

VA



U.S. Department
of Veterans Affairs

VHA Genomic Care Access and Utilization

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OUTLINE

- VA Healthcare system
 - Affect on barriers to care
- Data on BRCA test usage
- Development of VA Tele-genomics service
- Focus on genomic data development
- Plan to address disparities

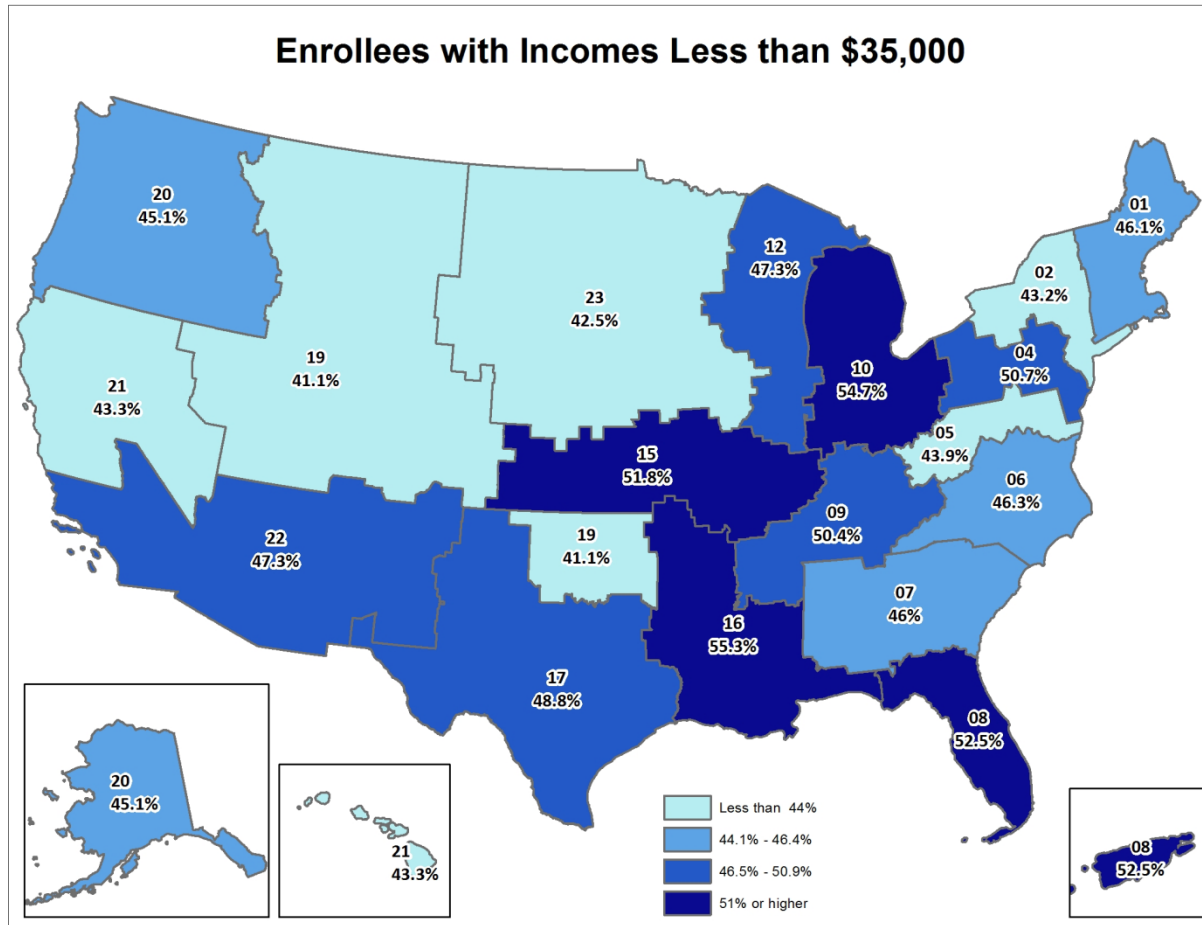


VA DEMOGRAPHICS AND BARRIERS TO CARE

- Barriers can be system level, provider or individual, and can interact
- VHA is a system of 180 hospitals and 1100+ community clinics
- 21 M living veterans, 11 M enrolled in VHA, 8M+ getting some care in VHA each year
 - Many also have some private insurance



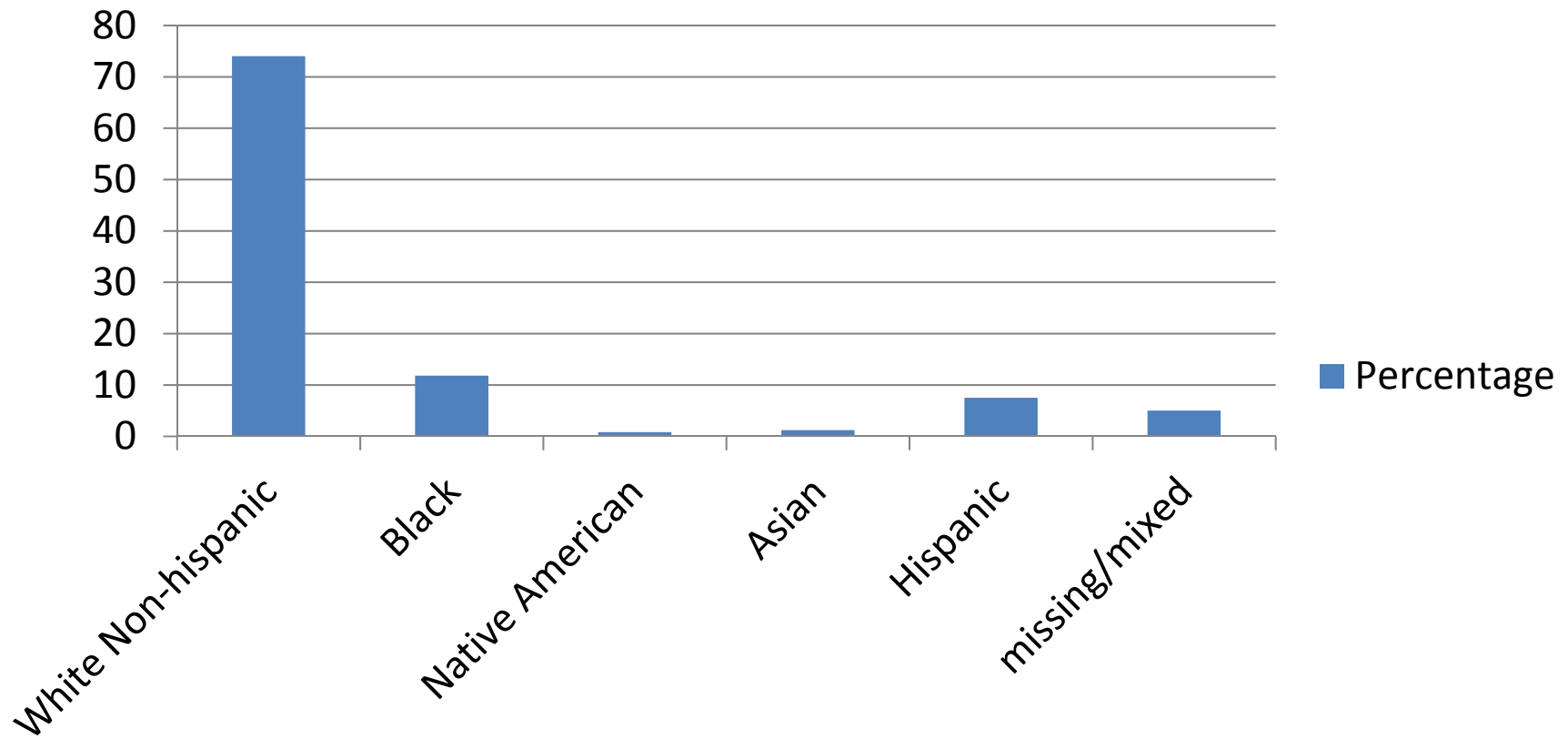
DEMOGRAPHICS OF VHA ENROLLEES





DEMOGRAPHICS OF VHA ENROLLEES 2016

Percentage





VHA STUDY OF BRCA TEST USAGE 2011-2012

- **NCCN guidelines published 2010**
 - Reviewed two 2011-12 calendar years, 2011-12
 - 26% compliance with guidelines
- **Disparities by geography and race**
 - Age, race, tele-genomics access, cancer center presence all has univariate significance
 - Multivariate analysis showed the medical center of care was driving variable-
 - Age and second primary still had an effect
- **Start of Genomic Medicine Service rollout**

Chun et al., Fam Cancer 16:41, Jan 2017



VHA GENOMIC MEDICINE SERVICE: GMS

- Centralized clinical service started in 2011
 - Based in Salt Lake City
- Establish Memoranda of Understanding (MOUs) and Telemedicine Service Agreements (TSAs) with VAMCs to allow direct patient care
- Most encounters are tele-video genetic counseling, but e-consults and other modalities are used
- Notes copied to patient-side VAMC so all providers there have access



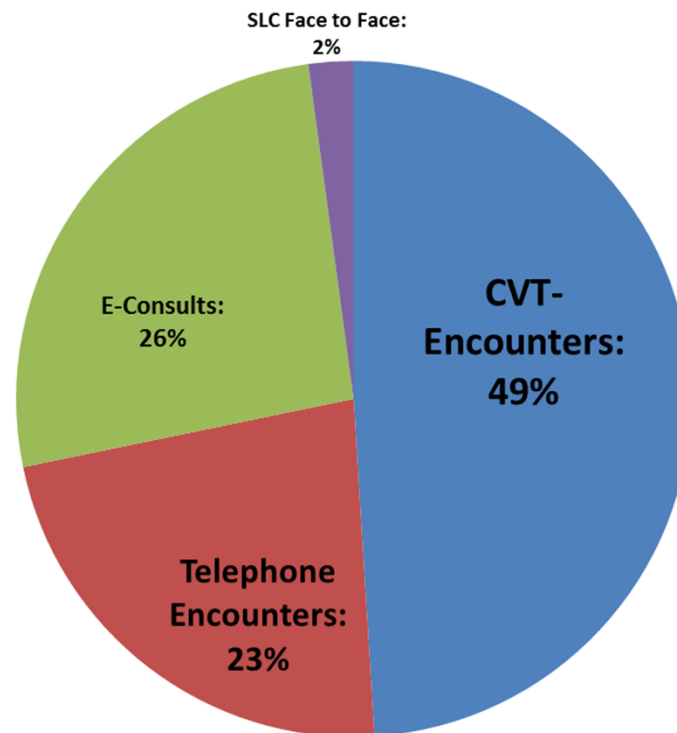
VHA GENOMIC MEDICINE SERVICES LOCATIONS





VHA GMS ENCOUNTER TYPE

FY17 Genomic Encounters by Type
N=3120



Note: Uniques = 2967



GMS: SOURCE OF REFERRALS

- 35% of referrals from Primary Care
- 27% Women's Health
- 10% Hematology/Oncology
- 28% from other Specialty Services
 - All services have initiated at least some consults



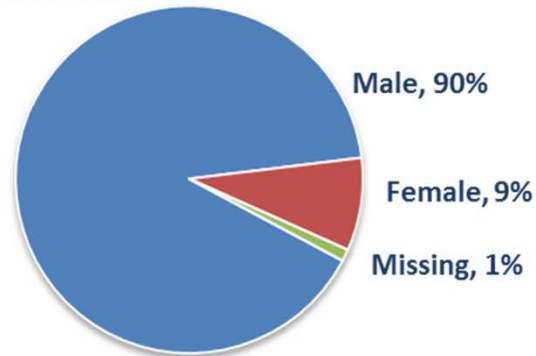
RESEARCH: ENROLLMENT OF MINORITY POPULATIONS

- Barrier to care is availability of data set with relevant racial norms
- VHA demographics make data important for clinical care
- Research is actively enrolling diverse populations
 - Million Veteran Program
 - PRIME care - Pharmacogenomics

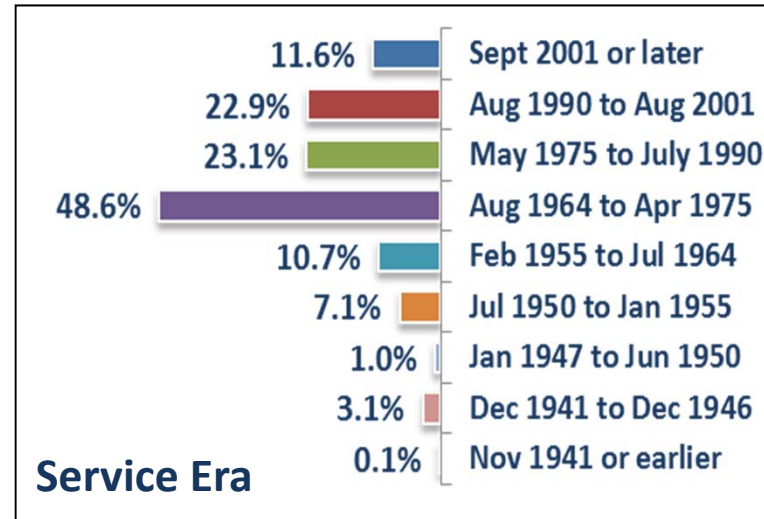
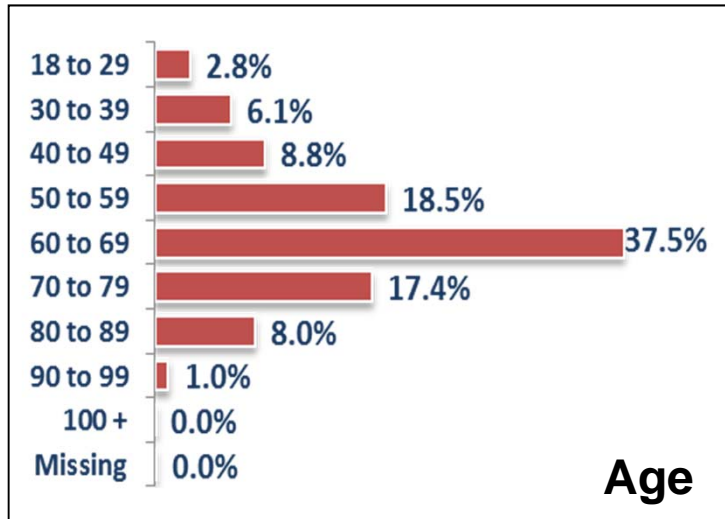
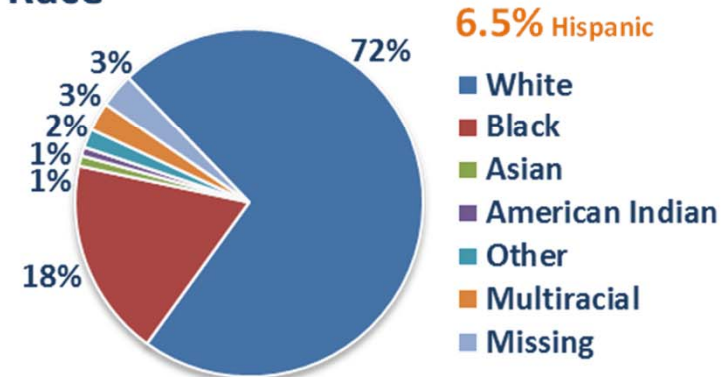


What do MVP Participants Look Like?

Gender



Race





Baseline Characteristics: PRIME

Sample size (n=388)	
Age	47 ± 15
Race (% Caucasian)	67 %
(% African American)	20 %
Sex (% male)	74 %
Post 2001 (%)	32 %
Financial status (% can't make ends meet)	17 %

Provider type	
MH	85
PCP	8 %
Other / unknown	7 %

Sample size (n=388)	
PHQ-9 score (SD)	17.2 (4.7)
PCL score (SD)	43.2 (16.7)
GAD-7 (SD)	14.0 (4.7)
Alcohol use (% at risk)	21 %
Marijuana (% recent use)	21 %
Other drugs (% recent use)	4%
Tobacco (% with any use)	32 %
Prior psychotherapy (% with)	67 %
Prior meds (% with 1 or more)	88 %
No prior treatment	6.2 %



FOCUS FOR VA

- Address disparities by providing nationwide telehealth service
- Address knowledge gaps by inclusion of diverse populations in research
- Develop support materials for providers and patients to address education needs