University of Michigan Medical School

Stewardship of Genetic Services at Michigan Medicine

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Michigan Medicine is in need of a comprehensive, coordinated approach to provision of genetic services, genetic testing stewardship, and a streamlined results management process that improves communication about genetic test results through use of the electronic health record (EHR). A task force of key stakeholders has been convened to assist with development of policies and procedures around genetic testing. The Genetic Services Task Force was organized to help streamline genetic services and coordinate stewardship of these resources at Michigan Medicine. This includes genetic testing oversight and adjudication of genetic services and practices to manage the increased need for genetic care provision across the health system. This group has met twice (March 6, 2020 and July 7, 2020), and a presentation has been given to leadership (March 10, 2020). This poster summarizes work done and the strategic vision created from this work.

VARIABILITY IN GENETIC TESTING BEHAVIORS TESTING ORDERED RESULTED TRACKED PATIENT PROVIDER

INTRAMURAL VS EXTRAMURAL TESTING

COMPLIANCE

Utilize Internal Resources wherever possible

- MMGL is a full service diagnostic laboratory
- Physicians consult with Michigan Medical Genetics
- Increase revenue
- Decrease recreational testing

SAFETY & COMPLIANCE ISSUES CONSENT PATIENT CARE SAFFTY RECLASSIFICATION STORAGE

STRATEGIC VISION of GENETIC SERVICES TASK FORCE

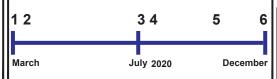
There are six discrete components to the Genetic Services Task Force:

- · Create policies around genetic testing and services
- Policies will streamline variability, supporting the evolution of best practices
 Establish committee to oversee testing approval
- Stewardship team reviews and endorses ensuring appropriate
- Identify inappropriate testing and trim through implementation
 - Identify current trends for inappropriate testing (duplications, omission of consult, non-traceable order for testing and results)
- Develop and implement workflow that supports standardized documentation and storage of results in the EHR Develop uniform consenting
- - Patient education and expectations of testing; incidental findings
 - Establish data use agreements
 - Develop uniform reporting model
 - Develop infrastructure to support result management workflow
- Address the need for workforce expansion
- Meet resource demands associated with increased clinical genetics care
- Increase testing capabilities and reduce send out testing; increase revenues and prove return on investment Include expansion of genetic testing; utilization of MMGL services

INTEGRATED APPROACH TO GENETIC TESTING CONSENT STEWARDSHIP VARIANT WORKFORCE **PATIENT** RESULTS CASCADE MANAGEMENT

TIMELINE & MILESTONES

- 1 March 6 2020; kick-off meeting
- 2. March 10, 2020: presentation to UMHS Leadership (UL) 3. July 7, 2020: Follow-up meeting to establish subgroup aims
- and recommendations
- 4. July 31, 2020: Present report and recommendations to CEO
- 5. October, 2020: Reconvene and finalize deliverables
- 6. December, 2020: Go-live



Provision of genetic services at Michigan Medicine will be deployed and adopted across the health system

DELIVERABLES

- Create polices and set cadence for genetic testing review committee
- Establish methodology for stewardship.
- Identify trends of egregious offenders and develop comprehensive education and workflows that will streamline and promote adoption. Leverage HITS platforms (MiChart).
- Establish a uniform consenting process, benchmarking best practices (Tempus), and establish data use agreements.
- Explore and develop results management infrastructure.
 Leverage Michigan Medicine HITS platforms (MiChart).
- Expand medical genetics service line and acquisition of resources to meet the demands of clinical genetic care.

Genetic Services Task Force Members:

Donna Martin, MD, PhD (Chair)	Ravitz Professor and Chair of Department of Pediatrics
Chuck Parkos, MD, PhD (Co-Chair)	Carl V. Weller Professor and Chair of Department of Pathology
Sachin Kheterpal, MD, MBA (Co-Chair)	Associate Dean for Research Information Technology, Professor of Anesthesiology
Goutham Narla, MD, PhD	Associate Professor; Chief, Division of Genetic Medicine
Hae Mi Choe, PharmD	Chief Quality Officer, UMMG, Associate Director, Precision Health Implementation
Tom Giordano, MD, PhD	Henry Clay Bryant Professor of Pathology, Endocrine Pathology, Director, Division of Molecular and Genomic Pathology
Ulysses Balis, MD	Professor Informatics, Director, Division of Informatics
Jeff Innis, MD, PhD	Morton S. and Henrietta K. Sellner Professor in Human Genetics, Division Chief, Pediatrics Genetics, Metabolism and Genomic Medicine
Chris Dickinson, MD	Chief Clinical Officer and Interim Executive Director of the C S Mott Children's Hospital and the Von Voigtlander Women's Hospital, Professor of Pediatrics
Luanne Ewald, FACHE, MHA	Chief Operating Officer C S Mott Children's Hospital and the Von Voigtlander Women's Hospital
Jeff Desmond, MD	Associate Professor, Emergency Medicine, Chief Medical Officer, Michigan Medicine
Ranjit Aiyagari, MD	Professor, Pediatrics, Chief Medical Information Officer
Ella Kazerooni, MD	Professor, Radiology & Internal Medicine, Associate Chief Clinical Officer

Conetic Services Focus Croup Members

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Focus Group 1 Create policies around genetic testing and services (who, when and responsibilities)	Jeff Innis, Marwan Tayeh, Elena Stoffel, Amy Pasternak, Kristen Ward, Ul Balis
Focus Group 2 Establish committee to oversee testing approval	Todd Ackley, Jessica Omark
Focus Group 3 Identify the most egregious offenders and trim through implementation of workflow	Amy Pasternak, Kristen Ward
Focus Group 4 Develop uniform consenting	Lauren Hipp, Jessica Omark, Ul Balis
Focus Group 5 Develop uniform reporting model	Marwan Tayeh, Ul Balis
Focus Group 6 Address the need for workforce expansion	Jeff Innis, Todd Ackley, Elena Stoffel

NEXT STEPS

- Finalize recommendations from each subgroup
- Administative mechanism
- · Submit through the front door for review and approval.
- Go-live and implementation