To each its own treatment

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Research as an example in the development of efficient patient pathways and treatments

Some methods used in research can be applied to the patient's pathway such as co-construction which is a method used in this sector to define experiences. Thus, the involvement of patients, and even citizens, in the construction of care methods could facilitate the implementation of smooth and efficient patients' pathways. This method could also be applied to the development of innovative products and treatments. However, this implies that manufacturers include patients from the conception of the product, and up until its availability on the market.

The success of these co-construction methods still depends on several factors. First, researchers must position themselves as guarantor of the methodology rather than as leaders of the study. Then, patients' or citizens' experiences should not play too great a part in their reflections. Moreover, their involvement on the long run is key to securing the success of the study. Finally, in order to recruit and retain patients and citizens in a study, it is important to stress that they are eager for information pertaining to the study and the results obtained. They also need to have their role acknowledged.

This co-construction methodology in the development of the care pathway is not limited solely to the involvement of patients in the discussion. Equipment or pharmaceutical companies can also cooperate with hospital services to inform them of innovative treatments and products. Private and public companies could also collaborate to develop prevention programmes and care pathways to reach the standard of Precision Medicine - i.e., the right treatment at the right time for the right patient at the right place.

Data: a useful tool for precision medicine

Patients' consent is needed to collect data. To facilitate the collection of data, it is important to involve patients in the process while explaining to them the usefulness and purpose of the data collected. The data collected generally comes from medical equipment, portals and connected objects available in hospitals' settings. The variety of sources generating data imply that these need to be structured but also interoperable among the different participants. Nowadays, approximately 97% of data coming from equipment is not used. To address this issue, cooperation between data producers is key. This cooperation, particularly between factories, research and development bodies and also hospitals, should facilitate the development of precision medicine. This collaboration seems unavoidable insofar as, in France, data storage is concentrated on four sites which have received approval from the French Data Protection Committee (Commission Nationale de l'Information et des Libertés, CNIL) for collecting and exploiting data from the National Health Data System (SNDS).

Data, if properly exploited, has considerable advantages for precision medicine. In particular, it enables early detection, it provides treatments adapted to each individual and personalised local care pathways. However, integrating data in the construction of the current healthcare system should not end up positioning the patient as a subsidiary. Thus, one of the major challenges for healthcare providers is to know how to develop simple dialogue solutions between healthcare professionals, patients, families and carers. The evolutions of skills and responsibilities of some healthcare professionals (pharmacists or specialised nurses) may partly address this issue but another branch of innovation, i.e. artificial intelligence (AI), also seems to be a solution. Indeed, AI could allow doctors to free up time and allocate it to patient care. In this regard, innovation in patient pathway is not only limited to data collection. Progress in other domains is also to be considered.

The regulatory framework, an obstacle for innovation

Nowadays, France is seen by innovation stakeholders as an extremely controlled, even standardised country with a fairly restrictive legislative system. The provisions of the Public Health Code or the Social Security Code often encourage competent authorities to favour the precautionary principle, as well as adopt a suspicious positioning with regard to industry and innovators. Additionally, the process to adopt or revise legislation is also seen as slow and difficult. Finally, the recent government bill of law on social security funding (PLFSS) does not seem to consider the major role of innovation in health.

The repository of innovative non-nomenclature procedures (RIHN) for instance is a concrete example of the compelling and arduous regulatory framework in France. This system, initiated in 2015, aimed at enabling patients to benefit from innovative tools and analysis in their treatments by reimbursing hospitals using these devices. The latter, which were innovative at the time, have now become necessary for some pathologies. Still, these devices are referenced in the RIHN which prevents some eligible patients from benefitting from these devices. Within the framework of the current PLFSS, endeavours are being made to include some devices and procedures into the standard social security repository of procedures. However, this would require several steps that make the process rather long.