



Research Opportunities

100% of the states contributed to the Region 4
Laboratory Performance Priority project.

Three states genetics' centers (OK, SD, MO)

participated in Region 4's Inborn Errors of

Metabolism Information System (IBEM-IS).

One (NE) has just completed the IRB

process.



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Telehealth

Kansas (Wesley Medical Center) in partnership with the University of Arkansas Medical Center used telehealth strategies to increase access to genetic services. 2009-2010. 142 visits completed with an average of 8 per month.

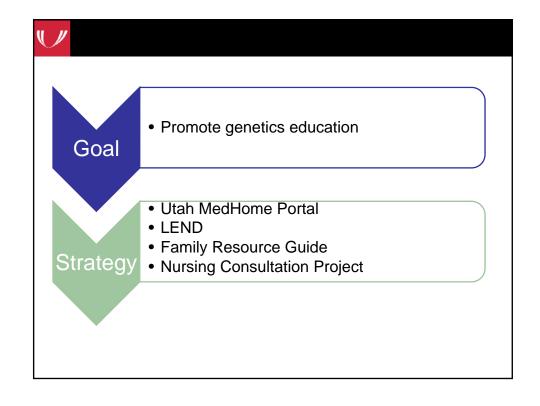
Telemedicine Manual for Clinical Genetics Services was completed.



Transition Project

Two Heartland genetics clinics (Wesley
Medical Center and Oklahoma Health
Sciences) are partnering with a national
NHCTC Transition Pilot study (PI-Dr.
Laura Pickler) to develop procedures to
support youth transition to adult health care
services.

Partners in a national Learning Community.





Education Activities

Prader-Willi syndrome and Medium Chain Acyl-CoA Dehydrogernase Deficiency (MCADD) modules are posted on Utah MedHome Portal.

Partnerships with LEND:

LEND parent representatives

LEND students partner in Transition Project

The Family Financial Guide was completed



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Nurse Consultation project

Purpose:

To provide consultation to nursing education programs to support their integration of genomics into the nursing curriculum.

Targeted Universities/Colleges:

Univ of Dubuque, Briar Cliff College, Univ of North Dakota

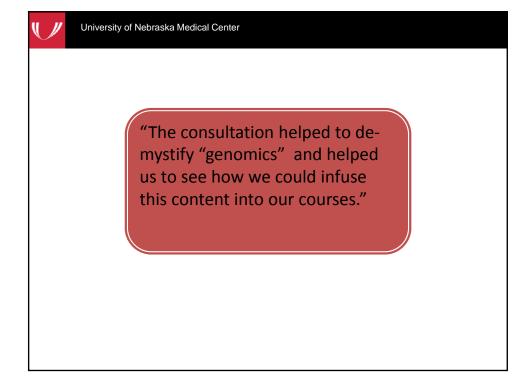


Quality of the Consultation

The timing and the content of this consultation was excellent

The self-assessment process was very helpful as it assisted faculty in identifying their own skills and knowledge

A knowledgeable consultant who was excellent in facilitating the review

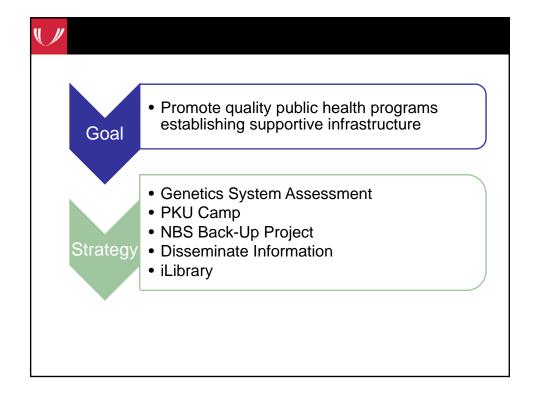




Outcomes

One University received their accreditation

The remaining University is preparing for the accreditation that is scheduled in 2012.





Genetics System Assessment (GSA)

The GSA includes: indicators of quality genetics services/corresponding measures.

A pilot completed in Hawaii and Washington.

A poster presented at the Academy of Health National Public Health meeting.



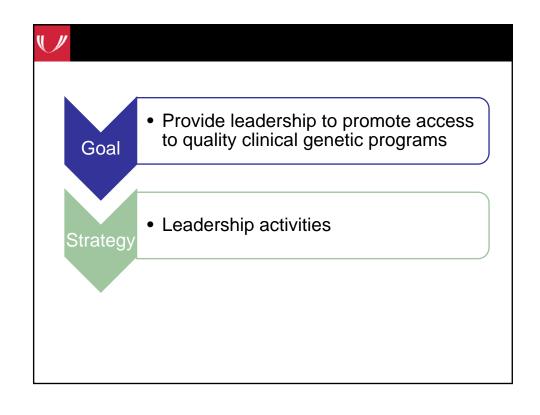
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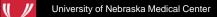
NBS Back-Up Testing Project (lowa/MO): Dissemination Activities

Project directors disseminated model through the Association of Public Health laboratories and the National Coordinating Center.

Currently they are also working to complete an article that will further disseminate their work.



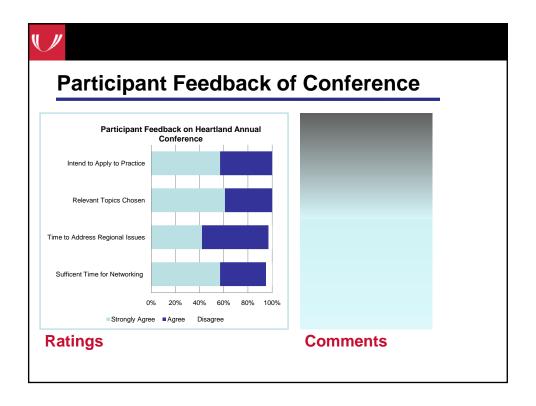




Leadership Activities

Established and adopted Heartland Collaborative Bylaws

Initiated Strategic Planning for new 5 year grant application





| Outcome Measure | Region 5 Results | National Results |
|--|---------------------|---------------------|
| DOMAIN: IMPROVED CARE COORDINATION | | |
| Measure A1: Increase % of states with | 50 % of states | 70%. of states |
| collaborations facilitated by Regional | | and territories |
| Collaborative (RC) between PCPs and | | |
| specialty providers to improve care | | |
| coordination. | | |

| Outcome Measure | Region 5 Results | National Results |
|--|---------------------|---------------------|
| DOMAIN: IMPROVED ACCESS | | |
| Measure B1: Increase # of genetic services | 613 visits | 1094 visits |
| visits and NBS follow-up specialty visits | | |
| through distance strategies. | | |

| Outcome Measure | Region 5 | National |
|-----------------|----------|----------|
| | Results | Results |
| | _ | |

DOMAIN: IMPROVED EMERGENCY PREPAREDNESS/CONTINGENCY PLANNING

Measure C1: Increase % that have received 75% of states 94% of states current materials or assistance from the RC and territories on emergency preparedness/contingency planning for NBS and genetic services.

| Outcome Measure | Region 5 | National |
|--|---------------|--------------|
| | Results | Results |
| DOMAIN: IMPROVED EDUCATION OF PCPS AS | BOUT TREATMEN | NT OF PEOPLE |
| WITH HERITABLE DISORDERS | | |
| Measure F1*: Increase the NBS programs | 100% | 96% of the |
| that disseminate "just-in-time/point-of care" | | states and |
| information on specific heritable disorders to | | territories |
| primary care providers. | | |



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| Outcome Measure | Region 5 Results | National Results | |
|---|------------------|-------------------|--|
| DOMAIN: IMPROVED FOLLOW-UP OF CHILDREN IDENTIFIED WITH HERITABLE DISORDERS THROUGH NBS | | | |
| Measure D1: Increase % of states that made | 87.5% | 98% of states and | |
| recommendations on implementing the SACHDNC recommended NBS panel. | | territories | |
| Measure D1: : Increase % of states that made | 37.5% | 35% of states and | |
| recommendations on implementing the SACHDNC | | territories | |
| recommended NBS panel including SCID. | | | |
| Measure E1*: Increase % of states with systems in place to | 100% | 100% of state and | |
| track entry into clinical management for newborns who | | territories | |
| are diagnosed with conditions mandated by their State- | | | |
| sponsored newborn blood spot screening programs. | | | |
| Measure E2: Increase % of states with systems in place to | 87.5% | 83% of state and | |
| track entry into clinical management for newborns who | | territories | |
| are diagnosed with hearing loss. | | | |
| Measure E3*: Increase % of states with a system to track | 50% | 17% of state and | |
| receipt of clinical services and/or health outcomes for | | territories | |
| children who are diagnosed with condition(s) by State- | | | |
| sponsored newborn blood spot screening program. | | | |



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| Outcome Measure | Region 5 Results | National Results |
|---|------------------|------------------|
| DOMAIN: IMPROVED REGIONAL PLANNING ARO | UND DELIVERY OF | GENETIC SERVICES |
| WITH HERITABLE DISORDERS100 | | |
| Measure G1: Increase the % of Regional | 100% | 100% of RCs |
| Collaboratives (RCs) that have completed a | | |
| regional genetic services plan. | | |
| Measure G2: Increase in the % of RCs that have | Updated in | 100% of RCs |
| reviewed and/or updated their regional genetics | 2009-2010 | |
| services plan at least every two years. | | |



Heartland Collaborative

STRATEGIC PLANNING PROCESS



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Steps Taken in the Planning Process

Step 1: Advisory Board drafted a vision, mission, and identified strengths, challenges, opportunities, &

Step 2: Collaborative members provided feedback and identified strategic areas

Step 3: Collaborative members prioritized strategic areas



Vision

All individuals with genetic conditions within the Heartland Region achieve optimal health across the life course.



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Mission

The mission of the Heartland Genetics and Newborn Screening Collaborative is to improve health of individuals with genetic conditions by: increasing understanding of genetics; expanding access to patient-centered healthcare systems; advancing translational research and quality improvement.



Values

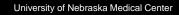
- 1) Addressing patients' health care needs across the life course;
- Empowering patients and their families, health care providers, and policy makers through the exposure to accurate genomics information;
- Facilitating linkages and partnerships between state programs, clinical providers, families, and patients that enhance quality services and resources, improve systems and drive best practices;
- 4) Fostering new knowledge discovery in genomics and public health through new initiatives and partnerships;
- 5) Adhering to ethical principles of nonmaleficence, beneficence, respect for autonomy, justice, and fairness for the states and persons in our region.



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Next Steps: Planning Activities for Strategic Areas

- 1. Enhance newborn screening programs
- Promote high impact initiatives & new knowledge discovery
- 3. Support capacity for long term follow-up care
- Strengthen relationships with related partners (EHDI, Hematology)
- Support providers on dramatic changes due to rapidly changing technology that impacts field.



Directions

Each group will be assigned a strategic area.

As a group brainstorm activities for that area. (15 minutes)

Round robin activity – add to each strategic area your groups activities. (10 minutes for each area)

At your last area – each group will prioritize the top 4 activities. (Dot exercise and consensus) and report out (30 minutes)

