

# Guidance document on STEPS (System for TB Elimination in Private Sector) in Kerala

## Background

Government of Kerala has launched “Kerala TB elimination mission” aligning with the Sustainable Development Goals, with objectives to reduce incidence of tuberculosis to less than 2020 in the state by the year 2020, zero deaths due to tuberculosis in the state by the year 2020 and zero catastrophic expenditure for the families of tuberculosis patients. With a dramatically accelerated fight declared against TB, Government of Kerala envisions to achieve the target ten years ahead of the SDG targets with existing tools complemented by universal health coverage and social protection.

The vision of India's National TB Control Programme is that the people suffering from TB receive the highest standards of care and support from healthcare providers of their choice. Conventionally, public health programs elaborate on private sector engagement and public-private partnerships. Models thus developed were mostly incentive based engagement or business purchase models with huge financial implications. Reasons for poor public private partnerships were explored in that state and it vary from lack of mutual trust between sectors to poor consideration of market forces.

Out of 20992 patients registered for TB treatment under RNTCP in 2018, one third were from private sector. Based on drug sales estimates, an estimated 8000 patients were getting private anti TB drugs in Kerala. Roughly 4000 of those patients were missing from the official surveillance system. A recent study from Kerala which looked at the prescribing pattern of TB practitioners reported that TB management in the private sector of Kerala seems to follow a reasonable standard of care. However, lost to follow up remains an issue among patients initiated on treatment from private sector as evidenced by two studies (2007 and 2016) which followed up a cohort of notified TB patients from private facilities in Ernakulam district, Kerala and found out that treatment success among patients initiated on anti TB regimen from private hospitals is only around 70%. Incapability to monitor and promote adherence to treatment remains as a major challenge with private sector. While there are documented treatment outcomes in RNTCP for every patient diagnosed/enrolled for treatment, such documentation is rare in private sector. Lack of a field network restricts the chances of monitoring and enhancing adherence by private sector. This results in patients stopping treatment early, or moving from one doctor to another ending in lost to follow up and emergence of drug resistance. There is a felt need for innovative change in strategies for ensuring 100% private sector engagement by addressing their concerns like need for flexibility, apprehension about losing the patient and fear of losing patient confidentiality and at the same time ensuring high standards of TB care to all citizens in the state.

Government of Kerala is committed to establish systems for offering free diagnostics and treatments to all TB patients reaching private sector. Through an MoU with IMA, the state has

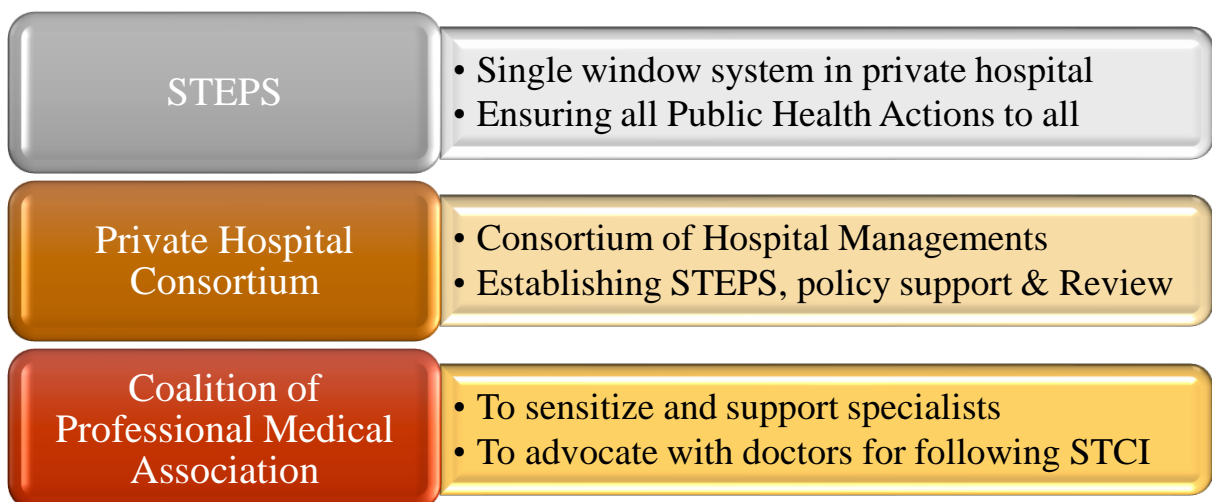
established sputum collection and transportation systems connecting major private hospitals, posted additional LTs at CB NAAT sites for handling samples from private sector and trained 2200 private sector doctors on STCI in 2018.

## Joint Effort for TB Elimination in Kerala

Joint Effort for TB Elimination in Kerala is envisioned as collective efforts by public and private sector for the benefit of the society. It has three major interventions

- System for TB Elimination in Private Sector (STEPS) is being organized as a single window for notification, linkage for public health actions and treatment adherence support in every private hospital.
- To support STEPS, consortium of private hospitals is being formed with state and district levels. A successful model is already demonstrated by the district administration of Ernakulam district.
- To sensitize and support specialist practitioners for TB notification, a coalition of professional medical associations is being organised with state and district level under the patronage of Central and State Governments and Indian Medical Association. Current chair of state coalition is Academy of Pulmonary & Critical Care Medicine.
- To support these intervention, project JEET is designated as the Private Provider Support Agency.

**Fig 1. Summary of Joint Effort for TB Elimination in Kerala**



## **STEPS (System for TB Elimination in Private Sector)**

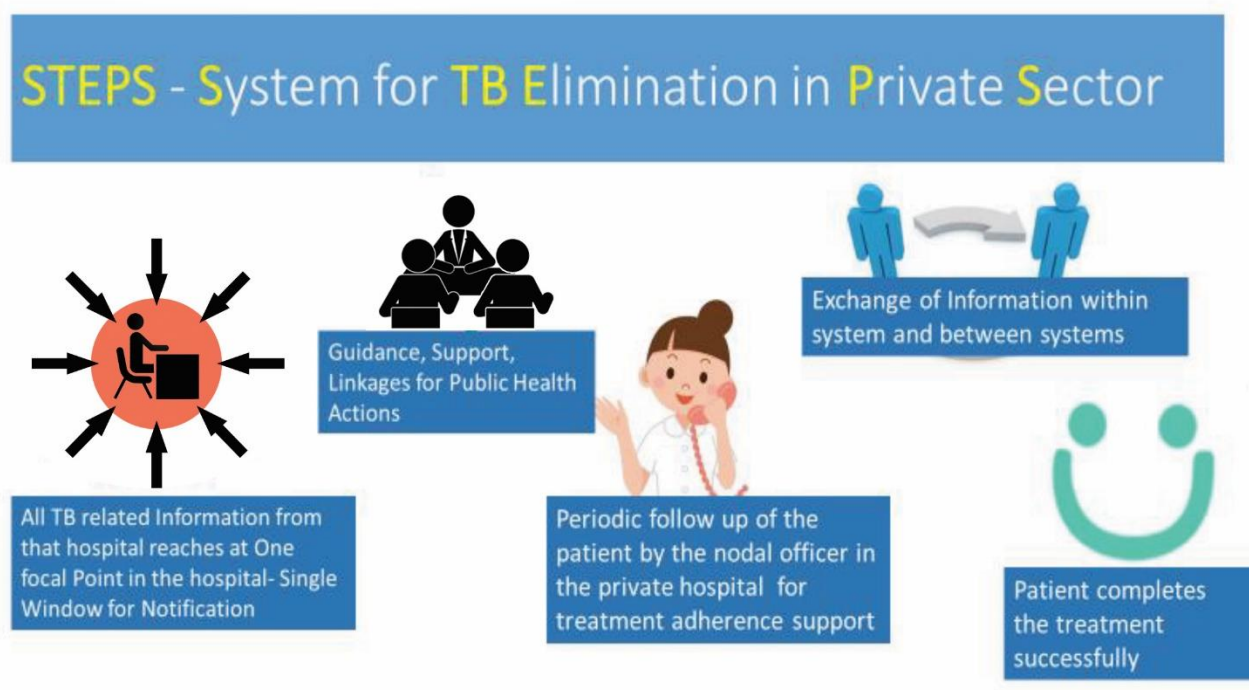
STEPS is based on the social responsibility of the private sector blended well with profitable customer care services. It is a patient centric approach leaving the choices to the patients and at the same time making the private sector accountable to ensure standards of TB care.

Establishing STEPS centres at all private and Cooperative hospitals is the heart of private sector engagement in Kerala. STEPS centres are single window mechanisms at private hospitals to help doctors and to ensure that all TB patients diagnosed that particular hospital receive high standards of TB care. The STEPS centre will coordinate notification and follow up patients till end of treatment, ensure all public health actions and link them to social welfare measures. Patients will be followed up through an 'after sales service model' which is based upon a blend of self-initiated business promotion and customer loyalty blended with the social responsibility of private sector.

### **Functions of STEPS Centres**

1. To act as a single window mechanism for all TB related services in the hospital
2. Notify in NIKSHAY all TB cases diagnosed in the hospital
3. To guide, support and arrange for
  - (a) Universal Drug Susceptibility Testing
  - (b) RNTCP drugs if required
  - (c) Direct Benefit Transfer of Rs 500 per month during treatment
  - (d) Provisions for Air borne Infection Control Kit
  - (e) Mobile based adherence monitoring system (99 DOTS) in case of RNTCP drugs
  - (f) Offer HIV counselling and testing
4. To educate on TB and counsel the patient and family members on the need for completing treatment
5. To educate the patient and family members on air borne infection control, adverse drug reactions and smoking cessation.
6. To follow up the patient periodically over phone to motivate the patient to continue treatment, detect any adverse drug reactions, remind about follow up investigations and scheduled clinical visits.
7. Update details of bank account, UDST, treatment initiation, co-morbidity and outcome in NIKSHAY.
8. Fast tracking patients with infectious TB as a step to ensure air borne infection control in health facility.
9. Ensuring other public health actions including contact tracing, chemoprophylaxis either directly or linking those patients willing to be followed up by the Government field staff to local primary health care team.
10. Document all activities and submit monthly report to Private Hospital Consortium

**Fig 1. Thematic Representation of STEPS Centre**



### Steps in establishing STEPS centres

- Nominating a co-ordinator/s within the hospital by the hospital management for co-ordinating STEPS Centre (STEPS Co-ordinator could preferably be a nurse or PRO)
- Training of the co-ordinator/s on STEPS, STCI, RNTCP and NIKSHAY
- Sensitisation within hospital about STEPS centres and its function
- Handholding and refresher training for the coordinators
- Quarterly review of STEPS activity by private hospital consortiums

### Provision by RNTCP to STEPS centres

- Free diagnostics like CB NAAT, LPA and Culture and DST including mechanism for specimen collection and transportation
- Daily Fixed Dose Combinations and loose drugs for modifications to be stocked at private facility, DST guided regimens, INH Mono/poly regimens and drugs for Prophylaxis
- Air borne infection control kit to be stocked at private facility
- Provide public health actions including contact tracing, chemoprophylaxis, linkages to TB Pension, nutritional support and social welfare schemes if requested by co-ordinators STEPS
- Retrieval of lost to follow up patients if requested by STEPS co-ordinators
- Provide Direct Benefit Transfer Rs 500 per month during the treatment to all cases notified from private facility based on guidelines
- Free HIV testing if requested by STEPS Co-ordinator
- Support for notification and updations in NIKSHAY
- Training and capacity buildings on STEPS, STCI, RNTCP and NIKSHAY

## Expected Outcomes

- Improvement in TB Notification from private sector to 8000 in 2019.
- Improvement in adherence (dosing implementation) and persistence on treatment and eventually TB treatment success rates of patients initiated on anti TB regimen from private hospitals from current level of 70% to 90%.
- Improvements in UDST (from 20% to 70%), DBT (from 5% to 70%), HIV testing (from 10% to 80%) and other public health actions for patients diagnosed as TB from a private facility in Kerala by 2019.

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