THSteps Targeted Blood Lead Testing

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History

- May 2012 CMS outlined process for state targeted blood lead screening for Medicaid-eligible children.
- DSHS requested HHSC to evaluate blood lead data submitted to Texas Childhood Lead Poisoning Prevention Program (TXCLPPP)
- Three years of data was evaluated by HHSC
- May 2013 HHSC completed evaluation and submitted report to THSteps.

THSteps Blood Lead Screening

- Universal venous or capillary blood testing for Medicaid/THSteps enrolled children
- Required testing at 12 and 24 months of age
- Required testing at any age after 12 months up to 6 years if not previously tested
- Risk of lead exposure (anticipatory guidance) at all checkups through age 6

THSteps Blood Lead Screening

- In office point-of-care testing for initial screening only
- DSHS Laboratory submission required for all initial screens with exception of point-of-care tests
- Venous specimens required for confirmatory tests
- Confirmatory and/or follow-up specimens may be sent to the lab of the provider's choice
- All results must be submitted to TXCLPPP

HHSC Assessment

- Blood lead levels of ≥5 mcg/dL
- Universal testing at 12 and 24 months (Medicaid)
- Universal venous or capillary blood tests
- Numbers of blood lead tests for Medicaid children climbed 2007-2012
- Only 40% of children 1-2 years of age were screened between FFY 2010 and 2012.

HHSC Assessment Continued

- Testing criteria for non-Medicaid children
  - Targeted census tract or zip code
  - High risk based on questionnaire (Pb-110)
  - Parent or guardian request
- Examined Medicaid and non-Medicaid children separately for comparison of likelihood of elevated blood lead level (BLL)

Numbers

- Calendar years 2005, 2008 and 2011
- > 600,000 children 6 to 30 months tested for EBLL
- Approximately 80% enrolled in THSteps
- 302,438 unduplicated, living in targeted zip codes
- 242,907 Medicaid eligible, untargeted areas
- 252,984 Medicaid eligible, targeted areas
- 67,602 non-Medicaid, untargeted zip codes
- 49,454 non-Medicaid, targeted zip codes

Results

- Number of children tested 2005-2011 increased
- Number of children with EBLL declined
- 56% increase in testing 2005-2011
- 25% decline in EBLL ≥ 10mcg/dL
- 51% decline in EBLL ≥ 5mcg/dL
- Despite decline percentage of EBLL ≥ 5mcg/dL from targeted zip codes remained at 62% of all EBLLs

Summary

- Almost half a million Medicaid children 6-30 months tested over 3 years
- More than 30,000 EBLLs (6%)
- 117,056 at risk non-Medicaid children tested
- 2% with EBLL
- Majority EBLLs are Medicaid (93%)
- Large percentage of non-Medicaid living in untargeted areas found to have EBLL

Findings

- Since FFY 2010 only 40% of Medicaid eligible children 6-30 months received testing
- Tested non-Medicaid children more likely to live in untargeted areas than tested Medicaid children
- Untested Medicaid children were more likely to live in untargeted areas than tested Medicaid children
- Overall children in targeted zip codes were almost twice as likely to have EBLL than children in untargeted areas

Findings

- Medicaid children almost 3 times more likely to have EBLL than targeted non-Medicaid screened children; regardless of where the child lived
- Medicaid children in untargeted zip codes twice as likely to have EBLL than non-Medicaid children in targeted zip codes.
- Cost to the state for blood lead screening is bundled into the 12 and 24 month checkups

Findings

- Point-of-care testing reimbursed at $16.64
- 60% Federal match
- Although targeted testing in high risk areas identifies larger numbers of children with EBLLs; living in untargeted areas does not assure protection from lead exposure
- Based on numbers universal testing remains most efficient at identifying children with EBLL

Missing Information

- BLL results not universally available to TXCLPPP on Medicaid children
  - 40% of Medicaid children tested
- Screening tool data not available for non-Medicaid children
  - Unable to determine why tested
- Point-of-care results not routinely reported to TXCLPPP.

Conclusion

- Data indicates no significant advantage of targeted testing instead of universal screening

Identified Opportunities

- Increasing data reporting to TXCLPPP
  - Reviewing data reporting requirements with providers and laboratories
  - Reviewing and promoting reporting of point-of-care results
  - Provider training for point-of-care users

Thank You

"Things get done only if the data we gather can inform and inspire those in a position to make [a] difference."

-----Mike Schmoker