

# Decision Matrix Tool: Public Health Impact Assessment (PHIA)

May 2024

# Background

- The Advisory Committee (AC) agreed to separate out the evidence assessment and assignment of letter grade and the public health impact
- By statute, the “Decision Matrix” must include a public health impact assessment
- Staff, committee member and others have been meeting on the PHIA process

# Assessment process overview

- The AC initiates the PHIA process when AC votes to move to the Evidence Review Group
- Pilot states are surveyed and results are distributed to all other states
- Survey represents the diversity of state population size and overall newborn screening resources

# Pilot state survey



**ACHDNC**  
*Secretary's Advisory Committee  
on Heritable Disorders in  
Newborns and Children*

# Survey items

Includes questions regarding screening testing, confirmatory testing, diagnosis and first year treatment

# Pilot state survey

- Depending on the topic-specific process, includes process area questions about:
  - First-tier testing
  - Higher-tier testing
  - Confirmatory testing (when applicable)
  - Diagnosis, and
  - First year treatment

# Survey items

- For each area, questions will cover whether and what new equipment/ staff/medical expertise was required and estimates of the time and cost involved



# Example Pilot test report

## First tier testing:

### Equipment:

- Cost
- Space
- Installation time

### Staff:

- FTE
- Expertise
- Time to hire

## Higher tier testing:

- Sent out, cost/test:
- Performed in house:

### Equipment:

- Cost
- Space
- Installation time

### Staff:

- FTE
- Expertise
- Time to hire

## Follow up—diagnosis:

- Cost per positive test
- Expertise
- Time to develop

## Follow up—treatment:

- Cost per case
- Expertise
- Time to develop

## Cost summaries

- Total fixed costs estimate
- Total addition cost per test (including first and higher tier test cost, and diagnosis and treatment costs)





# States survey

# Based on pilot state information

1. If the condition is added to the RUSP, what resources or additional support would you need to implement within 2 years (e.g., external support for start up, regionalization agreements, other)?
2. If you could not implement within 2 years, what would be the barriers (could include competing priorities such as implementing other RUSP additions, other state laboratory priorities, funding and staffing challenges, etc)?

# Information to add to the Decision Matrix:

1. What is the estimated time and cost to implement testing from pilot state(s)?
  2. What do states report is necessary to implement in two years? (categorize required effort as low, moderate, high)
  3. What do states report are barriers to implement within two years?
- These answers will included in the letter of recommendation to the Secretary of Health and Human Services.

# ACHDNC Decision Matrix (draft)

	Magnitude of Net Benefit		
Certainty of Net Benefit	Substantial	Moderate	Zero, Small or Negative
High	A	B	C
Moderate	B	B	C
Low	I (insufficient)		

Letter Grade	Description	Action
A	High certainty of substantial net benefit	Recommend addition to the RUSP
B	At least moderate certainty of at least moderate net benefit	Discuss and vote on recommending addition to the RUSP
C	At least moderate certainty of zero, small or negative net benefit	Do not recommend addition to the RUSP
I	Low certainty of net benefit	Do not recommended addition to the RUSP; Identify evidence gaps

Public Health Impact assessment for implementation in 2 years:	
% of States reporting effort required as low	
% of States reporting effort required as moderate	
% of States reporting effort required as high	

# Discussion