

Time Studies of the Tasks Associated with Comprehensive Cancer Genetics Counseling

To the editor: I would like to thank Heald et al¹ for their article on the labor intensive nature of providing cancer genetics services. A similar prospective study was also recently published.²

Both studies report that an average initial visit with a genetics professional takes time (84 minutes² to 105 minutes¹); an average follow-up visit lasts 74 minutes.² Finding ways to efficiently provide genetic counseling services is critical in light of the limited numbers of credentialed genetics counselors and credentialed advanced practice nurses in genetics.

About 41% of the time is spent in direct clinical time with patients and families, including initial visit counseling, phone consultation, and follow-up visits.² The rest of the time is spent in other indirect care activities, including previsit activities, risk calculation, clinical trials enrollment, correspondence, teaching, and administrative duties.² As administrators look to develop and expand cancer genetic services, they should consider the time-consuming nature of providing such services.

Suzanne M. Mahon, RN, DNSc, AOCN, APNG

Department of Internal Medicine, School of Medicine and School of Nursing,
Saint Louis University, St. Louis, Missouri

References

1. Heald B, Gustafson S, Mester J, et al. A time study of cancer genetic counselors using a genetic counselor-only patient care model versus a traditional combined genetic counselor plus medical geneticist care model. *J Natl Compr Canc Netw* 2013;11:1076–1081.
2. Mahon S. Allocation of work activities in a comprehensive cancer genetics program. *Clin J Oncol Nurs* 2013;17:397–404.

The authors reply: We read Professor Mahon's comments regarding our article¹ with great interest and appreciation. We agree that the nature of providing genetics services can be time-consuming and must be accounted for in program development. We also acknowledge the additional tasks that are time-consuming, yet critical, for program development that were not captured by their study, including interfacing with referring providers; meeting educational needs of patients, providers, and trainees; and allowing for travel time for the genetics professional to provide greater access for patients at locations convenient to the patients.

Those in the field of medical genetics do not doubt that these services benefit patients and improve their experience in the health system. Indeed, the practice of genetics has always been value based and not volume based.² Unfortunately, only limited data are available in the medical literature to support this. To this end, genetics professionals need to document the benefit added by their services and that the field can grow and expand with the changing climate of health care. The National Society of Genetic Counselors (www.nsgc.org) has prioritized assessing and establishing outcome measures for genetic counseling. To that end, they have tasked their Access and Service Delivery Committee with this goal, particularly as the Centers for Medicare and Medicaid Services transitions the physician quality reporting system from voluntary to mandatory for physicians and eligible health care providers in 2015. We hope that the data from Heald et al¹ and Mahon³ can serve as a basis for study development to prove the value of these services.

Brandie Heald, MS, LGC

Charis Eng, MD, PhD

Cleveland Clinic Genomic Medicine Institute, Cleveland, Ohio

References

1. Heald B, Gustafson S, Mester J, et al. A time study of cancer genetic counselors using a genetic counselor-only patient care model versus a traditional combined genetic counselor plus medical geneticist care model. *J Natl Compr Canc Netw* 2013;11:1076–1081.
2. Eng C. Editorial: molecular genetics to genomic medicine practice: at the heart of value-based delivery of healthcare. *Mol Genet Genomic Med* 2013; 1:4–6.
3. Mahon S. Allocation of work activities in a comprehensive cancer genetics program. *Clin J Oncol Nurs* 2013;17:397–404.

Call for Correspondence

JNCCN is committed to providing a forum to enhance collaboration between academic medicine and the community physician. We welcome comments about the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines), articles published in the journal, or any other topic relating to cancer prevention, detection, treatment, supportive care, or survivorship.

Please send correspondence to JNCCN@nccn.org or mail letters to *JNCCN*, 275 Commerce Drive, Suite 300, Fort Washington, PA 19034.

Letters should be no more than 400 words, with no more than 5 references if included. Please include the full names, degrees, and affiliations of all letter authors and a phone number or e-mail address for contact.

Letters are considered for publication as space allows. *NCCN* reserves the right not to publish correspondence for any reason it deems appropriate. All letters are subject to editing and/or abridgment.