



British Columbia Tuberculosis Strategic Plan 5-Year Refresh

DECEMBER 5TH AND 6TH, 2017

Updated March 15, 2018

This is a working report based on the original workshop summary submitted by Ideaspace on January 2, 2018.

**ideaspace**
Think Big

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1 | OVERVIEW

a. Summary and Objectives

The British Columbia Tuberculosis Strategic Plan Committee (TBSC) held two all-day meetings on December 5th and 6th, 2017 at the Vancouver Airport Radisson Hotel with the objective of developing a refreshed work plan for the next five years related to Tuberculosis (TB) care and services in British Columbia.

The goals of these meetings were to:

- Re-prioritize and streamline the 2012 TB Strategic Plan in order to facilitate implementation around specific areas of focus;
- Clarify work areas by assigning key persons/groups to priorities and putting practical strategies and actions into place, where applicable;
- Create a manageable workload within current resources, with clear strategies to identify and address gaps in service due to current allocation of resources; and
- Identify working groups/leads to move activities forward

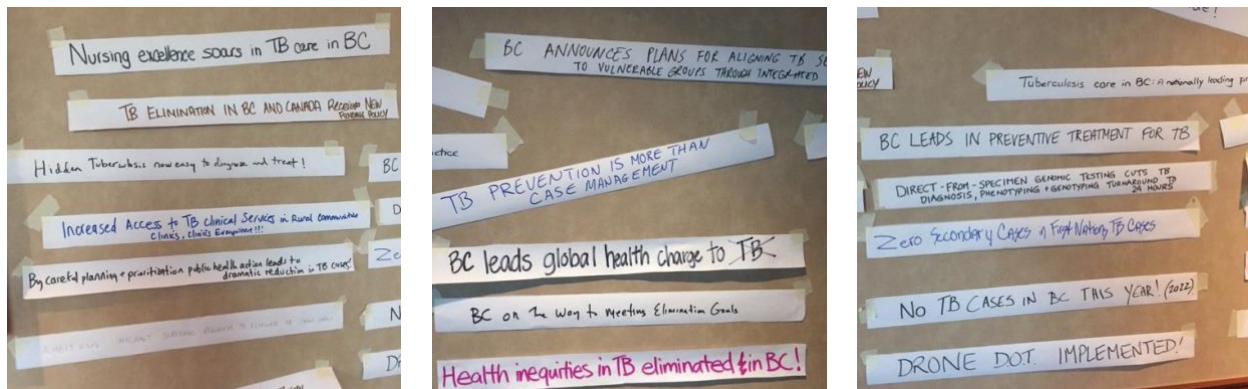
2 | MEETING PROCESS

a. Visioning Session

To kick off the session, working group members were asked to look ahead five years in the future and create a newspaper headline that they would like to see about TB (see Figure 1).

Participants envisioned a future with an elimination of, or major reduction in TB cases in BC. Other themes included improvements in TB screening and treatment for vulnerable populations (First Nations and newcomers); provincial leadership and excellence in TB elimination strategies; implementation of better strategies to support treatment, including innovative approaches to DOT; Direct-from-Specimen Genomic Testing; and expanded access to new generation Interferon-Gamma Release Assays (IGRAs); excellent quality of care; and funding successes.

Figure 1: Examples of Newspaper Headlines Composed by Working Group Members



b. Discussion Areas

Across the two days, six areas from the Strategic Plan framed the discussion:

- #1: Contact Evaluation
- #2: TB Screening
- #3: Treatment of Active TB and LTBI
- #4: Labs
- #5: Service Provision
- #6: Arising Topics: TB Literacy, Annual TB Strategic Plan Report

For each discussion area, a short presentation was provided by one or more group members, followed by a plenary discussion to identify successes, challenges and a plan for action over the next five years. The discussion area presentations are provided as Appendix A. A summary of the action items, leads and suggested timeline for completion is provided in Section 3.

c. Identifying Top Priority Actions

Working group members identified the following top priority actions for each area to be completed within the next six to twelve months:

PRIORITY AREA	QUICK WINS IN THE NEXT 6 TO 12 MONTHS	Action led by:
Contact Evaluation	<ul style="list-style-type: none"> • Within the first 6 months: <ul style="list-style-type: none"> ◦ Develop a common framework – a draft cascade that approximates the most important steps and includes measurable indicators within those steps. • Pilot a completed shared cascade of care 	Emily Newhouse Aamir Bharmal Tori Cook Jason Wong (TB Surveillance WG)
TB Screening	<ul style="list-style-type: none"> • Revise screening recommendations for entrance to detox and treatment programs 	Silvina Mema Shaila Jiwa
Active TB & LTBI	<ul style="list-style-type: none"> • Document known social supports and resources for clients with active TB or LTBI (eg. housing, transportation, peer navigator, incentives/enablers) and collate information across the HAs. • Meet with OakTree Clinic to review clinic set up as it relates to social work, peer navigators etc 	Tori Cook Katie Fenn Cheryl Giffin Shaila Jiwa

PRIORITY AREA	QUICK WINS IN THE NEXT 6 TO 12 MONTHS	Action led by:
Labs	<ul style="list-style-type: none"> Assemble formal working group within 3 months and a briefing note for CD Policy within 6 months to support evidence – based expansion of IGRA testing 	Inna Sekirov
Service Provision	<ul style="list-style-type: none"> Improve patient voice for patient-centred care In 6 months, explore greater involvement of patients in care planning Develop relationship algorithms and roles and responsibilities revisions 	Katie Fenn
TB Literacy	<ul style="list-style-type: none"> Develop a needs assessment for both clients/caregivers, as well as health care providers that identifies where the learning and literacy gaps are so that the appropriate tools/resources can be developed and/or shared: 	Shaila Jiwa MPH student?

3 | DISCUSSION AREAS

This section describes the strategic action items identified for each discussion area, the timeframe for completion, and the people or groups identified as leads.

a. Discussion Area #1: Contact Evaluation

YEAR 1 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Complete a BC-specific MIRU clustering report , review report with the TBSC, and then determine a process for prospective sharing of actionable findings 	Jennifer Gardy, Jason Wong and David Roth Tori Cook
<ul style="list-style-type: none"> Convene a working group in the spring of 2018 to look at genomic outcomes and interventions 	Jennifer Gardy
<ul style="list-style-type: none"> Develop a common framework - a draft cascade that approximates the most important steps and includes measurable indicators within those steps. Pilot a shared contact cascade of care 	Aamir Bharmal, Emily Newhouse, Jason Wong (TB Surveillance WG), Tori Cook
<ul style="list-style-type: none"> Assess what resources/tools the HAs use for contact tracing and consider whether pooling of this information across health authorities would be useful. 	Shaila Jiwa

YEAR 2-3 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Evaluate contact tracing (ie. Cascade, Genotyping, Genomics) 	Aamir Bharmal, Emily Newhouse, Jason Wong (TB Surveillance WG), Tori Cook

YEAR 5 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none">• Create a shared clinical management contact database	Carl with supports

b. Discussion Area #2: TB Screening

YEAR 1 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Revise screening recommendations for entrance to detox and treatment programs 	Silvina Mema Shaila Jiwa
<ul style="list-style-type: none"> Improve TB screening communications by: <ul style="list-style-type: none"> steering language away from stigma and ethnicity; review WHO document on non-stigmatizing language 	Tori Cook – I will bring the WHO document to share with TBSC members
<ul style="list-style-type: none"> ensuring that notification of testing from BCCDC and IRCC is supportive and instructive 	Katie Fenn and Carolin Hoskins
<ul style="list-style-type: none"> empowering people to make informed treatment decisions by developing communications and materials that meet their needs (i.e. letters, patient journey maps). 	Katie Fenn Carolin Hoskins Shaila Jiwa
<ul style="list-style-type: none"> Observe how 4-month treatment is received in comparison to 9-month treatment and build on outcomes 	Tori Cook and Jay Johnston – will have the results of INH9 vs RIF4 study and can ask McGill for BC data specifically to share; could consider a survey of patients around LTBI treatment after completion?

YEAR 2-3 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Complete and disseminate report to strategic committee evaluating TB screening in Chronic Kidney Disease (CKD) program and identify strategies for improvement and expansion if appropriate 	Jay Johnston and others
<ul style="list-style-type: none"> Develop a risk score, and acquire funding to put together a risk score toolkit 	Silvina, Carl, Jay, with supports from Mark
<ul style="list-style-type: none"> Engage with high-risk groups as a pilot project to learn how they understand risk, and what informs the decision to take up or refuse treatment. 	

YEAR 3-4 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none">• Discuss outcomes of the high-risk groups pilot project and applications for immigration	

c. Discussion Area #3: Treatment of Active TB and LTBI

YEAR 1 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Complete a resource assessment of social supports available to TB patients and link with Oaktree Document case studies of catastrophic costs related to TB 	Katie Fenn Tori Cook All
<ul style="list-style-type: none"> Create a sheet of patient/client resources at the provincial level that can be adapted by the regional health authorities for the purposes of applying a more local context 	Shaila – resource sheet Cheryl Giffin
<ul style="list-style-type: none"> Develop options within the TB continuum of care (Video Directly Observed Therapy (VDOT), Short Messaging Services (SMS)) 	Tori Cook and others

YEAR 2 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Explore options to pilot VDOT and SMS for TB/LTBI treatment outside of the Provincial TB Clinics 	Tori Cook and others

d. Discussion Area #4: Labs

YEAR 1 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Provide access to testing in the north, remote communities and where high incidences of TB 	Inna Sekirov and Rob Parker
<ul style="list-style-type: none"> Assemble formal working group within 3 months and a briefing note to CD policy within 6 months to support evidence –based expansion of IGRA testing 	Inna Sekirov
<ul style="list-style-type: none"> Perform a cost effectiveness analysis from a client-centred perspective to determine how much it would cost for all indirect/direct testing vs doing IGRA 	Inna Sekirov Student project – probably more 2-3 yrs?
<ul style="list-style-type: none"> Determine the window of time from infection to results for IGRA with contact tracing 	Muhammad, Jay and Inna
<ul style="list-style-type: none"> Improve transport between labs to reduce delays of sample delivery – start by reviewing different hospitals and health authorities to determine bottlenecks 	Inna and Silvina

YEAR 2 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Prevent the need for repeated biopsies to obtain specimens solely for TB culture: creating and distributing a biopsy kit with a checklist; developing a new fact sheet to go with the biopsy kit; and reaching out to health authorities via TBSC to determine the right people to be added to discussions or working groups. 	Inna and Tori; Silvina could distribute memo/communication

e. Discussion Area #5: Service Provision

YEAR 1 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Move away from Service Level Agreement (SLA) to algorithms for each Health Authority to document roles and responsibilities 	Katie Fenn
<ul style="list-style-type: none"> Make CD Policy the central point of contact for resource questions and requests 	
<ul style="list-style-type: none"> Move toward a sustainable, integrated model by involving more communities and organizations beyond the medical field 	
<ul style="list-style-type: none"> Conduct an environmental scan to identify what is currently in place 	Carl and Katie

YEAR 2 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> Determine how to integrate lived experience and patient input into strategic planning 	

f. Discussion Area #6: TB Literacy

i. TB Literacy for Patients and Health Care Workers

YEAR 1 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> • Needs assessment: <ul style="list-style-type: none"> ○ Secure resource to support (MPH) ○ Define project plan and scope 	Shaila Jiwa
<ul style="list-style-type: none"> • Conduct a needs assessment to determine what kind of education materials are helpful for patients and Health Care Providers and where they are best located 	
<ul style="list-style-type: none"> • Determine a clear message for raising TB awareness, and use World TB Day as an entry point to speak to the community 	
<ul style="list-style-type: none"> • Invite communications person from BC Centre for Disease Control to attend TB Strategic Plan Working Group meetings to have conversations about messaging and outreach 	
<ul style="list-style-type: none"> • Ensure public health nurses have the appropriate TB information materials to use and distribute at education programs for immigrant groups 	Health Authorities

YEAR 2 ACTION ITEMS:

Action Item	Action to be Led by:
<ul style="list-style-type: none"> • Launch a long-term research project to identify audiences and opportunities for behaviour change 	Jennifer

ii. Annual TB Strategic Plan Report

The report will be streamlined into a status report document that stems from the working agenda that is the source of minutes, key decisions and action items. The format could be a table that looks like this:

Action	Status	Responsible	Contact

4 | APPENDIX A

a. Presentations

Presentations on each discussion area have been linked below. All links below work once you have logged in to your partnernet account. If you do not have a partnernet account, please go to <http://www.bccdc.org/login.php> and fill in the account request form.

Day One

[Facilitation Presentation](#)

Discussion Area #1: Contact Evaluation – [Presentation 1](#), [Presentation 2](#) and [Presentation 3](#)

Drs. Emily Newhouse, Aamir Bharmal, Tori Cook and Jennifer Gardy

Discussion Area #2: [TB Screening](#)

Dr. Jay Johnston

Discussion Area #3: Treatment of Active TB and LTBI – [Presentation 1](#) and [Presentation 2](#)

Dr. Jay Johnston (Active TB); Dr. Tori Cook (LTBI)

[Progress Update – Research](#)

[Progress Update – Surveillance](#)

[Progress Update – Work Plan](#)

Day Two

[Facilitation Presentation](#)

Discussion Area #4: [Labs](#)

Dr. Inna Sekirov

Discussion Area #5: [Service Provision](#)

Carl Swanson, Isa Wolf and Katie Fenn

Discussion Area #6: [Arising Topics: TB Literacy](#)

Shaila Jiwa

b. Attendee List

Members of the TB Strategic Plan Working Group in attendance included:

Sherry Baidwan	Elisabeth Hansen	Muhammad Morshed	Craig Thompson
Aamir Bharmal	Noorjean Hassam	Emily Newhouse	Nina Tomas
Victoria Cook	Althea Hayden	Robert Parker	William Turner
Christina Demarinis	Carolyn Hoskins	Jasmine Pawa	Isa Wolf
Katie Fenn	Shaila Jiwa	Mabel Rodrigues	Jason Wong
Jennifer Gardy	James Johnston	David Roth	Cheryl Yates
Cheryl Giffin	Danielle Jorgensen	Inna Sekirov	Kelly Yu
Mark Gilbert	Jannie Leung	Wendy Stark	
Marion Guenther	Silvina Mema	Carl Swanson	

The meeting was facilitated by Diana Bulley, President, Ideaspace.

c. Meeting Agenda

DAY ONE – December 5th, 2017

TIME	ACTIVITY	PRESENTERS
8:00	Coffee served	
8:30	Meeting opens: Welcome and Introduction	Diana Bulley
8:35	Working Group Opening Remarks	Dr. Tori Cook and Dr. Emily
8:50	Review two-day agenda	Diana Bulley
9:00	Vision for the future	Diana Bulley
9:30	Progress <ol style="list-style-type: none"> 1. Work Plan – Dr. Tori Cook 2. Surveillance – David Roth, Dr. Jason Wong 3. Research – Dr. Jay Johnston & Dr. Jennifer Gardy 4. NTM – Dr. Jasmine Pawa, Dr. Tori Cook 	Various
10:30	BREAK	
10:40	Overview of Discussion Areas	Diana Bulley
Discussion Area #1: Contact Evaluation		
10:45	Present topic and current status	Drs. Emily Newhouse, Aamir Bharmal, Tori Cook and Jennifer Gardy
11:15	Group discussion	Diana Bulley
12:30	LUNCH	
Discussion Area #2: TB Screening		
1:00	Present topic and current status	Dr. Jay Johnston
1:10	Group discussion	Diana Bulley
2:45	BREAK	
Discussion Area #3: Treatment of Active TB and LTBI		
3:00	Present topic and current status	Dr. Jay Johnston (Active TB); Dr. Tori
3:10	Group discussion	Diana Bulley
4:15	Check in – Is the session working for you?	Diana Bulley
4:25	Review Day Two Agenda	Diana Bulley
4:30	Meeting closes	

c. Meeting Agenda (continued)

DAY TWO – December 6th, 2017

TIME	ACTIVITY	PRESENTERS
8:00	Coffee served	
8:30	Meeting opens: Welcome	Diana Bulley
8:50	Recap Day One: 1. Highlights 2. Game Plan	Diana Bulley
9:00	Warm up exercise	Diana Bulley
Discussion Area #4: Labs		
9:30	Present topic and current status	Dr. Inna Sekirov
9:40	Group discussion	
10:45	BREAK	
Discussion Area #5: Service Provision		
11:00	Present topic and current status	Carl Swanson, Isa Wolf and Katie Fenn
11:10	Group discussion	Diana Bulley
12:15	LUNCH	
Discussion Area #6: Arising Topics – TB Literacy		
1:00	Present topic and current status	Shaila Jiwa
1:10	Group discussion	Diana Bulley
2:15	BREAK	
Discussion Area #6: Arising Topics – Top Priority Actions – Table Discussions		
2:30	Present topic and current status	TBD
2:40	Group discussion	
3:40	Review Game Plan for All 1. Confirm any action items 2. Review “food for thought” sheet	
4:10	Participant check in – current mood Review headlines – moving toward success?	Diana Bulley
4:25	Closing Remarks	Dr. Tori Cook; Dr. Emily Newhouse
4:30	Meeting closes	