

# Economical and governance aspects of personalized health – project

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# Project task

You are invited to meet the advisory board of the Ministry of Health of Canton Vaud. Your objective is to convince the state to promote personalized health for a health issue of your choice. Indeed, you want to showcase how the problem can be better tackled with personalized health prevention or medical treatment options.

- Status quo: Contextualize the chosen health issue and quantify the current status in medical, governance, financial, and economic terms.
- Proposition: Describe the proposed personalized health option and its benefits.
- Costs: Estimate the costs of the proposed program and identify potential payers.
- Cost-benefit analysis: Evaluate the bottom line of the analyses and make a recommendation.
- Discussion: What changes are required in governance and laws? What must be set up? Is it acceptable to the population? Discuss the ethical, political, economic, and financial concerns. Raise any potential problems. Confirm your recommendation.

*Example of possible work:* Should the canton of Vaud change the mammography screening and financing system for breast cancer prevention to include genetic testing? – A cost-benefit analysis

# General project context (and “food for thought”)

The scope and ambitions of biomedical institutions currently working towards the realization of personalized health require recognizing the potentially profound impact of this endeavor on social categories of biomedicine, regulatory standards, and the economic functioning of healthcare. From the reconfiguration of diagnosis, prognosis, and treatment of the most common diseases to the expansion of the role of patients and citizens in the management of their health and the transformations of reimbursement standards in health insurance, the categories and objects of personalized health require scrutinizing the conditions of possibility under which different versions of personalization can become “**social facts**”; namely, how the multiple biomedical platforms of personalized health can give shape to institutionally stable ways of personalizing health promotion for the population.

1. Study the role of personalized health in terms of cost in the healthcare system. The expectations from the different players and doctors are high in that personalized health will enable more efficient care by providing the most adapted treatment, diminishing costs, or, at similar costs, increasing the quality of care for patients. Current research suggests that personalized diagnostics and therapies will increase the immediate costs for health insurance but could diminish in the long run. Therefore, the project work could **identify available data and covariates**, which will allow to **separately quantify personalized health's impact on healthcare care costs in the short and long term**.
2. Discuss the integration of personalized health in a social health insurance system (e.g., basic compulsory health insurance in Switzerland) by considering financing **this new type of medical approach** (first step). In that respect, the payers' perspectives, as well as the expenditures, must be considered. Several payers, e.g., individuals, cantons, and state, are typically involved, and one must consider each (cf. social health insurance and allowances paid by the state).
3. In another step, one could develop on the reach-outs of social-health benefits in personalized health, particularly on **the extent of coverage**. If covering all the (specialized) medication required by personalized health might appear necessary, there is inevitably a trade-off between the coverage and the amount of bearable costs. Moreover, not all medical providers (e.g., hospitals) in a country would have access to this type of advanced medicine at the same level. Questions to be answered are “Should all the population be covered for personalized medicine?” and “Should benefits only be partially insured through social health insurance and the rest be covered by complementary private insurance.” The project could consider individualized treatments' benefits and limits in a context where risks are mutualized.