

Utilization Trends of Genetics Clinics in Washington State, 1995 to 2004

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Background: Examining health services utilization contributes to quality of care by enabling use of trends for planning and policy purposes. Understanding utilization of genetics clinics is salient for planning because use of these services may be sensitive to gene discovery advancements and research stemming from the Human Genome Project. Despite developments in genomics, data on genetics clinics are limited.

Objectives: To analyze utilization at nine genetics clinics in Washington State, to explore factors associated with utilization, and to discuss policy implications.

Methods: This study used the Washington State Minimum Data Set, core data items collected by the Genetic Services Section, Washington State Department of Health (DOH). DOH received information from up to 14 genetics clinics in Washington between 1993 and 2005. Clinics provided aggregated counts of visits per year and aggregated demographic information; patient-level data were not collected. Our analysis included data from the nine genetics clinics that consistently reported between 1995 through 2004. We described utilization of clinical services with yearly counts of visits and analyzed visits according to age, sex, and residence. We excluded prenatal services because these services occur in many settings and have been well described. Secondary, exploratory analyses used Poisson regression models to examine factors associated with yearly utilization.

Results: Utilization at nine genetics clinics in Washington State increased during the period from 1995 to 2004. The total number of visits increased from 1804 visits in 1995 to 3536 visits in 2004, with growth increasing consistently at an average, estimated 8% each year. While adults 20 years old and over comprised 29% of all visits in 1995, adults represented almost 40% of visits in 2004. Exploratory analyses suggested that neither state population nor number of diseases for which testing was available were significantly associated with utilization growth.

Discussion: While the nine genetics clinics experienced notable growth in utilization, their visit volume was substantially smaller compared to traditional health settings like hospitals and outpatient offices. This finding may have implications for service delivery given trends in the genomics workforce. We hypothesize that changes in patient composition result from increasing demand for adult genetic services and consumer awareness of genomics. Based on our exploratory analysis, future research efforts could examine how the clinical utility of new products affects utilization. Providers and administrators may need more patient-level information in order to ensure adequate supplies of services and to address barriers to care.

Conclusion: Nine genetics clinics in Washington experienced growth in utilization and changes in the mix of patients served between 1995 and 2004. Additional study of population-level factors influencing utilization is warranted.

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