

Resolving Ambiguity: Tools for the PCMH Team in Addressing Ethical Issues

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



Learning Objectives

At the conclusion of this session, the participant will be able to:

- Name three common ethical quandaries that occur in delivery of team-based primary care services.
- List multiple factors related to medical/BH care that providers need to consider in making decisions and policies about individual privacy.
- Describe The Four Topics team approach to resolving ethical dilemmas.

Bibliography / Reference

1. Reference
2. Reference
3. Reference
4. Reference
5. Reference

Learning Assessment

- A learning assessment is required for CE credit
- A question and answer period will be conducted at the end of this presentation



■ COMMON ETHICAL ISSUES IN BHC

- ✓ Confidentiality/Discussing Limits of Confidentiality
- ✓ Privacy/level of detail that will be shared with others
- ✓ Informed Consent
- ✓ Minimizing Coercion
- ✓ Multiple Relationships
- ✓ Scope of Clinical Practice
- ✓ Sufficient Clinical Intervention
- ✓ Duplication of Behavioral Health Services
- ✓ Competence

■ ETHICAL PRINCIPLES & VALUES

Beneficence

**Nonmale-
ficence**

Autonomy

Justice

Fidelity

**Encouraging
Leadership**

✓ **IMPORTANCE OF
HUMAN
RELATIONSHIPS**

✓ **INTEGRITY**

✓ **SERVICE**

✓ **DIGNITY AND
WORTH OF THE
PERSON**

✓ **SOCIAL JUSTICE**

✓ **COMPETENCE**

Beneficence: All professionals have the foundational moral imperative of doing right

Nonmaleficence: Non harming or inflicting the least harm possible to reach a beneficial outcome

■ TEAM BASED APPLIED ETHICS

- + When we work in an integrated practice, ethical dilemmas and challenges often occur on multiple levels
 - + **An ethical challenge occurs when two or more inherent ethical principles/standards conflicting in our work**
 - + And in that situation, there is an **interaction** of the ethical responsibilities and decision-making between the BHC, the medical provider, the nurse, the pharmacist, etc.
- + **So we need to think of our ethics outside of the silo and in the scope of a team practicing together**

■ ORIGIN OF ETHICAL CHALLENGES IN A TEAM

- + It is critical for team members to understand the types and origins of various ethical challenges that can occur in interprofessional practice settings
- + **An ethical dilemma in one discipline might not be, and commonly is not, an issue in another discipline.**
 - + For example, caring for multiple members of a family is mainstream for many PCPs but can pose a dilemma for BHCs if care of multiple family members is not defined at the outset of care.

Kinman, Gilchrist, Payne-Murphy, & Miller, (2015)

■ ETHICAL GUIDANCE?



+ Resources:

- + *Family Systems and Health Special Issue*, March 2013
- + Jonsen, Siegler, & Winslade (2002). *Clinical Ethics*, Fifth Edition
- + Team-based ethics: <https://journalofethics.ama-assn.org/article/leadership-and-team-based-care/2013-06>
- + Ethical Consultations: <https://www.ama-assn.org/delivering-care/ethics-consultations>

■ ETHICAL DOMAIN: DUAL RELATIONSHIPS

NASW/ APA	ANA	AMA
<p>Should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.</p> <p>Refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness, or risks exploitation or harm to the other person.</p>	<p>The work of nursing is inherently person. Within their professional role, nurses recognize and maintain appropriate personal relationship boundaries. .. Nurse-patient relationships are therapeutic in nature but also test the boundaries of professionalism.... They should seek the assistance of peers or supervisors in managing or removing themselves from difficult situations.</p>	<p>In emergencies or isolated or rural settings when options for care by other physicians are limited or where there is no other qualified physician available, physicians should not hesitate to treat peers...There are, however, a number of ethical considerations to weigh before undertaking the care of a colleague</p>

■ ETHICAL DOMAIN: PRIVACY

NASW/ APA	ANA	AMA
<p>When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.</p> <p>Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.</p>	<p>Patient rights are the primary factors in any decisions concerning personal information, whether from or about the patient. Nurses are responsible for providing accurate, relevant data to members of the healthcare team and others who have a need to know. The duty to maintain confidentiality is not absolute and may be limited, as necessary...</p>	<p>Physicians must seek to protect individual privacy in all of its forms... Such respect for individual privacy is a fundamental expression of individual autonomy and is a prerequisite to building the trust that is at the core of the patient-physician relationship.</p> <p>Privacy is not absolute, and must be balanced with the need for the efficient provision of medical care and the availability of resources.</p>

■ HOW CAN TEAM-BASED ETHICAL CARE OCCUR?

- + Emphasis on **flexibility** and **resiliency** by team members in their approach to primary care (Nash et al, 2012)
- + Consider an **inter-professional collaborative approach**



Fig. 1 Ethical principles for interprofessional collaborative primary care

Runyan, C. N., Carter-Henry, S., & Ogbeide, S. (2017). Ethical challenges unique to the primary care behavioral health (PCBH) model. *Journal of clinical psychology in medical settings*, 1-13.

■ “HEALTH CARE SHOULD BE A COORDINATED TEAM SPORT”

- + 80% of **medical errors are the result of communication/coordination** failures among medical team members
 - + https://www.ted.com/talks/eric_dishman_health_care_should_be_a_team_sport?language=en
- + **AMA recommends team members collectively serve as leaders to**
 - + foster open team communication
 - + clear expectations
 - + an environment of humility
 - + continuous improvement and shared decision making with patient/family

■ HOWEVER TO HAVE TRUE TEAM-BASED CONSIDERATION OF ETHICAL CHALLENGES...

- + A culture has to acknowledge
 - + A **collective** approach to care
 - + **Accountability**: team members recognize they do not act independently but in context with those around them
 - + **Share** a common language, “close the loop” on patient encounters

■ HOWEVER TO HAVE TRUE TEAM-BASED CONSIDERATION OF ETHICAL CHALLENGES...

+ Individuals in the team:

+ **Safety:** Have to feel like they can step up and acknowledge a problem or challenge to the team

+ **Can speak up**, others with listen, and confirm their concern

+ <https://www.cfha.net/blogpost/689173/311615/2018-Opening-Plenary-Session-Saving-Lives-Guidance-from-the-Science-of-Teamwork>

+ Team members feel **they can convene** other team members to review ethical challenges in either meetings or impromptu huddle debrief

■ IN THE SPEED OF INTEGRATED CARE, THE DILEMMA CAN COME ON FAST AND REQUIRE QUICK THINKING

+ We need a reliable method

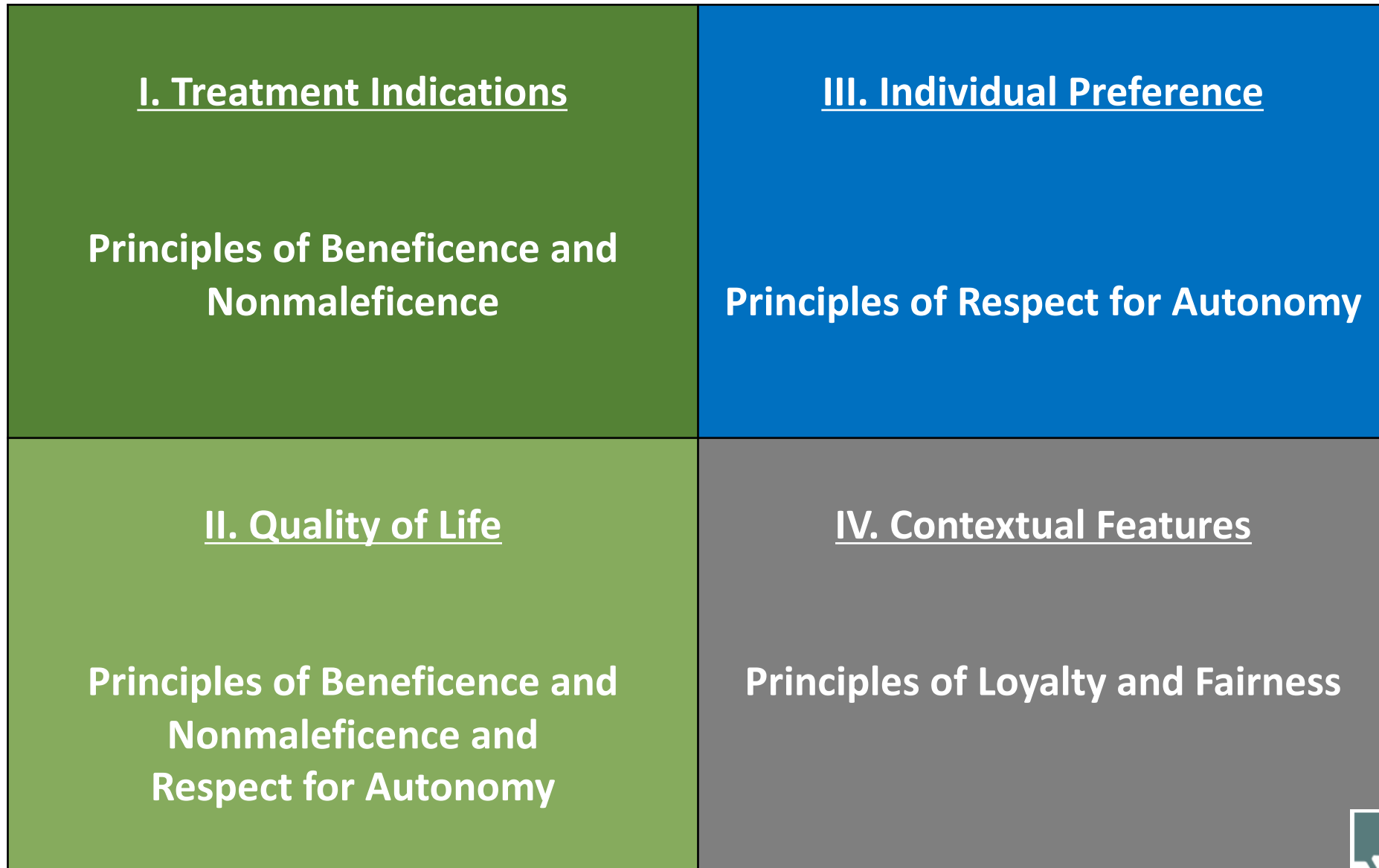


<http://giphy.com/gifs/car-traffic-PG5HdeZ5qauvm>

THE FOUR TOPICS METHOD

<p>I. Treatment Indications</p> <p>Diagnostic and therapeutic interventions:</p> <ul style="list-style-type: none">• Goals of treatment?• Probabilities of successful treatment?• Plans in case of therapeutic failure?	<p>III. Individual Preference</p> <p>The express choices of the person/family receiving care about their treatment</p> <ul style="list-style-type: none">• Understands treatment options and implications• Shared decision making about risks and benefits
<p>II. Quality of Life</p> <p>Person's life prior to and following treatment</p> <ul style="list-style-type: none">• On what grounds and who can judge quality of life?• Biases that might prejudice the clinician's evaluation of quality of life?	<p>IV. Contextual Features</p> <p>Familial, social, institutional financial and legal settings within which the case takes place</p> <ul style="list-style-type: none">• Financial factors that create conflict of interest?• Allocation of scarce resources that might affect clinical decisions?• Religious or cultural factors?

THE FOUR TOPICS METHOD



Jonsen, Siegler, and Winslade. in Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine (2010)

ETHICS SPOTLIGHT

CASE EXAMPLE

"Melinda" is a 58 year-old Latinx female who receives care at the FQHC. She has met extensively with the BHC, Danielle, around alcohol use and trauma-related symptoms, but has low readiness to seek outpatient treatment after a series of prior IOP treatments. She presents today downcast, discussing life stressors and receiving a letter about crucial lab results that the clinic wasn't able to reach her for.. At the last visit, she saw a different primary care provider for a walk-in, who ran routine blood work.

Danielle reviewed the EHR and saw a note that Melinda was being referred to nephrology by the covering provider for Chronic Kidney Disease, Stage 3, and elevated blood pressure and creatine levels and lowered kidney functioning and calcium levels. Danielle realized she read the message out loud from the EHR and could see Melinda was increasingly worried, expressing her fears of getting dialysis and her kidneys being "shot."

Danielle, the BHC, is knowledgeable about efforts to lower blood pressure and has talked to other patients about dialysis-friendly diets before, and feels competent in those areas.

The walk-in provider is out of the office today and the usual primary care provider is with back-to-back patients. What corrective steps and/or education should be taken?

■ WHAT ARE THE POTENTIAL ETHICAL ISSUES?

- + We will utilize the Four Box method to
 - + Identify the ethical issues using the four box method
 - + Which is the key box?
 - + Recommended Course of Action

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REFLECTIONS

IN THE SPEED OF INTEGRATED CARE, THE DILEMMA CAN COME ON FAST AND REQUIRE QUICK THINKING



- + We need time to reflect individually and with our team and colleagues
- + Psychological safety is a critical factor in the culture of care
- + The four topics method is a reliable way to examine the dimensions of the decision
- + Don't forget to document thoroughly!

THANK YOU!

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Session Survey

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