



## **Draft Summary of the Notifiable Conditions Technical Advisory Committee (TAC) September 10, 2018**

**Red Lion Hotel- Seattle Airport  
18220 International Blvd, Seattle, WA 98188  
Seattle Room**

### **Technical Advisory Committee members present:**

Amanda Killingbeck, Mason General Hospital Laboratory Services  
Diana Yu, Washington State Association of Local Public Health Officials  
Ian Corbridge, Washington State Hospital Association  
Jacky Chow, MultiCare Health System  
Jason Love, Tacoma General Hospital Laboratories NW  
Jason Matsumoto, Harborview Medical Center Department of Laboratory Medicine  
Julie Taylor, Morton General Hospital (via phone)  
Karie Nicholas, Washington Association of Community and Migrant Health Centers  
Lilia Lopez, Office of the Attorney General  
Lin Thach, Kaiser Permanente WA Regional Laboratory  
Lynn Stapp, Seattle Children's Hospital Laboratories  
Lori Bourassa, University of Washington Department of Lab Medicine  
Minden Buswell, Washington State Department of Agriculture (via phone)  
Nicole Klein, Office of Superintendent of Public Instruction  
Scott Lindquist, Washington State Department of Health  
Stephen Kutz, Washington State Board of Health  
Tierney Edwards, Washington State Medical Association  
Todd Schoonover, Department of Labor & Industries

### **State Board of Health and Department of Health staff, and other guests who signed in:**

Alexandra Montañó, Board of Health Staff  
Melanie Hisaw, Board of Health Staff  
Michelle Davis, State Board of Health  
Sierra Rotakhina, Department of Health  
Amanda Jones, Department of Health  
Marcia Goldoft, Department of Health  
William Glover, Department of Health  
Laura Johnson, Department of Health  
Rita Altamore, Department of Health (via phone)  
Tom Jaenicke, Department of Health  
Nirupama Shridhar, Department of Health  
Chas DeBolt, Department of Health  
Jerry Stapp, Seattle Children's Hospital  
Jen Reuer, Department of Health  
John Stebbins, Department of Labor and Industries  
Dav Eide, Kaiser Permanente  
Rebecca Randolph, Kaiser Permanente  
Rachel Amiya, Department of Health  
Cynthia Harry, Department of Health

Erin Davies, Department of Health (via phone)  
Michael Blue, University of Washington (via phone)  
Rachel Anderson, University of Washington (via phone)  
Mona Mecham, Mason General Hospital (via phone)

### 1. PLAN FOR THE DAY

Stephen Kutz, TAC Co-Chair, provided an overview of the agenda and noted that the role of the TAC is to discuss the recommendations for the rule update and to provide feedback, not to make final decisions.

### 2. ELECTRONIC LABORATORY REPORTING

Scott Lindquist, TAC Co-Chair, invited Amanda Jones, Department of Health, to provide an introductory presentation about electronic laboratory reporting (ELR). Ms. Jones shared information about how data flows within an ELR system, the advantages and disadvantages of using ELR, and the current state of ELR in Washington. TAC members asked questions about how long it takes to onboard a lab, the volume of reports currently being reported electronically, and the return on investment in terms of efficiency. Department staff and TAC members had conversations about the potential impact to Department capacity if there were a mandate for ELR. Dr. Lindquist asked the TAC to consider what an implementation timeline might look like for this portion of the rule if the mandate were to be added. Department staff indicated that they are currently seeking funding to replace an outdated data system and estimated that the Department would be ready to implement in about 5 years. TAC members and staff discussed that meaningful use funding is expected to end in 2021 and that a reasonable timeline for implementation would be 5 years from the end of meaningful use (i.e. 2026 or 2027). Members also discussed the cost associated with adding new data fields and possible challenges for labs if they switch vendors or have to update their system due to changes in test methodologies. One member suggested that if ELR was mandated that there may be a need to allow rare conditions to be reported through non-electronic methods to reduce the cost associated with building the system to accommodate rare conditions. The TAC expressed consensus that the concept of ELR is important and merits further conversation.

### 3. ELECTRONIC LAB REPORTING DISCUSSION

Dr. Lindquist pointed TAC members to the document in their materials about required elements for laboratory reports. He indicated that the draft list includes reporting elements that are currently in the rule and new elements that have been suggested by subject matter experts at the Department of Health and the Department of Labor and Industries. TAC members discussed the reporting elements and had the following feedback:

- Test method including commercial name of the test or an indication that the test is laboratory developed (suggested new element)
  - TAC members indicated that labs will have to build this new field into their system, which may be cumbersome. Members also felt that test methodologies are evolving very quickly so this field may require frequent updates. The TAC recommended just listing “test method” in the rule rather than the full text being recommended by the Board and Department.
- Patient address including zip code (current element)
  - Labs often get P.O. Box information so they would prefer for the language to say “patient physical address including zip code”.

- Patient telephone number (suggested new element)
  - TAC suggestion to change the language to “patient best contact phone number”.
- Patient health insurance provider (suggested new element)
  - Subject matter expert really just wants Medicaid status for pediatric lead tests.
  - TAC member asked about the importance of knowing insurance status for the public health surveillance system.
- Patient race and patient ethnicity (suggested new element)
  - TAC members felt that public health would be better suited to get this information through an investigation.
  - Some labs have race/ethnicity as one field so it wouldn’t be differentiated.
- Employer information including name, address, and phone number of patient employer (suggested new element)
  - TAC members indicated that the data is going to be widely varied by clinic and that patient information about occupation is not usually updated after their first interaction with the facility.
  - Regardless of whether this is for one condition or all, the lab still has to create a new data field so there will be a cost associated with adding these three new fields.

The TAC next discussed how to mitigate impacts of a potential ELR mandate on small businesses such as through allowing these labs to use less burdensome electronic submission mechanisms. The group discussed the following with relation to which labs may need impacts to be mitigated:

- Lab size (e.g. number of employees)
- Notifiable condition volume (e.g. less than 30 notifiable conditions reports per month)
- Point of care testers
- Labs experiencing financial hardship (e.g. a financial hardship exemption)

Alexandra Montañó, Board Staff and Sierra Rotakhina, Department of Health shared that they will be working to determine what the cost of implementing the rule will be as a part of the required analyses for the rule package. They indicated that they will be sending out a survey to all labs in Washington in the coming months to begin to understand what it would cost for labs to implement the draft rule, particularly as it relates to ELR.

#### **4. REPORTING NEGATIVE TEST RESULTS - PRESENTATION AND DISCUSSION**

Mr. Kutz invited Tom Jaenicke, Department of Health and Chas DeBolt, Department of Health to provide a presentation about receiving non-positive laboratory data for HIV, gonorrhea, syphilis, chlamydia, hepatitis C virus (HCV), and hepatitis B virus (HBV). Mr. Jaenicke and Ms. DeBolt provided case-based examples to illustrate how non-positive lab data could support public health prevention in Washington. TAC members supported the specific recommendations for HBV. For the other conditions, TAC members discussed concerns about patient privacy and potentially creating barriers for people to get tested for these conditions. The TAC suggested that for HIV, syphilis, chlamydia, gonorrhea, and HCV, the reporting requirement could be negative confirmatory test results associated with a previous positive result and de-identified data for negative screening tests.

**5. HEPATITIS A-E**

The TAC reviewed the recommended language Hepatitis A-E in the provider/facility table and the laboratory table and indicated that they did not have any concerns with this recommended rule language.

**6. WRAP UP**

Ms. Montano and Ms. Rotakhina, reminded TAC members that there will be one more TAC meeting on Friday, October 12<sup>th</sup> at the Department of Health office in Kent. They indicated that they would be incorporating TAC feedback into the draft rule language and sending a full draft for TAC review prior to the final meeting.

**7. ADJOURNMENT**

Dr. Lindquist adjourned the meeting at 3:00 p.m.