



Precision medicine: cracking the code



Three major health systems in the United States have cracked the code to solving some of the barriers precision medicine programmes face, according to a new study published online in Health Affairs.

Stanford Health Care, Providence St. Joseph Health, and Intermountain Healthcare had to overcome key challenges — including a lack of physician engagement around genomics and the need for new tech tools — before they could launch their precision medicine programmes. And researchers say the challenges faced by these providers could offer guidance for others looking to give personalised medicine a try.

For example, providers who don't understand precision medicine will be less likely to embrace or take advantage of precision medicine programmes, notes Daryl Pritchard, PhD, senior vice president of science policy for the Personalised Medicine Coalition and one of the study's authors.

Limited use means limited access for patients, which sustains the lack of knowledge for clinicians, Pritchard explains.

Having an in-house genomic testing facility is a major factor in improving adoption of precision medicine among providers. In Stanford case, they built their own genomic test called the Solid Tumour Actionable Mutation Panel (STAMP). With STAMP, the system does not have to outsource the testing to an outside laboratory and can tailor the approach to its clinicians.

Providence St. Joseph also began conducting its genomic tests internally, according to the study, which makes it easier for physicians to access the data and take advantage of what it can show.

To further push docs to buy into precision medicine, the system encourages genomic testing for patients early on instead of waiting until they need oncology care for a cancer diagnosis.

Intermountain's programme is the farthest along, and the researchers were able to analyse both their protocols and how effective they've been to date. The health system also uses an internal testing approach, which has led to lower costs in addition to tighter control over its precision medicine programme, according to the study. In addition, internal testing has resulted in quicker turnaround times.

Notably, Intermountain's programme led to \$733 in savings per week per patient, according to the study. Survival rates also improved, with patients in the programme living for 51.7 weeks after diagnosis thanks to targeted therapies, compared to 25.8 weeks for patients who were not enrolled in the precision medicine

programme.

After hurdling some of the barriers to precision oncology success, the study says challenges remain for these programmes. Getting payers on board and clarifying coverage of these options is a crucial step.

"Payer policies that include coverage for broad genomic testing panels would support the broader application of precision medicine, deepen research benefits and bring targeted therapies to more patients with advanced cancer," the researchers said.

A clear set of payment policies would better define funding opportunities for precision medicine research, and could make some other providers more likely to jump into the genomics fray, the researchers added.

Source: [FierceHealthcare](#)

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