

# APHL/CDC Laboratory Efficiencies Initiative (LEI)

March 12, 2012



# Key questions

- What are the critical public health functions that must be maintained?
- Which of those critical functions are driven by laboratory-generated data?
- Where will that laboratory data come from?



Creating a Sustainable Public Health Laboratory System



# Laboratory Efficiencies Initiative (LEI)

## Background

- Laboratory budgets have been cut
- Many public health labs have lost ~25% of their staff
- Testing has been eliminated or reduced, e.g., for measles, pertussis, and Legionnaire's disease
- Ability to maintain services is under severe stress and in some cases has impaired outbreak investigation, emergency response, surveillance, and public health prevention programs
- States, localities, APHL and CDC have a shared stake in sustaining public health testing services

# Laboratory Efficiencies Initiative (LEI)

## Key Points

- The public health laboratory successes of the past decade are in danger of being eroded or lost
  - Pulsenet and rapid foodborne disease detection
  - Testing capability to determine/activate biothreat response
  - Pandemic influenza and rapid implementation of diagnostics/surveillance testing
- Local capacity is the basis for the nation's public health laboratory system. CDC cannot provide this testing
- First time CDC has focused on 1) sustaining public health testing 2) as a collective focus across programs
- Budget initiative driven by APHL/CDC collaboration with unique focus on management solutions

# Laboratory Efficiencies Initiative (LEI)

## Operating Principles

- Assessment of alternative management practices to sustain critical testing services
- Strategies will be state-driven with CDC and APHL supporting with evidence, guidance, and “collaborative space” to enable solutions within and between states and public health programs
- LEI strategies will require input from all the stakeholders including public health agencies and CDC programs in addition to the laboratories

# LEI focuses on adoption of high-efficiency management practices

- Multi-state sharing of test services
- In state reorganization of testing services
- Contractual services
- Standardization (Harmonization) of testing platforms
- Purchasing cost-savings
- New revenue streams
- Laboratory informatics capabilities
- Workforce preparedness
- Managing workflow (Lean, Six Sigma)

# LEI Implementation Strategy

- Strategies and toolkits with evidence and guidance will guide investments of FY13 LEI funding
  - Solicit proposals from multi-state consortiums that will share laboratory services
  - Solicit proposals from states that will implement LEI or other innovative management changes
- Evidence and guidance will assist and support ongoing PHL management changes at the state and local level (independent of federal funding)
- CDC programs will value and support PHL implementation of LEI strategies with existing funding

# LEI building momentum with early steps

- Convened laboratory ROI focus groups
- Convene LEI governance groups:
  - CDC Laboratory Program Forum
  - CDC Steering Committee (in process)
  - Partners Committee (in process)
- Inventory public health laboratory testing services
- Evaluation high-efficiency management practices already implemented
- APHL/CDC Test Service Data Consultation (Dec 7-8, 2011)
- APHL/CDC Consultation on Informatics (Dec 15, 2011)



# Current activities

## Streamlining CDC program support to states

- CDC Laboratory Program Forum
  - Inventoried CDC program funding support to laboratories
  - Developed focus and APHL activity on standardizing test platforms
  - Identified CDC and APHL test service data collection instruments and consolidated data, by state, in a draft report for CDC OD
  - Next steps:
    - Dialogue on coordination of CDC program regionalization strategies
    - Engage CDC programs on all LEI strategies

# Service Change Toolkit

- A resource for use in assessing pros and cons of:
  - Multistate sharing of test services
  - Within-state merger of laboratories, and
  - Other types of change in services
- Based on states' recent experiences
- Intensive review by APHL members and staff
- Additional suggestions are requested
- Jointly sponsored by APHL and LSPPPO

# LEI Informatics Capabilities

- Develop a self-assessment tool that addresses multiple informatics components and identifies minimal standards with associated guidance and technical resources
- Where to set the bar---minimum standards?
  - **“Stay in place” - PHLs are struggling to sustain capacity and require CDC recommendations and business cases to defend existing resources**
  - **“Minimum capacity” - Many PHLs have limited informatics capacity and require objective measures to support implementation of minimum standards**
  - **“Moving forward” – Adopt national standards for meaningful use and interoperability**

## Questions to Ponder

- Salmonella serotype backup – do we have suggestions on how the PHL system can handle this?
  - how do we want to proceed, and quickly, in putting together a plan?
- What do you want to get out of the regional forums?
- What is the base (of testing)? What are the PHL services that each jurisdiction needs, and what is the process by which that is determined in each jurisdiction? What about the national context?
- Billing and revenue generation-what are your needs from APHL? How can we help?