

Synopsis: Constructing Care Cascades for Active Tuberculosis in India

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Introduction

Tuberculosis (TB) remains a significant public health challenge in India, which has the highest burden of TB globally. Effective management and monitoring of TB require comprehensive strategies to identify and address gaps in the quality of care. Constructing care cascades offers a valuable framework for program monitoring and improving TB care.

Concept of Care Cascades

The care cascade model illustrates the sequential steps from diagnosis to treatment and cure, identifying points where patients may be lost from the care continuum. For TB, the care cascade includes stages such as symptom recognition, healthcare seeking, diagnosis, treatment initiation, adherence to treatment, and treatment completion.

Importance of Care Cascades in TB Management

Program Monitoring: Care cascades provide a systematic way to monitor the progress and effectiveness of TB programs by tracking patient flow through different stages of care.

Identifying Gaps: By visualizing drop-offs at each stage, care cascades help in identifying critical gaps where patients are lost, enabling targeted interventions to improve retention and outcomes.

Quality of Care: Care cascades emphasize the quality of care at each step, ensuring that patients receive timely and effective treatment.

Steps in Constructing TB Care Cascades

Data Collection: Gather data from TB registries, NFHS 5 to map patient journeys.

Analysis: Analyze data to quantify the number of patients at each stage and identify where losses occur.

Visualization: Create visual representations of the care cascade to highlight areas needing improvement.

Intervention: Develop and implement strategies to address identified gaps, such as improving diagnostic capacity, ensuring timely treatment initiation, and enhancing patient follow-up.

Key Findings and Gaps in TB Care in India

Diagnosis: Significant delays in diagnosis due to lack of awareness, stigma, and limited access to diagnostic facilities.

Treatment Initiation: Delays and losses in treatment initiation often caused by systemic inefficiencies and patient barriers.

Adherence and Completion: High rates of treatment default due to side effects, socioeconomic factors, and inadequate follow-up mechanisms.

Strategies for Improvement

Enhanced Screening and Diagnosis: Increasing awareness, strengthening diagnostic networks, and integrating TB services with primary healthcare.

Streamlined Treatment Processes: Ensuring rapid treatment initiation through efficient referral systems and reducing bureaucratic barriers.

Support Systems for Adherence: Providing patient support through counseling, socioeconomic assistance, and community-based follow-up to improve treatment adherence and completion.

Conclusion

Constructing care cascades for active TB in India is a critical strategy for program monitoring and enhancing the quality of care. By identifying and addressing gaps in the care continuum, healthcare providers can improve patient outcomes and work towards the goal of TB elimination in India. Comprehensive data collection, targeted interventions, and continuous monitoring are essential to the success of this approach.