Expanding Access to Genetic Counseling and Testing During a Global Pandemic Using Virtual Tools

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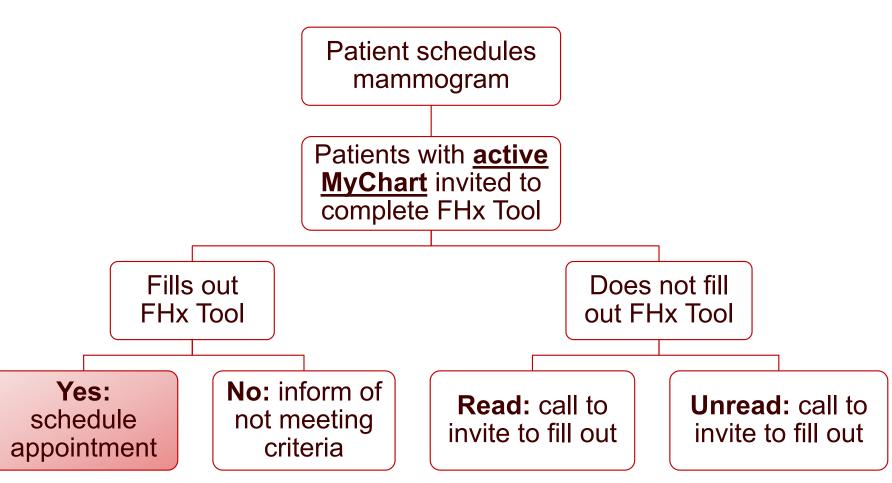
OBJECTIVE

- Expand awareness and increase access to genetic counseling and testing during a global pandemic
- Investigate discrepancies between FHx in EPIC and selfreported FHx

BACKGROUND

- Surgeons and PCP's refer patients to genetic counselors only if there is a significant family history
- Patients face many barriers when trying to access preventive care
- The lifetime risk of breast and ovarian cancer in mutation carriers is greatly increased

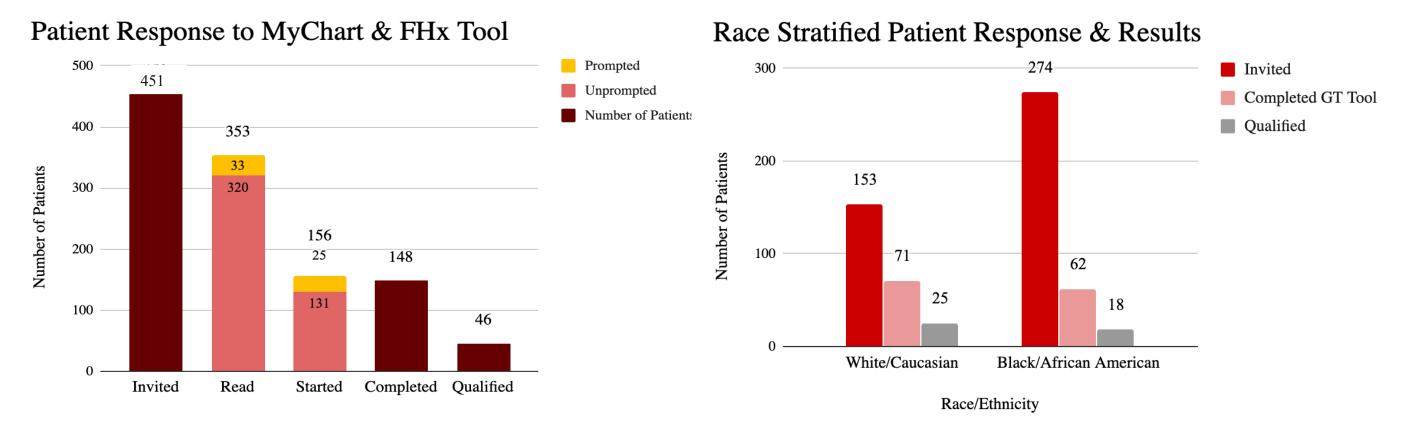
METHODS



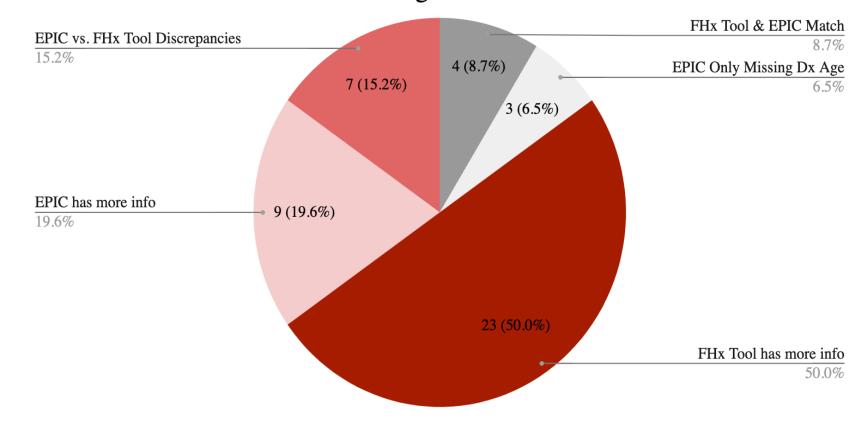
This project was formally determined to be quality improvement (QI), not human subjects research, and was therefore not overseen by the IRB, per institutional policy



RESULTS



FHx Breakdown for Patients Meeting NCCN Criteria



	Race/Ethnicity	All Mammograms	Active MyChart	Completed	Qualified
	White/Caucasian	231	196	71	25
J	Black/African American	451	311	62	18
	Asian	17	16	5	2
	Multiple	12	11	9	1
	Other/Unknown	33	13	1	0



CONCLUSION

- 29% of the Black/African American and 35%
 White/Caucasian patients who completed the FHx Tool qualified for genetic testing on NCCN guidelines
- 50% of the patients had more information in the FHx Tool than what was already in EPIC

IMPLICATIONS

- Expand outreach and testing to whole families of mutation carriers through Cascade Testing
- Continue increasing access to preventive care to all patients receiving mammograms
- Implement Kiosks in waiting room for patients to complete FHx Tool
- Telehealth and online FHx tool increases compliance

LIMITATIONS

- Patients access to technology
- Unable to reach patient
- Declined genetic testing
- Previous genetic testing
- Self-reported family histories

REFERENCES

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