

During the COVID-19 pandemic, in-person provision of cancer genetic counseling and education services was not possible for a prolonged period. This article outlines why such services can continue remotely, despite the disruption of a pandemic, as well as describes the strengths and limitations of remote counseling to individuals and families about their hereditary risk for developing cancer. Considerations for the provision of remote counseling and some of the challenges of telehealth, with potential solutions, are described.

#### AT A GLANCE

- Remote counseling can be an effective strategy when in-person counseling is not feasible.
- Before implementing remote counseling, a trial run should be scheduled to identify and address issues with technology.
- Remote counseling requires the use of Health Insurance Portability and Accountability Act–compliant technology; some patients will lack the equipment and/or skills to navigate the needed technology.

#### KEYWORDS

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# Telegenetics

## Remote counseling during the COVID-19 pandemic

Suzanne M. Mahon, DNSc, RN, AOCN®, AGN-BC

**T**his year, with the spread of the virus that causes COVID-19, many methods of healthcare delivery changed in a matter of days. The provision of counseling services and education about cancer susceptibility was no exception. Several considerations determined whether cancer genetic counseling services could continue, including the necessity of the services, parameters that needed to be in place to provide care remotely, and strengths and limitations of providing counseling services remotely. The experience of clinicians providing care during the COVID-19 pandemic informs the design of optimal models of care delivery.

### Necessity of Services

The provision of cancer genetics education and counseling involves a series of steps. It begins with assessment of personal and family history, followed by counseling about the strengths, limitations, and risks of testing (Hampel, 2016). Once a patient's genetic sample is retrieved and sent to the laboratory for evaluation, the patient receives results in two to four weeks. Stopping this service during the time required for a pandemic to subside creates a bottleneck in scheduling and long waiting times for an appointment when in-person testing and counseling eventually can be resumed.

Genetic counseling services provided during a pandemic enable patients to obtain information about their risks for developing cancer so that when services are resumed, they have the necessary information to make treatment decisions

and can move forward with a treatment plan. For example, a woman with a new diagnosis of breast cancer who learns that she has a germline risk for developing cancer can schedule a bilateral mastectomy without further delay when services are more readily available. For patients already scheduled for genetic counseling and education, following through with their appointments remotely can avoid scheduling issues when pandemic restrictions are lifted.

### Implementation of Remote Genetic Counseling Services

Common approaches to providing genetic services via telehealth, sometimes referred to as telegenetics, include counseling via telephone or video. In some geographic regions, telegenetics is routinely used as a means to overcome shortages of credentialed genetics professionals (Buchanan et al., 2016). Counseling via video requires Health Insurance Portability and Accountability Act (HIPAA)–compliant equipment, which is not always readily available (Vrečar et al., 2016).

Counselors and patients may find telephone counseling to be adequate for conveying basic genetic concepts and that it provides enough information for patients to make informed decisions about whether they want to pursue testing (Voils et al., 2018). Videoconferencing may make reading nonverbal cues and body language easier. However, Burgess et al. (2016) found that establishing a patient–provider rapport through remote counseling may be difficult. A study by Solomons et al. (2018) of 68 patients who received counseling via videoconference found that 87%