

ETHICS OF HEALTHCARE SYSTEMS REDESIGN:
SOME INITIAL THOUGHTS FOR
THE 2015 INCOSE HEALTH CARE WORKING
GROUP

by

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Disclosures and why me?

It is recognized that many non-INCOSE groups have studied healthcare issues extensively. This is INCOSE's first step into the process. So this workshop will not solve the problems in healthcare. It will be a first small step towards capturing the issues in a systems engineering framework. The workshop is intended to lead to future activities and events that will explore in more detail topics identified in this workshop.

-- Dr. Bohdan Oppenheim

Is the current US health care “hyper” system optimal? No. INCOSE.

Cost (resources, affordability)

Access

Quality (clinical, service, hospitality)

Equity (equality, fairness, justice)

Do we want a health care system
to be ethical?

Yes, I hope.

How then do we redesign the American
hypersystem embedding an ethics
component into the entire process?

Values. Which ones?

Values in conflict

First some evidence basis and some illustrative anecdotes

- International comparisons of value ($V=Q/C$)
- Disparities
- Rationing: irrational v. rational
- “The suitcase solution” – two examples
- Some numbers: 85 and 3.6B, 1% and 95%, 47M to 30M, 1M=1000, 30M=30000 (ten 911s per year), \$2500, \$400B, 25% v 2%

Values in conflict

What are they?

Free market
v
Cooperative Commonwealth



The Chargemaster

Maximize shareholder value

v

Six guiding principles:

Portability
Affordability
Universality
Accessibility
High Quality
Equity

Is there a role for the profit motive in
health care?

What value do for-profit insurance
companies add to the system?

Big Pharma?

Medical device companies?

What about government?

Jefferson v Hamilton

There is a history to consider.

Is there a win-win? A way to reconcile these conflicting values in the American hypersystem? Do we have any hope of actually doing this?

Yes. I like to think so.

Expanded and Improved Medicare-For All a.k.a. “single payer”

- Massive international and US evidence basis
- History
- Maintain unique public-private mix, diversity, choice
- Efficient, global budget, separate capital allocation from operating expenses, prudent use of surpluses, rewards for high performers
- Values: dynamic equilibrium, win-win

All judgments, even “economic” and “systems” ones are value laden.

That’s OK. But you must be honest about this and ask yourselves on a real time basis what values are operative at key system design decision points. Are these values consistent with your goals?

TAKE HOME POINT:

As you begin your work, first achieve consensus on your guiding ethical principles that will be met throughout the system redesign process. And continuously assess on a real time basis at each key decision point if you are adhering to these principles. Be aware of trade offs -- the value judgments involved and the potential impact on outcomes.

Time Out

As Bo said and wrote, you will not fix everything today. You are at first steps. But keep the ethics in mind every step of the way.

Important background:

“America’s Bitter Pill: Money, Politics, Backroom Deals and the Fight to Fix Our Broken Healthcare System” by Steven Brill

www.pnhp.org

www.pnhpcalifornia.org

Don McCanne’s QOTD:

<http://www.pnhp.org/news/quote-of-the-day>