Implementation of a Hereditary Breast and Ovarian Cancer Genetic Testing Clinical Toolkit to Improve Provider Confidence and Screening

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Project Background

➢General population risks can be up to 8-12% for breast cancer and 1% for ovarian cancer (CDC, 2014) .

➢Breast cancer is the most common cancer in women, no matter your race or ethnicity (CDC, 2014).

➢Each year 20,000 women in the United States get ovarian cancer (CDC, 2014).

➢The estimated cost of ovarian cancer in 2010 was $5.1 billion (CDC, 2014).

➢The estimated economic burden of breast cancer cases in 2009 was $28 billion (Jbilou, 2009)
➢Many primary care providers have decreased confidence and knowledge to provide panel HBOC genetic testing.

Aims/Goals

Project Aims:

1. Implement a clinical toolkit for HBOC genetic testing to increase knowledge and confidence among primary care providers.
2. Identify patients at risk for HBOC syndrome and increase appropriate testing and appropriate medical management for those patients at risk.

Project Goals:

1. Increase knowledge of HBOC testing through implementation of a clinical toolkit
Goal: Have self- reported anonymous response by all providers that they have increased knowledge of testing and confidence

2. Successful Implementation of the clinical toolkit
Goal: 50% of providers will have used toolkit > 5 times

3. Increase the number of patients screened for HBOC syndromes
Goal: 75 % of all patients who come in for their annual physicals will have proper cancer family screening
4. Increase the number of in- office tests of patients for HBOC syndromes

Goal: 50% of patients who meet the criteria for HBOC genetic testing will be screened

Intervention

➢Patients who came in for annual physicals received a family history screening form assessing their cancer family history in the waiting room.
➢The medical assistant reviewed these screening forms, supervised by a provider.
➢If patient had a positive pertinent cancer family history, then an optional video was shown that gives information about HBOC genetic testing.
➢Patients were offered testing by the provider and, if they decided to be tested, informed consent was obtained.
➢ A 6-week follow-up medical management visit was booked, and patient was provided with comprehensive medical management plan based on test results.

Process Map for Care

Genetic Testing/ Family History Form

➢2 educational sessions were provided for 90 minutes to all providers from Myriad Genetics in addition to a clinical toolkit.

➢The treatment team consisted of 2 nurse practitioners.

➢The treatment team did the medical management visits once the results were calculated.

➢The treatment team received an additional 90-minute educational session with the opportunity to do a proctorship with a genetic .

➢The time frame was May–October, 2015.

Project Evaluation

Metrics calculated every two weeks in excel were completed to assess :
1. How many patients had physicals?
2. How many filled out family history form?
3. How many met genetic testing criteria?
4. How many opted to test/or deferred?
5. How many had already been tested?

Provider Pre - and Post-Education Surveys were completed on Survey Monkey

Results of metrics:
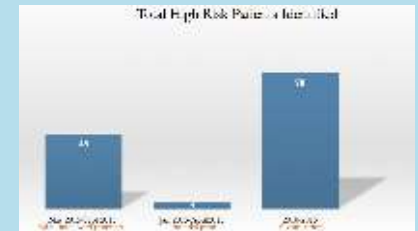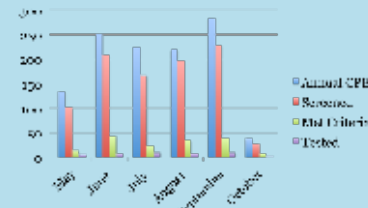
Conclusion/ Implications for Practice

➢ This healthcare improvement project had a major impact on patient care in this small suburban primary care setting, as well as patient practice with the providers.
➢ All of the providers found it useful to their practice and subjectively found meaning within their own practice models .
➢ Some utilized it as a referral base and others provided the testing on their own.
➢ The strengths of the project included active engagement of medical providers in continuing education and utilization of toolkit.
➢ Active patient engagement was noted through patients engaging with providers in filling out the family history form and therefore engaging in their care.