Opt-in Methodology for Residual Newborn Screening Blood Spot Storage and Research Use

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- Public Health Code 333.5431(7)(1)(a)(b) and (8)(d)
 - MDHHS may set the retention period
 - Residual stored blood spots may be used for research
 - NBS brochure must mention medical research use
- Formally launched June 1, 2009
- MDHHS initiative to oversee storage & use of residual newborn screening blood spots
 - Preserve and promote research use
 - Increase community awareness and engagement
 - Improve decision-making processes









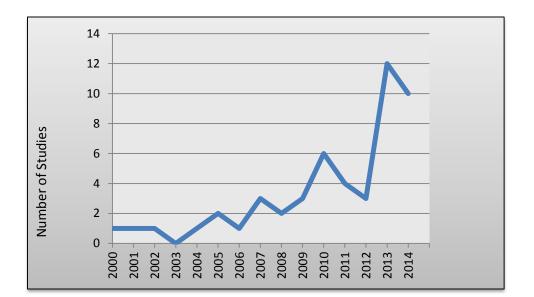
- Michigan blood spots
 - Coded to remove identifying information
 - Stored at Michigan Neonatal Biobank
 - Archived pool (July 1984-April 30, 2010), opt-out
 - Consented pool (May 1, 2010- present day), opt-in
 - Approximately 5 million samples
 - Spot stored at MDHHS for use by parent







- Review process
- Coding process
- 2013-2014 studies
 - 22 approved
 - 4/22, federally funded
 - 19/22, academia
 - 2/22, private industry
 - 2/22, state NBS program







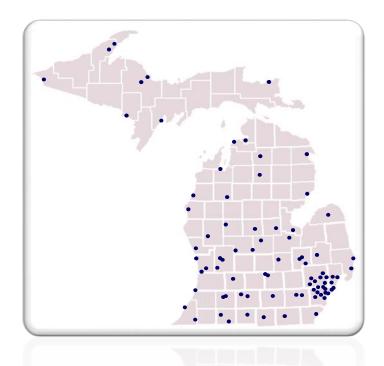
- Consent brochure & form
 - Advisory board input, focus group testing, printing
- Early Implementation (Pilot)
 - May 1, 2010 to July 5, 2010
 - 11 hospitals
 - Identify best-practice guidelines
 - Staff wanted record of dissent
 - In-service training by MDHHS
 - Encounter information reported
 - ~80% encounters required <5 minutes to answer any remaining questions after reading consent brochure





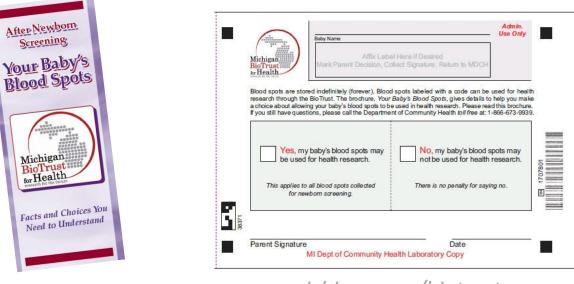


- Statewide Implementation
 - Deadline of October 1, 2010
 - Director's letter to hospital CEOs
 - 100% enrollment in MDHHS training
 - 29% in-service
 - 62% on-line module
 - 9% webcast
 - >650 nursing CEs
 - Daily after hours hot-line
 - Homebirths









www.michigan.gov/biotrust

- Prenatal introduction with consent process after delivery
- Separate consent brochure & declaration form in NBS card





- First Quarter 2015
 - 84% of BioTrust consent forms returned completed
 - 88% of hospitals returned >80% completed
 - 48% of hospitals returned >90% completed
 - 66% of newborns screened have BioTrust consent on record
 - Blood spots stored indefinitely and made available for approved research through the BioTrust
 - 18% of newborns screened have BioTrust refusal on record
 - Blood spots stored indefinitely and *not* used for approved research through the BioTrust
 - 16% of newborns screened have no BioTrust decision on record
 - Blood spots stored indefinitely and *not* used for approved research through the BioTrust





- Key elements to consider
 - Hospital engagement in research
 - Process delaying NBS
 - Distinguish NBS from BioTrust
 - Track & code specimen
 - NBS card number printed on form
 - Monitor hospital performance
 - Mechanism to ensure parents asked
 - Provide hospitals on-going feedback
 - Maintain hospital training







Thank you!

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