http://dx.doi.org/10.4338/ACI-2015-11-RA-0162

Appendix B Focus Group Questions

Focus Group Questions Regarding GIC Version 3.8
(Bold items are those of high priority to ask about)

A. Communicating Results

1. Incidental findings (eg: likely benign to benign) were not previously reported on. They are now being alerted on and included in the summary email and are available within the tool.
- **a. Do you find it useful to receive alerts on this information? ("likely" to "real")**
- **b. If so, how do you feel about the way they are currently being presented as "low alerts"?**
- **c. Is the review button and/or summary email reminder necessary for these alerts?**
- **d. What information is helpful to see about incidental updates?**

2. Many expressed some confusion over the terms incidental and non-incidental. Does anyone have any comments about this?
- a. Do you find this designation useful?
- b. Is it needed in addition to specific category information?

3. When variant knowledge changes, alerts are distributed so clinicians are aware of updated information, but not all variants are reviewed in an ongoing way. Is providing the date variant knowledge was last reviewed sufficient to communicate this status?

4. Sometimes an alert is sent when changes have been made to the classification criteria at the lab even though the evidence presented has not changed. What information would be important to provide to the clinic to clarify the alert meaning?

5. Currently, faxes of genetic test results are still being sent. We heard different ways in which clinics are using the faxes.
- a. Will faxing be important to maintain? Why or why not?
- b. Will they no longer be necessary?

6. Currently, email alerts are going out immediately for high alerts; a weekly summary email contains all new report alerts and unreviewed high alerts, and any new or unreviewed medium and low alerts. We heard different opinions about the organization and timing of these alerts. What do you think about how this is currently done?

7. If you have a patient with multiple variants they may appear in an email multiple times.
- a. Would there be any value in patient-focused alerting and access rather than an individual variant focus?
- b. Does the ability to review other variants once you have already entered the patient record in GIC (either by clicking on a link in the email or by searching for unreviewed items) sufficient to address this?

8. Do the categories of high, medium, and low make sense? Are they useful?

9. Are there other items that one would like to search on? For example, referring physician, variants, DOB, specimen, family number

B. Review Process and Patient Follow-up

1. We noticed a variety of ways in which clinics are using the review button to help manage their work. Is the review button meeting your needs? Are there changes that would make it more useful?

Prompts:

- use of review button to mark whether patient communicated with

- review process works because of lag time between receipt of alert and clinician's review

- inconsistent use of button within same clinic

- summary email to all providers gets long if some aren't using the review button

2. How do you keep track of patient follow-up done as a result of new reports/alerts/updates provided through GIC? How is the GIC helping or hindering your follow-up with patients? Are there changes to GIC that could be useful to assist with follow-up?

C. Impact on Workflow/Workload

1. On balance, has the GIC increased, decreased or had no effect on your workload?

2. How has having GIC changed how you work?

a. within the clinic?

b. with the lab? (phone calls, etc)

3. Has receiving variant updates changed your need for revised reports?

4. Has the GIC changed:

a. how frequently you communicate with your patients? And, if so, how?

b. the methods by which you communicate results with your patients? And if so, how?

D. Value of the tool

1. What would you say are the 2-3 best things about the GIC?

2. What would you say are the 2-3 worst things about the GIC?

3. How would you characterize the volume and rate of ongoing variant alerts you have received since the large catch-up bolus provided when the GIC was first implemented? Given this assessment, how would you characterize the value of the tool?

E. Future Implications

1. Would it be useful for GIC to allow for bi-directional communication with the lab so that patient clinical information could be shared?

2. What would be useful way to report on the addition of a disease to a variant that is outside of the clinical expertise of the ordering provider? What about when results go to less knowledgeable clinicians?