SUPPLEMENTARY MATERIAL – SURVEY INSTRUMENT

PHYSICIANS’ AWARENESS AND UTILIZATION OF GENETIC SERVICES IN TEXAS

Journal of Genetic Counseling

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INTRODUCTION AND INFORMED CONSENT

Thank you for contributing to our research study by taking this survey. Below you will find more information about the study.

Project Title: Texas Physicians' Awareness and Utilization of Genetic Services

Purpose of the study: To assess Texas physicians' awareness and utilization of genetic services.

Time required: 5-10 minutes

Risks and benefits: The only risk of the study is a potential breach of confidentiality. There are no anticipated risks or additional benefits associated with participation in this survey.

Confidentiality: This survey is anonymous and confidential, and participation is voluntary. Any responses provided will be kept confidential and will not affect the participant's employment status. Participation in the survey implies consent to this study.

If you have questions regarding the survey or our study, please contact:

Blair Stevens and Callie Jenevein
Blair.K.Stevens@uth.tmc.edu
(713) 486-2292

Please select the answer that most accurately describes you for each of the following questions.

What is your gender?

☐ Male
☐ Female

What is your age?

☐ 24-30
☐ 31-40
☐ 41-50
☐ 51-60
☐ 61-70
☐ 71-80
☐ >80

Do you currently practice medicine?

☐ Yes
☐ No

How many years have you practiced medicine?

☐ 0-5 years
☐ 6-10 years
☐ 11-15 years
☐ 16-20 years
☐ 21-25 years
☐ 26+ years
Of the years you have practiced medicine, how many have been in the state of Texas?

☐ 0-5 years
☐ 6-10 years
☐ 11-15 years
☐ 16-20 years
☐ 21-25 years
☐ 26+ years
Where did you attend medical school?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other U.S. Territory
- Non-U.S. State or Territory.
Where did you complete your primary residency?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other U.S. Territory
- Non-U.S. State or Territory
What is your current PRIMARY specialty of medicine? (If you have a subspecialty, e.g. cardiology, please select your primary specialty, e.g., internal medicine or pediatrics.)

☐ Anesthesiology
☐ Family Medicine
☐ Internal Medicine
☐ Neurology
☐ Obstetrics and Gynecology
☐ Oncology
☐ Ophthalmology
☐ Pediatrics
☐ Radiology
☐ Surgery
☐ Other

If you selected other, please specify your current primary specialty of medicine in the text box below.

__________________________________

Do you have a subspecialty (e.g., cardiology, gastroenterology, etc.)?

☐ Yes
☐ No

What is your subspecialty?

__________________________________

Do you have a subspecialty in Maternal Fetal Medicine?

☐ Yes
☐ No

Do you have a subspecialty (e.g. pediatric cardiology)?

☐ Yes
☐ No

What is your subspecialty?

__________________________________

Do you have specific training in genetics?

☐ Yes
☐ No

Which of the following most accurately describes the setting of your practice?

☐ University Medical Center
☐ Private Hospital/Medical Facility
☐ Public Hospital/Medical Facility
☐ Physician's Private Practice
☐ Health Maintenance Organization
☐ Private Practice - Self-Employed
☐ Other

If you selected "other," please describe the setting of your practice in the text box below.

__________________________________
Which of the following most accurately describes the location of your primary practice?

- [ ] Urban
- [ ] Suburban
- [ ] Rural
- [ ] Other

If you selected "other," please describe the location of your primary practice in the text box below.

__________________________________

Does a genetic counselor currently work in your clinic?

- [ ] Yes
- [ ] No
- [ ] Not sure

On average, how many INPATIENTS do you see per week?

- [ ] < 1 per week
- [ ] 1-5 per week
- [ ] 6-15 per week
- [ ] 16-25 per week
- [ ] >25 per week

On average, how many OUTPATIENTS do you see a week?

- [ ] < 1 per week
- [ ] 1-5 per week
- [ ] 6-15 per week
- [ ] 16-25 per week
- [ ] >25 per week

How integral is genetics and/or genetic testing for patient care in your specialty of practice?

<table>
<thead>
<tr>
<th>Not at all integral</th>
<th>Slightly integral</th>
<th>Moderately integral</th>
<th>Very integral</th>
<th>NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
</tbody>
</table>

What is the zip code of your primary practice location? (Please enter a 5-digit zip code below.)

__________________________________

What is the average distance that your patients travel to be seen in your clinic?

- [ ] Less than 10 miles
- [ ] 10-30 miles
- [ ] 31-60 miles
- [ ] Over 60 miles
- [ ] Not sure

What is the average wait time for a patient to be scheduled for an initial appointment in your clinic?

- [ ] Same day
- [ ] Within one week
- [ ] Within 2-3 weeks
- [ ] Within 1 month
- [ ] Within 2-3 months
- [ ] Within 3-6 months
- [ ] More than 6 months
- [ ] Not sure
Genetics in Your Field

Please select the answer that most accurately describes you for each of the following questions.

Have you noticed an increase in the impact of genetics on your field in the last 5-10 years?

☐ Yes
☐ No
☐ Not sure
☐ N/A (I have not practiced for more than 5-10 years.)

If so, where have you noticed the increased impact? (Please check all that apply.)

☐ My patients (asking about family history, genetics, etc.)
☐ Presentations at medical conferences
☐ Advertisements/booths at medical conferences
☐ Articles in medical journals
☐ Articles in Physician/Healthcare Society Publications
☐ Advertisements in Physician/Healthcare Society Publications
☐ Newsletters/Emails from Physician societies
☐ People advertising/promoting genetic testing
☐ Other
☐ Not sure

If you selected "other," please specify where you have noticed the increased impact of genetics on your field in the text box below.

__________________________________

Have you discussed genetics and/or genetic testing more in your day-to-day practice in the last 5-10 years than you did before?

☐ Yes
☐ No
☐ Not sure
☐ N/A (I have not been practicing for more than 5-10 years)

Have you or your practice been approached or contacted by laboratory representatives promoting genetic testing?

☐ Yes
☐ No
☐ Not sure

Would you be interested in learning more about genetics and genetic testing as relevant to your field?

☐ Yes
☐ No
☐ Not sure

Would you be interested in learning more about the genetic services available to your patients, such as genetic counselors in the area, labs performing genetic testing, telemedicine services, support resources for families with genetic disorders, etc.?

☐ Yes
☐ No
☐ Not sure
How familiar are you with the roles a genetic counselor can provide (i.e., do you know what a genetic counselor does?)

Not familiar  Slightly familiar  Moderately familiar  Very familiar  NOT SURE

Are you aware of the available genetic services in your area (e.g., geneticists, genetic counselors, genetic nurses, other specialists)?

Not aware  Slightly aware  Moderately aware  Very aware  NOT SURE

Are you aware of genetic testing available to your patients?

Not aware  Slightly aware  Moderately aware  Very aware  NOT SURE

Are you aware of any interactive genetics telemedicine services (i.e., video conference, telephone counseling, etc.) available for your patients?

Not aware  Slightly aware  Moderately aware  Very aware  NOT SURE

If so, what type of professional provides the genetic telemedicine service(s)? (Please check all that apply.)

- Genetic counselor
- Medical geneticist
- Nurse
- Laboratory representative
- Physician assistant
- Nurse practitioner
- Non-geneticist MD specialist
- Genetics PhD
- Other
- Not sure

If you selected "other," please specify what type of medical professional provides these services in the text box below.

__________________________________

Do you know how to refer patients to genetic services in your area?

- Yes
- No
- Not sure

Do you know of a specific laboratory that performs genetic testing that you would use if/when necessary?

- Yes
- No
- Not sure

When referring to a specialist for genetic counseling and/or testing, to which type(s) of specialist(s) do you refer? (Please check all that apply.)

- Genetic counselor
- Maternal Fetal Medicine Physician
- MD Geneticist
- High-risk oncologist
- Genetics nurse
- Other
- I don't refer my patient to other specialists for genetic testing.

If you selected "other," please specify which type(s) of specialist(s) you refer to for genetic counseling in the text box below.

__________________________________
How often do you refer patients to different healthcare providers other than a genetic counselor for genetic counseling and/or testing?

- Never
- Rarely
- Occasionally
- Somewhat frequently
- Very frequently
- NOT SURE

How often do you refer patients to a genetic counselor?

- Never
- Rarely
- Occasionally
- Somewhat frequently
- Very frequently
- NOT SURE

How often do you refer patients to interactive telemedicine services (i.e., video conference, telephone counseling, etc.)?

- Never
- Rarely
- Occasionally
- Somewhat frequently
- Very frequently
- NOT SURE

What are your top three sources of information regarding genetics and genetic testing? (Please check up to three choices.)

- Physician specialists
- Genetic counselors
- MD Geneticists
- Genetics laboratory/testing company
- Primary literature - printed (textbooks, journals, etc.)
- Primary literature - electronic (online journals, databases, etc.)
- Online software
- Physician society
- Online websites
- CME events
- Other
- None

If you selected "other," please specify other sources of information regarding genetics and genetic testing.

__________________________________

What are your main reasons for NOT referring a patient to a genetic counselor (i.e., if you never refer or when you decide not to refer a particular patient)? (Please select all that apply.)

- Genetic counseling is not indicated for my patients
- I refer to an MD geneticist or other physician specialists for genetics-related indications
- I can perform the appropriate genetic counseling to my patients myself
- I can order the appropriate genetic testing for my patients
- I don't know when a genetic counselor would be appropriate
- I don't know how to refer to a genetic counselor
- I don't know any genetic counselors available to my patients
- There are no genetic counselors in my area
- I would have to refer to another doctor's office to reach a genetic counselor and don't want to risk losing my patient
- My patients probably would not be able to afford it
- The wait time for an appointment with a genetic counselor is too long
- Genetic counselors are not MDs
- Other

Please list or describe other reasons that you do not refer to a genetic counselor.

__________________________________

If you provide genetic counseling to your patients when indicated (i.e., discussing genetic testing, explaining genes or inheritance, etc.), what is the average amount of time you spend on this task per patient?

- None - I don't provide genetic counseling to my patients.
- Less than 10 minutes
- Up to 20 minutes
- 30 minutes or more