implementation were analyzed for themes. Themes identified among genetic counselors (GCs) who felt their current SDM was inadequate included understaffing (GCs, physicians, and support), lack of geographic access, under-identification of patients, lack of physician availability, and issues with billing and licensure. GCs who saw a need for a new or different SDM but were not currently considering implementation identified issues including lack of GCs, physicians, and support staff; lack of support by the administration and/or institution; concerns about quality; billing and licensure issues; and lack of time to implement a new SDM. Almost all these themes were echoed in response to what barriers exist to implement an alternate SDM, with the additional themes of funding, technology issues, physical space limitations, and lack of physician time. Finally, 123 respondents provided ways they believed their SDMs are unique or innovative. Several themes recurred among both the GCs who were planning to implement a new SDM and those who were not, such as the inability to bill and staffing shortages, suggesting these issues are universal to GC practice, regardless of SDM. Based on GC interest in alternate SDMs, there is a need for education and support to implement alternate SDMs and a need for resources to overcome barriers in all SDM types.

C-30 Experience with healthy individuals pursuing genomic screening: providing guidance for genomic counseling via a telemedicine approach

Access & Service Delivery

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Proactive genomic screening is increasingly being explored by healthy individuals. We describe our experience providing access to genomic screening to apparently healthy individuals via assessment, counseling, and test authorization using a telemedicine platform. Patients were referred via physician or self referral, and were scheduled for a 30 minute telemedicine consultation by phone or video.

Family and medical histories were obtained during the visit. The details of proactive genomic testing, including various options ranging from targeted panels to whole genome sequencing, were discussed. Tests were authorized for participants who elected to pursue testing. Follow-up counseling was offered with results disclosure. A total of 73 patients were seen, with the majority of patients (63%) opting for the visit by phone. The average age of the participants was 49.9 (range 27 to 80) and most (83%) were Caucasians. Of 73 patients counseled about proactive screening, 62 (83.7%) of patients went on to request testing. Of completed results to date, 17 patients (23%) were reported as positive (single or bi-allelic pathogenic/likely pathogenic variants for dominant or recessive conditions, respectively) for results that may impact clinical management. These patients were further evaluated for pertinent family history and sub-clinical phenotypes, and referred for further follow-up and surveillance. Our experience with healthy individuals pursuing genomic screening reveals a higher rate of positive results than would be expected. The potential to identify at risk individuals in a motivated population reinforces the need for a patient-centered approach to counseling that provides accurate information of the benefits, limitations, and uncertainties of testing while supporting the individual's motivation for access to genetic information. We address the challenges and insights gained through this experience and provide guidance for counselors encountering this new frontier of population based, rather than indication based, genomic counseling.

C-6 Accessibility of Pregnancy Termination: A Pilot Study of Genetic Counselors and Abortion Providers Throughout the United States

Access & Service Delivery

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Recent literature suggests that availability and accessibility of pregnancy termination services affect patient care and decision-making. This survey of genetic counselors and abortion providers examined circumstances affecting referral for pregnancy termination throughout the United States and analyzed regional differences as they correspond to the number of state laws restricting access to abortion. 116 responses from currently practicing prenatal genetic counselors and 30 responses from abortion providers were analyzed using Survey Monkey and SPSS using Chi-square tests, t-tests, Fisher's exact