

GMXIII Developing a Clinical Genomic Informatics Research Agenda

Goal:

To develop a research strategy on the use of genomic-based clinical informatics resources to improve the detection, treatment, and reporting of genetic disorders in clinical settings.





Overarching Themes

- Research should include an implementation science framework
- Value proposition for all stakeholders “patients, research participants, providers, payers, c-suite, a researchers, etc.”
 - support multi stakeholder collaborations
- Need for engagement with patients and partners to develop applications that are under patient control to promote genomic medicine
 - Identify ways to lower barriers related to regulatory processes to promote research in this area
- Recognition of pervasive bias in data, information systems, access, value, and knowledge
- Research needs to account for relevant workflow



Summary--Survey

- **Key needs from survey**
 - **Research into methods for integrating analytical interpretations derived by computational models of genomic data into clinical settings are well established (#5)**
 - **Study ways to ensure that Clinical Decision Support has the ability to incorporate and support multiple genes and clinical info (#8)**
- **Research is needed that considers preferences in content, preferences, and workflow across a broad range of stakeholders**
- **Research into the impact of policy and regulation on implementation of Genomic Informatic strategy**
- **Study of models to support sustainability**

Summary—Session 1



- **Must study the inherent biases in data, algorithms, information systems, and implementation. These are multidimensional and include:**
 - **Race/ethnicity**
 - **Social determinants of health**
 - **Urban/rural**
 - **Academic/non-academic centers**
- **Need to explore the value proposition which is imbalanced between researchers and participants (more noticeable in underserved populations)**

Summary—Session 1 (page 2)



- **Need engagement in research across a broader range of organizations (Casablanca problem)**
 - **Implementation equity**
- **Need innovative research questions and methods to address these inherent biases in a rigorous and systematic way**
- **Outcomes must capture both benefits and harms of gCDS to inform mitigation approaches**



Summary—Session 2

- **Use implementation science research methods to improve implementation equity, not just research equity**
- **Develop a patient-centered research agenda. Example research topics:**
 - **Authentication, privacy, security of genomic data accessible to patients**
 - **Recontact of patients absent clinician oversight**
 - **Knowledge requirements for different stakeholders**
 - **Innovative enabling platforms for obtaining and returning genetic results**
 - **Ability of patient-centered focus to reduce bias**

Summary—Session 2 (page 2)



- **Need an updated “Business Model” of research attract broad range of stakeholders to participate to understand more about the incentives to implement genomic based clinical informatics resources and tools**
- **Research into ways to represent genomic information as structured data while minimize manual processes.**



Summary—Session 3

- **Informatics research for genomic evidence computing and genomic knowledgebase construction to enable scalable, sharable and computable inferences of genomic knowledge and harmonization of practice guidelines**
- **Research into novel workflows that diminish burdens for primary care providers, tap into other healthcare workers and engage patients, and don't default to alerts and reminders**
- **Studies to ensure new technologies don't exacerbate health disparities**
- **Educational and policy research agenda to reduce barriers and improve knowledge for patients and providers**



Summary—Session 3 (page 2)

- **Sociotechnical Strategies for Success**
 - **Informatics research for genomic evidence computing and genomic knowledgebase construction to enable scalable, sharable and computable inferences of genomic knowledge and harmonization of practice guidelines**
 - **Harmonize the interests of multiple stakeholders to facilitate team science and implementation science**
 - **Incentivize** collaborations to **foster research on a learning health system for genomics (what is new evidence, who is affected, what needs to be done, etc.)**
 - **Clinician (and patient)-centered design of workflow support.**



Summary—Session 4

- **Research on what constitutes a minimum data for clinical care and research “learn from less data”**
- **Research at the interface of human cognition and artificial intelligence “how can we take the best of both”**
- **Include research into explainable AI to promote clinical implementation**
- **Research into the development and implementation of a common semantic framework to reduce reliance on manual curation**



Summary—Session 4

- **Research into the development of a responsibility model across EHR for patient access to needed information**
- **What are 80/20 use cases in genomic informatics**

Summary—Session 5



- **Research into data interoperability between clinical systems that is focused on the implementation of genomic medicine**
- **Develop research on specific use-cases to support genomic medicine implementation through informatics**
 - **Prioritize based off diverse stake holders**
- **Coordinate and synergize research findings with the broader health IT community (US Core Data for Interoperability, HL7,)**
- **Facilitate last mile of clinical implementation—identify what’s ready and support implementation research around it**



Thank You!