Lessons Learned in Engaging Private Pulmonologists through Public Private Mix in Indonesia

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Background: Based on assessments of antituberculosis drug sales to the private sector in Indonesia, nearly 50% of tuberculosis (TB) patients are managed outside of the national TB control program (NTP) and not notified. As an approach to systematic engagement of the private sector, the Indonesian Society of Respirology (PDPI), in collaboration with the NTP, developed a project to engage private pulmonologists in national TB control activities, following the International Standards of Tuberculosis Care (ISTC) and NTP guidelines.

Methods: Pulmonologists were surveyed for their TB patient load and interest in participating. From October 2011 through December 2012, 86 pulmonologists were recruited from 7 districts in and around Jakarta. Participants, including nurse and administrative staff, received a 2-day ISTC-based training course before enrolling patients. PDPI provided staff members for data collection. Biannual meetings were held to review the cohort assessment by district and hospital.

Project Schema

Selection through questionnaire
Training in ISTC and DOTS
Patient enrollment
Data collection by PDPI staff
Evaluation
Questionnaire on process
Biannual cohort assessment
Chart review
Reporting to Health Office

Discussion: Significant numbers of TB patients are managed by private pulmonologists and not notified to the NTP; involving these specialists in public private mix approaches may be a high yield activity. The leveling off of sputum smear microscopy use may reflect continuing lack of trust in uncertified labs, the cost of smears, and incompatible laboratory working hours. The default rate was 20% and treatment success was 66%. Failure and death totaled about 2%. The quarterly default rate shows a steady decrease to 7% default.

Result: Through December 2012, 5851 patients were managed by pulmonologists and notified to the NTP. Only 36% were treated with free NTP fixed-dose combination (FDC) drugs. Through December 2011, about 78% of patients had diagnostic sputum smear microscopy, of which 41% were positive. 42% of the pulmonary TB patients had smears checked at the end of treatment initiation phase. Reasons cited for failure to perform smear microscopy included lack of trust in uncertified labs, the cost of smears, and incompatible laboratory working hours. The default rate was 20% and treatment success was 66%. Failure and death totaled about 2%, and the remainder were transferred out (with unknown outcome). Through December 2012, trend lines for diagnostic and monitoring sputum smears show no significant changes over time. The quarterly default rate shows a steady decrease to 7% default.

Indicator Trend Lines through 2012

- Sputum smear for diagnosis
- Sputum smear for treatment monitoring
- Default

Indicator Managed through 2012

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Total TB cases managed by participants</td>
<td>5851</td>
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<tr>
<td>Cases notified through PDPI</td>
<td>2994 (51%)</td>
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<tr>
<td>Patients receiving NTP FDC drugs</td>
<td>2124 (36%)</td>
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<tr>
<td>Pulmonary TB</td>
<td>5016 (86%)</td>
</tr>
<tr>
<td>Extrapulmonary TB</td>
<td>665 (11%)</td>
</tr>
<tr>
<td>Pediatric TB</td>
<td>171 (3%)</td>
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Patient Outcomes through 2011

All cases 2175
Pulmonary TB 1860 (86%)
Diagnostic sputum smear 1453 (78%)
Smear positive 596 (41%)

Success (cured + completed) 1441 (66%)
Defaul	428 (20%)

Cured 232 (39%)
Completed 121 (20%)

Discussion: Significant numbers of TB patients are managed by private pulmonologists and not notified to the NTP; involving these specialists in public private mix approaches may be a high yield activity. The leveling off of sputum smear microscopy use may reflect continuing lack of trust of pulmonologists in laboratory services quality. Laboratories must be recruited and their service improved. Of concern is the heavy reliance on prescribed, non-program drugs which may be of poor quality. Improved linkages with local public primary care clinics is crucial to reduce defaulters.