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# Concluding points

- Attention to the intersection of genomics and HIT is not premature
- No one said that genomic information won't be important to include in the EHR – quality remains an issue
- Really no discussion of epigenetics, microbiome – yet HIV rolled out by Cerner



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# Concluding points

- There is a need for an longitudinally accessible, comprehensive, reliable repository(ies) of human genetic variation for clinical use
- There is a need for informatics training that spans bioinformatics and clinical informatics



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# Concluding points

- Better dialogue in public and private sectors is critical – particularly in the realm of standards “cultural competency”
- Adoption of standards is a bigger barrier than development for genomics – FH?
- There is little research on how well “standards” work



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# Concluding points

- Confluence of interest in consent from:  
ELSI/Discovery/Implementation
- Guidelines of what information should be migrated to the EHR and maintained would be very helpful. Investigational status?
- There is little research on how well “standards” perform

# Concluding points

- Models for interpretation
  - Human “expert” review
  - Automated “expert” review
  - Continuum or distinct?
- Data storage is not likely an issue.