INTRODUCTION

The osteopathic profession should consider updating its Code of Ethics to include the concept of parsimonious care as a first step to accept some of the responsibility for the cost of health care.

Our healthcare system is designed to maximize the quantity of the care provided to individual patients (as long as they are insured) rather than the quality of care.

Physician and clinical services were responsible for 20% of the total $2.6 trillion, while hospital care accounted for another 31%. However, given that most services require a physician’s order, physicians control 85% of the total expenditures. Waste in the healthcare system has been estimated at between 30 and 40%.

The growth rate of healthcare expenses is unsustainable. Waste diverts major resources from necessary care and other priorities.

CHOICES

• Shift cost to individuals (but they might forego necessary care).

• Governments could impose deep cuts (but this is not in long term interest of patients or providers).

• Cut Waste: encourage access to necessary care.

The American College of Physicians’ Ethics Manual (6th edition) endorses physicians’ primary responsibility for the patient, but expands on physicians’ responsibility to society. “Physicians have a responsibility to practice effective and efficient health care and to use health care resources responsibly. Parsimonious care that utilizes the most efficient means to effectively diagnose a condition and treat a patient respects the need to use resources wisely…”

Quality Costs Less

Figure 1: Higher Cost, Lower Value The US has the highest per capita healthcare expenses of the OECD countries; even Sweden, that has almost 50% higher GDP per capita, had only two thirds the cost. Health costs were $2.6 trillion, and reached 17.3% of GDP in 2010. Kaiser Family Foundation 2011

Quality

Cost

Figure 2: While fee-for-service care has a tendency to maximize cost, early managed care had a tendency to skimp on quality to save on costs. Both need to move to the right side of the curve

STAKEHOLDERS

“… Some have proposed that eliminating waste, defined solely as the cost of deliberate fraud, would save less than 10% percent of health care costs. But now waste has included abuse, in the form of spending on interventions that do not benefit the patient. This would account for at least an additional 30% in savings.”

Howard Brody, MD, J.D., From an Ethics of Rationing to an Ethics of Waste Avoidance

“Physician autonomy is not equivalent to the liberty to treat patients however the physicians want but fundamentally rooted in the effort to promote patients’ best interests.”

Physician Autonomy and Health Care Reform

E. Emanuel, JAMA 1/25/12

Stakeholders

American Osteopathic Association

Osteopathic medical specialty societies

CONCLUSIONS

Delivery of parsimonious care could potentially achieve the following:

• Reduce the costs of defensive medicine

• Create a safe harbor for adherence to evidence-based clinical practice guidelines

• Use of clinical-decision support systems that incorporate these guidelines

• Choosing Wisely initiative with guidelines on 45 common tests and procedures that might be overused or unnecessary.

Christine Cassel, current President and CEO of the ABIMF, wrote, “Rationing appears unjustifiable when there are abundant opportunities to economize by improving efficiencies and effectiveness in the healthcare system.”

Given the current general consensus that more costly healthcare does not necessarily translate into higher quality healthcare, the American Osteopathic Association should consider amending the Code of Ethics to include a statement about physicians’ role in providing cost-effective care.

References


4. Emanuel, E. Physician Autonomy and Health Care Reform, JAMA 1/25/12.


The Physicians’ Role in Health Care Cost Containment: A Duty to Provide Parsimonious Care

Jorge D. Luna DO, CPE, AOA Health Policy Fellowship 2011-2012

1st Vice President, Florida Osteopathic Medical Association