
WHO WILL INTERPRET

Family history interpretation and risk assessment may be performed by the primary care provider, but can also be aided by other team members and specialists.

After the family history is collected, determine who in the practice will be involved in interpretation of the data and performing risk assessment. This decision, too, may be made in coordination with selecting a family history tool. An electronic risk assessment tool can perform initial assessment of the family history based on algorithms, but a clinician should also review the results before changing patient management.

PARTICIPANTS

Implementation lead, staff involved in family history processes

WHAT YOU'LL NEED

Risk assessment tool

BARRIERS

Competing priorities, knowledge, infrastructure

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[Assessing Risk and Identifying Red Flags](#)

[Categorizing Cancer Risk](#)

[Provider Education Resources](#)

APPROACHES

1 *Provider interpretation*

The primary care provider will always have an important role in reviewing and interpreting collected family history and performing risk assessment. These activities may fall solely on the provider, or may be shared with one (or more) of the methods described below.

2 *Two-tiered: Allied health provider and provider*

As previously described, some practices may utilize another team member to perform family history collection, which can also include initial or preliminary risk assessment. This information is shared with the provider through the EHR or another channel, and the provider reviews the initial interpretation to make a final risk assessment and recommendation to the patient.

3 *Genetic expert review*

Some practices have established relationships with local genetic clinics or commercial genetic services to assist in risk assessment. A genetic specialist reviews charts at regular intervals to identify candidates for further genetic evaluation, and communicates the recommendations back to the practice for review and follow-up.

Figure 3. Workflow with patient-entered family history collection in the waiting room and provider risk assessment using an electronic tool. CRA = cancer risk assessment. FH = family history. EHR = Electronic Health Record.

Patient screening workflow — digital assessment

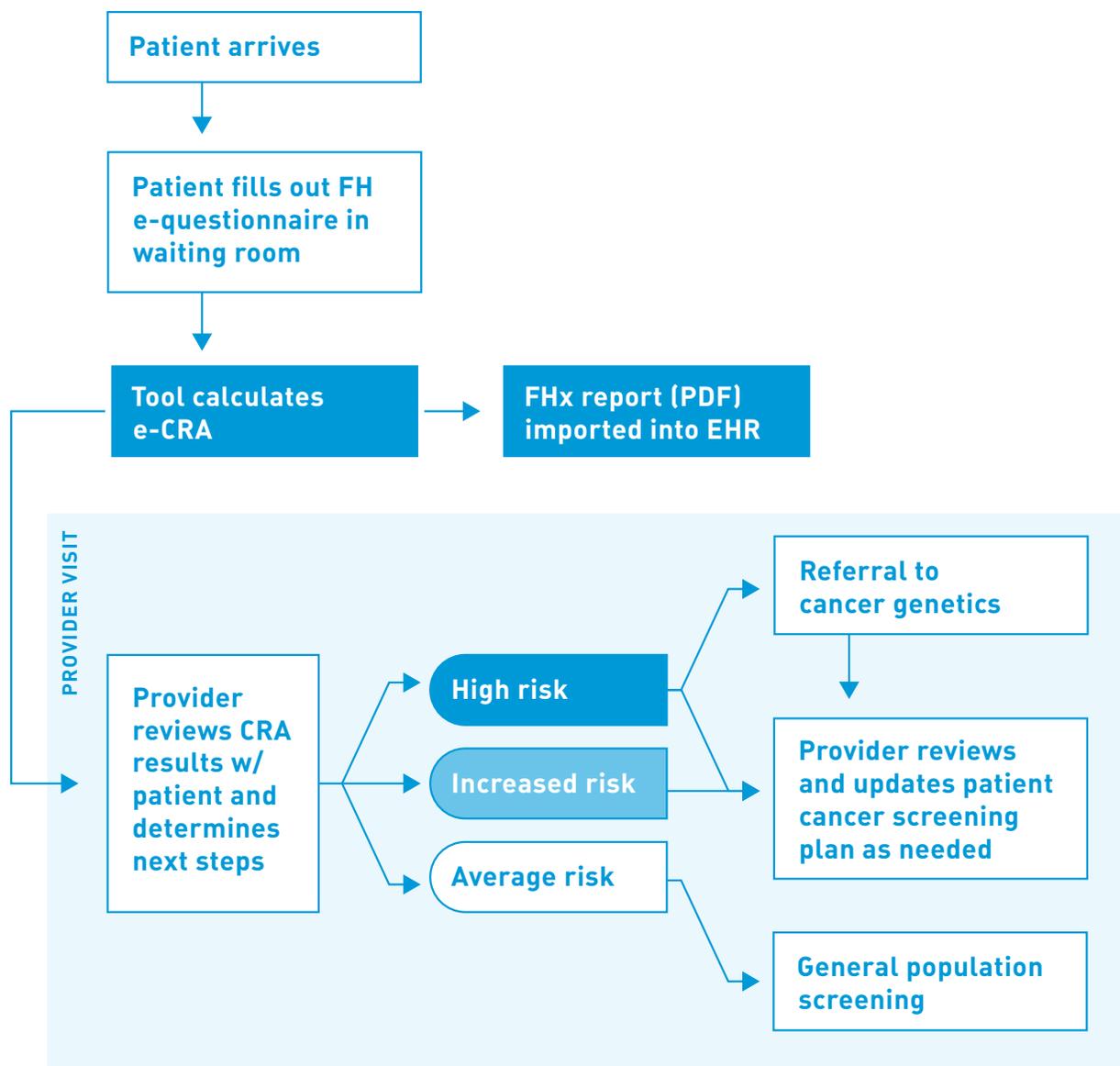


Figure 4. Workflow with 2-tiered risk assessment utilizing nurse appointment and secondary provider review. In this scenario a paper family history and risk collection tools are used. CRA = cancer risk assessment. FH = family history. EHR = Electronic Health Record.

Patient screening workflow — paper assessment

