When Populations Become the Patient: A New Ethic for Health Care

Presenter:
Michael Rozier, SJ, MPH, MDiv

Medical Grand Rounds

October 13, 2015 ~ 8-9 am ~ Q&A 9-9:30 am
Providence St. Vincent Medical Center

October 14, 2015 ~ 8-9 am ~ Q&A 9-9:30 am
Providence Portland Medical Center

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When Populations Become the Patient: A New Ethic for Health Care

Michael Rozier, SJ
13 and 14 October 2015
Holzgang Lecture – Providence Health and Services

My Background

Public Health
Moral Theology & Health Ethics
Health Management & Policy
Overview

I. The Background: The Emergence of Population Health

II. Yesterday’s Ethics: Why the Past May Not Help Us

III. Tomorrow’s Ethics: Drawing on Catholic Moral Tradition

I. Questions, Comments, Concerns

Part I

The Background:
The Emergence of Population Health

APPROVED
MAR 2 3 2010

Barack Obama
New Foci

Our core strategy: Creating healthier communities, together

A future focused on the whole person
- The patient will be at the center and no one will be left behind.

Distinction with Difference

<table>
<thead>
<tr>
<th>Population Health</th>
<th>Community Health</th>
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</thead>
<tbody>
<tr>
<td>Enrolled Population</td>
<td>Population of residence or need</td>
</tr>
<tr>
<td>Often partial capitation; generates revenue</td>
<td>Expenditure</td>
</tr>
<tr>
<td>Maintains clinical focus</td>
<td>Requires building community partnerships</td>
</tr>
<tr>
<td>Social determinants addressed in clinical case management</td>
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</table>
**New On The Scene**

The Growth of "Population Health"

**Triple Aim**

- Productivity
- Sustainability
- Cost effective
- Comparatively effective
- Risk management through pooling
- Preventive care
- Socio-economically impactful

Source: Buerke DM et al. Health Affairs (Millwood) 2008;27:759–769
Drivers of Change

• New reimbursement models
  – Partial capitation programs (ACOs)
  – Elimination of some reimbursements (e.g., preventable readmissions)

• Community Benefit requirements
  – Triennial Community Health Needs Assessments
  – Accompanying Implementation Plans

• Epidemiologic profile
  – Chronic diseases demand new strategies, including the social determinants of health

• Continued inability to reign in cost growth

What the Change Demands

We typically wait until ethical dilemmas are upon us to figure out how to resolve them. We don’t need to do that here.
Major Ethical Categories

• Balancing Cost
  – Often for the aggregate and Quality
  – Often for individual

• Defining the Population
  – When is a narrow definition wise or defensible

• Broadening what we consider “ethical” issues

The Social Context - I

- Biology & Genetics
- Individual Behavior
- Social Environment
- Physical Environment
- Health Services
The Social Context - II

Not a Simple Transition

- From volume to value
- From individual health to the health of socially contextualized individuals
  - Clinically
  - Financially

But there is reason to believe that Catholic health care can lead
Central Questions

① Are traditional health care organizations the right organizations to build healthy communities?

② How does including responsibility for the social context of patients change the ethics of traditional health care?

③ What ethical resources can we draw upon to navigate this change?

Part II

Yesterday’s Ethics:
Why the Past May Not Help Us
Religious Moral Imagination

“A man was going down from Jerusalem to Jericho, and fell into the hands of robbers who stripped him, beat him, and went away, leaving him half dead. …

Jesus said to him, “Go and do likewise.”

-Luke 10:30-37

The Good Samaritan (after Delacroix)
Vincent Van Gogh, 1890

Religious Moral Action

“When I give food to the poor, they call me a saint. When I ask why they are poor, they call me a communist.”

Hélder Câmara, Archbishop of Recife

Ethical and Religious Directives for Catholic Health Care Services
Fifth Edition
Health Care & Our Culture

Clinical Care
- Disease diagnosis and treatment
- Individual level
- Effects are more immediate and visible
- Increasingly dependent upon technology
- Requires highly-trained clinicians

Population Health
- Health promotion and disease prevention
- Individuals in a social context
- Long-term thinking and effects are an absence
- Behavioral, environmental, policy
- A team, often led by a clinician

Belmont Principles

- Autonomy
- Justice
- Beneficence
Belmont in Practice

Autonomy

Justice

Beneficence

Public Health Ethics

An Ethics Framework for Public Health

Social justice
Madison Smart
Baylor University

Principles of the Ethical Practice of Public Health

Public Health Ethics: The Voices of Practitioners

Judith Ganzel Barterer

Abstract
Public health ethics is emerging as a new field of inquiry, distinct not only from public health law, but also from well-established medical ethics and research ethics. Public health professionals and students are focusing on ways that ethical analysis and a new public health code of ethics can be a resource for health professionals working in the field. This article presents a preliminary exploration of the ethical issues faced by public health professionals in day-to-day practice and of the type of ethics education and support they believe may be helpful.
Part III

Tomorrow’s Ethics:
Drawing on Catholic Moral Tradition

Population Health Ethics
Rooted in Our History
Population Health Ethics

Already in *Ethical and Religious Directives*

- The dialogue between medicine and Christian faith has for its **primary purpose the common good**

- Catholic health care ministry exercises **responsible stewardship** of available resources

- A just system will be concerned with promoting **equity of care**

- Catholic health care should distinguish itself by service to and advocacy for those people whose social conditions puts them at the **margins of society**: the poor; uninsured and underinsured; children and the unborn; single parents; the elderly; the addicted; immigrants and refugees

What if Catholic health care was as accountable for these items as it is for beginning and end of life issues?

Population Health Ethics

**In the Broader Moral Tradition**

- The language of **charity care** is a misuse of the term
  - What we do is a work of **justice**

- **Works of mercy** is just one source of moral reflection on social determinants of health
  - Hunger, Shelter, Material Resources, Social Connectedness

- Triumph of **autonomy** was never particularly Catholic
  - We can acknowledge the centrality of human dignity without falling into this trap

- “Disease has a **preferential option for the poor**”
  - It stands to reason that we must also have a preferential option for the poor
### Population Health Ethics

#### Pushing a Broad Definition

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Hospitals must be aware of their financial limitations.

However, a broad definition:

- Recognizes that the social determinants are not easily limited to enrolled populations
- Acknowledges not-for-profit hospitals are increasingly held accountable for community health outcomes
- Is in keeping with Catholic moral tradition of **blurring the line between included and excluded**

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#### Advocates for Stewardship

Stewardship requires greater knowledge of how to best use limited resources.

Clinicians can lead the call for cost-effectiveness research

- It will likely not happen without you
- You will be held accountable for quality and cost yet don’t have the information you need

**Good ethics requires good data**
Clinicians can push ethics committees to be more responsive to population health concerns – and can invoke Catholic moral tradition

- We usually ask, “Is this procedure ethical?”
- We also need to ask, “Does this person have the resources they need to be healthy?”

Structures of Sin

- Structures of Sin
  - Institutions or practical devices which orient and organize economic, social, and political life
  - Create systematic barriers to integral human development
  - Object of social analysis

Lacking an adequate mental health system; using prison instead

Incentivizing overly risky behavior in the stock market
Primary Care Physicians

Avoidable Hospitalizations

Population Health Ethics

Structures of Sin

Population Health Ethics

Structures of Virtue

• Structures of Virtue
  – Create systematic incentives for integral human development
  – Appreciates the social determinants of health and makes the health the default option
  – Retains individual focus but places individual in his or her social context

Not individual ethics
Not public health ethics
Ethics of individual in a social context

Incentivizing farmers markets and ensuring they accept SNAP

Providing smoking cessation programs at no cost
A Way Forward

Our core strategy: Creating healthier communities, together

A future focused on the whole person
- The patient will be at the center and no one will be left behind.

Today’s Objectives

At the end of this session, participants will be able to…

• Distinguish between medical ethics and population health ethics, especially as they relate to Catholic health care organizations

• Explain some of the organizational and ethical challenges associated with hospitals taking on population health as a core strategy

• Describe how existing positions and organizational structures in a Catholic hospitals can contribute to the emerging field of population health ethics
Thank You

• Providence Center for Health Care Ethics

• Professor Peter Jacobson, JD, MPH
  Director, Center for Law, Ethics, and Health
  University of Michigan School of Public Health

• Fellow doctoral students in the Department of Health Management and Policy

Part IV

Questions, Comments, Concerns
A Summary

US health care is entering a new era of population health

• Consider a broad definition of population health
• Advocate for evidence needed on cost and quality
• Push ethics committees into new areas
• Build a network for dealing with social context of patients

The ethics of yesterday won’t be sufficient

Catholic health care can and should lead in population health ethics