SECRETARY'S ADVISORY COMMITTEE ON GENETICS, HEALTH AND SOCIETY

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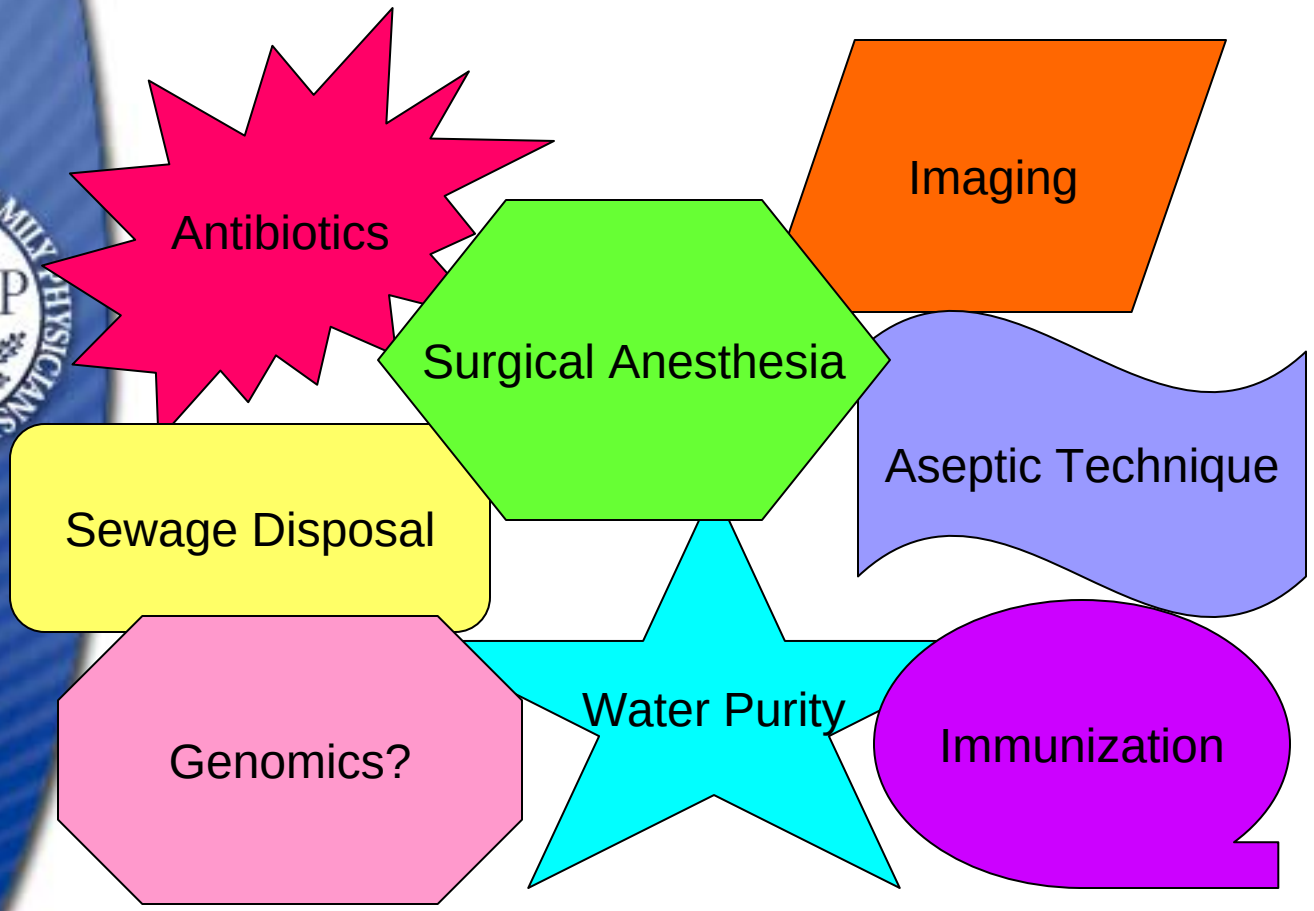
Washington, DC

Great Revolutions in Medicine and Health Care



- “Virtually all diseases (except maybe trauma) have a genetic component.”

Francis Collins, MD, PhD

Genetics in Primary Care (GPC): A Faculty Development Initiative

Contract funded 1998-2003 by:

- HRSA
  - Maternal and Child Health Bureau
  - Bureau of Health Professions
- NIH
  - National Human Genome Research Initiative
- AHRQ

Goal of the GPC

To enhance the ability of faculty to incorporate the clinical application of genetic information into undergraduate and graduate primary care medical education

“Primary Care Through a Genetics Lens”

- Expansion of differential diagnosis to include genetic conditions
- Appropriate use of family history to identify genetic conditions
- Importance of nondirective counseling
- Recognition of ethical, legal, and social issues raised by genetic diagnosis

“Genetics Through a Primary Care Lens”

- Evaluate utility of genetic information in terms of health outcomes
- Respect for patient preference
- Protect patients from media hype
- Use the potential of longitudinal care

GPC Faculty Teams

- Baylor College of Medicine (Houston, Texas)
- Boston University School of Medicine/Boston Medical Center (Boston, Massachusetts)
- Cedars-Sinai Medical Center (Los Angeles, California)
- Cook County Hospital/Rush Medical College (Chicago, Illinois)

GPC Faculty Teams (continued)

- East Carolina University, Brody School of Medicine (Greenville, North Carolina)
- Lancaster General Hospital Family Medicine Residency Program (Lancaster, Pennsylvania)
- Mayo Clinic (team leader from Scottsdale, Arizona; other members from Jacksonville, Florida, and Rochester, Minnesota)
- Medical College of Wisconsin (Milwaukee, Wisconsin)

GPC Faculty Teams (continued)

- New York Medical College (Valhalla, New York)

  Palmetto Health Alliance/University of South Carolina School of Medicine (Columbia, South Carolina)
- State University of New York School of Medicine at Buffalo (Buffalo, New York)
- University of California School of Medicine, Los Angeles (Los Angeles, California)

GPC Faculty Teams (continued)

- University of Cincinnati College of Medicine (Cincinnati, Ohio)
- University of Florida College of Medicine (Gainesville, Florida)
- University of Maryland School of Medicine (Baltimore, Maryland)
- University of Oklahoma Health Sciences Center, Tulsa (Tulsa, Oklahoma)
- University of Utah Health Sciences Center/Primary Children's Medical Center (Salt Lake City, Utah)

GPC Faculty Teams (continued)

- University of Vermont College of Medicine (Burlington, Vermont)
- University of Washington Family Medicine Residency Network (Seattle, Washington)
- Vanderbilt University Medical Center and Maharry Medical College (Nashville, Tennessee)

GPC Curriculum

Seven topics commonly recognized in primary care as having a genetic component:

- Breast cancer
- Cardiovascular disease
- Colorectal cancer
- Congenital hearing loss
- Dementia
- Developmental delay
- Hemochromatosis

Complimentary Tools and Resources Identified for Development

- “Genetics 101” curriculum for primary care physicians
- Aids to family history-taking in primary care
- “Red flags” to alert primary care MDs to potential genetic basis of disease
- Evidence-based medicine tools for interpreting genetics tests
- Cultural competency relevant to applying genetics advances in primary care

GPC Curriculum

http://genes-r-us.uthscsa.edu/resources/genetics/pdfs/gpc-completedoc.pdf

September 2001 revision can be accessed electronically at:

http://www.mchlibrary.into/mchbfindreports/docs/fr240980020.pdf

ANNUAL CLINICAL FOCUS

2005

GENOMICS

ACF 2005 GENOMICS SUPPORTERS

- Maternal and Child Health Bureau, HRSA
- National Human GENOME Research Institute
- National Coalition for Health Professional Education in Genetics
- American Cancer Society
- National Heart, Lung and Blood Institute

2005 ACF GENOMICS SUPPORTERS

- National Institute of Child Heath and Human Development
- The Susan B. Komen Breast Cancer Foundation
- Roche
- GlaxoSmithKline
- Genentech

ACF 2005 GENOMICS COOPERATING PARTNERS

- American Academy of Nurse Practitioners
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Medical Genetics
- American College of Physicians

ACF 2005 GENOMICS COOPERATING PARTNERS

- American College of Physicians
- American Heart Association
- American Society of Human Genetics
- Centers for Disease Control and Prevention
- March of Dimes
- National Society of Genetic Counselors, Inc.

ACF 2005 GENOMICS TOPICS

- Family History
- Breast Cancer
- Alzheimer's Disease
- Colorectal Cancer
- Bi-Polar Disorder
- Newborn Screening
- Hemochromatosis
- Autism

ACF 2005 GENOMICS USAGE DATA

Web Visits
2005 - Present

Family History	4,314
Breast Cancer	3,514
Alzheimer's Dis.	3,975
Colorectal Cancer	3,576
Bi-Polar Disorder	6,307
Newborn Screening	2,640
Hemochromatosis	3,426
Autism	1,924
TOTAL VISITS	**29,676**

American Academy of Family Physicians

"Recommended Curriculum Guidelines for Family Medicine Residents – Medical Genetics"

AAFP Reprint No. 258

Primary Care Clinicians need

to “see primary care through a genetic lens”

Primary Care Clinicians need

to incorporate family history as a standard of practice in each patient's health record

Primary Care Clinicians need

to be sensitive to the ethical, legal, and social issues in helping patients and families approach genetic testing

Primary Care Clinicians need

to know the evidence-based implications for genetic testing

Primary Care Clinicians need

to be comfortable in interpreting and following-up on genetic tests with patients and families

Primary Care Clinicians need

to be comfortable managing chronic genetic-based illness, using multi-disciplinary teams and community resources

Primary Care Clinicians need

genetic decision support integrated into electronic health records