

**Point-of-Service Screening:  
DRAFT broad brush perspective  
for NBS  
from the SACHDNC  
Follow-up & Treatment  
Sub-committee**

Nancy S. Green, MD

Associate Professor of Pediatrics

Associate Dean for Clinical Research Operations



COLUMBIA UNIVERSITY  
MEDICAL CENTER

# Point-of-Service Screening (*POSS*)

## Outline:

- **Issues**
- **Topics**
- **Challenges**

# Context of this Session

- **Juxtaposed philosophical, public health and pediatric concerns, heightened by recent SACHDNC reviews.**
- **Concerns by knowledgeable stakeholders about jurisdiction, mandates, financing/reimbursement**

# ***What is Point-of-Service Screening***

**Defined as:**

**“diagnostic testing [*screening*] at or near the site of patient care.**

**The driving notion behind POCT is to bring the test conveniently and immediately to the patient.**

**This increases the likelihood that the patient will receive the results in a timely manner.”**

**DBS screening is not POSS.**

# Point-of-Service Screening (POSS):

- For SACHDNC to consider:

**The interface between professional standards of care and public health programs**

- *We are starting w NBS since the issues are broad & complex: “POSS-N”* (“Newborn” or “Nursery”)
- **Many professional guidelines exist for screening of children within the context of well-child care**
  - Other types of screening (vision, lead, etc.) occur during childhood.
  - How do these conditions differ? (e.g. CCCHD, hyperbili)

# Point-of-Service Screening (*POSS-N*)

- ❑ **Clarity about the roles, responsibilities and resources required for non-DBS NBS –**
  - ❑ \* May vary by condition and needs
  - ❑ Hearing screening may not be an ideal example to follow.
- ❑ **Diverse opinions about the R&Rs for public health agencies**
  - ❑ NBS: Defined as “essential public health activity”
  - ❑ Public health programs:  
**Limited to Surveillance, evaluation and/or education?**

# Clinical Preventive Services for Newborns: Matrix for screening, Dx, Rx (Adapted from DD)

Screening focus	Child age	Site of screening (e.g., blood draw)	Site of analysis	Site of follow-up initiation (Dx)	Site of follow-up (care)	Role for Public Health programs ?
Newborn DBS	NB	Hospital	Public health lab	Ambulatory clinic	Ambulatory clinic	Yes: F/U
Hearing	NB	Hospital	Hospital	Hospital, clinic	Ambulatory clinic	Yes: surveillance
CCCHD, Hyperbili	NB	Hospital	Hospital	Hospital, clinic	Hospital, Ambulatory clinic	?

# POSS-N

- ❑ Incorporation into “recommended screening” translates into state mandates with explicit directives (e.g. Indiana or California)
  
- ❑ Clarity of definitions needed
  - POSS-N does not capture the context
  
- ❑ No single right way or directive –
  - Depends on the condition, the state, other factors

# **POSS-N: at “bedside” for reasons of urgency, equity and/or efficiency**

- ❑ **Defined as universally performed tests, performed for a newborn at the birth hospital prior to discharge.**
- ❑ **Justification of testing and lack of requirement for parental permission: would parallel those features of the traditional metabolic testing.**
- ❑ **Critical issues:**
  - **Generic: roles, responsibilities, resources and liability would need to be addressed;**
  - **Specific: for any specific condition under consideration**
- ❑ **Public health framework**
- ❑ **Public health roles: likely include - *at minimum*: centralized data reporting and program evaluation.**

# Key attributes of POSS-N that are Distinct from traditional NBS (*Draft*)

## ❑ Overall:

**Immediate diagnostic and follow-up care are likely to be needed and provided**

## ❑ Condition:

- Diagnosis of a serious condition must be made prior to nursery discharge for initiating Rx
- Diagnosis must be interpretable within the early newborn period
  - At least to stratify risk of imminent morbidity/mortality

# POSS-N: Key distinct attributes (cont.)

## □ Screening test:

- Easy/reasonable/safe/acceptable - not taxing for the infant
- Simple/quick procedure(s) for staff
- Available on-site manpower and instrumentation
- Results: promptly obtained on site; interpretable
- Available at the nursery with reasonable investment
- Standardized locally and broadly (state, national)
- Quality assurance (QA) is available locally

# Key attributes of POSS-N (cont.)

## □ Diagnostic test/process

- Available - at site or transportable
- Feasible
- Definitive, at least for those at imminent risk of harm from the condition
- Safe:
  - a) for those w FP screening;
  - b) relative to potential benefits for TP
- Favorable ratio of potential benefit-to-cost

# Current POSS-N

- **Sole current model: newborn hearing testing**
- **CCCHD: What will happen?**
  - *Should we wait and see how this is resolved before the SACHDNC recommends more POSS-N?*
- **State health departments may bear less responsibility if a POSS condition is added to the Recommended Panel.**
  - **For some POSS-N, public health roles could be limited to surveillance of screening results and diagnosed condition.**
  - **Or: whether non-DBS NBS should be deemed essential public health services, and whether any or all the government functions should be delegated to the private sector?**

# What are the considerations for the SACHDNC regarding POSS-N?

**Could current SACHDNC criteria (*or additional criteria*) and structure for review be used to distinguish tiers of recommendations, each requiring different levels of public health involvement?**

- **What entities would be responsible for F/U, Rx, tracking?**
- **Could those roles be distributed elsewhere?**
- **Could PH take on limited roles, especially for non-DBS screening?**

# Some Thoughts

- **Criteria used by the SACHDNC for universal screening uses differ (usually more stringent criteria) from that used in clinical practice (CK).**
- **Need to interface between professional standards and public health programs**
- **SACHDNC should seek input from relevant professional organizations – service providers and hospitals**
- **What gaps in funding streams need to be addressed if universal POSS-N becomes standard of care?**

# **From the Follow-up & Rx Subcommittee of the SACHDNC**

**This presentation reflects the beginning of the  
process for defining POSS-N.**

**More collaborative thought is needed for  
defining:**

- SCOPE, ROLES, RESPONSIBILITIES**
- INTERFACE BETWEEN PRIMARY CARE  
AND PUBLIC HEALTH**
- A meeting w key stakeholders is under  
consideration by SACHDNC.**