

# Genomic Medicine in the VHA

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# VHA



- 23.4 million veterans alive
  - About 7 million veterans will receive care in 2011
  - About 8 million enrolled
  - Over 60 million yearly visits
- 153 medical centers
  - 1400 total sites
- All centers use the same medical record system
  - About 180 separate servers



# Genetic Medicine at the VA

- Genetic Medicine Program Advisory Committee
  - Established 3/16/06, charter dated 2/12/08
- “Goal of using genetic information to optimize clinical care of veterans, and enhance the study and development of diagnostic tests and treatments for diseases of particular relevance to veterans.”
- “Recommending processes and goals for the development of a VA genomic medicine...and...approaches by which research results can be incorporated into routine medical care.”



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# Regional Centers and Service

- Many providers deliver genetic care
- Many complex genetic cases referred to academic affiliates
- Four VAs with specific genetic clinics
  - Los Angeles has center for that region
- Workload only captured 2 years ago as genetic service



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# Research and Clinical Genomics

- Research initiated genomics as a priority
  - Individual investigator initiated awards
  - Large Cooperative studies
  - Genomic medicine program
- Million Veteran Program: MVP
  - Informed by surveys of veterans
- Clinical program lagged



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# National Clinical Genomic Medicine Service (GMS)

- Memorandum of September 2010 established a process for credentialing and privileging telehealth providers between VAs.
- Hired and locally credentialed first VA clinical Genetic Counselor January 2011
- March 2011 started first Memorandum of Understanding (MOU) to provide telegenetic service at a remote VA



# Telehealth In the VA

- Goal: 50% of all encounters by 2020
  - Reaches veteran closer to their site
  - Allows level of care not usually available
  - Usually between VAMC and CBOCs
    - Price and Elko
- Other programs- between medical centers
  - ICU
- Genomics- has used to create a centralized service based in Salt Lake City



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# Where we WERE



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# Where we are GOING



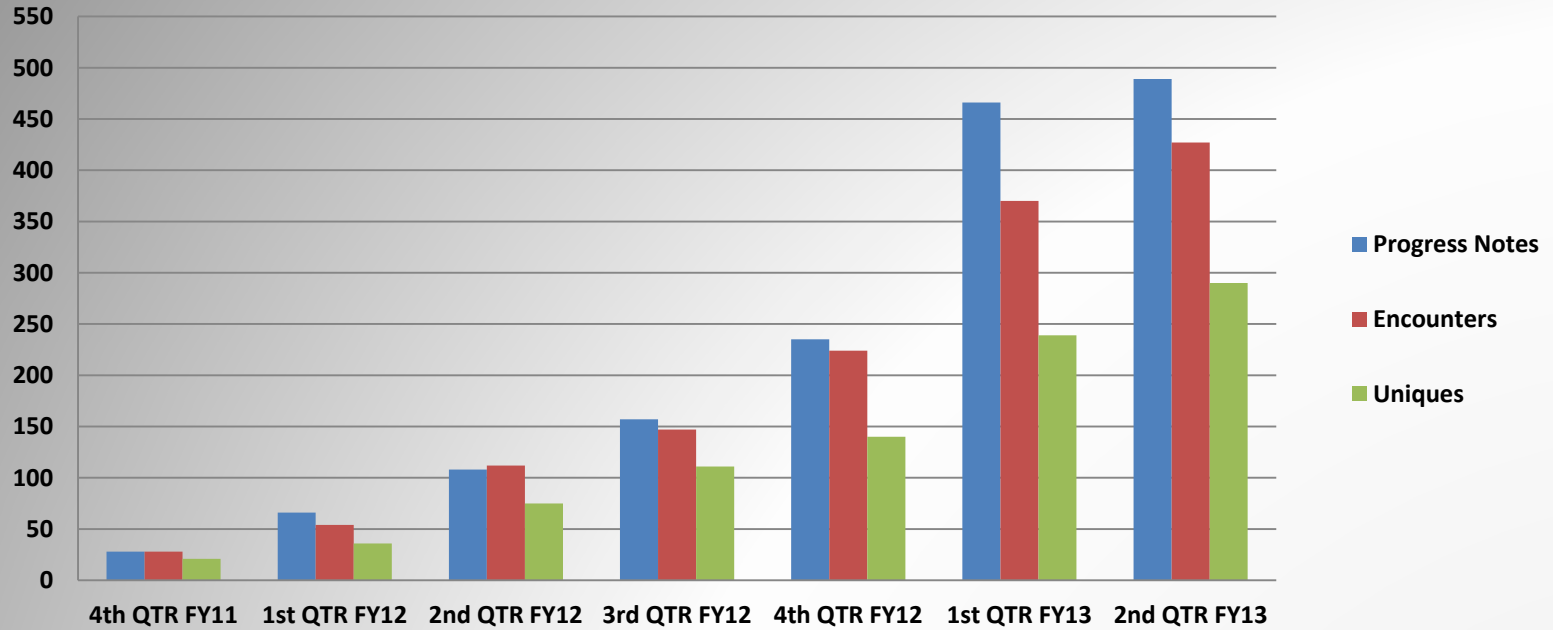
# GMS consult set-up



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# Genomic Workload (21 Months)

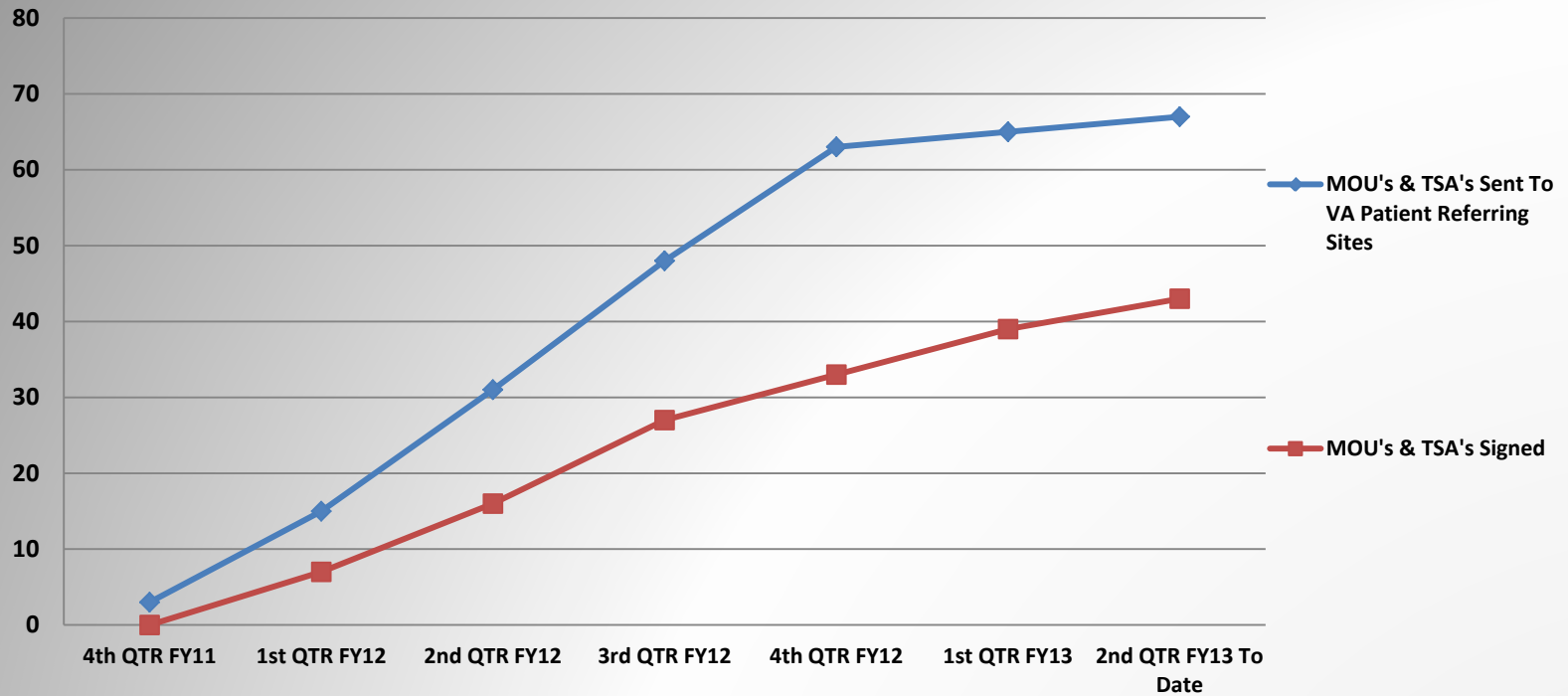


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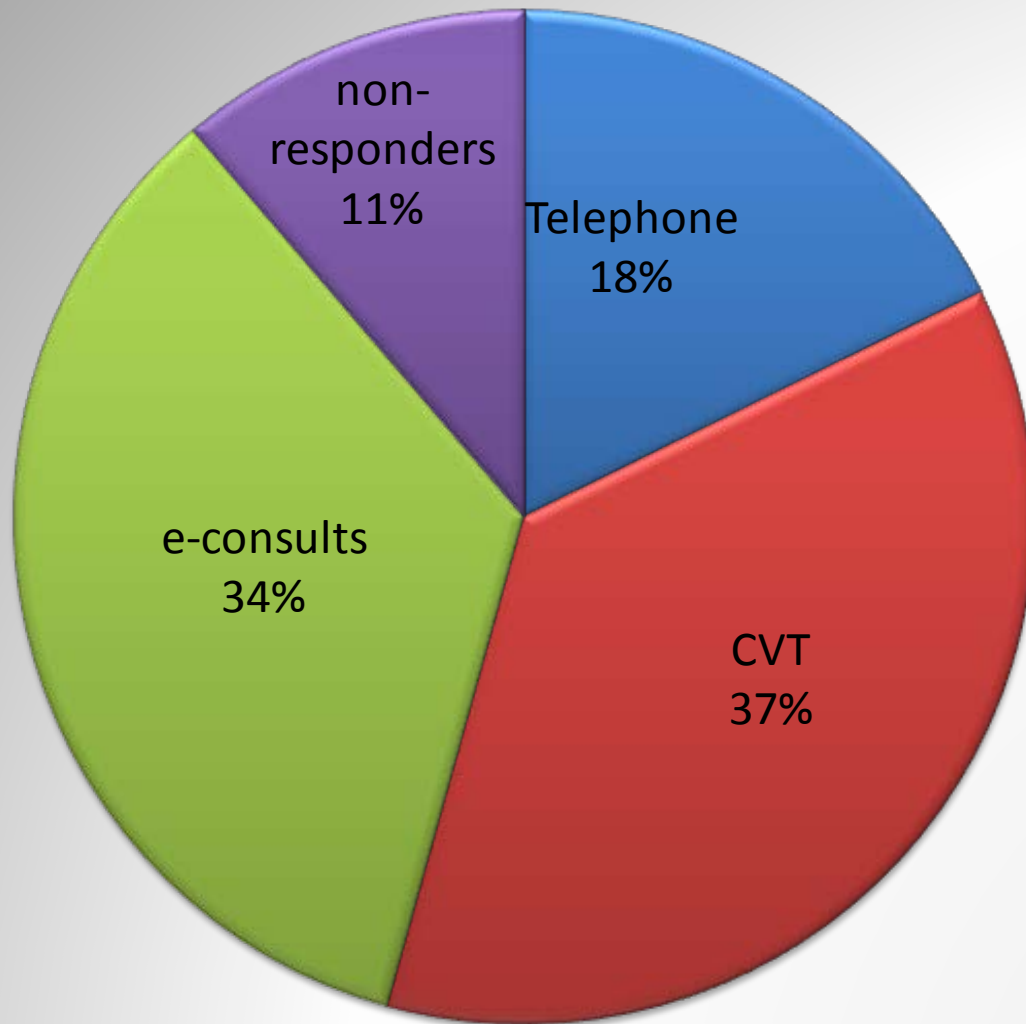
## MOU & TSA Increase by QTR



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# Non-Local Delivery Modality

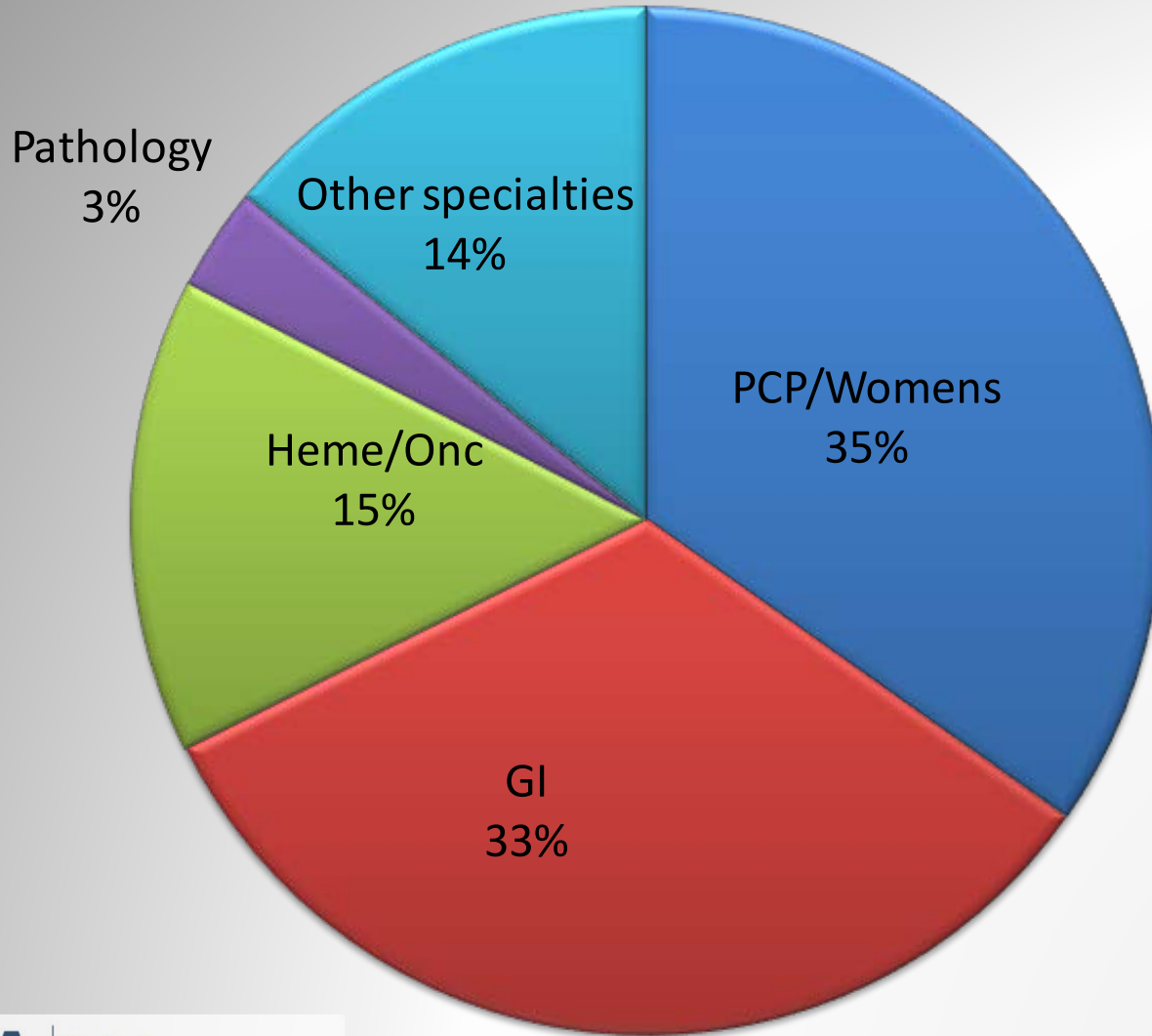


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# Referral Source



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# Need and Gaps

- Integration with EMR
  - Electronic access to labs - structured
  - Family history - structured
  - Computer decision support
- Processes for evaluation of clinical utility in our population - large scale



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