

Individualized Health Care: Moving From Population Health to Care of the One

Kurt B. Angstman, MD¹

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Since the signing of the Affordable Care Act on March 23, 2010, our country has been embroiled and divided regarding the solutions to our national health care. What does not seem to be controversial is that the current system of providing care to our national population is not sustainable. We as a nation of providers provide an over-abundance of care and not an ideal amount of health.¹ While only 5% of our current health care expenditures are for primary care,² many other health systems spend a higher percentage on primary care with improved patient outcomes.³ Primary care and enhancing the role of primary care providers in the American health care system would seem to be a key to future success at the desired goals of the triple aim: improved outcomes, improved patient satisfaction with lower overall system costs.

Within primary care, an emphasis has been on population health and utilizing systems to care for a population of patients, generally within a disease or symptoms base category. Success can be seen in caring for patients with diabetes, congestive heart failure, depression, or asthma. These successes have been made possible with the development of technology (searchable databases), enhanced care (clinical guidelines, care managers, and clinical oversight), and integration of the new models of care and practitioners into the primary care clinical sites. The effect of enhancing the care enables primary care provider to care for more patients (by shifting some of the care responsibility) with improved outcomes. It is also possible that these care models may help mitigate social determinants of care, which may be responsible for upward of 70% of US health expenditures.⁴

US health care is in the process of transitioning from a fee-for-service episodic care delivery system to a value-based population health care system with an aligned payment system. Is this what we can expect from our health care system of the future? It is entirely plausible that Google or Apple may know more about you than your physician knows about you as a patient. These companies and others understand the power of “big data” and use that power in determining what advertisements or information to offer the Web or app user. From a health care perspective, the

utilization of data and decision support tools could move us from patient care (where we were in the past) to population health (where we currently are working toward) to individualized health care. Individualized health care could be considered population health, just with an $n = 1$. It is the management of the data that allows the provider to enhance the care given to each individual in their practice at the level of care that is needed for the patient, at the patient’s preferred mechanism for receiving the care. The ability to tailor a plan of medical care for a specific patient (“big data” with decision support tools), treat with medications or therapy that is patient specific (pharmacogenomics), and interactively interact with the patient through the Internet, social media, and secure messaging allows for potential to have individualized patient-specific treatment, provided by a provider that the patient prefers, in the setting that is most comfortable for the patient.

How do we get to individualized care? Obviously, some of the technology is just in its infancy. Health systems are slow to react. Current mechanisms for health care are still rooted in the fee-for-service world, which worked for episodic patient care, but the transition to value-based care for population health is slow in coming. Different models of care with different payment mechanisms ranging from direct primary care⁵ to single-payer systems are being discussed. Recently, eight national family medicine groups published “Health Is Primary” as a primer on a direction of health care change over the next decade or so.⁶ The outcomes desired by these changes would include: increased training of family medicine physicians and primary care capacity, payment model reform that represent true investments in primary care, enhanced use of technology, improved provider and team satisfaction, plus “a reversal of erosion of family medicine’s

¹Mayo Clinic, Rochester, MN, USA

Corresponding Author:

Kurt B. Angstman, Associate Professor of Family Medicine, Mayo Clinic, 200 First St. SW, Rochester, MN 55905, USA.

Email: angstman.kurt@mayo.edu



scope of practice and comprehensiveness.” (Full disclosure: the author is a family physician)

Health care reform will help. It will move us from episodic health care through a system that will reward high-quality, comprehensive primary care with the provider of the patient’s choice. But the goal should be the best possible care of the patient over the course of their life with a plan of care and treatments that are individualized to their needs.

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