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The Pipette Line

A Publication of the Georgia Society for Clinical Laboratory Science

PRESIDENT'S MESSAGE:

View from the Desk of Anne Rand



It has been many years since I have had the privilege of attending the national ASCLS meeting. On my trip back from California I reflected on the reasons I waited so long. I could not list any good reasons not to attend. The positive things I did receive from attending the meeting made me ask why I had waited so long.

During the political conventions reporters interviewed many people who paid for their trips to either attend the convention or protest the convention. They were excited about participating in political action and cost was not a factor. Is my profession not important enough for me to participate in professional activities? How many times did I expect my employer to pay my travel and registration to meetings? And I did not want to go to the meetings if I did not get reimbursed. If I get involved in ASCLS will it place my career on a higher level? Will my involvement in my professional organization open me up to more career opportunities? The answer is yes.

The most important reason for going to professional meetings is to be involved in your profession. What impact can we make if we don't actively support our national organization. Sure the dues help with the financial side of the ledger, but without input and active support from you, the profession has one less person.

At the President-elect Seminar I learned that volunteers are the core of ASCLS. It is the grass-roots foundation of COMMITTED members working on the issues that are important to them. How can each Georgia member be involved in ASCLS? The answer is to participate in at least one of the strategic goals for 2004-05.

The 2004-2005 ASCLS strategic plan is:

1. identify strategies to improve/impact the competency of lab practitioners
2. respond to advances in scientific and information technology that will impact the profession
3. adapt ASCLS to the changing priorities of contemporary lab professionals
4. increase membership numbers and the financial stability of the organization
5. identify strategies to respond to the impact of the aging population on the profession

I want to have the opportunity to make an impact this year. Please join me in this journey. If you want to find out how to get involved, I can be reached at anne@aranne.com. Let's get excited about supporting our profession. You may get something back.

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News From the CLBTTB Advisory Committee Joeline Dillard Davidson

The Pipette Line

Editor: *Bonnie Gum*

The Pipette Line is a quarterly Publication of the **Georgia Society for Clinical Laboratory Science** for its members.

Note: Copies of complete board minutes and committee reports are available to members on request from Patricia Linkous, GSCLS secretary. Address all correspondence to

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**Special People are around us
everyday.**

**Take time out, right now, and let
us know about them. Perhaps
something outstanding has hap-
pened in your community. Please
share with the Pipette Line editor
at the address above or email
nagum@charter.net**

**Pictures from your laboratory are
most welcome!!**

The Committee developed guidelines for the use of autoverification. These were presented to the Department and will be the guidelines used for surveying. Details may be seen in the *Regulator*, Volume II, August 2004, a newsletter published by Diagnostic Services of the Department. The guidelines set new directions for using automated systems and for using other laboratory professionals to assist with certain pre-analytical processes.

The NCCT exam for phlebotomy was accepted for use in Georgia. This allows those taking the test to qualify to perform point of care testing.

The Committee has recommended that all the accepted exams be reviewed. It has been a long time since they were reviewed. Recommendations were made for a subcommittee of a minimum of 5 educators or those with expertise in testing. Joeline Davidson was asked to work with the subcommittee. The committee reviewed the certification examination criteria previously used to review exams and found it to be relevant and appropriate. The Committee, however, agreed that there needed to be a criterion regarding eligibility requirements to take an exam.

The Committee discussed the Brock Committee Report found at http://www.audits.state.ga.us/internet/pac/rpt_main.html. This document is the written report of an external audit. The report recommended GDHR seek deemed status for CLIA. The Committee had previously determined that while the state licensure fee would increase, the overall cost to the facilities would be less than that currently paid for state and CLIA fees, if deemed status were obtained. The Committee discussed the advantages of the state licensure law over that of CLIA. Deemed status would require the Department to survey POLs. It was agreed that the Committee would study the issue and decide on a course of action. Written comments in support of the Report may be made to the Brock Committee, legislators, and the Department.

There was some discussion regarding a law that requires a licensed or certified person to collect blood samples for DUI.

Three seats on the Committee will be open January 2005: pathologist, chemist, and hospital administrator. The pertinent associations have been notified and nominations requested.

Due to Veteran's Day falling on the usual meeting date, the next meeting of the Committee will be November 18 at the Public Health Laboratory on Clairmont Road.



Elizabeth Kennimer congratulates Cathy Weaver as exiting President of ASCLS-GA



Cathy Weaver Pins new ASCLS-GA President Anne Ranne

ASCLS 72nd Annual Meeting Awards Ceremony

The 72nd Annual ASCLS Awards Ceremony continued a tradition of public recognition of individuals and corporate sponsors for their contributions to clinical laboratory science. Individual recipients were those who discovered and implemented strategies for excellence. Industry recipients were organizations which were visionary in supporting education and research in clinical laboratory science. Following are some of the awards presented.

Bayer Diagnostics: President's Award for Contributions to the profession.

Dade Behring and Roche: Crystal Awards. Abbott and Beckman-Coulter received Honorable Mention Awards.

ASCLS Education and Research Fund awarded
Joseph J. Kleiner Memorial Award: George Fritsma
Allegiance Graduate Research Award: Heidi Mannion
Research Grant-in-Aid: Kristina Behan and Shirlyn McKenzie

Gloria "Mike" Gilbert Memorial Trustee Award for assisting individuals: Margaret "CeCe" Schmidt

Ruth M. French Memorial Scholarship: Nicholas de Vries

Dorothy Morrison Scholarship: Amy Gillin

Ida and Mae Reilly Scholarships: Michael Anderson, Cassandra Heuer, Jessica Wolgemuth

Martha Winstead Scholarship: Chau Mai

Alpha Mu Tau Undergraduate Scholarships: Heidi Anderson, Kelly Bennett, Rebecca Byrd, Heather Calhoun, Amy Dunn, Megan Marshall, Autum Moschell, Paul O'Leary, Tara Ondrak, Amber Pankhurst, Jeanette Sexton, Krupa Shah, Valerie Stone,

ASCLS Political Action Committee announced **Hawaii** as the top PAC fundraiser state. He recognized these winners in region competition: 1st Region I, 2nd Region X, 3rd Region VI.

Professional Affairs Committee announced that state societies raised a total of \$14,139 for the Children's Miracle Network. The top fundraisers included 1st place **Georgia** (\$4327), 2nd place **Minnesota** (\$3930) and 3rd place **Alaska** (\$1400).

Bill Hastings from BD Diagnostic Systems followed a tradition established in 1963 by presenting ASCLS Barbara Brown the Past President's Gavel.

Barbara Brown announced that seventeen current ASCLS members completed over 50 years of membership and served as role models in perseverance and professionalism.

Constituent Society Membership Awards were based on membership as of December 31, 2003. **Maine** won first place for the Greatest Percent Increase in All Categories and also 1st place for Greatest Percent Increase in Non-Students. **Mississippi and Virginia** tied for 1st place for the Greatest Percent Retention. The Constituent Society Publications Awards were in two categories: newsletter and web format. North Dakota won 1st place

newsletter, 2nd Montana, 3rd Montana. Texas won the 1st place web format and 2nd place went to Wyoming.

Over 520 dedicated ASCLS members received Omicron Sigma Awards, a maroon ribbon, for outstanding service at the local, state, regional and national levels. The highlight of the Awards Ceremony was the announcement of the **ASCLS Member of the Year, Kathy Hansen of Minnesota.**



Delegates for Georgia

DIRECT ACCESS TESTING

Submitted by Cathy Weaver

Direct Access Testing (DAT) is an outgrowth of well-informed, health-conscious consumerism. The standard communication protocol in healthcare routes laboratory data indirectly to the patient via the physician or his designee. Two alternate more direct access pathways include (1) kits for self-testing and (2) direct access to the clinical laboratory scientist. Current healthcare consumers have several characteristics leading them to demand a new healthcare protocol:

- Web-savvy, well-informed
- Responsible for their own health outcomes
- Agreeable to pay for unreimbursed health expenses
- Confirming /contradicting genetics
- Invest in health products and activities
- Protect health confidentiality
- Value convenience and time
- Detect disease earlier
- Look for cost savings
- Want test results NOW
- Want interpretation without office visit
- Seek consultation without office visit

DAT has the advantage of satisfying most of the consumer's demands. Disadvantages of DAT include the patient ordering incorrect tests, incorrectly interpreting the lab reports, over-testing, inappropriate self-treatment, poorly accepting critical results without counseling and increased cost. Physicians recognize changing healthcare market and prefer lab tests done in a lab they trust. They are wary of the legal liability of abnormal results, competition for screening tests and lack of patient follow-up on abnormal DAT results.

“Self testing” uses kits available commercially at drug stores, grocery stores, and health food stores and on the Internet. Self-diagnostic kits include pregnancy and ovulation for patients avoiding or trying to achieve pregnancy. Monitoring kits include glucose, A1C and prothrombin time for diagnosed diabetics or those on anticoagulant therapy. The highest volume DAT is drug testing kits which identify recreational drugs for employment drug monitoring, qualifying parental custody and parents monitoring teenagers. Self-testing provides no direct communication with a clinical laboratory professional.

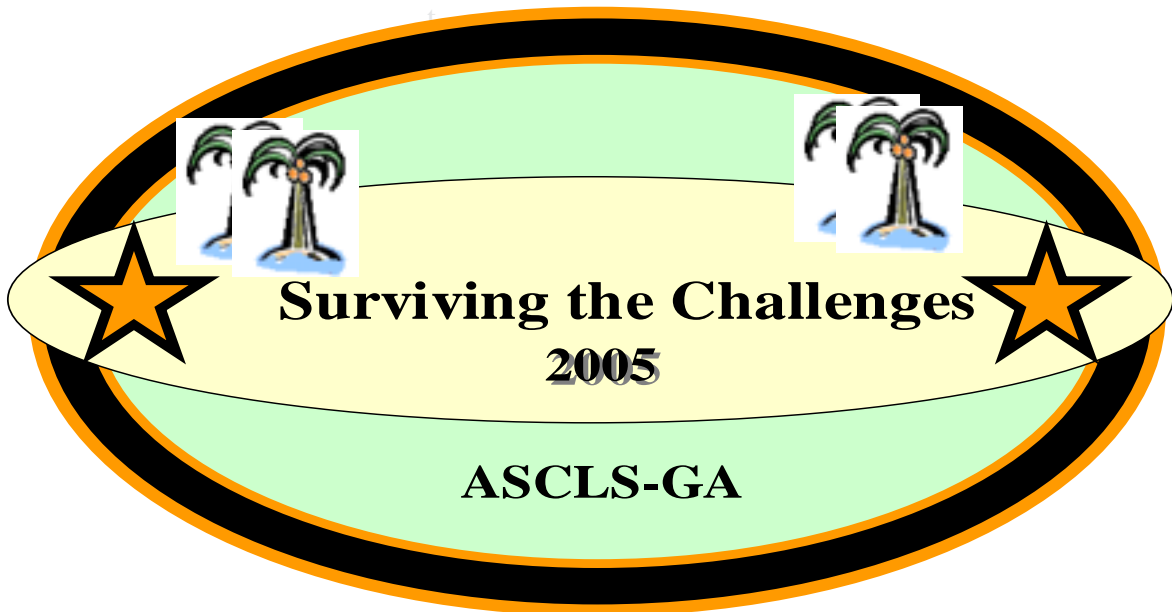
“Consumer-directed” testing programs are also known as direct access testing because the patient self-orders and does have direct access to the clinical laboratory. State law determines availability and level of testing. A physician may approve orders electronically. Insurance will not cover self-ordered tests and is not informed of the tests ordered. The privacy protects the insured's risk of insurability. The consumer favors the convenience of credit card payment. After signing an authorization form, the patient submits a specimen at a reference lab collection station. Results are available within 72 hours by security-coded email with USPO mail follow-up.

Aggressive marketing of direct access testing by commercial, hospital laboratories and tests brokers has raised medico-legal and ethical questions. U.S. State and territories laws varies in DAT availability and level of testing: no limits-21; some limits 13; prohibited (including GA) - 18. State variations include no hospital DAT, no inpatient DAT, only CLIA-waived test DAT, and only cholesterol testing and only tests “patients can understand.” Georgia prohibits DAT but some laboratories have a staff physician who authorizes any patient-selected test without first seeing the patient. California requires a physician visit prior to DAT. Online DAT providers make these state laws unenforceable.

Issues to address in establishing a DAT program include insurance coverage, state regulation and oversight, limiting the type and number of tests ordered per year, critical values, telephone support, ownership of results and resistance from other providers of clinical laboratory services. The DAT Association www.d-a-t-a.org guidelines sets standards for this new approach to healthcare.

The ASCLS 1995 position paper on Managed Care, supports “clinical laboratory scientists’ participation in patient-interactive and physician-consultative roles” and “clinical laboratory scientists having the authority to order initial and/or reflexive testing to achieve appropriate and cost-effective clinical laboratory test orders.”

(Continued on page 7)



57th ANNUAL ASCLS-GA MEETING

February 28-March 1, 2005

Atlanta, Georgia

Marriott Century Center

PUT THIS DATE ON YOUR CALENDAR

FEBRUARY 28-MARCH 1, 2005

ASCLS-GEORGIA'S ANNUAL CONFERENCE

NEW CONTINUING EDUCATION TOPICS

PLENTY OF PACE CREDITS

VISIT VENDORS

MEET OLD FRIENDS AND MAKE NEW ONES

MARRIOTT CENTURY CENTER

ASCLS Annual Meeting, CSI:Los Angeles

Submitted by Rebecca Byrd

One of the more exciting and memorable aspects of my first semester as a student in the Medical College of Georgia's Medical Technology B.S. degree program for post-baccalaureates was the opportunity to attend the 2004 ASCLS Annual Meeting, "CSI: Los Angeles." Our program's faculty demonstrated enthusiasm and commitment to a well-rounded learning experience for us all this summer by encouraging each and every one of us to delve right into the nitty-gritty of our future profession by attending this Expo. Even though we were all brand new to the program and the field, and were on a tight academic schedule due to the short summer semester, our professors succeeded in condensing our classes without compromising quality, so that we could travel to Los Angeles together as a class for this once-a-year gargantuan event. It was an effort on their part that I greatly appreciate, as many comparable undergraduate programs often do not offer such extra-curricular activities to their students, even when they are as relevant and educational as "CSI:LA" turned out to be.

Although I knew this Convention was not intended as a vacation, the excitement of touching down in a big city like Los Angeles made it feel like such from the beginning. And if the experience of being taxied deep into downtown LA wasn't foreign and exhilarating enough, then the fairgrounds-like atmosphere of the overwhelmingly expansive LA Convention Center Clinical Lab Exposition was enough to convince me from the start that this was going to be fun!

And it was. After being welcomed heartily by MTs and lab directors from all over the country at the first evening's First-Timer's Reception, we were lavished with hors d'oeuvres, attention, and answers to our questions. Then it was on to the Awards Ceremony and Opening Keynote the next morning, where after being awarded an Alpha Mu Tau Scholarship to help with academic expenses (what a nice way to kick off a Convention, huh!), I was thrilled to hear Dr. M. Lee Goff treat us with a lecture on entomology, forensics, and the science of crime. I'd had an interest in learning more about forensic science as it applies to the MT profession for quite some time before starting the program, so this particular lecture was the most

interesting and eye-opening for me. While Dr. Goff's lecture was probably something very different and interesting for everyone, it especially served to reassure me that there are wide and varied applications of laboratory science in almost any field of work or research imaginable, and that as MTs, we will not be limited to the hospital laboratory in our future careers.

The Expo itself was another eye-opener, although a bit more removed in its relevance to our studies at this point in the program. Catered to the established lab manager or director, the commercial nature of the Expo with its salesmen and high-powered, high-priced technological exhibits was a bit overwhelming and over the heads of many of us who felt as if we were far, far away from being the preferred clientele of the exhibitors. I spent an interesting couple of hours perusing the aisles of the endless auditorium, recognizing that I may soon become acquainted with some of the equipment on display up close and personal during the upcoming semester of clinical rotations.

By far the most enjoyable and useful time spent at the Convention itself was time spent listening to the various PACE seminars given by the experts in laboratory science. Having just finished our program's Microbiology course, the



seminars on emerging fungal pathogens, anaerobes, and antimicrobial susceptibility testing were extremely interesting and helpful in driving home the concepts we'd just covered in class, emphasizing their practical applicability to our field. Things like the NCCLS Standards, Etest, and MRSA became more than just words and ideas I'd heard of in class, *(continued page 8)*



Students enjoying a relaxing moment at the ASCLS National Convention

(Continued from page 7. ...ASCLS Meeting)

Things like the NCCLS Standards, Etest, and MRSA became more than just words and ideas I'd heard of in class, turning more into tangible and practical concepts that I know I'll remember from these fascinating and in-depth presentations.

Will I have more to gain from ASCLS national conventions in the future after I've spent some time working in the profession? Probably. Will I have more to contribute to the conventions after I've finished rotations and become more familiar with the workings of a high-volume laboratory? Definitely. But this trip to CSI:LA was definitely worthwhile, enjoyable, and appreciated. Thank you to all of the faculty, staff, and alumni who made it happen for us this year.

Students fill a vital role in this organization. We need to hear from you. Submit your articles to Bonnie Gum at

gumb@wghs.org

Tell me about what your class is doing, where they are going after they graduate, what's in your future.

(D.A.T. Continued from page 5)

The ASCLS 2004 proposed position paper on Direct Access Testing further supports a DAT standard of care under CLIA –certified moderate and high complex labs using FDA approved methods by educated laboratory experts. Certified clinical laboratory scientists have the ethical responsibility to develop the DAT program with an explanation of the purpose of the test and general meaning of the results.

Direct Access Testing is an opportunity to innovate our healthcare system. Clinical laboratory scientists can educate the general public about laboratory tests, influence state legislation and oversight and partner with wellness programs and market DAT to local businesses and governments. The expert CLS protects the public good and consumer safety by providing direct feedback for accurate consumer information. Now is the time for the laboratory to partner with the patient in Direct Access Testing. Based on "Direct Access Testing: Are You Ready?"

by Mary Ann Mclane, Ph.D., CLS(NCA),
Joan Logenberry, CLDir(NCA)
Deb Rodahl, CLS(NCA)
James T Griffith, Ph.D, CLS(NCA)

Examples of DAT:
www.directlabs.com
www.healthcheckUSA.com
www.questest.com

February 24-26, 2005

**Clinical Laboratory Educators Conference
Williamsburg, VA**

February 28-March 1, 2005

57th Annual ASCLS-GA Meeting, Atlanta, GA

March 21-22, 2005

Legislative Symposium, Washington D.C.

July 26-30, 2005

ASCLS Annual Meeting, Orlando, FL

TBA 2005

**Expo for Health Careers, ASCLS Learning for Life
Explorers Committee**



website <http://www.ga.ascls.org>

ASCLS - GA

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