

Concepcion, AAL, Quelapio, MID, Maramba, EK, Gler, MT, Macalintal, LE, Orillaza, RB, Raymond, LO and Tupasi, TE, "Case management discussions in an internal consilium," *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S125.

Background and setting: The Public- Private Mix DOTS (PPMD) clinic at the Makati Medical Center, Philippines has been managing multidrug- resistant tuberculosis (MDR-TB) since 1999. In 2005, an Internal Consilium (IC) composed of clinicians and program coordinators was formed initiating a standardized approach to MDR- TB management utilizing consensus decisions based on WHO guidelines for drug- resistant TB and program conditions, vis-a-vis patients' clinical history and treatment course.

Objective: To describe the reasons for discussion of MDR-TB suspects and cases in the IC.

Design: A retrospective review of IC forms from September to December 2005.

Results: The IC met 14 times, 3 to 4 times monthly, and conducted 195 case discussions for 160 patients. A third (34.9%) of the case management discussions were for enrolment. More than half (57.9%) were for management during treatment before outcome eligibility, addressing a) need to change to a more appropriate drug, within groups or classes considering cost or availability, or dose change (24.1%), b) shift to the continuation phase (15.9%), c) uncontrolled adverse drug reactions (13.3%) and d) changing drug susceptibility (4.6%). Fourteen (7.2%) were for treatment outcome determination.

Conclusion: For a complicated intervention like MDR-TB management, a strategy like the IC is necessary as a case management tool. It provides a standardized approach in consensus management decisions.