Social Justice in Healthcare

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Overview

• Social Justice
• Changing Healthcare Landscape
• Value and Population Health
• Aligning Social Justice & Fee for Value
• Building an Ethics Infrastructure
Community Health & Mission Department

Community Health
Behavioral Health
Mission and Values
Research Operations
Spiritual Care
Ethics
Global Health
We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.
Social Justice
Social Justice is viewed as so central to the mission of public health that it has been described as the field’s core value: “The historic dream of public health is a dream of social justice.”

The fair disbursement of common advantages and the sharing of common burdens. It captures the twin moral impulses that animate public health: to advance human well-being by improving health and to do so particularly by focusing on the needs of the most disadvantaged.

John Rawls: A Theory of Justice

“The natural distribution is neither just nor unjust; nor is it unjust that persons are born into society at some particular position. These are simply natural facts. What is just and unjust is the way that institutions deal with these facts.”
Catholic Healthcare in the United States

1 in 6 patients in the U.S. is cared for in a Catholic Hospital

Present in all 50 states

Catholic healthcare systems and facilities are present in all 50 states providing acute care, skilled nursing and other services including hospice, home health, assisted living and senior housing.

Ethical & Religious Directives

Offer moral guidance, drawn from the Catholic Church’s theological and moral teachings, on various aspects of health care delivery.

The biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care.

Prompts us to work to ensure that our country’s health care delivery system provides adequate health care for the poor. In Catholic institutions, particular attention should be given to the health care needs of the poor, the uninsured, and the underinsured.
Committed to delivering compassionate care across the healthcare continuum to improve quality of life for persons recovering from, or learning to live fully with, illness, injury and disability.

To provide extraordinary care, where the patient comes first, supported by world-class education and research.

We will provide consistently excellent and accessible health services to all in need of care regardless of status or ability to pay – exceptional care, without exception.

Provide a safe, functional, and comfortable environment conducive to learning, working, and conducting research through Professionalism, Excellence, and Teamwork.
Mission

“No Margin, No Mission”
Too simplified for today’s opportunities

“Our Margin is in Our Mission”
What do we do that is valuable?
To Whom?
## Largest Hospital Systems by Number of Hospitals

<table>
<thead>
<tr>
<th>Rank</th>
<th>Name</th>
<th>No. of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Community Health Systems</td>
<td>197</td>
</tr>
<tr>
<td>2</td>
<td>Hospital Corporation of America</td>
<td>166</td>
</tr>
<tr>
<td>3</td>
<td>*Ascension Health</td>
<td>137</td>
</tr>
<tr>
<td>4</td>
<td>*Catholic Health Initiatives</td>
<td>103</td>
</tr>
<tr>
<td>5</td>
<td>*Trinity Health</td>
<td>90</td>
</tr>
<tr>
<td>6</td>
<td>Tenet Healthcare Corporation</td>
<td>84</td>
</tr>
<tr>
<td>7</td>
<td>LifePoint Health</td>
<td>72</td>
</tr>
<tr>
<td>8</td>
<td>*Adventist Health System</td>
<td>45</td>
</tr>
<tr>
<td>9</td>
<td>*Sanford Health</td>
<td>43</td>
</tr>
<tr>
<td>10</td>
<td>*Dignity Health</td>
<td>39</td>
</tr>
</tbody>
</table>

*Not-for-profit

Source: Modern Healthcare’s 2015 Hospital Systems Survey, health system websites
Funds can be taken out of communities by mega-systems focusing on system needs instead of local community needs.
Holding Company

Company created to buy and possess the shares of other companies, which it then controls.

Independent Hospitals in Competition

Operating Company

A company that makes a good or provides a service that it then sells to customers or clients.

Hospital Alignment
The hospital industry leads the nation in CEO turnover rates, with a near record high of 18% in 2014 and 2015.

Payment Innovation
Connecting payment reform to quality improvement

The Accountable Care Glide Path

ACO Full Risk. Or ACO Product
ACO Partial Risk
PCMH and ACO Shared Savings
Bundled Payments
Pay-for-Performance
Fragmented Fee-for-Service

Fragmented Fee-for-Service
Pay-for-Performance
Bundled Payments
PCMH and ACO Shared Savings
ACO Partial Risk
ACO Full Risk. Or ACO Product

Accountable care at the episode level
Accountable care at the population level

Substantial
Value Creation, Integration and Improved Quality
Minimal

JamesCorbett.org
Transforming healthcare.
@jcethicist
The Future of Healthcare Delivery

Population health requires action in the broader community, including addressing the social determinants of health through integration of social services.
Traditionally...
New State of Health Care

Medical Care
Behavioral Health
Social Services

Prevent. Promote. Protect.
CMS Has Approved Seven DSRIP Programs

*NOTE: In addition to the states highlighted above, Florida and Oregon operate “DSRIP-like” programs.

ACO’s will cover diverse populations in different communities and will be looking to reduce costs using predictive analytics that take into account race, socioeconomic status, education, and other risk factors for targeted interventions. **A business case that can be made for addressing disparities including increasing market share among minority patients, pay-for performance revenue, and risk contracts in diverse communities.**
Community Health Improvement

- Community Health Needs Assessment: Every 3 Years
- Community Health Improvement Plan: Annually
- Community Benefit Report: Annually
## Health Behaviors
### St. Mary Corwin Hospital

<table>
<thead>
<tr>
<th></th>
<th>Adults reporting heavy alcohol consumption</th>
<th>Adults eating less than 5 fruits and vegetables daily</th>
<th>Current smokers</th>
<th>Adults with no leisure time physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Area</strong></td>
<td>14.8%</td>
<td>81.5%</td>
<td>24.1%</td>
<td>19.0%</td>
</tr>
<tr>
<td><strong>Colorado</strong></td>
<td>17.6%</td>
<td>75.0%</td>
<td>16.8%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

Behavioral Risk Factor Surveillance System, 2005-09
Behavioral Risk Factor Surveillance System, 2006-2012
National Center for Chronic Disease Prevention and Health, 2012

JamesCorbett.org
Transforming healthcare.
6. If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how:
   A. Inclusion of a community benefit section in operational plans
   B. Adoption of a budget for provision of services that address the needs identified in the CHNA

7. Did the hospital facility address all of the needs identified in its most recently conducted CHNA?

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
ALIGNING SOCIAL JUSTICE AND FEE-FOR-VALUE
## IOM Domains & Core Measure Focus

<table>
<thead>
<tr>
<th>Healthy people</th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Length of life</td>
<td>Life expectancy</td>
<td>Quality of life</td>
<td>Well-being</td>
</tr>
<tr>
<td>Healthy behaviors</td>
<td>Overweight and obesity</td>
<td>Addictive behavior</td>
<td>Unintended pregnancy</td>
</tr>
<tr>
<td>Healthy social circumstances</td>
<td>Healthy communities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care cost</th>
<th>Affordability</th>
<th>Personal spending burden</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainability</td>
<td>Population spending burden</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy people</th>
<th>Engaged people</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual engagement</td>
<td></td>
<td>Community engagement</td>
</tr>
<tr>
<td></td>
<td>Individual engagement</td>
<td></td>
<td>Community engagement</td>
</tr>
</tbody>
</table>

**Convenience**
- Prevention: Preventive services
- Access to care: Care access
- Safe care: Patient safety
- Appropriate treatment: Evidence-based care
- Person-centered care: Care match with patient goals

**Service**
- Length of life: Life expectancy
- Quality of life: Well-being
- Healthy behaviors: Overweight and obesity, Addictive behavior, Unintended pregnancy
- Healthy social circumstances: Healthy communities

**Cost**
- Affordability: Personal spending burden
- Sustainability: Population spending burden
The Social Determinants of Health

The conditions in which people are born, grow, live, work and age, including the health system.

-World Health Organization
Biomedical → Sociocultural

- Diagnosing disease
- Sick care
- Academic institutions and hospitals
- Fee for Service
- Bioethical paradigm

- Value based payment models
- Community health & wellness
- Health systems and populations
- Emphasis on “well care”
- Whole person care
Ethics Committees

“The transition to value-based payment in hospital settings re-orient the ethical framework for medical conduct. Decisions are being made in the board rooms of senior management and far away from the purview of ethicists. In addition to the traditional and meaningful work that occurs in ethics committees, ethicists will need to more effectively influence C-suite decisions in the value-based arena.”

Ensuring the Values in Value-Based Payments

Health Progress 2016

By James Corbett, M.Div., J.D.
Ethics Infrastructure

COMMITTEES & COUNCILS
Ethics Committee
Management & Staff meetings

Systems and Processes
Values based decision-making
Low wage earner subsidies

LEADERSHIP
Who is at the table
Senior Leadership
Pampered Executives
American College of Healthcare Executives Code of Ethics

“The fundamental objectives of the healthcare management profession are to maintain or enhance the overall quality of life, dignity, and well-being of every individual needing healthcare service; and to create a more equitable, accessible, effective, and efficient healthcare system.”
Discussion
Selected Articles:

Ensuring the Values in Value-Based Payments
*Health Progress* 2016
*By James Corbett, M.Div., J.D.*

Addressing Disparities and Achieving Equity Cultural Competence, Ethics, and Health-care Transformation
*Chest Journal* 2014
*By Joseph R. Betancourt, MD, MPH; James Corbett, MDiv, JD; and Matthew R. Bondaryk, BA*

Doing Good and Doing Well: Corporate Social Responsibility in Post Obamacare America
*Journal of Law, Medicine & Ethics* 2013
*By James Corbett, M.Div., J.D; and Manuel Kappagoda*

What’s Empathy Got to Do with It: Medicaid Expansion and Empathic Space
*Boston Bar Journal* 2012
*By James Corbett, M.Div., J.D.*