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00:11:07.620 --> 00:11:20.730

Kimberly Kelly: Alright, so we're at noon right now and well some other folks may be joining us as we go along. Kind of a small group, hopefully, Dr. Falah will be able to join us.

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00:11:22.410 --> 00:11:46.830

Kimberly Kelly: So this is a recap meeting and to learn more, to discuss more about what happened during the session and what you would like to happen going forward and what your interests are so we appreciate your involvement and your interest in our series.

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00:11:48.330 --> 00:11:52.410

Kimberly Kelly: And just as a reminder, this was funded, oh goodness.

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00:11:54.870 --> 00:12:01.140

Kimberly Kelly: So, Dr. Scott just sent a text saying that she's having a little trouble getting in, and I can.

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00:12:03.690 --> 00:12:11.790

Kimberly Kelly: So, if someone could contact her, and and she's welcome to join me in my office if she's having trouble.

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00:12:13.410 --> 00:12:34.230

Kimberly Kelly: And so, once again, this was funded by a grant from the AHRQ, to come up with a research agenda, I mean we have a lot of ideas about what we might want to do, and so maybe today we can get a bit more focused on what we would like to do.

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00:12:36.330 --> 00:12:39.570

Kimberly Kelly: So happy to see you joining us.

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00:12:47.010 --> 00:12:51.930

Kimberly Kelly: So as a disclosure I have, I have no interest to disclose.

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00:12:53.250 --> 00:13:00.780

Kimberly Kelly: And our planning committee, I would like to thank Dr. Falah and Dr. Scott and the graduate research assistants for

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00:13:01.140 --> 00:13:10.500

Kimberly Kelly: all the work they did behind the scenes, there was a lot of coordinating happening and so they've been very busy also Michael Kurilla who

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00:13:10.890 --> 00:13:27.270

Kimberly Kelly: will be moving on to another university, but he's been very helpful with keeping up our website, and of course our IT folks who have been very helpful throughout the series.

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00:13:28.620 --> 00:13:42.270

Kimberly Kelly: And, as you know, the Appalachian region is broad and diverse. I think people have kind of a preconceived mindset of what Appalachia is, but not all of Appalachia

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00:13:42.660 --> 00:13:54.900

Kimberly Kelly: is rural, medically underserved. So there are urban centers, and there are university towns like us here in Morgantown. We tend to be surrounded by

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00:13:55.350 --> 00:14:08.370

Kimberly Kelly: And serving serving a population which has lower socioeconomic status, health care professional shortages, which which we are dealing with trying to help

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00:14:08.790 --> 00:14:17.280

Kimberly Kelly: provide services throughout the state. Also concerns about broadband, which makes telegenetics, a little bit challenging for our population.

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00:14:18.060 --> 00:14:31.500

Kimberly Kelly: But it is a very diverse area and so trying to figure out the best way to work with all these different populations can be challenging. And so I appreciate everyone's thoughts so far.

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00:14:33.210 --> 00:14:44.460

Kimberly Kelly: As a reminder of our aims we looked at current models of genetic service delivery in rural Appalachian region. Focusing on West Virginia University

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00:14:45.510 --> 00:14:46.560

Kimberly Kelly: Also

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00:14:47.640 --> 00:15:00.450

Kimberly Kelly: University Kentucky and University of Pittsburgh, we have some other folks who are in the Appalachian region who've also been contributing are also serving the Appalachian area and Appalachian states.

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00:15:01.530 --> 00:15:09.780

Kimberly Kelly: We talked about some potential resources for genetic service delivery, including NYMAC. NYMAC is also having their

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00:15:10.260 --> 00:15:23.190

Kimberly Kelly: presentation at the same time today; so they're having their in-person meeting. So unfortunately they won't be able to join us today, but we will have this recorded, and they can review it at a later time.

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00:15:24.600 --> 00:15:42.270

Kimberly Kelly: And we will also get more feedback from them, and we've been working with a NYMAC group in West Virginia. And they also have been studying our state in a different way, but also talking about some ways of improving care delivery in our state.

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00:15:43.440 --> 00:15:48.540

Kimberly Kelly: And our final aim was to form a list of priorities for research.

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00:15:49.770 --> 00:16:07.530

Kimberly Kelly: And that's what hopefully we can come up with some ideas today. We'll go back through some of the information that we received so far, and we thank Dr. Graves who's joined us for her information from Georgetown University.

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00:16:10.890 --> 00:16:12.930

Kimberly Kelly: Just it's it's been,

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00:16:14.160 --> 00:16:20.700

Kimberly Kelly: this is our seventh month I guess that we've been at this, and so we appreciate all of our speakers,

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00:16:22.110 --> 00:16:27.300

Kimberly Kelly: Justine, Margaret, Shennin, Julia and Alissa and also Dr. Kronk and

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00:16:28.380 --> 00:16:48.000

Kimberly Kelly: Dr. Graves, you have been such good supporters of this work and in the trenches out there, working with the populations and in trying to figure out new ways to improve services to our medically underserved areas, particularly in our region.

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00:16:51.990 --> 00:17:02.370

Kimberly Kelly: So I thought I would give a little bit of background this of our registrants which was interesting to me, to let you know a little bit more about who's been participating.

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00:17:03.570 --> 00:17:10.890

Kimberly Kelly: So as of March 25<sup>th</sup>, we had 144 participants and that's what the most of my

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00:17:11.880 --> 00:17:19.920

Kimberly Kelly: review will be about, but I've been informed that we've had one more person to register so we're always happy to have people to register and

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00:17:20.370 --> 00:17:40.770

Kimberly Kelly: have a look at our previous recordings and transcripts. So in terms of education level, we were very skewed, in terms of people with professional degrees and doctorates, but we also had folks who had lower levels of education.

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00:17:41.910 --> 00:17:48.720

Kimberly Kelly: Not maybe not as diverse as would be ideal, but I think we are getting some good input.

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00:17:50.010 --> 00:17:58.620

Kimberly Kelly: But we also have a lot of different types of professionals included genetic counselors, nurses, public health, dietetics,

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00:18:00.060 --> 00:18:11.430

Kimberly Kelly: A JD and nursing as well, and a PharmD so we've had a fair bit of different types of healthcare professionals involved.

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00:18:12.540 --> 00:18:27.060

Kimberly Kelly: So I, this is my attempt at a heat map, and unfortunately I wasn't able to include the cities, but the majority of our participants are in West Virginia, New York

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00:18:27.990 --> 00:18:39.270

Kimberly Kelly: Pennsylvania and Kentucky, and so they're very integral and working in the central part of Appalachia for the most part.

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00:18:39.720 --> 00:18:50.790

Kimberly Kelly: But we also had a lot of engagement from the North East and also some from the West, and I would have liked to maybe been able to reach some of the other

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00:18:51.450 --> 00:19:06.930

Kimberly Kelly: states in the south, but we're happy that other people have been interested in what we're doing, and I suspect that this may be reflective of genetic counselors that may be more concentrated in the northeast.

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00:19:10.530 --> 00:19:30.390

Kimberly Kelly: So again, we see that our people trained in genetic services, there was a fair bit of variability there: some had none, some had a little, some had moderate, and about half had very much, which also means that we've had a lot of participation from our providers

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00:19:31.710 --> 00:19:43.650

Kimberly Kelly: in the region. So again this just talks a little bit more, we have researchers as well, folks like me who are interested in genetic service provision and improving genetic service provision.

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00:19:45.540 --> 00:20:05.700

Kimberly Kelly: Other identities, which which I was pleased to see, and we had quality assurance folks, technology, industry, policy program people, administrators, social workers, lab directors, students and navigators; so it's pretty diverse group of folks who have registered.

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00:20:07.440 --> 00:20:18.150

Kimberly Kelly: Most of the folks were interested in adult onset disorders. I think there's a lot of work to be done there, especially in our region, where we have a lot of

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00:20:18.870 --> 00:20:29.940

Kimberly Kelly: chronic disease in our communities, and that there may be some hereditary component to that, but again prenatal, pediatric also represented.

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00:20:30.420 --> 00:20:49.860

Kimberly Kelly: And I enjoyed hearing more from prenatal and pediatric because it's an area where I'm not as involved anymore, but it's still very vital and important to health service

delivery, and I would say that pediatrics is probably doing a fair bit of outreach in our communities.

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00:20:52.950 --> 00:20:55.440

Kimberly Kelly: Types of insurances accepted.

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00:20:57.090 --> 00:21:06.750

Kimberly Kelly: Not as much Indian Health and CHIP. That may be just by nature of where folks are practicing we don't have as many

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00:21:08.490 --> 00:21:21.120

Kimberly Kelly: Native American populations that we that are federally identified that are in our region. Also CHIP would be more geared towards children.

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00:21:24.390 --> 00:21:26.100

Kimberly Kelly: Barriers and challenges.

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00:21:27.390 --> 00:21:36.120

Kimberly Kelly: So, in terms of baseline barriers frequently mentioned barriers included lack of genetic professionals, lack of reimbursement,

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00:21:37.380 --> 00:21:45.780

Kimberly Kelly: provider education, and frequently mentioned barriers also include lack of awareness, access, affordability and cost.

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00:21:47.790 --> 00:21:56.010

Kimberly Kelly: So this is that again, and then the primary challenges in terms of the sites what they mentioned in the talks.

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00:21:56.610 --> 00:22:03.060

Kimberly Kelly: So WVU talked about improving patient access to genetic services and creating physician knowledge and referrals.

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00:22:03.510 --> 00:22:19.050

Kimberly Kelly: University of Kentucky recruiting and retaining providers, which is, I think these are all issues across the board, but things that they've been most especially concerned about expanding methods of care provision. Also UPMC,

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00:22:20.160 --> 00:22:26.700

Kimberly Kelly: costs barriers, access barriers and was interesting you know I think parking is a big issue.

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00:22:27.720 --> 00:22:40.620

Kimberly Kelly: For people that are coming from rural areas, I mean Morgantown itself may seem like a small town, but it can be very overwhelming for people from rural areas, who are not familiar with the area and trying to navigate.

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00:22:41.280 --> 00:22:51.960

Kimberly Kelly: We don't charge parking here, but some of the other more urban areas need to do that and, just to be able to manage their parking so

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00:22:53.040 --> 00:23:04.740

Kimberly Kelly: those are some challenges for folks from rural areas. Promoting patient and provider awareness that services exist and focusing on telegenetics thinking about IT availability and literacy.

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00:23:05.340 --> 00:23:21.810

Kimberly Kelly: So, not only is it just general literacy literacy that people have to have, they also need health literacy, genetics literacy, and technology literacy so there's multiple literacies that we need to consider.

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00:23:24.960 --> 00:23:35.160

Kimberly Kelly: So NYMAC, some of the things that were mentioned were distance to care, genetics care access and more providers, and they've really been working in that area

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00:23:35.850 --> 00:23:52.740

Kimberly Kelly: and education about genetics and health literacy, and I think from one of our recent meetings, one of the things that came out is that we should probably be looking more at our providers in our areas to see what their level of awareness is.

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00:23:54.900 --> 00:24:14.070

Kimberly Kelly: In Duquesne mentioned was made about accessibility again and genetics literacy, and our speaker from Georgetown mentioned number and location of genetic counselors, remote genetic counseling and testing and lack of awareness as some issues.

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00:24:15.690 --> 00:24:31.650

Kimberly Kelly: So anyone would like to chime in, and I'd appreciate anyone's speaking up. Do these represent the challenges and barriers in the Appalachian region that you're aware of? Or have you seen other things that you're concerned about?

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00:25:00.180 --> 00:25:11.970

Kimberly Kelly: Alright, well, I guess we've covered most of the things and if other people have other thoughts, we'll be asking an evaluation at the end to provide more feedback to us.

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00:25:12.390 --> 00:25:21.480

Kimberly Kelly: But I think these are kind of, get at the heart of some of the issues that a lot of our practicing clinicians and our patients are experiencing.

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00:25:23.730 --> 00:25:26.610

Kimberly Kelly: So opportunities and resources available.

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00:25:28.410 --> 00:25:41.520

Kimberly Kelly: So baseline resources, frequently mentioned resources include educational efforts that people are really doing a lot of work in this area, telehealth as one way of reaching folks.

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00:25:41.970 --> 00:25:50.070

Kimberly Kelly: Knowledgeable health care providers that we really had some champions that are invested in this issue and really want to help us.

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00:25:51.150 --> 00:26:05.400

Kimberly Kelly: Affordable testing, that there are ways of making testing more affordable and we have to seek those out sometimes they're not always obvious to us, but we don't want that to discourage folks.

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00:26:07.410 --> 00:26:15.030

Kimberly Kelly: Support from parents and the government as well that we have some resources resources available.

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00:26:15.990 --> 00:26:35.970

Kimberly Kelly: Networks like collaborations with academic institutions and organizations and there were some specifically suggested. Also, other resources, including institutional buy in, which I think we've all been working on in our institutions that may not prioritize genetics.

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00:26:37.140 --> 00:26:51.330

Kimberly Kelly: Rapport with the public, again we've had some great patient champions for us that have advocated for themselves and for health service delivery, and we appreciate that.

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00:26:53.130 --> 00:26:58.800

Kimberly Kelly: State programs that are in place to help with the affordability.

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00:27:00.000 --> 00:27:15.030

Kimberly Kelly: Models of care, thinking of different ways of providing services that can be compensated, and at a lower expense for patients and also registries that we have in our area that can help to link families.

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00:27:18.270 --> 00:27:33.060

Kimberly Kelly: So other opportunities noted from our discussions, WVU talked about quality improvement efforts, and Dr. Falah has been involved in a project with NYMAC

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00:27:33.720 --> 00:27:48.570

Kimberly Kelly: to try and improve follow up with patients who are seen via telegenetics to see at to get them to return their testing kits which has been a challenge

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00:27:48.990 --> 00:28:01.290

Kimberly Kelly: for remote folks, and I think Dr. Graves also mentioned that as well. More providers reaching out not only trying to recruit more providers, but also

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00:28:02.070 --> 00:28:12.960

Kimberly Kelly: working with people who are not traditionally trained in genetics, that they can learn more about genetics and care provision, in that way.

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00:28:13.590 --> 00:28:22.140

Kimberly Kelly: And also working with websites and media and that's something that we can probably do a better job of. It's not something that

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00:28:22.860 --> 00:28:30.750

Kimberly Kelly: I do a lot of but there, there are those opportunities that come up and we need to be taking more advantage of those.

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00:28:31.740 --> 00:28:48.240

Kimberly Kelly: University of Kentucky mentioned outreach clinics that they're engaged in, and I think that's before telegenetics that was really the way that we reached our rural patients who couldn't come in to the clinic and who had to travel for hours, just to get to us.

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00:28:50.160 --> 00:29:06.420

Kimberly Kelly: Also, the growth of multidisciplinary clinics, where a genetic service professional can be engaged with a lot of other providers and provide input into care that's especially important for pediatric patients.

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00:29:07.500 --> 00:29:16.500

Kimberly Kelly: Patient informational material so they've developed some, but having called to approach culturally appropriate materials, it is an important

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00:29:17.400 --> 00:29:22.980

Kimberly Kelly: area. One thing that they mentioned was training the next generation of health services

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00:29:23.520 --> 00:29:33.540

Kimberly Kelly: professionals, and we need to think more about how we can cross-train, how we can provide more inter professional education.

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00:29:34.440 --> 00:29:40.350

Kimberly Kelly: And I know we have a lot of inter professional education with our pharmacy program but

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00:29:40.950 --> 00:29:58.860

Kimberly Kelly: not as much with genetics, because that's a more specialized area, but maybe that's one area that we can think about is, you know, doing some cross training in that inter professional education, where they're working on cases and maybe they're working on a case that is genetics-related.

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00:30:00.330 --> 00:30:14.190

Kimberly Kelly: UMPC talked about their efforts in promoting patient and provider awareness, using alternative service delivery models like telegenetics and looking at patient satisfaction for them.

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00:30:15.210 --> 00:30:24.360

Kimberly Kelly: And one of their areas, and I think that's been an opportunity for everyone, is to figure out reimbursement for genetic counselors and how we're going to pay

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00:30:27.780 --> 00:30:41.040

Kimberly Kelly: NYMAC talked about how we could improve health literacy in the community setting, and some efforts that they have ongoing in different parts of their region, which may not include Appalachia.

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00:30:42.150 --> 00:31:02.130

Kimberly Kelly: And also helping families to follow up on recommendations, and that was a part of the the project that Dr. Falah and I had been working on, trying to mostly, Dr. Falah and her group, trying to figure out how to get people to send those kits back in and to follow up.

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00:31:03.210 --> 00:31:16.140

Kimberly Kelly: At Duquesne, Dr. Kronk talked about trained nurses in genetic care provision, and so she's got a number of active programs in that area and invited people

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00:31:17.880 --> 00:31:27.270

Kimberly Kelly: in our region to participate in that. So NYMAC also has telegenetics resources as well, and they have a training institute for the NYMAC region.

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00:31:29.670 --> 00:31:37.590

Kimberly Kelly: And also Dr. Kronk also suggested looking more at gene environment interactions and so

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00:31:38.820 --> 00:31:50.880

Kimberly Kelly: where Dr. Galvez just submitted a pharmacogenomics project to train pharmacists, so I think that will be helpful along those lines.

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00:31:52.770 --> 00:32:11.400

Kimberly Kelly: At Georgetown, discussion on building community ties with Arboles Familiares as one of the programs that they're working on and improving referrals and family history collection, which is an interest of mine as well, and how to collect family history information.

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00:32:13.890 --> 00:32:24.390

Kimberly Kelly: So do these represent the opportunities and resources in the Appalachian region? And and certainly if you have other ideas I would be happy and bring you to talk.

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00:32:35.070 --> 00:32:35.940

Kristi Graves: Dr. Kelly.

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00:32:36.360 --> 00:32:48.390

Kristi Graves: Yes, Kristi, I think this might be part of the resources mentioned in an indirect way across maybe most of the sites, but the idea of leveraging

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00:32:50.310 --> 00:32:54.270

Kristi Graves: you know, patient navigators or community health educators

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00:32:55.470 --> 00:33:10.380

Kristi Graves: through those community ties through you know, raising awareness and other types of health care providers. I think the folks who are already being the bridges between our communities and our health care providers.

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00:33:11.610 --> 00:33:18.240

Kristi Graves: And the kind of referrals could be really well leveraged here in this type of

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00:33:19.380 --> 00:33:23.670

Kristi Graves: you know genetics awareness raising and referral provision.

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00:33:24.990 --> 00:33:36.690

Kimberly Kelly: Yeah, yeah, I like I like that idea, you know we can do more community outreach in that way, and you know, do some training on just family history collection and

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00:33:37.440 --> 00:33:44.790

Kimberly Kelly: I know some people in the Appalachian region have used and churches, as a way of reaching out but

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00:33:45.660 --> 00:33:58.830

Kimberly Kelly: so that those are some opportunities for us as well, and maybe working with it, that previous that GMaP program that's one that I that I didn't mention that the GMaP may be interested in something like that so.

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00:34:02.520 --> 00:34:05.670

Kimberly Kelly: Okay, Dr. Galvez if you have your hand raised?

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00:34:05.670 --> 00:34:12.750

Marina Galvez: Yes, Dr. Kelly, I was thrilled to hear about the inter professional education, because I was on

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00:34:13.290 --> 00:34:20.670

Marina Galvez: a member of the American Association of College of Pharmacy, and we have a study group interest on pharmacogenomics.

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00:34:21.030 --> 00:34:25.410

Marina Galvez: And I learned that actually in some schools, they are already doing

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00:34:25.680 --> 00:34:35.820

Marina Galvez: some type of integration and collaboration, where do we have the genetic counselor and the pharmacist, so they learn from each other, which is what a genetic counselor should be doing. What a pharmacist can

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00:34:36.180 --> 00:34:48.720

Marina Galvez: do with the more the medication and the condition of the different gene status of the patient so University of North Dakota, Utah and I'm more than happy to share with you

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00:34:49.800 --> 00:34:59.070

Marina Galvez: some of the schools that are already doing that, and they are doing it at a higher level when the students are going into rotations, on the P4 year but also trying to do a little bit before that.

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00:34:59.880 --> 00:35:11.100

Marina Galvez: So I would be more than to happy to connect you with all of them, and the second question I have or point was when you were mentioning about doing environmental interactions so basically it's like maybe more epigenetics.

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00:35:11.490 --> 00:35:23.370

Marina Galvez: Actually, I see that is not listed in that Appalachian region, but University of Cincinnati, the environmental health department, when I was there 15 years ago.

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00:35:24.390 --> 00:35:38.970

Marina Galvez: Between 2008 and 2012, we had T32 training grant on gene environmental interactions. I could follow up with them and see if they are doing anything else that we were studying

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00:35:39.870 --> 00:35:49.590

Marina Galvez: all about how the environment actually is affecting how the genes behave, and you had so many resources because they were working through the Department of

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00:35:51.180 --> 00:35:58.470

Marina Galvez: Environmental Health right on through the NC; it was like that different but I'm more than happy to share those resources with us.

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00:35:59.340 --> 00:36:10.320

Kimberly Kelly: Yeah, that would be great in University of Cincinnati also has a large Appalachian population, yes, and they're just right outside of Appalachia and so

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00:36:11.280 --> 00:36:21.450

Kimberly Kelly: you know, one of the things I've been, and you know my my patient interviews talk about this a lot just pollution in the environment and water pollution.

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00:36:21.570 --> 00:36:21.900

Marina Galvez: Yes.

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00:36:21.930 --> 00:36:37.380

Kimberly Kelly: I mean, and I was sending an email this morning to the Friends of Blackwater who I'm hoping that we'll get a policy statement from the Society Behavioral Medicine Health Equity and inclusion group.

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00:36:40.050 --> 00:36:49.740

Kimberly Kelly: That we will talk about water quality for underserved populations, and I think the there, I wonder about the genetic link

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00:36:49.740 --> 00:36:51.750

Kimberly Kelly: I mean, I know that arsenic and

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00:36:52.230 --> 00:36:52.680

Kimberly Kelly: Was it

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00:36:53.790 --> 00:37:00.600

Kimberly Kelly: Dr. Hendrix was doing a fair bit of work and last I heard, he was in Indiana that maybe we should reconnect with them.

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00:37:00.720 --> 00:37:06.570

Marina Galvez: Yeah, they were a big research towards cadmium contamination

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00:37:06.630 --> 00:37:16.200

Marina Galvez: lots of the mines as well as before, those are basically the compounds fluoro carbonated compounds that are being used for teflon kind of the

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00:37:16.980 --> 00:37:33.780

Marina Galvez: the lining of your pans so they don't become sticky so actually there was a factory in in Kentucky, and there was an accident, so there was so much contamination on the waters, so they were looking at the impact on girls to have in early

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00:37:35.340 --> 00:37:44.670

Marina Galvez: early development, so you will start seeing how it goes this are having their first menses way earlier than the average and so that they were studying about that.

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00:37:45.090 --> 00:37:59.730

Marina Galvez: So there is that I know that the director of the department is cool, I mean they're in but I mean department change it, but I can kind of follow up and see how are things. I don't know if the Tt32 has been renewed or not, but when I was there, it was there.

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00:38:01.710 --> 00:38:07.980

Kimberly Kelly: And that's an important area, and it's it's something that weighs on the minds of a lot of our patients, I think

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00:38:09.570 --> 00:38:24.240

Kimberly Kelly: you know I asked for elevated cancer risk. Many people thought they had elevated cancer risk, and the response I was expecting is like, 'oh, you know, we need better access to screening facilities.' What I didn't expect was

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00:38:24.930 --> 00:38:40.950

Kimberly Kelly: all the stories about the environmental pollution that they witnessed that you know, these factories would be in the area, and then they would close down, you know, because it was no longer financially viable, and then they would just bury

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00:38:42.000 --> 00:38:44.010

Kimberly Kelly: they would bury all their pollutants.

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00:38:45.030 --> 00:38:48.600

Kimberly Kelly: So a very interesting

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00:38:52.050 --> 00:38:59.130

Kimberly Kelly: angle on this issue just people being at higher risk in general and Dr. Falah, I think you have your hand up.

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00:39:00.270 --> 00:39:02.880

Nadia Falah: Yeah, I just wanted to comment that

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00:39:04.020 --> 00:39:13.470

Nadia Falah: recently, we were found that there is a genetic assistant educational program that can help our staff to have some educational

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00:39:13.920 --> 00:39:21.840

Nadia Falah: about coordinating testing and how they can be more of an assistant to the genetic providers or genetic counselor

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00:39:22.560 --> 00:39:43.680

Nadia Falah: I think we have probably four of our staff now signed up for that educational program and, as you mentioned, Dr. Kelly, that we had some issues with genetic testing coordination and the completion rate was low, but having that, in part, where our

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00:39:45.150 --> 00:39:54.300

Nadia Falah: genetic staff coordinator or genetic testing coordinator, doctor test coordination or the authorization could help improve

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00:39:55.140 --> 00:40:10.290

Nadia Falah: completion rate and communicating with patients. We also now we have a genetic nurses association, genetic nurse education, which could be helpful to provide education to the nurses who are interested

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00:40:11.250 --> 00:40:23.550

Nadia Falah: in providing genetic service, not just that our collaborators or part of the genetic department, but they could be part of NICU or PICU where they will have the ability to coordinate testing

239

00:40:25.320 --> 00:40:46.110

Nadia Falah: and be able to communicate with the parents or with the patient and in a much more effective way, so these resources could be helpful. Having access to these resources from the staff or from the nursing standpoint these could also help implement the genetic service

240

00:40:47.190 --> 00:40:53.490

Nadia Falah: around the state and in places where genetic providers may not be accessible.

241

00:40:55.980 --> 00:41:03.600

Kimberly Kelly: That's great, do you do you know of the name of the genetic assistant program; is it ran out of a university or something?

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00:41:04.050 --> 00:41:12.750

Nadia Falah: Yeah I believe it's in Maryland or Johns Hopkins, and I will look, I will get them that name and let you know. I think it's provided

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00:41:13.200 --> 00:41:26.640

Nadia Falah: virtually or in-person, and if you have to pay for that so resources um you know funding opportunities and things like that could help improve the access in general.

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00:41:27.990 --> 00:41:35.400

Kimberly Kelly: That's great, and I know, Dr. Scott has been working on something similar for pharmacy that there's a pharmacy tech program and that

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00:41:35.730 --> 00:41:47.430

Kimberly Kelly: there's a whole credentialing process now for that, so I do wonder about credentialing for genetic assistants as well, and what what might be offered there in the future, but

246

00:41:48.240 --> 00:42:00.150

Kimberly Kelly: certainly that is a benefit and to have people who are working in the genetics field that may not have that particular background, but who are able

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00:42:00.660 --> 00:42:15.540

Kimberly Kelly: to gain knowledge to understand more about the process, so that's that's great. I also had a nurse reach out to me from Huntington, I don't know if she's on this call, but she was interested and she said that she would,

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00:42:16.530 --> 00:42:26.010

Kimberly Kelly: I don't think she's on this call, but she was going back through our sessions to learn more about. I think she's been connected with Dr. Narumanchi, so

249

00:42:26.490 --> 00:42:40.860

Kimberly Kelly: that's great you know if we we've reached one nurse, that she was already working a little bit in prenatal but was interested in in really stepping up their programs; I'm excited about that.

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00:42:42.360 --> 00:42:45.270

Kimberly Kelly: So lots of opportunities, any other thoughts?

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00:42:48.060 --> 00:43:02.460

Kimberly Kelly: So I heard the inter professional education gene environment research that's currently being done and leveraging patient navigators and community ties which are a couple of other

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00:43:03.210 --> 00:43:10.980

Kimberly Kelly: ways that we could approach this and then then offering additional training to people who aren't necessarily in this area.

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00:43:12.990 --> 00:43:16.920

Kristi Graves: Dr. Kelly, I put one of our training course in the chat.

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00:43:18.000 --> 00:43:22.140

Kristi Graves: Through the City of Hope that's for different types of healthcare providers too

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00:43:23.190 --> 00:43:28.650

Kimberly Kelly: That one is a great one, and it's been in existence for a long time, and I didn't mention that.

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00:43:29.220 --> 00:43:46.170

Kimberly Kelly: In the past they required, I think it was one week that she needed to go to the City of Hope and have an intensive training and I believe that some of our PAs our physician assistants here at WVU have gone to that training, and it is very good.

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00:43:49.050 --> 00:43:54.450

Kimberly Kelly: So as a part of our conference outcomes, we said that we would have four.

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00:43:55.500 --> 00:44:12.780

Kimberly Kelly: One was to have some reflection on the policy environment, also to talk about provider and patient resources, dissemination, and a research agenda and so I'll talk a little bit about where we are in those.

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00:44:15.870 --> 00:44:22.380

Kimberly Kelly: So you know I keep hoping that something will happen with this and

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00:44:24.210 --> 00:44:35.640

Kimberly Kelly: there's been an initiative to consider genetic counselors as providers in the CMS system, and we're still not there.

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00:44:36.090 --> 00:44:44.040

Kimberly Kelly: Pharmacy has also been going through a similar path and they seem now with the COVID

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00:44:44.910 --> 00:44:53.070

Kimberly Kelly: pandemic they're probably a little bit closer now to receiving a provider status, according to CMS so

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00:44:53.880 --> 00:45:04.620

Kimberly Kelly: these are kind of exciting developments, and we will maybe learn some things from the pharmacist about how we can better

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00:45:05.400 --> 00:45:17.550

Kimberly Kelly: get compensation for these kinds of services so that the one that has been sitting in the House for a while, I think, is HR 2144.

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00:45:17.940 --> 00:45:29.280

Kimberly Kelly: I haven't heard of any more action on that and if anyone else has heard anything I'd be excited to hear about that, but you know

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00:45:29.970 --> 00:45:46.350

Kimberly Kelly: it's a part of our challenge here, is getting genetic counselors compensated or you know nurses at the bachelor's level. We do a little bit better with compensating PAs and NP's but that's that's still a barrier.

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00:45:48.240 --> 00:46:01.140

Kimberly Kelly: And we talked a lot about different compensation models and so you know, having the remote location to provide some compensation.

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00:46:02.730 --> 00:46:04.530

Kimberly Kelly: There were some a few different

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00:46:06.030 --> 00:46:08.370

Kimberly Kelly: methods of doing that and I know that

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00:46:11.460 --> 00:46:17.340

Kimberly Kelly: Alissa Terry had talked about some resources that they had in terms of compensation.

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00:46:19.530 --> 00:46:24.690

Kimberly Kelly: Any other needed policy goals that we can think of that we might want to address?

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00:46:32.610 --> 00:46:37.170

Kimberly Kelly: I think some of us aren't in a policy, oh Megan you have some thoughts

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00:46:38.190 --> 00:46:40.050

Megan Yoho: Hey yeah I don't have

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00:46:40.200 --> 00:46:43.440

Megan Yoho: Oh sorry I have you on two screens here, because my speakers aren't working.

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00:46:44.910 --> 00:46:45.360

Megan Yoho: So

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00:46:45.810 --> 00:46:48.270

Megan Yoho: I don't have any information about

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00:46:50.340 --> 00:46:59.520

Megan Yoho: goodness, but I do know that the HR 2144 bill is kind of gaining some momentum right now.

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00:47:00.900 --> 00:47:08.460

Megan Yoho: And right now the NSGC is coordinating what they call their spring push to have genetic counselors meet with members of congress.

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00:47:09.780 --> 00:47:20.640

Megan Yoho: And I also recently received some literature from them about how our institution can help us get help that initiative by signing

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00:47:21.870 --> 00:47:30.840

Megan Yoho: their intent to support your counselors as healthcare providers, and we have also sort of have recently really

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00:47:31.260 --> 00:47:46.740

Megan Yoho: kind of renewed our interest in going for state licensure again. I think it's been three years since anybody really tried to do that and I don't think that the appropriate resources are really long utilized so that's something that we're going to start working on again soon.

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00:47:48.390 --> 00:47:49.740

Kimberly Kelly: So how can we help?

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00:47:50.820 --> 00:47:54.750

Megan Yoho: That is a great question, I can forward you, well,

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00:47:56.340 --> 00:48:01.290

Megan Yoho: it sounds like most of it is going to come from, just like the institution as a whole, right now.

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00:48:02.790 --> 00:48:18.780

Megan Yoho: But as soon as I know more about what we can do right now it's mainly just getting West Virginia or WVU medicine to sign that this is something that they support they be in good company like the children's hospital in Boston and many others.

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00:48:20.010 --> 00:48:20.910

Megan Yoho: And then

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00:48:22.020 --> 00:48:36.840

Megan Yoho: I think that is just like our first concrete step outside of trying to get people to meet with Congress, which I have to see, I think that anybody can do that can sign up to, so I can forward you the email that I got from the coordinator.

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00:48:37.680 --> 00:48:42.510

Kimberly Kelly: So how can the Faculty senate at WVU support this?

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00:48:43.980 --> 00:48:46.680

Megan Yoho: I wonder, so you mean from like the university in?

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00:48:49.320 --> 00:48:49.710

Megan Yoho: Like

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00:48:50.730 --> 00:48:51.900

Megan Yoho: Instead of the

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00:48:54.030 --> 00:49:04.860

Megan Yoho: instead of like I was because I was going for it from like WVU Medicine, but I guess West Virginia University could also like sign this letter that might be helpful.

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00:49:06.060 --> 00:49:16.140

Kimberly Kelly: So I'm I'm on the incoming chair of the Faculty Welfare Committee, and so, if we can send that, but there's been nothing on our agenda lately.

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00:49:17.970 --> 00:49:23.850

Kimberly Kelly: I won't say nothing, but it's been a very low, we've had low volume lately.

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00:49:25.170 --> 00:49:47.280

Kimberly Kelly: And so I can forward something along to the Chair, and there's also a faculty governance committee that's within the Faculty Senate, that if I can help some way through that but those those are a couple of ways that we might leverage. And there's a legislature legislative.

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00:49:48.570 --> 00:49:51.690

Kimberly Kelly: Marina do you know the name of the it's the

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00:49:52.860 --> 00:49:56.670

Kimberly Kelly: person, that is, the liaison between the university and the

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00:49:57.720 --> 00:49:58.590

Kimberly Kelly: legislature.

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00:49:58.890 --> 00:50:00.150

Marina Galvez: I can send you the name.

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00:50:00.600 --> 00:50:02.040

Kimberly Kelly: Yeah I have her name but

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00:50:02.100 --> 00:50:03.750

Marina Galvez: Yeah I think.

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00:50:04.230 --> 00:50:07.500

Marina Galvez: I met her yesterday I kind of remember, I was sitting.

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00:50:07.620 --> 00:50:10.770

Kimberly Kelly: In the sheet, you know I asked questions, every time because it's.

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00:50:14.430 --> 00:50:17.640

Kimberly Kelly: So, so we have that angle, as well, and I know

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00:50:17.700 --> 00:50:18.810

Kimberly Kelly: that our

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00:50:19.830 --> 00:50:22.650

Kimberly Kelly: state representative from our region

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00:50:23.940 --> 00:50:29.280

Kimberly Kelly: McKinley representative, McKinley is one of the cosponsors on the pharmacy bill

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00:50:30.360 --> 00:50:45.690

Kimberly Kelly: to support pharmacy licensure, and so we might be able to leverage that as well, but Megan, and I'd be happy to speak to you more about these kinds of things, and just talking to our state legislators and

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00:50:46.770 --> 00:50:48.750

Kimberly Kelly: seeing if there's anything that we can do

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00:50:49.290 --> 00:50:49.980

Kimberly Kelly on that end.

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00:50:51.150 --> 00:51:03.540

Megan Yoho: So I'm looking I'm going to forward what you what I have it's under number three, she links to the letter of support and a form that if they want to, if we can get someone to sign.

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00:51:04.620 --> 00:51:05.040

Kimberly Kelly: Okay.

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00:51:06.150 --> 00:51:07.140

Kimberly Kelly: Okay,

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00:51:08.460 --> 00:51:15.810

Kimberly Kelly: I'm trying to I think our next welfare committee is tomorrow which I'll be traveling, but I can forward it along and try to listen in to the

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00:51:16.080 --> 00:51:33.390

Kimberly Kelly: session and explain it, but if there's anything in particular that I can say, so this is just at the state level, but you know we can we can talk more about that too and and have you talked to your faculty senators from the School of Medicine, are they

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00:51:35.400 --> 00:51:41.130

Megan Yoho: this is very, very new, we've mostly been talking with Amy Bush and persistent.

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00:51:43.560 --> 00:51:47.520

Kimberly Kelly: Yeah because I believe Dr. Dan Elswick is one of your

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00:51:48.750 --> 00:51:50.040

Kimberly Kelly: senators as well.

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00:51:50.910 --> 00:52:00.210

Kimberly Kelly: Okay, and he's and his wife is a pharmacist and so maybe sympathetic

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00:52:01.470 --> 00:52:02.850

Kimberly Kelly: to to our cause.

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00:52:03.240 --> 00:52:04.020

Megan Yoho: yeah.

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00:52:05.160 --> 00:52:22.560

Kimberly Kelly: And all right any other thoughts on policy goals so state and federal, and so this this federal push talking to our legislators, and this may be something that we can send around to the different locations, today, you know, maybe you can contact her your

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00:52:23.970 --> 00:52:26.580

Kimberly Kelly: federal and members of Congress.

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00:52:30.810 --> 00:52:31.050

Kimberly Kelly: And we've

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00:52:33.780 --> 00:52:35.160

Kimberly Kelly: got about 20 minutes.

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00:52:36.720 --> 00:52:47.190

Kimberly Kelly: So it's in terms of patient and provider resources, some of the immediate ones that we identified were of course we have the website so

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00:52:47.670 --> 00:53:03.480

Kimberly Kelly: folks are still looking back at some of those sessions to see if something may be helpful to them, or what they might learn about our our area, we also talked about university specific resources that people are doing things like

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00:53:04.830 --> 00:53:05.640

Kimberly Kelly: doing

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00:53:07.140 --> 00:53:19.320

Kimberly Kelly: educational sessions for providers also developing patient resources, we talked about NYMAC and ISONG is being a couple

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00:53:20.160 --> 00:53:34.830

Kimberly Kelly: things and so, in terms of educational efforts and grand rounds also Arboles Familiares which would be patient navigator, not a patient navigator, it would be more of a community based

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00:53:35.940 --> 00:53:56.280

Kimberly Kelly: type of intervention, some of the nurse networks and training, along with ISONG there was mentioned at the onset and the g2na and as these networks that would be helpful and also Dr. Kronk mentioned some of her efforts in training nurse nurses in genetics.

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00:53:58.290 --> 00:54:05.550

Kimberly Kelly: There were different clinic types that we were folks for trying to leverage in terms of multidisciplinary clinics, which

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00:54:06.120 --> 00:54:28.620

Kimberly Kelly: is usually more relevant to pediatrics that I know like things like Huntington's disease also benefit. So there there's some effort there to kind of leverage a larger group of people and become more familiar with genetic issues. And some specialty clinics, cancer is one,

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00:54:30.090 --> 00:54:37.950

Kimberly Kelly: outreach and outreach into the community, which was our traditional way of reaching the community.

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00:54:39.060 --> 00:54:56.580

Kimberly Kelly: And also this idea of leveraging regional networks, having smaller facilities pair with larger facilities, and I think you know in West Virginia, that the situation is that the WVU has been buying up a lot of smaller hospitals, because

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00:54:58.260 --> 00:55:01.350

Kimberly Kelly: in a NCI meeting I guess it's been about

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00:55:02.640 --> 00:55:17.070

Kimberly Kelly: three or four years ago they were talking about the dramatic loss of our regional hospital, our small community rural hospitals, that we were losing a lot of those health care centers and so

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00:55:17.490 --> 00:55:24.240

Kimberly Kelly: the effort in West Virginia, I think, with the medical system here is that the University has been buying up

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00:55:24.690 --> 00:55:40.470

Kimberly Kelly: a lot of those smaller hospitals to provide to have satellites, and so I know that that the similar situation has been established with the University of Kentucky to reach out into Eastern Kentucky which has a large rural population.

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00:55:44.100 --> 00:55:47.370

Kimberly Kelly: So are there resources that we need to develop?

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00:55:51.900 --> 00:55:57.750

Kristi Graves: Dr. Kelly I'm not sure if this falls under the patient-facing education, but some of the

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00:55:59.160 --> 00:56:07.200

Kristi Graves: kind of patient advocacy and patient education type groups like FORCE facing our risk of cancer empowered have

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00:56:08.280 --> 00:56:19.170

Kristi Graves: really done a great job developing educational materials, videos, interpretation of some of the science interpretation of some of the headlines and

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00:56:20.310 --> 00:56:26.640

Kristi Graves: I believe that they're also working on some health literacy and genomic literacy educational modules.

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00:56:27.270 --> 00:56:40.410

Kristi Graves: So maybe partnering with existing groups that have already done a deep dive into some of the work and then tailoring that for different communities or audiences or topics could be one to

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00:56:41.730 --> 00:56:51.030

Kristi Graves: you know, save costs of developing something from scratch and then also expand the reach of those community and patient advocacy type groups.

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00:56:51.960 --> 00:57:02.340

Kimberly Kelly: And I and maybe it's just a perception of mine and I'm sure this is wrong, but I always I always had the perception and I follow them on Facebook, you know I follow FORCE.

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00:57:03.210 --> 00:57:11.730

Kimberly Kelly: I always I always had the impression that they were more active in the northeast but I know that there are a national group but

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00:57:12.420 --> 00:57:22.800

Kimberly Kelly: so I'd be interested if they had any kind of more rural health kind of resources and and that's just ignorance on my part because I'm not I'm not as familiar with them.

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00:57:23.790 --> 00:57:24.510

Kristi Graves: I think their

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00:57:25.560 --> 00:57:27.330

Kristi Graves: Their headquarters is in Florida,

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00:57:27.600 --> 00:57:28.080

Kristi Graves: which I don't

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00:57:28.290 --> 00:57:28.890

Kimberly Kelly: know them.

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00:57:31.920 --> 00:57:49.080

Kristi Graves: And I know that they've presented at some national organizations to. I can't speak to their rural health focus, but I know that they're very interested in partnering with different groups to develop and leverage, you know what they've already done and tailor that.

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00:57:50.610 --> 00:57:51.030

Kristi Graves: So

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00:57:51.480 --> 00:58:02.100

Kimberly Kelly: I so that sounds like a great group, and I know I appreciate their work I just haven't been as familiar with it lately. I just basically see what they put out on blast on on their Facebook sites.

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00:58:04.110 --> 00:58:22.710

Kimberly Kelly: And I know they do a lot of what they had some kind of informational videos or things that they they were were showing and so yeah if it's something that they had that's existing and maybe not not tailored to our population, maybe we can modify it in some way to make it more relevant.

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00:58:26.430 --> 00:58:27.330

Kimberly Kelly: That's a good idea.

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00:58:34.500 --> 00:58:36.570

Kimberly Kelly: Any other thoughts about resources?

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00:58:38.820 --> 00:58:43.260

Kimberly Kelly: I mean one thing that we could think about is just kind of developing

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00:58:44.400 --> 00:58:53.340

Kimberly Kelly: patient resources that we can share amongst, kind of, our population and kind of house them in one area.

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00:58:54.840 --> 00:59:00.720

Kimberly Kelly: If there are particular types of education, it seems seems like a big

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00:59:03.300 --> 00:59:05.430

Kimberly Kelly: heavy lift I mean it seems like

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00:59:06.510 --> 00:59:27.360

Kimberly Kelly: you know, we might do individual conditions and maybe put together something like that, and it sounds like Dr. Kronk would have interest in Fragile X, for example, but you know how do we, how do we deal with this larger issue of just genetics literacy in general and and

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00:59:28.410 --> 00:59:39.720

Kimberly Kelly: I think that Community building way is very helpful in one sense, and then educating the providers and another, and that that's one thing that we had talked with Alissa about pairing with NYMAC to work on

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00:59:43.110 --> 00:59:53.400

Kimberly Kelly: And dissemination, we have a website and we are planning to put together manuscript looking through some of so I appreciate, if you all

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00:59:53.760 --> 01:00:14.310

Kimberly Kelly: can fill out the evaluation at the end, so that we can have more information about where what your feelings are now and also think about other locations that we may want to talk to, and it sounds like you know from a policy angle, maybe we do need to do some education of our legislators.

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01:00:16.620 --> 01:00:38.430

Kimberly Kelly: And I did invite Barbara Fleishauer to attended. She's a local delegate for West Virginia and is running for senate in West Virginia, so our state legislature, and I know that that this is an issue that's relevant to her family, and so I am

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01:00:39.600 --> 01:00:45.840

Kimberly Kelly: I hope to hear more about her involvement and engagement in the future, but

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01:00:46.860 --> 01:00:57.750

Kimberly Kelly: as it stands, I think that she's had some conflicts, but hopefully that will be an area where we can do some education as well.

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01:01:06.450 --> 01:01:09.480

Kimberly Kelly: So, as far as a research agenda, what is our next step.

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01:01:11.670 --> 01:01:14.760

Kimberly Kelly: So, from what I'm hearing is, we need to think more

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01:01:16.620 --> 01:01:17.550

Kimberly Kelly: about

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01:01:19.680 --> 01:01:29.070

Kimberly Kelly: maybe thinking of some kind of patient navigation and community based research where we're using lay health

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01:01:30.180 --> 01:01:48.990

Kimberly Kelly: educators or lay health advisors and I'm probably using the wrong term I know that there's, one that is a specific training and one is a more general term but to leverage those and considering inner personal education, looking at gene environmental

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01:01:50.550 --> 01:02:04.560

Kimberly Kelly: interactions, getting more information about the genetic assistant program and finding out more about the spring push from the NSGC and state licensure and also

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01:02:06.030 --> 01:02:12.150

Kimberly Kelly: possibly reaching out to groups like FORCE to see if there may be some more patient information.

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01:02:14.670 --> 01:02:19.140

Kimberly Kelly: Okay, any other thoughts before we adjourn? It sounds like a pretty

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01:02:20.430 --> 01:02:44.940

Kimberly Kelly: pretty good area for us again we've also been trying to do a little work in education and pharmacogenomics and so that's one area we have going, and also in kind of

getting response back and from patients and getting their them to sit back the kits once they get out.

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01:02:49.560 --> 01:02:57.600

Kristi Graves: I'm not sure if this would fall into one of the buckets of research ideas you just talked about, but one thing that I'm really curious about is the idea of

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01:02:58.620 --> 01:03:07.530

Kristi Graves: once someone in a family has a genetic test, and if they test positive, how do we support them and or make sure that

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01:03:08.040 --> 01:03:15.810

Kristi Graves: others in their family, so the cascade testing question and the family communication question and I think that might differ based on different

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01:03:16.530 --> 01:03:25.470

Kristi Graves: patterns of communication and family about health information and who's who's the gatekeeper and do people talk about these things or not, and so I think that could be an interesting

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01:03:25.620 --> 01:03:28.530

Kimberly Kelly: question

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01:03:30.120 --> 01:03:31.680

Kimberly Kelly: yeah that's a huge interest of mine and when I was at Ohio State

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01:03:32.880 --> 01:03:35.190

Kimberly Kelly: you know they had identified

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01:03:37.380 --> 01:03:40.140

Kimberly Kelly: colon cancer mutation that they thought was

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01:03:41.340 --> 01:03:48.930

Kimberly Kelly: originated in the United States, and so there was a lot of work with that trying to identify the families and

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01:03:49.650 --> 01:04:03.360

Kimberly Kelly: look at how that might have been transmitted, but certainly that communication and and families are pretty tight here so that's one advantage, and we, we have, so the the network is strong.

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01:04:03.570 --> 01:04:05.250

Kimberly Kelly: The network is very strong.

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01:04:05.820 --> 01:04:12.840

Kimberly Kelly: But the the way that that information is communicated maybe challenging.

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01:04:13.470 --> 01:04:23.010

Kimberly Kelly: Yeah so how, how do we help people who don't have a genetics background to understand how to communicate this to other people, yeah, right.

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01:04:24.930 --> 01:04:30.150

Kimberly Kelly: So more that's more on the identification and people at risk right.

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01:04:32.490 --> 01:04:40.950

Kimberly Kelly: Which you, which also goes into like helping them providers as well and provider education so so and I've also seen

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01:04:41.520 --> 01:04:52.380

Kimberly Kelly: in my research and talking to one woman that she said, 'you know my mother had early onset breast cancer, I went and I talked to my physician, and he told me not to worry about it.'

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01:04:53.790 --> 01:04:54.060

Kristi Graves: Right.

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01:04:55.230 --> 01:05:09.660

Kimberly Kelly: When she was concerned, and at that she was probably within that 10 year time frame, it wouldn't have hurt to have a baseline mammogram, and so you know I kind of step a little bit out of my research

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01:05:10.710 --> 01:05:16.350

Kimberly Kelly: shoes, in that sense, and I said, 'well you know, sometimes we're our own best advocate.'

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01:05:18.990 --> 01:05:27.720

Kimberly Kelly: You know if you're not satisfied with the quality of your care, then you know there's always the option of getting a second opinion.'

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01:05:29.640 --> 01:05:37.020

Kimberly Kelly: So, but so that that's that's a little tricky and so when other family members are identified, you know

401

01:05:38.580 --> 01:05:45.660

Kimberly Kelly: what do they do next? But so having having patient navigation, I think, this is very helpful yeah.

402

01:05:46.470 --> 01:06:02.130

Kimberly Kelly: Alright, so again, I appreciate your all's engagement throughout the sessions and for those who are viewing later we appreciate you reviewing our materials and

403

01:06:03.030 --> 01:06:17.160

Kimberly Kelly: to wrap up, we would appreciate you completing this final evaluation to give us more input about how we might address these concerns and I haven't checked the chat has anything come up

404

01:06:21.570 --> 01:06:22.260

Kimberly Kelly: Okay.

405

01:06:24.660 --> 01:06:38.400

Kimberly Kelly: Alright, so that there are a lot of links in there, and so, hopefully, Anusha and Trupti can can copy those for us, and maybe we can distribute them along with our follow-up email.

406

01:06:41.460 --> 01:06:43.710

Kimberly Kelly: Any final questions or comments?

407

01:06:45.570 --> 01:06:55.890

Kimberly Kelly: Well, great it's it's been such a pleasure doing this and, and I really had no idea how this would go, but I appreciate you all hanging in there and contributing and

408

01:06:58.140 --> 01:07:02.040

Kimberly Kelly: wanting to help with this challenging issue.

409

01:07:03.180 --> 01:07:11.940

Kimberly Kelly: And I think to some level we're all experiencing it but in Appalachia it's pretty pretty challenging so thanks again.