

Statement of Document Purpose

Pandemic response efforts in testing are entering a new realm. Testing companies are producing fast-antigen tests in such quantities that the scale of Covid-19 testing will grow exponentially. The advent of rapid-testing without the need for a machine means that testing can now be performed at scale and in environments where there is no history of clinical testing services (e.g. K12 schools, colleges, universities, senior centers, adult day programs, etc.)

The tests function under an Emergency Use Authorization (EUA) and require that testing be performed by a CLIA waived organization. The test must be ordered by a Licensed Independent Practitioner (LIP). In Ohio an LIP can be a Medical Doctor, Osteopathic Physician, Advance Practice Registered Nurse (under collaboration agreement) and, Physician Assistant (under supervisory agreement).

There are necessary questions that require clarification before an LIP should agree to be the ordering provider. There must be a best practice process in place for an LIP agrees to order the test(s). The intent of this document is to identify each stage of the testing process and the best practice design.

Rapid Antigen Testing Best Practice Design

1) Essential Elements Necessary for Covid=19 Rapid Antigen Testing

a. Administrative Testing Lead

- i. An individual identified as the primary administrative person for the testing group. This individual will be accountable for administrative oversight of the testing effort.

b. Ordering LIP

- i. The LIP who will be the ordering practitioner for testing
 1. This individual is not required to be present for testing.
 2. This individual is expected to be reasonably available to the testing team to provide consultation/guidance/instruction when appropriate.

c. Clinical Testing Lead

- i. A clinically trained and licensed professional who will lead efforts to manage testing supplies, carry out specimen collection and report testing outcomes to patients, appropriate organizations, and the Ohio Department of Health.

d. Testing Teams

- i. The Testing Lead and the Clinical Testing Lead shall collaborate to recruit sufficient administrative and clinical staff to carry out each testing effort.

2) Special Consideration Issues

a. Collaboration for APRNs

- i. APRNs will require appropriate collaboration agreements to be able to order testing. The State Testing Team desires to engage with physician collaborators to address any concerns they have regarding the ordering of Covid-19 rapid antigen testing.

b. Supervision for PAs

- i. PAs will require appropriate supervision agreements to be able to order testing. The State Testing Team desires to engage with physician collaborators to address any concerns they have regarding the ordering of Covid-19 rapid antigen testing.

c. Management of Test Results

- i. The Testing Leads must have in place a process for communication of test results to all appropriate parties. The ordering provider will not be responsible for this work. The ordering provide will be available to the testing leads to resolve cases were the test outcome requires the review of a clinician so that appropriate next steps are identified. CDC and ODH protocols are guidance for the ordering provider.

d. Compensation for Services

- i. Clarity must be established so that the ordering practitioner is aware of the proper methods and processes to submit claims for services rendered.