



Genetic Counseling Services Working Group Report

Presented by

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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 Total number of genetics providers
-
- # of MDs is declining, # of GCs is rising
 - 466 ABGC candidates for 2005 exam



ABGC

American Board of Genetic Counseling

- Certification & Accreditation
- Recertification starting with those certified in 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
- Relevant to billing ONLY in the sense that licensure is often seen as a mechanism to verify credentials of a profession



Genetic Counselor Licensure, cont.

- 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); may 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 reduced block 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

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).



Recommendations, con't

- (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.



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