INTRO

- Despite clear guidelines, patients are under referred for genetic counseling for hereditary cancer risks (Childrers et al 2017, Powell et al 2013).
- The impact of under referral is further compounded by low uptake of genetic counseling among those who are referred.
- Published data suggests that in the majority of studies uptake of referrals for hereditary cancer counseling is less than 50% (7.3% to 44%) (Niendorf et al 2016, Kne et al 2017, Rahm et al 2007).
- Here we describe our experience with referral uptake and proposed opportunities for improvement.

METHODS

•Genome Medical was contracted by a large closed-panel Managed Care Organization to provide cancer genetic counseling to patients with medical indications for genetic services.

•Referrals were provided by fax and care coordinators conducted active outreach to schedule patients within 1 week of receiving the referral.

•For the first 2 months, outreach consisted of a phone call, followed by 2 emails completed over 3 consecutive days.

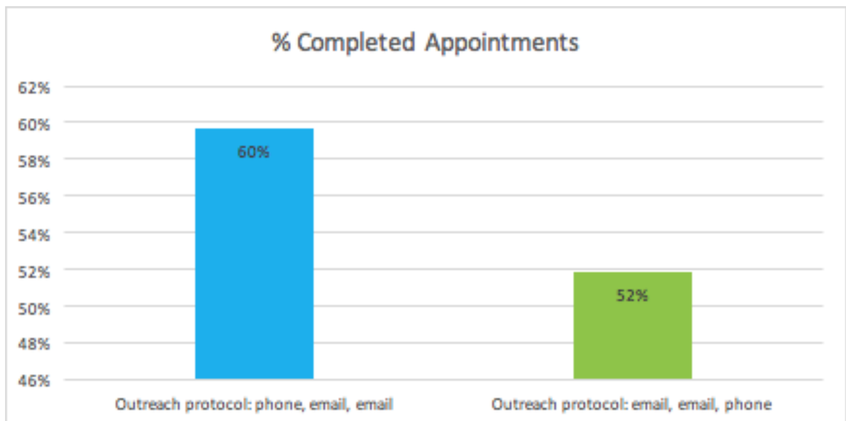
•In an attempt to drive a higher rate of patient follow through the outreach protocol was then changed to email, email, phone call with the first two emails occurring within 5 days of one another and the phone call occurring 1 week later.

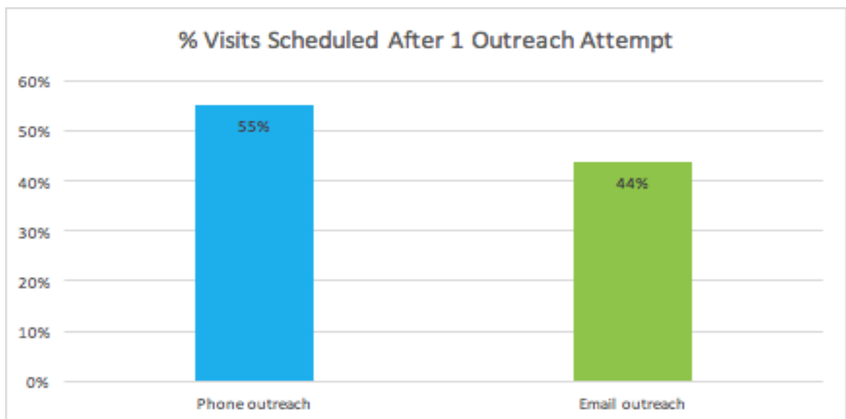
•Email outreach directed patients to self-schedule through a custom Genome Medical/Health System website or call to schedule by phone.

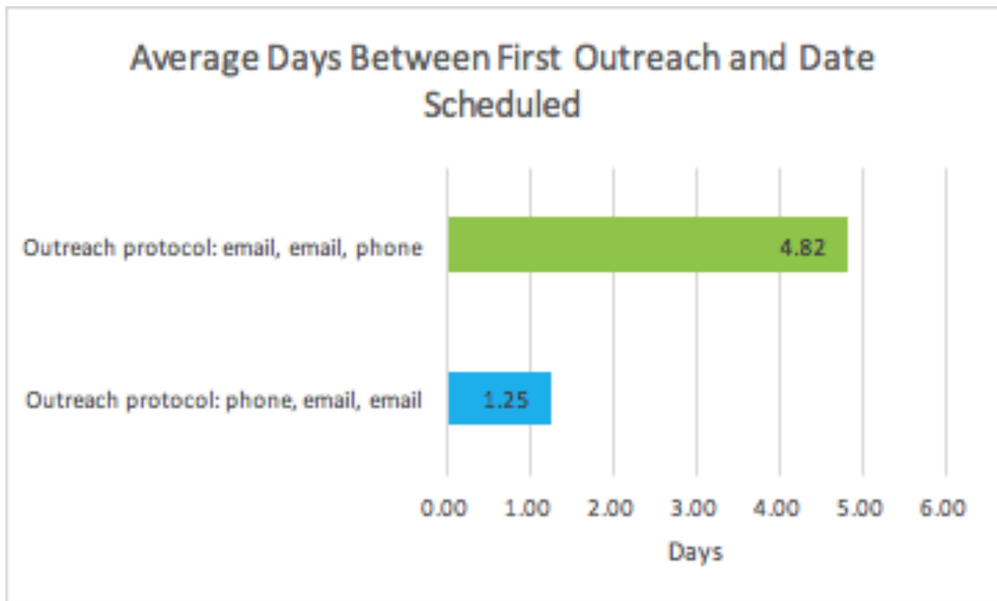
Uptake of Services Among Patients Referred for Hereditary Cancer Genetic Counseling

Gordon ES, Fine CA, Swope BJ, Meyers LL, Weissman SM, Bailey J, Fan A, Jordan E, LeLuyer B, Rope AF, Shabazz H, Bleyl SB

Approach to outreach influences the uptake of cancer genetic counseling and time to schedule following referral







genome MEDICAL

RESULTS

Outreach Protocol	Initial GC Visits Completed	Referrals Received
Phone, Email, Email	111	186
Email, Email, Phone	594	1145
Total	**705**	**1331**

DISCUSSION

- Many variables, including mode of contact and timing of contact have the potential to impact patient follow through on referrals to genetic counseling.
- Our data suggest that phone outreach results in higher uptake and shorter time to schedule.
- Additional work is needed to evaluate the cost/benefit of phone vs. email outreach.
- RCTs are needed to assess the most effective outreach paradigm.

LIMITATIONS

- Outreach protocol was changed 2 months into outreach program resulting in uneven study groups.
- Other variables, including personal vs. family history and time since original referral may have influenced response to outreach.