Genomic Medicine in the VHA

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VHA

• 23.4 million veterans alive
  – About 7 million veterans will receive care in 2011
  – About 8 million enrolled
  – Over 60 million yearly visits

• 153 medical centers
  – 1400 total sites

• All centers use the same medical record system
  – About 180 separate servers
Genetic Medicine at the VA

• Genetic Medicine Program Advisory Committee
  – Established 3/16/06, charter dated 2/12/08
• “Goal of using genetic information to optimize clinical care of veterans, and enhance the study and development of diagnostic tests and treatments for diseases of particular relevance to veterans.”
• “Recommending processes and goals for the development of a VA genomic medicine...and...approaches by which research results can be incorporated into routine medical care.”
Regional Centers and Service

• Many providers deliver genetic care
• Many complex genetic cases referred to academic affiliates
• Four VAs with specific genetic clinics
  – Los Angeles has center for that region
• Workload only captured 2 years ago as genetic service
Research and Clinical Genomics

• Research initiated genomics as a priority
  – Individual investigator initiated awards
  – Large Cooperative studies
  – Genomic medicine program

• Million Veteran Program: MVP
  – Informed by surveys of veterans

• Clinical program lagged
National Clinical Genomic Medicine Service (GMS)

• Memorandum of September 2010 established a process for credentialing and privileging telehealth providers between VAs.
• Hired and locally credentialed first VA clinical Genetic Counselor January 2011
• March 2011 started first Memorandum of Understanding (MOU) to provide telegenetic service at a remote VA
Telehealth In the VA

• Goal: 50% of all encounters by 2020
  – Reaches veteran closer to their site
  – Allows level of care not usually available
  – Usually between VAMC and CBOCs
    • Price and Elko

• Other programs - between medical centers
  – ICU

• Genomics - has used to create a centralized service based in Salt Lake City
Where we are GOING
GMS consult set-up

GC view of patient

Patient view of GC
Non-Local Delivery Modality

- e-consults: 34%
- CVT: 37%
- Telephone: 18%
- non-responders: 11%
Need and Gaps

• Integration with EMR
  – Electronic access to labs - structured
  – Family history - structured
  – Computer decision support

• Processes for evaluation of clinical utility in our population - large scale