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**Title**

*Innovative family history application- Provider's perspectives*

**Priority 1 (Research Category)**

Screening, prevention, and health promotion

**Presenters**

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**Abstract**

Context: A complete and up-to-date family history (FH) is imperative in primary care (PC). The identification of high-risk individuals may enable appropriate follow-up including genetic testing, personalized screening and management. Complete FH is rarely documented in the electronic medical record (EMR). Objective: To explore family physicians' (FP) experiences and perceptions of an innovative EMR-integrated strategy to collect FH. Study design and analysis: Qualitative study involving telephone interviews with FPs. Thematic analysis was used for identifying, analyzing and reporting patterns. Three researchers independently performed line-by-line open coding of interview transcripts then met to discuss codes. An iterative process was used, meeting frequently to modify the interview and coding guide as new themes emerged. A coding framework was used to analyze the remaining transcripts. Major themes were identified until saturation was reached. An inductive approach to data analysis using the constant comparative method was used. Setting: Randomly selected PC team practices affiliated with University of Toronto Practice-Based Research Network in Ontario, Canada. Population studied: Eligible FPs from 3 intervention sites. Intervention: Emailed patient invitation to complete validated FH questionnaire, automatic EMR upload, FP notification and links to clinical support tools. Outcome measures: FPs' experiences and perceptions of the strategy. Results: 15/20 FPs were interviewed. Average age was 48y, 71% identified as female, 43% practiced for less than 10 years and there was a range in practice type; community (7%), academic (57%), combined (36%). Six major themes were identified: 1) FH provides important information about hereditary risk, permitting tailored patient management; 2) The intervention was a new way to opportunistically collect FH by leveraging technology; 3) It facilitated meaningful discussions with patients, contributing to perceived good patient

care; 4) It increased awareness and knowledge regarding management; 5) Comprehensive review disclosed new information which led to clinically relevant management changes; 6) Strategies are needed to increase acceptability. Conclusion: FPs expressed the importance of routine FH collection and its implications for clinical management. Factors contributing to the intervention's success included being patient-initiated and seamless EMR integration. The intervention needs tailoring to different contexts.