"For many executives, conflicting values or interests are not necessarily labeled 'ethics.'"

appropriate health care services. The domain of “community benefit” focuses on how managed care organizations, in keeping with a fundamental value in health care, understand their obligations to the community, not just their members; that is, are they responsible corporate citizens?

(3) Researchers collected documents from and made site visits to each of the participating organizations, to understand their approach to each domain. (4) The material culled from documents and the site-visit interviews were synthesized to identify innovative “best practices” in each of the domains. (5) These “best practices” are being disseminated so that organizations can reflect on their own ethical values and learn from others’ experiences.

Defining Best Practices

A major concern of the participating organizations was the identification of “best ethical practices.” Unfortunately, in the current environment, ethics is too often treated as a report card evaluation, and the notion of best ethical practices evokes judgmental measures of moral worth. In reality, there is rarely just one ethical way of doing things. Some approaches may be unethical because they violate or ignore central ethical values. More typically, however, there is a range of possible approaches to problems, all of which may be deemed ethically justifiable. In an imperfect world, every policy and decision incorporates multiple values. Consequently, there will be many ethical ways to specify, balance, and realize the values. The goal of a project to identify best ethical strategies in an organization is not to declare one strategy ethical and brand all others, even if only by implication, as unethical.

The research team defined a best or an exemplary practice if it fulfilled four criteria: (1) There was a coherent formulation of an area of difficulty embodying an awareness of conflicting interests. Importantly, the organization itself did not have to conceptualize the problem as an ethical issue, since for many executives, conflicting values or interests are not necessarily labeled “ethics.” The problem only had to fall within one of the ten domains. (2) There was a plan of considered, innovative action to manage the ethical tension that addressed the values conflicts. This plan embodied a way of specifying and balancing key ethical values, and reasons could be articulated for why the approach was the best way to realize them. Again,
there was no need for the organization to characterize the plan in terms of ethics. (3) There was a set of consistently applied procedures that were integrated into the organization's functioning and that constituted a plausible means of implementing the plan. (4) There was a mechanism to evaluate the effectiveness of the implementation in meeting objectives. Such mechanisms might include internal or external audits, or collection of data. If the plan had existed for several years, there should have been evidence of the evaluation and modifications to enhance the plan's effectiveness.

Thus, an exemplar ethical practice does not have to be sophisticated in any academic sense. It simply must address the identified tension in a manner that is innovative, is effective, and can be ethically justified because it provides reasons why it realizes the critical values. The exemplary practices identified, while generally not seen by the organizations as explicitly ethical, are ethically noteworthy in that they engage diverse values, consider the various perspectives (the member, provider, and organization) and try to arrive at a reasonable policy that balances the views and values of all.

There is clearly more than one exemplary practice for a given ethical domain. Indeed, for any given domain, different organizations, depending on the organization's unique circumstances, will create policies that promote different values. For example, one organization's policy on confidentiality might emphasize a member's absolute right of privacy, while the policy of another might balance privacy with an emphasis on using records to improve disease management. The aim is to identify distinctive approaches in each domain, highlighting common themes and important differences in how the dilemmas are approached that can provide managed care organizations, consumers, regulators, and others with alternative road maps to enhancing ethical performance.

Preliminary Findings Of Exemplary Practices

The BEST project is ongoing, but we have discovered a number of exemplary practices. Five examples stand out.

**Organizational ethics.** This term refers to the structures and procedures that organizations have established to facilitate the systematic identification of ethical issues and their resolution. The aim is for health care organizations to be aware of the value-laden nature of their business and to appreciate the ethical tensions implicit in their daily decisions. Organizations that have had some success in this area foster "cultures" in which the ethical implications of decisions are explicitly acknowledged and actively considered.

An exemplary practice in this area comes from the Holy Cross Health System (HCHS), a provider organization. HCHS has a
strong (Catholic) faith-based mission, the cornerstones of which are fidelity, excellence, stewardship, and empowerment. It has developed a process called “mission discernment,” whereby major business and clinical decisions are evaluated not only for their financial and strategic implications but also for their ethical implications. HCHS has developed a systematic list of questions that are discussed to determine the impact of all major decisions on achieving the ethical norms essential to the organization’s mission. This list includes the following: What considerations make this decision important in the mission and values of HCHS? How will the quality of services be determined and maintained? How will care for the poor be addressed with this development? What is the community benefit from this development? The mission discernment process is not intended to yield a yes or no decision; rather, it is a process through which the organization investigates how the proposed policies or decisions can be restructured to best realize its mission.

At a site visit to Mt. Carmel Medical Center in Columbus, Ohio, the research team observed a mission discernment process. The proposal being considered was opening a new ambulatory care site integral to the medical center’s expansion strategy. One aspect of the discussion focused on the fact that the neighborhood of the new site included a deaf community. Questions were raised about how the proposed facility would accommodate the needs of the deaf patients, particularly the need for sign language interpreters. After much discussion, the site was accepted on the condition that sign language interpretation for deaf patients would be made available.

**Consumer and physician empowerment.** Whether justified or not, clinicians and the public fear that managed care organizations have imposed a wall of secrecy around their coverage decisions. Frustration is expressed about “proprietary criteria”: the logic behind and reasons for coverage decisions that managed care organizations often refuse to disclose. Not surprisingly, fears about “gag rules” and “proprietary criteria” lead to distrust and anger.

In 1999 BlueCross BlueShield of Tennessee (BCBST) decided to address these concerns directly by making its medical policies available to clinicians, members, and the public. Because medical policies are formulated and amended on an ongoing basis, BCBST chose to make this information available on its Web site, <www.bcbs.com>. The site describes the process that the organization uses generally to determine “medical necessity,” and it presents the rationale for specific policies.

As an example, the policy about treatment of varicose veins approves two techniques, both surgical ligation and sclerotherapy (nonsurgical treatment). It explains that since varicose veins larger
"Consumer advocates and legislators may use these exemplary practices as they seek to influence managed care."

with electronic records and the ability to identify patients with particular illnesses or who use particular health care services contribute to the public's concerns about managed care and its threats to their privacy. The challenge is to create systems that balance the value of patient confidentiality with the legitimate purposes for which access to medical information is needed, such as authorization of services, monitoring outcomes, and quality of care.

An exemplary practice here comes from Harvard Pilgrim Health Care. In 1995 the staff-model component of the health plan was featured in the Boston Globe because of perceived breaches of patient confidentiality. At that time, and unbeknownst to most members, psychiatric records were included in the staff-model plan's electronic medical record and were available to all physicians. In response to negative publicity, the plan convened an advisory group that included plan personnel and patients, particularly those with sensitive medical information, such as information related to mental health or human immunodeficiency virus (HIV). This group examined carefully the issues of confidentiality and created a policy that consciously acknowledges the competing ethical "goods" that must be balanced:

We recognize that there will be situations in which the patient's need for privacy will conflict with the physician's "need to know." In those situations, we seek to balance the conflicting needs of protecting the patient's privacy without compromising our capability to provide safe and effective medical care.

Several mechanisms were created to help achieve that careful balance, including computerized audit trails that reveal the identity of anyone who has read a member's chart; special categorization of clinical material that is considered to be particularly sensitive (such as HIV status or termination of pregnancy); the limitation of access to mental health diagnostic codes and narratives to mental health clinicians only; provisions for the disposal of medical records; and documentation guidelines for all newly hired physicians along with confidentiality training and a test of this knowledge.

■ End-of-life care. Under fee-for-service medicine, there was little case management and poor coordination between inpatient and outpatient services. Managed care, insofar as it improves the integration of health care, presents a genuine opportunity to improve end-of-life care, yet few organizations have focused on this area. One organization that has focused on end-of-life care is the Foundation Health Plan of Florida (FHP).
FHP, like many other managed care organizations, has numerous disease-based case management programs that oversee the care of persons with serious and chronic diseases. FHP has taken this model one step further. It contracts with outside organizations for the case managers, but these organizations become “partners.” In the case of end-of-life care, the partner is VITAS, a nationally recognized, for-profit hospice organization. The representatives from the partner organizations work on site at FHP and are integrated into its daily workings. The disease management case managers, together with case managers from VITAS and from a home health organization, comprise a Portal of Delivery (POD), the organizational structure through which care is coordinated at FHP.

This POD makes daily rounds with a medical director from FHP and case managers at FHP’s in-network hospitals. Each day, active patients are discussed by all. When a patient is identified as appropriate for hospice, the case manager contacts the physician and or the patient or family member. The patient, therefore, may get out of the hospital and into hospice more quickly. Since the case managers are involved with the patient both at home and in the hospital, there is continuity that allows for seamless coordination between sites of care, minimizing disruption for the patient and his or her family. This close integration of services, hospice and home health, with those managing disease produces two benefits. It has educated all of the case managers about the appropriate use of hospice: hospice referrals have risen by 23 percent. FHP is now evaluating whether referrals are made in a more timely manner.

**Concluding Comments**

The BEST project identifies examples of organizations that are “doing the right thing,” facing the ethical dilemmas of modern health care and devising policies and programs that reasonably balance competing values. The aim of the BEST project is to encourage the incorporation of such practices, and the underlying themes they embody, into the day-to-day workings of managed care organizations. The research team hopes that the project will be used by multiple “audiences” in different ways to achieve this end. Organizations may voluntarily adopt and adapt exemplary practices that other organizations have implemented successfully. Regulatory agencies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA) may look to these practices in devising creative new accreditation standards. Finally, consumer advocates and legislators may use the exemplary practices as they seek to define a positive direction in which to influence managed care. The ultimate
goal shared by many is to ensure ethical delivery of health care, and
the BEST team believes that this project can help to attain this end.

The opinions expressed are those of the authors and do not necessarily reflect those
of the National Institutes of Health, the U.S. Public Health Service, or the U.S.
Department of Health and Human Services.

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