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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 Evaluation Program (MPEP) and whose laboratories perform drug susceptibility testing (DST) for *Mycobacterium tuberculosis* complex 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 changes 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 the results:

	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 results are clear and understandable	0	0	0	0	0
Entering MPEP results online is difficult/confusing	0	•	•	0	•
It is important to receive an automatic email reply with a copy of submitted results for your laboratory records	0	0	0	0	0
Participation in MPEP increases our laboratory's confidence in our ability to detect drug-resistant tuberculosis (TB)	•	•	•	•	•

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

	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	0	0	0	0	0
Descriptive information provided for each TB drug is too technical for our laboratory's needs	•	•	•	•	•
Information in MPEP Final Report is used to compare the performance of our laboratory with other laboratories	0	0	0	0	0
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 laboratory's MPEP results to your QA program	0	0	0	0	0

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

Currently, one MPEP webinar is scheduled per year to discuss MPEP Report result
from the previous year. Please choose all statements that your laboratory agrees
with:
One webinar per year is adequate to discuss MPEP results from two surveys
Two webinars per year is preferable to discuss MPEP results after each survey
Webinars should be held prior to the distribution of each MPEP Final Report to present results earlier
The addition of experts external to CDC as presenters would improve MPEP webinars
The addition of participating laboratories as presenters would improve MPEP webinars
Do not know that CDC presented MPEP webinars
* How often does your laboratory participate in CDC MPEP webinars?
Always
Sometimes
○ Never
* Did your laboratory find that the information presented in the MPEP webinars
increased your understanding of the MPEP results?
○ Yes
Somewhat
○ No
Please describe what information your laboratory would like to see presented in
future MPEP webinars:

Currently, MPEP ships 5 isolates twice a year. Please choose the statement that best applies to your laboratory's QA program: Current practice of 2 shipments of 5 isolates per year works well Two shipments of <5 isolates per year would suffice One shipment of 5 isolates per year would suffice To expand MPEP Reports, please indicate what additional information your laboratory would be willing to submit: (Select all that apply) Drug concentrations for MGIT, VersaTrek, and agar proportion MICs for Sensititre Specific mutations detected for molecular results Probe results (e.g., Hain, Xpert) Ct (cycle threshold) values Other (please descibe) 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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*	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)?
	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?
	○ Yes
	○ No
	Please indicate what your laboratory does with MPEP isolates after the survey: (Select all that apply)
	Assay validation
	Assay development
	Competencies/Training
	Archive in freezer
	Discard
	Other (please describe)

Would your laboratory be interested in guidance that could assist with using MPEF inal Reports results for your QA purposes?
Yes
O No
Unsure it would translate
As testing technology changes, what would be useful from this program five years from now?
Approximately how many MTBC isolates did your laboratory test for drug susceptibility in 2016?
<u>≤</u> 50
51–100
101–500
501-1,000
<u></u> ≥1,001

	ooratory's drug susceptibility testing protocol? (For it include streptomycin as a second-line drug)				
We perform DST for first-line drugs (rifan	mpin, isoniazid, ethambutol, pyrazinamide) only				
We perform DST for first-line drugs and s	We perform DST for first-line drugs and some second-line drugs (excluding streptomycin)				
Please provide any additional program:	comments or suggestions concerning the MPEP				
	Prev Done				
	Powered by SurveyMonkey See how easy it is to create a survey.				