HEALTHCARE MANAGEMENT ETHICS

Considerations in Managed Care

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Despite the recent stalemate in efforts to pass federal healthcare reform legislation, healthcare reform is progressing unabated. And one of the central components of reform is the movement from a fee-for-service to a managed care system.

As a result, discussions about managed care have become a major agenda item for executive management teams, whether at the local or the system level.

What should go into such discussions—and ultimately into the decisions? Obviously, managers must consider certain technical, financial, and legal aspects of managed care arrangements. And, as leaders of Catholic organizations, they must pay attention to issues related to the Ethical and Religious Directives for Catholic Health Care Services, including birth control, sterilization, and abortion.

Beyond these obvious considerations, however, both the Catholic tradition and the general tenor of ethical reflection today point up new issues raised by the growth of managed care. Although these issues are not easily resolved, neither are they so complex as to render decision making impossible. Failure to consider them, however, may seriously undermine the quality of the healthcare provided.

ISSUES TO CONSIDER

Here is a partial list of ethical issues managers should consider when assessing managed care arrangements. (For further insight, see chapter 2 of the Catholic Health Association’s Workbook for Understanding Capitation, 1994).

Access to Care The Catholic tradition holds that all people have a right to basic healthcare. Managed care can be a means for realizing this right, but it can also be a way of denying people access. Thus, in evaluating any managed care program, managers also should analyze how it will affect the community as a whole. Will it directly or indirectly exclude segments of the population such as the poor or vulnerable? If so, what steps can the organization take to address those exclusions?

Appropriateness of Benefits and Treatment In the establishment of healthcare benefits, the demands of the marketplace—which often means the demands of the employer making a managed care contract for its employees—as well the requirements of the law, clearly play a significant role. But healthcare resources belong to the community as a whole and must be used for the common good, that is, to advance the community’s overall health status. Thus managers should analyze the community’s specific health needs and evaluate how well the benefits included in the managed care contract respond to those needs.

Appropriate treatment is a concern in managed care because the incentives for keeping costs down increase the danger of undertreatment. Thus managers must question whether adequate means for monitoring and addressing undertreatment are in place, and whether an adequate range and number of specialists are available to meet the healthcare needs of those covered.

Finally, appropriate treatment also means appropriate quality. Thus the procedures for credentialing physicians and for monitoring the quality of care provided must be considered as well.

Holistic and Wellness Care Fundamental to the Catholic tradition is the understanding that healing must extend to the whole person—body, mind, and spirit—and that, when cure is not possible, people should be helped toward a peaceful death. But under a managed care system, where decisions are driven by financial constraints, will there be money to cover all aspects of holistic care, such as spiritual and religious care?

Healthcare providers should not be concerned with caring only for those suffering disease or injury; they should also help people stay healthy. Managers must consider a managed care program’s provisions for promoting wellness and prevention, including services, resources, and steps for monitoring success.

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us was asked to think of an image representative of the heart of the hospice mission. We drew these images on pieces of felt, cut them out with scissors, and combined them in a large tapestry to display in our day care center.

In another staff ritual the group shared stories about our patients and their families. Later, a mission statement, adapted from the Book of Isaiah (58:6-12), was read:

If you share the bread of yourself with the hungry, and welcome the homeless into your heart, then shall your light break forth like the dawn, and your healing spring up speedily.
You shall be like a watered garden, a spring of unwearied water failing not, and you shall be called, “Mender of Relationships.”

After the reading our supervisors gave each staff member a scented, multicolored candle, adding a personal word of gratitude and affirmation.

These are but some of the many ways ritual can be used as a source of ties, so we too must use our gifts in remaining as a community, in looking at issues from an ethical perspective, the values at stake can conflict with one another. Not all can be realized fully; some must be chosen over others.

Moving into the Future
After completion of the transfer, each FSHC facility held a ritual of appreciation. This was important because FSHC had been not only a ministry and business but also a web of relationships. The rituals celebrated the friendship and respect that had been built up over more than 100 years. Sisters, current and former personnel, and local community members got together and celebrated with storytelling, laughter, and tears.

After the facility rituals, the Franciscan Sisters gathered privately for two days to commemorate their past and move into the future together. In the end, the sisters and their lay colleagues knew they could live in peace with the transfer decision. In making it, they had been thinking of the communities involved, and thus had been true to their mission.

That mission continues through the sisters’ other ministries in health, education, social services, and pastoral care.

Transferring a system is complex, time consuming, and emotionally wrenching. It requires the commitment of everyone involved. The Franciscan Sisters and their lay colleagues completed their transfer with a shared sense of pride in a job well done. They think it was because they identified and attended to the critical factors described here that the transfer process went so well.

Notes

For more information about transferring sponsorship, call Sr. Bea Eichten at 507-454-0536. After January 1, 1995, she can be reached at 312-631-8765.