

CDC Update

February 14, 2007

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CDC



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Outline

- 2007 Institute - “Managing for Better Health”
- “Defining Best Practices in Laboratory Medicine”
 - Where are we now and where are we going?
 - How can we identify and implement best practices?
 - How can we make proficiency testing (PT) more effective?

2007 Institute “Managing for Better Health”



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2007 Institute

Vision

Laboratory services that are integrated with the healthcare system play a larger role in the coordination and continuity of care by ensuring that:

- the right test analyzed by the best method
- is performed on the right person at the right time and that
- the right information is reported at the right time to
- the right people to optimize patient outcomes.

2007 Institute

- Purpose:
 - To drive changes needed to better integrate laboratory services in health care to improve patient outcomes and overall effectiveness
- Keynote Speaker:
 - Brent C. James, MD, Executive Director, Intermountain Health Care Institute for Healthcare Delivery Research

2007 Institute

- What: Fifth in series of Institutes on Critical Issues in Health Laboratory Practice
- When: September 23 – 26, 2007
- Where: The Westin Atlanta Perimeter North
- Who: Invited Specialists & Association Representatives
 - » Health Administrators, Laboratory Directors, Clinicians, Payers, IT Professionals, Technology Experts

Institute Committee

- Role:
 - To develop the agenda and workgroup sessions
- Members:
 - Elissa Passiment, ASCLS – Chair
 - Paul Epner, Abbott Laboratories
 - Robert Michel, Dark Report
 - Ana Stankovic, BD
 - Devery Howerton, CDC
 - Joe Boone, CDC

Content Workgroup

- Roles:
 - To help refine program content
 - To assist the Institute Committee with the workgroup sessions
 - To assist with development of pre-conference materials for the workgroup sessions

Content Workgroup

Ken Blick, PhD

University of Oklahoma

**Lee Hilborne, MD
FASCP, DLM(ASCP)**

David Geffen School of Medicine at UCLA/RAND

Paul H. Keckley, PhD

Deloitte Center for Health Solutions

Larry J. Kricka, DPhil FACB

University of Pennsylvania Medical Center

Kent Lewandrowski, MD

Harvard Medical School/MGH

George Lundberg, MD

Medscape General Medicine, eMedicine

Toby Merlin, MD

Centers for Disease Control and Prevention

Michael A. Noble, MD

University of British Columbia

Rick Panning, MBA CLS(NCA)

American Red Cross - NCBS

Mario Plebani, MD

University - Hospital of Padova, Italy

Rogério Rabelo, MBA MD PhD

Fleury-Diagnostic Medical Center, Brazil

Klaus Stinshoff, Dr.rer.nat

Stinshoff Consulting, Switzerland

Themes for Workgroup Sessions

- Improving Laboratory Services by: Enhancing Bidirectional Communication and Information Exchange
- Optimizing Patient and Community Health: Using Laboratory Services Effectively
- Meeting the Needs: Tools for Effective Management of Laboratory Services
- Readiness for the Future: Meeting Ongoing Needs for Laboratory Services

Next Steps

- Institute Committee and Content Workgroup meeting in Atlanta, GA, April 4-5, 2007
- Finalize the workgroup session themes
- Identify workgroup session leaders
- Draft pre-conference material
- Invite participants

Expected Outcomes

- Published Proceedings
- Recommendations for Further Study
- Ongoing Collaboration





“Defining Best Practices in Laboratory Medicine”

<http://www.phppo.cdc.gov/dls/default.aspx>

Project Overview

- Timeline:
 - October 2006 – September 2007
- Goal:
 - To enhance the practice of laboratory medicine by identifying ways to improve laboratory testing and services
- Tasks:
 - Where are we now and where are we going?
 - How can we identify and evaluate best practices?
 - How can we make proficiency testing (PT) more effective?
- Method:
 - Share work products with the laboratory medicine community
 - Consider suggestions and comments from community
 - Publish reports on each of the three tasks

Where are we now and where are we going?

- Task 1:
 - Develop a report describing the current and future state of the field of laboratory medicine
- Status:
 - Completed Draft Report Outline
 - Solicited Comments from Laboratory Medicine Stakeholders
 - Refined Report Outline

Report Chapters

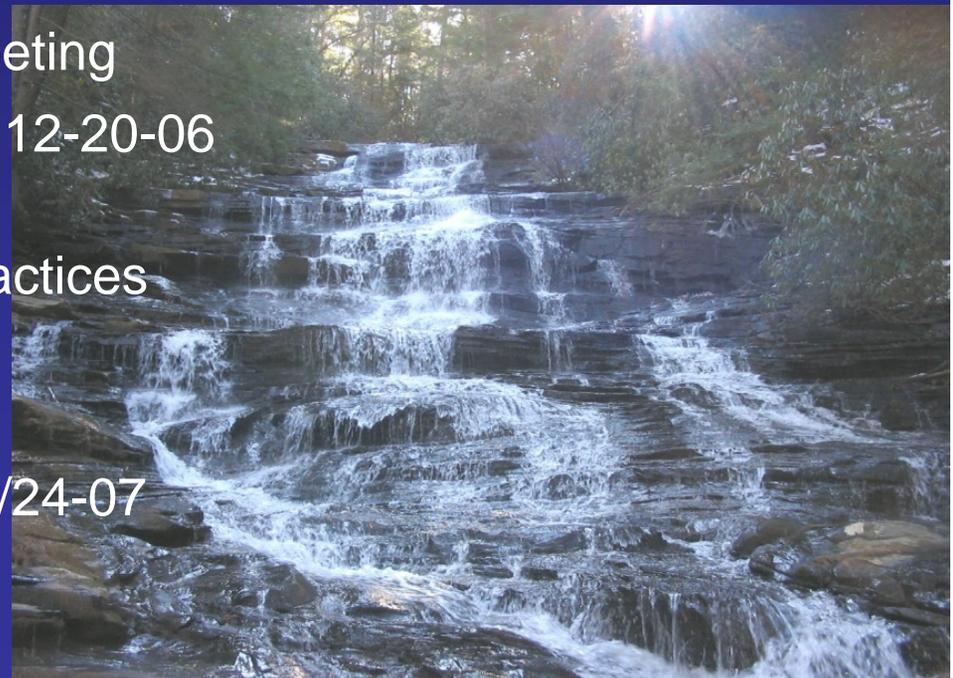
- Chapter 1 – Introduction
- Part I – Profile of the Laboratory Medicine Sector
 - ❖ Chapter 2 - Value of Laboratory Medicine
 - ❖ Chapter 3 – Organizational Structure of the Laboratory Medicine Sector
- Part II - Quality-Related Aspects of Laboratory Medicine
 - ❖ Chapter 4 – Quality and Safety in Laboratory Medicine
 - ❖ Chapter 5 – Performance Measurement and Quality Improvement
 - ❖ Chapter 6 – Regulatory and Financial Structure of the Laboratory Medicine Sector
- Part III – The Future of Laboratory Medicine
 - ❖ Chapter 7 – Expected Trends
 - ❖ Chapter 8 – Strategy for Addressing Changes Over the Next 5-10 Years

Next Steps

- Draft Report
- Identify Technical Review Experts
- Initiate Coordination Between Projects at CDC
 - 2007 Institute
 - Task 2 of the Best Practices Project
- Complete Technical and Stakeholder Review
- Finalize Report

How can we identify and evaluate best practices?

- Task 2: Develop a process to identify and evaluate best practices in laboratory medicine
- Status:
 - Teleconference - 12-13-06
 - Project timeline
 - Agenda for 1st in-person meeting
 - Inquiry for WG follow-up - 12-20-06
 - Definitions of terms
 - Inclusion criteria for best practices
 - Classification scheme
 - Evaluation criteria
 - Workgroup Meeting – 1-23/24-07

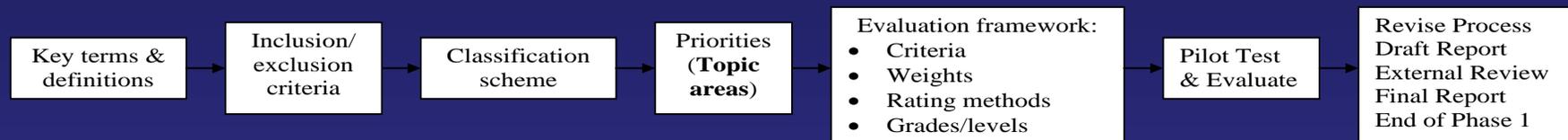


Workgroup Charge & Overall Process

Process to Identify “Best Practices” in Laboratory Medicine

Vision: A systematic process for evaluating laboratory medicine practices to improve the quality of patient care and health outcomes.

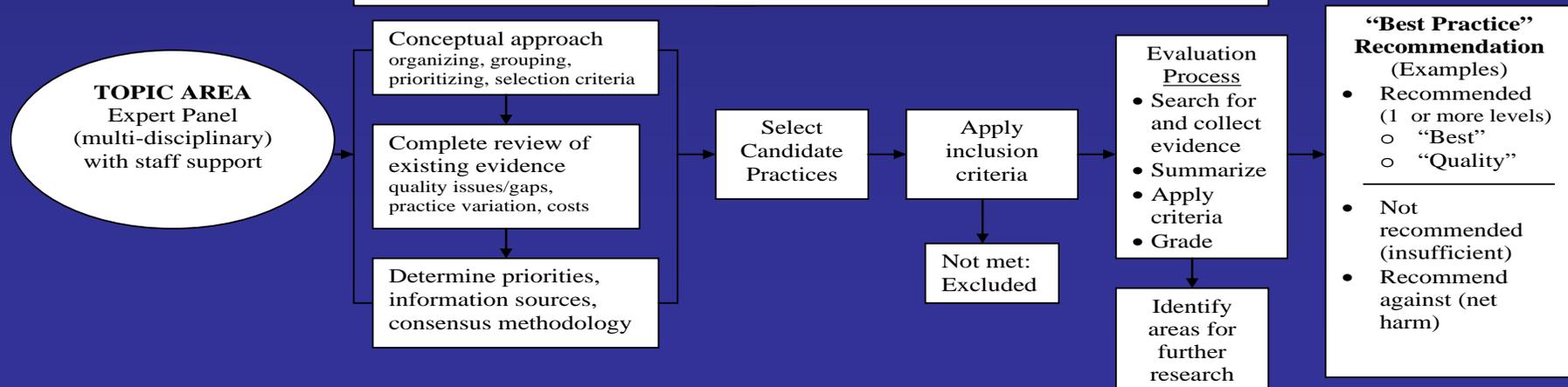
Workgroup Strategy for Process Development



Challenges

- Coordination among multiple disciplines
- Variations in practice associated with technologies and settings
- Disconnected systems of care and communication
- Limited scientific evidence as basis for guidance/practice
- Health information technology variation
- “Best practices” not systematically identified
- Connecting laboratory to patient care decisions and outcomes
- Evidence demonstrating practice effectiveness

Process for Identifying “Best Practices” in Laboratory Medicine



Next Steps

- Draft process based on workgroup input
- Utilize sub-groups of workgroup to
 - Refine evaluation criteria
 - Identify topic area for proof of concept testing
- Initiate proof of concept test utilizing teleconferences, written responses and stakeholder input
- Convene 2nd in-person workgroup meeting in Atlanta to revise the process
- Finalize the report

Best Practices Workgroup

Joan Barenfanger, MD, DrSc, D (ABMM)

Raj Behal, MD, MPH

Nancy Elder, MD, MSPH

John Fontanesi, PhD

Julie Gayken, MT (ASCP)

Linda Hanold, MHSA

Cyril ("Kim") Hetsko, MD, FACP

Lee Hilborne, MD, MPH

Michael Laposata, MD, PhD

James Nichols, PhD

Mary Nix, MS, MT(ASCP)SBB

Stephen Raab, MD

Fatema Salam, MPH

Pathology Associates of Central IL, Ltd.

University Health System Consortium

University of Cincinnati

University of California, San Diego

Regions Hospital

Joint Commission

University of Wisconsin-Madison, COLA

UCLA David Geffen School of Medicine

Massachusetts General Hospital

Baystate Medical Center

AHRQ

University of Pittsburgh School of Medicine

The National Quality Forum

Ex-officio Members:

Sousan Altaie, FDA, James Cometa, CMS

How can we make PT more effective?

- Task 3: Evaluate the effectiveness of proficiency testing (PT) programs in the United States to meet quality improvement, educational and regulatory goals for clinical laboratories
- Status:
 - Teleconference 12-07-06
 - Agenda for 1st meeting
 - Finalized questions to guide discussion
 - Solicited Stakeholders
 - November 2006 – April 2007



PT Workgroup Meeting

January 18-19, 2007

What is the workgroup expected to accomplish?

- Review and discuss potential changes to current PT in the US
 - What is working well?
 - Where could improvements be made?
- Discuss feasibility of potential changes to PT
- Taking into account stakeholder input, develop recommendations in the form of a report on improving the effectiveness of PT

Five Basic Questions

1. Are current PT programs meeting expectations?
2. Where could programs be improved?
3. Can the educational value of programs be enhanced?
4. Are programs keeping up with changes in the field?
5. What would be the result of accrediting PT programs to a recognized international standard?

Next Steps

- Draft report based on discussion at Atlanta meeting
- Solicit comments from laboratory medicine community
- Convene 2nd in-person workgroup meeting to refine the report
- Finalize the report

PT Workgroup

Barbara Burmeister, MT (ASCP)
George S. Cembrowski, MD, PhD
Greg Cooper, CLS, MHA
Daniel Edson, MS
George K. Fiedler
Verlin K. Jansen, MD, FAAFP
Margaret Peck, MS, MT (ASCP)
Joseph Perone, ScD
Robert Rej, PhD
Karen A. Rupke, MT (ASCP), MPA
Nicholas T. Serafy, Jr.
Max Williams
James Winkelman, MD

Wisconsin State Laboratory of Hygiene
University of Alberta
Bio-Rad Laboratories
American Proficiency Institute
College of American Pathologists
University of Kansas School of Medicine
JCAHO
American Type Culture Collection
New York State Department of Health
Quest Diagnostics
American Association of Bioanalysts
COLA
Retired - Harvard School of Medicine

Ex-officio Members:

Sousan Altaie, FDA, Raelene Perfetto, Kathleen Todd, CMS

Institute and Best Practices Teams

2007 Institute

Anne Pollock, Stacey Cooke, CDC

Best Practices Project Leadership

Joe Boone, Dev Howerton, CDC

Best Practices Project Coordination

Julie Taylor, CDC, Robert Black, Battelle

1. Status Report

Joe Boone, Nancy Anderson, CDC

Clifford Goodman, Julie Wolcott, The Lewin Group

2. Best Practices

Susan Snyder, Julie Taylor, Pam Thompson, Colleen Shaw, CDC

Laura Puzniak, Diana Mass, Mary Odell Butler, Ed Liebow, Battelle

3. PT

Joe Boone, Dev Howerton, Dan Tholen, Adam Manasterski, Shahram Shahangian, CDC

Bob Hill, Jim Peterson, Ken Goodman, Battelle

Thank You

Institute Committee
Workgroup Members
Ex-officio Members
Stakeholders
CDC Staff
Battelle and Lewin Staff
CLIAC Members



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“Knowing is not enough; we must apply.
Willing is not enough; we must do”

Goethe

Institute of Medicine
2006

