Implementation of a Genetic and Wellness Assessment Initiative (GWA) Across a Community Health System

Genomic Medicine XI: Research Directions in Genomic Medicine Implementation Objectives

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Disclosure

 Up-to Date Author: "Principles and clinical applications of next-generation DNA sequencing"

 I will not discuss off label use or investigational use in my presentation.



NorthShore University HealthSystem

- Medical Group
 - 950+ medical group physicians
 - 100+ offices
 - 4 hospitals
- 42,000 admissions/year
- 120,000 ER visits/year
- Center for Medical Genetics
 - 3 MDs / 5 GCs
- How do we scale genetic services?





Realities at NorthShore

- Local patient demand for genomic services
- Center for Medical Genetics
 - Built-in infrastructure for efficiently handling many challenges
 - Opportunity to develop specific workflows
 - Limited capacity...
 - ...but ...model for expanding into other specialty clinics

Vision: Bring genomics to the frontlines of care

- Specialty clinics as launch for broader system-wide initiative
- Creation of the Center for Personalized Medicine
- Development of seamless workflows for frontline providers and patients
- Educational programming consistent, across entire system



Implementation Challenges

- Time constraints
 - Physician education
 - Appointment length
- Competing guidelines/initiatives
- Reality vs. myths
 - Cost of testing / insurance reimbursement
 - GINA
- EMR integration



Center for Personalized Medicine

Coordinates predictive/diagnostic and therapeutic services along with education & research

Molecular Pathology

- Tumor Sequencing
- Hot Spot NGS Panel
- Microarray
- PGX Testing

Clinics

- Medical Genetics
- Oncology
- Pharmacogenomics
- Cardiology
- Neurology
- Diabetes
- Urology
- High Risk Breast

System Integration

- Pharmacogenomics
- Genomic Results Display
- Epic Workflows

Education

- Physicians
- Nurses
- Pharmacists
- Employees
- Patients





Genetic and Wellness Assessment (GWA) Tool

- 2017 Late Spring Pilot
 - Genomic checklist sent to all patients before annual physical via NSConnect
 - ~30 questions tied to actionable recommendations for provider Follow-up Genetic Testing
 Referral to Personalized Medicine Consult Clinic
- Integrates within existing workflows
- Platform for educational initiatives "in the moment" and broader curriculum for clinicians and patients



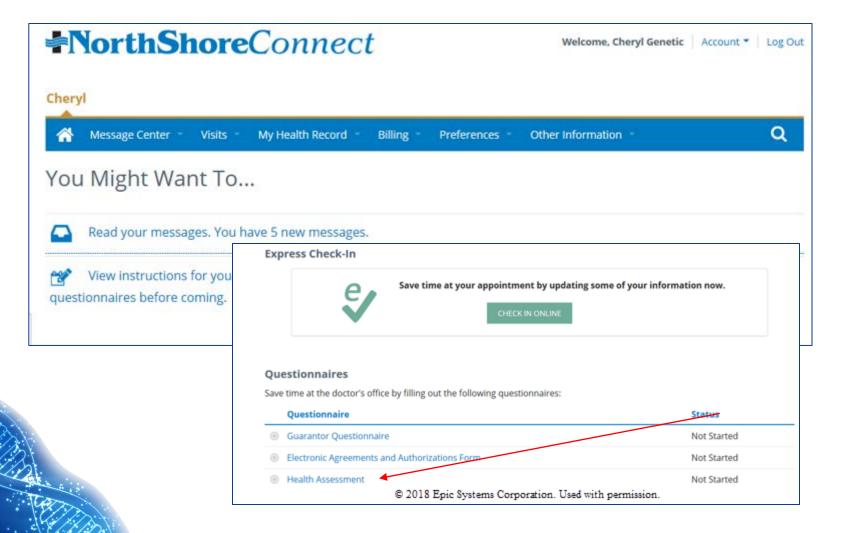
GWA Triggered Panels

Reactive:

- NCCN Guidelines Based Cancer Panels
 Breast Focused
 Breast and Gynecologic Cancer
- Cardiomyopathy
- Aortopathy
- Arrythmia (e.g. LQT/Brugada)
- Proactive (self-pay):
 - Healthy Gene Panel
 - Pharmacogenomics

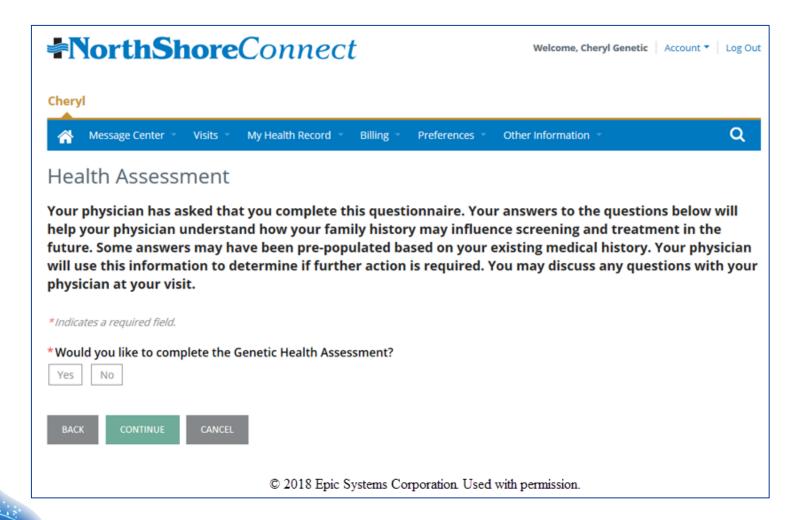


NorthShoreConnect (NSC) Patient View



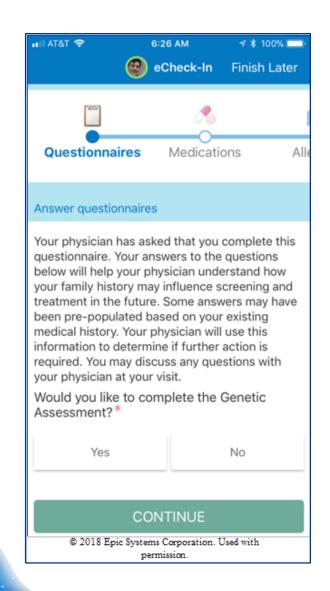


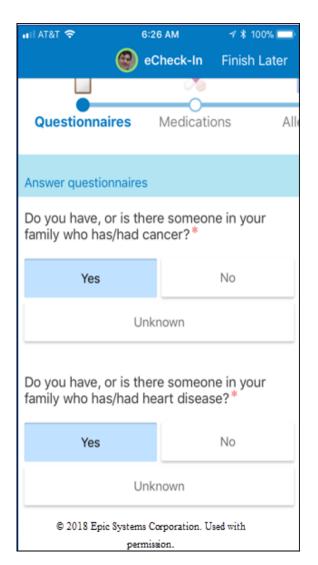
NSC Patient View





Mobile NorthShore Connect . . .







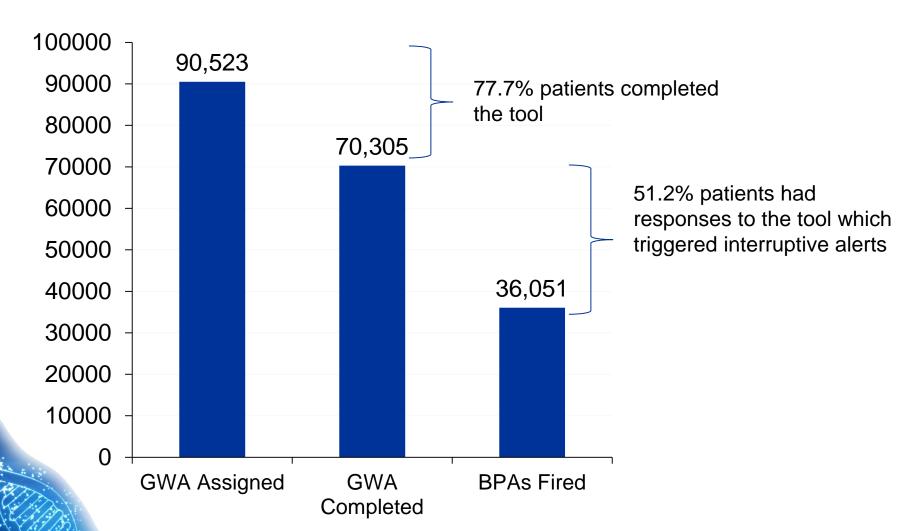
Best Practice Alert

- During normal workflow for physician
- Triages patient based on clinical decision support
- Recommended orders preloaded → requires only a simple click

Order the genetic panel for genes link to breast cancer if you are comfortable having an initial discussion about the risks and results with the patient. Instructions for your patient on how to complete the test will be in their AVS. Referral to Personalized Medicine Clinics after results are available is always a follow-up option. How much will this cost the patient if referral to clinic? Personalized Medicine - High-Risk Breast Clinic visits are generally covered at the cost of any other specialist's office visit. How much will this cost the patient if order lab? Insurance may cover some of the cost for genetic testing. Our lab partner will contact your patient if their charge will be over \$100. Reference Materials: Breast Cancer Guidelines Based Panel Genetic and Wellness Assessment-Physician QRG GENETIC LAB ORDERS AND DX Preview Open SmartSet Do Not Open REFERRAL - PERSONALIZED MEDICINE HIGH RISK BREAST CLINIC Do Not Order Update Patient / Family History & Acknowledge Reason Prior testing/consultation | Patient Declined | Other (comment) © 2018 Epic Systems Corporation. Used with permission.

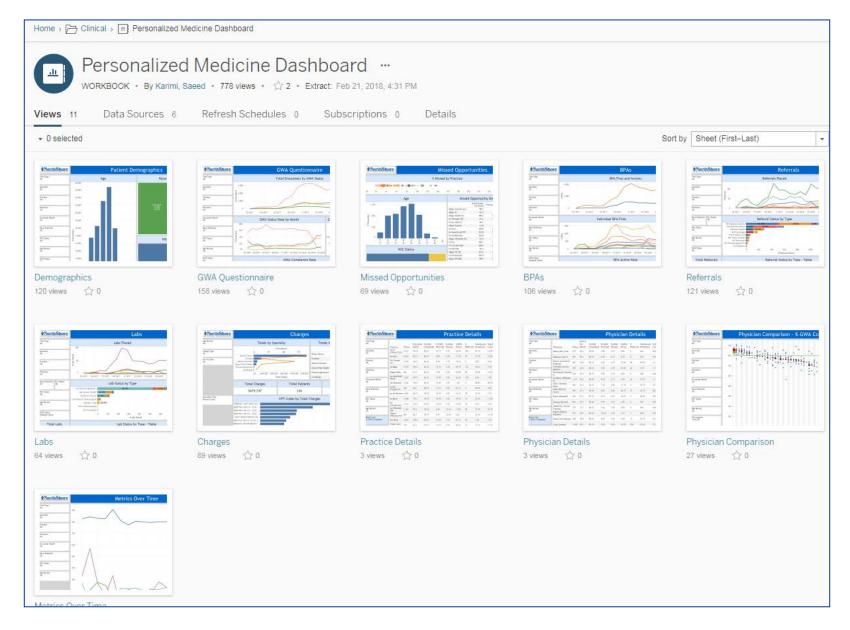


Early data on uptake of the GWA tool





Identifying Opportunities for Improvement and Education



Benefits to Patients and NorthShore

- Scalable approach to achieve system-wide integration of genomics
- Identifies patients at risk who are unaware of possible carrier status
 - More-tailored screening /diagnostics
 - Knowledge to inform other family members
- Integration of proactive screening
 - Healthy Gene Panel, PGX testing
- Differentiator for Primary Care



The best overall care starts with advanced primary care.

All NorthShore, we're personalizing your can a whole new level, by integrating genetics as part of each patient's overplan. Dur primary care physiciation and a valence dense to scenerings, and can use patient's own DNA1 cliently risk factors and neb delect the creat of diseases at their earliest, most testides stages. And they're ceating most principles of the primary care proposition of the control of diseases at their earliest, most testides stages. And they're ceating most principles diseases are controlled to application of the controlled to application of addressing a settings challeness, we work with you be personalized your forms and principles.

To learn more, call (847) 570-GENE or visit northshore.org/advancedprimarycare



Medical Group



Challenges and Opportunities

- Continued education of entire medical team and patients
 - Development of novel educational methods and resources
- Improve patient and clinical team follow-through on recommendations at each step of process
 - Development of genomics guided care pathways
- Integration of GWA like tools to community/affiliated physicians and other medical care stakeholders
 - Create infrastructure and pathway for data sharing and portability of data



Year 2 GWA Goals and Next Steps

- Conduct research studies to assess key stakeholder barriers and facilitators to GWA implementation
 - Primary care and patient qualitative interviews
 - Identify areas for improvement and implement solutions based on stakeholder feedback
- Return to PCP sites for further support and continued education
- Improve GWA/BPA pull through statistics
 - Tracking of referrals materializing
 - Additional patient facing resources



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