

Barriers to genomic medicine implementation as identified by focus and related programs; "XX" indicates critical barrier.

Barriers Identified	Focus Programs								Related Programs													
	UDN	NSIGHT	CSER	eMERGE	IGNITE	ClinGen	GM Mtgs	G2MC	CMG	CPIC	GAPH	GTEX	GS-IT	IOM	ISCC	LSAC	MVP	PAGE	PCORNet	PhenX	PGRN	
DATA/INFORMATION NEEDS																						
Evidence base for implement'n incl long-term outcomes			X	X			X	X						X								
Common data elements	X					X						X		X						X		
Development, validation of phenotypes			X	X																X		
Specific drug response phenotypes to add to trials																						X
Publicly available genotype/phenotype info						X			X			X										
Framework for classifying/curating actionable variants			X			X																
Unclear penetrance of actionable genes			X	X		X																
Frequency, impact of variants in ancestrally diverse pop'ns			X	X		X													X			
Loss of interoperability btwn sequence data repositories													X									
RAPIDLY EVOLVING NATURE OF GENOMIC INFO																						
Evolving molecular testing panels					X																	
Changes in evidence and subsequent treatment		X	X		XX																	
Division between discovery and implementation																X						
CLINICAL IMPLEMENTATION ISSUES																						
High cost of sequencing, data processing								X									X					
Targeted testing vs genome-scale sequencing			X																			
Limited use of standardized EMR terms, ontologies				X		X																
Concise, comprehensive, interoperable lab reports			X							X												
Integration of genomic data in learning healthcare system			X	X																		
Turnaround in clinically emergent settings			X																			
Use cases for genomic CDS development										X												
Limited usefulness and interoperability of CDS				X	X		X	X														
Rapidly evolving EMRs					XX																	
Limited transportability of clinical workflows, protocols			X		XX																	
Differing education needs across professional levels					X																	
Returning incidental findings				X								X										
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REGULATORY NEEDS																						
Central IRB	X																					
Sharing identifiable data across collaborating sites	X					X																
Privacy threats (FISMA compliance for UDN)	X			X																		
Regulations impeding return of results	X	XX	X																			
Need for cloud computing																X		X				
Reimbursement policies and regulations	XX		X																			
OTHER																						
Lack of centralized iPS cell repository												X										
Installing and using sequence analysis software													X									
Different tools for variant calling give different results													X									
Finding and interpreting CNVs and SVs													X									
Difficulty focusing on specific genes in massive BAMs													X									
Need secure systems enabling access by many users						X										X						
Harnessing social media and crowdsourcing methods						X														X		
Increasing visibility and use of tools; tracking uptake						X														X		
Need for bedside back to bench research				X			X															
Publication standards for rapid research results						X			X													
Worldwide ascertainment of Mendelian families									X													
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