THINKING INSIDE AND OUTSIDE THE BOX

Ninth Annual Inter-Society Coordinating Committee for Practitioner Education in Genomics In-Person Meeting

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Goal: Using the story of an ongoing collaboration among the ISCC Pharmacogenetics Project Group, the American Academy of Family Physicians and others as a starting point, stimulate a group discussion about the different ways we can translate our ideas into projects that will have impact.

Why are we having this discussion?

Think about the committees and workgroups you belong to (I'll leave it at that)

Even when there is a work product, how often is it spread and used?

Don't wait for the answer at the end. I do not have one, but I hope we can come up with some concepts and principles to guide us.

My Trajectory

- -Involvement with the NYSAFP from 1987, my second year in practice
- -2002-2003 Participated in the National Institute for Child Health Care Quality (NICHQ) Learning Collaborative on Medical Home for Children with Special Healthcare Needs, when the NYSAFP suggested our small rural practice as the Family Practice team for New York's group.
- -Invited by NYMAC to speak on Medical Home at a conference, and then invited to be a member of regional and then national workgroups on heritable diseases of infants and children.
- -Appointed by the AAFP as Organizational Rep. to ACHDNC (HHS Advisory Committee on Heritable Diseases of Newborns and Children.)
- -Appointed to this position with ISCC.

Multiple other connections with genetics and genomics projects ACMG and others

The Project:

We are developing in partnership with the AAFP a pharmacogenetics educational module, using its application in making treatment decisions around clopidogrel. This will involve an illustrative case, and some detailed and complex questions. Much of the education will arise from discussion of the correct as well as incorrect responses, including a discussion of the science and evidence on a level appropriate for physicians involved in care of patients where PGx may be indicated as part of decision making. The goal is less educating about clopidogrel pharmacogenetics than introducing useful new concepts. The module is nearly finalized and we are close to ironing out finances, logistics, compliance and how to share this with others.

We have a vision of creating a series of similar modules across the genetic/genomics domains often facing primary care physicians.

How did we get here?

The longer I have been involved in genetics and genomics the clearer it became that the need to get Family Physicians "up to speed" on genetics was becoming dire.

In my regular reports through the normal channels, the standing Commission to which I report, I included my concerns, but there was not a lot of engagement.

By reaching out to personal contacts in the organization-that I had made as President of the NYSAFP a few years ago,-some action was taken—an article in our journal, an invitation to speak at a national meeting.

I used the same approach for this, reaching out to Dr. Doug Henley, The Exec VP/CEO, who put me in contact with the education team. Some small group emails and phone calls got the ball rolling.

Another success and approach:

Dear ISCC-PEG Members,

One of the ISCC-PEG Project Groups, "Inclusion in the Practice of Genomic Medicine: Exploring the Impact of Implicit Biases Towards Disability", led by Dr. Shoumita Dasgupta, has produced the following research and educational module which provides free CME or CEU credit through Boston University School of Medicine.

Food for thought:

Impetuses for improvement:

Inspiration Imitation Irritation

Barriers to improvement:

Inertia
Too much weight given to Murphy's Law
The enormity of the task
Too busy to stop the bicycle and change the tire

Food for thought:

Use personal contacts, don't confine yourself to channels.

Let your passion show.

Seek out champions.

Be creative.

Use PDSA/short cycle change principles
limit scope for first and each step
Time spent planning and assessing is crucial-but focus.
Try-assess-modify-try again

Let's talk!