

# Key Points

Roughly rank ordered based on  
questions and discussion

# Key Points

1. Role of guidelines (or less evidence based, such as ACP best practice advice)
  - a. Get away from paradigm of whether to test, but assume information is available and start from there (CPIC model)
    - i. Will change based on clinical scenario (EGAPP)
  - b. Practitioners look to own specialty society for guidelines
    - i. Opportunities for societies to work together (See also #10)
    - ii. Can some novel process arise that can overcome the parochial interests and policies of individual societies
  - c. Address evidentiary standards (see #4)
  - d. Collecting Outcome data to inform evidentiary gaps (see #3)
2. Focus on developing competencies
  - a. Synthesize specialty society's needs assessments/surveys to inform
  - b. Physician vs. non-physician providers

# Key Points (cont'd.)

1. Guidelines
2. Competencies
3. Recognize this needs to be a bidirectional information flow
  - a. ASCO Rapid Learning system
  - b. CRVR
  - c. Need for safe harbors/ trusted brokers
  - d. Involve patient advocates
4. Evidence
  - a. Idea that genomics is a tool.
  - b. Is RCT-level evidence needed?
  - c. Role of comparative effectiveness and pseudo-prospective trials
  - d. Data will be in hand (not testing paradigm)
  - e. Perfect information vs. good enough information (70% effectiveness HCM testing)
5. Different 'tracks' for genomic training to fill different needs

# Key Points (cont'd.)

1. Guidelines
2. Competencies
3. Different 'tracks' for genomic training to fill different needs
4. Recognize this needs to be a bidirectional information flow
5. Maintenance (upgrading) and Sustainability
6. Incentives
7. Maintenance (upgrading) and Sustainability of proposed resources
8. Incentives
  - a. CME
  - b. MOC
  - c. Reimbursement
  - d. Credentialing
  - e. Liability
9. Aggregate all materials in one place (G2C2?)
10. Society of Societies
  - a. Professional society representation for CRVR (done) Sign up sheet (see Erin)
  - b. Common (repetitive) things all societies do
    - i. DTC
    - ii. Pharmacogenomics
    - iii. Guideline development