California Newborn Screening Program

Long Term Follow-up Data System for Metabolic Disorders

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California Long Term Follow-Up Data System

Surveillance of diagnosed cases through age five using an annual survey instrument:

Metabolic Center Annual Patient Summary (MCAPS)

- Availability of ongoing care and management
- Clinical outcomes and developmental assessment
- Impact on health care utilization

A Brief History

Summer, 2005:

- Web-based Screening Information System (SIS) go-live
- MS/MS screening go-live

Summer, 2007:

 Implementation of long term follow up data system using Metabolic Center Annual Patient Summaries (MCAPS)

The Metabolic Center Annual Patient Summary (MCAPS)

- Yearly assessment, or "snapshot," to capture status of child at the end of each completed year of life
- Web-based Screening Information System (SIS) adds each child's name to the "MCAPS pending case list" after the child's birthday
- After the report is completed the name falls off the pending list and will reappear the following year through age five.

MCAPS Data Elements

Clinic follow-up status

- Services provided by the metabolic center in previous year
- Date of last visit/interaction with patient that occurred in previous year
- Total number of patient visits to the metabolic center in previous year
- Total number of hospitalizations/emergency room visits, with length of stay and reason for admission, in previous year
- Has patient been symptomatic in previous year?
- Persistent health problems/symptoms in previous year
- Treatments/therapies/strategies prescribed in previous year
- Assessment of patient's development and function (speech/cognitive/physical/fine motor/gross motor)
- Loss of skills that had been previously achieved
- Global Health Assessment (scale: 1=critical through to 6=excellent)

Count of MCAPS Entered in SIS by Disorder Type & Age of Child (8/1/2007 – 2/9/2009)

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	All
3MCC	19	14	4			37
ARG	•	1		•	•	1
ASAL	2	•	•	•		2
BD Profound	8					8
CPT-2	3	•		•	•	3
CTD/CUD	8	8	4	•		20
Cit:type_I	3	5	2	•	•	10
Cit:type_lI		1	•			1
GA-1	10	6	3			19
GA-2/MAD	3	1	1	•		5
НСҮ	1	•	•			1
IBDHD	6	1	1			8
IVA	6	6	3			15
LCHADD	1	1				2
MAT	2	4				6
MCADD	40	29	4			73
MCD		2				2

Count of MCAPS Entered in SIS by Disorder Type & Age of Child (8/1/2007 – 2/9/2009)

	1 st Year	2 nd Year	3 rd Year	4 th Year	5th_Year	All
MMA:Cbl AB	1	2				3
MMA:Cbl CDF	10	7	2	•		19
MMA:mut-	9	3	2	•	•	14
MMA:mut0	4	5	1		•	10
MSUD	8	3	2	•	•	13
MA (Malonic Aciduria)	1					1
PKU	19	24	22	26	28	119
PKU Variant	15	13	11	15	6	60
Prolinemia_Type_I	•	2	•	•	•	2
Prolinemia_Type_II		1				1
Propionic_acidemia	2	1	•	•	•	3
SCADD	21	16	5	•	•	43
VLADD	11	8	2	•	•	21
Total (to date) *	234	175	71	42	35	557

* Note: Counts of all diagnosed disorder types are not displayed

Patient Clinic Status: All Disorders Combined

	1 st Year (n=234)	2 nd Year (n=175)	3 rd Year (n=71)	4th Year (n=42)	5th Year (n=35)
Active Patient	84%	80%	86%	83%	86%
Lost To Follow-up	4%	5%	4%	5%	-
Refused Treatment	3%	<1%	-	-	3%
Treatment Deemed Not Necessary	4%	7%	6%	7%	3%
Patient Died*	2%	<1%	-	-	-
Moved out of state	1%	5%	3%	2%	3%
Transferred to another center	2%	1%	1%	2%	6%

Developmental Milestones: All Disorders Combined

	Age Appropriate						
	Speech	Physical	Mental/ Cognitive	Gross Motor	Fine Motor		
Year 1 (n=234)	81.2%	84.2%	82.5%	81.6%	80.3%		
Year 2 (n=175)	69.7%	76.0%	75.4%	76.0%	76.6%		
Year 3 (n=71)	69.0%	81.7%	76.1%	83.1%	77.5%		
Year 4 (n=42)	81.0%	85.7%	80.1%	88.1%	88.1%		
Year 5 (n=35)	85.7%	94.3%	91.4%	94.3%	97.1%		

Developmental Milestones: All Disorders Combined

	Moderate and/or Severe Delay						
	Speech	Physical	Mental/ Cognitive	Gross Motor	Fine Motor		
Year 1 (n=234)	3.9%	2.6%	2.6%	5.1%	4.3%		
Year 2 (n=175)	7.4%	3.4%	4.6%	5.7%	5.2%		
Year 3 (n=71)	8.4%	4.2%	6.0%	2.8%	1.4%		
Year 4 (n=42)	-	-	-	-	-		
Year 5 (n=35)	2.9%	_	_	-	-		

Other Outcome Measures: All Disorders Combined

	Symptoms associated with disorder	Loss of Previous Skills	No Hospitalizations Reported
Year 1 (n=234)	25.2%	3.0%	70.9%
Year 2 (n=175)	28.6%	1.8%	80.0%
Year 3 (n=71)	19.7%	-	90.1%
Year 4 (n=42)	14.3%	-	100%
Year 5 (n=35)	14.3%	-	100%



Utilization Measures	Year One	Year Two	Year Three
Avg. Days Hospitalized	66 days - PA	27.2 days - MMA:mut0	12.5 days - MMA:Cbl CDF;
	27.5 days - MMA:mut0	6 days - PA	12 days - MMA:mut0
Avg. # Hospitalizations	5 - Cit:type I	3 - ARG	4 - MMA:mut0;
	3 - MMA:mut0	2 - PA; MSUD	3 - MMA:mut-; MSUD
Avg. # ER Visits	5 - Cit:type I 2 - MMA:mut0; MSUD	13 - VLCADD 2 - CIT:type I; ARG	4 - MMA:mut-; MMA:mut0 1 – VLCADD; MMA:Cbl CDF MSUD; Cit-type I
Avg. # Clinic Visits	11 - MA	8 - LCHADD	5 – Cit-type I
	11 - MMA:mut0	6 - PA; Cit:type I	4 - MMA:mut-; MMA:Cbl CDF

Provider Health Assessment of Child's Health Status

	Critical	Poor	Fair	Good	Very Good	Excellent
Year 1 (n=234)	9.0%	9.0%	6.8%	18.8%	32.5%	23.9%
Year 2 (n=175)	9.7%	12.6%	10.3%	16.0%	26.9%	24.6%
Year 3 (n=71)	4.2%	14.1%	8.5%	14.1%	32.4%	26.8%
Year 4 (n=42)	11.9%	7.1%	2.4%	7.1%	19.1%	52.4%
Year 5 (n=35)	14.3%	2.9%	2.9%	5.7%	31.4%	42.9%

Health Impacts With & Without Screening: MCADD

"...in the absence of newborn screening for MCADD, premature death or serious disability occurs in 20% to 25% of children with the disorder". (Grosse, Khoury, Greene, Crider, & Pollitt, 2006)

"...33% of survivors will have irreversible neurologic damage" (Iafolla, Thompson, & Roe, 1994; Pollitt & Leonard, 1998).

MCADD	Year One (n=40)	Year Two (n=32)
In active care at follow-up center	92.5%	81.3%
Reported deaths*	0%	0%
No disorder related symptoms	67.5%	53.1%
Age appropriate cognitive function	97.5%	84.4%/3.1% mild
# Clinic Visits	0–2 = 37.5%	0-2 = 71.9%
	3-5 = 45%	3-4 = 25%
# Hospitalizations	0-1 = 90%	0-1 = 90.6%
	2-3 = 10%	2 = 9.4%

* 3 additional MCADD cases died before follow-up was initiated

Conclusion

This preliminary review demonstrates the feasibility and utility of the California Long Term Follow Up Data System using Metabolic Center Annual Patient Summaries

The surveillance approach addresses:

- Availability of ongoing care and management
- Clinical outcomes and developmental assessment
- Impact on health care utilization

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