



QUALITY UPDATE

A regular publication providing information and updates to CompuNet Clients
Mission: To provide excellence in medical laboratory testing to our community.

Volume 15. Issue 4 Editor: Mark Shearer (937) 297-8236 mark.l.shearer@questdiagnostics.com April 2008

In this Issue

Managed Care Status Bulletin	1
Quality Toolbox	2
Montgomery County Science Fair	2
HIV Testing Revisited	3
Medical Professionals Week	4

Managed Care Status Bulletin

By Kim Stanforth.

In an effort to keep you apprised of CompuNet Clinical Laboratories' status with major managed care insurance plans, we would like to provide an update regarding our UnitedHealthcare (UHC) contract.

Recently, several physicians have reportedly received calls from individuals identifying themselves as UHC representatives, stating that CompuNet is linked to the Quest Diagnostics' UHC contract. **This is not the case.**

- **CompuNet's contract with UnitedHealthcare (UHC) extends through 2008 and beyond.** All laboratory services provided by CompuNet are in-network for *all* UHC patients.
- We recognize how important it is for your practice to be able to utilize a single lab for all of your patients' laboratory needs and not have to use different laboratories based on a patient's insurance plan. **CompuNet Clinical Laboratories is a contracted provider for nearly all healthcare plans, including UHC.**

You have our commitment that, in the unlikely event of changes to our in-network status with UHC or another major insurer, we will communicate these changes in a timely manner. Your business is extremely important to us and we will make every effort to communicate issues that could impact your practice and your patients.

If you have any questions regarding our in-network status with insurance plans, please contact your CompuNet sales representative or Patrick Kelly, Vice-President, Sales and Marketing, at (937) 290-7330.

Quality Toolbox – Discovering the Right Questions

By Carolyn Thaman, MT(ASCP), Six Sigma
Master Black Belt

Throughout the year, we'll include a few "quality" tools that might help you in your practices. This first one is called Root Cause Analysis.

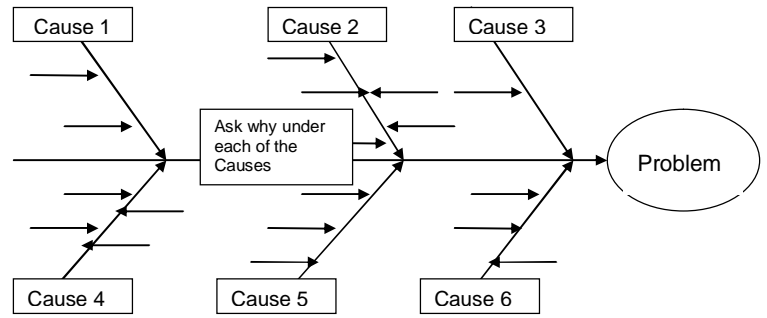
How many times have you asked yourselves why can't we come up with the right solution? Well – maybe – it's because you're solving the wrong problem! Here is a simple tool that can help with identifying the right problem so the right solution can be applied.

It's called many things – Root Cause Analysis, Cause-and-Effect Analysis, Fishbone Diagram, and Ishikawa Diagram. It can be adapted to any type of situation and is one of the basic quality tools.

Here is how it is done:

- 1) Write the issue or problem that you're trying to understand on a piece of paper,
- 2) Have the people who are working with the problem to start brainstorming as to what are the primary 4 – 6 causes - write them down,
- 3) Take one of those primary causes and ask the question "why" – why is that happening - and keep asking this of the previous "why" until you can't find out anymore causes – you're at the root cause. (Asking "why" 5 times usually gets to the root cause).
- 4) Then take on the next primary cause of the problem and continue as in step 3.
- 5) You'll do this with each of the primary causes.
- 6) Circle your root causes. You might be surprised to see several identical root causes from the various brainstormed items. Guess what – then you know the one that needs to be solved first!

Think of it as figuring out why a sore on a knee will not heal - the patient comes to you and says they just keep putting band-aids on it. You look into it and see a splinter – it's pulled out – no more band aids.



CompuNet Plays Key Role in Montgomery County Science Day

As you know, CompuNet Clinical Laboratories is a frequent contributor to community events and activities that promote laboratory science, health and wellness, and medicine. This March, CompuNet employees took part in the Montgomery County Science Day held at the University of Dayton. Students from grade 7 through 12 were eligible to participate in the annual event.

Vicki Studebaker and Kathy Loyd were assigned as judges in the health and medicine category. Each project was judged in four areas: (1) use of the scientific method, (2) knowledge gained, (3) presentation and organization and (4) creativity and originality. The subject matter of some of the projects included toe fungus in ballet shoes, video games, blood pressure, and growing bacteria with silver nano-particles.

Kathy and Vicki recommended three students for special awards which included cash, plaques, and medals. The judges noted that all of the science projects were informative and a few were definitely the works of future scientists!

Laboratory Testing for HIV

By Ike Northern, MT (ASCP) Microbiology

Effective, April 14, 2008, CompuNet will begin using a new assay to detect antibodies to HIV. This screening assay (Order Code 6449) will detect antibodies to HIV 1 (M and O groups) and HIV 2 and will replace our current HIV 1 assay. As a result of this change, confirmation testing of samples with a positive result on the screening assay will be modified to comply with the algorithm recommended by the Center for Disease Control and Prevention (CDC). Using this algorithm, an HIV 1 western blot will be performed when a positive result is obtained on the screening assay. If the HIV 1 western blot is positive, no further testing will be performed. If the western blot for HIV 1 is negative or indeterminate, an ELISA assay specific to HIV 2 antibodies will be

performed. If this test is positive, a western blot assay for HIV 2 antibodies will be done. Additional charges will be added as necessary for these confirmation tests.

Although the prevalence of HIV 2 in the United States is very low, when using this algorithm there is a potential that antibodies to HIV 2 will not be detected in patients that are infected with both HIV 1 and HIV 2. If a patient's history indicates risk factors for HIV 2 infection (has lived in or visited western Africa or had sexual contact with individuals from western Africa), an HIV 2 antibody assay (Order Code 37363) may be ordered to detect HIV 2 antibodies. If positive, an HIV 2 western blot will be performed.

In addition to these assays, there are a number of other tests that have been developed for diagnosis, monitoring, and treatment of HIV infected individuals. The following is a list of HIV tests that are offered at CompuNet and situations where they may be helpful.

Test	Order Code	Purpose
HIV 1/2 Antibody	6449	Screening test. Antibodies usually present 2-8 weeks after infection. If positive, confirmation testing is always performed.
HIV 2 Antibody	37363	Screening test for HIV 2 antibody. Most patients with HIV 2 have either lived in or visited western Africa or had sexual contact with individuals from western Africa. Confirmation testing is done if positive.
STAT HIV Antibody	73652	Used for screening source patients when an exposure has occurred. Intended to assist physicians in determining the necessity of HIV prophylaxis for the person that had an exposure. Not performed for routine screening of patients.
HIV Direct Antigen (p24)	36444	Detected during acute phase of primary HIV infection and during late symptomatic stages. Not used routinely for diagnosis of HIV.
HIV 1 DNA by PCR, Qualitative (Proviral DNA)	8401	Used to confirm the diagnosis of HIV in babies born to infected mothers and in adults when western blot results are inconclusive. Highly sensitive PCR assay for the detection of viral nucleic acid in peripheral blood mononuclear cells.
HIV 1 Quantitative RNA (Viral Load)	91498	Determines the amount of virus in the plasma (viral load). Used for regular monitoring of anti-retroviral therapy. Assay range: 50 – 10,000,000 copies of virus RNA per mL of plasma.

HIV Resistance Testing

HIV 1 Genotype	34949	Used to detect mutations in HIV which can result in drug resistance.
HIV 1 Viral Load with reflex to Genotype/Phenosense	74109	Viral load with assay range of 50 – 10,000,000 copies of virus RNA per mL of plasma. If >1,000 copies/mL, automatically reflexes to Genotype and Phenotype. Must have signed PAF (Physician Authorization Form) to order test.
HIV 1 Virtual Phenotype	10469	Predicts phenotypic resistance to HIV anti-retroviral therapy. Assists in drug selection prior to initial treatment or following therapeutic failure.

If you have questions concerning these tests, you may contact Ike Northern, Microbiology/Serology Manager at (937) 297-8334 or Nicole Kahmann, Molecular Diagnostics/Virology Manager at (937) 297-8257.

April 2008

Managed Care Status Bulletin	1
Quality Toolbox	2
Montgomery County Science Fair	2
HIV Testing Revisited	3
Medical Professionals Week	4



National Medical Laboratory Professionals Week: April 21-25, 2008

By Jessica Hutchinson, Serology Team Leader

National Medical Laboratory Professionals Week (NMLPW) is a time of recognition for the approximately 265,000 medical laboratory professionals and 15,000 board-certified pathologists who play a vital role in every aspect of health care.

NMLPW is a chance for medical laboratory personnel to celebrate their professionalism and be recognized for their efforts. Often, they use this time to inform and educate medical colleagues and the public about the medical laboratory. Since laboratorians often work behind the scenes, few people know much about the critical testing they perform every day.

Lab Week is held annually during the last full week of April. The 2008 Lab Week will be held April 20-26, 2008. **The theme will be "Laboratory Professionals: Delivering Today's Results for a Healthier Tomorrow."**

If you would like to join in our NMLPW celebration, complete the puzzle and return to Jessica Hutchinson, Serology Team Leader. Four winners will be chosen from all entries received. Each winner will receive a gift from the CompuNet company store. Winner's names will be posted in an upcoming issue of Quality Update.