

MSGRC Birth Defects and Genetics Providers Mapping Project

The Mountain States Genetics Regional Collaborative. The Collaborative is supported by a federal grant from HRSA in partnership with the Genetic Services Branch. In 2015 the Collaborative collected information about genetics providers in the eight states of the Mountain States Region; we are updating that information this year, with the goal of identifying areas in the mountain states where there is a need for additional genetic services. We are specifically interested in mapping where providers in the region deliver services and where the patients who need services live.

MSGRC is collecting basic information about your practice, such as: "How many physicians see genetics patients in your practice?"

For each of the questions below, please provide as much detail as possible. You can respond in writing and submit your responses to Marilyn Brown (mbrown@mountainstatesgenetics.org) or you can call her at 303-477-1976 to provide your responses over the telephone.

Questions:

1. What is the physical address of your practice?
2. How many physicians see genetics patients in your practice? Does (he/she/they) see patients full time? If not, please estimate the percent of time each physician sees patients.

General Genetics:	Academic Time %	Clinical Time %
1.		
Total clinical FTE		

Metabolic Disease:	Academic Time %	Clinical Time %
1.		
Total clinical FTE		
3. We would like a list of each genetics physician along with how many days per week is he/she in clinic. Please provide if possible. (If not available, please indicate how many days a genetics physician serves patients in the clinic.)
4. How many genetic counselors see genetics patients in your practice? Does (he/she/they) see patients full time? If not, please estimate the percent of time each genetic counselor sees patients.

For Clinical Genetics:	Clinical time %
1.	
Total Clinical FTE	

For Metabolics:	Clinical time %
1.	

Total Clinical FTE:

We also have a nurse practitioner/PA (if applicable) who is ***time of which *** is clinical time.

5. If possible, we would like a list of genetic counselor(s) along with how many days per week is he/she in clinic. Please provide if available. (If not, please indicate how many days a genetics counselor sees patients in the clinic.)
6. What types of patients do your genetics providers see (children only, pregnant women, adults, cancer only, all types of genetics patients, etc.)?
7. About how many new genetics patients per year does your practice accept?
8. Does your practice accept Medicaid, Medicare, or uninsured patients? (please indicate which if any)
9. Do your doctors, genetic counselors, or other staff provide outreach clinics? [If Yes] Where are they located? [Please provide the physical address, if possible. Otherwise, please provide the city/zip code]. How often are the outreach clinics held? About how many patients are seen at each outreach clinic per year?
10. Do your doctors or genetic counselors use telemedicine to provide clinical services? If so, where do the patients go to receive their telemedicine services from you? [Please provide the physical address, if possible. Otherwise, please provide the city/zip code]. About how many patients receive services via telemedicine from your providers each year?
11. As mentioned in the introduction, we are also interested in understanding where your patients live. Please provide as much information as possible for each question below.
 - a. What geographic area does the **primary clinic** in your practice cover (counties or cities or metropolitan area)?
 - i. [Note: We are specifically interested in learning about the cities and/or counties where your patients live?]
 - b. Now we would like to understand the geographic areas your outreach clinics and telemedicine sites cover. Can you tell me about the geographic area your **outreach clinic(s)** cover? [please include information for each outreach clinic identified in question 8]

- i. [NOTE: We are specifically interested in learning about the cities and/or counties where your patients live.]

- c. How about the geographic area your **[telemedicine site]** covers? [repeat for each telemedicine site identified in question 9]
 - i. [Note: We are specifically interested in learning about the cities and/or counties where your patients live?]

- d. Do you have access through your electronic medical record or billing system to the zip codes for the patients your clinic has seen in the previous 6 months?

- e. [If Yes] Would you be able to pull a list of those zip codes, excluding all other patient information, and share them with us?
 - i. [If Yes] Thank you! We only need a list of zip codes where the patients you see live. We do not need any other information about the patients. You can email that list to mbrown@mountainstatesgenetics.org. Thank you for your time in responding to these questions!

 - ii. [if No] We understand, thank you for your time in responding to these questions!