The Ethical Force Program™
Creating Performance Measures for Ethics Quality

Ethics and Access to Care:
An Ethical Framework for Health System Reform

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American Medical Association

The views in this presentation are those of the author and should not be construed as AMA policies.
47 Million Uninsured in 2005; Increasing Steadily Since 2000

Number of uninsured, in millions


*1999–2003 estimates reflect the results of follow-up verification questions and implementation of Census 2000-based population controls.


“Ethical standards may be the wave of the future.”

The New York Times
October 18, 2000
Pepper . . . and Salt
THE WALL STREET JOURNAL

"This ethics bubble will eventually burst."
Health Reform: 
The Status Quo Cannot be Sustained

• Declining coverage
  – Employer-sponsored coverage decline ~10% since 2000
• Rising cost
  – 6.1% rise in premiums seems low, but still >2X inflation
• Demographic changes
  – Elderly population will double in next 20 years
  – Need 36,000 geriatricians
    • Trained 383 last year
• Uneven quality
  – Deliver ~50% of appropriate care
• Current solutions aren’t working, and aren’t favored
  – CDHP uptake flat, despite employer/plan/gov’t enthusiasm
Adults with Higher Deductibles Are More Likely to Rate Their Current Health Insurance Coverage “Fair” or “Poor”

Percent of adults ages 19–64 insured all year with private insurance who rate plan “fair” or “poor”

Adults with Higher Deductibles Are Less Satisfied with the Quality of Health Care They Have Received in the Past Year

Percent of adults ages 19–64 insured all year with private insurance who are “very” satisfied

Problems with Health Insurance Plan, by Deductible

Percent of adults ages 19–64 insured all year with private insurance

- Had expensive medical bills for services not covered by insurance:
  - <$500: 19%
  - $500–$999: 37%
  - $1,000+: 40%

- Doctor charged more than insurance would pay and you had to pay difference:
  - <$500: 23%
  - $500–$999: 35%
  - $1,000+: 40%

- Reached limit of what insurance company would pay and left with expensive bills:
  - <$500: 6%
  - $500–$999: 11%
  - $1,000+: 15%

Effects of uninsurance on the insured

### EXHIBIT 1
Health Care Access, Utilization, And Quality Indicators Of Insured Adults, By Community Uninsurance, 2003

<table>
<thead>
<tr>
<th>Indicator</th>
<th>High-uninsurance communities (%)</th>
<th>Low-uninsurance communities (%)</th>
<th>Odds ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of population uninsured</td>
<td>26.9</td>
<td>6.8***</td>
<td></td>
</tr>
<tr>
<td>Had a place to go when sick or in need of advice about health</td>
<td>84.1</td>
<td>94.3***</td>
<td>1.54 (1.34, 1.77)***</td>
</tr>
<tr>
<td>Postponed needed medical care</td>
<td>21.4</td>
<td>20.7</td>
<td>0.93 (0.80, 1.08)</td>
</tr>
<tr>
<td>Had a doctor’s visit in the past year</td>
<td>77.5</td>
<td>82.5**</td>
<td>1.12 (1.04, 1.20)***</td>
</tr>
<tr>
<td>Had a doctor’s visit for routine preventive care (physical exam or check-up)</td>
<td>58.5</td>
<td>66.3**</td>
<td>1.40 (1.32, 1.50)***</td>
</tr>
<tr>
<td>Had problems getting a referral to see needed specialist in the past year</td>
<td>19.0</td>
<td>11.5***</td>
<td>0.59 (0.51, 0.67)***</td>
</tr>
<tr>
<td>Very satisfied with health care provider</td>
<td>60.1</td>
<td>68.1***</td>
<td>1.27 (1.17, 1.39)***</td>
</tr>
<tr>
<td>Trust that doctor would put the patient’s medical needs above all considerations when treating medical problems</td>
<td>65.2</td>
<td>70.4**</td>
<td>1.01 (0.94, 1.08)</td>
</tr>
</tbody>
</table>

Why ethics, why now?

With change inevitable…

- Ethics should help to shape reforms
- Ethics can help clarify core value conflicts
- Ethics can also help find common ground
“I keep my core beliefs written on my palm for easy reference.”
Goals for today

- Ethical basis for health system reform, specifically around access to care

- An ethical framework to guide reform efforts

- Multi-stakeholder consensus on recommendations for reform
  - Plus plenty of our own opinions…
The Ethical Force Program™

Mission: To improve health care by advancing ethical behavior among all participants.

All participants in health care must live up to some fundamental ethical obligations. The Ethical Force Program strives to:

- Create broad-based collaboration
- Build matrix of accountability for all participants in health care delivery
- Develop valid, reliable and feasible expectations for areas of ethics in health care
- Distribute toolkits that can be used for self-assessment of an organization’s ethics culture
Ethical Force Program
Oversight Body Members

- 3 from patient groups
- 2 from business
- 2 from labor
- 2 from accrediting organizations
- 2 from hospital organizations
- 1 from academic medicine

- 2 from the AMA (1 from CEJA)
- 1 from a non-physician health care professional group
- 2 from government organizations
- 4 from managed care and insurance organizations
Ethical Force Oversight Body

Linda Emanuel, MD, PhD
(Founder)
Northwestern University

Paul Schyve, MD
(Chair)
The Joint Commission

Ron Anderson, MD
Parkland Health and Hospital System

Laurie Badzek JD, LLM, RN
American Nurses Association

Edward A. Martinez, MS
Nat. Assoc of Public Hosp and Health Systems

Mary Pittman, DrPH
Health Research and Educational Trust/AHA

Susan O. Raetzman
AARP Public Policy Institute

Robert Carr, MD, MPH, FACPM
GlaxoSmithKline

J. Michael Fitzmaurice, PhD, FACMI
AHRQ

James Sabin, MD
Harvard Pilgrim Health Care

B. Russell Teagarden, RPh
Medco Health Solutions, Inc

Walter Talamonti
Ford Motor Company

Ezekiel J. Emanuel, MD
National Institutes of Health

David Fleming, MD
University of Missouri

M. Carolina Hinestrosa, MA, MPH
National Breast Cancer Coalition

Ardis Hovin, MD
AMA Board of Trustees

Mark Levine, MD
AMA CEJA
• AMA is the primary sponsor of the Ethical Force Program™
  – Staffed by the Institute for Ethics
• An AMA Board member sits on the Oversight Body, as does a member of AMA’s CEJA
  BUT
• The Oversight Body is responsible for the content of the program’s Consensus Reports – they are not AMA policy, nor are they policies of the other organizations involved.
The Ethical Force Program

• Protecting the Confidentiality of Health Care Information

• Ensuring Fairness in Health Care Coverage Decisions

• Patient-Centered Communication

• Ethics and Access to Care

The Institute for Ethics at the AMA
What is access to health care?

**Figure 3.** Description of location and demographics of the Pullman neighborhood, highlighted in red on the map. Source: [http://en.wikipedia.org/wiki/Pullman%2C_Chicago](http://en.wikipedia.org/wiki/Pullman%2C_Chicago)

**Figure 4.** Travel time and cost from 111th and Halsted in the Pullman neighborhood to the Cook County Hospital. Total travel time is estimated at 2:04, with a total of one mile to walk during travel, and a total cost of $7.00 unless qualified for reduced cash fare. This itinerary depends on the punctuality of the Chicago Transit Authority. Source: [http://tripsweb.rtachicago.com/cgi-bin/itin.pl#ctaregfare](http://tripsweb.rtachicago.com/cgi-bin/itin.pl#ctaregfare)
Why is Access an Ethical Issue?

• Equality of opportunity
A level playing field and a fair shot at success are American ideals

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness.

That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed.”

[N.B. Equality of opportunity makes evidence of health disparities a special ethical concern.]
Why is Access an Ethical Issue?

- Equality of opportunity
  - American promise of life, liberty and pursuit of happiness
  - Identifiable subpopulations disproportionately lack access
    - Directly leads to poor health outcomes
- Justice
Justice and the Fair Allocation of Resources

• Unjust for the uninsured to subsidize the insured
• Unjust for the poor to pay more for the same service than the wealthy
• Unjust and inefficient for American business to bear unequal burden in international competition
• Unjust and inefficient for the uninsured to receive late and expensive care in emergency departments
• Unjust and inefficient to neglect other social investments (some of which have strong effects on health) to pay for inefficiencies in the health care system

• Unequal access to care stems from or exacerbates each of these injustices.
Why is Access an Ethical Issue?

- Equality of opportunity
  - American promise of life, liberty and pursuit of happiness
  - Identifiable subpopulations disproportionately lack access
    - Directly leads to poor health outcomes
- Justice
  - Fair allocation of shared social resources
- Compassion
  - Concern for the vulnerable
Compassion

- Compassion for the least fortunate among us demands attention to the uninsured
  - Well known effects of un and under-insurance
  - A compassionate society cannot tolerate such avoidable suffering

- Democracy is a noble experiment, based on social trust in the power of compassion
  - Our communities are held together not by force, but by the fact that we care for each other

- At heart, Americans understand that we are, indeed, our brother’s keeper – we are good neighbors and compelled to help each other.
“...people are so wrapped up in their own world that sometimes it takes the tragedy of someone little and helpless to make you remember what's really important.”

Scott Baker, resident of Midland, TX, on the rescue of 18 month old Jessica McClure from a well.
Access to Care Recognized as an Ethical Issue…

- Few might accept all of these premises, but most appear to accept at least one of them…

- In 2003, 72% of Americans said there is a shared obligation to ensure access to care for all

- 60% said this was a moral, rather than a strictly political or economic issue

_Pew Forum on Religion and Public Life, Religion and Politics: Contention and Consensus_  
_July 24, 2003_