Case Study:
PERSONALIZED TREATMENT VS. ONE-SIZE-FITS-ALL STANDARDS

NAME: Mary **AGE:** 66 years old

DIAGNOSIS: Severe Rheumatoid Arthritis

OTHER HEALTH CONDITIONS: Hypertension

Every patient is different. That's why it is so important for individuals to decide – with their doctor – which care options are best for them. Differences in genetics, health conditions, family history, individual preferences and life circumstances all shape differences in patient treatment needs.

Because of this, personalized treatment plans keep the patient perspective front and center in care decisions. One-size-fits-all treatment protocols encouraged by payers – such as the government or insurance plans – may work for an average patient, but may not represent the best care for an individual. This case study looks at what that means for a patient like Mary.

PERSONALIZED TREATMENT PLAN

There are several treatment options available to treat Mary's severe rheumatoid arthritis (RA).

Mary and her physician discuss the deformity of her joints and hand pain when considering treat-ment options that require injections.

ONE-SIZE-FITS-ALL TREATMENT PLAN

Mary's insurance plan uses step therapy, requiring her to try certain treatment options first without taking into account the specifics of her condition, history or lifestyle. Only once these options fail can Mary try another option.

While her physician would prefer to prescribe Medicine A, Mary must first try Medicine B and C.

PHYSICIAN-RECOMMENDED PERSONALIZED TREATMENT

Treatment Choice: Medicine A
Because of the importance of adherence and the severity of Mary's RA, her physician prescribes Medicine A. This biologic therapy is administered at the physician's office rather than at Mary's home where it might be hard for her to self-administer.

Receiving Medicine A in her physician's office, Mary is able to remain adherent and slow the progression of her RA.

PAYER-RECOMMENDED TREATMENT

Treatment Choice: Medicine B and C
Mary begins treatment with Medicine B and then Medicine C. Due to the severity of her RA, she has difficulty administering the treatments. While she is able to self-administer some doses, she cannot administer all of them or may not be able to complete the injection. As a result, she struggles to remain adherent.

Given the nature of Medicines B and C, Mary's lack of adherence further progresses her RA. This leads to increased pain and further destruction of her joints.

Only after Mary's insurer sees both Medicine B and C have failed is her physician able to start her on Medicine A – but by then her RA has significantly progressed.

CONCLUSION

Though the hope was to delay the progression of Mary's RA, instead her disease continued to progress while she tried the treatment options required by her insurance plan's step therapy. As a result of lost time on therapies that weren't personalized for Mary's condition, her quality of life suffered.

Keeping treatment decisions between patients and their physicians is important to ensure care is personalized for an individual, yielding the best result for the patient and the health care system at large. Misuse of standardized, one-size-fits-all treatment protocols can impede individual doctor-patient decision-making and lead to serious health consequences for patients.

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