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., PET scans 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)