

Case Study:

PERSONALIZED TREATMENT VS. ONE-SIZE-FITS-ALL STANDARDS



NAME: Susan **AGE:** 66 years old

DIAGNOSIS: Schizophrenia

OTHER HEALTH CONDITIONS: Hypertension, high cholesterol

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 Susan.

PERSONALIZED TREATMENT PLAN

There are several treatment options available for Susan's schizophrenia.

In the past Susan has had difficulty with relapses as a result of non-adherence to her oral medication, so her physician decides to prescribe a long-acting injectable.

The two treatment regimens Susan's physician is considering have distinct advantages and disadvantages, including cost, administration and side effects. She and her physician discuss the options and decide to go with Medicine A.



PHYSICIAN-RECOMMENDED PERSONALIZED TREATMENT

Treatment Choice: Medicine A

Given Susan's job as a sales clerk, her physician decides to prescribe Medicine A, which offers the most appropriate personalized treatment for her. While it has a higher copay, it is less likely to cause a side effect known as tardive dyskinesia, which might impact her ability to work.

After receiving Medicine A for some time, Susan remains adherent, no relapses occur and she is able to continue working.



ONE-SIZE-FITS-ALL TREATMENT PLAN

Susan's insurance plan does not cover Medicine A. It looks at cost and efficacy and restricts her options to only Medicine B.

Susan's physician ultimately begins treatment with Medicine B, despite the risk of a side effect that may impact her ability to work.

PAYER-RECOMMENDED TREATMENT

Treatment Choice: Medicine B

After beginning treatment with Medicine B, Susan develops tardive dyskinesia. This side effect causes her to lose control of some body movements.

Soon Susan is unable to continue working, and despite ending treatment, the negative side effects continue.

CONCLUSION

Instead of receiving Medicine A, Susan was prescribed a medication that put her ability to work and support herself at risk. After developing a serious side effect, she was no longer employable and her quality of life was greatly comprised.

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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