

Implementation Science Workshop: Synthesis

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Implementation of Genomic Medicine Workshop 2015
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Caveat

- The time is inadequate to do the presentations and discussions (and all that went into them) justice...

Filling Gaps Learned Through Community Engagement

OurGeisingerexchange
Inspiring peer-to-peer collaboration

Workspace Wellness Accolades Chat Lounge

Welcome, Carroll Flansburg

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MyCode Share Follow

Overview Content People Reports

Steps to Take

- 1 Complete a consent packet. Click [here](#) for a copy or to receive a hard copy, call (toll free) 1-855-636-0019 or write us at joinmycode@geisinger.edu.
- 2 Donate a blood sample when your healthcare provider orders blood work.

Goal: 250,000

250,000
225,000
200,000
175,000
150,000
125,000
100,000
75,000
58,158
25,000

As of March 16, 2015, 58,158 Geisinger patients have joined MyCode.

mycode

Be Part of Something Big
The MyCode® Community Health Initiative will help researchers understand the relationship between genes and diseases. The goal is to help improve healthcare by finding ways to diagnose medical conditions earlier or before they appear and also to help find new treatments or medications to manage these diseases. Samples are collected from Geisinger patients like yourself and your family.

Key Links

- Consent Form
- MyCode FAQs
- Family History Project

Latest Poll

MyCode Educational Sessions

The MyCode team is interested in conducting educational sessions about the MyCode initiative for employees. To assist them in scheduling the... [Read more.](#)

- ☐ Prior to the start of the day shift
- ☐ Standard lunch break time for day shift workers (noon-1 p.m.)
- ☐ Anytime during day shift, provided I can get coverage
- ☐ Anytime during second shift, provided I can get coverage
- ☐ Anytime during third shift, provided I can get coverage

[Vote](#)

Created by Geisinger (GHS) on Mar 4, 2015 in MyCode

0 Votes - 0 Comments

News & Information

- Employees invited to participate in.....** by Geisinger (GHS) 2 months ago in MyCode
- Sample blog post** by Geisinger (GHS) 2 months ago in MyCode

[Click here to start a discussion or ask a question and have it posted in the Discussion Board below.](#)

Discussion Board

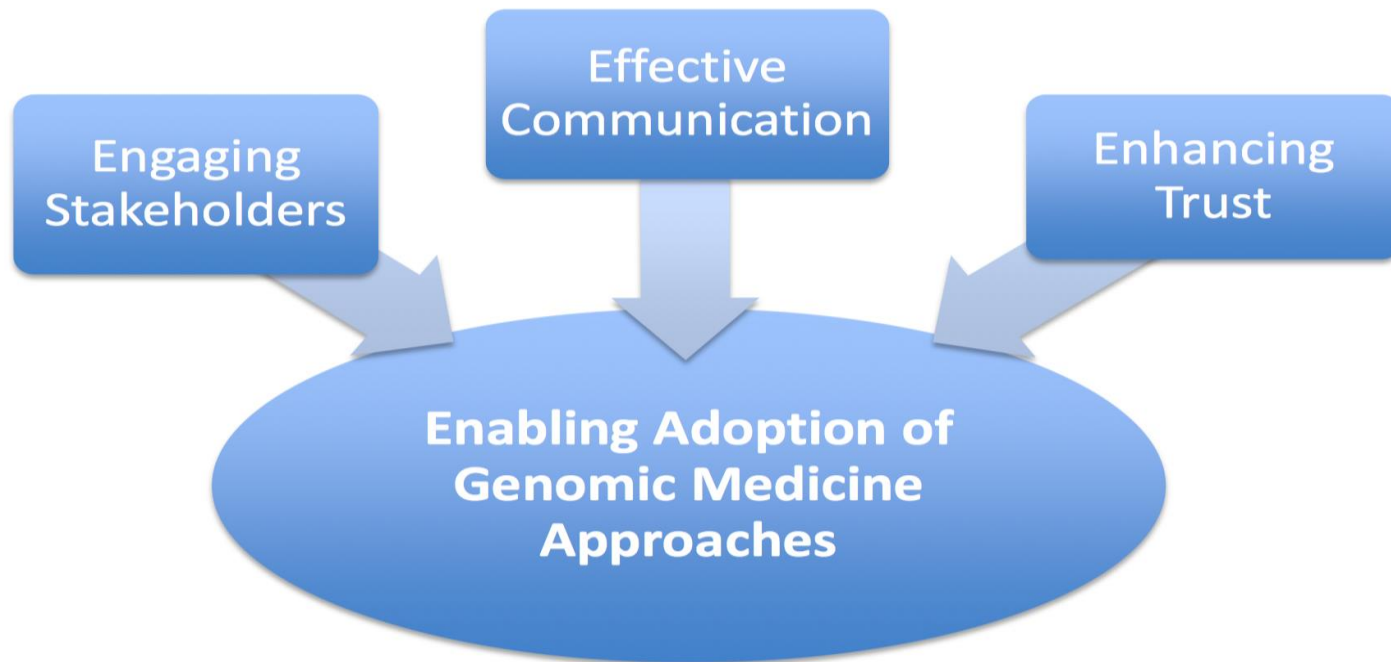
- Why are you participating?** by Geisinger (GHS) 2 months ago

Employee Campaign

Two Goals

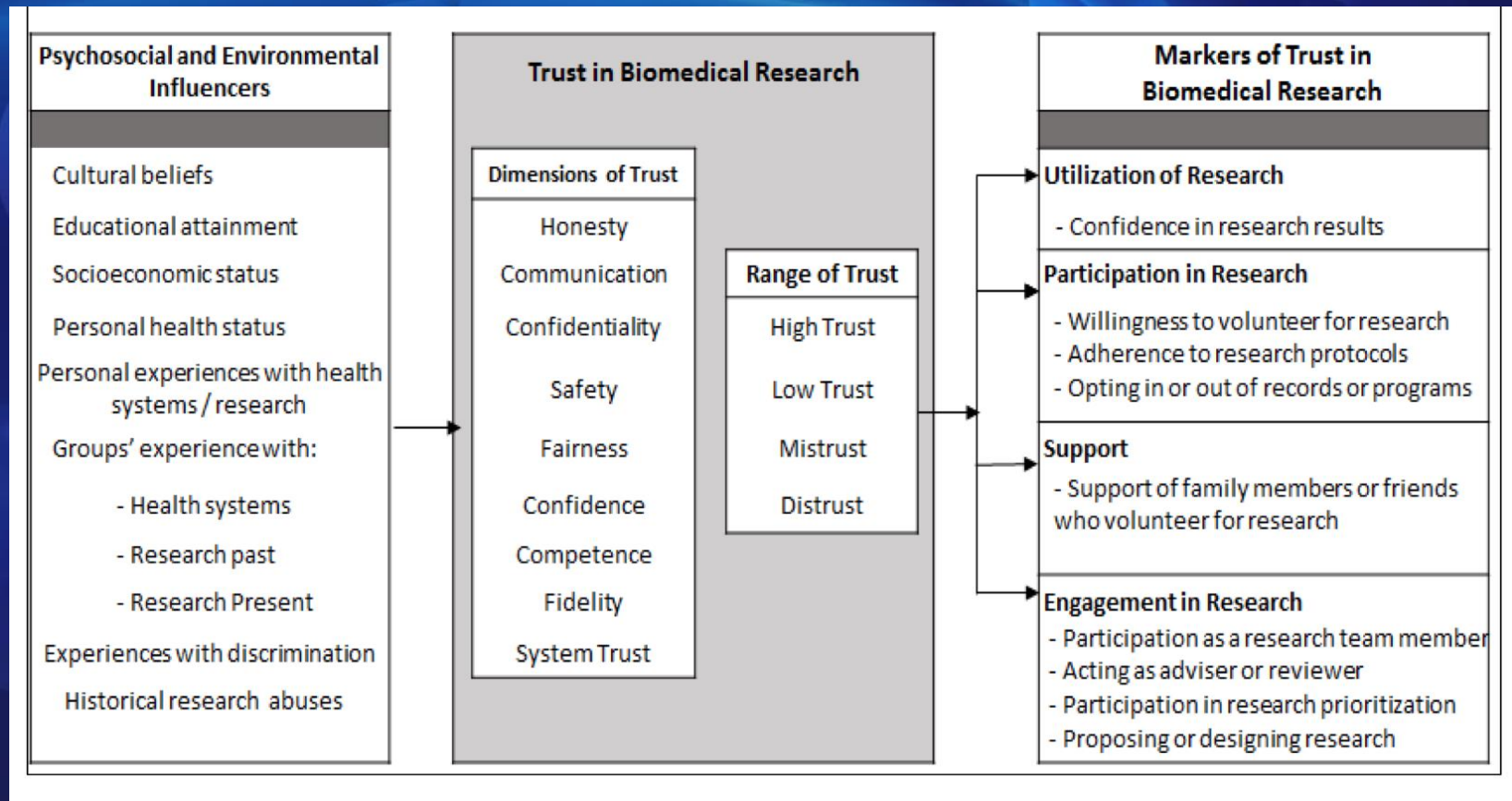
- All employees know basics of campaign and where to refer
- Employees have opportunity to participate

Lessons from recruitment

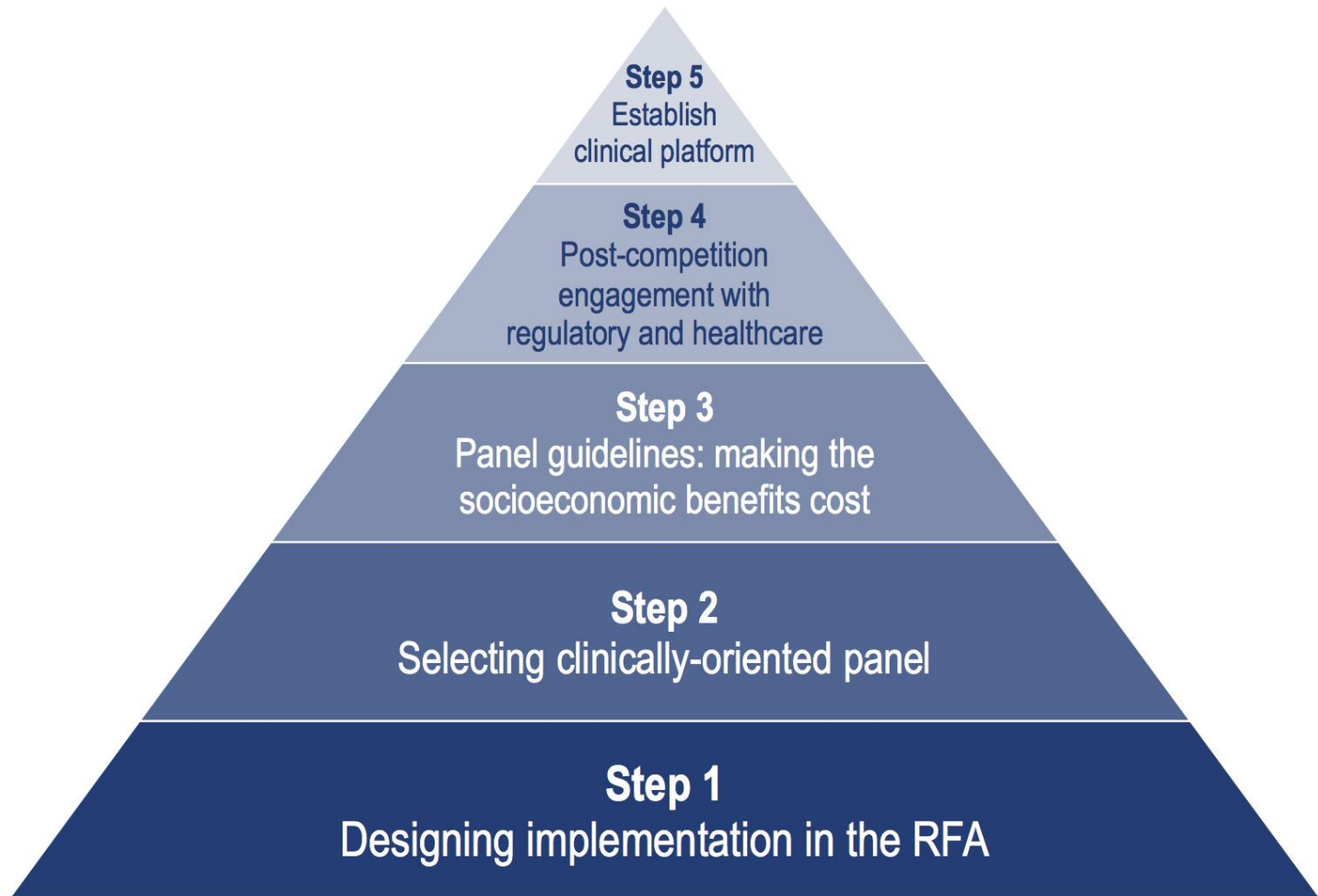


Core strategies for implementation among racial and ethnic minorities.

Research and Practice Overlap



FROM PROJECTS TO AN ECOSYSTEM



Discussion Session One

- The “so what” question--IMPACT
- Engagement with patients, families, other stakeholders (PCOR)
- Fit with population needs
- Understanding/fit of local context
- Importance of Leadership
- Financing strategies
- Literacy among multiple groups
- Generalizability vs Specialization

A Challenge from Multiple Perspectives . . .



Implementation of EAPathways: Conclusions

- Patient-centered
 - Treat close to home (minimize travel inconveniences)
 - Pathways are to help generalists, not specialists
 - Strategy, Transparency, Inclusiveness, Disclosure
 - Consistency of diagnosis/treatment/follow-up/molecular testing etc.
- Integration of Research Efforts
 - Direct Notification/Communication
 - Specimen Collection
- Quality of delivery of care and cost containment measured

cfDNA for Prenatal Testing

What has contributed to very rapid uptake?

- Valid, legitimate evidence?
 - All industry sponsored, not true cohorts
 - As presented, evidence is compelling**
- Clinician/staff knowledge/skill
 - History of Down syndrome screening**
 - Deceptively simple**
- Supportive professional norms
 - Long history of DS screening**
 - Traditional screening continues to be recommended
- External expectations
 - Competitive industry, attractive \$6b market**

Outpacing planful efforts...

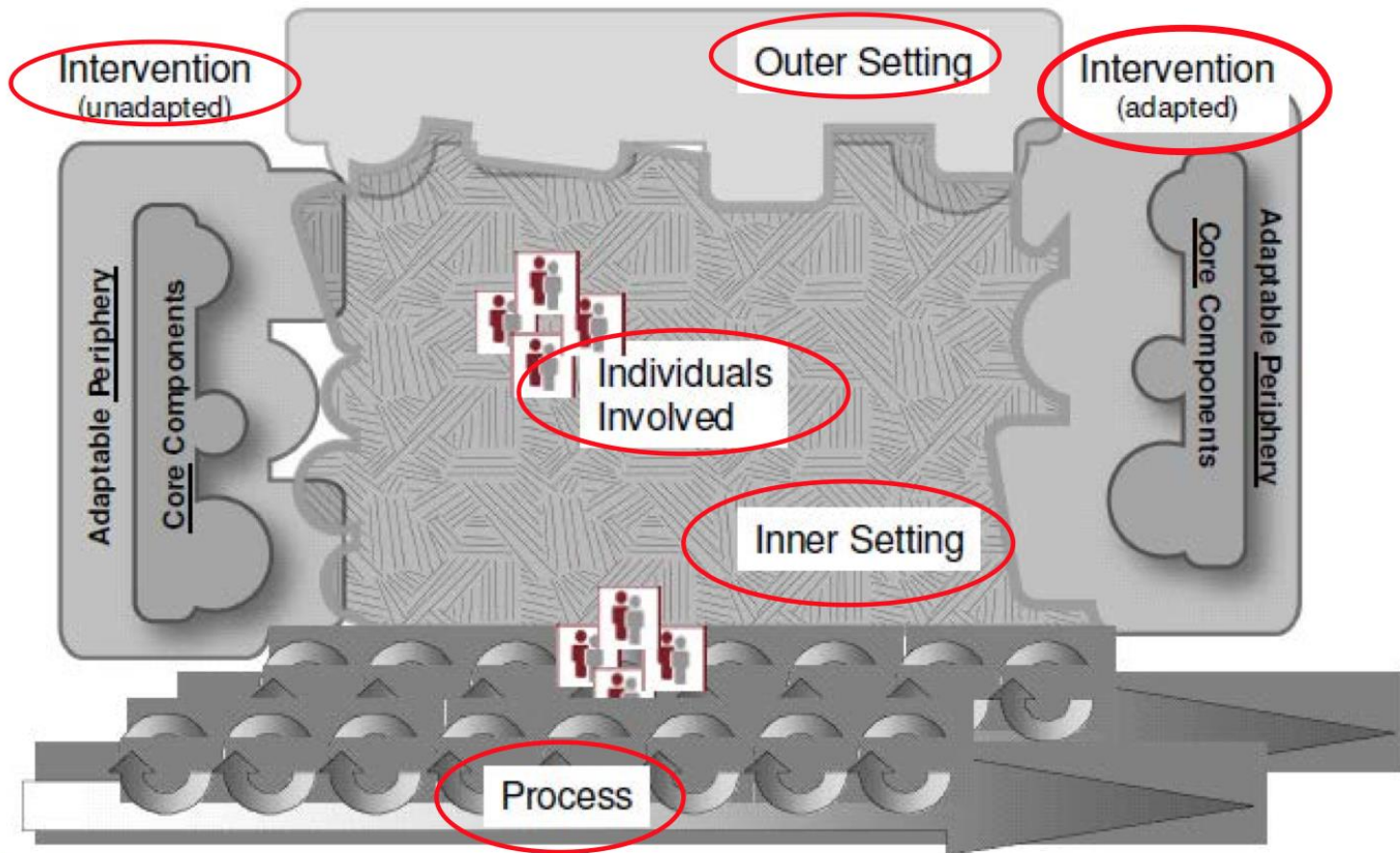
- cfDNA has had a tremendously rapid uptake
Very limited clinical data was available prior to implementation
- Some complexities of test are only coming to light subsequent to clinical introduction
- Test options are rapidly expanding with even less validation

Is Genomics Any Different?

- Answer is probably yes and no, depending
- Some may be
 - Return of results to patients & family members
 - Interpretation of genomic specific data
 - Reimbursement
- Others likely not
 - Changing physician, health system workflow
 - Decision support
 - Reimbursement
 - Evidence base



CFIR



Genomic Specific Challenges?

- Unknown effects of genetic variants/novel variants (EVIDENCE)
- Return of results – Counseling (DISSEMINATION)
- Integrating and formatting genetic test results in EMR (INTEGRATION)
- Timing and utility of EMR alerts (WORKFLOW)
- Reimbursement for testing (FINANCING)

Discussion Session Two

- Type III error—poor implementation
- Need to bring stakeholders to the table
 - E.g. Make sure that healthcare industry, payers, employers are aware
- Balance between genomic-specific and general implementation issues
- Most innovations are not self-implementing, those that are may not do so optimally

Goal: Increase availability of cancer- related genetic information to the Michigan public and decrease barriers to risk-appropriate services

- *Implementation Objective 1:* By 2011, expand public knowledge about the impact of genetics on cancer risk and management (breast, ovarian, and colorectal cancers)
- *Implementation Objective 2:* By 2015, expand provider knowledge about the impact of genetics
- *Implementation Objective 3:* By 2015, improve genetic health care financing and access to testing and support services

MULTI-LEVEL & MULTIDISCIPLINARY PARTNERS

National Health Partners:

CDC DCPC
CDC OPHG
NCCN Experts
ASHG/Jackson Laboratory
LSSN
Kintalk.org/UCSF

Local Health Partners:

BCBSM
Priority Health
Other health plans
WSU Genetic Counseling Program
Grand Valley State University
Local cancer registrars

Providers of individuals at risk or with HBOC/LS:

Primary Care Providers Workshop
Participants
Providers who care for cancer
patients and cancer survivors
Providers who care for family
members of cancer patients

Michigan residents at risk for or with HBOC/LS

State Health Partners:

MDHHS Cancer Genomics
MDHHS Cancer Prevention & Control
Michigan Cancer Surveillance
Program & Vital Records
Michigan Medicaid
MIBRFS
Michigan Cancer Consortium
Michigan Association of Health Plans
Michigan Cancer Genetics Alliance

Clinical Practices:

BRCA Clinical Network
Health systems/clinical practices
that diagnose cancer
Health systems that perform
universal/routine LS screening
Health systems/practices that
collect family history

Family members at risk for HBOC/LS

Taplin et al, Multilevel Intervention Clinical-Public Health Collaboration, 2011

DIAGNOSIS AS A PIECE OF A LARGER SYSTEM...



Diagnostic odyssey

500,000 Canadian children

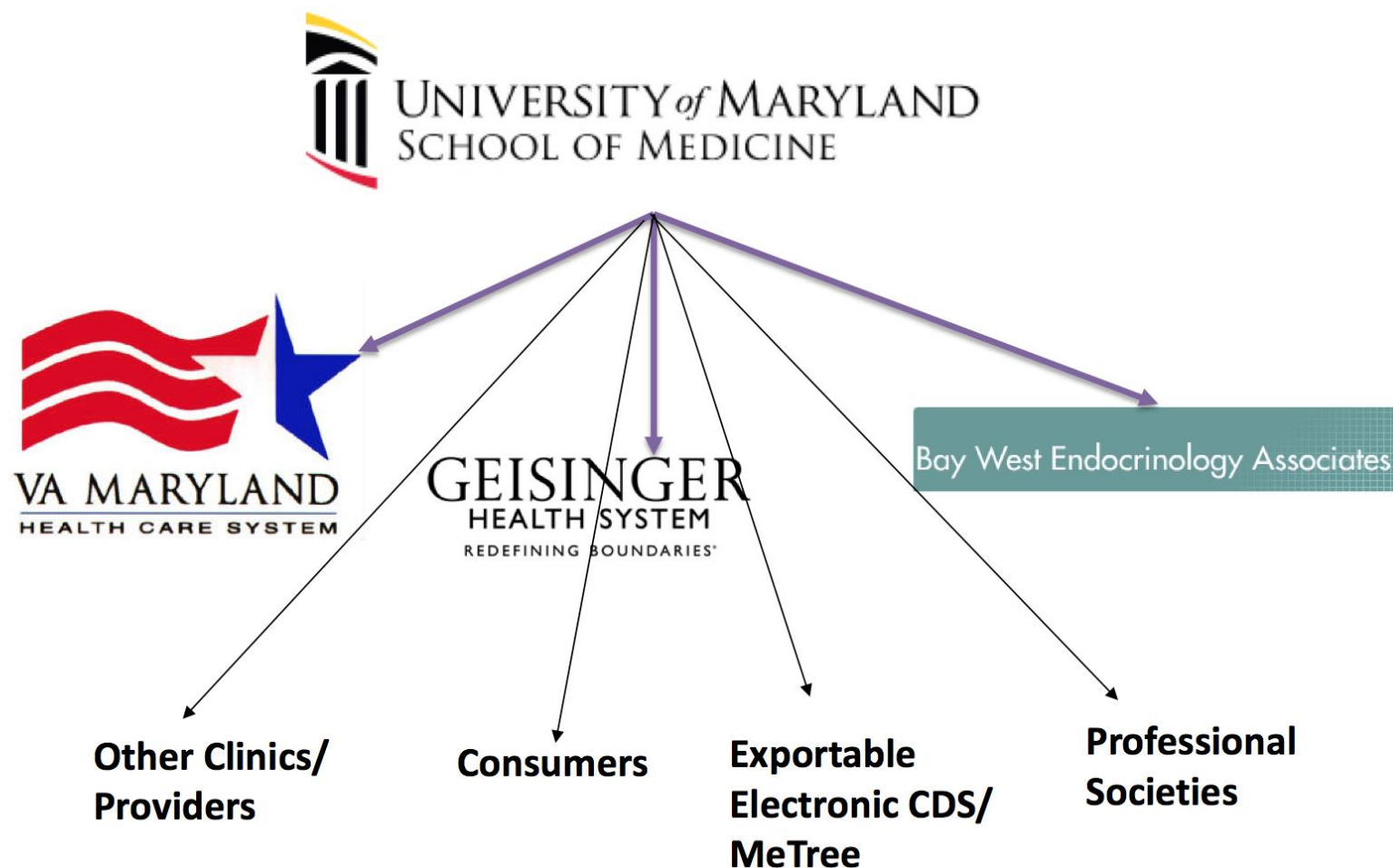
- ▶ 40% wrong diagnosis
- ▶ 50% no diagnosis
- ▶ 25% wait 5 to 30 years

Unmet medical need: Diagnosis is care

Personalizing Diabetes Care Challenges (Generalizable?)

- Lack of provider/consumer/payer awareness
- Clinical overlap
- Notion that “rare means never”
- Life-changing vs. life-saving
- Expense/complexity of testing
- Limited professional society guidance

Dissemination of the PDMP



How do we scale this up? (Payer Advisory Panel)?

Discussion Session Three

- Can't have complete unique ways of implementing every test
- Common “teachable” framework for scalability—can we add metrics?
- Payment for things not actionable?—what if it is in the future? What about cost to insurer?
- Need for data to reflect what's actually happening (single test vs. panel)
- Obligation/standards for full and accurate info for patients, according to preferences?
- Implementation Science can help

Selected Next Steps (1)

- For Discovery Science—integrating IS
 - Capturing experience of how clinicians, families and systems are using the findings?
 - Hybrid effectiveness/implementation studies—existing funding opps
 - Planning for implementation—incorporating existing measures (SIRC/GEM-IS)
 - Understanding/enhancing demand, literacy, equity

Next Steps (2)

- Within existing implementation efforts
 - Case inventory of “exceptional implementers”, rapid uptake, also learn from un-successes (☺)
 - Learning from/replicating Nimble, adaptive systems
 - Identifying optimal level of implementation for underused and overused testing
 - Clarifying short, med, long-term outcomes of success
 - Common report forms to patients, families
- National Cancer Institute

Next Steps (3)

- Leveraging existing systems
 - Learning community of states—who can do what MI, other states are doing?
 - Scaling up local implementation studies (e.g. MODY)
 - Using large networks around diagnosis to expand into appropriate Tx, follow-up (e.g. GenomeCanada)
 - Learning from efforts to communicate/educate/interpret existing tests within systems



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