The Penn Telegenetics Program

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Origins in cancer genetic services

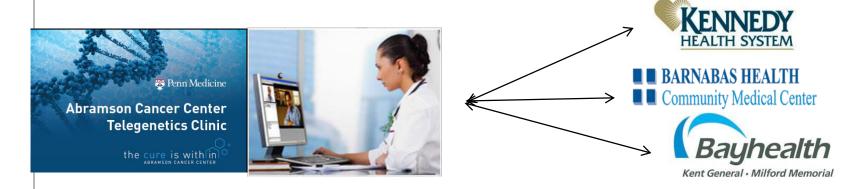
- BRCA1/2 testing is now standard-of-care
 - Genetic counseling is recommended but the traditional two in-person visit model can present barriers



- Only 37% of patients undergoing BRCA1/2 testing meet with a genetic counselor
 - Knowledge and satisfaction are higher when patients have genetic counseling
- In-person outreach models are costly, inefficient and limited
 - Remote delivery models can fill this gap



NIH Feasibility Study Outcomes



- 100 patients approached none declined due to video
- Technology is feasible
 - Failures are rare (4%)
 - 50% of sessions had technology challenges. Despite this patient satisfaction was very high.
- Favorable patient report outcomes
 - Increase in genetic knowledge, no increase in distress, and
 4 genetic carriers were identified (out of 61 tested)

Origins of Clinical Program

 At conclusion of NIH feasibility study, one research site wanted to maintain services for cancer genetic counseling

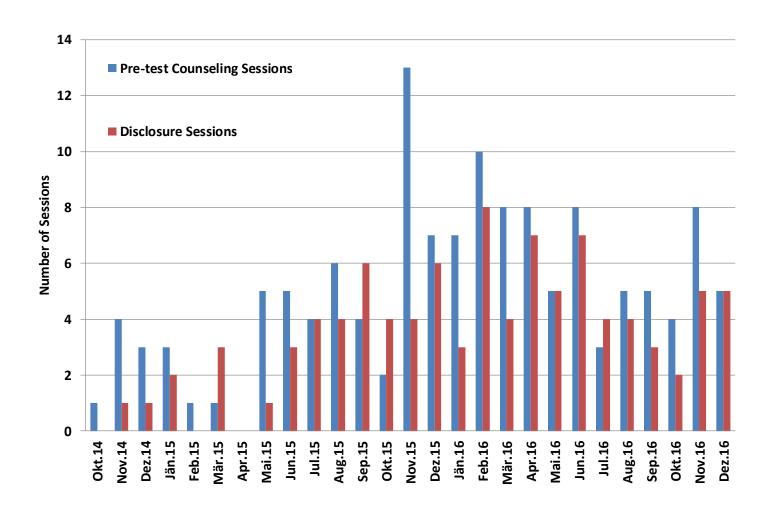
Established clinical contract

- Subscription plan based on # of sessions per year
- Defined responsibilities of the two parties
 - Flexible enough to allow for adaptation
- Communication plan (e.g. instituted chart notes, procedures for communication flow, and quarterly steering committee meetings)
- Video-conferencing is primary, telephone for back-up

Contract began Oct 2014

- Initial staff under supervision of Dr. Bradbury:
 - 1 research assistant and 1part-time GC
 - Director soon hired in early 2015

Nurturing of a clinical partnership



The Telegenetics Program: Two Arms

CLINICAL PROGRAM

Bayhealth: Oct 2014-Current

- Cancer Genetics
- Video
- Contract renewed in Oct 2016

RESEARCH PROGRAM

Basser Study: 2014-2017

- Cancer Genetics (Regional)
- Randomized study of remote counseling (telephone v. video) versus usual care

NCI MATCH study: 2015-2017

- Germline counseling and testing following tumor profiling (National)
- Telephone delivery

Generation Study & CONNECT4 APOE Study: 2015-2018

- API/Novaritis; APOE testing for Alzheimer's Disease risk assessment (National)
- Generation Study: telephone
- CONNECT: randomized companion study of remote disclosure (telephone v. video)

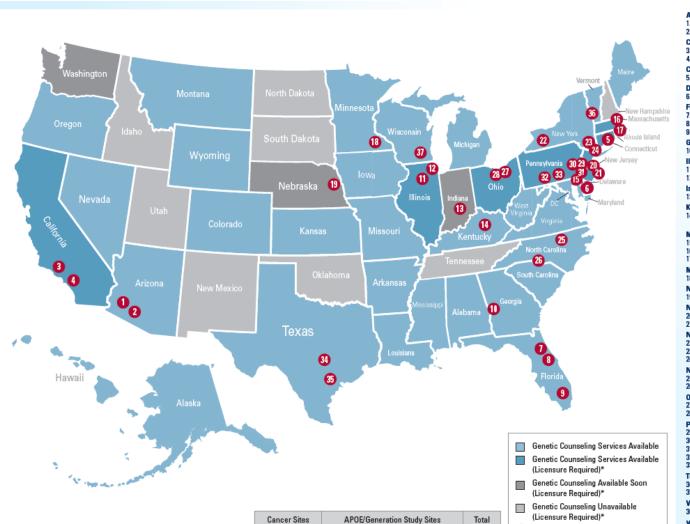


Scaling to a national program



TELEGENETICS PROGRAM

NATIONAL ACCESS TO GENETIC TESTING



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- 1. Banner Alzheimers Institute
- 2. Banner Boswell Medical Center

California

- 3. ATP Clinical Research Center
- 4. USC Geriatric Studies Center

Connecticut 5. Yale School of Medicine

Delaware

6. Bay Health Medical Center

- 7. Compass Research (The Villages)
- 8. Compass Research (Orlando)
- 9. University of Miami Center on Aging

10. Medical Research & Health Education Foundation, INC

11. Great Lakes Clinical Trials

12. Rush University Medical Center

13. Indiana University Health Physicians

Kentucky

14. University of Kentucky Sanders-Brown Center on Aging

- 15. Union HospitalMassachusetts
- 16. Brigham and Womens Hospital
- 17. Butler Hospital

Minnesota

18. Mayo Clinic (Rochester, MN)

Nebraska

19. University of Nebraska Medical Center

New Jersey

20. Kennedy Health System

21. Shore Memorial

New York

22. University of Rochester Medical Center

23. Nathan S. Kline Institute for Psychiatric Research

24. NYU Langone Medical Center

North Carolina

25. Duke University

26. ANI Neurology

27. University Hospitals Case Medical Center

28. Neurological Institute Memory and Cognition Center

Pennsylvania 29. Penn Memory Center

30. Abington Neurological Associates

31. Drexel University

32. Lancaster General Hospital 33. Gettysburg Hospital

34. Senior Adults Specialty Research (Austin, TX) 35. Clinical Trials Network

Vermont

36. Memory Clinic

37. Medical College of Wisconsin

Current Program Team

- Executive Director: Angela Bradbury, MD
- Director: Jan Jaeger, PhD
- 3 FT Genetic Counselors: Beth Wood

Neeraja Reddy

Cara Cacioppo

1 Research Assistant: Demetrios Ofidis

 Work closely with 5 other members of Dr. Bradbury's research staff for specific research protocols

Snapshot of Technology

*Must be HIPAA compliant

	Magpi	MediSprout	BlueJeans	UPHS Vidyo
<u>Use</u>	Used in feasibility study; no longer in use	Used in clinical program and research	Used for research only	New institutional platform Piloting in clinical program
<u>Pro</u>	Good service and support	Great service and support Able to customize	Easy to use Good success rate	No extra cost to our program In-house support
<u>Con</u>	Expensive	Also uses Vidyo, same as new institutional platform	Requires license per user; more expensive	Newest platform, still piloting

Challenges

Licensure & Telehealth Laws

- Genetic Counselor Licensure: Variation in which states require licensure, possible exemptions, and actual application process
- Telehealth laws: Variation in which practitioners are covered, scope of practice, definition of telehealth activities, and possible exemptions
 - Getting legal analysis may be difficult, can be costly
- Our current approach:
 - If we are providing services, research or clinical, to a site located in a state with GC licensure, we get licensed.
 - Costly, in both time and finances

Upcoming publication addresses some of these issues:

 Roberts, M, et al. (In Press.) Genetics in Medicine. "Possible Barriers to Returning Actionable Research Results across State Lines."

Challenges

Technology

- Institutional differences
 - Infrastructure, firewalls
 - Availability/willingness to support needs of telegenetics
- Multiple sites, multiple site team members to train and keep updated
- Platforms and overall technology constantly evolving
- Staying current vs. expense

Still have traditional challenges

- Staffing
- Scheduling
- Genetics is not a revenue generating field
 - Interested clinical partners have competing priorities

Successes

Improving access

 Offering services to patients that would otherwise be unlikely to receive genetic counseling services

Navigating technology challenges

- Increasing quality, decreasing cost
- Experience

Adapting to provide innovative research solutions

- National clinical trial needs for genetic services
- Ongoing research of remote delivery

Increased understanding of legal issues

Licensure, scope of practice

Successes

Evidence-Based Communication Protocols

- Patrick-Miller LJ, Egleston BL, Fetzer D, et al. Development of a communication protocol for telephone disclosure of genetic test results for cancer predisposition. JMIR research protocols. 2014;3(4):e49
- Patrick-Miller L, Egleston B, Daly MB, et al. Implementation and outcomes of telephone disclosure of clinical BRCA1/2 test results. Patient Education and Counseling. 2013 Dec;93(3):413-9.
- Bradbury AR, Patrick-Miller L, Harris D, et al. Utilizing real-time videoconferencing to expand access to cancer genetic services in community practices. J Med Int Res 1:18(2):e23, 2016.

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- Basser Center Study sites, investigators and staff
- Generation Study sites and investigators
- MATCH-COMET Research Team, investigators and sites
- Numerous patient participants across all sites and all studies





Renn Medicine



