Covering Genomic Tests

Why isn't it easy?

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It's easier when…

- Clear and consistent scientific evidence support clinical utility; and
- Risks of medical misadventure are known, measurable and acknowledged; and
- Physicians consistently use it where it fits in the overall management scheme; and
- A standard nomenclature and taxonomy exist; and
- All relevant components are consistently and precisely identifiable in a claims stream; and
- There is agreement on the valuation of the technology.

Evidence Base

- Immature: stops well short of clinical utility – at times short of analytic validity.
- Not Holistic: challenged to incorporate other “knowns” and comorbidities.

Medical Misadventure

- Lack of readily available clinical sentry posts – how does a physician intuitively come to suspect the result is wrong?
- How does managing a perceived risk affect other unrecognized risks?

Where Does it Fit?

- Test young - a lifetime to manage risk - but little personal priority
- Test old - is there a point where your genome is less relevant
- Self - identification of family risk and origin is challenging, may be prone to bias

What Test Done?

- Multiple platforms
- Multiple vendors
- Multiple indications

What is the true reference standard?

What Test Billed?

- Stacking codes
- CPT codes

What is it Worth?

- Resource basis?
- Whose effort are we counting?
- Clinical utility basis – what is the incremental value of the information?