Draft manuscript: "Implementing Point-of-Care Newborn Screening"

From the SACHDNC Follow-up & Treatment Sub-committee
1/27/2012

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Point-of-Care Screening

Outline:

- Summarize manuscript
- Identify any remaining issues
- Solicit Advisory Committee's recommendations
 - Manuscript and next steps



What is Point-of-Care Screening?

POC Testing - defined as:

[Screening] "at or near the site of patient care.

The driving notion behind POC is to bring the test [and results] conveniently and immediately to the patient.

This increases the likelihood that the patient will receive the results" prior to discharge.

Analysis of DBS in a central laboratory is <u>not</u> point-of care screening.

Kost, Gerald J. (2002). "Goals, guidelines and principles for point-of-care testing". *Principles & practice of point-of-care testing*.

Hagerstwon, MD: Lippincott Williams & Wilkins. pp. 3-12.

Context of the Manuscript

- Considerations precipitated by SACHDNC deliberations on other POC screening:
 - Hearing screening sole current model
 - CCHD and Hyperbilirubin
- Juxtaposed public health and pediatric concerns about:
 - Decision-making: ACHDNC vs. other professional entities
 - Roles & Responsibilities & Resources:
 - Birth hospital and provider vs. Public health
 - May vary by condition and screening paradigm

DRAFT: "Implementing Point-of-Care Newborn Screening"

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On behalf of the Follow and Treatment Sub-committee

Abstract

 Framework for evaluation: whether conditions identifiable through POC screening should be added to the recommended panel

 Identifies key considerations for birth hospitals, public health agencies, and clinicians

Manuscript sections

- Overview of Newborn Screening
- Defining Point-of-Care NBS
- Potential of Decentralized NBS
- Criteria for Point-of-Care NBS
- Roles of Public Health Agencies
- Implementation
- Concerns

Defines Combination of Characteristics for NBS

- Provided under public health authority as an essential public health activity
- Public agencies provide direct oversight to ensure uniform quality
- Evidence-based recommendations



Criteria for Inclusion in POC NBS

Shared imperatives of NBS,

PLUS:

 Urgent treatment is required earlier than the feasible turnaround time for a centralized laboratory;

OR

 When screening is based on physiologic testing requiring presence of the newborn

Considerations for Inclusion as POC NBS

- Major consideration: Better outcomes if performed under a public health mandate
- Standardized screening technology
- Feasibility of decentralized implementation
- Screening is feasible in the nursery
- Assure follow-up care

No Single Right Way or Directive for Public Health: Depends on the Condition, the State, Other Factors

- State: authorizing legislation and regulations
- Factors influencing degree of public health involvement:
 - Risk of missed affected cases
 - Complexity of the screening paradigm
 - Extent already part of standard care
 - Challenge of confirmatory Dx
 - Variability of quality of screening performance and health outcomes

Issues – I Public health

Roles & responsibilities of public health

- Assure statewide feasibility of timely, equitable screening, Dx and treatment services
- Assure feasibility of statewide surveillance
- Integrate clinical services and tracking into the existing systems for traditional NBS
- Assess impact of POC NBS on clinical care
- Informing the public

Issues for POC NBS – II

Providers and Nurseries

- Infrastructure: Dx, follow-up, education and training, tracking, reporting;
- Practicality of standardized screening across the variety of nursery settings;
- Cost of screening and implementation;
- Roles & responsibilities:
 - Providers within nurseries
 - primary and specialty care providers;
- Assessing impact on routine clinical care.

Issues – IIICoordination

- Many stakeholders:
 - Families, primary care and specialty healthcare providers, hospitals, public health agencies, payers;
- Collaboration and leadership across the participating health entities;
- Issues:
 - Coordinated follow-up
 - Avoid disparities in program quality

Implementation by Birth Hospitals

- Obtain screening equipment
- Employ and train screeners
- Ensure nursery accommodation
- Provide public educational materials
- Continuous quality assurance
- Record screening results
- Timely reporting: families, providers, state public health agencies
- Coordinate timely follow-up and Dx

Subsequent Issues

- Criteria used by ACHDNC differ from those used in clinical practice
- Interface between professional clinical standards and public health programs
- Assure input from professional organizations and families
- Data capture
- Gaps in funding
- Acceptability to parents:
 - Consent needed? Hearing 7 states require (2001)

Summary

Manuscript from the F/U & Rx
 Sub-committee of the SACHDNC

 This manuscript reflects "the end of the beginning" for POC NBS

 Some issues may apply to childhood screening beyond newborns (future consideration)

We Seek ACHDNC Guidance

- Support of the manuscript by the ACHDNC
- Share with the Secretary:
 - An informational document on growing opportunity for NBS
- Submit for peer-reviewed publication:
 - Genetics and Medicine (or public health journal)
- Identify next steps:
 - Focus on experience with CCHD
 - Confer with others (e.g. practice and hospital organizations, APHL)

From the F/U & Rx Sub-committee

Thank you for your support and input!





