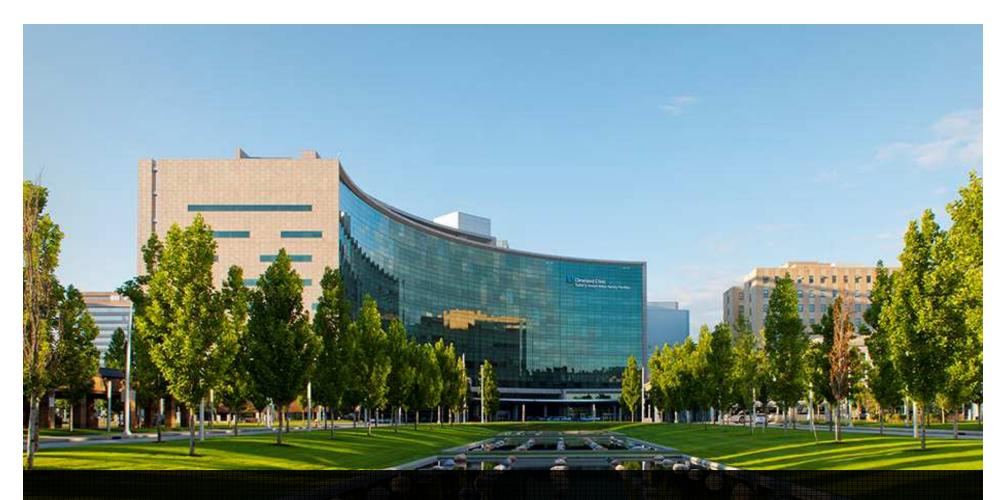


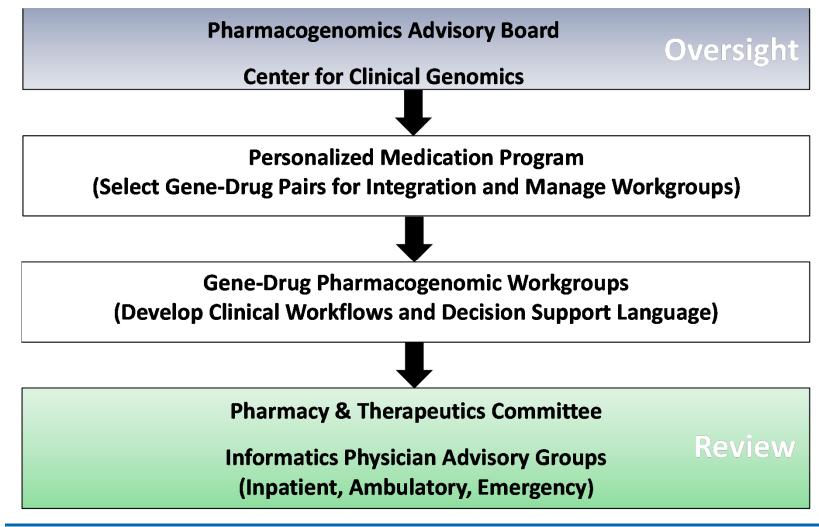
Implementation of CPIC Guidelines into Clinical Practice

Cleveland Clinic Experience



- 10 adult hospitals & a children's hospital in Ohio
 Hospital in Florida
- Over 90 ambulatory locations in Ohio and Florida
- 5.5 million patient visits per year

Schematic of Pharmacogenomic Implementation Oversight and Review



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Implementation Science Gene-Drug Pairs Integrated into EHR

<u>TPMT – thiopurines</u>

Predictive of severe life-threating myelosuppression

<u>HLA-B*57:01 – abacavir</u>

FDA boxed warning. Predictive of serious and sometimes fatal hypersensitivity reaction

HLA-B*15:02 – anticonvulsants

FDA boxed warning. Predictive of Stevens-Johnson syndrome/epidermal necrolysis

<u>G6PD – oral dapsone</u>

Predictive of acute hemolytic anemia



Clinical Decision Support for Guiding PGX Testing

- Cleveland Clinic does not have a preemptive genotyping protocol
- For gene-drug pairs selected for implementation, point-of-care reminders needed
- Interruptive pre-test alerts were deployed to the EHR that reminded (educate) clinicians to consider genetic testing

Example of Pharmacogenomic CDS HLA-B*57:01 – Abacavir

(Place orders		12							-		
SnapShot		(a) 23 (2000)	Ø	1	1	<u>\$</u>	B		1	*		
Patient Summary	Order Set Interac	ions P <u>r</u> oviders	Ne <u>w</u> Order	P <u>e</u> nded Orders	Hel <u>d</u> Orders	Pend Orders	Sign & <u>H</u> old	Sign & Verify Si	gn Orders S	Settings	Reports	
Chart Review	Ne <u>w</u> order:				Se	arch						
Synopsis	Order mode:		•	New order defau	ults Not using	defaults						
Results Review	During visit (1 Ord	er)										
Flowsheets Problem List	abacavir 300 mg		and the second se	ne 300 mg tablet (LY, First Dose Too		util Discontinue	h					
History		T tubict, or at	e, 2 mie o ora	21,111012000100	iu, ui 2100, 01	an Diocomande						
	- Advisory - Zzd	onotdischar	ge,Epic G									
<u>Click h</u>	rir therapy. Plea ere for additi wledge reason:	onal inform										
	inegge reacon.	Test draw External te		ding in lab E ecords reques			-	ote Med Upd				
☑ ⊉	Open order: HL	A B5701	Ised 1	o iden	tify tł	iose	with I	PGx te	sts f	rom		
		0	utsid	e healt	th sys	stems	© 2015 I	Epic Systems Cor	rporation. U	sed with P	Permission	-
								<u>A</u> ccept		<u>C</u> a	ancel	

Example of Pharmacogenomic CDS HLA-B*15:02 – Carbamazepine

 China Singapore Malaysia 	 Thailand India Korea 	•	Japan Taiwan Philippines	
	ancestry, select the HLA-B*15:02 genotyp		on for not ordering the te	est.
Acknowledge reason:				₽ 🗋
	Med Update Test ordered and result pend	ling No known	Asian ancestry Patient	declined test
	External result noted by clinician Consiste	ently taking drug	> 3 months Emergency	
	Other - Document in note			
Open Order Set: HI	AB*1502 TYPING preview			
Open Order Set: HI				

Selection of these acknowledgements suppresses future pre-test alerts to prevent alert fatigue

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Education Documents & EHR Stage 2 Meaningful Use



oxcarbazepine

fosphenytoin

eslicarbazepine

lamotrigine

These medications should NOT be prescribed unless the benefit outweighs the risk, or if the patient has consistently been

CLEVELAND CLINIC PERSONALIZED MEDICATION PROGRAM HLA-B*15:02 – ANTICONVULSANTS CONSENSUS GUIDELINES

PURPOSE OF DOCUMENT: Individuals who carry the HLA-B*15:02 allele are approximately 100-fold more susceptible to carbamazepine-induced Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) than those who are non-carriers of the allele. Although this document focuses on carbamazepine, carriers of the HLA-B*15:02 allele may also be more susceptible to oxcarbazepine, eslicarbazepine acetate, phenytoin, fosphenytoin, and lamotrigine-induced SJS/TEN than non-carriers. HLA-B genotyping is offered at Cleveland Clinic (test name HLA B*1502) to help identify those at an increased risk of drug-induced SJS/TEN. The purpose of this document is to provide guidance for when this test should be ordered, how to interpret the result, and how to modify pharmacotherapy based on the HLA-B*15:02 test result.

Evidence-based referenced education documents linked to decision support for CMS Stage 2 meaningful use criteria

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Pharmacogenomic Decision Support Clinical Resources

	Workbench	×							
	Clinical Resources								
Clinical Resourc		Contraction Contra							
	Clinical Resources in Epic								
	💕 Clinical Reso	urces in Epic							
	Home Documents and	Lists Create Site Settings Help							
	8	Clinical Resources in Epic > Center for Clincal Gene Center for Clincal Genomics							
	View All Site Content	Content of this library is managed by Kevin Hicks							
		Actions -							
		URL							
	Center for Clinical Genomics WEB Page								
		G6PD-dapsone Consensus Guidelines							
		HLA-B*15:02 - ANTICONVULSANTS CONSENSUS GUIDELIN	ES						
		HLA-B*57:01-Abacavir Consensus Guidelines							
		TPMT Consensus Guidelies	© 2015 Epic Systems Corporation. Used with Permission						

Stored in a Microsoft SharePoint[©] site that interfaces with the EHR



Integrating Pharmacogenomic Results into the EHR

	Results Review (Last refresh: 7/27/2015 9:33	:40 AM)		
SnapShot	← <u>B</u> ack ➡Eorward 🚰 View - 🖬 Hide Tree	Ref Range Ktoad,	All 🛑 Flo <u>w</u> sheet 🔛 <u>G</u> ra	ph 🛛 🔮 Time Mar <u>k</u>
Summary	Search:	🗖 Hide data prior to: 🛛 7/	23/2015 Use Da	te Range Wizard
Chart Review Synopsis	ALL TOPICS		1	
Results Review	ë-Results ë-LAB GENERAL		7/23/2015 1426	
Review Flowsh	CHEMISTRY	MOLECULAR GENETICS		-
Problem List		HLA B5701	Negative	
History	FLOW CYTOMETRY	HLA B5701 Interpre	(NOTE) *	
Inpatient Notes	MOLECULAR GENETICS	HLA B5701 Reviewed By		
Demographics	MISCELLANEOUS			
Medications	MOLECULAR MICROBIOLOGY	© 2015 Epi	c Systems Corporation. Used v	with Permission

Entry of *HLA* results (negative/positive) is an automated process

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Integrating Pharmacogenomic Results into the EHR

SnapShot	\square Back \blacksquare Eorward \square View \neg \square Hide Tree	Ref Range HLoad A	JI 🛑 Flo <u>w</u> sheet 🔛 <u>G</u> rap	h 🛛 🚱 Time Mar <u>k</u>
Summary	Search:	Hide data prior to: 5/1	5/2014 Use Date	Range Wizard
Chart Review	,			
Care Everywhere			1	
Synopsis	i⊡-Results i⊡-LAB GENERAL		7/17/2015 1725	
Results Review		MOLECULAR GENETICS		
Review Flowsh	HEMATOLOGY	TPMT Genotype	TPMT*1/TPMT*1	
Problem List			Alleles presen *	
History				1
Inpatient Notes	⊡ PATHOLOGY	© 2015 Epic S	Systems Corporation. Used with	Permission

Entry of TPMT results into discrete data field requires manual annotation

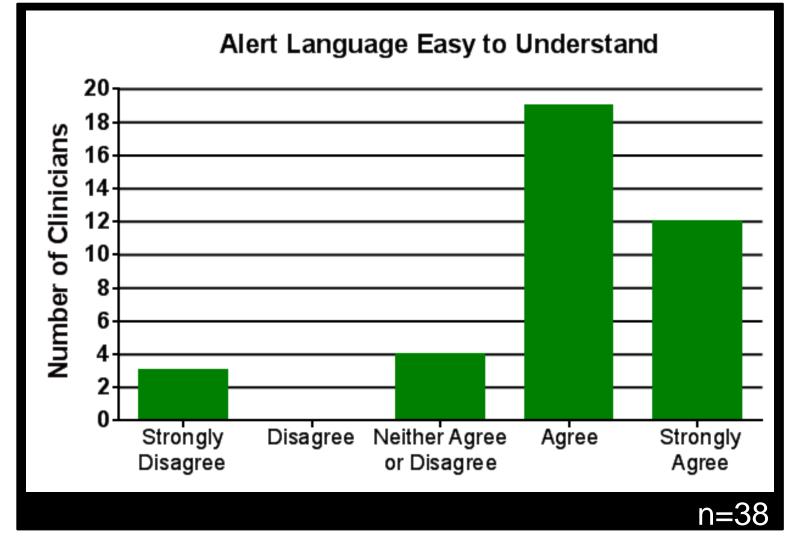
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HLA-B*15:02 – Carbamazepine Patient Safety Alerts

 eslicarbazepine 	 fosphenytoin lamotrigine
	ould NOT be prescribed unless the benefit outweighs the risk, or if the patient has consistently been for greater than 3 months without a cutaneous reaction. Please cancel this drug order and prescribe
	elect a reason for ordering.
lease page the pharm	nacogenomics pharmacist at 22924 for more information.
lick here for additio	nal information about HLA*B15:02 - Anticonvulsants
lick here for additio	
Last HB1502=Positive	
Last HB1502=Positive	e on 8/12/2015
Last HB1502=Positive	e on 8/12/2015 Med Update Consistently taking drug > 3 months Benefit Outweighs Risk Emergency



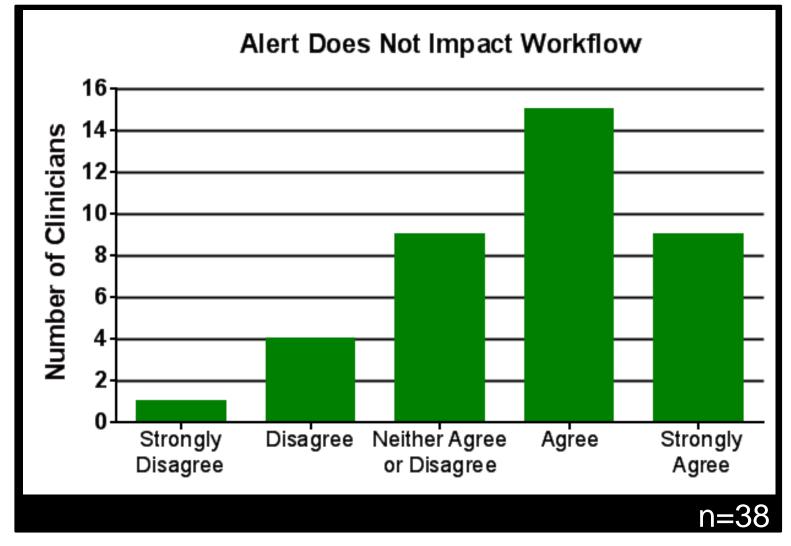
CDS Formative Evaluation



Practice Recommendations: Involve clinicians early



CDS Formative Evaluation



Practice Recommendations: Involve clinicians early



Passive Clinical Decision Support for Guiding PGX

- Reserve interruptive PGx alerts for very high-risk genedrug
- Passive decision support for other gene-drug interactions
 - Reduce alert fatigue
 - Faster integration of PGx data into EHR
- PGx data initially resulted in the EHR is textual
 - Not sustainable to manually annotate results

Pharmacogenomic Test Reporting in Drug Entry Screen

	e 200 mg tab(s		00, Until Discontinued			<u>∦ Accept</u> X <u>C</u> ancel
Priority:	1 3	0				×
Report:	Lab Test Resu	ults				
	Component	Time Elapsed	Value	Range	Status	Comments
	HLA B*1502 Typing	506 days (03/05/14 0700)	POSITIVE (NOTE) The allele HLA-B*1502 is associated with increased risk of developing severe skin reactions to carbamazepine therapy (Stevens-Johnson Syndrome and toxic epidermal necrolysis).		Final result	
Reference Links:	1. HLA-B*15:0 Summary Sho)2 Pharmacogenor eet	nic 2. Drug Info - Adult			3. Drug Info - Peds
Dose:	200	mg 200 mg	400 mg 600 mg			
	Administer Do	ose: 200 mg				
	Administer Ar	nount: 1 tablet				
Route:	ORAL	ORAL				
Frequency:	2 TIMES DAIL	Y 🔎 💷		G) 2015 E	nie Systems Corporation, Used with Dermission
	For:	📄 🖲 Doses C H	Hours 🔿 Days	(≠ 2015 E]	pic Systems Corporation. Used with Permission



Pharmacogenomic Test Reporting in Drug Entry Screen

Component Time Elapsed Value Range Status Comments TPMT Enzyme 202 days (01/06/15 22.4 Final result Value 1453) Unit. U/mL RBC (NOTE) Final result This result can be interpreted as normal for TPMT activity.		b(s) (IMURAN) Dose Today at 1200,	Until Discontinued				<u> </u>
Component Time Elapsed Value Range Status Comments TPMT Enzyme 202 days (01/06/15 22.4 Final Final Value 1453) Unit: U/mL RBC (NOTE) This result can be interpreted as normal for TPMT activity. Final	Priority:	Q					
TPMT Enzyme Value 202 days (01/06/15 1453) 22.4 Unit: U/mL RBC (NOTE) This result can be interpreted as normal for TPMT activity. 	Report:	Lab Test Results					
Value 1453) Unit: U/mL RBC (NOTE) result This result can be interpreted as normal for TPMT activity. TPMT activity.		and show have not as hard as a second show a simply second s			Range Status	Comments	
Reference Links: 1. TPMT Summary-Prescribing Info 2. Drug Info - Adult 3. Drug Info - Peds Dose: Image: S0 mg 100 mg 150 mg Route: ORAL Image: ORAL Image: S0 mg Frequency: DAILY Image: S1 mg				Unit: U/mL RBC (NOTE) This result can be interpreted as normal for TPMT activity. >=15.0 (Normal) 10.1-14.9 (Low normal) 6.0-10.0 (Carrier)	result		
Route: ORAL ORAL Frequency: DAILY		^{S:} 1. TPMT Summa	ry-Prescribing Info 2. [Drug Info - Adult 3. Drug Info - F	eds.		
Frequency: DAILY	Dose:	@	Q 2	50 mg 100 mg 150 mg			
	Route:	ORAL	ORAL				
For: Doses C Hours C Days	Frequency:	DAILY	Q				
		For:	O Doses ○ Hours O	O Days			
Starting: 7/28/2015 🔤 Today Tomorrow		Starting: 7/28/201	15 🗐 Today Tom	orrow			
First Dose: Include Now As Scheduled		5455252	Include Now	As Scheduled			

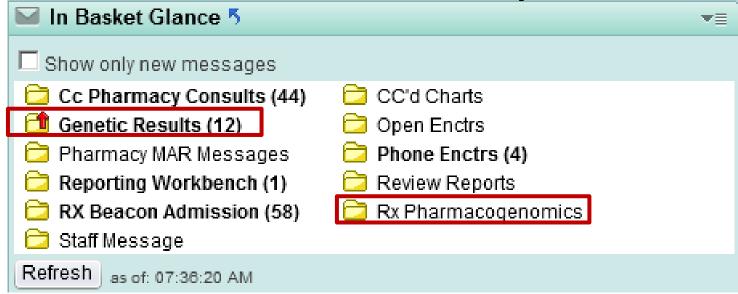


Pharmacogenomic Decision Support Impact on Patient Care

- Compliance with clinical recommendations
 - Contraindications 100% compliant
 - Dose reductions 90 to 95% compliant

Pharmacy Managed Behind-The-Scenes Review of Pharmacogenomic Test Ordering & Results

EHR In Basket – Pharmacy View



- Provides a summary of PGx Enterprise wide
- Review for correct test selection Cost Savings
- Follow up with clinicians when necessary



Personalized Medication Program EHR Pharmacogenomic Consult Request

Questions:		Prompt	Answer
	1.	Is the consult for clinical interpretation and drug dosing recommendations for a pharmacogenomic test result? 9	Yes, indicate which test result and which drug No
	2.	Is the consult for an opinion on whether pharmacogenomics may help explain drug intolerances? Q	Yes, indicate which drug(s) and the observed adverse drug effect No
	3.	Is the consult for an opinion on whether pharmacogenomics may help explain non- response to a drug? 😡	Yes, indicate which drug(s) No
	4.	What other information is being requested (if applicable)?	
	S	ingle response	

MyConsult Pharmacogenomic Service



Pharmacogenomics Consultations

Cleveland Clinic's MyConsult[®] Online Medical Second Opinion now offers a consultation service for individuals who are seeking an expert second opinion regarding pharmacogenomics



Implementation of Pharmacogenomic Services

• Outpatient Pharmacogenomics Clinic



Genomic Medicine Institute

The Center for Personalized Genetic Healthcare

Your family history is your road map to wellness. Treatment is centered around your unique genetic profile, and its impact on you and your family.

Dr. Charis Eng Chair, Genomic Medicine Institute



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Every life deserves world class care.