Lab Subgroup Meeting
June 14, 2010

A. Repeat Testing
    a. NH
        i. NH is still repeat testing positive CT tests
        ii. NH is waiting for Region I to decide on whether this should be the guideline
        iii. Rick Steece
            1. John Papp will try to get the final draft of the guidelines internally
            2. Internally, CDC may need to move the CT/GC and syphilis guidelines along together; this could take a long time, because the syphilis guideline development is a lot further behind
            3. CDC might pay attention if there is a regional letter to Kathleen Walsh at CDC – if there was pressure from the region to get the guidelines out, then maybe they would change the decision that all guidelines should be released simultaneously
            4. Who should sign the letter? Options include:
                a. Lab subcommittee
                b. Kim Watson
                c. Chair of the lab subcommittee
            5. Would the lab subcommittee like to send the letter?
                a. Yes, by general consensus
                b. Gary will write a draft of the letter; Arthur or Bob will contact Gary to establish a deadline for this
                c. Kim will be asked to sign the letter
                d. The lab subcommittee could also ask Kim to discuss this issue with the other regional coordinators – the more CDC hears this message, the more attention they will pay to it
    b. CT
        i. CT has committed not to repeat testing of CT positives
        ii. CT is still doing repeat testing of GC positives equivocals?
        iii. Environmental monitoring
            1. CT had a run of tests with 20-30 positives, which is very unusual
            2. The lab determined it was due to a urine processing issue
            3. Environmental monitoring entails swabbing lab surfaces
            4. NH has previously found contamination of patient specimens (which resulted in false positives) and eliminated it

c. ME
    i. ME still repeats testing on positive CT tests
    ii. ME doesn't do environmental monitoring in their lab
d. VT
    i. Environmental monitoring
        1. VT had an incident with 5 positives in a university setting, which is unusual
        2. VT did environmental monitoring, but found nothing; the lab then looked at the positivity of tests performed by a particular Physician's Assistant (PA); she averaged a 15% positivity rate, which is extremely high
        3. This particular PA had deviated from the testing protocol, which led to contamination of the specimens she collected
    ii. VT still does repeat testing of CT positives
e. MA
    i. MA still does repeat testing of CT positives
f. RI
    i. RI is not testing positives per package insert; equivocals are repeated
g. Summary
    i. If any state in Region I is not repeating positive CT tests, then the state is acting contrary to the 2002 CDC lab guidelines
    ii. Repeat testing has become an individual state lab decision instead of a performance goal
    iii. Final decision – all states must follow the product insert or recommendations in the guidelines work group and then re-examine their testing practice when the final new guidelines come out
    iv. From a cost-benefit stand point, it is not worth doing repeat tests
    v. A few states are starting to look at a new system, with pierce-able caps
        1. 30 days for a valid specimen, as opposed to 6 or 7
        2. The less specimen handling that is necessary, the less possibility for specimen contamination

B. Private/Public Lab Integration & Letter
a. Some states have contracted out with private labs, e.g. CDD labs in Texas
b. Some see this as a domino effect, i.e. all state labs will fall
c. Contracting with private labs is probably just a short-term trend to tide people over in tough economic times
d. It has been clear throughout the history of IPP that the public health laboratory is a full partner in the project
e. Private labs just do testing, whereas the public health labs will remain integral to the project regardless of where testing is done

f. Public health labs would still assist with developing contracts and managing quality assurance issues, act as a lab expert and inspect labs, etc.
g. An issue regarding private labs came up in Region IX
    i. Region IX, who contracts with CDD lab, invited CDD lab to the table when public health labs were also at the table
    ii. Other program people, who the private labs had access to and could tap into, were also present
h. The National Chlamydia Lab Committee (NCLC) Policy Statement that was issued does not change anything for the public health lab regarding IPP, i.e. it does not prevent states from contracting out to private labs; rather, the statement formalizes the role of the 3 entities (FP, STD and state lab)
i. The NCLC adopted the statement
j. The NCLC then asked IPP lab subcommittees to review and endorse it
    i. The Region I lab subcommittee voted and are unanimously in favor of endorsing the statement
k. The statement does not discuss what happens if the public health lab decides to stop participation in the project
    i. Currently, if the public health lab is not conducting IPP testing, it has the right to stop participation in IPP – should it stay this way?
l. Getting data out of the private labs is problematic too
m. Program partners (STD, FP, etc.) would never get the same level of collaboration and communication from a private lab as they do from a public lab
n. Rick will discuss this issue on the second day of the meeting

C. Quality Control re: IPP Billing
    a. NH
        i. Because of staff turnover, NH is re-learning the system of IPP
        ii. NH discovered that IPP has been paying for testing for patients who do not meet the IPP testing criteria (hundreds of tests, not just a few)
        iii. The NH STD coordinator is going to re-train sites on the appropriate screening criteria; the lab is working with her to enforce the criteria and enforce that IPP will not pay for testing where clients do not meet the criteria
        iv. Therefore, NH has revised the IPP lab slips so that the central receiving staff can easily identify whether the client meets the criteria
            1. NH has also added a new billing field (“bill to provider” or “bill to IPP”)
            2. “Bill to provider” will be checked if the client does not meet the criteria
        v. The NH lab central receiving staff is responsive to IPP needs and amenable to re-training

D. Lab Information Systems Overview
    a. NH is getting new ChemWare system
    b. RI is sticking with the information system it has, though it is changing its system to remote-operated
    c. ME uses a StarLims system
    d. CT is moving into validation this week; they are hoping to get it done by November, but it doesn't seem feasible
    e. MA –is switching to a B2B system (internal)
    f. VT uses a StarLims system
    g. Rick says that, when changing to a new system, labs should keep in mind the data that they need to capture for IPP
E. Electronic Reporting System
    a. VT
        i. VT is starting to use Mayo Access (of the Mayo system)
        ii. Using the new system, VT can take orders and put results back out
        iii. Hospitals hate the paper system
        iv. Mayo asked how much business VT will send to Mayo – VT might give some business to Mayo
        v. With the system, Mayo will see a listing of tests and then they will place order
    b. RI
        i. RI is working with some hospitals in RI to do electronic reporting
        ii. Electronic reporting is going very slowly
        iii. RI just submit a proposal to the ELC for inter-operability funding
        iv. RI is trying to hire a program manager with a science/IT background to coordinate and keep things moving forward – Proposed in grant application to ELC.
    c. CT
        i. One problem with a new information system is pulling data in a format that can be manipulated (i.e. not just in a PDF), so that it can easily be reported to the STD program people
        ii. CT has to think about bar coding
    d. MA
        i. MA is having weekly meetings with IT regarding transferring over to new system
        ii. MA keeps finding things that the old system does that new does not
F. GC Cultures
    a. CT, VT, MA, ME and RI all conduct GC cultures
G. CT Cultures
    a. Only NH conducts GC cultures