

## Assessment of the Model Performance Evaluation Program (MPEP)

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1027) Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1027)

This assessment is meant for state, city. Local and private TB laboratory supervisors or their designees that participate in the Model Performance Program (MPEP) and whose laboratories perform drug susceptibility testing (DST) for *Mycobacterium tuberculosis* isolates. The Laboratory Capacity Team (LCT) of the Division of Tuberculosis Elimination (DTBE) would like your feedback concerning different components of MPEP.

The information you provide is very important to us and will be used to incorporate change to improve service delivery.

Completion of the assessment is voluntary and will take approximately 15 minutes.

- \*To what extent do you agree or disagree with each of the following statements regarding the CDC Model Performance Evaluation Program (MPEP) and submission of results:

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
MPEP is an essential part of our laboratory quality assurance (QA) program					
MPEP instructions for submission of drug susceptibility test (DST) results are clear and understandable					
Entering MPEP results online is difficult/confusing					
It is important to receive an automatic email reply with a copy of submitted DST results for your laboratory records					
Participation in MPEP increases our laboratory's confidence in our ability to detect drug-resistant tuberculosis (TB)					

### Report

- \*To what extent do you agree or disagree with each of the following statements regarding the MPEP Final Report:

**Appendix 1: MPEP Customer Feedback Questions**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Tables in the MPEP Final Report are clear and easy to understand					
Figures in the MPEP Final Report are clear and easy to understand					
Descriptive information provided for each TB drug is too technical for our laboratory's needs					
Information in the MPEP Final Report is used to compare the performance of our laboratory with other laboratories					
If distribution of the MPEP Final Report is timely, elimination of the Expected Results Report is acceptable					
MPEP Final Reports are used as explanation for your laboratory's MPEP results to your QA program					

3. \*How else does your laboratory use the MPEP Final Report? (Select all that apply)
  - a. Review of isolates with unexpected results only
  - b. Review by laboratory staff
  - c. Education of new employees
  - d. Reference material for future TB cases
  - e. Share relevant information with TB Program/Clinicians
  - f. Other: \_\_\_\_\_
  
4. \*Has your laboratory implemented any changes to growth-based DST or molecular testing as a result of MPEP?
  - a. Yes, describe changes: \_\_\_\_\_
  - b. No
  
5. Please describe what information or data analysis your laboratory would like to see in future MPEP Reports:
 

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**Webinar**

6. \*Currently, one MPEP webinar is scheduled per year to discuss MPEP Report results from the previous year. Please choose all statements that your laboratory agrees with:
  - a. One webinar per year is adequate to discuss MPEP results from two surveys
  - b. Two webinars per year is preferable to discuss MPEP results after each survey
  - c. Webinars should be held prior to the distribution of each MPEP Final Report to present results earlier
  - d. The addition of experts external to CDC as presenters would improve MPEP webinars
  - e. The addition of participating laboratories as presenters would improve MPEP webinars
  - f. Did not know that CDC presented MPEP webinars (Skip to Question 9)
  
7. \*How often does your laboratory participate in CDC MPEP webinars?
  - a. Always (go to Question 8)

## Appendix 1: MPEP Customer Feedback Questions

- b. Sometimes (go to Question 8)
  - c. Never (Skip to Question 9)
8. \*Did your laboratory find that the information presented in the MPEP webinars increased your understanding of the MPEP results?
- a. Yes
  - b. Somewhat
  - c. No
9. Please describe what information your laboratory would like to see presented in future MPEP webinars:
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### Future

10. \*Currently, MPEP ships 5 isolates twice a year. Please choose the statement that best applies to your laboratory's QA program:
- a. Current practice of 2 shipments of 5 isolates per year works well
  - b. Two shipments of <5 isolates per year would suffice
  - c. One shipment of 5 isolates per year would suffice
  - d. One shipment of 7 isolates per year would suffice
11. To expand MPEP Reports, please indicate what additional information your laboratory would be willing to submit: (Select all that apply)
- a. Drug concentrations for MGIT, VersaTrek, and agar proportion
  - b. MICs for Sensititre
  - c. Specific mutations detected for molecular results
  - d. Probe results (e.g., Hain, Xpert)
  - e. Ct (cycle threshold) values
  - f. Other: \_\_\_\_\_
12. \*What type of challenge isolates would your laboratory like to receive in future MPEP surveys (e.g., pyrazinamide resistance, disputed mutations associated with resistance to rifampin, fluoroquinolone heteroresistance, etc)?
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13. Would your laboratory be amenable to receiving isolates that are resistant to at least rifampin and isoniazid (i.e., Multi-drug resistant TB) as part of MPEP?
- a. Yes
  - b. No
14. Please indicate what your laboratory does with MPEP isolates after the survey: (Select all that apply)
- a. Assay validation
  - b. Assay development
  - c. Competencies/Training
  - d. Archive in freezer
  - e. Discard
  - f. Other: \_\_\_\_\_

## Appendix 1: MPEP Customer Feedback Questions

15. \*Would your laboratory be interested in guidance that could assist with using MPEP Final Reports results for your QA purposes?
- Yes
  - No
  - Unsure it would translate to our needs
16. As testing technology changes, what would be useful from this program five years from now?
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### Wrap-up

17. \*Approximately how many MTBC isolates did your laboratory test for drug susceptibility in 2016?
- ≤ 50
  - 51–100
  - 101–500
  - 501–1,000
  - ≥ 1,001
18. \*Which best describes your laboratory's drug susceptibility testing protocol? (For purposes of this survey, do not include streptomycin as a second-line drug)
- We perform DST for first-line drugs (rifampin, isoniazid, ethambutol, pyrazinamide) only
  - We perform DST for first-line drugs and some second-line drugs (excluding streptomycin)
19. Please provide any additional comments or suggestions concerning the MPEP program:
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End of Survey