

January 18, 2010

## MRO/ STAFF COMMENTS LETTER

Dear Mr. Stephenson,

We have been providing Medical Review Officer (MRO) services for regulated and non-regulated testing since 1994. The medical review staff process is highly dependent on both the custody and control form (CCF) and the collection site process. In non-regulated testing, several industry players have made huge progress in improving the quality, timeliness, and integrity of the CCF through the use of software systems that allow collection sites to produce the CCF "on-demand." These systems also improve overall collection site performance, which has a direct impact on medical review and the testing process as a whole.

I would like to suggest that SAMHSA allow collection sites the same option for the new federal CCF. Several key problems with the existing, and proposed, CCF model would be resolved:

**1) Timely distribution of Copy 2 to the MRO.** Currently, MROs must rely on the collection site to fax Copy 2 of the CCF immediately after the collection occurs. However, a very high percentage of time, this does not happen in a timely fashion. In fact, MROs and their staff spend significant time and resources chasing down Copy 2 from collection sites after receiving the laboratory result. It is the primary cause of delays and comes at a significant cost to employers that need timely results. Most collection site software systems have the ability to transmit an image of the CCF to the MRO immediately and automatically, whether by fax or the internet. The CCF always arrives before the laboratory result, thereby avoiding the most common cause of delayed results.

**2) Legibility of the CCF.** Even when collectors remember to fax Copy 2 in a timely fashion, the quality of the document is frequently too poor to work with. In many cases, the pre-printed account information is illegible. In addition, the hand-written portions can be equally poor in quality and readability. Countless hours are spent calling collections sites asking for a re-transmittal of an improved image, typically achieved by placing the original Copy 2 on a copy machine or scanner to produce an image that can be read.

**3) Quality of information on the CCF.** Many CCFs get misrouted to either the wrong-fax number or to the wrong MRO because the pre-printed information on the CCF is out-of-date. However, the CCFs produced by "on-demand" systems use the most current account information for the employer, MRO, laboratory, and collection site. In addition, these systems force the collector to complete the CCF with far greater accuracy and completeness than the current hand-written CCF.

**4) Better record-keeping and data security.** Most of the certified laboratories scan Copy 1 and provide access to that document via the internet. It is a more reliable, accessible, and secure method of obtaining a document. The software systems being deployed for non-regulated testing at collection sites provide the same archival and retrieval capability for the MRO copy of the CCF.

Very minor modifications to the proposed CCF would facilitate the option of “on-demand” generation of the CCF:

Allow an option for the OMB public burden statement to be printed on the front of each copy;

Allow the employee copy to either be slightly reformatted to accommodate the Privacy Act statement for federal employee when applicable, or simply allow a separate sheet to be printed with the Privacy Act statement for federal employee tests (a very small portion of the industry’s regulated testing volume).

Allow collection sites with wet-ink digitized signature capture devices to capture and transfer collector and donor signatures to the appropriate copies of the CCF, as an equivalent to the carbonless transfer that takes place on the current CCF.

While not all collections sites use online systems or have signature pads, the number that do is growing rapidly. At a minimum, SAMHSA should allow properly equipped sites to produce a federal CCF as described above. Doing so would greatly improve the integrity of the collection site process, provide greater donor protections, and reduce the overall burden of mandated testing programs to employers and service providers.

Sincerely,

Vangie Rangel, Supervisor

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