

Using Electronic Health Records to Describe TB in Community Health Settings: A Cohort Analysis in a Large Safety-Net Population



Jonathan Todd, PhD, MSPH1, Jon Puro, MHA-PA1, Matthew Jones, MS1, Jee Oakley, MPH1, Laura Vonnahme, MPH2, and Tracy Ayers, PhD, MS2 ¹OCHIN, Inc., Portland, OR; ²Centers for Disease Control and Prevention, Division of TB Elimination, Atlanta, GA

Introduction

- · Latent Tuberculosis (TB) Infection (LTBI) occurs in individuals infected with Mycobacterium tuberculosis without signs and symptoms or radiographic or bacteriologic evidence of active TB.
- · 80% of TB cases in the US are a result of LTBI reactivation.
- LTBI is diagnosed using a tuberculin skin test (TST) or blood tests called Interferon Gamma Release Assavs (IGRA) which include QuantiFERON®-TB test (QFT) and T-SPOT®.TB test (T-Spot).
- · Targeted testing and treatment of LTBI is necessary to prevent progression to active TB and is a critical component of the national TB elimination campaign.

Study Aims:

- · Assess the feasibility of using OCHIN electronic health record (EHR) data as a surveillance tool to better understand TB/LTBI in community health centers.
- Identify/assess the ability to use preferred language as a proxy for identifying Non-US-born persons that are at risk for LTBI.
- · Describe TB/LTBI diagnostic testing in community health centers
- · Examine factors associated with being identified as a

Setting

- OCHIN, Inc. is one of the largest health information technology and innovation networks in the United States.
- Most (95%) OCHIN member clinics are not for profit serving vulnerable populations, with high proportions of Community Health Centers (CHCs) and Federally Qualified Health Centers.
- OCHIN is comprised of patient-level EHR data from 645 clinics in 20 states. There are 2.408.132 distinct patients with a visit within the last 3 years.





Findings

Country of Birth vs. Language

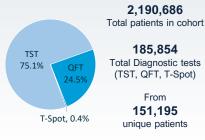
Country of birth available for only 11.8% of the cohort. but language data available for 97.1%

24% Non-US-born or non-English speakers

11.4% of these patients tested for TB infection

Positive by at least one test

TB Screening Results



LTBI Classification

Algorithm Classification	N (%)	Rate/100,000
Definite LTBI	9,412 (0.43)	429.6
Probable LTBI	17,397 (0.79)	794.1
Possible LTBI	7,128 (0.33)	325.4

Risk Factors associated with being identified as having LTBI (models adjusted for age, sex, and homeless status)

,,,,,,,			
Risk Factor	Adjusted Odds Ratio (aOR)	95% Confidence Intervals	
Non-English Language as Preferred Language	4.20	4.09 – 4.32	
HIV Diagnosis	3.09	2.84 - 3.35	
Ethnicity/Race			
Non-Hispanic Asian Race	5.17	4.94 - 5.40	
Non-Hispanic Black Race	3.02	2.91 - 3.13	
Native Hawaiian/Other Pacific Islander	3.35	2.92 - 3.84	
Non-Hispanic White	Referent	Referent	

Methods

Study Population: Patients with at least one encounter during January 1, 2012 - December 31, 2016 (N=2,190,686)

Design: Using existing EHR variables related to LTBI diagnosis codes (ICD9/10), diagnostic results, and prescriptions ordered we classified patients as having LTBI. We excluded 2,505 patients who were classified as having TB disease.



Statistical Analysis: To examine factors associated with LTBI. we performed multivariable logistic regression, with a referent group of all cohort patients not classified as having LTBI. TB disease cases were excluded.

Limitations

- Analysis is limited to readily available structured EHR variables and misclassification is possible.
- EHR lacks complete data on lab reporting, treatment completion, and medication dispensing. These could provide additional information for TB/LTBI identification.
- Sample not generalizable to all CHC patients, clinics, and states.
- We did not include chest x-rays and culture results.

Conclusions

- EHR data sources like OCHIN provide a valuable and unexplored resource for identifying individuals with TB or LTBI
- Improvements are needed to increase testing of high-risk
- Among those tested, TST was the most frequently used test despite recommendations that IGRAs are preferred.
- Primary care EHRs could benefit from EHR-based clinical decision support tools to increase patient care and TB prevention.