QUICK CLIA 101 & CLIA COMPLIANCE

Judy Yost, M.A., M.T.(ASCP)

Director

Division of Laboratory Services

CMS

- Impetus for Clinical Laboratory Improvement Amendment of 1988 (CLIA):
 - Deaths from inaccurately read Pap smears.
 - Proliferation of "blackbox" technology w/ no oversight in physicians' offices.

Congress passed the Law in 1988.

- Regulates all testing on humans for health purposes using minimum quality standards.
- To ensure accurate, reliable testing regardless of location.
- Includes research when results returned & specimens have unique ID.

Cont'd.

Final Regulations published Feb. 1992

- Quality standards based on test complexity.
 - The more complex the test, the more stringent the standards.
 - Most Genetic tests are high complexity.
- CLIA Certificate for highest test level; one per site.
 - Exceptions for hospitals/universities-multiple sites.
- Entirely user fee funded by certificate & survey fees.
 - Based on annual test volume.
- Program administered by CDC, FDA & CMS.

Cont'd.

Test Complexities:

- Waived-- simple, accurate tests w/o routine oversight; lab must follow mfgrs.' instructions.
- Moderate—most tests here; automated; lab must meet quality standards & be surveyed biennially.
- **PPM**—provider performed microscopy-sub-category of mod.; done w/ microscope during patient visit; lab must meet quality stds.; no routine oversight.
- High—manual; require more training, technique & result interpretation; most stringent stds.; surveyed.

Cont'd.

Quality Standards:

- Personnel qualifications & responsibilities--lab director has overall responsibility; required positions.
- Quality Control (QC)—mechanism to ensure test is working that day.
- Specimen Integrity/Recordkeeping document test data; patient ID, confidentiality, test referral, etc.
- Proficiency Testing (PT)--external test for accuracy by private org. or lab checks accuracy 2X/yr.
- Quality Assessment (QA)—ongoing; system w/ comprehensive plan to monitor & ensure quality results; communicate & solve problems.

Cont'd.

CLIA Surveys:

- Biennial, announced.
- Routine surveys include only moderate & high labs.
 - Others based on alleged complaints.
- Performed by CMS trained State Agency Med. Techs. or
- By approved accrediting orgs. with equivalent standards; e.g. CAP.
- Educational, outcome-oriented with QA focus.
- Data indicates improved lab performance over time & more labs than ever enrolled in CLIA.

GENERAL INFORMATION:

- Labs must enroll & meet all CLIA quality requirements.
- Flexibility in how & when lab meets standards.
- Priority depends on test quality impact.
- No penalties for non-enrollment; unless intentional after notification or refusal to comply.
- CMS will provide technical assistance to labs.

SURVEY FACTS:

- First survey is information-sharing unless risk to patient safety is found.
- Survey process looks at outcomes—results.
- Problems found that affect test quality are cited on lab's survey report, but the surveyor will:
 - Offer customized guidance to correct problems,
 - Set priorities,
 - Suggest resources & timeframes for correction.
- Lab receives credit for what they do right.

SURVEY PROCESS:

- Perform entrance Interview.
- Tour lab.
- Observe testing.
- Interview personnel.
- Review records, data/information.
- Assess outcomes & determine compliance.
- Conduct exit conference & generate survey rept.
- Lab develops plan of correction, if problems.

CLIA STATE SURVEYORS:

- Are professional & knowledgeable about CLIA, laboratory practices & quality assessment.
- Evaluate lab's overall ability to provide accurate results instead of individual standards.
- Receive periodic training by CMS &/or experts.
- Will receive specific, detailed training with new CLIA G.T. regs.
 - CMS will enlist nationally recognized G.T. experts.

- Without specific G.T. training a CLIA surveyor can:
 - Review lab director's qualifications & responsibilities.
 - Evaluate QC, instrument maintenance & analytical test validation & PT data.
 - Interview testing personnel: observe testing, reports.
 - Verify specimen integrity, I.D., handling, audit trail, confidentiality, check personnel competency, etc.
 - Assess lab's plan to assure accuracy internally & externally & solve problems; check turnaround time.
 - CMS: every lab unique; will assist w/ compliance.

CLIA experience with G.T. research labs:

- Much of what lab does to verify test works & results are correct facilitates meeting CLIA.
- Existing documentation & data are useful.
- Organizational materials are acceptable: e.g. job descriptions, safety plans, etc.

Current Status of G. T. under CLIA:

- Genetic Testing covered by CLIA.
- QC & personnel stds. for Cytogenetics.
- No genetic /molecular specialty.
- Molecular amplification workflow, PCR QC & incr. confidentiality in '03 CLIA regulations.

History:

- 1997—NIH/DOE TF rept. published.
- 1998—CLIAC recommendations.
- 1999—SACGT recommendations.
- May 2000—CDC Notice of Intent (NOI).
- 2001—revised CLIAC recommendations.
- 2006—Notice of Proposed Rulemaking in CMS clearance.

Potential G.T. Issues for Comment:

- Definition
- Informed consent
- Clinical validity
- Proficiency testing
- Personnel qualifications
- G.T. research labs reporting results

- Sources of Input for NPRM:
 - CLIAC
 - Public comments from NOI
 - Professional standards/guidelines
 - Accreditation organizations/States
 - Subject matter experts
 - Other Federal agencies

Components of NPRM:

- Preamble—background, history, rationale.
- Proposed Standards—requirements for labs.
 - Will solicit comments.
- Regulatory Impact Analysis—costs vs. benefits.
- Paperwork Burden—information collection.

Next Steps:

- On CMS regulation schedule.
- Assess means to address open issues.
- Clear reg. through CMS, CDC, FDA, Sec. HHS, OMB.
- Publish.
- Compile and respond to comments.
- Publish final regulation.
- Train surveyors.
- Develop guidance & educational materials.

- Where to Find CLIA Info:
 - CMS CLIA Web site:
 - www.cms.hhs.gov/clia/
 - CMS Baltimore CLIA Office:
 - 410-786-3531
 - Judy Yost email:
 - Judith.yost@cms.hhs.gov

QUESTIONS?????????