

# Immediate Patient Access to Test Results and the Impact on Advanced Practitioners

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In 2016, the 21st Century Cures Act changed the health-care experience for patients and providers by setting expectations of the immediate release of electronic health information to patients (Office of the National Archives, Office of the National Coordinator for Health Information Technology, 2024). In the 5 years prior to the Cures Act, many institutions did not have an electronic health record (EHR) let alone a portal for patients to access. A survey by the American Hospital Association revealed that in 2011, only 28% of hospitals had an EHR compared to 96% in 2021 (Office of the National Coordinator for Health Information Technology, 2022).

As most community and academic health-care systems have computerized medical records, sharing results, including office notes, with the patient in a timely manner is now the expected norm among health-care providers and patients. While the prompt sharing of patient results is important, this can place stress on advanced practitioners (APs) who may want to review test results as soon as these have resulted, so that any tests that need to be intervened on can be done in a timely manner.

Concerns about patients receiving test results immediately have recently emerged. Information blocking differs from the delayed auto-release of sensitive lab results, allowing the ordering provider time to review the results before the patient sees them. As of July 31, 2024, the Centers for Medicare & Medicaid Services established disincentives for “actors,” defined as a health-care provider, a health information technology (IT) developer of certified health IT, or others who block information access, exchange, or the use of electronic health information (EHI). While studies show that over 95% of patients want immediate access to their lab results through an electronic health portal, these same studies report that a subset of patients do not feel equipped to understand and interpret these tests independently without the counsel of their provider. Interestingly, some patients think that serious test results should never be automatically resulted to patients without discussion (Steitz et al., 2023; Bruno et al., 2022).

As patients with cancer routinely undergo genomic tumor sequencing with molecular profiling (MP) for

accurate diagnosis, prognosis, or to identify targetable mutations, APs are often the providers who order the tests, interpret the results, and share the results with the patients, their care partners, and other medical professionals. With genomic testing and MP becoming more available, these tests are routinely ordered yet can be complicated for even the most seasoned AP to interpret. So, how do APs feel about their role in discussing complex genomic test results with patients, and where do they learn how to interpret results?

In this issue, Stewart and colleagues presented the results of a qualitative study that aimed to understand AP experiences discussing MP results with adult cancer patients. Many of the APs that the investigators surveyed had an average of 16 years of experience and reported on-the-job training as the source of their molecular profiling education. The study's findings underscored the need for formal education for APs and patient educational materials relevant to the tumor type and patient, which are essential in addressing the challenges of discussing MP results. I was pleased to see some resources cited in their paper, including a patient guide available on JADPRO.com (<https://patient-ed.advancedpractitioner.com/understanding-biomarker-testing-a-guide-for-patients-with-cancer>).

It is also important to note that whether you are new to oncology or an experienced AP, meetings such as the annual JADPRO Live meeting have educational content that focuses on ordering and interpreting biomarkers and MP testing relevant to APs. By attending this meeting, which is happening in-person and virtually, along with on demand, and by accessing resources on APSHO.org, you can remain current on biomarker and MP testing, interpretation, and integration in your clinical practice.

## IN THIS ISSUE

Along with the article by Stewart and colleagues on APs' experiences discussing MP results with patients, read about how revising the laxative options in an EHR led to more evidence-based management of opioid-induced constipation. Learn about the successful integration of a clinical pharmacist into a breast cancer clinic and the common supportive care interventions they made to improve symptom control. Often, there

is not adequate screening for depression in patients with cancer. This issue's online first research article looked at increasing screening rates so providers could make referrals to mental health services and help patients adhere to their treatment. Follicular lymphoma (FL) is the second-most common lymphoma in the US, and relapsed/refractory FL remains incurable. An article in this issue compares the safety profiles of approved agents and assessed how to manage adverse events. In patients with chronic lymphocytic leukemia/small lymphocytic lymphoma, obinutuzumab carries a significant risk of infusion-related reactions (IRRs). An article evaluated risk factors for the development of IRRs for a risk-adapted administration strategy. Explore the role of the advanced practitioner in the diagnosis, treatment, and symptom management of pancreatic cancer. Finally, medullary renal cell carcinomas are exceedingly rare and rapidly fatal. Read a case study highlighting the characteristics, presentation, rarity, and aggressiveness of medullary renal cell carcinoma. ●

## References

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