

**TENNESSEE DEPARTMENT OF HEALTH
Tuberculosis Elimination Program**

“Rural TB Patient Assistance Program”

PROTOCOL FOR INCENTIVES

1. Definitions

- a. Incentives: products or services that motivate patients to adhere to treatment, take medications, keep clinic appointments, or to cooperate in other ways necessary to complete their treatment.
- b. Approved incentives: Wal-Mart gift cards, each with a face value of \$10.00.

2. Purpose

To achieve the goal of treatment completion through improvement of treatment adherence by patients with suspected or confirmed TB disease and patients with latent TB infection (LTBI) at high risk for progression to active TB.

3. Eligibility

- a. Patients with suspected or confirmed active TB disease at risk for discontinuing treatment or treatment failure.
- b. Persons with LTBI at high risk of progressing to TB disease.

4. Restriction Procedures

- a. Distribution of incentive cards is restricted to patients who meet the eligibility criteria.
- b. Incentive cards must be stored in a locked cabinet at all times, and accessible only to designated TB program staff.
- c. The regional nurse case manager must document in the patient’s medical record that the use of the incentive card is necessary and likely to improve and maintain patient adherence to therapy.

5. General Procedures

- a. On an annual basis, the Tennessee TB Elimination Program (TTBEP) will issue a defined number of incentive cards to the TB Program Manager of each rural regional TB program. The TB Program Manager will serve as the Regional TB Incentive Program Coordinator (hereinafter referred to as the

“Coordinator”). TTBEF will also provide a “*TB Incentive Inventory and Distribution Log*” (**Attachment 1**) to the Coordinator for accountability of these resources.

- b. The Coordinator will complete the appropriate documentation for receipt of incentive cards from the TTBEF Central Office, and for distribution of each incentive card to designated TB program staff for delivery to a specific patient.
- c. Requests for an incentive card may originate from (1) the county public health nurse responsible for administering anti-TB therapy to an eligible TB patient, (2) the TB nurse case manager in the regional office, or (3) by the public health physician responsible for treatment of the patient. The request with justification must be documented on the “*Incentive Request and Justification*” form (**Attachment 2**), and a copy placed in the patient’s medical record. All requests for incentives should be submitted to the regional Coordinator for consideration.
- d. Requests for periodic use of incentive cards (e.g., weekly, biweekly, monthly) may be submitted to the regional Coordinator. However, incentive cards shall not be distributed to a patient more frequently than weekly, and the maximum total value of all incentives distributed to any one patient shall not exceed \$150.00.
- e. The regional Coordinator normally will review the incentive request and will approve/ deny the request in writing within two (2) business days. The Coordinator will return the *Incentive Request and Justification* form with disposition to the requestor for placement in the patient’s medical record.
- f. The regional Coordinator ensures delivery of one (1) incentive card to a public health staff person for delivery to the patient. The chain of custody for each card disbursed must be recorded on the patient’s unique “*Incentive Acknowledgement Record*” (**Attachment 3**).
- g. The public health staff person (outreach worker or nurse) who delivers the incentive card to the patient upon shall do so following a defined period of adherence to the patient’s treatment plan, and provide verbal encouragement to complete therapy. The patient and the person delivering the incentive card will sign the *Incentive Acknowledgement Record* upon delivery of each card, and the *Record* will be returned to the patient’s file with the *Medication Administration Record* (MAR).
- h. The TB nurse case manager, in collaboration with the nurse or outreach worker delivering treatment to the patient, will routinely monitor and document the patient’s adherence to the treatment plan. Failure by the patient to adhere to the treatment plan shall result in discontinuation of incentive card distribution to the patient, and prompt a discussion with the

attending physician and/or regional health officer regarding the need to deliver a Health Directive to the patient.

- i. The regional Coordinator will fax a copy of the *TB Incentive Inventory and Distribution Log* by the 15th of each month to the TTBEF Fiscal Administrator in Central Office. The *Log* must show the disposition of all incentive cards received from TTBEF Central Officer by the Coordinator.

7. Specific Procedures

- a. Request is submitted on the *Incentive Request and Justification* form to the regional Coordinator for an incentive card, with a copy filed in the patient's medical record.
- b. Regional Coordinator reviews the incentive request and approves/ denies the request in writing within two (2) business days and returns the completed *Incentive Request and Justification* form to the requestor to be filed in the patient's medical record.
- c. Regional Coordinator ensures delivery of the incentive card(s) to a public health staff person for delivery to the patient; the chain of custody for each card disbursed is recorded on the patient's *Incentive Acknowledgement Record*.
- d. The patient and the individual delivering the incentive card sign and date the *Incentive Acknowledgement Record* upon delivery of the card.
- e. *Incentive Acknowledgement Record* is promptly returned by the outreach worker or nurse to the patient's file with the *Medication Administration Record (MAR)*.
- f. Regional nurse case manager routinely documents the level of patient adherence to the treatment plan.
- g. Regional Coordinator will fax a copy of the *TB Incentive Inventory and Distribution Log* by the 15th of each month to the TTBEF Fiscal Administrator in Central Office.

8. Budget for TB Incentives

- a. The Bureau of Health Services Administration (HSA), in collaboration with the TTBEF Central Office, will annually develop an appropriate budget for funding TB incentive purchases for each rural regional TB program. Allocations to a rural regional TB program shall be proportionately based on region-specific TB epidemiological data.

- b. TB incentive cards must be used exclusively for purposes stated above before their expiration date.
- c. The TTBEF will annually provide documentation to each rural Regional Health Director the calculations used to apportion the distribution of TB incentive resources between the regions.

9. Accountability

- a. The Regional TB Incentive Program Coordinator ensures accountability for all gift cards received from TTBEF Central Office.
- b. All incentive cards must be stored in a locked cabinet with restricted access as established by the regional Coordinator.
- c. Each regional *Log* and individual patient *Record* should be handled and maintained as confidential information.
- d. The TTBEF Central Office shall annually evaluate treatment outcomes for all patients who receive TB incentives, and provide a report to the rural Regional Health Directors.

ATTACHMENT 1

TB Elimination Program
Tennessee Department of Health

TB Incentive Inventory & Dispensing Log

Region: _____

Coordinator Name: _____	Incentives Type: _____	Date Received: _____	
Phone: _____	Fax: _____	No. units: _____	Value/unit: \$ _____
		Received By: _____	signature

Report Date: _____ Total Units Dispensed: _____ Total Units Remaining: _____ Reported By: _____ Signature

#	Incentive Identification No.	Patient Last Name	Patient First Name	PTBMIS No.	TB Disposition	Date Dispensed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

ATTACHMENT 2

TB Elimination Program
Tennessee Department of Health

Region: _____

Incentive Request and Justification

Patient Name (print): _____ Date of Birth: _____

PTBMIS No.: _____ Case ID No.: _____

Justification for use of incentive(s): _____

Proposed incentive distribution plan:

- one-time only periodic – specify: other: _____
 weekly
 biweekly
 monthly

Submitted by: _____ Date: _____
 Requestor Signature

For Administrative Use Only

Request disposition: Approved Denied

Comments: _____

 Coordinator Signature Date: _____

ATTACHMENT 3

TB Elimination Program
Tennessee Department of Health

Region: _____

Incentive Acknowledgement Record

Patient Name (print): _____ Date of Birth: _____

“By my signature(s) below, I acknowledge that I have received an incentive card in appreciation for my cooperation with treatment prescribed by the Tennessee Department of Health.”

<u>Date</u>	<u>Patient Signature</u>	<u>Type</u>	<u>Value</u>	<u>Dispensed By:</u>
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____
__/__/__	_____	_____	\$ _____	_____

For Administrative Use Only:

Total No. Dispensed: _____ Patient Disposition: Completed tx Did not complete tx