


THE IMPACT OF COVID-19 ON GENETIC COUNSELING SERVICES IN AN UNDERSERVED COUNTY HOSPITAL

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CONFLICTS OF INTEREST

- The authors have no conflicts of interest to disclose.

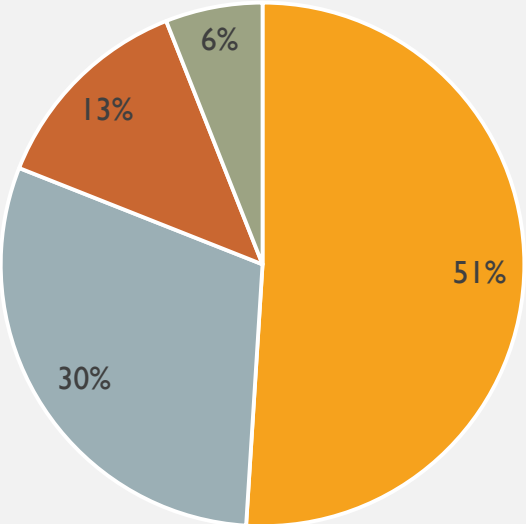


OBJECTIVE

- Compare appointment completion rates before and after the implementation of virtual visits due to the COVID-19 pandemic.

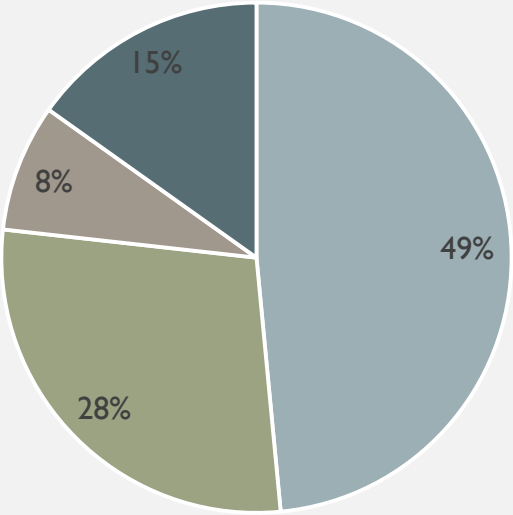
COUNTY HOSPITAL (CH) DEMOGRAPHICS

Ethnicity



Hispanic Black/African American Caucasian Other

Insurance Status

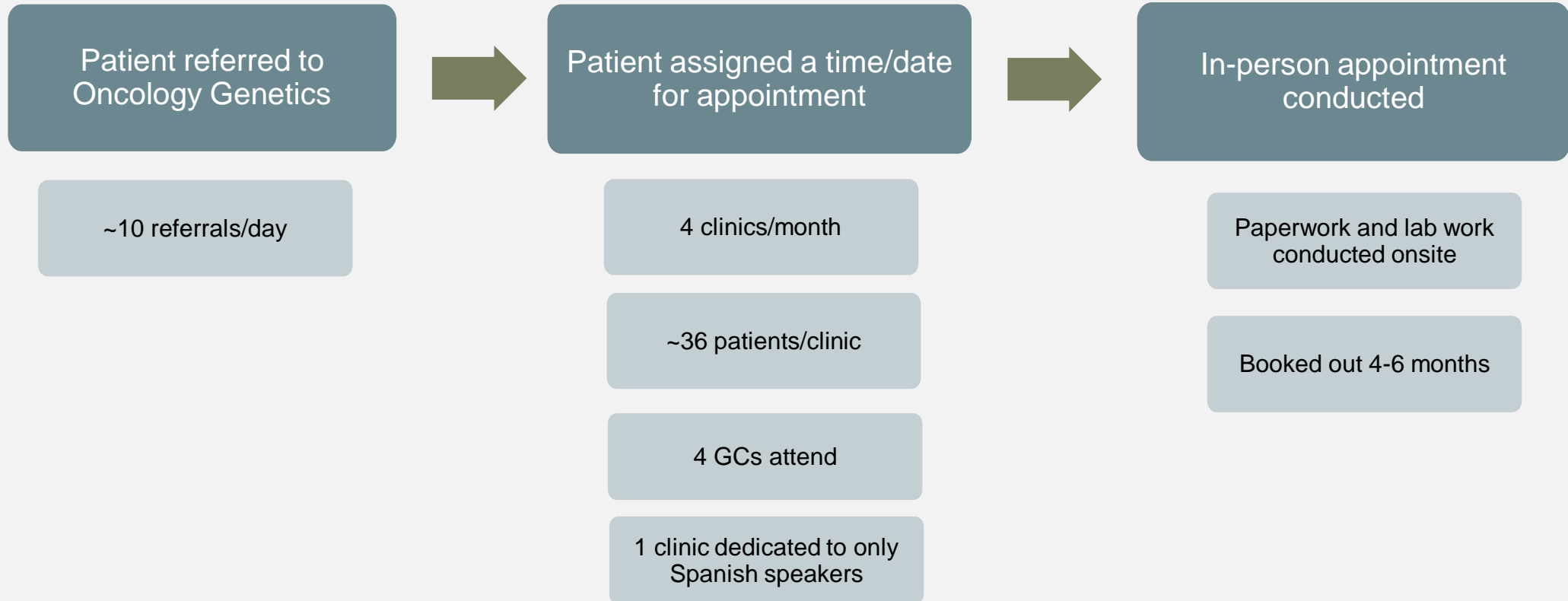


Government Insurance Charity Programs
Commercial Insurance Self-funded/Other

CH GENETICS PROGRAM

- Cancer Genetics Program established in Dallas County hospital in 2008
- See >1000 new underserved patients/year
- Hybrid models of “traditional” in-person genetic counseling sessions and in-person group clinics

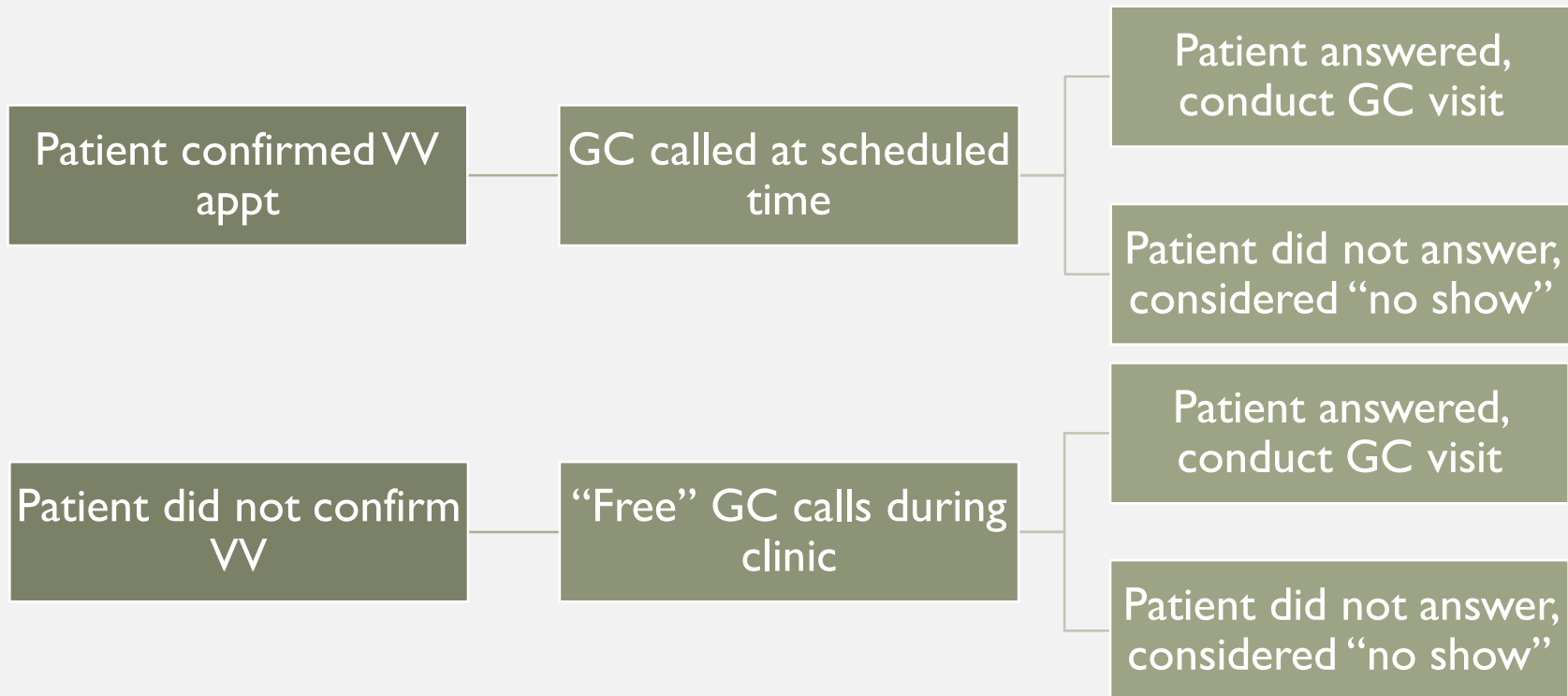
SCHEDULING OPERATIONS



IMPLEMENTATION OF VIRTUAL VISITS

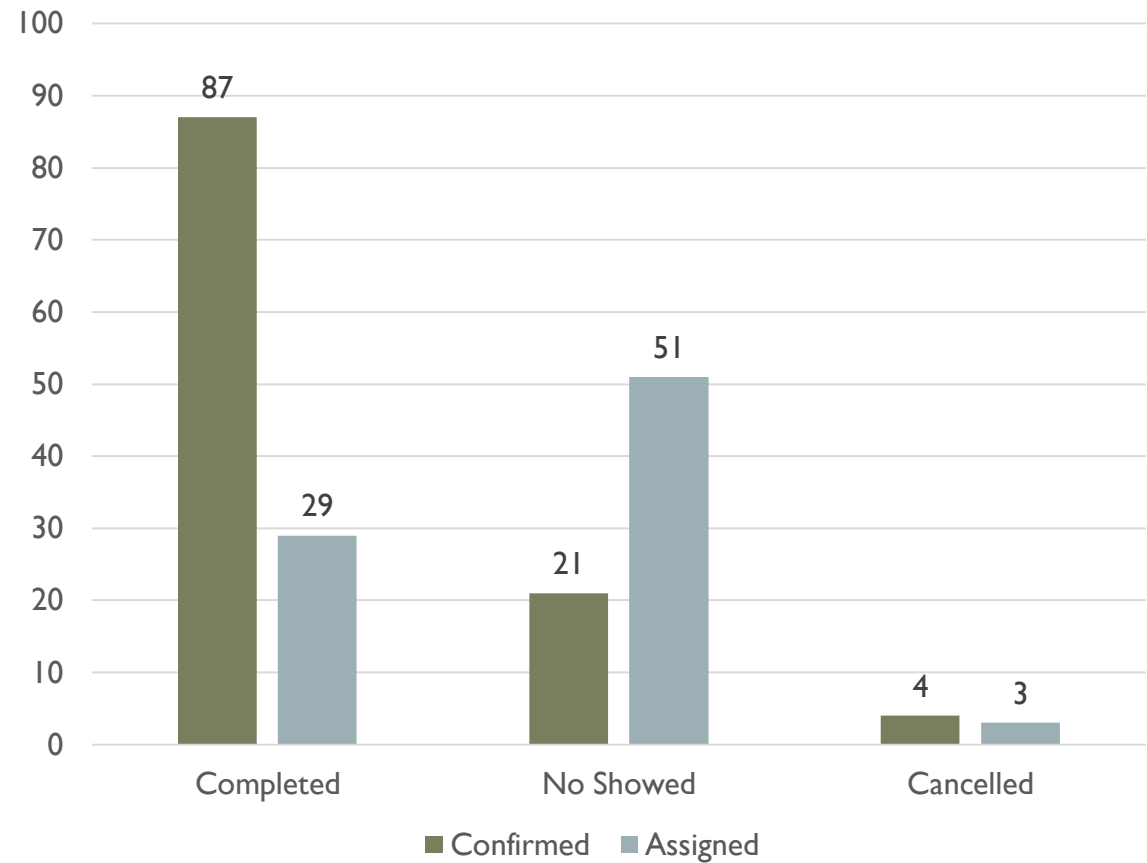
- Immediately initiated virtual (phone) GC encounters for patients on schedule
 - We do not bill for GC services at this hospital
 - Video visits not endorsed by underserved hospital (data plans/bandwidth)
- Will underserved patients still complete these visits?
 - Aim: Assess appointment completion rates of Virtual Visits (VV) in an underserved population

CH LOGISTICS



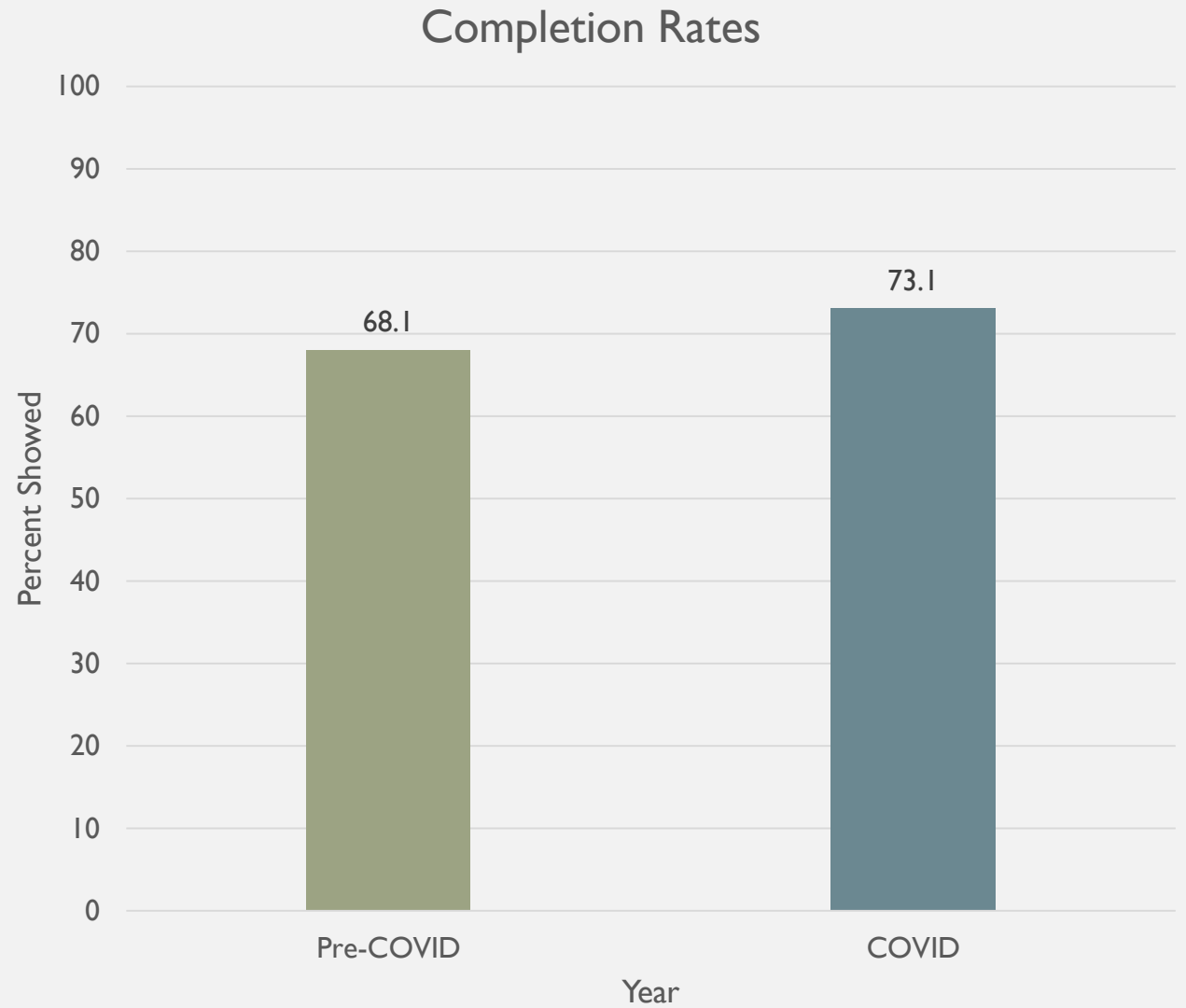
CH RESULTS

Virtual Visits: March 16 – April 30
(n=203 patients on schedule)



*Significantly higher completion rate for those who agreed to a VV compared to those assigned a VV ($p < 0.001$).

CH RESULTS



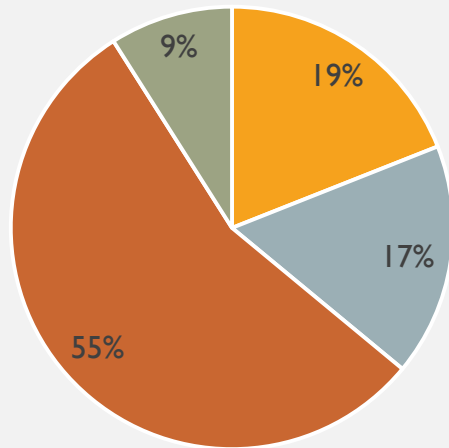
Statistically significant difference in completion rates for the same clinics one year prior ($p=0.039$).

BENEFITS OF VIRTUAL VISITS IN A CH

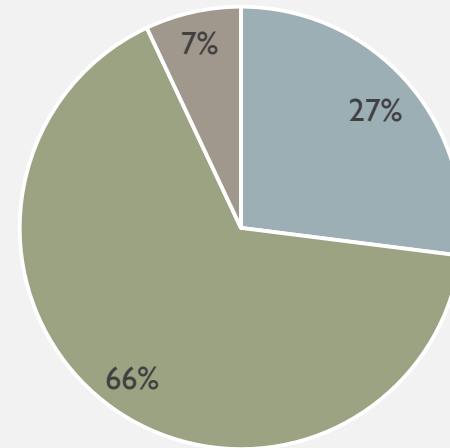
- Reduces patient barriers
 - Taking time off of work
 - Finding childcare
 - Coordinating transportation
- Allows patients to keep appointment who would have otherwise cancelled due to pandemic
 - Safety/comfort of staying home
- Telephone > Video (Pew Research Center 2020)

UNIVERSITY MEDICAL CENTER (UMC) DEMOGRAPHICS

Ethnicity



Insurance Status



■ Hispanic ■ Black/African American ■ Caucasian ■ Other ■ Government Insurance ■ Commercial Insurance ■ Self-pay or Charity Service

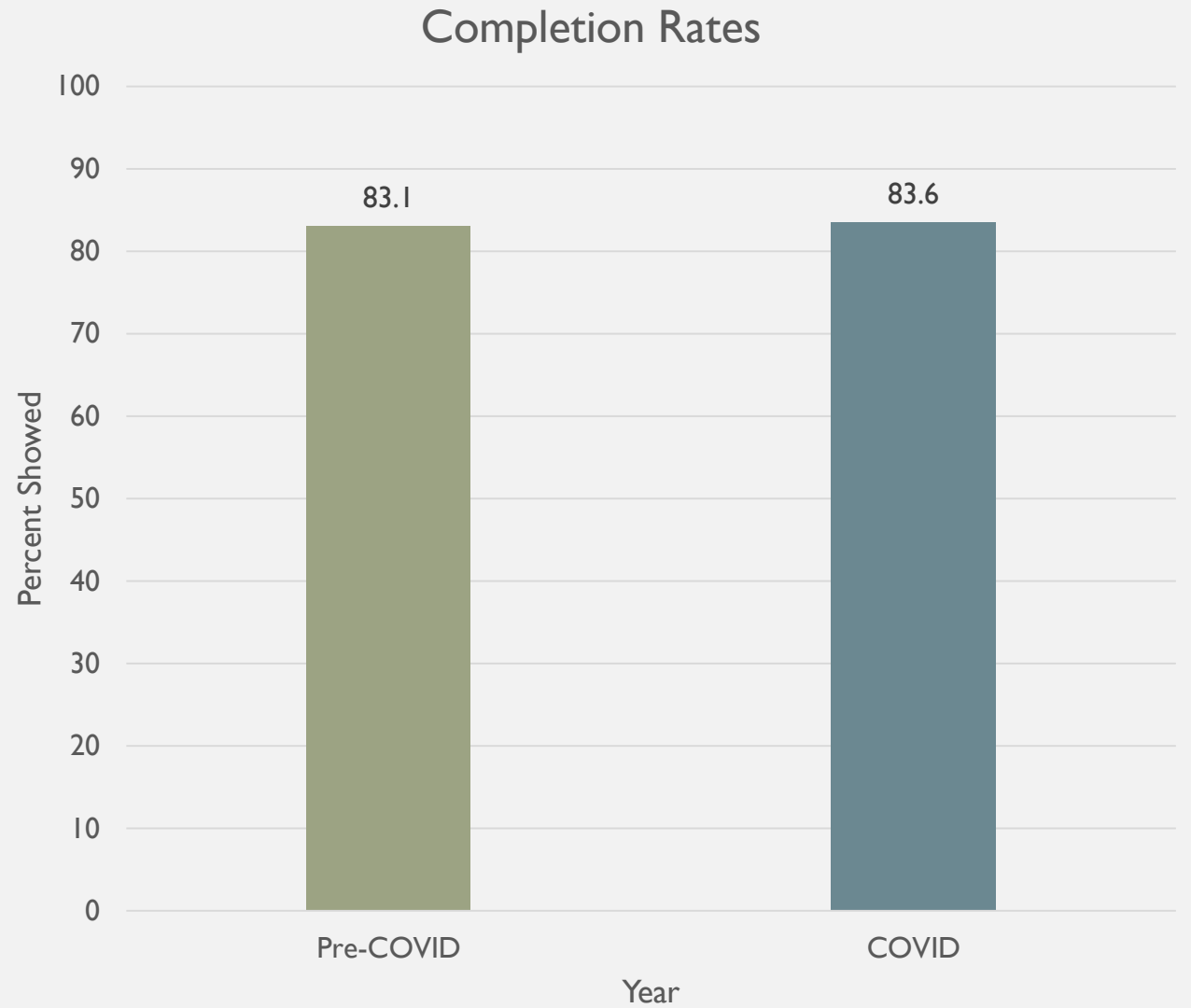
UMC GENETICS PROGRAM

- Two sites
- See >3000 new patients/year
- “Traditional” in-person genetic counseling sessions
- 2-3 genetic counselors in clinic/day
 - 6 time slots/genetic counselor

IMPLEMENTATION OF VIRTUAL VISITS

- Transitioned existing in-person appointments to telephone consultations
 - Patients who preferred in-person were rescheduled to a later date
 - A genetic counselor called the patient at the scheduled appointment time
- Initiated televideo visits using BlueJeans interface in May 2020
- Continued billing after initiation of televideo
 - Unable to bill for telephone only services
 - 96040 + a telehealth modifier code
 - Medicare: signed ABN and given option to self pay for appointment

UMC RESULTS



No statistically significant difference in completion rates for the same clinics one year prior ($p=0.706$).

TEST COMPLETION RATES

Overall testing rate: 87%

Overall cancellation rate: 12%

- CH: 27%
- UMC: 8%
- Statistically significant difference ($p < 0.001$)

Reasons for cancellation

- No sample submitted
- Sample failure with no new sample submitted
- Inadequate funding

SAMPLE FAILURES

Sample failure rate: 9%

- 100% saliva samples
- 92% were from CH
- 8% were from UMC
- 86% went on to submit subsequent samples

Reasons for failure (anecdotal)

- Poor sample quality
- Labeling issues
- Leakage

FUTURE DIRECTIONS



BLOOD DRAW APPOINTMENTS AT
CH AVAILABLE STARTING 10/2020



QUALITATIVE STUDY ON
PATIENT'S FEEDBACK TO VV



PATIENT COMPREHENSION QUIZ
FOLLOWING VV VS TRADITIONAL
GC APPOINTMENT



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QUESTIONS?

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