

Genetic Counseling Services Working Group Report

Presented by

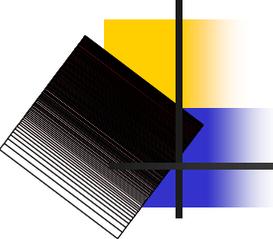
Kelly Ormond (on behalf of NSGC)

Andy Faucett (on behalf of ABGC)

Judith Cooksey (HRSA Workforce Study)

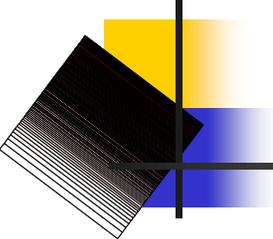
and Judith Lewis (ISONG)

also present for Question/Answer Period



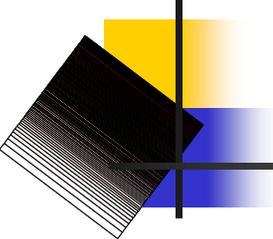
Work Group Charge

- ✍ Credentials and qualifications of various non-physician genetics service providers
- ✍ Value and effectiveness of genetic counseling services
- ✍ Importance of reimbursing genetic counseling services, benefits, and potential harms



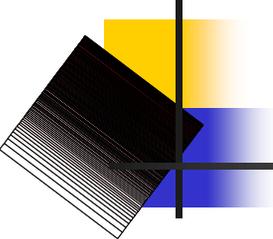
Credentialing Organizations

| | | | |
|---|---|----------------|--------------|
| ✍ | ABMG | 1984 – 1990 | MD, PhD, GC* |
| ✍ | ABMG | 1993 – Present | MD, PHD |
| ✍ | ABGC | 1993 – 1999 | GC* |
| ✍ | ABGC | 2000 – Present | GC |
| ✍ | GNCC | 2001 – Present | MS nursing |
| ✍ | GNCC | 2002 – Present | BS nursing |
| ✍ | *included nurses with MS and formal genetics training and other non-traditional graduates | | |



Professionals with Genetic counseling credentials

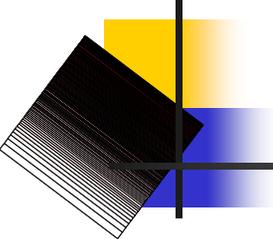
| | | | |
|------|---|-----------|-----|
| 1075 | MD clinical geneticist | ABMG | 35% |
| 151 | PhD medical geneticist | ABMG | 5% |
| 1811 | MS genetic counselor | ABMG/ABGC | 59% |
| 39 | Masters (APNG) & GCN | GNCC | 1% |
| 3076 | | | |
| | # of MDs is declining, # of GCs is rising | | |
| | 466 ABGC candidates for 2005 exam | | |



ABGC

American Board of Genetic Counseling

- ✍ Certification & Accreditation
- ✍ Recertification – 1996 – exam or CEU



ABGC Certification

- ✍ Joint general exam with ABMG - NBME
- ✍ Historically similar scores as MD
- ✍ Specialty exam developed by ABGC-NBME
- ✍ Must be graduate of accredited genetic counseling program
- ✍ Proof of supervised clinical experience – logbook of 50 cases
- ✍ References – training and professional

ABGC

Accreditation

- ✍ Competency based
- ✍ 4 competency domains & instructional content & clinical training
- ✍ Communication skills
- ✍ Critical thinking skills
- ✍ Counseling & psychosocial assessment skills
- ✍ Professional ethics & values

ABGC

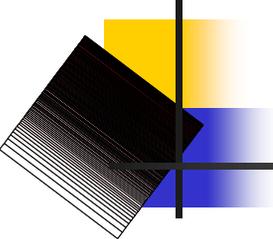
Accreditation - Instruction

- ✍ Principles of human, medical & clinical genetics
- ✍ Psychosocial theory & technique
- ✍ Social, ethical & legal issues
- ✍ Health-care delivery systems & principles of Public Health
- ✍ Teaching techniques & research methods

ABGC

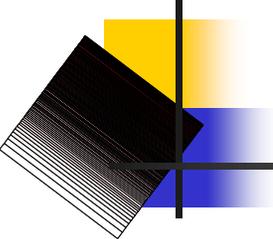
Accreditation – clinical training

- ✍ Broad range of cases
- ✍ Supervised
- ✍ Include cases with natural history, management & psychosocial issues
- ✍ Skill development



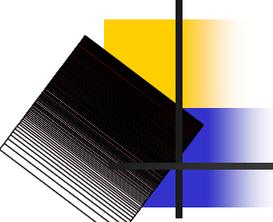
Nursing Certification

- ✍ Prior to 1999
- ✍ ABMG & ABGC
- ✍ Masters in nursing with clinical genetics course work and clinical experience
- ✍ Logbook
- ✍ 30 nurses have ABMG/ABGC certification



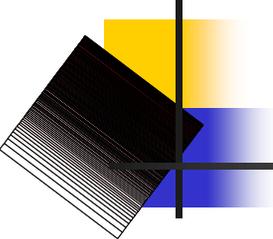
Nursing Certification

- ✍ ISONG formed in 1988
- ✍ ANA recognized genetic nursing specialty in 1997
- ✍ ISONG established Scope & Standard of Genetic Nursing Practice in 1998 (revision in process)



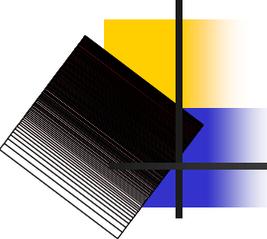
Nursing Certification

- ✍ Genetic Nursing Credentialing Commission (GNCC) approved in 2001
- ✍ Advanced Practice Nurse in Genetics
- ✍ Requires RN with masters
- ✍ Portfolio
- ✍ 3 years experience with 50% genetics
- ✍ 50 cases collected over 5 years
- ✍ 50 hours genetic content – courses, CEU
- ✍ 4 in-depth case histories
- ✍ References – 3 professional



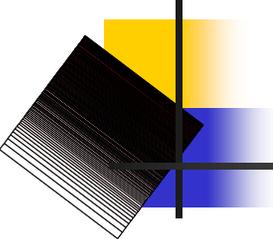
Nursing Certification

- ✍ GNCC
- ✍ 2002 – program for BS nurses in genetics
- ✍ Genetics Clinical Nurse (GCN)
- ✍ Portfolio
- ✍ Also specialty nursing groups offer recognition or certification for nurses in oncology, women's health, etc. (NCC, ANCC, etc.), consistent with ISONG



Genetic Counseling Licensure

- ✍ State based
- ✍ For protection of public from harm
- ✍ Nurses and physicians licensed, as are most other allied health professionals
- ✍ GC licensure enacted in Utah, and currently passed (and developing rules/regulations) in California and Illinois
- ✍ 9 states actively working on licensure bills
 - ✍ Florida, Massachusetts, NY, Oklahoma, Texas, Colorado, NJ, Washington, Wisconsin



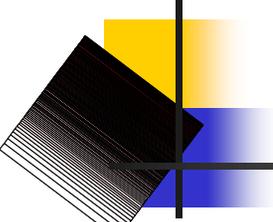
State based GC Licensure

Benefits

-  Assures providers qualifications and competency
-  Likely to increase access to services
-  May result in recognition as providers, which can ultimately lead to increased ability for billing and reimbursement

Challenges

-  Many states with small numbers of gc's (<10); can lead to significant \$ costs
-  Difficulty documenting harm to patients by unqualified genetic counselors
-  States may not wish to increase regulation of any profession or organization



Documenting Value of Genetic Counseling SERVICES

✍ Many professional organizations have issued policy statements or practice guidelines emphasizing the importance of including genetic counseling services

✍ ASHG

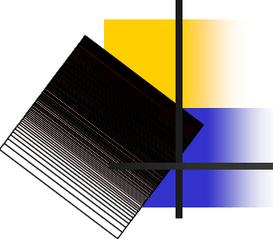
✍ ACMG

✍ ASCO

✍ AAP

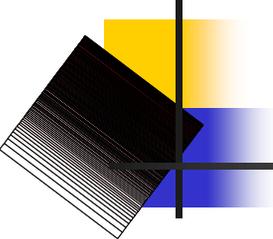
✍ ACOG

✍ National Conference of State Legislators



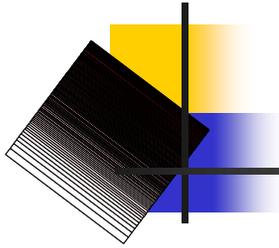
Documenting Value of Genetic Counseling SERVICES

- ✍ Several states have legislation requiring informed consent processes prior to genetic testing
 - ✍ Michigan, NY
- ✍ Some states also mandate that patients be made aware of genetic counseling services, and given referrals to genetic counselors
 - ✍ Massachusetts



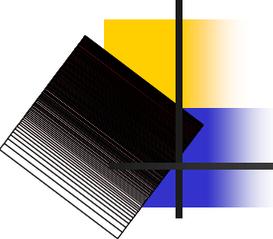
Caveats to the Evidence...

- ✍ Various providers and clinical settings in studies
- ✍ Conflate outcomes by including genetic testing process
- ✍ Measures of the effectiveness of genetic counseling outcomes have been broadly defined
 - ✍ knowledge,
 - ✍ reproductive decision making,
 - ✍ behavior change,
 - ✍ satisfaction,
 - ✍ interpersonal measures,
 - ✍ psychological support,
 - ✍ aid in decision-making, and
 - ✍ cost effectiveness.



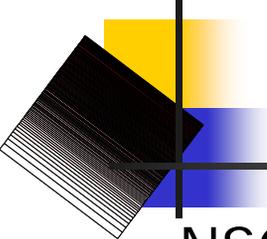
Evidence

- ✍ Increased knowledge
- ✍ Increased ability to obtain relevant clinical knowledge
- ✍ Improved ordering and interpretation of genetic tests
- ✍ Quality and context of information provided for decision making impacts choices
- ✍ Informed consent
- ✍ Cost effectiveness



Why reimburse genetic counseling services?

- ✍ Changing face of clinical service provision and available grant support
- ✍ Clinical services moving out of genetics clinics and into more specialty clinics
- ✍ Role diversification – both gc's and genetic nurses taking on increasing roles in research vs. clinical settings
- ✍ Cost containment by reimbursing non-physician health care providers



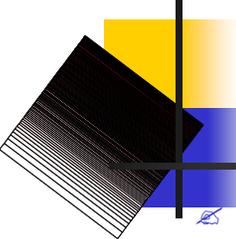
Current billing practices

NSGC 2004 Professional Status Survey

- ✎ Members see approximately 1.2 million clinical cases/year (increasing ~5%/year since 2000)
- ✎ 57% of genetic counselors reported billing for services in their supervising physician's name,
- ✎ 9% bill under their own name and the physician's name, and
- ✎ 14% reported not billing for services at all (Professional Status Survey)

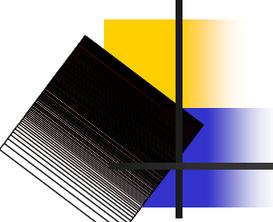
ISONG (2005) survey

- ✎ 12% of genetic nurse specialists are nurse practitioners who can bill for services.
- ✎ Regarding reimbursement, ISONG members deem the adequacy of reimbursement for genetic services to be poor/fair (69% and 70% respectively).



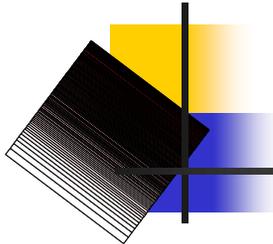
Example Recommendations on Billing for GC Services

- ✎ (1) **Washington State** mandates Medicaid coverage for prenatal diagnosis genetic counseling and mandates benefits for prenatal genetic services
- ✎ (2) **Texas Medicaid** developed billing codes and reimbursement levels for genetic evaluation and counseling services (2005; section 21-3).
- ✎ (3) **Uniform Medical Plan in Washington State** requires that genetic cancer susceptibility testing be accompanied by genetic counseling performed by a board certified genetics professional;
- ✎ (4) **Aetna** developed protocols that cover not only genetic testing but also genetic counseling consultation by “qualified counselors and physicians,”
 - ✎ Specifically, they state: (1) *Aetna considers genetic counseling in connection with pregnancy management under plans with benefits for family planning medically necessary for evaluation of any of the following (list deleted) and (2) Aetna considers appropriate genetic counseling unrelated to pregnancy in conjunction with covered genetic tests, and in accordance with the guidelines of the American College of Medical Genetics (ACMG) medically necessary.*
<http://www.aetna.com/cpb/data/CPBA0189.html>



Summary of Working Group Recommendations to SACGHS

- ✍ (1) to recognize non-physician providers with expertise in genetics, as demonstrated by being credentialed by a national genetics organization, as appropriate for providers of genetic counseling services,
- ✍ (2) to advocate in all manners possible for the development of CPT codes that are specific to genetic counseling services for use by any qualified provider,
- ✍ (3) to support the funding of further studies to assess the value and effectiveness of genetic counseling services provided specifically by non-physicians.



Acknowledgements

- ✍ Additional Working Group Members
 - ✍ Dale Lea, Dan Riconda, Anne Greb
- ✍ Colleagues within our organizations who provided input to the document and presentation
- ✍ Suzanne Goodwin at SACGHS office
- ✍ Cynthia Berry representing SACGHS