Ethical Case Analysis

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Abstract

The Patient Protection Affordable Care Act (PPACA) started with a goal to reduce the number of uninsured individuals. The PPACA has made changes throughout the healthcare profession; adaptations have been made and still are needed. The Institute of Medicine (IOM) has said that the “systems by which health care is delivered and financed must be designed to ensure that care is safe, effective, efficient, equitable, and tailored to each individual’s specific needs and circumstances” (IOM, 2011). This paper discusses the application of leadership principles at a system level, implications of health policies for the aging population at the system level, and concerns of ethical issues at the system level. As the baby boomer generation increases with age, demand for services will increase creating a need for rationing of services. While the achievement of quality patient care is always the gold standard, leaders must continue to encourage all members of the healthcare team to strive for success as a whole. Continuous learning through research allows all healthcare members to increase knowledge and skills that will help guide individuals in patient quality care.

Keywords: Patient Protection Affordable Care Act, Affordable Care Act, quality care, patient-centered care, rationing of providers, ethics, leadership principles, macro system, and micro system
Ethical Case Analysis

National healthcare reform includes the implementation of several past efforts by the government to ensure all individuals are insured. These include Medicaid, Medicare, and Children’s Health Insurance Program (CHIP), amongst others. The Patient Protection and Affordable Care Act (PPACA) is the most current policy implemented by legislation. The PPACA promises great changes in the healthcare system, however, as the baby boomer generation increases with age, this change may lead to an increased demand for services without an accompanying supply of providers. Rationing of services will affect the baby boomer generation by not having the best healthcare options afforded to them. “The Patient Protection and Affordable Care Act is a federal law that will transform how, where, and by whom healthcare is provided” (Milstead, 2013, p. 7). It includes reforms such as prohibiting insurers from denying coverage from pre-existing conditions and providing incentives for businesses to provide health care benefits. The intended purposes of the PPACA include ensuring the availability of health coverage to uninsured individuals, promoting organizational responsibility for employee health insurance, and offering financial availability to individuals who lack employer insurance. Additionally, the PPACA emphasizes the use of health information technology by converting paper charts into a computerized system that will help measure and enhance quality by establishing new methods for delivering care. Reduction of medical errors within the healthcare system has been an ongoing dilemma and continuous initiatives focus on improving quality for patients. As professional nurses, we must continue to advocate for our patients well-being by being active in policy implementation and understanding changes that can affect our patients.
The Case

Case Summary

With the baby boomer generation living longer, healthcare resources will see an increase in demand. A responsible leader will have knowledge and an understanding of the reform and will guide others through its process. The PPACA promises health care and coverage for all citizens. The PPACA will provide access to health care for 32 million Americans (Goodson, 2010). With new demands on the nation’s health care system, changes will be necessary for implementation. This places a stress on primary care providers to provide care to these citizens. The professional workforce of the U.S. health care system has become distorted, with approximately 30 percent of physicians practice in primary care, while 70 percent are specialists (Goodson, 2010).

As the PPACA begins to provide access to all citizens, these newly insured individuals might experience difficulties to finding primary care. Considering the rapidly aging baby boomer generation, increased demand for services without an increased supply of providers can lead to rationing of medical services. However, the baby boomer generation has been planning for their retirement for decades unknowing that a reform would affect their insurance coverage, therefore when planning for their retirement they did not plan for this significant change in healthcare management. This is compounded by the fact that their longer life spans will also put increased demands on long-term care. As health care expenditures continue to rise, consuming an increasing share of our total output, attention turns to increasing the efficiency and effectiveness with which health care services are provided, to ensure that such provision achieves the most optimal outcomes possible (Hicks, 2011). On a positive note, the government provided health
insurance benefits to those who are currently uninsured could potentially increase their overall health, and possibly, their life expectancy.

**The Case**

The PPACA will provide Americans relief from loss of insurance along with accessibility of coverage and unexpected caps. This freedom gives individuals greater control over health insurance benefits even when insurance companies impose restrictions. Other provisions to this healthcare reform include providing medical coverage for pre-existing conditions, reimbursing Medicare premiums for excessive drug costs, taxing higher insurance proposals, offering investments for new community health centers, and converting paper charting to computerized documentation. In spite of these benefits, the PPACA also presents a critical challenge due to the influx of newly insured individuals which will bring about new ethical challenges and adaptations within the health system and academic field, therefore, placing pressure on healthcare providers in ensuring timely quality care.

**Case Synthesis**

The need to improve the health care system has become evident over the challenges related to both the quality and cost of care. Having uninsured individuals affects the economics by driving up the cost of healthcare. The American health system was in desperate need of reform. Advancements in healthcare have been recognized in disease management and through advanced technology. With advancements in healthcare people are living longer. This increase in life expectancy means our baby boomer generation is approaching a time in their lives that may require increased health care. While the actuality of reformed healthcare will offer improved quality of life for some individuals, it will create a problem for many health care providers. Health insurance does not guarantee access to adequate health care. The PPACA will create the
need for adjustments to be made to the healthcare system. These adjustments include the increased need for medical providers and an increase in facilities. Academic institutions will increase class size in order to balance the increased demand for providers and practitioners, especially in the area of primary care (Doherty, 2010). Pre-PPACA rationing would have been based on who could pay. However, with healthcare now being considered a right rather than a privilege, all citizens should have equal access. For the baby boomer generation, rationing may be seen as a system of selection. According to Finkelman (2012), resource allocation is a more acceptable term for rationing and is necessary due to the excessive health care costs and limited resources. The federal government will make major investments in comparative effectiveness research (CER), which compares the benefits of one therapeutic approach with another approach for patients (Milstead, 2013). The PPACA proves that ensuring all individuals have access to health care can be beneficial, however, it could put individuals (such as the baby boomer generation) who have a longer life expectancy at risk. People are living longer due to the advances in health care and technology, and more individuals are living with chronic disease (Finkelman, 2012). The establishment of criteria to decipher who and what services are covered for an individual can lead to problems with the baby boomer generation getting the health care they need and desire. This comes at a time when many baby boomers have moved from active employment to retirement and fixed incomes. Their retirement planning was not based on this type of health care system. This was a change that was invoked for many just before their planned retirement and may keep some from retiring when planned, but may help some retire that did not previously have health insurance options.

Leadership Perspective Implications

Summary of Leadership Theories
Leadership plays a critical role in policy implementing and changing. According to the literature, healthcare leaders’ need to plan for tomorrow while living in today’s world (Hinton, 2014). The PPACA is the newest provision created and while change is in current progress, a leader can help facilitate or hinder these changes. Different leaders function with diverse styles on how a department or organization is managed. According to Hinton, one style of leadership may be built on volume of services provided while the other style is built on the value of services provided (2014). When examining leadership principles, there are six main styles—quantum, transactional, transformational, shared, servant, and emotional leadership. Quantum leadership involves team interaction and focuses on the big picture (Porter-O'Grady & Malloch, 2015). This type of leadership plans and anticipates change and chaos. This leadership will collaborate with multiple disciplines along with technologies to provide quality care and make changes within healthcare. Transactional leadership focuses on task-orientation and adherence to rules. Although, these leaders tend to be close-minded they are very proficient in emergencies and meeting deadlines (Giltinane, 2013). Transactional leaders excel in facilitating protocols, adhering to policies and meeting deadlines. Transformational leadership emphasizes communication with a focus on teamwork and inspiring members to go beyond the call of duty (Giltinane, 2013). Benefits are seen in these leaders with implementing changes such as the PPACA due to their qualities. Shared Leadership is an approach that is favorable for listening and sharing leadership duties with another person. This leadership is widely distributed, such that members among a team and organization collaborate in organizational-wide processes. According to Giltinane, shared leadership has been compared to horizontal leadership (2013). This leadership can impact the PPACA and decrease rationing by managing across the board. Servant Leadership, unlike the other leadership styles, focuses on meeting the needs of others
and followers. They focus on organization values and reaching goals. They also encourage employees to serve and perform to the best of their abilities (Waterman, 2011). Emotional Leadership is a style of leader that is emotionally intelligent. This emotional competence allows leaders to use their self-awareness, impulse control, humility, and appreciation of knowledge (Porter-O'Grady & Malloch, 2015). Implications seen in this style with the PPACA is very imperative. Emotional intelligence is required with encountering forms of rationing such as ethical rationing due to high emotions.

**Synthesis of Leadership Perspective**

Among the six different leadership styles, no one style is better than the other. As an ever changing healthcare system, leadership styles are continuously conforming as well. Within the literature, the population is seen to be aging and the percentage of it is increasing with an increasing demand of health services along with a decrease in working age individuals (Hicks, 2011). As a future advanced practice nurse (APN) and leader, issues such as rationing among the aging will be encountered. The style of leadership chosen determines how difficult processes such as rationing are controlled. The duty of this professional is to be competent in the subject of these issues by being a part of state and national organizations. These organizations contribute to growth as an APN along with education and research of the newest policy changes. According to the IOM, leaders should define, disseminate, support, and commit to a vision of continuous improvement; focus training and resources on continuous learning that lead to continuous improvements that will translate into reliable care (2013). Leaders need to encourage all members in the healthcare team to strive for excellence. Continuous professional development initiatives have resulted in better and safer care for patients, as well as, managing preventable conditions. The health workforce is critical to the reform, significant investment is needed to
empower all health staff with the ability to learn, adapt, be team players, and combine biomedical and social perspectives, equity, sensitivity and patient centeredness (WHO, 2008).

**Economic Analysis**

The statement made by the IOM that health care delivery is validated by the realization that preventative care and primary care are both necessary priorities to the future of the healthcare system (IOM, 2011). Fundamental changes that are impacting the need and delivery of health care services include the aging of the U.S. population, advances made in medical science, and an increase in the growing demand for medical interventions due to a more educated and informed population (Hicks, 2011). Due to the size of the health care industry and the increased demand for services, there will be a need for rationing of services. The PPACA will create changes within the healthcare profession and adaptations will need to be evaluated, re-created, and implemented. According to an August 2010 Congressional Budget Office estimate, the PPACA will cut $555 billion from Medicare over the next 10 years (Robert Powell Center for Medical Ethics at the NRLC, 2014). Senior Citizens who have Medicare will be limited in their right to spend their own money to save their own lives. For example, criteria has been establish for inclusions and exclusions of individuals or services. Knowing what will be covered by insurance can lead to inclusion of more effective services. Having these criteria can be beneficial with regards to the provider-patient relationship since all individuals will know what is covered versus not covered. However, these criteria may prove problematic for providers since all services may not be available treatment options. Rationing of services can be seen in provided services, coverage, as well as copays and deductibles (Hicks, 2011). Service rationing could lead to increased out-of-pocket expenses for individuals. This could be seen as higher co-pays or deductibles that lead to a reduction in affordable services. This out-of-pocket expense may
decrease the likelihood that the individual will seek out care because the individual already has financial burdens. In regards to baby boomers, this technique of medical rationing can cost them their lives.

Healthcare economics is concerned with issues related to scarcity and allocation of resources. Allocating resources in a scarce environment can prove difficult in providing optimum care to the individual. A whole system approach is necessary for meeting organizational goals and achieving optimal patient care. Successful patient-centered care is the optimal goal and collaboration of all healthcare team members is key to success. By setting standards and developing assessments that include the process of collaboration, a whole system approach can lead to successful healthcare achievement. Patient-centered care is built on the principle that individuals should be able to make the final decision on what type of treatment and care they receive (Maizes, Neimiec, & Rakel, 2009).

The PPACA includes several improvement provisions restricting the way health care is delivered. For example, the Centers for Medicare and Medicaid Services (CMS) have said it will stop reimbursing hospitals for preventable readmissions and health care facility-acquired conditions (Andel, Davidow, Hollander & Moreno, 2012). Focus should be on the deliverance of quality healthcare by health care providers. However, evaluation techniques are crucial in the process of root cause analysis in maintaining safe and efficient care.

Safe, effective, patient-centered, timely, efficient, and equitable are the identifiable aims of quality care from the IOM. Quality and safety of care, accessibility of care, and cost effectiveness of care are fundamental concepts that form the framework of health policy discussions. However, with the new law in action, health care professionals as well as individuals needing care will all experience the burden necessary as organizations identify ways
to improve quality care while keeping costs low. It is important for nursing professionals to collaborate as a team, demonstrate integrity and participate in patient advocacy to work towards the goal of quality care.

**Systems Application**

In implementing the PPACA, the government has made promises of changes that will be better for the overall healthcare system, such as making insurance assessable to all Americans, decreasing health care costs, as well as improving quality care. While the focus has been aimed at insurance accessibility, more attention needs to be paid to the baby boomer generation and focus needs to be oriented at maintaining longevity in life for these individuals. Leadership principles can aid with managing the increase in demands from the changes the PPACA has put into action. Combined interests where the outcomes are centered on thriving within the organization, along with fulfilling the purpose of achieving a common goal as a whole are key points in effective leadership at the systems level. The ultimate goal is to develop new policies that will improve patient outcomes.

**Application of Macro and Micro Systems**

When examining macro and microsystems one has to look at the implications made to the PPACA. Macro systems is thought in terms of the bigger systems whereas, microsystems are the smaller systems. Some macro systems seen are federal laws, regulations, and licensing systems. These organizations are imbedded and greatly influence microsystems. However, microsystems produce quality, safety, and cost-effectiveness at the local level of care such as emergency rooms, clinical offices, and hospital floors (Blumenthal, 2014). Indefinably, the product of the microsystem directly affects the macro system or vice versa. Implications within a microsystem and macro system would be considerations of what to improve or change first. To recover
financially and to provide quality patient care, healthcare providers need education on the
PPACA to prevent forms of rationing with the aging population. As contributions within the
micro and macro level, healthcare providers need to be members of state organizations. They
need to voice health care concerns and be heard at state meetings. These organizations can
contribute by lobbying and policymaking at a local, state, and national level.

Conclusion

Advanced practice nurse participation in healthcare policy helps increase a knowledge-
based and understanding of an organization or community’s needs. Nurses must speak out as
knowledgeable, caring professionals who contribute to the whole health agenda and who
advocate for their patients and the community (Milstead, 2013). In regards to rationing, this word
has negative connotations. However, health care services have always been and will always need
to be rationed (Hicks, 2011). Choices will always need to be made in regards to health care
services. Determination on what should be rationed should be made by measures that involve
equity and fairness.

Advanced practice nurses provide primary care services across all levels of the health
care system and all nurses are positioned to help meet the evolving needs of the health care
system (IOM, 2011). It is important for nursing professionals to become familiar with the
advantages as well as the disadvantages of the PPACA because nursing involvement will be
substantial during this transformation in healthcare change.
References


