Personalizing Public Health

The concept of “average response” and “standard deviation” are ingrained in public health and in physician thinking. Learning from variability in response and translating that into predictive algorithms for patient-centered healthcare is going to be a great challenge. Positioning each individual along a continuum of response or vulnerability to a treatment is the goal of patient-centered healthcare. Practically, by learning from variability and not depending on means and standard deviations, we can discover decision-support algorithms and implement them for clinical validation.

Patient-centered healthcare introduces a daunting foray into the complexities, wonders and paradoxes of modern society. Moving personalized healthcare into the world of living people, practicing doctors and disconnected healthcare systems is pronounced as the ultimate death knoll on the field even before it has been rooted. A primary intention to treat, heal and prevent disease will come a long way in explaining the primary value of patient-centered healthcare in the real world.

The practice of patient-centered healthcare will require integration of separate sectors of health delivery. For one, it will require far more overlap with laboratory medicine than heretofore seen. For another, it will require embracing information technologies. While powerful, none of these advances should be presumed to be self-sufficient and must be integrated with existing medical practice.

Yet molecular diagnostics is an easy target for knee-jerk cost control. The industry must join ranks with clinicians and patients in exposing the fallacy of draconian pricing under way right now armed by new molecular pathology billing codes. What began as a laudable effort to establish transparency in the performance and payment of molecular diagnostics is now a threat to the sustainability of molecular clinical laboratories and could derail more than a decade’s progress in personalized medicine to the detriment of patient-centered healthcare.

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