



Real World Implementation of Precision Medicine

Geoffrey S Ginsburg MD, PHD

Professor of Medicine,
Pathology, and Biomedical
Engineering

@PersonalizedMed 

**The Duke Center for Applied Genomics
& Precision Medicine**
precisionmedicine.duke.edu

IGNITE
www.ignite-genomics.org

G2MC
www.nas.edu/G2MC

Disclosure Information

Geoffrey S Ginsburg MD PhD

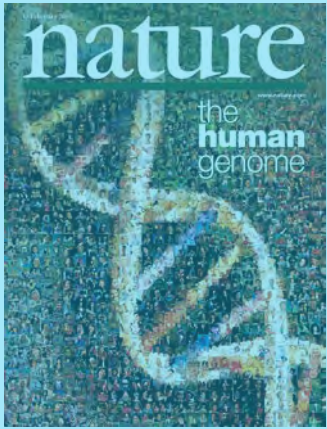
I have the following financial relationships to disclose

- Consultant/Advisor/Board Member for:
Omicia, Pappas Ventures, Alere, Interleukin Genetics, CardioDx
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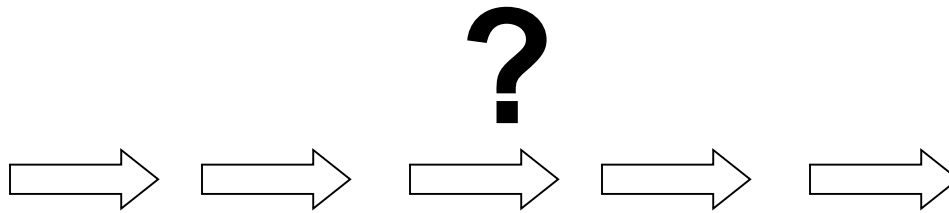
No Conflicts with the Current Presentation

The Challenge

Using genomic information about an individual to optimize their clinical care

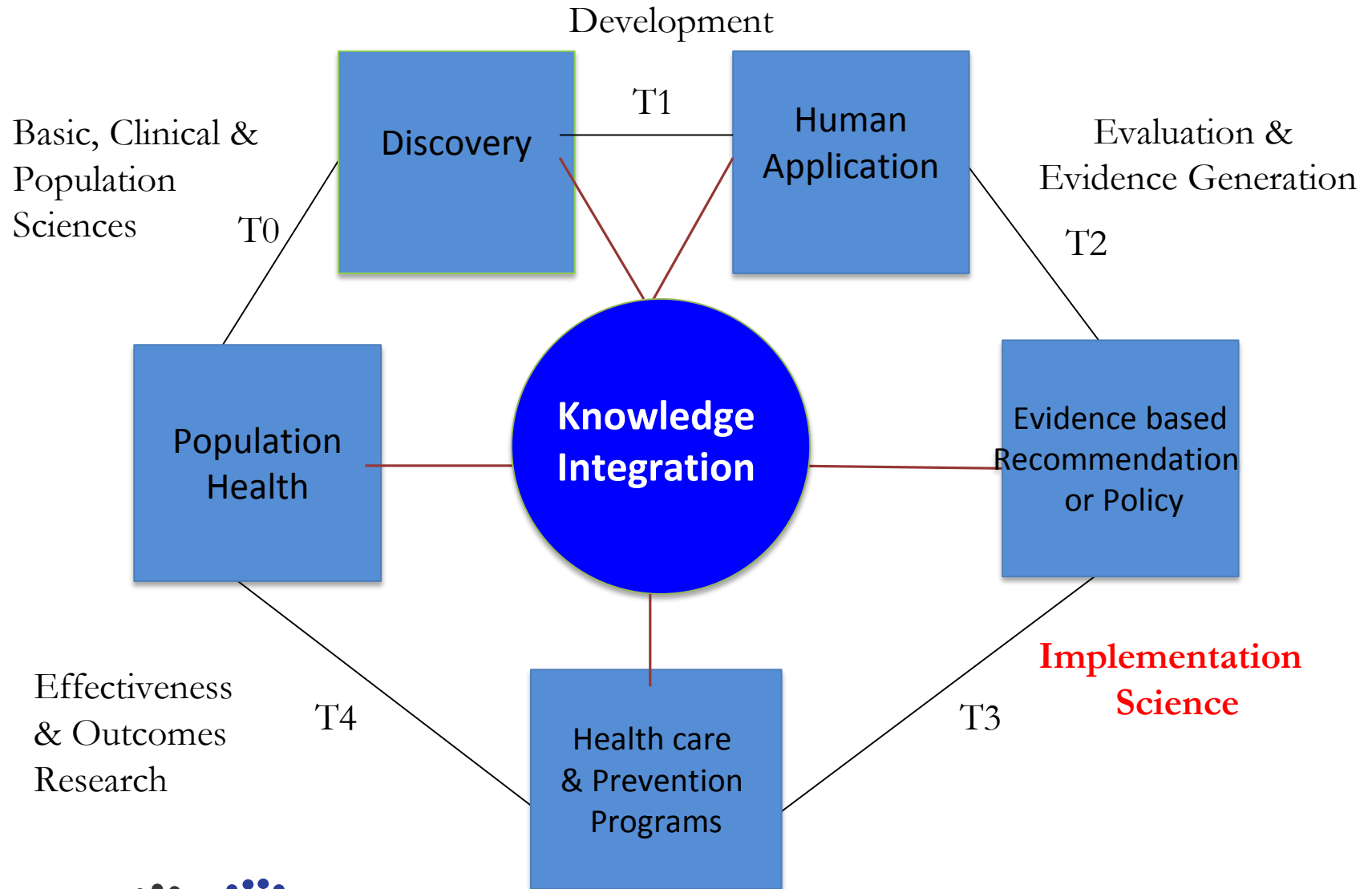


Human
Genome
Project



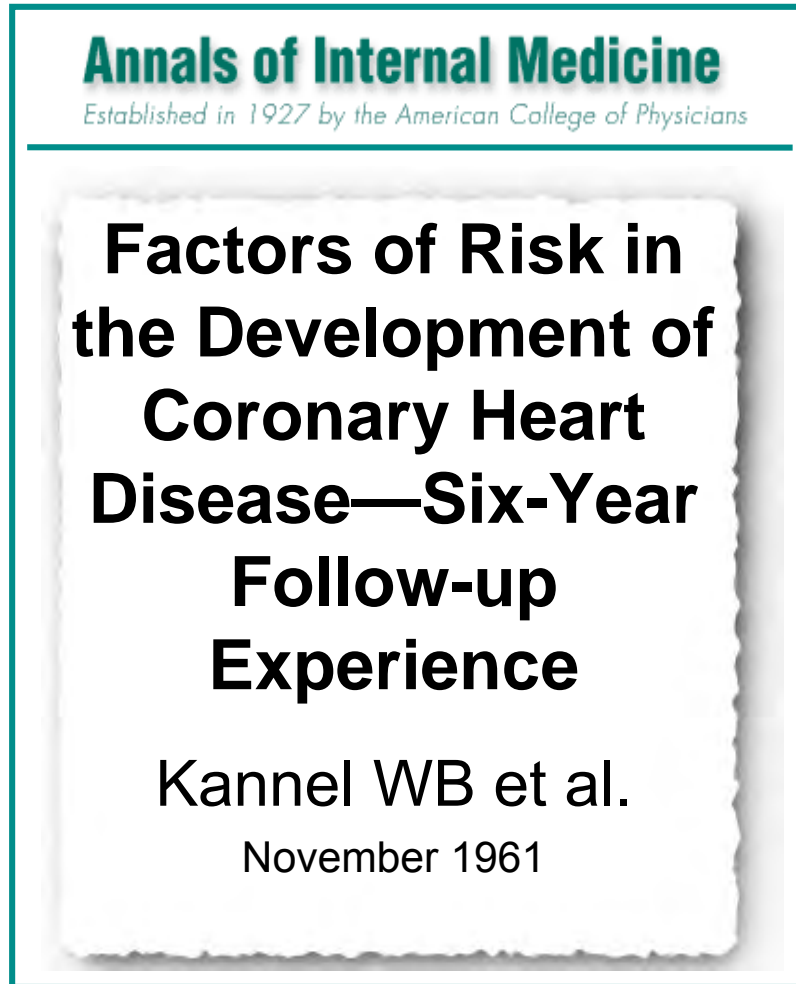
Precision
Medicine &
Health

The (Non-Linear) Genomics Translation Research Cycle



Early Precision Medicine: 1961

“Factors of Risk”



- High blood pressure
- Increased cholesterol
- Smoking
- Diabetes
- Family history
- Male sex

Source: Kannel WB et al. *Ann Intern Med* 1961;55:33–50.

(Failure of) Implementation of CVD Risk Calculators

- Primary Care Physicians
 - only 13% had read guidelines carefully
 - only 17% used a CHD risk calculator
 - “a large variability in knowledge, beliefs, and practice patterns among practicing family physicians”
- Barriers
 - Lack of knowledge
 - Distrust in validity
 - Time consuming

Eaton CB, *J Am Board Fam Med* 2006; 19:46–53.

Eichler K, *BMC Fam Pract* 2007; 8:1.

Lung Cancer: Molecular Guided Therapy

Lapatinib/Temsirolimus

Erlotinib
Second generation EGFR TKI

■ EGFR

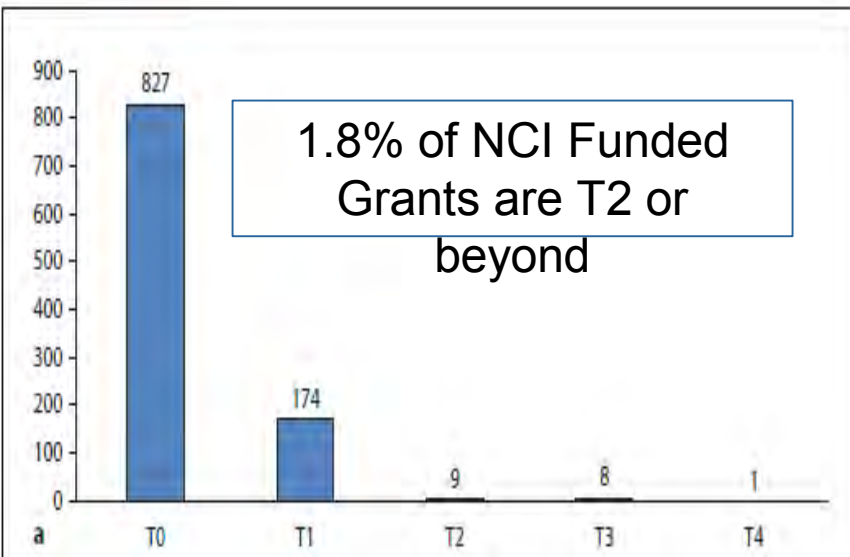
> 50% of non-small cell lung cancers have actionable mutations, but < 20% of non-small cell lung cancer patients are tested for EGFR in the USA (Lynch, Genet Med

2013)

Crizotinib vs. Chemotherapy

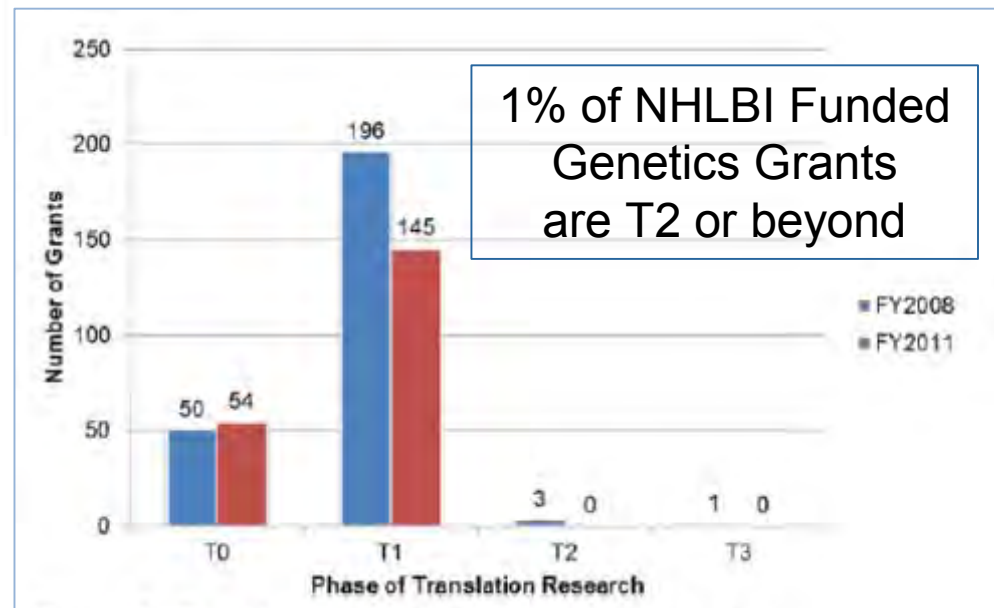
Crizotinib, 2nd Generation ALK Inhibitors

Genomics Translation: Funding Priorities for Evidence or Implementation ?

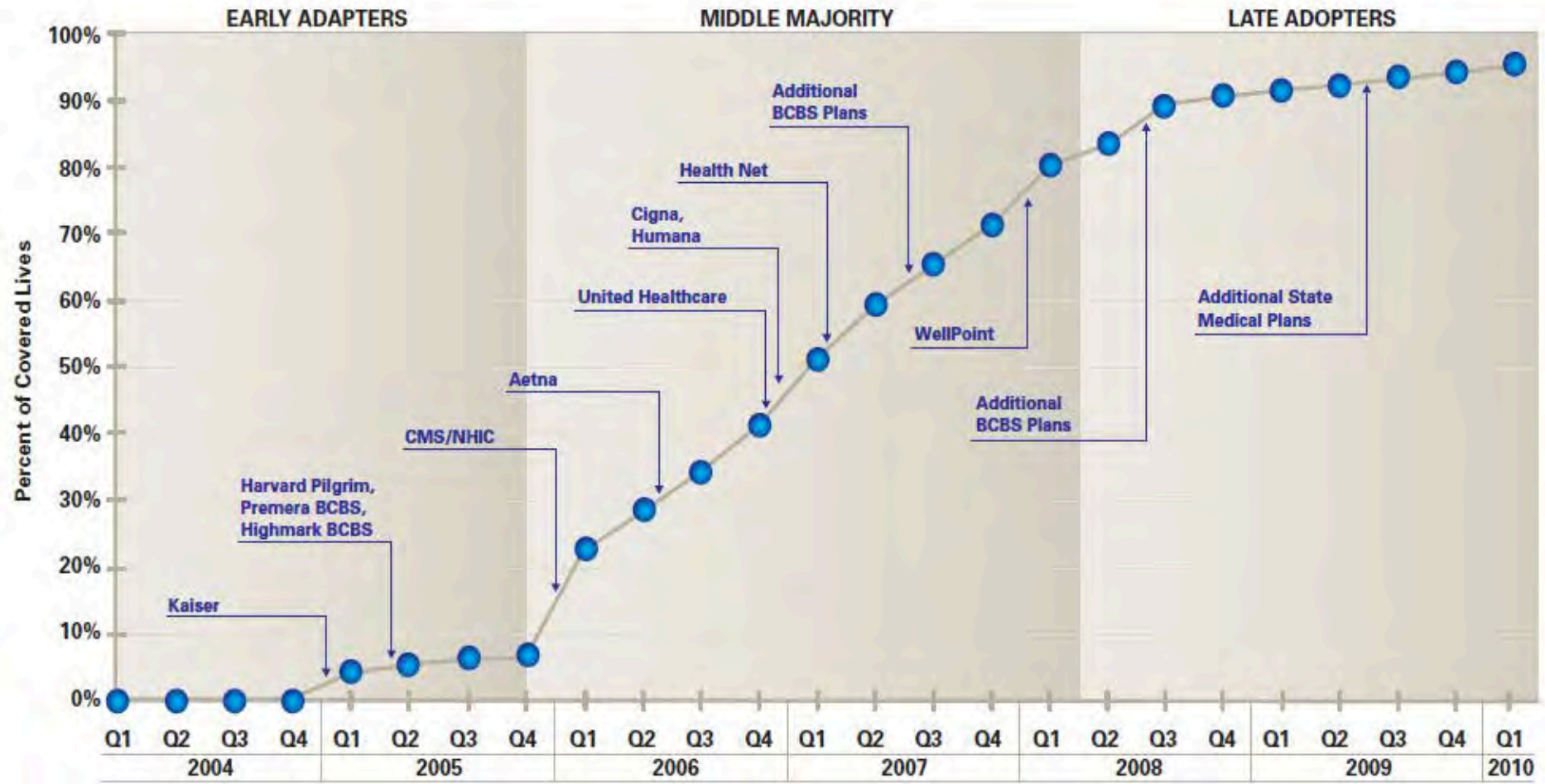


Schully, Public Health Genomics 2010

Puggal, Circ Cardiovasc Genet. 2013



Payer Adoption of Oncotype DX®: Not All Payers are Alike



COVERAGE INCONSISTENCIES FOR SAMPLE DIAGNOSTICS (2010)*

Innovative Test Examples	FDA Cleared?	Positive Coverage Policies			
		Aetna	Regional CMS	Cigna	Regional BCBS
AlloMap	Yes		✓		
Oncotype DX (breast Cancer)	No	✓	✓	✓	✓
MammaPrint	Yes		✓		
Pathwork Tissue of Origin	Yes				
BRACAnalysis	No	✓	✓	✓	✓
OVA1	Yes		✓		✓
KRAS (colorectal cancer)	No	✓	✓	✓	✓

*Note: All of these tests are offered as LDTs. The information in this table was current as of the publication of the source report in 2010, and has not been updated to reflect the most current information.

Source: BIO and Health Advances Report: The Reimbursement Landscape for Novel Diagnostics: Current Limitations, Real-World Impact, and Proposed Solutions. 2010.

First Genomic Medicine Meeting Report

- Much more happening than anticipated
- Largely in isolation
- Key barriers:
 - Lack of evidence
 - Interpretation of variants
 - Lack of expertise
 - Lack of standards
 - EMR integration
 - Financial model needed

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Open

Teri A

M

Murr

Davi

Michael

Alan R

MD³,

0⁸,

hD¹²,

MD¹⁵,

PharmD¹⁹,

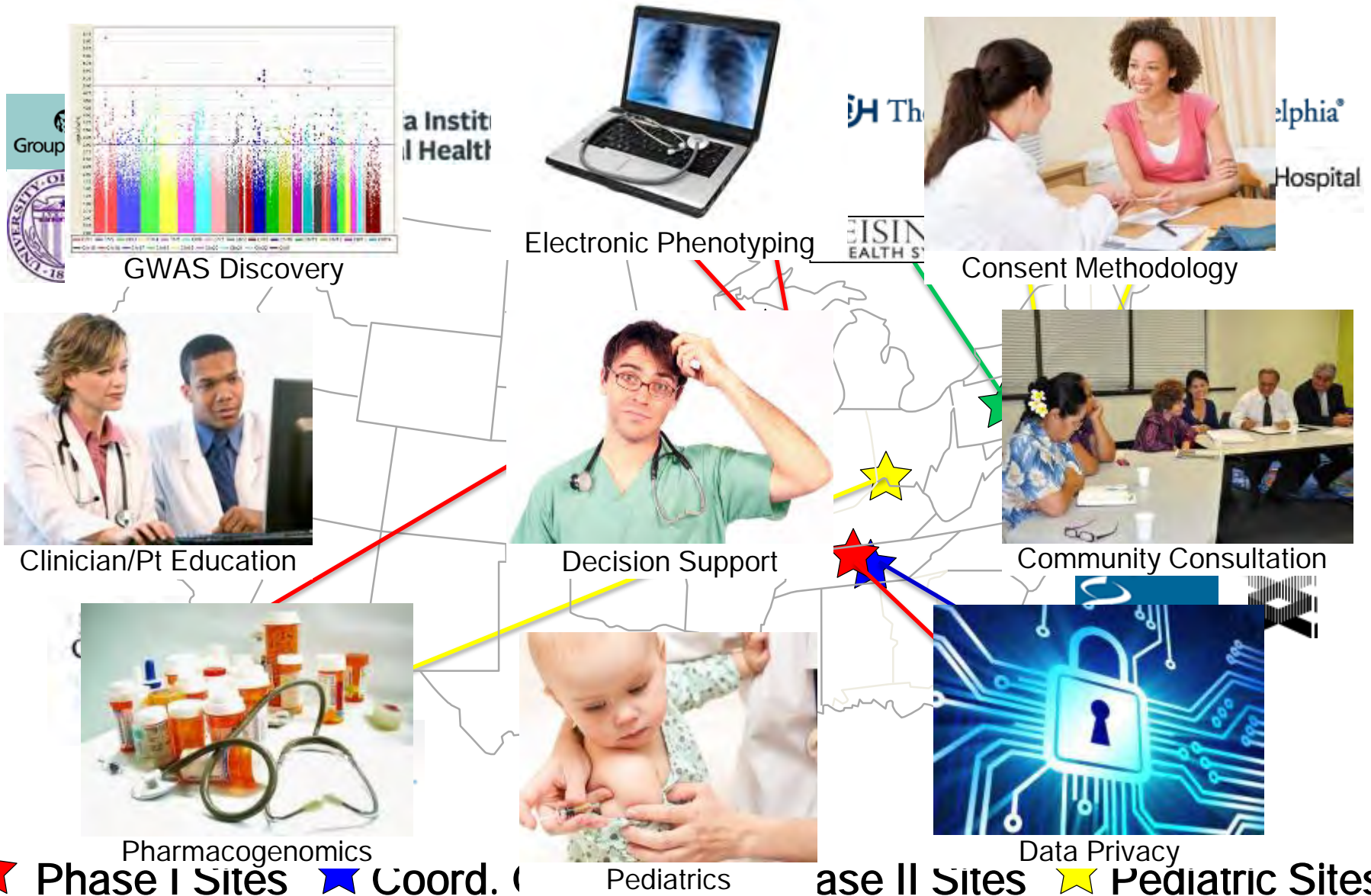
D, PhD¹

Although t

has long been anticipated, the pace of defining the risks and benefits of incorporating genomic findings into medical practice has been

interventions; and burden to patients and clinicians of assaying, reporting, intervening, and following up genomic findings. Key infrastructure needs

electronic Medical Records and Genomics (eMERGE) Network (<https://emerge.mc.vanderbilt.edu/>)



Decision Support for Clopidogrel

 HBO Popup

Clopidogrel Poor Metabolizer Rules

Genetic testing has been performed and indicates this patient is at risk for inadequate anti-platelet response to clopidogrel (Plavix) therapy

This patient has been tested for CYP2C19 variants, and the presence of the ***2/*2** genotype has identified this patient as a **poor metabolizer** of clopidogrel. Poor metabolizers treated with clopidogrel at normal doses exhibit higher rates of stent thrombosis/other cardiovascular events.

Treatment modification is recommended:

☐ Prescribe prasugrel (EFFIENT) 10mg daily and stop clopidogrel (PLAVIX) startdate, 10 AM

Due to increased risk of bleeding, prasugrel should not be given to patients:

- that have a history of stroke or transient ischemic attack *** Not known; please check StarPanel
- that are greater than 75 years of age
- whose body weight is less than 60 kg

Click here for [more information](#)

If prasugrel (EFFIENT) not selected, please choose desired action:

☒ Increase maintenance dose of clopidogrel (PLAVIX) 150 mg daily, startdate, 10AM

☐ Maintain requested daily dose of clopidogrel (PLAVIX) 75 mg daily, startdate, 10AM

☐ Contraindicated

☐ Expected effects (e.g. nuisance bleeding)

☐ Patient preference

☐ Other

Click here for [more information](#)

Cancel

Order

NOTE: The Vanderbilt P&T Committee has recommended that prasugrel (if not contraindicated) should replace clopidogrel for poor metabolizers; if this is not possible consider doubling the standard dose of clopidogrel (or, use standard dose clopidogrel). However, there is not a national consensus on drug/dose guidance in this population.

Back

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Close

ACTION COLLABORATIVES

DIGITizE: Displaying and Integrating Genetic Information Through the EHR

To develop standards for integrating genomic patient data with other types of healthcare data in the EHR so that it becomes routine to deliver that information to providers and patients for patient care and to enable healthcare systems to generate evidence.

DIGITizE: Standards for Genetic Information Integration into the EHR

- Government Agencies
- Providers
- Laboratories
- EMR Vendors
- Patients Representatives
- Standards Organizations

Establishing Connectivity and
Pharmacogenomic Clinical
Decision Support Rules to
Protect Patients Carrying
HLA-B*57:01 and TPMT
Variants

An Implementation Guide

12/1/2015

Displaying and Integrating Genetic Information Through the EHR Action Collaborative
(DIGITizE AC)

Version 1.0

- Rational
- LOINC Transfer Codes
- Suggested Rules

<http://www.pgrn.org/pgx-news/announcing-digitize-implementation-guide>

RESEARCH ARTICLE

Open Access



The IGNITE network: a model for genomic medicine implementation and research

Kristin Wiisanen Weitzel¹, Madeline Alexander², Barbara A. Bernhardt³, Neil Calman⁴, David J. Carey⁵, Larisa H. Cavallari¹, Julie R. Field⁶, Diane Hauser⁴, Heather A. Junkins⁷, Phillip A. Levin⁸, Kenneth Levy⁹, Ebony B. Madden⁷, Teri A. Manolio⁷, Jacqueline Odgis⁷, Lori A. Orlando^{10,19}, Reed Pyeritz³, R. Ryanne Wu^{10,19}, Alan R. Shuldiner^{11,12}, Erwin P. Bottinger¹³, Joshua C. Denny^{14,15}, Paul R. Dexter⁹, David A. Flockhart^{9*}, Carol R. Horowitz¹⁶, Julie A. Johnson¹, Stephen E. Kimmel^{2,17}, Mia A. Levy¹⁸, Toni I. Pollin¹¹, Geoffrey S. Ginsburg^{19*} and on behalf of the IGNITE Network

- Expand and link existing genomic medicine efforts
- Develop **implementation** methods, in diverse settings and populations
- Contribute to **evidence** base regarding outcomes of incorporating genomic information into clinical care
- **Disseminate best practices** for genomic medicine implementation, diffusion, and sustainability

* IGNITE Principal Site

★ New sites



● Duke University – Geoffrey Ginsburg, M.D., Ph.D.
Lori Orlando, M.D. (Family History and Coordinating Center)

● Mount Sinai School of Medicine – Carol Horowitz, M.D.
(Hypertension and CKD)

● University of Florida – Julie Johnson, Ph.D.
(Pharmacogenomics)

● National Human Genome Research Institute

★ Vanderbilt University – Joshua Denny, M.D.,
Mia Levy M.D. (Pharmacogenomics)

★ University of Maryland – Toni Pollin, Ph.D. (Diabetes)

★ Indiana University – Todd Skaar, Ph.D., Paul
Dexter, M.D. (Pharmacogenomics)

Analytic Validity

- Accuracy, precision, and reproducibility

Clinical Validity

- Association of the test result with clinical outcomes of interest

Clinical Utility

- Evidence that test use influences physician decision-making and/or improves patient outcomes

6 Pilot Demonstration Projects Developing Implementation and Effectiveness Outcomes

Primary Care or Specialty
Care Patient

Standard of Care



Outcome

Pragmatic Trials

Genomics-Guided



Outcome

Family History (80+ conditions)
**Pharmacogenetics (Antiplatelet Agents,
Pain, HCV)**

Targeted Cancer Therapies

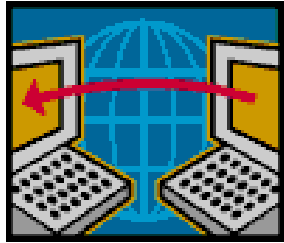
Genetic Risk (Apo L1, MODY)

*Patient, Provider, System and
Economic Outcomes*

New Family Health History Platform (MeTree™)



Patient entry
from home
or clinic



Data sent to medical
record, processed
and report generated



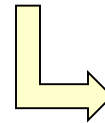
Appointment



Patient-Physician



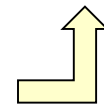
Healthcare
Plan



Disease
risk



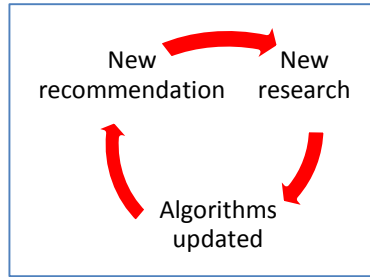
Patient
values



Physician
recommendatio
n

Prepare with
worksheet to talk with
relatives

Contact available for
questions or problems



SMART on FHIR®:

Medical apps that integrate into diverse EHR systems at the point of care



Provider-Centric



- Open-source interface developed by HL7
- Endorsed by ONC and all major EHR vendors
- Familiar technology like REST and JSON (e.g., same as that used by Google, Facebook, etc.)
- Platform that incorporates FHIR to enable plug-and-play apps
- Incorporates OAuth 2.0 and standardized HTML5 and native apps



White House Champions of Change *Precision Medicine*



- Family history is the most effective "genomic test"
 - One 1st-degree relative with CAD age < 50 doubles Framingham risk score
 - One 1st-degree relative with DM2 triples risk
 - Only way to identify many hereditary cancer and cardiovascular syndromes
- There is limited uptake of evidence-based risk stratified guidelines for disease prevention and early detection
 - <4% of charts reviewed had even 1 relative fully documented
 - Studies show that 40-80% of general population are at risk for at least one condition

Implementation Stages

<u>Pre-Implementation</u>	<u>Implementation</u>	<u>Post-Implementation</u>
<ul style="list-style-type: none">• Identify current practice patterns	<ul style="list-style-type: none">• Assess implementation integrity (used as intended)	<ul style="list-style-type: none">• Assess acceptance and satisfaction for stakeholders
<ul style="list-style-type: none">• Identify barriers & facilitators	<ul style="list-style-type: none">• Assess implementation exposure (used at intervention sites)	<ul style="list-style-type: none">• Assess clinical impact for all stakeholders
<ul style="list-style-type: none">• Assess feasibility	<ul style="list-style-type: none">• Identify explanations and solutions for low integrity or intensity	<ul style="list-style-type: none">• Adapt and finalize implementation strategy
<ul style="list-style-type: none">• Establish implementation plan	<ul style="list-style-type: none">• Modify implementation plan	<ul style="list-style-type: none">• Assess impact of final implementation strategy

Adapted from Smith J, editor. Evaluation Methods in Implementation Research: An introduction. Implementation Science Meeting; 2010.

IGNITE: Implementation Outcomes and Measures

<u>Outcomes</u>	<u>Measures</u>
Model Reach	Representativeness of patient population to general population
Model Adoption	Representativeness of clinics agreeing to participate
Implementation Integrity	% time intervention used as intended
Implementation Exposure	% time intervention used
Maintenance and Sustainability	Cost to Implement Cost/Effectiveness

IGNITE: Effectiveness Outcomes

	Patient	Provider	System
Emotional	<ul style="list-style-type: none"> SF-12 (quality of life) Patient Activation Measure Prochaska Stage of Change Satisfaction and anxiety Quality of clinical encounter Barriers to Model use 	<ul style="list-style-type: none"> Satisfaction Knowledge Barriers to Model use Concur with CDS Quality clinical encounter Quality CDS for care 	<ul style="list-style-type: none"> Staff satisfaction Organizational readiness to change (ORCA) Implementation climate
Behavioral	<ul style="list-style-type: none"> Medication adherence (Morisky) % exercising (Stanford Brief Activity) % eating 3 servings fruits/veggies per day (Rapid Food Screener) % smoking % ideal BMI Implemented provider rec (uptake) 	<ul style="list-style-type: none"> Discussion of prevention Discussion of risk % time CDS output used (uptake) % adherence to CDS 	<ul style="list-style-type: none"> Work flow/processes Implementation policies and practices Implementation climate Intervention values and task fit
Biological	<ul style="list-style-type: none"> Demographics FHH 	<ul style="list-style-type: none"> FHH documentation & counseling 	<ul style="list-style-type: none"> % completion MeTree™ time to complete FHH
Clinical	<ul style="list-style-type: none"> Laboratory Data (i.e. LDL) Screening tests performed Screening complications Vital Signs, Weight and BMI Number of medications 	<ul style="list-style-type: none"> Disease control goals met Referrals made 	<ul style="list-style-type: none"> % high risk patients % w/ risk based screening % w/ screening compl. % w/ disease at goal Visit length/Wait times
Financial	<ul style="list-style-type: none"> Socio-economic status Medication costs 		<ul style="list-style-type: none"> Office/ ER visits, hospitalizations Model resource needs Impact on family members

Mixture of EMR (blue) and survey data

IGNITE:

Common Challenges and Solutions

1) Clinician knowledge

- all projects developed educational materials and conducted educational meetings for clinicians

2) Integration with the electronic health record

- health system level adoption of genomic standards
- development of clinical decision support and access

3) Engaging diverse patient and clinician populations

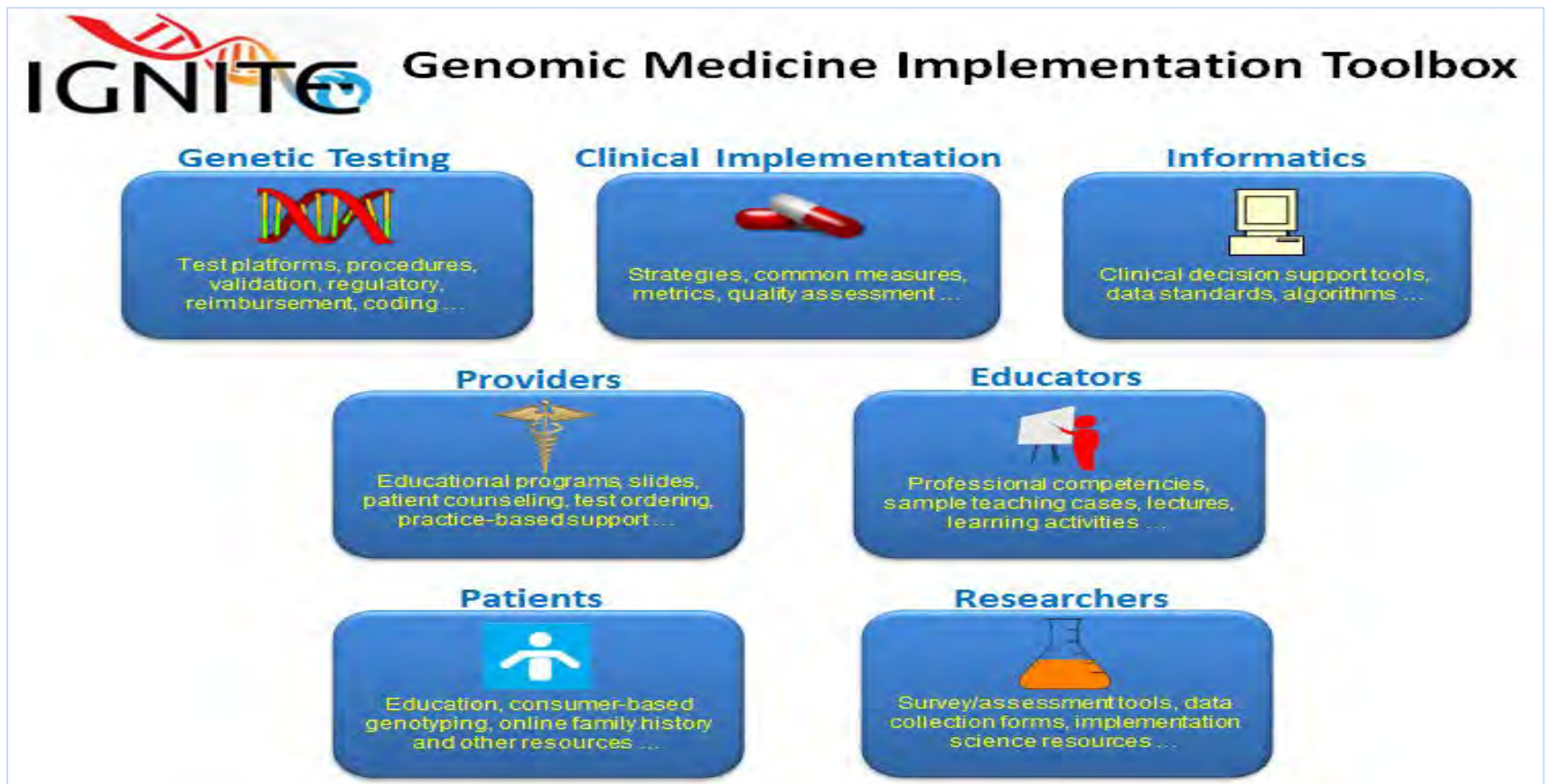
- Forming genomics medicine advisory board to represent stakeholders and involve them in every step

3) Recruiting patients

- actively involve patients in implementation (e.g., a patient advisory board to develop educational materials) and develop materials to inform patients about questions to ask their clinician or payer

The IGNITE Toolbox

To disseminate best practices in the
implementation of genomic medicine



Global Genomic Medicine Collaborative (G2MC)

PERSPECTIVE

POLICY

Global implementation of genomic medicine: We are not alone

Teri A. Manolio,^{1*} Marc Abramowicz,² Fahd Al-Mulla,³ Warwick Anderson,⁴ Rudi Balling,⁵ Adam C. Berger,⁶ Steven Bleyl,⁷ Aravinda Chakravarti,⁸ Wasun Chantratita,⁹ Rex L. Chisholm,¹⁰ Vajira H. W. Dissanayake,¹¹ Michael Dunn,¹² Victor J. Dzau,¹³ Bok-Ghee Han,¹⁴ Tim Hubbard,¹⁵ Anne Kolbe,¹⁶ Bruce Korf,¹⁷ Michiaki Kubo,¹⁸ Paul Lasko,¹⁹ Erkki Leego,²⁰ Surakameth Mahasirimongkol,²¹ Partha P. Majumdar,²² Gert Matthijs,²³ Howard L. McLeod,²⁴ Andres Metspalu,²⁰ Pierre Meulien,²⁵ Satoru Miyano,²⁶ Yaakov Naparstek,²⁷ P. Pearl O'Rourke,²⁸ George P. Patrinos,²⁹ Heidi L. Rehm,³⁰ Mary V. Relling,³¹ Gad Rennert,³² Laura Lyman Rodriguez,¹ Dan M. Roden,³³ Alan R. Shuldiner,³⁴ Sukdeb Sinha,³⁵ Patrick Tan,³⁶ Mats Ulfendahl,³⁷ Robyn Ward,³⁸ Marc S. Williams,³⁹ John E. L. Wong,⁴⁰ Eric D. Green,¹ Geoffrey S. Ginsburg,^{41*}

Sci Trans Med 2015

- > 35 nations
- Explore synergies, redundancies, collaborative opportunities for implementation of genomics into medicine
- Opportunities to advance the genome sciences as an agenda to impact global health

G2MC 2015: Large Scale Genomics Initiatives

- Genomics England
 - 100,000 genomes (Linked to NHS EMR data)
- Geisinger - Regeneron (USA)
 - 100,000 genomes (Linked to EPIC EMR data)
- Genome Qatar
 - 300,000 Qatari genomes (Linked to CERNER EMR data)
- Estonian Genome Project
 - 52,000 genomes (Linked to health care data)
- The US Precision Medicine Initiative
 - ? 1,000,000 Genomes (Linked to EMR and mHealth data)
- Initiating efforts in Korea, Malaysia, Scotland, Singapore

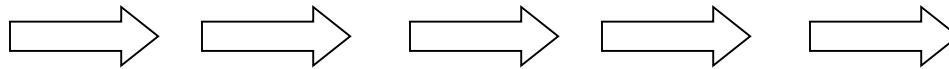
A Grand Challenge... for Implementation of Genomic Medicine

Using genomic information about individuals to
optimize clinical care *and population health*



Millions of
Genomes

?



**Evidence Generation/Economic
Models**

Data Sharing/Security

Implementation Incentives

Workforce Development

Participant Engagement/Trust



Precision
Medicine &
Population Health

Questions?

Please submit your question in the Q&A feature on the right of the interface. Type and press submit.

**U.S. Department of Health and Human Services
National Institutes of Health | National Cancer Institute**

<http://cancercontrol.cancer.gov/research-emphasis/precision-medicine.html>

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