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

by Steve Tarzynski MD MPH FAAP

### 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

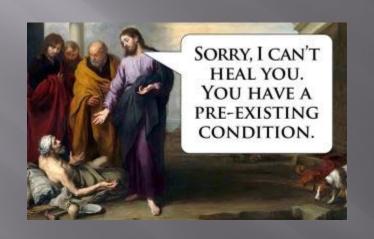
### First some evidence basis and some illustrative anecdotes

- •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:

<a href="http://www.pnhp.org/news/quote-of-the-day">http://www.pnhp.org/news/quote-of-the-day</a>