Genomics in real-world primary care

NASEM Genomics Forum

Philip Zazove, M.D.
Emeritus Professor and Past Chair
Department Family Medicine
University of Michigan
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Four key systems issues impacting uptake of Genomics in primary care

1. No time.
   - Average 20 min visit to address problems, yet to do all recommended preventive recommendations alone would take more than a day (see reference #2)
   - Need new paradigms to care for patients that focuses on population health, not individuals

2. Institutional/system factors.
   - Most organizations emphasize volume/$ productivity; little support for doing things such as genomics
   - EMR don't have integrated genomics data
   - No quick ability to get information about pertinent genetic testing
   - Genetics clinics have dedicated staff to review/get history, get latest genetic testing, etc.; primary care doesn't have this
   - Develop ways EMR can facilitate identification of at-risk patients and pertinent testing; consider other programs such as InheRET (see reference #1)
   - Incent health systems financially to implement better genomics infrastructure/outcomes

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3. Conditions seen are multi-factorial, not explainable/helped by genomics.
   - Much Diabetes, CHF, Asthma, ADD, Depression, HBP; only ~5 BRCA/Lynch per typical panel
   - Socioeconomic, environmental, impact of multiple chronic diseases
   - No solution here; mainly the need to recognize this and that what works for subspecialties will not work for primary care

4. Primary care is incredibly complex, not well-understood by most.
   - Enormous breadth means harder to keep up with innumerable genomics updates
   - Develop ways EMR can facilitate identification of at-risk patients and pertinent testing; consider other programs such as InheRET (see reference #1)
   - Residency training – since evolving quickly, residents may be ahead of faculty in knowledge; leverage widely used resources such as STFM