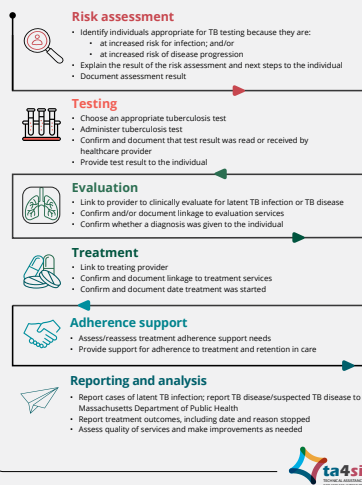


COMPONENT F:

Reporting and Analysis

Components for Testing and Treatment of Individuals with Latent Tuberculosis (TB) Infection



This resource provides an overview of conducting reporting and analysis for any component of latent TB infection services. It is intended for clinical and non-clinical staff from agencies in Massachusetts providing latent TB infection services. It includes links to tools and resources and provides answers to questions including:


- What do I need to know about reporting for latent TB infection services, and how does this relate to tracking indicators?
- What is the difference between “required” data and “recommended” data?
- Where should I record required data on latent TB infection services?
- Where can I learn more about reporting data on latent TB infection services to BIDLS/MDPH?
- What are important considerations for managing data safely and protecting the confidentiality of individuals receiving services?
- How will MDPH give me feedback on the data I’ve reported?
- What specific data for latent TB infection services does my agency need to know about for reporting and analysis?



What do I need to know about data reporting for latent tuberculosis (TB) infection services, and how does this relate to tracking indicators?

All agencies are expected to complete and submit required data collection forms to the Bureau of Infectious Disease and Laboratory Sciences (BIDLS) at the Massachusetts Department of Public Health (MDPH). This Fact Sheet will help your agency understand how data for latent TB infection should be collected and reported. It will explain the difference between data that are required to be reported, and data that are recommended to be collected. This Fact Sheet also describes the forms used to record data, considerations for protecting confidentiality when recording data, and where to learn more about reporting data and receiving feedback from MDPH.

The latent TB infection data you collect and report can be used by your agency and MDPH in several important ways including service delivery planning and evaluation, disease surveillance, and resource allocation. One important purpose of collecting data is to calculate indicators that can help show if the service delivery system is working well for all individuals in need of services. Table A below lists the indicators that are considered key measures of success of latent TB infection services. BIDLS/MDPH is developing program indicators to assist in monitoring response to public health priorities, which will be calculated using the data reported by your agency. Your agency may also find it helpful to calculate indicators using required data on your own, and/or to calculate indicators using recommended data. Tracking and monitoring indicators - whether from reports prepared by BIDLS/MDPH or from reports prepared by your agency - can help staff discuss and make data-driven decisions about how to improve the delivery of latent TB infection services in your community.



Regardless of whether you will work primarily from reports generated by BIDLS/MDPH, or whether you decide to calculate some of your own indicators, all agencies are expected to use data to support implementation and improvement of latent TB infection services. MDPH will be developing materials on reviewing and using indicators for quality improvement (QI), and sharing this information with contracted providers.

This Fact Sheet focuses on strengthening data collection and reporting as core elements that must be in place prior to establishing practices to use indicators for QI.



What is the difference between “required” data and “recommended” data?

Data collected in conjunction with latent TB infection services are categorized as either being “required” for your agency to report on to BIDLS/MDPH, or “recommended” for your agency to collect. Table A has more information on which latent TB infection service data are required and which are recommended, the places where this data should be recorded, and the indicators that can be calculated using these data.

Providers are **required** to report data on funded services, and on outcomes that must be reported per statute or regulation. BIDLS/MDPH uses required data for a variety of purposes including disease surveillance, and program monitoring and evaluation activities.

Recommended data do not need to be reported to BIDLS/MDPH, but your agency may decide to collect these data and use them to calculate indicators. These indicators are recommended because BIDLS/MDPH finds them to be appropriate and important for use by agencies toward better understanding the needs of the populations they serve. Reviewing these indicators can give you a more complete picture of the services you are providing for latent TB infection, including if those services are reaching clients as intended, if they are having the intended effect on health promotion and care, and any gaps that may occur.




Where should I record required data on latent TB infection services?

To report required data for latent TB infection services, BIDLS-funded agencies should use the following data reporting forms:

- Integrated Testing and Linkage Services (ITLS) Form: complete this form for all infectious disease testing sessions conducted
- Syringe Services / Short-Term Health Navigation (STHN) / PrEP Form: complete this form for all STHN sessions delivered

Agencies are not required to submit TB Initial Evaluation Forms, Case Report Forms, or TB Infection Follow-up Forms as long as they are submitting ITLS forms.




Other forms to use to record required data can include your agency's electronic health record (EHR), or other agency-specific databases, and line lists that BIDLS will generate to collect certain data.

BIDLS epidemiologists will follow up on reports of individuals with positive TB test results received from agencies (whether they are reported using the ITLS form or a Case Report Form), including information on the evaluating provider and treatment provider. The BIDLS epidemiologists will generate line lists to facilitate documenting treatment outcomes. In addition, following standard disease response protocols, they may request data on ruling out active TB disease.



Where can I learn more about reporting data on latent TB infection services to BIDLS/MDPH?

MDPH addresses TB in [105 CMR 300.000: Reportable diseases, surveillance, and isolation and quarantine requirements](#). In addition, there is information on the MDPH website on [how to report cases of latent TB infection](#), or TB disease. This information is general to all providers who provide latent TB infection services. Since BIDLS-contracted providers will submit required data through the ITLS and STHN forms, they should follow guidance specific to those forms.




The BIDLS team at MDPH has prepared a document called “Latent Tuberculosis Infection (LTBI) Data Collection Q&A.” This document contains information on data collection and reporting requirements for latent TB infection services using the ITLS Form (version 3.0) and the STHN Form (version 2.0). For each of these forms, BIDLS/MDPH answers questions on who should complete it, when reporting should happen, how to submit the form, and the required data elements. The document also includes a table summarizing the relevant indicators for latent TB infection services. You can access the document by contacting your BIDLS/MDPH contract manager.



What are important considerations for managing data safely and protecting the confidentiality of individuals receiving services?

As with any health service or diagnosis, your agency should record and report latent TB infection data in a manner that ensures the confidentiality of clients and includes the safe storage and sharing of information. Centers for Disease Control and Prevention (CDC) has published guidance on [data security and confidentiality](#) for TB and other infectious diseases. Building on the guiding principles included in the textbox below, this document recommends standards that your agency can use to facilitate the secure collection, storage, and use of data while maintaining confidentiality. You may also refer to the document that MDPH created in the spring of 2020 titled “Tips for Working Remotely with Integrated Services Data” which includes reminders and best practices to help support data security. Please contact BIDLS/MDPH to access this document.



Another step to protect confidentiality is to identify the departments and staff members who are, or will be, involved in providing latent TB infection services, or in receiving information on services provided to individuals. As your agency plans to start or scale up services, it will be important to identify these departments and staff and plan how communication will take place between different departments and staff in a way that shares data efficiently and promotes care



Ten Guiding Principles for Data Collection, Storage, Sharing, and Use to Ensure Security and Confidentiality:

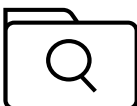
- 1 Public health data should be acquired, used, disclosed, and stored for legitimate public health purposes.
- 2 Programs should collect the minimum amount of personally identifiable information necessary to conduct public health activities.
- 3 Programs should have strong policies to protect the privacy and security of personally identifiable data.
- 4 Data collection and use policies should reflect respect for the rights of individuals and communities and minimize undue burden.
- 5 Programs should have policies and procedures to ensure the quality of any data they collect or use.
- 6 Programs have the obligation to use and disseminate summary data to relevant stakeholders in a timely manner.
- 7 Programs should share data for legitimate public health purposes and may establish data-use agreements to facilitate sharing data in a timely manner.
- 8 Public health data should be maintained in a secure environment and transmitted through secure methods.
- 9 Programs should minimize the number of persons and entities granted access to identifiable data.
- 10 Program officials should be active, responsible stewards of public health data.

Adapted from: Lee, LM, Gostin, LO. Ethical collection, storage, and use of public health data: a proposal for national privacy protection. JAMA 2009;302:82-84



How will MDPH give me feedback on the data I've reported?

For required data that are reported through the ITLS and STHN Forms, your contract manager will review this data with you on a regular basis. Program data are reported back on monthly reports, which are shared with agencies by their contract manager; while quarterly reports provide more detailed information. Your agency can also request the reports directly from BIDLS/MDPH.



What specific data for latent TB infection services does my agency need to know about for reporting and analysis?

Table 1, below, includes the indicators that are considered key measures of success of latent TB infection services. For each indicator, the table has information on whether the relevant data used to calculate the indicator are required to be reported to BIDLS/MDPH or recommended to be collected (but not reported to BIDLS/MDPH), as well as information on where to record these data. The last three indicators in the table are related to reporting and analysis that your agency should collect, including two that can be calculated from data that are required to be reported to BIDLS/MDPH.

Process mapping can be a helpful way for agencies to plan for the collection and reporting of data, and for the tracking of indicators related to latent TB infection services. For more information, please see the Fact Sheet on "[Process Mapping for Latent TB Infection Services.](#)"

Table 1: Indicators for latent TB infection services, based on required or recommended data and forms used, by component

Component	Type of Indicator	Indicator	Data for this indicator are <u>required</u> to be reported or are <u>recommended</u> to be collected?	Where to record this data
A: Risk Assessment	Process	# of individuals assessed for risk	Recommended to be collected	Your agency's internal database or information system
	Outcome	# of individuals identified as at risk	Required to be reported	Integrated Testing and Linkage Services (ITLS) form
	Outcome	% of individuals assessed for risk among populations to be screened per facility guidelines	Recommended to be collected	Your agency's internal database or information system
B: Testing	Process	# TB tests conducted	Required to be reported	ITLS
	Outcome	#/% Individuals tested for TB infection (among those at risk)	Required to be reported	ITLS
	Outcome	#/% Individuals with positive TB test (among those tested)	Required to be reported	ITLS
C: Evaluation	Process	# Individuals evaluated	Required to be reported	ITLS
	Process	# Individuals receiving a diagnosis of latent TB infection	Required to be reported	ITLS
	Outcome	% Individuals with positive TB test evaluated for active TB disease	Required to be reported	ITLS

Component	Type of Indicator	Indicator	Data for this indicator are <u>required to be reported</u> or are <u>recommended to be collected</u> ?	Where to record this data
D: Treatment	Process	# Individuals confirmed as being linked to treating provider	Required to be reported	ITLS
	Outcome	#/% Individuals initiating treatment (among those eligible and linked)	Required to be reported	BIDLS-generated line lists
	Outcome	#/% Individuals who were initiated on a shorter course LTBI regimen	Recommended to be collected	Electronic health record (EHR), BIDLS-generated line lists
E: Adherence Support	Process	# Individuals who received focused treatment adherence support (beyond routine follow-up)	Required to be reported if BIDLS funding supports treatment adherence activities; otherwise Recommended to be collected	Syringe Services / Short-Term Health Navigation (STHN) / PrEP Form
	Process	# Follow-up monitoring events (e.g., visits, calls, text messages) conducted per individual	Recommended to be collected	EHR, other database
	Outcome	#/% Individuals completed treatment (among those initiated)	Required to be reported	EHR, other database, BIDLS-generated line lists
	Outcome	% Patients retained in care	Recommended to be collected	EHR, other database
F: Reporting and Analysis	Process	# Cases of latent TB infection reported	Required to be reported	ITLS
	Process	# Cases of latent TB with treatment outcomes reported	Required to be reported	BIDLS-generated line lists
	Outcome	#/% Cases reported on-time to MDPH	Recommended to be collected	EHR, other database

These Fact Sheets are intended to serve as a resource for agencies receiving funding from the Massachusetts Department of Public Health (MDPH), Bureau of Infectious Disease and Laboratory Sciences (BIDLS) to provide infectious disease services, including TB testing and latent TB infection services through the HIV/HCV/STI/TB Prevention, Linkage, and Retention in Care and Treatment Request for Response (DPH RFR Document Number: 181926).