Inter-Society Coordinating Committee In-Person Meeting
September 19-20, 2013
Bethesda North Marriott Hotel & Conference Center

Attending: Ronit Abramson (NHGRI/NIH), Alice Bailey (NHGRI/NIH), Mimi Blitzer (ABMS), Lynn DeLisi (ISPG), Karen Donovan (HBG), Anne Grupe (ASCO), Emily Harris (NIDCR/NIH), Gordon Hughes (NIDCD/NIH), Carol Horowitz (SGIM), Jean Jenkins (NHGRI), Norm Kahn (CMSS), Ann Karty (AAFP), Bruce Korf (ACMG), Thomas Lehner (NIMH/NIH), Mel Limson (AMP), Christina Lockwood (ASCO), Mike Murray (ACP), Gene Passamani (NHGRI/NIH), Marilyn Raymond (ASCO), Laura Rodriguez (NHGRI/NIH), Bob Roberts (ACC), Nancy Rose (ACOG), Joni Rutter (NIDA/NIH), Wendy Rubinstein (NLM/NCBI/NIH), Bob Saul (AAP), Nonniekaye Shelburne (NCI/NIH), Kristin Weitzel (UF Health), Marc Williams (Geisinger)

* See list of abbreviations in Appendix.

Brief Overview (Teri Manolio)

After welcome and introductions, Teri Manolio provided a summary of the Inter-Society Coordinating Committee's beginnings, organization, goals, accomplishments, and of this in-person meeting's projected outcomes.

The group's mission is guided by the purposefully narrow definition of genomic medicine developed by the members of the Genomic Medicine Working Group. Teri directed the group to a snapshot of the ISCC webpage in its early stages which will be linked from the Genomic Medicine webpage. The ISCC webpage will be "live" within the next few weeks, though it is currently accessible by Google search: ISCC webpage. The ISCC will serve as a resource and repository for minutes, meeting webcasts, and upcoming activities. It outlines the charges of each of the four ISCC working groups: Competencies, Educational Products, Specialty Boards, and Use Cases.

For members' reference, Teri will send out to the group an article published in the American College of Medical Genetics and Genomics (ACMG) about liability risks from extensive genomic testing [***action***].

The ISCC anticipates convening at 6-month intervals for in-person meetings and for monthly conference calls.

Updates from NHGRI Director Eric Green

Despite NHGRI's relatively small size, the ISCC's efforts have been widely recognized by the other NIH Institutes and Centers, and so it has been noted that the ISCC will need to be handled more broadly, possibly through NIH-wide collaborations. The NIH Institute and Center (IC) Directors plan to assemble for a two-day NIH Leadership Forum in early October at which Teri and Eric will present the needs for an NIH-wide approach to genomic medicine, including

an overview of the ISCC's vision and federal strategy from Teri. They will underscore the need for ICs to identify barriers to broad clinical implementation of genomic medicine. There is a lot of momentum going forward, and NHGRI's hope for the ISCC is to eventually take more of a trans-NIH form.

American Academy of Family Practice: Genomic Education Efforts and Needs (Ann Karty)

Ann Karty presented an overview of the American Academy of Family Practice's (AAFP) past initiatives and current programs incorporating genetics into physician education. One of these projects is the National Research Network (NRN), which brings together an extensive group of practices using a web-based tool designed to pool together electronic medical records (EMRs) from the network for use in cross-population studies. Creating this network is effective in promoting inter-practice communication and allows physicians to study broad populations in community-based settings. Research by the AAFP NRN has been featured in the *American Journal of Preventive Medicine*. Full text for these papers can be found on the AAFP website: http://www.aafp.org/about/initiatives/nrn/publications.html.

While the Accreditation Council for Graduate Medical Education (ACGME) and Accreditation Council for Continuing Medical Education (ACCME) are both known accrediting bodies, the American Medical Association (AMA), American Osteopathic Association (AOA), and American Academy of Family Physicians (AAFP) are also institutions with abilities to accredit resources and activities. In 2009, the AAFP accredited its current Genomics CME resource. The AAFP actively maintains its genetics initiative and keeps its resources relevant by updating content on process and the cultural and ethnic issues in implementation. Its "Recommended Curriculum Guidelines for Family Medicine Residents on Medical Genetics" was updated in 2012 and is available on the AAFP website: http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint258_Genetics.pdf.

The Genetics in Primary Care Institute (GPCI) seeks to improve primary care physician literacy in genetics by offering a variety of genetics-based resources to these physicians. AAFP has worked with GPCI to offer AAFP membership a webinar series on genetic medicine in primary care. More details on these webinars can be found here: http://www.geneticsinprimarycare.org/Provider%20Education/Pages/gpci-webinars.aspx.

Freddy Chen of AAFP has been active in promoting genetics in clinical care through his involvement on federal committees such as the HHS Secretary's Discretionary Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children.

The AAFP's Commission on Health of the Public and Science will be convening next week to hold discussions on a range of topics, including genomics. The Commission's large meetings are not webcast, but some of the smaller meetings are available online. Ann Karty will link us to these resources [***action***].

The AAFP emphasizes to its membership the importance of full family history genetic mapping and recommends clinical applications and processes for efficient use of this information. AAFP is teaching primary care practitioners, who might have limited contact with patients' extended family, to tell patients to pass on family history information and to communicate to extended family members that they might be at risk for a particular disorder. Bruce Korf suggested that there might be value in developing explicit and culturally sensitive tools to facilitate extended family communication.

Lessons Learned in Physician Education, NCHPEG and ASHG (Joseph McInerney)

Joseph McInerney, Executive Vice President of ASHG and formerly NCHPEG Executive Director, outlined his observations on physician education in his ten years' experience leading NCHPEG. These observations are also summarized in his paper "Preparing health professionals for individualized medicine" published in *Personalized Medicine*: http://www.futuremedicine.com/doi/pdf/10.2217/pme.12.46.

A major issue in presenting suggestions for specialties' educational programs is that specialties might assume that content developed for other specialties are necessarily irrelevant to their specialty's practice, a misconception that the ISCC should seek to dispel. The ISCC will illustrate to specialties that genetics is related to all of the important issues that physicians of all specialties face, even if physicians don't automatically see how genetics is applicable. It is important to make specialties see the urgency in implementing genetics now, not only to incorporate today's knowledge surrounding genomics into practice, but also to prepare physicians to implement major genomics advancements in the near future.

Joe suggested that the ISCC be cautious when approaching societies with new technology or clinical/educational innovations as these have the potential to change workflow. He also advised the group to make sure that language used in all resources is consistent.

If practicing physicians teaching medical students do not understand genetics, medical students will not be educated on genetic testing. Having learned from payers who have been motivated to incorporate genetics into curricula so that physicians do not order the wrong tests, the ISCC recognized that it is necessary to identify leadership incentives to have our efforts reach medical students.

Joe was hopeful that the ISCC will do something about the dearth of funding for programs and increase visibility of genomics among specialties. He was concerned that there is little NIH support for this, even from Institutes with a focus on translational medicine. The development of genetics education is coming from the commercial setting. The NIH has developed a Centers of Excellence in Pain Education program to support training physicians in the area of pain. Dr. McInerney suggested that the ISCC consider proposing a similar grant program. In his experience in working with the private sector, he feels it is best to be up front: the educational products developed by the ISCC will not explicitly endorse or promote commercial products.

Other possible groups to engage might be Nutrition and Dentistry.

Review of Physician Surveys Received (Mike Murray)

During the GM IV meeting in Dallas, Mike was assigned the role of following up on surveys being circulated within our group. He presented the results of these surveys and combined specialties' responses to identify similarities. The results of these surveys will be useful in identifying incentives, i.e. awarding CME credit, and specialty-specific and cross-specialty concerns with genomics implementation.

The ISCC agreed that, as more groups join the ISCC, we should provide a template applicable to all specialties so that new societies may distribute surveys to their membership as desired and so that results will be poolable.

The group suggested that we see about getting permissions to share these results with other societies to highlight the issues common to all medical specialties. Some of the major gaps for which these surveys indicate a need for improved education/processes are: linking genetic information from patients to "at risk" family members and healthcare providers, and communication of results and care plans based on genetic testing.

The group agreed that we should incorporate mini-examinations in these surveys similar to those used in the use cases in the NCHPEG catalog. These would test physicians' actual understanding of genetics by assessing responses to genetics-related clinical scenarios. Mike suggested that it would be more important to introduce physicians to genetics tests rather than teach the mechanisms of genomics in vast detail.

AAP Residency Survey and August Course (Robert Saul)

Robert Saul of the Genetics in Primary Care Institute (GPCI) provided updates on the survey implemented by the American Academy of Pediatrics (AAP). The survey was distributed to 198 pediatric program directors, 47 of which have responded. The AAP also interviewed five pediatric program directors. Of these five interviewees, two had developed formal genetics/genetics research programs at their institutions.

The most frequently cited additional method used to teach genetics was grand rounds, which is a highly variable and contextual form of education as it is dependent on the patients seen during these rounds.

In August, Bob published a paper in *Personalized Medicine*, "Personalized medicine in primary care: the need for relevance," that stressed that primary care physicians will need to see immediately that genetics education is relevant to their current practice or they will not implement it.

The AAP is meeting with the Resident Education Initiative Working Group with ACGME, AAMC, SOYP, APA, and SOGBD on October 1 to discuss developing educational resources.

Bob gave an overview of the first AAP CME course on genetics "Dive Into the Gene Pool" which was co-sponsored by NCHPEG. It was held on August 9-10 in Chicago. All attendees were asked to sign a "commitment to change" form based on the information discussed during the course listing all of the aspects of the course that primary care physicians (PCPs) can bring back to their practices. Those who signed this form will be surveyed in three to six months after this August meeting to see if they have made any changes in their practices. Marc would like to get updates from Bob on the results of this follow-up survey on the next Use Cases Working Group call [***action***].

The Pediatric Family History Tool used by the AAP was pilot tested with eleven parents and eight providers. It has been beta-released for additional testing in Fall 2013. There are a significant number of pediatric providers across the country willing to work on this Pediatric Family History Tool. The tool provides clinical decision support for 35 conditions, such as allergies, cancer, stroke, and diabetes.

Bob Saul emphasized the need for PCPs to report three-generation family histories for their patients. He suggested that the group discuss developing guidelines for tailoring family history reporting for each specialty. Physicians from different specialties might require specific information pulled from these family histories at the point of care. Family history is a rich resource that should follow and be repurposed for patients as they move through the healthcare system, i.e. epigenetic information from infancy can be applied through adulthood.

Use Cases Working Group Report (Marc Williams, Use Cases WG Chair)

Marc Williams created a use case template to guide specialties in developing their own use cases. During the breakout session, Use Cases refined this template and added several aspects of the real-world clinical setting—legal, cultural, social, and ethical implications and contextual elements, etc.—to provide a more thorough background. Marc presented his pharmacogenomics case which follows this template. Jackie will distribute Marc's presentation summarizing the outcomes of the breakout session to the ISCC [***action***].

The group discussed the potential for a variety of coded data to be linked to the information in the use cases, such as diseases, SNPs, and medications. Wendy Rubinstein of the National Center for Biotechnology Information (NCBI) suggested linking codes to relevant resources through NCBI repositories. Wendy agreed to have her team do a code "mark-up" of the Use Case WG's collected use cases [***action***].

The WG affirmed that their role is to assist specialties, but content will ultimately come from specialty societies and the ICs. These use cases could be posted on Genetics/Genomics Competency Center (G2C2) platform and parallel-hosted by societies that create these resources. Having links available in two different places is advantageous in terms of updating;

annual reminders from G2C2 will prompt specialties to review and update these resources. The WG agreed that they would like for each specialty to create a use case for each use case type listed in the Use Cases charge. This would show that there is a range of genetics applications for all specialties.

Use Cases would like to meet with specialties to develop use cases. The WG will identify early groups to approach. The group can use these first collaborations to define approaches for interactions with other groups.

The ISCC recommended to Use Cases that, even though there has been a move toward more pragmatic applications in real-world scenarios involving co-morbidities, complexities, etc., we keep use cases simple. Another suggestion was to provide varying levels of complexity or "set a gaming level," by adding different, retractable layers that more "experienced players" may add on. The ISCC agreed that the Use Cases WG should accept contributions from industry assuming these resources have been properly vetted by the WG.

Competencies Working Group Report (Bruce Korf)

The mission of the Competencies Working Group is to define competencies in genomic medicine aimed at the generalist physician/practitioner. Specialties may add their own competencies specific to that society. The group has outlined nine Entrustable Professional Activities (EPAs) and under each EPA are individual competencies. Jackie will distribute the most updated "Genomic Medicine EPAs for Generalist Physicians" document for the ISCC members' comment [***action***]. Members should recognize that these competencies are for the generalist physician and not tailored to specialists. The ISCC will provide feedback to the WG if they find that these competencies are too specific. Members will present comments on the next call, and this will be an agenda item [***action***].

The group would like to map competencies to educational products by linking individual competencies to resources that address these competencies. The group decided that they would wait to release the competencies when the educational resources have been integrated. Competencies can outline a useful framework for a curriculum, especially if CME verbiage is entered into it. The ISCC recommended that the group consider how these competencies should be packaged and if they will need to be endorsed by an institution.

Educational Products Working Group Report (Robert Roberts)

The Educational Products Working Group sent out letters requesting educational products to 15 societies. They are waiting for two to respond: AAFP and the American Thoracic Society (ATS). The Educational Products WG will finalize all resources for uploading into G2C2. The group has December 23 as the tentative deadline for Jean to send the completed product list to the larger group. The WG reviewed G2C2 and has created a list of suggested changes to be made to the G2C2 website, making keywords and key diseases clickable. The resources to go on G2C2 will be framed based upon the Competencies WG's final nine competencies.

Due to rapid turnover of new research in the field of genomic medicine, the group is concerned that if G2C2 does not have fulltime personnel to maintain it, then the website will have limited (if any) value with time.

The group's next call will include a discussion of how G2C2 should be marketed. Karen Donovan of Health Business Group will be invited to participate [***action***].

Specialty Boards Report (Nancy Rose)

The Specialty Boards WG has queried specialty organizations about access to content outlines for specialties' board exams. The group will evaluate certification and maintenance of certification (MOC) exams received and reach out to more specialties.

The WG surveyed 24 executive directors of American Board of Medical Specialties (ABMS) member societies. 20 of the 24 boards responded. The boards that would share content outlines with the WG and can present the WG with a five-year plan for implementing genetics were: Ophthalmology, Dermatology, and Family Medicine. Two potential target organizations would be the American Board of Family Medicine (ABFM) and American Board of Internal Medicine (ABIM), which both focus on educational initiatives, not certification exams. The ISCC agreed that evidence generation is still very important in engaging specialty boards.

Ann Karty of AAFP will see if she can see what kind of resources are being used by the ABFM or AAFP and see what would be involved in giving the group access to these educational products [***action***].

The ISCC agreed that the two specialties on which we should initially focus the efforts of all four working groups are Family Medicine and Ophthalmology **[*action*]**. This will give us experience in both a general and a specific field, as well as a procedurally (surgically) active field.

Health Business Group and the Future of ISCC (Karen Donovan)

Karen Donovan of the Health Business Group is helping ISCC to develop a sustainability model. She suggested that we define who our stakeholders are, what our stakeholders' interests are, etc.

The group discussed what the ISCC is ultimately trying to sustain. Some suggestions were its mission, the broad facilitation and sharing of practices/resources, the activities listed in our charge, and some or all of our working groups. A major barrier in accomplishing the ISCC's mission is that translation of good science into practice is difficult in a group of variable stakeholders. Genomic medicine must be incorporated into the broad scope of medicine and not treated as a separate entity, as something different. Genomic information is not a

privileged type of information; it is a part of a greater body of information. Taking this holistic approach would be helpful in developing the ISCC's mission and plans for sustainability.

The group agreed that, when approaching specialties, the ISCC must engage both leadership and educational leaders directly, and this must be a two-pronged course of action.

Another issue discussed was that clinicians would be motivated by reimbursement. The ISCC will consider approaching appropriate representatives from the Department of Health and Human Services who would be able to speak to issues associated with developing and implementing billable codes for genomic medicine.

Karen suggested some possible long-term funding models and sources for endorsement. Karen recommended that the ISCC decide if we are creating our own content or if we are encouraging others to create content as this will influence our possible funding strategies. Karen recommended that the ISCC consider instating membership dues and proposed that the ISCC have an end-goal of mixing funding strategies to develop a diversified portfolio, helping us to transition from an organization to a sustainable project. She proposed two "politically neutral," commercial institutions potentially devoid of vested interests with which the ISCC may consider partnering: Medscape and UpToDate. Karen will confirm if pharmacists are included in the scope of both Medscape and UpToDate [***action***].

Karen suggested engaging payerssuch as Kaiser Permanente. Payerswould be interested in partnering with ISCC due to the expense of practitioners ordering incorrect genetic testing. Members will evaluate these options for funding strategies and discuss these options on our next ISCC call [***action***].

Karen will launch a survey to receive feedback on the ideas presented in her slides and suggested that the group prioritize these ideas in the next few weeks [***action***].

The Genetics/Genomics Competency Center (G2C2): Overview and Request for Feedback (Jean Jenkins)

Jean Jenkins provided a guided tour of G2C2 and all of the resources available on this web resource and an overview of some upcoming enhancements to this site. There is a video tutorial on G2C2 that explains how to navigate the website. Materials stored on G2C2 are reviewed by an editorial board. Bios for these reviewers can be found here: http://www.g-2-c-2.org/meet_experts.php.

Based on data from Google analytics, Jean confirmed that, this year, G2C2 has received, on average, 600 visits per month. Since the video tutorial launch, this number has increased significantly. Nurses are the most frequent users of G2C2. G2C2's original vision was to attract educators, but now its audience has grown to include practitioners. User information is not retainable by the website for legal reasons related to privacy issues, e.g. geographic region, so we cannot track which institution is downloading any specific resource. However, Jean can

track the time that users spend on a particular page, and this information can be used to gauge the usability of G2C2.

The Global Genetics and Genomics Community (G3C) is an unfolding case scenario website that is being utilized to fill in gaps in competencies. This is another resource that was originally intended for nurses, but it has been expanded for inter-professional practitioners. There are currently nine cases stored, and soon there will be six cases for primary care practitioners funded by the federal defense available.

The NHGRI Division of Policy, Communications, and Education is seeking a Chief for the Genomic Healthcare Branch. If members know of anyone who would be interested in this position, Jean and Laura Rodriguez would appreciate receiving their recommendations.

The ISCC recommended that G2C2 post medical student competencies as a way to develop a mechanism for student engagement.

The group has decided that use cases submitted by specialties will be vetted by the Use Cases Working Group before posting onG3C or G2C2. The Use Cases Working Group must set out criteria and essential elements for use cases stored on G2C2 [***action***].

American Board of Medical Specialties (ABMS): Potential for ISCC to Contribute to Boards' Roles in Genomic Education (Mimi Blitzer)

ABMS is the largest self-regulatory group of physicians in the US. Mimi Blitzer presented a history of the ABMS in establishing time-limited certification examinations as the standard among specialty boards.

The draft for proposed standards for maintenance of certification exams was released on September 19, 2013. Mimi Blitzer will send this draft to Jackie to distribute to the group, and members will submit comments to Mimi Blitzer by November 20, 2013 [***action***].

The ISCC may be able to help engage specialty boards develop genetics-based modules that can count toward lifelong learning activities for their membership. Case-based learning and simulations are good resources for the ISCC to be generating. Simulations are utilized by some boards as part of their Part II Lifelong Learning and Self-Assessment programs and Part IV Practice Performance Assessment components of their Maintenance of Certification (MOC) examinations. Part II programs are for physicians' self-assessment, while Part IV assessments allow physicians to measure their skills and knowledge measured against the scores of peers and national benchmarks. The Educational Products WG will consider making these interactive simulations from specialties available on G3C and/or G2C2. On a future Use Cases WG call, likely in November 2013, members will choose one or two of these specialties' simulations to review and evaluate the value of this modality [***action***].

ABMS does not have the authority to make genomics a mandatory component of member specialty boards' examinations. However, it can encourage specialties to create modules/activities related to genetics. ABMS approves of programs, but not individual modules/activities.

Council of Medical Specialty Societies: Genomic Education Efforts and Needs (Norman Kahn)

The CMSS has 39 member organizations: 23 primary specialties and 16 sub-specialties listed on the CMSS website. Its mission is to provide a forum for specialties to discuss and address issues of national interest and of relevance to all affiliate specialties. Norm Kahn highlighted what his group has identified as gaps in physician genomics education and suggested three interventions: paucity of consultants, maintenance of certification exams, and point of care/performance improvement continuing medical education (CME). He updated the ISCC on CMSS activities, including a successful CMSS special educational session "The Promise of Genomics in Your Practice Today" which was offered to CMSS membership.

The CMSS convenes two organizations: the Organization of Program Directors Associations (OPDA), which represents graduate training directors of all specialties, and the Conjoint Committee on CME (CCCME), which reviews the development of specialty boards' CMEs.

The ISCC will consider creating an individual Part II module and possibly a Part IV module to offer to specialties as stand-alone packages. The Part II and Part IV modules differ in that the Part II is a self-assessment, while Part IV is measured against a performance measure of peers.

Society of General Internal Medicine (SGIM): Genomic Education Efforts and Needs (Carol Horowitz)

SGIM is a national medical society of teaching physicians who are primary internal medicine faculty of every medical school and major teaching hospital in the U.S. The group promotes genomics education through relevant workshops and presentations offered to membership, including a planned symposium on personalized medicine to take place this year. It maintains several non-genomic initiatives that can be applied to genomic education. These are: education subcommittees, the Teaching Educators Across the Continuum of Healthcare (TEACH) certification program to train educators with specific interest in genetics, and MOC modules. At the next SGIM meeting, there will be an assembly on writing new modules for ABIM recertification exams and MOC modules on which Carol will update us on our next ISCC call [***action***]. SGIM also places emphasis on social justice and the ethical implications of genetics.

Carol has observed that educators across the continuum feel overwhelmed that their students have stronger comfort levels with genetic technologies. Another setback is a lack of evidence supporting clinical effectiveness of many genetic tests.

Regarding the use of risk assessment and communication tools, the group advised SGIM to treat genetics in the clinical setting as "just another lab test" (e.g. creatinine), though this question is largely contextual. The group agreed that, with the advent of whole exome sequencing, physicians should be prepared to deal with a range of responses from genetic testing (pathogenic, likely pathogenic, likely benign, benign) as practitioners may come across larger issues (e.g. risk factors for Alzheimer's).

Carol will present the competencies created by the Competencies WG to SGIM leadership and committees on education to gauge SGIM's interest in adopting these competencies [***action***].

Summary and Status of Genomic Medicine V: Federal Efforts
Roles for ISCC in Federal Efforts in Practitioner Education (Teri Manolio)

Much of the discussion amongst federal stakeholders centered around the need for a stronger evidence base on clinical validity and utility of genomic information before starting major efforts at implementation. One opportunity being explored is collaboration with military medical services to implement genomic interventions in a large cohort; such a project could also drive initiatives to enhance informatics and EMR infrastructure for utilizing genomic results.

The January GM VI meeting will have an international focus and will be held on **January 8-9, 2014, in the DC area**. In the next several months, Genomic Medicine WG will decide on the theme of the Genomic Medicine VII meeting. The Genomic Medicine WG plans to hold in-person meetings every 9 months or so.

New Groups to Engage

The group suggested that we engage Ophthalmology as it is a procedural specialty, and it would be useful to have representation from the surgical end. As noted earlier, Osteopathy as an accrediting specialty would also be wise to engage.

Members will identify any contacts that they may have in Ophthalmology, Dermatology, Family Medicine, Osteopathy, Psychology, or Neurology [***action***].

Other Possible Working Groups

Were a Survey Working Group to be activated, it could standardize questions for use by professional societies that would like to poll their constituencies in the future. Development of this working group will be discussed on upcoming calls.

Bob Saul of the AAP will disseminate the survey sent out to AAP membership about genomics so that working groups may evaluate the survey instrument [***action***]. It may be possible to use the questions in this survey for the tasks of the Survey WG.

Another proposed working group was the Assessment of Educational Efforts Working Group. Ann Karty was the suggested chair for this group. Other members interested in joining, especially representatives from primary care groups, should contact Teri Manolio and Ann Karty [***action***]. The Assessment of Educational Efforts WG would produce measures for the ISCC to us in evaluating our own progress.

A Sustainability Working Group would be of value in collaborating with Karen and providing input to the Health Business Group. Members with interest or expertise in sustainability models or ties to industry should contact Karen Donovan to join this group [***action***]. This working group could be a small panel called on intermittently for advice.

ISCC members should forward to Karen any industrial contacts that would support our initiatives [***action***].

Next Steps

Our next call will be held on **November 6, 2013 at 1 PM ET**. It was suggested that, on our next call, we break into our individual working groups for half an hour. It is clear that we will need to have interactions among some working group meetings so that we may make progress in linking materials and vetting resources. The group suggested having in-person meetings more than once a year, possibly every 6 months. We project to hold our next in-person meeting in February or March 2014.

Action Items:

1. For members' reference, Teri will send out to the group an article published in the American College of Medical Genetics and Genomics (ACMG) about liability risks from extensive genomic testing. [***complete***]
2. Ann Karty will provide links to AAFP meeting webcasts.
3. Marc would like to get updates from Bob on the results of the AAP "commitment to change" follow-up survey on the next Use Cases Working Group call.
4. Jackie will distribute Marc Williams's presentation summarizing the outcomes of the Use Cases WG breakout session to the ISCC.
5. Wendy agreed to have her team do a code "mark up" of the Use Case WG's collected use cases.
6. Jackie will distribute the most updated "Genomic Medicine EPAs for Generalist Physicians" document for the ISCC members' comment. Members will present comments on the next call, and this will be an agenda item.
7. The Educational Products WG will discuss on their next call how G2C2 should be marketed with the help of Karen Donovan of Health Business Group.

8. Ann Karty of AAFP will see if she can see what kind of resources are being used by the ABFM or AAFP and see what would be involved in giving the group access to these educational products.
9. The ISCC agreed that the two specialties on which we should initially focus the efforts of all four working groups are Family Medicine and Ophthalmology.
10. Karen will confirm if pharmacists are included in the scope of both Medscape and UpToDate.
11. Members will evaluate Health Business Group's options for funding strategies and discuss these options on our next ISCC call.
12. Karen will launch a survey to receive feedback on the ideas presented in her slides and suggested that the group prioritize these ideas in the next few weeks.
13. The Use Cases Working Group must set out criteria and essential elements for use cases stored on G2C2.
14. Mimi Blitzer will send draft of ABMS's proposed standards of certification exams to Jackie to distribute to the group, and members will submit comments to Mimi Blitzer by November 20, 2013.
15. On a future Use Cases WG call, likely in November 2013, members will choose one or two of specialties' interactive simulations available on G3C to review and evaluate the value of this modality.
16. At the next SGIM meeting, there will be an assembly on writing new modules for ABIM recertification exams and MOC modules on which Carol will update us on our next ISCC call.
17. Carol will present the competencies created by the Competencies WG to SGIM leadership and committees on education to gauge SGIM's interest in adopting these competencies.
18. Members will identify any contacts that they may have in Ophthalmology, Dermatology, Family Medicine, Osteopathy, Psychology, or Neurology.
19. Bob Saul of the AAP will disseminate the survey sent out to AAP membership about genomics so that working groups may evaluate the survey instrument.
20. Members interested in joining the Assessment of Educational Efforts Working Group, especially representatives from primary care groups, should contact Teri Manolio and Ann Karty.
21. Members with interest or expertise in sustainability models or ties to industry should contact Karen Donovan to join the Sustainability Working Group.
22. ISCC members should forward to Karen any industrial contacts that would support our initiatives.

Appendix

AAFP = American Academy of Family Physicians
AAP = American Academy of Pediatrics
ABMS = American Board of Medical Specialties
ACC = American College of Cardiology

ACMG = American College of Medical Genetics and Genomics
ACOG = American Congress of Obstetricians and Gynecologists
ACP = American College of Physicians
AMP = Association for Molecular Pathology
ASCO = American Society of Clinical Oncology
CMSS = Council of Medical Specialty Societies
HBG = Health Business Group
ISPG = International Society of Psychiatric Genetics
NCBI = National Center for Biotechnology Information
NCI = National Cancer Institute
NIDCD = National Institute on Deafness and Other Communication Disorders
NIDCR = National Institute of Dental and Craniofacial Research
NHGRI = National Human Genome Research Institute
NLM = National Library of Medicine
NIMH = National Institute of Mental Health
SGIM = Society of General Internal Medicine