

Predictive Modeling

NEWS

Booming 'Personalized Medicine' Field Holds Opportunity for Predictive Modeling Players

Revolutionizing the current approach to treating disease

by Russell A. Jackson

Personalized medicine, which targets individualized treatment and care based on personal and genetic variation, could well be, as one expert calls it, "the second transformation of medicine." And no matter how vast its impact on the structure of healthcare grows, it's already an industry worth noticing, according to a recent study, which pegged its current value at more than \$230 billion a year. Indeed, industry giants CVS Caremark and Generation Health have formed a strategic partnership to expand pharmacogenomic – or "PGx" -- clinical and testing services for CVS's pharmacy benefit management clients to improve care for patients who either are non-responsive or who have had adverse reactions to their medications.

The foundation of such efforts is this, says Ralph Snyderman, director of the Duke Center for Research on Prospective Health Care, chancellor emeritus at Duke University and founder of and chair at healthcare technology company Proventys: "Personalized medicine based on genetic and other individual patient factors will have to replace the current 'find it and fix it' approach. You no longer have to focus on the end state of the disease. Instead of 'find it and fix it', we need to 'predict it and personalize it.'" Here's a look at recent developments in the personalized medicine space:

continued on page 2

Plan Design Changes with Actual ROI Add Real Value for Clients

Making plan changes for the sake of change is no longer acceptable. Showing employer-sponsored health plans a return on investment for your services and plan modification advice is absolutely necessary.

by Marilyn Fooshee, Director, Client Relations, Benefit Informatics

Each year, employer-sponsored health plans evaluate the performance of their plans and consider making a variety of changes to control rising costs. Current economic challenges and competitive pressures have necessitated even greater analysis of plan design effectiveness as a vital component of each employer's business strategy. Utilizing predictive modeling technology, conducting a thorough claim data analysis and reviewing all aspects of member eligibility play important roles in this plan design modification process.

Merely making plan changes as an annual exercise is no longer acceptable. Proving the value of plan design adjustments and their results in controlling rising healthcare costs is just as important as the actual modifications made. Employers turn to their benefits advisors, outside consultants and their benefits administrators/TPAs for expert advice and direction. Each advisor and vendor partner has an excellent opportunity to demonstrate a return on investment for its professional services and expertise. Access to claim, eligibility and clinical data and the ability to conduct a thorough analysis of those disparate data are the keys to showing ROI.

Making plan changes can be as simple as increasing an individual plan member's co-payment and deductible. More in-depth modifications may involve drilling down into intricate plan parameters that if adjusted would only affect a tiny subgroup within the overall plan. Making any of those changes without the proper data is akin to painting by numbers with your eyes blindfolded.

continued on page 8

In This Issue

- 1** Booming 'Personalized Medicine' Field Holds Opportunity for PM Players
- 1** Plan Design Changes with Actual ROI Add Real Value for Clients
- 3** New Collaboration Aims to Develop Healthcare Predictive Analytics Solutions
- 4** Reform – If It Happens – Holds Promise for Expanded Use of PM
- 6** Modelers Attempting to Predict Scope of Continuing H1N1 Epidemic
- 6** Subscribers' Corner
- 10** Thought Leader's Corner
- 11** Industry News
- 12** Catching Up With...
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