

# Old Business

## Texas Childhood Lead Poisoning Prevention Program

**Presented by:**

**Cristina Baker, Program Coordinator**

# Webinar Demonstration

# CenturyLink Web Meeting



Files

Q&A

Poll



MEETING

▶ WEBCAM

▼ PARTICIPANTS (2)

Speaking:

Patrick Blooming...

. ABLES Program (H)

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▼ CHAT Everyone

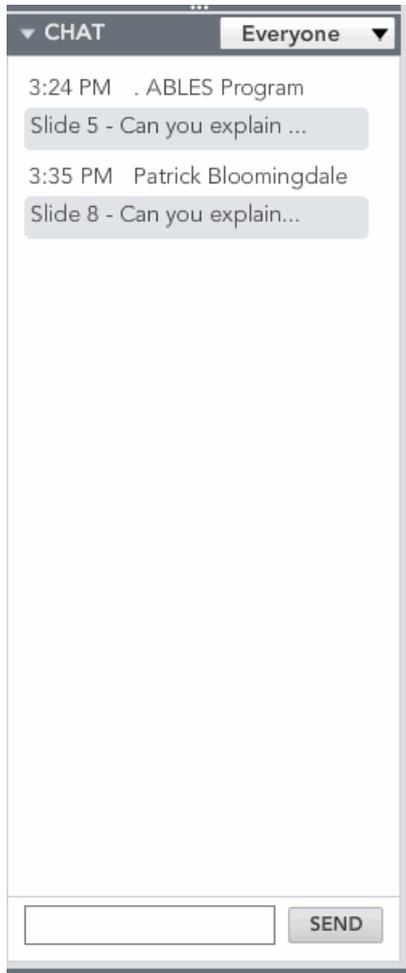
3:24 PM . ABLES Program

Slide 5 - Can you explain ...

SEND



# Chat Feature

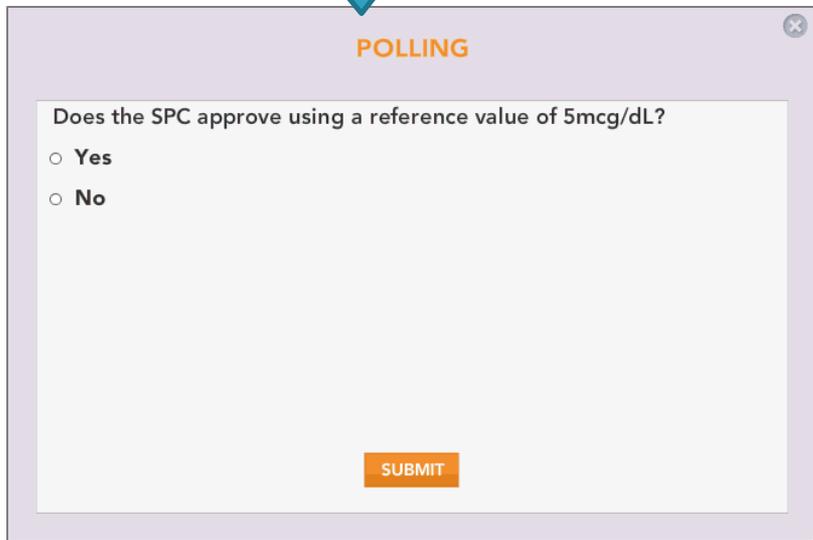


- Use the **CHAT** feature to submit your questions
- *Example: Slide 8 – Can you explain...*

# Poll Feature

Webinar participants will submit their vote via the **Poll** Feature

When the voting begins,  
a window will open up.



A screenshot of a web browser window titled "POLLING" with a close button in the top right corner. The window contains a poll question: "Does the SPC approve using a reference value of 5mcg/dL?". Below the question are two radio button options: "Yes" and "No". At the bottom center of the window is an orange "SUBMIT" button.

Window will show your  
vote was submitted.



A screenshot of a web browser window titled "POLLING" with a close button in the top right corner. The window displays the message "Your response has been submitted." in the center.

# Objectives

- **Approve January 30, 2013 Meeting Minutes**
- **Review progress on actions items assigned at the January 30, 2013 SPC Meeting**
- **Assign follow-up actions as necessary**

# Action Item #1

TXCLPPP will prepare data that quantifies:

- How many 5-9 venous BLLs occurred in 2011
- How many 5-9 venous BLLs were persistent
- How many 5-9 venous BLLs increased to a value of  $\geq 10$
- Trend analysis for 5-9 vs.  $\geq 10$
- Geo distribution analysis for 5-9 vs.  $\geq 10$ 
  - Response: TXCLPPP will present these data at the April 24, 2013 meeting.

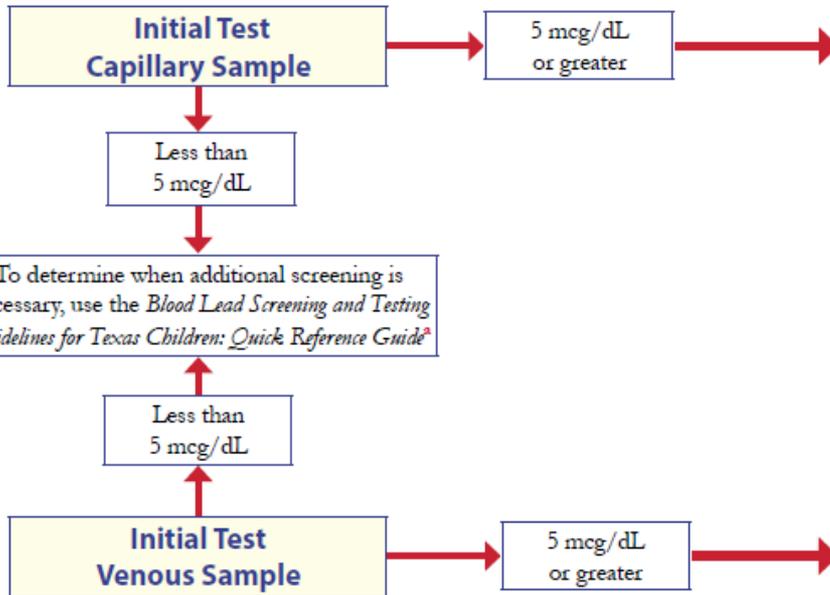
# Action Item #2

- Review Medicaid policy regarding reimbursement of BLL follow-up for children with BLLs 5-9 mcg/dL.
  - Response: “Although the THSteps policy indicates testing/action on BLLs of “10 or greater”, a provider can submit an acute care claim for follow-up testing at a lower level and the claim should be paid. THSteps will be working with Provider Relations staff to educate providers while we are waiting for our policy change (assuming that we will be submitting one after our Advisory Panel meeting).” Terri Sparks, RNC

# Action Item #3

- Revise Pb-109 and provide to SPC for review
  - Expected revisions:
    - Change Table 1 to match the format for the “next category” and to read:
      - 5-9 mcg/dL [diagnose in] 12 weeks
    - Change Table 2 follow-up testing schedule to include a row for BLLs 5-9 mcg/dL
      - 5-9 mcg/dL [follow-up every] 6 months
    - Change Table 3 to add a column for BLLs 5-9 mcg/dL
      - Specifies “Lead Education” & “Follow-up BLL monitoring”

# Approved Pb-109 Revision:



**Table 1: Schedule for Obtaining a Diagnostic Venous Sample**

Capillary Screening Test Result (mcg/dL)	Perform Venous Diagnostic Test Within
5-9	12 weeks
10-44	1 week - 4 weeks <sup>b</sup>
45-59	48 hours
60-69	24 hours
70 and up	Immediately as an emergency lab test

**Table 2: Schedule for Follow-Up Venous Blood Lead Testing**

Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (after BLL begins to decline)
5-9	6 months	6 months
10-14	3 months	6-9 months
15-19	1-3 months	3-6 months
20-24	1-3 months	1-3 month
25-44	2 weeks - 1 month	1 month
45 and up	As soon as possible	Chelation with subsequent follow-up <sup>c</sup>

**Table 3: Medical Case Management for Children with a Diagnostic Elevated Blood Lead Levels**

5-9 mcg/dL	10-14 mcg/dL	15-19 mcg/dL	20-44 mcg/dL	45-69 mcg/dL	70 or higher mcg/dL
<ol style="list-style-type: none"> <li>Lead Education: Dietary &amp; Environmental</li> <li>Follow-up BLL monitoring</li> </ol>	<ol style="list-style-type: none"> <li>Lead Education: Dietary &amp; Environmental</li> <li>Follow-up BLL monitoring</li> <li>Environmental Lead Investigation if:               <ul style="list-style-type: none"> <li>Follow-up BLLs persist at least 12 weeks after diagnostic venous test</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Lead Education: Dietary &amp; Environmental</li> <li>Follow-up BLL monitoring</li> <li>Proceed according to actions for 20-44 mcg/dL if:               <ul style="list-style-type: none"> <li>Follow-up BLLs persist at least 12 weeks after diagnostic venous test</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Lead Education: Dietary &amp; Environmental</li> <li>Follow-up BLL monitoring</li> <li>Complete history and physical exam</li> <li>Lab work: Hemoglobin or hematocrit; Iron status</li> <li>Environmental Lead Investigation</li> <li>Lead hazard reduction</li> <li>Neurodevelopmental monitoring</li> <li>Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated</li> </ol>	<ol style="list-style-type: none"> <li>Lead Education: Dietary &amp; Environmental</li> <li>Follow-up BLL monitoring</li> <li>Complete history and physical exam</li> <li>Complete neurological exam</li> <li>Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP</li> <li>Environmental Lead Investigation</li> <li>Lead hazard reduction</li> <li>Neurodevelopmental monitoring</li> <li>Abdominal X-ray with bowel decontamination if indicated</li> <li>Chelation therapy<sup>f</sup></li> </ol>	<ol style="list-style-type: none"> <li>Hospitalize and commence chelation therapy<sup>e</sup></li> <li>Proceed according to actions for 45-69 mcg/dL</li> </ol>

# Additional Pb-109 Revision

Change from "12 weeks" to "1 week to 12 weeks"

Table 1: Schedule for Obtaining a Diagnostic Venous Sample

Capillary Screening Test Result (mcg/dL)	Perform Venous Diagnostic Test Within
5-9	1 week - 12 weeks
10-44	1 week - 4 weeks <sup>b</sup>
45-59	48 hours
60-69	24 hours
70 and up	Immediately as an emergency lab test

Are 10-14 levels more lenient than the 5-9?

Table 2: Schedule for Follow-Up Venous Blood Lead Testing

Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (after BLL begins to decline)
5-9	6 months	6 months
10-14	3 months	6-9 months
15-19	1-3 months	3-6 months
20-24	1-3 months	1-3 month
25-44	2 weeks - 1 month	1 month
45 and up	As soon as possible	Chelation with subsequent follow-up <sup>c</sup>

# **SPC Voting & Recommendations**

# **Does the SPC approve the additional changes to the Pb-109?**

**Do SPC members have any updates regarding their constituencies' responses to proposed recommendations?**