

TEXAS OPT-IN METHODOLOGY FOR SAMPLE STORAGE & RESEARCH

Susan Tanksley, PhD
Laboratory Operations Unit Manager

Outline

- Background
- □ Specimen Retention in Texas
 - Historical
 - Opt out
 - Opt in
- Moving forward

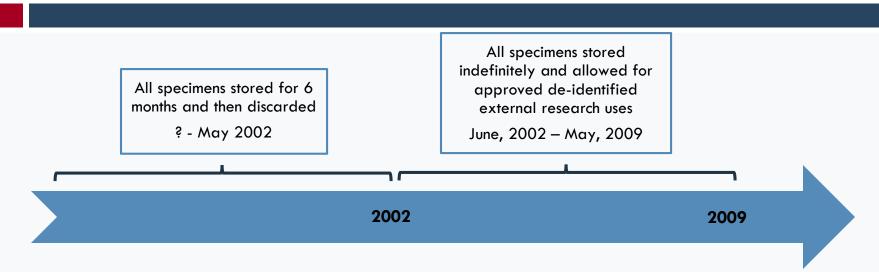


Newborn Screening in Texas

- Administered by Dept. of State Health Services (DSHS)
- $\square \sim 400,000$ births annually
- □ Two screen state
 - 24-48 hours of life
 - 1-2 weeks of life
- □ ~780,000 specimens screened in 2014
- One laboratory located in Austin, TX
- Clinical Care Coordination team follows-up on presumptive positive NBS results



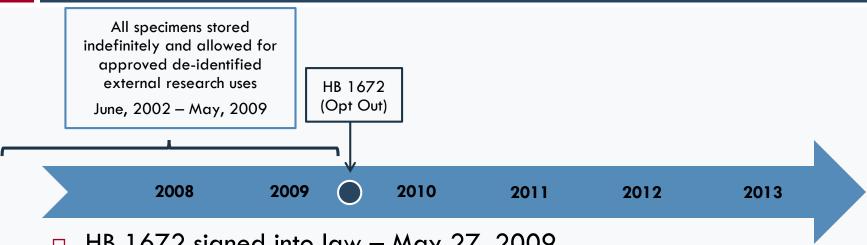
EARLY SPECIMEN RETENTION



2002 – Changed specimen retention from 6 months to indefinite

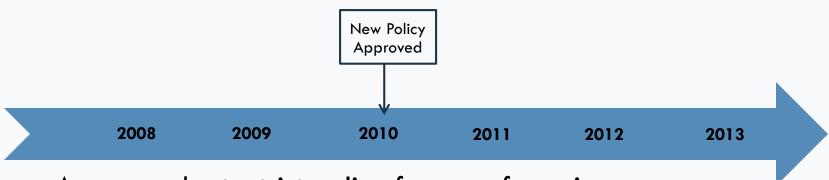
- No specific policy
- De-identified specimens allowed for external research uses with DSHS IRB approval





- HB 1672 signed into law May 27, 2009
 - Added provisions to allow use of residual newborn screening specimens for quality assurance & quality control, quality improvement and research use
 - Added disclosure requirement and provision to allow parents to request specimen destruction
 - Unless parent Opts out:
 - Specimens stored up to 25 years
 - De-identified specimens and data allowed for approved external research purposes

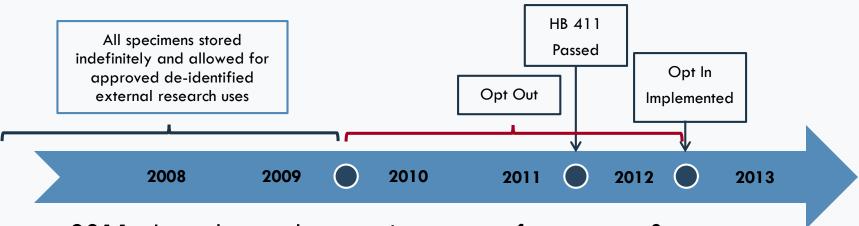
AGENCY POLICY



- Agency adopts strict policy for use of specimens
 - Management of Newborn Screening Specimens and Data
 - Includes table of uses with cross-reference to statutory authority and required approvals
 - Lays out approval process



HB 411 - OPT IN



- □ 2011 Law changed to require consent for storage & use
 - Without consent, all specimens stored for up to 2 years and not allowed for external research uses (certain internal uses including QA/QC allowed)
 - With consent, specimens stored up to 25 years <u>AND</u> can be used for external research
 - Codified existing policy on DSHS IRB and management approval requirements
 - New form, collection kits, and processes required
 - Effective date of opt-in provision June 1, 2012

OPT IN - IMPLEMENTATION GOALS

□ Parent

- Ensure parents understand their choices
- Be sensitive to parent / patient privacy concerns
- Improve general Newborn Screening education

Healthcare Providers

- Ensure understand legal requirements
- Streamline distribution
- Maximize return rates of forms

Texas DSHS

- Ensure compliance with parental choices
- Streamline processing & document in LIMS
- Request enough information to match forms to specimens



NOT "OPT IN" - "DECISION" - MAKE A CHOICE

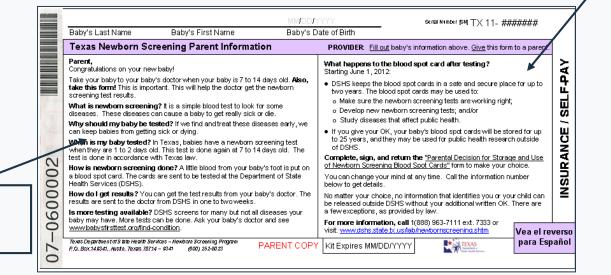


HB 411 - OPT IN

Parent Information Form

- Distributed to parent upon collection of each specimen
- English / Spanish Front / Back
- Target of 5th grade reading level

Information about specimen storage / use and Decision form



Expanded general Newborn Screening information



HB 411 - OPT IN

Parental Decision for Storage Form

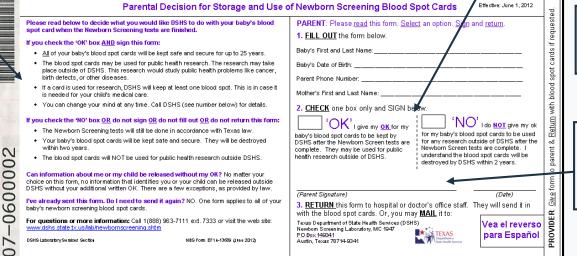
- Parents inform DSHS of their decision one way or the other
- Providers required to:
 - Distribute to parent upon each NBS collection
 - Return form to DSHS if requested by parent

Parents select

1 of 2 options

Explanation of Choices

Barcode to streamline processing in LIMS



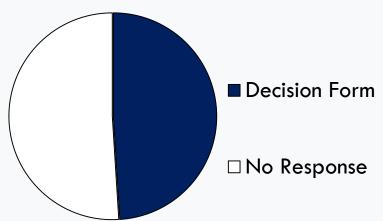
Selection and Signature only required fields

Forms without a signature or a selection will default to 'No'



OPT-IN STATISTICS

Opt In Form Return Rate



- 2014 45.14% of all specimens received, had a decision form.
- Form received for \sim 49% of all babies screened.

Month	Decision Forms Received	Daily Average	% YES	% NO	% Invalid
Dec-14	23279	931	71.0	23.3	5.7



CONSIDERATIONS FOR OPT-IN

Providers:

- Minimal legal requirements.
- No consequence for non-compliance.
- May not understand requirements completely.
- Disincentives to provider compliance
 - Explanation of the form may be time consuming.
 - Parents may have questions about the form that may be difficult for providers to answer.
 - Waiting for parent to fill out the form may be time consuming.
 - Language and/or education barriers.

Parents:

- Form not received.
- Forms may be given as part of the "discharge packets" with no explanation.
- Not made aware of option to return completed form to provider.
- Low priority to complete and return when caring for newborn.





MOVING FORWARD

- Must preserve core program uses
 - Screening
 - QA/QC regulatory requirement
 - Quality Improvement
- To ensure availability for research use, must conform to required elements of informed consent
 - Currently revising form for broad consent

Any questions?

Contact Information:

susan.tanksley@dshs.state.tx.us