National TB Hospital Chain)



National Medical Center
Seoul Metropolitan Seobuk Hospital
Masan National Hospital
Mokpo National Hospital

국립중앙의료원 National Medical Center

국립마산병원 Masan National Hospital

국립목포병원 MOKPO NATIONAL HOSPITAL

서울특별시 서북병원

MDR TB Notification

Notified MDR TB cases 2011-2015

year	*2011*	*2012*	***2013***	***2014***	***2015***
# of cases	*975*	*1212*	***951***	***856***	***787***

KCDC *http://tbfree.cdc.go.kr*
Annual TB Report 2015

XDR TB Notification

Notified XDR TB cases 2011-2015

year	*2011*	*2012*	***2013***	***2014***	***2015***
# of cases	*140*	*158*	***113***	***83***	***58***

KCDC *http://tbfree.cdc.go.kr*
Annual TB Report 2015