Policy - Framing the Discussion

- Genomics is just another tool
  - One element of personalized medicine
  - Learn from past examples
  - Compare genomic medicine to current care pathways and focus on how genomics can enhance current care

Priorities

- Engaging Stakeholders
  - Funding, health decision makers, patients
- Data Sharing
  - Privacy
  - Informed Consent
  - Legal Issues
- Regulatory Oversight
- Costs-benefits of adding genomics to care systems

Opportunities – Data Sharing & Regulatory

- Many groups and alliances working on this
- Enabling policy issues - not necessarily at the level of implementation
- This group could work to map the activities and the issues addressed
  - Gap analysis
  - Track and wait and see
  - Encourage “network of networks” to develop to share information and be transparent about responsibilities in policy “pipeline”

Costs/Benefits

- To advance the need, will need technology assessment, demonstrated clinical advantage, definable economic cost
  - Learn from past examples
    - Analyze successful dissemination of new tools with and without evidence (e.g., PETscans and PSA levels)
- Identify points in care pathway where genomic tools would integrate
  - Cancer (INCA), metabolic disorders, HIV therapy, CF
  - Chronic diseases (hypertension, diabetes, mental health)
  - Where can genomics make the biggest impact on care?

Opportunities – Costs/Benefits

- Improve capacity for economic analyses
  - Reach out to pharmacoeconomic societies, health technology assessment agencies/societies
  - Integrate economic assessments into translational research (e.g., Canada is requiring health economists on team)
  - In developing strategies, recognize distinctions between health technology assessment vs. insurance/care decision making
- Engagement of payers/payment decision process
  - Work in a system with one or a few centralized payers to ask what evidence (all types) they will need to make decision (use specific case, e.g., for chronic disease)