

Stocco, Janet

From: Katherine Lafferty <klaffert@broadinstitute.org>
Sent: Wednesday, October 5, 2022 11:16 AM
To: Huang-Saad, Aileen
Cc: Stocco, Janet; Olson, Rachel
Subject: Re: Follow up on Genetic Counselor Question
Attachments: Dobson DaVanzo Report to NSGC_Final Report 9-6-16 formatted2.pdf

This message originates from outside the Maine Legislature.

Hi all,

I am so sorry for taking so long to get back to you but I needed to track down some additional information to best answer your questions. Thank you for taking the time to ask these questions in the first place and please see my responses below. Happy to help clarify anything further.

- How the 1 genetic counselor per 75,000 people recommendation was developed / the source of this workforce need estimate- I have attached the workforce study here that references this number. They describe two scenarios of GCs to population ratios: 1:100,000 and 1:75,000. The 1:100,000 came out of a recommendation from a UK based genetic counseling group study. The 1:75,000 has been suggested as a better model in the US given our larger health care system, but it is, admittedly, an anecdotal suggestion. More information about this is on report page 17 of the attached document. One thing this study does mention that I forgot to factor in is the emphasis on this being clinical genetic counselors, which only makes up a portion of the genetic counseling workforce. As I layed out in my next response, there are approximately 15 FTE clinical (direct patient care) genetic counselors serving patients in Maine. If we use our population as 1.341 million then we are approximately 1 clinical genetic counselor for every 90,000 Mainers.
- How many genetic counselors are in Maine (if you know or can estimate)- In Maine we have a mix of genetic counselors that work clinically with direct patient care and a number that either do not provide direct patient care or are remotely working in patient care serving another state. In addition to better recognition for our clinical genetic counselors in Maine, if Maine was a state that licensed their genetic counselors, those who work out of state can be licensed in the state they reside, increasing the number of licensed genetic counselors for Maine.

Clinical Genetic Counselors:

MMC Cancer (also serves MaineGeneral)- 5.5 FTE

MMC Prenatal- 2 FTE

MMP Pediatrics- 4 FTE

New England Cancer Specialists (Private practice- also serves CMMC, Portsmouth, and some Mercy/Northern Lights)- 2.5 FTE

NorthernLights/EMMC- 1 FTE

Remote/Non-clinical Genetic Counselors Living in Maine:

Jackson Laboratory- 1 FTE

Invitae (CA-based)- 2 FTE

Ambry Genetics (CA- based)- 1 FTE

Broad Institute (MA-based)- 1 FTE

InformDNA (national telehealth services)- 0.5 FTE* this number may have varied due to recent layoffs

Clinical GC but working remotely for NY hospital- 1 FTE

- Whether the geographic distribution of genetic counseling services is sufficient to ensure equitable access to such counseling services for Maine’s rural population (to the extent you are aware of where current genetic counselors are located). Is telehealth sufficient to remedy any in-person inequities in this regard? As you can see above, the vast majority of clinical genetic counselors in Maine are within the greater Portland area. We have a very underserved rural population as a result of this. I can speak to my previous experiences as part of the MMC Cancer team where we utilized telehealth services, even prior to the pandemic, to serve sites in Augusta and Belfast. Even then, clinics were sometimes only once or twice a month with up to year long wait times and geographically, this still does not reach enough Mainers. With the pandemic, many of our genetic counseling in Maine did pivot to telehealth out of necessity, but now there is a mix of who is continuing to offer this service model. For example, the NECS GCs are all still completely telehealth, the Pediatric GCs are back to only in-person, and the MMC Cancer team is a hybrid of both. While this telehealth has helped reach more Mainers, our reach is still not wide enough and often there is push back from institutions to support telehealth services for financial reasons. A huge barrier to telehealth for genetic counseling in this state is that genetic counselors cannot bill for a telehealth visit. We then have to offer this service for free, which does not support growth of genetic counseling programs and salaries for genetic counselors. Even when a genetic counselor sees a patient in-person, they still have to bill everything under a provider, sometimes requiring a physician or APP who is untrained in genetics to take time to meet with the patient as part of the visit, just so a bill can be dropped for the genetic counseling. This is an inefficient use of patient and provider time. Initiatives to support Medicare recognition of genetic counseling services and Maine specific licensure will ensure reimbursement for genetic counseling services as a whole, both in-person and virtually, so that we can continue to grow and serve our population. Until then, clinics struggle to find funding for genetic counselors and understandably, our smaller community hospitals cannot take on those salaries in their budgets the same way the larger hospitals can when they are not getting reimbursed for the services. If genetic counselors could support their own salaries with reimbursement, then both in-person and virtual services can grow across our state. Lastly, having licensure in Maine allows genetic counselors to practice at the top of their scope. When neighboring states like MA and NH license their genetic counselors, it can make it harder to recruit and retain genetic counselors in Maine. This is already a competitive job market and these are the things that may make a job in Maine appear less competitive. There were several times we had a genetic counseling position open when I was in clinic and it would take us over a year to hire.

Best regards,
Kat

On Wed, Sep 14, 2022 at 6:30 PM Huang-Saad, Aileen <a.huang-saad@northeastern.edu> wrote:
So glad that the information was helpful

I, of course, will defer this to Katherine as she is the expert in this area.

Best
aileen

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Aileen Huang-Saad, PhD, MBA

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