WEBVTT

1

00:00:09.148 --> 00:00:14.669

Okay, it is new, so we will go ahead and get started.

2

00:00:14.669 --> 00:00:18.809

Thank you.

3

00:00:18.809 --> 00:00:29.399

Hi, this is Carrie. I'm the assistant director at the Department of mental health. I want to welcome everyone to our webinar for the by next now. Testing.

4

00:00:29.399 --> 00:00:33.780

My next now is a rapid test that you can self administer.

5

00:00:33.780 --> 00:00:40.140

And we are happy to be able to present the ability for our deviate community providers.

6

00:00:40.140 --> 00:00:51.179

Or damage, community providers, the opportunity to use by next now, testing was in their facilities for either their staff visitors and, or those, that they serve.

7

00:00:51.179 --> 00:00:55.585

And so today we have our friends from the Department of health and senior services,

8

00:00:55.585 --> 00:00:55.914

rest,

9

00:00:55.914 --> 00:00:56.365

jury,

10

00:00:56.395 --> 00:00:56.695

Paul,

11

00:00:56.695 --> 00:00:58.795

Nicholson and Ryan marsh joining us,

12

00:00:59.304 --> 00:01:03.445

they're going to take over the meeting and essentially tell you all,

13

00:01:03.445 --> 00:01:06.415

you need to know about by next now how it works.

14

00:01:06.750 --> 00:01:11.879

What your requirements are, if you choose to use this option.

15

00:01:11.879 --> 00:01:26.489

And I don't want it to anyone away. There are some reporting requirements, and it can seem like a lot initially but once you get it going and into the rhythm is really a very manageable workload.

16

00:01:26.489 --> 00:01:38.400

In order to have this resource available to you during this time. So, with that, I will turn it over to Paula Russ and Ryan to get started.

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00:01:38.400 --> 00:01:45.689

Thank you Carrie, as Carey said, my name is Paula Nicholson in my non.

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00:01:45.689 --> 00:01:52.109

Work, I am the administrator for the office of emergency coordination at the Department of health and senior services.

19

00:01:52.375 --> 00:02:03.174

I'm going to let Russ and Ryan introduce themselves and then we'll talk with you about the layout for the meeting this afternoon for us. All right. Hi guys. My name is respiratory.

20

00:02:03.174 --> 00:02:05.004

I am in the real world,

21

00:02:05.004 --> 00:02:07.194

the director of preparedness,

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00:02:07.194 --> 00:02:07.944

education,

23

00:02:07.944 --> 00:02:09.715

and safety at the Missouri state,

24

00:02:09.715 --> 00:02:11.694

public health laboratory but as I like,

25

00:02:11.694 --> 00:02:12.025

I say,

26

00:02:12.025 --> 00:02:12.685

in this movie,

27

00:02:12.895 --> 00:02:18.264

I play the laboratory director of the States standing clinical laboratory,

28

00:02:18.264 --> 00:02:18.715

improvement,

29

00:02:18.715 --> 00:02:19.224

amendments,

30

00:02:19.224 --> 00:02:22.134

or license of waiver for the state of Missouri.

31

00:02:24.539 --> 00:02:39.210

Um, hi, I'm Ryan marsh in the real world. I like that. I'm the training lead for the division of community and public health director's office, and in the world, I am the lead for the electronic lab reporting. Onboarding team.

32

00:02:39.210 --> 00:02:53.759

Great, thank you. And as the meeting proceeds, you'll hear from both Russ and Ryan. So, as Kerry said, today, we want to give you an overview of the by next now. Antigen test.

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00:02:53.759 --> 00:02:58.530

Uh, itself now the requirements to be involved in the program with us.

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00:02:58.530 --> 00:03:08.340

And talk with you about any barriers that you might foresee to the use of the test, because we want to help you overcome those barriers if we can.

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00:03:08.340 --> 00:03:17.520

And then we'll look at how you actually apply to receive some of the tests and the ongoing requirements that you have with regard to reporting.

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00:03:17.520 --> 00:03:21.689

So 1st of all the test that we have.

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00:03:21.689 --> 00:03:30.360

On site in our warehouse in Jefferson city are part of a federal distribution to the state. The state received about 1 point.

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00:03:30.360 --> 00:03:35.460

1 and 3 quarter 2,750,000 tests.

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00:03:35.460 --> 00:03:42.990

And we have distributed slightly less than a 1Million of those at this point in addition to our state supply.

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00:03:42.990 --> 00:03:48.120

There have been federal, direct supplies to Missouri's long term care facilities.

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00:03:48.120 --> 00:03:57.300

To our historically black colleges and universities, which is Lincoln and in Missouri, and a few of our home health agencies.

42

00:03:57.300 --> 00:04:08.099

The original intent with the state supply was to supply our public and private K through 12.

43

00:04:09.474 --> 00:04:15.594

Organizations facilities, and we have done that we continue to do that, and we'll do so going into the future.

44

00:04:15.925 --> 00:04:30.115

We're serving roughly 360 school districts at this point, and feel like we have been helpful and then process the mitigation process to keep reserve schools open and in person for to a large extent.

45

00:04:31.168 --> 00:04:35.218

In addition we've distributed to institutions of higher education.

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00:04:35.218 --> 00:04:38.999

We began looking at other use.

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00:04:38.999 --> 00:04:46.528

Cases other types of users in early December and significantly expanded to.

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00:04:46.528 --> 00:04:51.329

Hospitals, local, public, health agencies, home, health and hospice agencies.

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00:04:51.329 --> 00:04:55.619

Emergency Medical service agencies, federally qualified health centers.

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00:04:55.619 --> 00:05:07.889

Since the beginning we've been supplying by next now to department mental health, congregate, care facilities as well as Missouri veterans commission division of youth services, and some to department of corrections.

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00:05:07.889 --> 00:05:11.699

And so we continue to look for additional use cases.

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00:05:11.699 --> 00:05:16.408

That may be able to benefit from these tests that are supplied to us.

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00:05:16.408 --> 00:05:21.869

Free of charge and they come to you free of charge because they are under.

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00:05:21.869 --> 00:05:35.129

A federal shipment to us and so, in discussions with Kerry, and with had the discussion that many of the damage community providers may be able to benefit from these tests.

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00:05:35.129 --> 00:05:41.369

I will also say that once we finalize the distribution of the 1 and 3 quarter 1,000,000.

56

00:05:42.113 --> 00:05:56.603

Test that we have, we do have funds in a grant to the Department of health that we have set aside to purchase additional test. Should those be useful within our state? So, as long as the next now, program is in place.

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00:05:56.848 --> 00:06:00.689

We anticipate being able to provide those tests to you at no cost.

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00:06:00.689 --> 00:06:06.899

Now, at no cost for the to where the purchase of the test, there are certainly costs involved.

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00:06:06.899 --> 00:06:11.428

To you as an administrator, and will kind of identify those and speak through those.

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00:06:11.934 --> 00:06:26.064

As we go along, so there are roughly there are basically 5 requirements to being involved in the program, and to be involved in the program. And it's submit your initial application, which we will look at momentarily.

61

00:06:27.084 --> 00:06:35.934

You have to basically give us a testing plan. Doesn't have to be a huge, long or deal. It can be 3 quarters and page half page.

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00:06:35.934 --> 00:06:43.254

As long as you are telling us how you're going to use the test about how many you anticipate using and how you're going to cover the requirements.

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00:06:43.468 --> 00:06:51.928

So, the requirements are 1st, these tests have to be administered under a waiver as Russ was speaking about.

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00:06:51.928 --> 00:06:59.728

And we anticipated this would be problematic for many of our, by next now users initially.

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00:06:59.728 --> 00:07:06.809

With K, through 12, because they are not typical test users and would not typically have a clear waiver.

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00:07:07.043 --> 00:07:17.723

So, we established a state level Cleo waiver specifically for, by next. Now, users and Russ is the laboratory director. He'll speak about that and a little bit as we go through the guidance.

67

00:07:18.144 --> 00:07:26.064

But, basically, if you use these tests under our Cleo, you're obligated to tell us and keep us updated about the location.

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00:07:26.338 --> 00:07:37.319

Where they're being used, and it really does need to be confined to your work location. And secondly, who your test administrators are, there is a.

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00:07:37.319 --> 00:07:44.819

Online training for your test administrators that we'll speak about in just a moment, but you're required to keep us updated about that.

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00:07:44.819 --> 00:07:50.399

The 2nd requirement is that these tests occur under a physician's order.

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00:07:50.399 --> 00:07:54.298

And we have secured a physician's order on your behalf.

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00:07:54.298 --> 00:08:05.338

It's located on our website at health dot Mo dot Gov slash corona virus and on the right hand bar, you'll see a bar called testing resources.

73

00:08:05.338 --> 00:08:09.209

When you open that there's a section for, by next now.

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00:08:09.209 --> 00:08:22.918

And it takes you to your application, it takes you to your standing order and it says standing physicians, order, parentheses, damage, community providers and that standing order would cover your use for symptomatic.

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00:08:22.918 --> 00:08:26.369

Or a symptomatic use for your staff.

76

00:08:26.369 --> 00:08:31.709

For your clients, and for any, I believe it says for any contractors coming on site.

77

00:08:32.729 --> 00:08:39.599

Thirdly, you would have to have an infectious waste disposal process and plan in place.

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00:08:39.599 --> 00:08:45.269

Any residuals of the test administration itself.

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00:08:45.269 --> 00:08:52.708

And any that your test administrators use, become infectious waste and need to be red bagged.

80

00:08:52.708 --> 00:08:56.489

And then arrangements made to hold off.

81

00:08:56.489 --> 00:09:02.009

That infectious waste that's recommended our gloves.

82

00:09:02.009 --> 00:09:07.019

Some sort of protections such as goggles or a face shield.

83

00:09:07.019 --> 00:09:14.369

A surgical or procedural mask, and it's really recommended to have a gown, but many many do not use the gown.

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00:09:14.369 --> 00:09:19.139

4th, your test administrators.

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00:09:19.139 --> 00:09:29.879

Have to complete the Abbott online training evidence, the company that produces by next. Now, we provide you the link to the online training. It's about 4 modules that I, most people can.

86

00:09:29.879 --> 00:09:33.928

Finish in about 20 minutes, so it's not terribly onerous.

87

00:09:33.928 --> 00:09:38.759

But it does provide very succinct, thorough information about.

88

00:09:38.759 --> 00:09:45.688

How to administer the test how to know whether or not it's working appropriately how to store the tests, et cetera.

89

00:09:45.688 --> 00:09:53.129

And then finally, all of your reporting results have to be sent to the Department of health and senior services.

90

00:09:53.129 --> 00:10:02.278

In the format that we provide you and Ryan will speak about that in just a moment, but you have to report all positive and negative results to us within 24 hours.

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00:10:02.278 --> 00:10:14.038

So, Russ, if you will pull up the portal, and we'll show everyone how to get to the portal that is publicly available to you now.

92

00:10:21.839 --> 00:10:30.778

So this is the health dot dot Gov slash virus portal that I was speaking about and you go there on the right to testing resources.

93

00:10:32.788 --> 00:10:39.928

So, there, if you scroll down under by next now testing, if you'll scroll just a little bit before you go. Yeah. So there is.

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00:10:39.928 --> 00:10:52.043

My notes not showing see, they're right above where it says, strive for wellness state employees when I clicked on it earlier there is 1 that says damage community providers and it's not showing here either.

95

00:10:52.313 --> 00:10:56.933

So, I will check into that after we get off the call and see why it's not consistently showing.

96

00:10:58.078 --> 00:11:01.408

When you're ready to apply, you click on the by next now hub.

97

00:11:03.538 --> 00:11:08.428

And you do want to say, yes, because you're exiting to a.

98

00:11:08.428 --> 00:11:14.668

What's called an advisory platform? It's a platform that we're using for all of our applications, et cetera.

99

00:11:14.668 --> 00:11:18.389

And scroll down and you will should see.

100

00:11:18.389 --> 00:11:25.769

A, the image logo, the image community providers application and that's the 1. you want to click on.

101

00:11:28.349 --> 00:11:42.568

So this will be the site that you'll come to both to do your initial application and you do that at the tab below where it says new applicants after you do the initial application. There's quite a bit less information that you provide us.

102

00:11:42.568 --> 00:11:45.629

And then from that front page, you just click reorder.

103

00:11:45.629 --> 00:11:51.149

Yeah, the reorder form here. Great.

104

00:11:51.149 --> 00:11:54.208

So, your initial application, we'll talk through that just a little bit.

105

00:11:54.208 --> 00:12:00.899

So, the basic information and guidance is on the left about creating your antigen plan.

106

00:12:00.899 --> 00:12:04.078

That you're, you.

107

00:12:04.078 --> 00:12:07.979

Submit your information to us through through the request form.

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00:12:07.979 --> 00:12:12.869

Really just basically the, the overview that I've given given, you.

109

00:12:14.308 --> 00:12:19.379

Then, as we go to the right under the training modules, you'll access them here.

110

00:12:19.379 --> 00:12:24.119

And That'll be for your test administrators to go through.

111

00:12:24.119 --> 00:12:28.019

If you'll just click on that for us, Ross, so they can see.

112

00:12:28.019 --> 00:12:37.979

The training modules that would be great and we won't spend a lot of time here, but I just wanted you to see what.

113

00:12:37.979 --> 00:12:43.619

What you'll see when you open up getting started and how to store, et cetera.

114

00:12:47.129 --> 00:12:56.548

And pull it real quickly on those training modules. Can you give a ballpark about how long? I mean, they're not super long modules correct?

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00:12:56.844 --> 00:13:07.433

Correct I would say modules 1 through 4, we'll take about 20 minutes. Imagine number 5, the app is really not applicable to your setting. At this point.

116

00:13:07.433 --> 00:13:13.043

It's really more geared toward higher education, but about 20 minutes, 3 modules, 11 through 4.

117

00:13:16.349 --> 00:13:19.889

Okay, then let's open up the next now. Guidance.

118

00:13:22.288 --> 00:13:30.389

And we'll just kind of talk through this. You will have that this available and you're certainly free to download. Once you open up the application if you want it separately.

119

00:13:30.389 --> 00:13:41.639

But you'll have this to refer to so there is a basic paragraph and a link to additional information about antigen testing some test site obligations.

120

00:13:42.024 --> 00:13:56.813

That you'll have to be able to speak to before you can file your application and then you have my contact information there. If you have any questions throughout throughout the entire time through the application as well as your use of these tests.

121

00:13:57.119 --> 00:14:02.428

Then, as you're thinking about using the by next, now you'll want to think about.

122

00:14:02.428 --> 00:14:06.389

The issues described there under prior to using the by next now.

123

00:14:06.389 --> 00:14:21.058

If you have the available personnel to assist now, we do highly recommend that it be healthcare providers overseeing the use of the test primarily because if you find someone who is positive.

124

00:14:21.058 --> 00:14:24.599

We feel like I said.

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00:14:24.599 --> 00:14:37.438

Best practice to have a health care provider available to advise on isolation procedures and clean up and that sort of thing. It is not absolutely necessary under the.

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00:14:37.438 --> 00:14:42.749

Are they personally use authorization by Abbott or by CDC's recommendations?

127

00:14:42.749 --> 00:14:52.918

That it has to be administered by a healthcare professional, the test themselves could be administered by someone who has gone through the Abbott online training.

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00:14:52.918 --> 00:14:56.818

The next, as you think about your ongoing requirements.

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00:14:56.818 --> 00:15:00.568

You'll want to make sure that you review those and understand those.

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00:15:02.668 --> 00:15:16.764

Will scroll on down and then we give you some links about the Abbott by next now antigen test themselves and noted they're in bold for technical usage questions.

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00:15:17.333 --> 00:15:20.663

So, if you have, for instance, you get a.

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00:15:22.168 --> 00:15:25.168

Box of test and the.

133

00:15:25.168 --> 00:15:29.698

All the components are not there, or you don't get the quality control.

134

00:15:30.833 --> 00:15:43.793

Results that you're expecting Abbott does ask that those questions come to them and either, or both of their 800 number or their email so that they can take appropriate action of the roughly 1Million or so that we've distributed.

135

00:15:43.793 --> 00:15:51.144

I only know of about a half dozen issues. That we had with either the solution, not being.

136

00:15:51.899 --> 00:15:58.979

In the kit or something missing in the kit, and as soon as it was reported, avid immediately drop shipped to the facility.

137

00:15:58.979 --> 00:15:59.964

And made them whole,

138

00:16:01.734 --> 00:16:16.553

we also want there under the section waiver to perform laboratory testing to make you aware that under the emergency use authorization that Abbott has for these tests under the FDA is must be

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00:16:16.553 --> 00:16:17.813

administered under Cleo,

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00:16:18.293 --> 00:16:21.114

but also know that these test,

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00:16:21.354 --> 00:16:23.484

the specifically indicates.

142

00:16:23.729 --> 00:16:27.448

It's for symptomatic use and best use.

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00:16:27.448 --> 00:16:30.538

In the 1st, 7 days after sent them onset.

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00:16:30.538 --> 00:16:35.399

Now, that being said, we don't want to discourage your use for asymptomatic use.

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00:16:35.399 --> 00:16:48.119

We have many facilities and many users across the state, using these tests for screening, using them for asymptomatic use and in a few minutes, Russ will speak to the best use of that.

146

00:16:48.119 --> 00:16:52.408

Dr Williams has been very comfortable in your.

147

00:16:52.408 --> 00:16:59.578

Physician standing order as well as many others recognizing a symptomatic use.

148

00:16:59.578 --> 00:17:04.679

But as the user, and you using them with your clients and your staff.

149

00:17:04.679 --> 00:17:10.469

We want you to understand that it is technically an off label use of these tests.

150

00:17:10.469 --> 00:17:19.648

To use them for a symptomatic individuals. It is. The use of the test is covered under the public readiness and emergency preparedness act.

151

00:17:19.648 --> 00:17:31.949

I wanted you to have links to that so that if you want to review it with your legal counsel, I mean, we are basically making the program available and making the test available to you free of charge but you certainly need to understand.

152

00:17:31.949 --> 00:17:37.439

Your obligations and legal responsibilities under the entire program.

153

00:17:38.064 --> 00:17:48.894

Scroll on down so under test inventory it talks with you a little bit about that. These tests are packed in boxes of 40.

154

00:17:49.374 --> 00:17:54.413

so when you apply if you ask for 30, we'll give you 80 because that's a.

155

00:17:56.159 --> 00:18:05.669

Times 40, so we're not ever going to break up a box and we'll always give you more than what you ask for, as opposed to.

156

00:18:05.669 --> 00:18:09.838

Going downward the.

157

00:18:11.368 --> 00:18:20.548

Temperature range there is pretty liberal, so these are pretty shelf stable pretty much. If you aren't storing them and freezing or.

158

00:18:20.548 --> 00:18:24.209

Really, really hot conditions, and they should be fine.

159

00:18:24.209 --> 00:18:31.439

There was an link then under trading requirements to the, by next or the Abbott online trading the same 1 that you had.

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00:18:31.439 --> 00:18:34.979

Before we got into the guidance, so this takes you to the same videos.

161

00:18:34.979 --> 00:18:44.669

The 4 modules that you'll need to do, and then there's a section about using the test and having.

162

00:18:44.669 --> 00:18:48.568

Everything available that, that you need to do.

163

00:18:48.568 --> 00:19:01.618

To use the test and materials needed, it speaks a little bit about recommended similar to as I noted earlier before a gown surgical procedure mask protective I wear and gloves.

164

00:19:01.618 --> 00:19:05.638

And obviously help hand hygiene products for use.

165

00:19:05.638 --> 00:19:13.229

Or your test administrators afterwards and again, that becomes infectious waste that needs to be handled appropriately after use.

166

00:19:14.969 --> 00:19:23.723

Scroll on down you will need to get consent for testing. We do not provide you that consent form.

167

00:19:24.233 --> 00:19:33.923

I don't know Carrie if damage has developed 1, that you would make available that you've used to either Congress care facilities. But that is not something that we make available from the programmatic level.

168

00:19:36.659 --> 00:19:49.199

I don't know that we have made 1 available, but we can certainly look into that. Okay. Didn't want to put you on the spot. I just want to make sure that we're clear that everyone needs to have that and.

169

00:19:49.199 --> 00:19:53.638

We also require that.

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00:19:53.638 --> 00:20:01.318

The consent be kept for 2 years, and you'll see as we go on in the application, we ask you to attest that you have.

171

00:20:01.318 --> 00:20:04.348

Made arrangements to keep those consent forms for 2 years.

172

00:20:04.348 --> 00:20:09.749

Then, as we scroll on down again, we give you the technical usage.

173

00:20:09.749 --> 00:20:16.739

Email and 800 number again, and then speak about disposal of the testing materials.

174

00:20:16.739 --> 00:20:27.118

Similar to what I summarized earlier, they become infectious waste as does the, and have to be disposed of as infectious waste.

175

00:20:28.409 --> 00:20:36.358

Then there is a specific process that we require for you to use to report both positive and negative results.

176

00:20:36.358 --> 00:20:40.769

I'm not going to go through this line by line. Ryan is going to show you the.

177

00:20:40.769 --> 00:20:46.858

Csv file that you use for reporting momentarily, but you'll have this to refer back to.

178

00:20:55.919 --> 00:21:04.919

And then finally, in summary you have a variety of contact information. So you have my information again. You have russ's as the director if you have questions.

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00:21:04.919 --> 00:21:08.338

And Russ is a great resource as a scientist.

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00:21:08.338 --> 00:21:12.749

Which is not my background to help you understand the test and test uses.

181

00:21:13.374 --> 00:21:21.084

If you have questions about positive case, reporting, review, free, refer you to our infectious disease specialist either John boss or Craig. Hi, Phil.

182

00:21:21.683 --> 00:21:33.054

And then Ryan Marsh is part of the electronic laboratory reporting team, the dlr team, and you ask those questions at that dot. Gov.

183

00:21:33.358 --> 00:21:36.388

And then we provide you a number of other.

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00:21:36.388 --> 00:21:43.949

Available links information, so if we can back out of that and.

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00:21:43.949 --> 00:21:54.269

Next we will go to the application itself, but before we do that, Russ, would you speak a little bit about specificity and sensitivity to the group?

186

00:21:56.213 --> 00:22:10.104

Sure, so, for those of you who don't speak laboratory in, like I do in my my regular world, there's 2 key measures that we look at when we're evaluating tests and their performance and that is sensitivity and specificity.

187

00:22:10.344 --> 00:22:20.634

And they, they vary a little bit across this test platform, but it's kind of important to understand the difference and why it applies specifically to this test. So I'll start with sensitivity.

188

00:22:20.969 --> 00:22:27.084

Um, and the sensitivity of a test is essentially the ability of a test to call a positive specimen positive.

189

00:22:27.263 --> 00:22:40.013

In other words, the likelihood of not generating a false negative and positive results and it varies a little bit for this best for this platform, based on symptomatic.

190

00:22:40.013 --> 00:22:51.683

And asymptomatic individuals asked Paula mentioned originally with the way this test was approved and designed to be used within the 1st, 7 days I sent them onset for symptomatic individuals.

191

00:22:51.923 --> 00:22:57.534

And in that scenario, it has very good performance with the sensitivity of about, I think, 96.4.

192

00:22:57.534 --> 00:23:12.473

and 96.5%, if I'm not mistaken and what that means is, it has a 3 point about a 3.5% chance of generating a false negative on a positive specimen for a symptomatic individual within the 1st, 7 days. Now, we get into asymptomatic individuals. And that number tends to drop off pretty significantly.

193

00:23:12.473 --> 00:23:15.144

I've seen 3 different studies now and it's.

194

00:23:20.663 --> 00:23:30.894

This the sensitivity with a symptomatic individuals has been anywhere from about 31% up to 45%, meaning you have about a 55 to 69% chance of a generating a false negative.

195

00:23:30.894 --> 00:23:42.324

And the reason being is this test is extremely dependent on viral load, because it's looking for a specific antigen or protein on the surface of the virus itself.

196

00:23:42.324 --> 00:23:53.903

So, and you're really reliance on a good specimen your reliance on a patient, having a pretty significant viral load. And being able to pick up the virus during the nasal swabs. So.

197

00:23:57.503 --> 00:24:11.574

It has been approved by the federal, or by the at the federal level, and has been applied and a lot of places at the state level for asymptomatic testing as well. I'm not giving you this information to try to deter you guys from using it.

198

00:24:11.574 --> 00:24:24.624

Because it definitely does still have value and, of course, doing some testing, of course, is way better than not doing any testing at all. But I, I, as a clear director and a person of laboratory background strongly encourage.

199

00:24:25.433 --> 00:24:38.933

If you're going to use this for a screening of asymptomatic individuals that you do it more along the lines of a serial manner, meaning you're doing rescreening at kind of a set interval 2. maybe, 3 times a week.

200

00:24:38.933 --> 00:24:43.614

If possible reason being is because even asymptomatic individuals that are.

201

00:24:44.729 --> 00:24:59.604

Effective with the virus are infected with a virus. I guess. I should say they're going to still have different levels of viral shedding and they're still going to be a spot where they hit peak viral load and the most virus. They're gonna be shedding during their infection.

202

00:24:59.874 --> 00:25:04.763

And if you're doing routines, like cyclical screening every few days.

203

00:25:04.979 --> 00:25:15.203

You're a lot more likely to hit that spot and it increases your chances of detecting a positive test. So, while it's not great for asymptomatic testing, it's not good at all for.

204

00:25:15.203 --> 00:25:29.604

Just don't want them done type but it has shown pretty good results on a much higher sensitivity when doing testing and a serial fashion. So, that is definitely my strong recommendation for asymptomatic use. And then also.

205

00:25:29.969 --> 00:25:37.979

We look at specificity, which is the exact opposite of that. So it's essentially the ability of a, this task to call.

206

00:25:37.979 --> 00:25:52.134

Or a negative specimen and negative in other words, how likely is it to generate a false positive? And all along from the beginning, the specificity of this test has been 98.5%, meaning it only has a 1.5% of generating a false negative on a positive specimen.

207

00:25:52.134 --> 00:25:52.284

So,

208

00:25:52.284 --> 00:25:54.773

a positive result is considered very,

209

00:25:54.804 --> 00:26:09.534

very good and it's definitely an result what this test platform it does not require and is not recommended by the or a follow up with a molecular or type test because a positive result is

210

00:26:10.074 --> 00:26:11.903

considered very liable.

211

00:26:11.903 --> 00:26:15.473

Now, the flipside of that negative results on symptomatic individuals.

212

00:26:19.169 --> 00:26:30.203

It would probably be a good idea to have that individual follow up with a physician and they may want to look into molecular testing just to verify and make absolutely certain that the person is not positive.

213

00:26:30.743 --> 00:26:41.663

And it was just, it just didn't register on the test or something along those lines. So again, it definitely has a lot of application, especially in your all setting for potentially screening staff.

214

00:26:42.443 --> 00:26:55.763

Especially if you've got staff that are going into areas with high risk people, the elderly and things like that. So, there is quite a bit of application. But again, cereal testing for just highly highly recommended.

215

00:26:56.128 --> 00:27:00.028

So, I think that's really all I have, unless there's any questions.

216

00:27:05.489 --> 00:27:16.378

Thank you Russ, we will pause for questions at the end. There should be ample time, but feel free to enter questions in the chat as well if you like, because we'll try to keep up with that.

217

00:27:16.913 --> 00:27:18.683

So before we go to the center section,

218

00:27:19.493 --> 00:27:25.433

the 3rd box down on the right if you are applying to be in the program,

219

00:27:25.854 --> 00:27:30.173

your individuals who will be tested administrators and complete that Abbott training,

220

00:27:30.564 --> 00:27:35.304

you will need to provide us the verification of their training and attach it there.

221

00:27:35.578 --> 00:27:41.189

And again, that's part of being covered under our waiver for you to participate.

222

00:27:43.469 --> 00:27:46.828

So, John or.

223

00:27:46.828 --> 00:27:54.568

In case, you didn't see it in the chat Ryan and see needing screen access so that he can pull up his information after we finish here.

224

00:27:54.568 --> 00:28:05.759

So, we'll go to the center section of the application. It is pretty self explanatory, but we'll talk through each component. So you put in the date that you are requesting.

225

00:28:05.759 --> 00:28:10.229

And then, obviously, the name of your agency, your shipping address.

226

00:28:10.733 --> 00:28:22.554

And I know it sounds odd, but we often get shipping address that does not include city state, zip code. So, even though it's just 1 line, please feel free to please be sure to give us your complete address.

227

00:28:22.584 --> 00:28:26.183

Otherwise we'll be back in touch with you via email to get that.

228

00:28:26.489 --> 00:28:34.588

And then we ask that you input it here so that we can provide a lab along to our shipper to make sure that we get it to you accurately.

229

00:28:37.318 --> 00:28:42.449

We asked for a point of contact and a point of contact email and.

230

00:28:42.449 --> 00:28:48.689

Whoops, I lost visual Russ.

231

00:28:51.598 --> 00:28:54.749

I did to my option to share, just want to wait for some reason.

232

00:28:54.749 --> 00:28:59.009

I wonder if that's John trying to help right?

233

00:29:02.459 --> 00:29:07.259

Yeah, there you go. Yeah, I got it back. Thank you. Carrie.

234

00:29:07.259 --> 00:29:11.848

Hang on just 3rd, let me get back in there. No words.

235

00:29:11.848 --> 00:29:18.929

There we go, I'm convinced that technology kids and pets don't ever do what you want it to when you need it.

236

00:29:20.489 --> 00:29:29.848

Ok, so we ask for your point of contact name address and phone and again, that is for us to verify if we have any questions when we get your application.

237

00:29:30.743 --> 00:29:39.203

Then we also ask that you upfront identify who your reporters will be. And again, Ryan will speak in just a moment about the reporting process.

238

00:29:39.503 --> 00:29:48.864

But you'll have test administrators, the individuals who actually perform the test and oversee the performance of the test. And they may, or may not be whom you want.

239

00:29:49.169 --> 00:29:52.169

To input the report results.

240

00:29:52.169 --> 00:30:04.013

Often we find that the reporters are better served to be a fiscal person or a support person who have a lot of experience with Excel because as you'll see the reporting format as a CSV file,

241

00:30:04.644 --> 00:30:08.304

and they often tend to do have a better success with that.

242

00:30:08.723 --> 00:30:20.483

It's really up to you, but we, I ask that you identify by name and email address, at least 2 reporters per agency, and that allows us to make contact with them and get the appropriate.

243

00:30:20.788 --> 00:30:25.138

Processes in place in order to share information.

244

00:30:25.973 --> 00:30:40.493

Then we give you a place to upload your antigen testing plan. And again, this does not have to be onerous. We just want to. We want to make sure we're doing our due diligence to ask you to do your due diligence and assure that. You're thinking through how you would use these.

245

00:30:40.769 --> 00:30:48.749

Test in your setting, do you have clear certification? And if it is no, then you'll be required to provide us.

246

00:30:48.749 --> 00:31:01.528

Information about where you'll be testing and to upload the training documentation. If you have your own clear and you mark. Yes. Then a box opens up there for you to provide us the file number.

247

00:31:01.528 --> 00:31:07.348

Then the rest of the application is primarily your ATIS stations to us.

248

00:31:07.348 --> 00:31:14.098

That you agree that you'll read and follow the guidelines established in our Abbott by next now guidance.

249

00:31:15.534 --> 00:31:29.153

Hey, Paula can I ask nothing here? Sure. If you do have your own clear, it is important that you get with your director and make sure that your clear covers the testing for the next now because your license is very specific.

250

00:31:29.394 --> 00:31:31.824

And if you're adding a new test, it has to be added to that.

251

00:31:32.128 --> 00:31:45.294

So you'll have to coordinate with your laboratory director that houses your license and make sure you get that that clear license amended to include the by next now before you can proceed with testing due to relatively high volume.

252

00:31:45.834 --> 00:31:47.634

And the special circumstances,

253

00:31:47.814 --> 00:31:49.733

my understanding is speaking with John Langston,

254

00:31:49.733 --> 00:31:54.864

from the state clear is that once you submitted that a request for amendment,

255

00:31:54.864 --> 00:32:01.253

that you can automatically go ahead and begin testing at that time you do not need to wait for verification from them.

256

00:32:01.374 --> 00:32:07.614

Because it may take them a couple weeks, or even a month before they can get back to you just because of their volume. So just for clarification.

257

00:32:08.009 --> 00:32:11.519

Thanks, Ross and if you have.

258

00:32:11.519 --> 00:32:16.828

Any question about that be in touch with myself or Russell will connect to you appropriately.

259

00:32:16.828 --> 00:32:23.608

Then we ask you to affirm that you have personnel who completed the required training as outlined in the guidance.

260

00:32:24.808 --> 00:32:33.868

We ask that you test that you will adhere to the written instructions for use of information, provided in the test package insert.

261

00:32:34.223 --> 00:32:49.134

That you can receive the tests in 1 central location and potentially store or the maximum amount of test required requested this may, or may not be an issue for you. We have some users that request several dozen boxes at a time and we just need to make sure that.

262

00:32:49.828 --> 00:32:58.528

They're all appropriately handled and stored, uh, that you will complete the electronic reporting onboarding process that Ryan will speak about momentarily.

263

00:32:58.528 --> 00:33:04.949

That you will meet the reporting requirements that are set forth by in the guidance.

264

00:33:04.949 --> 00:33:14.969

Scroll down just a little bit Ross, thank you that. You'll operate under a physician's order to administer these tests. And again, we have.

265

00:33:14.969 --> 00:33:25.648

Secured a standing physician's order on your behalf, so you should be able to mark. Yes, but I would certainly suggest that you review the standing order and make sure it meets your uses that you intend.

266

00:33:25.648 --> 00:33:39.628

Again, we're not going to tell you how to use the test. We can certainly talk with you and provide technical assistance on how other users are using the test, but it's really up to you if you're going to use with staff and clients or own staff for.

267

00:33:39.628 --> 00:33:45.778

Staff and contractors, et cetera, uh, that you have medical personnel available to distribute the test.

268

00:33:45.778 --> 00:33:52.679

That you will abide by the infectious waste disposal criteria as outlined in the guidance that no, we spoke about.

269

00:33:52.679 --> 00:34:01.769

And that you will have individuals being tested, sign an authorization or consent to testing and retain that documentation for 2 years.

270

00:34:02.273 --> 00:34:17.034

Then you input the number of tests you want for 45 day, period, or a 30 day, period you will be able once you're in the system, you'll be able to reorder as frequently as you like. Literally you can reorder every week if you wanted to. If that was easier on on, you.

271

00:34:17.998 --> 00:34:27.628

Know that our turnaround time, once you submit typically, once you, if you submitted today, for instance, you would.

272

00:34:27.628 --> 00:34:32.099

Uh, could anticipate receiving your test in 3 to 5 business days?

273

00:34:32.099 --> 00:34:41.579

And then we provide you an open comment box, just in case we've missed anything or there's anything, you know, sort of specific about your situation. You want us to be aware of.

274

00:34:41.873 --> 00:34:56.574

You click submit, it comes to us for a review and approval. Certainly part of that is Russ taking a look to make sure if you're operating under our clear that he has all the necessary information and then we send it once.

275

00:34:56.574 --> 00:35:03.503

Everything is there and we're comfortable with with your testing plan and all that. We send it onto the where has to be fulfilled.

276

00:35:05.159 --> 00:35:11.634

I have 1 request here as well if you're operating under my clear and your staff is completing their training documentation forms.

277

00:35:11.813 --> 00:35:25.074

Please ask them not to use acronyms just because I don't speak the language and I've run into this with a few facilities and a few of the programs were in that. They, they are using the language they use every single day and I understand that.

278

00:35:25.074 --> 00:35:36.534

But it doesn't always translate on my end so it speeds up the process significantly and invoids avoid me having to make a lot of phone calls and emails to find out exactly what it means or what facility that's attached to.

279

00:35:38.818 --> 00:35:43.498

Great clarification. Would you back out? I want to show them the reorder form.

280

00:35:46.528 --> 00:36:00.989

So, if you just click on that, I want to show you that it's that initial application is a little lengthy, but the reorder form, because you're already in our system. So when you reorder, you'll go up under their top, right? Under facility type.

281

00:36:00.989 --> 00:36:04.349

And I think it literally says damage community provider.

282

00:36:14.128 --> 00:36:20.099

And then select facility, so once you are in the system.

283

00:36:20.099 --> 00:36:32.068

Your name will appear here once you've submitted an initial application and then as you just scroll on down, you see all that the Pre populates all of this for you because we already have your address and your name.

284

00:36:32.068 --> 00:36:35.248

And you literally just come down and tell us.

285

00:36:35.248 --> 00:36:40.228

The number of tests that you want reorder again in increments of 40.

286

00:36:41.728 --> 00:36:47.429

And just reiterating again, we say there are 45 days, but you're welcome to submit.

287

00:36:47.429 --> 00:36:51.418

Shorter or longer than that, it just takes away.

288

00:36:51.418 --> 00:37:02.909

A little bit of the administrative burden, if we think in terms of 30 or 45 day increments, but you are more than welcome to order in different increments. If that works better for you.

289

00:37:05.219 --> 00:37:17.219

So, I think we can back out of this and as Russ, I mean, as Ryan is pulling up the CSV file to show, you talk with you about reporting. Let's just kind of open up here for any questions that you have at this point.

290

00:37:32.639 --> 00:37:39.239

I think I do actually need access to share. Now, my buttons off, it was flickering earlier. Sorry? About all that confusion.

291

00:37:47.668 --> 00:37:53.668

You should have the ball Ryan? Yes, I think it's working now.

292

00:38:00.028 --> 00:38:04.289

Great question in the chat box.

293

00:38:04.289 --> 00:38:12.389

Asking about testing staff and consumers who have been vaccinated and it's a question. We get a lot.

294

00:38:12.389 --> 00:38:19.739

So, once you've been vaccinated, the vaccines will.

295

00:38:19.739 --> 00:38:24.900

Keep you from getting sick it does. It is not a 100%.

296

00:38:24.900 --> 00:38:32.070

Proof positive that you can't be infected and carry the infection.

297

00:38:32.070 --> 00:38:37.949

There's still research on going out there. It does seem to be that it's a lesser.

298

00:38:37.949 --> 00:38:44.579

Probability that you can carry the infection, but not 100% that you cannot.

299

00:38:44.579 --> 00:38:49.230

So, if you have staff, for instance, that are going home.

300

00:38:49.230 --> 00:39:00.210

To children who have not been vaccinated or vulnerable individuals who were unable to be vaccinated for whatever reason, it really does be who.

301

00:39:00.210 --> 00:39:08.190

You to have a testing situation in place, the other piece of that, and I'll just put on my public health hat for a moment.

302

00:39:08.190 --> 00:39:14.039

Is that I think they're just sort of a thinking within the public that.

303

00:39:14.039 --> 00:39:20.309

The vaccines here and we're all saved and it's going to go away and.

304

00:39:20.309 --> 00:39:27.360

With the, the, the variants that are coming about, even though the vaccine seems pretty.

305

00:39:27.360 --> 00:39:32.880

Appropriate and pretty functional against the variants thus far.

306

00:39:32.880 --> 00:39:47.454

It doesn't necessarily mean that it's going to continue to be, and there's a lot of scrutiny right now in Europe under the, for the UK variant that's out there and some increasing hospitalizations. So we're not we're not at all.

307

00:39:47.454 --> 00:39:52.315

Sure because this is new territory for everyone. We're not at all sure that.

308

00:39:53.550 --> 00:40:00.869

We've seen the end of this, our work on a full fledged path to the end.

309

00:40:00.869 --> 00:40:12.809

So, we, from a public health perspective, we think about it as a layered comprehensive approach, you know, continue to use masks, continue to use hand hygiene, continue to social distance.

310

00:40:12.809 --> 00:40:22.199

Continued to use testing and get vaccinated and that way we do feel like we will eventually at some point in the future, be in a much safer place.

311

00:40:22.199 --> 00:40:27.869

Unless there's a question for you again about repeating the false negative and false positive.

312

00:40:28.945 --> 00:40:30.804

Before we jump on to the next 1, this is Carrie.

313

00:40:30.804 --> 00:40:45.385

I just wanted to follow up on that 1 and just to offer some perspective, we are continuing to do Sentinel and cereal testing within within our own offices and our facilities, including vaccinated people.

314

00:40:46.679 --> 00:40:56.425

We were at 1 point where we were doing daily testing within some of our facilities and so we have cut back on daily testing and some facilities for fully vaccinated individuals.

315

00:40:56.454 --> 00:41:04.735

But we have continued to do serial testing of individuals, particularly in regards to their risk factors.

316

00:41:04.735 --> 00:41:16.614

So, the level of engagement that they're doing with the public, whether it's our own staff and going out and doing case, monitoring visits are interacting with with the public on a daily basis.

317

00:41:16.614 --> 00:41:22.195

So, some of our office staff have begun using by next to do serial testing. A couple of times a week.

318

00:41:22.679 --> 00:41:28.469

Um, but we are still using it despite vaccination status. So, in case that helps anyone.

319

00:41:34.739 --> 00:41:40.530

Thank you Carrie. Ross would you talk about false negative? False positive.

320

00:41:44.550 --> 00:41:55.530

Sorry, yeah, so I'm trying to get help you and I can address it in the chat, but just for clarification again, the test has been very, very good. As far as specificity goes.

321

00:41:55.530 --> 00:42:02.099

Um, which it's maintain 98.5% for both symptomatic and asymptomatic individuals meaning.

322

00:42:02.394 --> 00:42:12.775

Across the board for either situation has a 1.5% chance of generating a false positive. So again, a positive result is considered very reliable for symptomatic individuals within 1st, 7 days.

323

00:42:12.775 --> 00:42:18.235

It's the sensitivity is 96.5%, meaning a 3.5% chance generating a false negative for asymptomatic individuals.

324

00:42:18.235 --> 00:42:28.764

The studies vary between 31% to 45% sense sensitivity, meaning there's a range from 55% to 69% of generating a false negative.

325

00:42:38.635 --> 00:42:51.025

And again, that's based on just 1 time testing, not based on serial testing. I haven't seen any specific studies done with serial testing. I just know that it's increasing your likelihood of detecting, which makes sense.

326

00:42:51.025 --> 00:42:55.735

The more times you find it or test for it, the more likely you're going to find it in an individual that has it. So.

327

00:42:58.014 --> 00:43:09.204

Thank you, I may not be getting all of the chat, because I can't see your response. So I apologize if I'm responding again to something that's been answered in the chat, but MS.

328

00:43:09.954 --> 00:43:22.914

ask about the method of obtaining a specimen it is a nasal swab. It's about mid nasal swabs so it's not the real brain, the shelf life of the test.

329

00:43:24.804 --> 00:43:38.635

From original manufacturers date to expiration, the early test we receive or 6 months the most recent tests we've received have been 9 months. So in our warehouse, we have everything from test expiring and may through September.

330

00:43:39.324 --> 00:43:46.974

I will tell you last month that Abbott received authority from the FDA to extend a number of their tests about 3 months.

331

00:43:47.190 --> 00:43:56.760

And they do anticipate a similar action this month to be announced. So when that occurs, then we let, you know, those specific lots that have been extended.

332

00:43:56.760 --> 00:44:04.739

So, we believe that if you order now, you're basically probably going to get tests that expire in May or June.

333

00:44:05.969 --> 00:44:15.329

Yeah, sorry Paul, when I replied to both those, but I did, I just replied to the attendees so the panelists don't see it. So so sorry about that. I'm sorry.

334

00:44:15.329 --> 00:44:18.900

Okay, anybody else have anything before Ryan speaks about reporting.

335

00:44:27.179 --> 00:44:31.889

Okay, Ryan all yours. All right. Can everybody see my Excel sheet?

336

00:44:34.260 --> 00:44:44.815

Okay, so I'm going to give you kind of the high level view of this. So please, let me know if you have any questions about this, or if it pops up in the chat if somebody could kind of call it out for me, I would appreciate it.

337

00:44:45.474 --> 00:44:51.835

So these are the data elements that you are required to submit whenever you do your electronic lab reporting for cobit,

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00:44:51.835 --> 00:45:00.684

19 testing as Paul mentioned a few times before this is required within 24 hours the test being completed we do understand that it can't be a little cumbersome.

339

00:45:02.425 --> 00:45:14.065

And if that becomes an issue, we're always here to help you with that we have a team that's kind of on stand by to help do. So, I'll go over how you actually submit this in a minute, but I just kind of want to give you a broad overview of the type of data that you'll be collecting.

340

00:45:15.054 --> 00:45:28.375

The 1st thing to know about the sheet, is that it's very, very format specific. You can kind of see that in this 2nd row here. That's some sample data. It must be entered in the exact format. You see there. So, things like, uh, 4 years.

341

00:45:29.695 --> 00:45:44.155

4 digit year on date of birth and test dates and things like that are absolutely required when you do some of the training and stuff and look at some of the resources along with the instructions that we provide you once you're given an account to be able to submit this data, it explains all of that.

342

00:45:44.875 --> 00:45:59.155

So, I'm not going to go into every little detail of it, but just know that if it seems overwhelming or you have questions or want to do a more in depth discussion about this, how to actually enter this data, we're always happy to do that. I'm happy to jump on a Webex and go line by line with you for that.

343

00:46:01.019 --> 00:46:05.130

Just a couple of things to discuss the lab name.

344

00:46:05.130 --> 00:46:20.005

That's very specific, because that's what we use to kind of, build your profile inside of our epic track system, which is the case management software. So whatever name you you choose to register under be. Sure. And put that in this lab column. The exact same each.

345

00:46:20.005 --> 00:46:32.394

And every time, even to the point of using the same capital letters and things like that, because each time that you enter a different 1 undo lab is established and it makes it very difficult for us to go back and associate those cases with the same lab.

346

00:46:32.934 --> 00:46:35.155

So just really make sure you focus on making that the same.

347

00:46:35.699 --> 00:46:46.349

Other than that, just kind of scanning through here. A lot of this data is very generic data that you all use for a lot of other things like 1st name, last name date of birth gender.

348

00:46:46.349 --> 00:46:59.155

Uh, if you do see any columns throughout this entire sheet with a drop down on it, be sure and use that drop down, because that draw, it'll be associated with a code. And if you use anything outside of that code, then it will be failed.

349

00:46:59.784 --> 00:47:02.425

And then we'll have to work through that data, which I'll explain a little bit in a minute.

350

00:47:04.045 --> 00:47:10.585

Patient address address to address, too, is just for things like apartment numbers, room, numbers, things like that. That's the only information that should go in there.

351

00:47:10.855 --> 00:47:22.824

If you don't have something like that, then that column can be left blank other than the specific columns that I call out as we kind of go through this, every field is required. So if you leave it blank, it will fail that row of data.

352

00:47:23.579 --> 00:47:32.550

Um, city state zip again, all pretty self, explanatory bits of data along with the phone number.

353

00:47:32.784 --> 00:47:47.155

We do have instances and I'm sure with some mental health facilities, you'll run into things like this as well. Occasionally, we have things where say we do a homeless shelter or something like that, or an individual comes in and they don't have an address that they don't have a phone number or something like that.

354

00:47:47.155 --> 00:48:00.625

If that is the case. Shoot us a quick email, or myself directly is fine too, because a lot of times we can give you a workaround for that, where we'll use the facility information or something like that to kind of fill that fill those void.

355

00:48:00.744 --> 00:48:13.315

If you will, it's not something we run into a lot, but we do understand that. There are certain individuals out there that come in for testing. That may may have those issues and we can help you work through that. If that happens same with someone that is from outside of the country.

356

00:48:13.315 --> 00:48:26.364

Occasionally we have someone that's traveling or something like that. That may have an out of the country address. Our system won't naturally ingest that. So, if that's the case, please just reach out to us about that. And we can help you through that process as well.

357

00:48:26.760 --> 00:48:32.400

The then we get into some of the testing data so we have like, the ordering facility.

358

00:48:32.400 --> 00:48:44.820

For most of you that is going to be the exact same name as you'll use in the lab. That's just where the, um, the facilities located that is ordering the test and then we, we collect your address address to.

359

00:48:44.820 --> 00:48:47.909

City state zip all of those same things.

360

00:48:47.909 --> 00:48:51.869

Um, and phone number, we also have the.

361

00:48:51.869 --> 00:48:56.519

The ordering provider last name and 1st name.

362

00:48:56.519 --> 00:49:04.650

And Paul, you can probably answer this. I guess I guess they'll have a standing order to be able to do these tests, or they assign them individually within their facilities.

363

00:49:04.650 --> 00:49:12.300

They, they do have a standing work. Okay so that will be the name that's on that standing order. That's giving you permission to perform these tests. So, that is what we'll go there.

364

00:49:12.300 --> 00:49:18.119

In both of those columns leave off things like doctor, um, or something like that. We just need 1st name and last name.

365

00:49:18.119 --> 00:49:23.429

A couple of these things I want to discuss a little bit, because they can be kind of scary.

366

00:49:23.844 --> 00:49:34.824

So, the session number is 1, don't be overwhelmed by that. It's not a number that she'll pull from any specific location or anything. It's a number that you'll completely make up. Just keep it to letters and numbers.

367

00:49:35.364 --> 00:49:44.755

But what the intention of that number is for, is that once this information is ingested into our system, if, for some reason, you know.

368

00:49:45.445 --> 00:49:47.905

Say a contract contact tracing,

369

00:49:47.905 --> 00:49:49.045

or something becomes a thing again,

370

00:49:49.045 --> 00:50:01.045

and we reach out to an individual and wanted to talk to them about their cobit test and they say they've never had 1 this allows us to pull this a session number and track that all the way back to the test performed on this given day at that,

371

00:50:01.045 --> 00:50:02.784

given location with that given person.

372

00:50:03.025 --> 00:50:10.135

So that we can help troubleshoot that. So, it's just think of it as it's used as a Breadcrumb trail make up whatever number that you want.

373

00:50:11.364 --> 00:50:21.954

Just make sure that that number is unique to each and every test performed, even if an individual gets multiple tests, they should have they would have 2 different session numbers for each test.

374

00:50:23.400 --> 00:50:27.090

If none of this makes sense, or I'm going too fast obviously please jump in with a question.

375

00:50:27.090 --> 00:50:33.719

Then we kind of have our specimen collection date and test date.

376

00:50:34.735 --> 00:50:48.474

You see, that has a timestamp on it that is required. It's a 24 hour clock. So it's military time and that field must be filled out like that. Really? The only thing that this looks for. I know that most of you don't track the times.

377

00:50:48.474 --> 00:50:51.445

You do the test you just track the date. That is okay.

378

00:50:52.320 --> 00:51:02.340

The system just automatically looks to see that the test was performed after the specimen collection date. So say, we did a test today. You could have something like this in the field.

379

00:51:08.579 --> 00:51:12.360

And then on the test date, you could do something like this.

380

00:51:22.050 --> 00:51:35.215

So don't get overwhelmed by that. We have a lot of people get bogged down or kind of panic over that time. Um, this would allow the system to kind of trick itself. We understand those rapid tests are done in a matter of minutes, but they technically can't be done at the same time. And the system knows that.

381

00:51:35.695 --> 00:51:38.005

So if you just give it a few minute gap in there.

382

00:51:38.250 --> 00:51:44.070

Um, as long as that date is accurate, that time stamps, not going to hold anything up as long as we have something like that in there.

383

00:51:45.534 --> 00:51:55.824

Do we have the test perform? This is another 1 of the drop downs. There's a ton of tests on there be sure. To pick the 1 that matches the test you do, and only 1 that's on that drop down.

384

00:51:55.824 --> 00:52:05.695

If you try to type anything in or anything like that, it's going to throw an error and then I sort of purposely skipped over the specimen source. So the specimen source relates back to that test performed.

385

00:52:07.079 --> 00:52:17.219

Be sure and select from the drop down again. Most of you or all of you are gonna be using Dubai next now card that is always in a in specimen source.

386

00:52:17.219 --> 00:52:26.789

Our our system again knows that if you use the by next now card, it should have an, a, in specimen source. So if it, if you put anything else in there, it will cause an error to occur. So, just know that.

387

00:52:27.809 --> 00:52:33.269

Um, in the last few bits of data down here sorry about that, it went a little too far.

388

00:52:34.224 --> 00:52:47.574

You have the result, it gives you several options. We have the positive negative. We do understand that. You have certain instances where a test will be inconclusive, or there was a bad sample or something like that. It gives you those options. And those must be documented.

389

00:52:47.574 --> 00:53:01.344

If they happen, the 1 exception will be that control tests that you do, we don't need the data on that control test. If it's not done on an actual person. We don't need it. So disregard that 1 but on any test actually performed on a patient.

390

00:53:01.585 --> 00:53:02.574

We will need that data.

391

00:53:02.909 --> 00:53:11.309

Then the rest is pretty self explanatory. It's rape race ethnicity. We have symptomatic for disease illness, onset date.

392

00:53:11.309 --> 00:53:22.050

This gets confusing a little bit. So symptomatic for disease if are they showing symptoms or are they not? So that's yes, no. Or unknown.

393

00:53:22.050 --> 00:53:34.739

If they are showing symptoms, so if this is a yes, then an illness onset date becomes required, so they have symptoms, we need to know when those symptoms started if symptomatic for disease as no or unknown then the onus onset. It can be left blank.

394

00:53:35.940 --> 00:53:47.460

Consumer and staff, that's just a kind of a requirement of the system. So your staff is going are going to be, you know, your staff that works the facility. A consumer will be anybody that uses your services. So, patients, things like that.

395

00:53:47.460 --> 00:53:53.670

We do have certain facilities that test delivery folks and things like that that come into the system.

396

00:53:53.670 --> 00:54:01.170

Or come into the facility if that is the case, then we typically just log them under staff since they're not a patient there or something like that.

397

00:54:01.170 --> 00:54:11.130

And then we have the reporting facility type there is a selection on there for, I believe yeah bunch of damage is at the top here. So just select the 1 that's most appropriate for you.

Also don't leave any, any blank lines, blank spaces, things like that. That'll cause issues with the system.

I know I really went quickly through that. Does anybody have questions about any of the data that's in there? Before I get into how to submit it.

Okay, if you do have any questions, or think of anything after this, please reach out to me, I know that it's a lot of data. There's several ways it can be pulled. You can manually type it into this.

We have this as an Excel file because that allows us to do things like these drop downs and control the formatting. Which believe me really helps you out when you go to type a lot of data in.

While you actually submit to us as a CSV file, so you'll save this out as a CSV, which.

If you're not that familiar with Excel think of a CSV file is like, the most basic data, it's just basically like numbers letters and commas. That's what our system understands.

404

00:55:08.815 --> 00:55:16.644

So, I do understand that a lot of other facilities, and maybe some of you do have proprietary systems or something like that, that you use to track your patient data.

405

00:55:16.920 --> 00:55:23.940

A lot of those systems will allow you to pull out a CSV file that may contain a lot of this data already.

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00:55:23.940 --> 00:55:38.275

Um, if that is the case, and you would, like, help with formatting the data that your system will pull into this format. So that it works for our system. Let me know that. And I'm happy to jump on a Webex with you and I can help work you through. Converting that over into this.

407

00:55:38.275 --> 00:55:40.675

That's we'll hopefully speed all of this up for you.

408

00:55:44.034 --> 00:55:58.315

Other than that there are a couple different ways you can submit this data if your facility has an 7 connection. Let us know that. And we can hook you up to her that 7 connection can be made to do all of this reporting for you. It'll just automatically connect with our system and send it over.

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00:55:58.769 --> 00:55:59.635

If not,

410

00:56:00.085 --> 00:56:14.605

then you need to fill out this Excel file and report it more manually and the way we do that is by assigning out a account is what it's called if you're not familiar with what is think of it as a drop box type of an account it's just a

411

00:56:14.605 --> 00:56:16.974

secure portal you'll open up a browser,

412

00:56:17.394 --> 00:56:24.025

we assign you a user name and log in information for it and then you literally just drag and drop the CSV file.

413

00:56:24.025 --> 00:56:26.034

You create into that.

414

00:56:26.340 --> 00:56:39.719

Well, if 2 P account, and it automatically uploads at that point, our system sort of checks it for validity. If the data is valid, it all looks good. It's going to send it straight through into our system. And my team will never see it again.

415

00:56:39.719 --> 00:56:45.119

If something is wrong, say, like, some data is missing or something is in the wrong format.

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00:56:45.119 --> 00:56:52.320

Or, you know, you put in a future date or something like that, then it's automatically going to be kicked out to the onboarding team. At which point.

417

00:56:52.320 --> 00:56:56.460

2 things will happen. My team will look at it if it's something.

418

00:56:56.994 --> 00:57:08.934

Easily correctable. We're not going to bog you down with that. Say, there's just a period or some special symbol got inserted into there that cause it to fail. My team is just going to delete that for you, and we're going to shoot you an email real quick.

419

00:57:08.934 --> 00:57:13.465

That says, hey, this line of data failed. This is what was wrong with it.

420

00:57:13.679 --> 00:57:24.719

We corrected it and sent it on through so, just note that for next time to make sure those aren't in there if it's something we can't answer or say, you left out of date of birth or we're not sure of some of the other information in there.

421

00:57:24.719 --> 00:57:32.880

Then our team members going to reach out to that designated submitter, and then work with them to get that data entered correctly. And then re, submitted.

422

00:57:32.880 --> 00:57:47.250

Um, if you do need a account set up, if you choose to go with this, this program, all you have to do is just shoot us an email that health dot O dot Gov that Paula showed you earlier or directly to myself is also totally fine.

423

00:57:47.250 --> 00:57:53.639

And we will get you set up with a FTP account and provide you the credentials you need to log into that system.

424

00:57:55.019 --> 00:58:03.449

So that was the, that was kind of the quick and dirty version of the data and the types of reporting you can do. Does anyone have any questions.

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00:58:03.449 --> 00:58:09.869

Before I unshare the screen here, does anybody have any questions about that or the type of data that needs submitted, or anything like that?

426

00:58:15.150 --> 00:58:26.070

Okay, um, if you do please ask, like I said, if if you want to come on board with this and start doing some of this data, and, like, a more in the weeds version of how to enter this, and some little tips and tricks that make it easier.

427

00:58:26.070 --> 00:58:32.010

Just let me know that, and I'm happy to set up a web X with your team and jump on there and we can walk through it line by line. If need be.

428

00:58:35.219 --> 00:58:44.070

Thank you Ryan Carrie that is the totality of our formal presentation. We're happy to stay on. As long as you buy for questions.

429

00:58:47.579 --> 00:58:50.940

Thank you, Paula. I'm copying. I'm going to put this.

430

00:58:50.940 --> 00:58:57.239

Out to everyone, all attendees, I'm copying a link into the chat.

431

00:58:57.239 --> 00:59:05.159

That is to the web page that Paula and Ross, we're showing at the very beginning. That's the health and senior services.

432

00:59:05.159 --> 00:59:13.500

Page, so, that link that I just put in the chat for everyone to see remember, that is where you would go to testing resources.

433

00:59:13.500 --> 00:59:19.920

And actually, I'm going to put that in there as well for the by next now so that you haven't even more direct link.

434

00:59:19.920 --> 00:59:23.400

I would encourage everyone.

435

00:59:23.400 --> 00:59:31.889

To go out there, there was a lot of information in this presentation and I want to thank all of our friends from the Department of health for taking the time and going through this with us.

436

00:59:31.889 --> 00:59:36.690

And making this available for all of our community providers.

437

00:59:36.690 --> 00:59:44.039

But there was a lot of information in this presentation so I encourage you to go out there and get into that by next. Now hub.

438

00:59:44.039 --> 00:59:49.619

Which I'm also going to send you the direct link to that all about send in the links and trying to make it easier.

439

00:59:49.619 --> 00:59:55.170

But to go out there and to read the materials that they went through.

440

00:59:55.170 --> 00:59:59.670

Take some time to really comprehend what what it entails.

441

00:59:59.670 --> 01:00:04.650

It does sound like a lot. I understand that. It can be overwhelming for folks.

442

01:00:04.650 --> 01:00:10.409

But really, I like this to kind of learning to ride a bike. There's a little bit of work at the beginning.

443

01:00:10.409 --> 01:00:20.940

Um, it can be feel a little, a little challenging and maybe a little uncomfortable getting through it, but it's not nearly as cumbersome or difficult.

444

01:00:20.940 --> 01:00:29.670

As it feels like in the beginning, and once you get on there and you really learn how to write it, then it's, it's really something that's very easy to do.

445

01:00:29.670 --> 01:00:38.579

So, I finally put in that last link specifically on the, by next down for the information. So you have all of those direct links.

446

01:00:38.579 --> 01:00:41.610

To get started.

447

01:00:41.610 --> 01:00:45.599

Remember on that very last 1. I put in there. You need to click new applicants.

448

01:00:45.599 --> 01:00:53.579

So that you can get to that front page that has your access to the training modules and the guidance and all of those things.

449

01:00:53.579 --> 01:01:00.510

So, I'm not seeing any other questions that have come in through the chat. I will open up the line for just a moment.

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01:01:00.510 --> 01:01:05.280

See, if anyone wants to have pose any questions for our friends at health.

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01:01:05.280 --> 01:01:09.300

Or just in general, any questions about this process, or this opportunity.

452

01:01:19.135 --> 01:01:23.304

All right, hearing none I want to thank everyone for joining us again.

453

01:01:23.335 --> 01:01:37.945

A huge, thank you to follow Ryan and Russ from health for taking the time to go through this and to help us make this opportunity real for our damage providers and think all of you for participating.

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01:01:37.945 --> 01:01:45.144

And if you have any questions feel free to shoot us. Some emails or reach out, we will be happy to answer them and help get you up and running.

455

01:01:45.420 --> 01:01:48.719

Thank you all so much for attending. We really appreciate it.