PERSONAL RESPONSIBILITY FOR HEALTH: IMPLICATIONS FOR POLICYMAKERS

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PRESENTER DISCLOSURES

Tatiana Lin and Caitlin McMurtry

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OUTLINE

I. Personal Responsibility for Health in the United States

II. Beliefs About the Need for Personal Responsibility

III. Personal Responsibility Views: Shaping Policies and Programs

IV. Understanding Personal Behaviors in a Larger Context

V. Personal Responsibility in an Applied Context

VI. Going Forward: Shared Responsibility

PERSONAL RESPONSIBILITY FOR HEALTH IN THE UNITED STATES

PERSONAL RESPONSIBILITY FOR HEALTH

- Implies that individuals have control over their health-related behaviors and holds individuals personally accountable for their choices
- Reflects a cultural belief about the importance of recognizing an individual's right to make his/her own choices (e.g., health behaviors)
- Central to many health care approaches in the U.S. and shaped the idea of "health promotion"

PERSONAL RESPONSIBILITY: PROMOTION V. PROTECTION

	Health Promotion	Health Protection
Focus	Individual lifestyle or personal behavior choices	Economic, environmental, physical and social determinants of health
Typical Interventions	Providing knowledge and skills for changing unhealthy behaviors	Creating supportive environments at the individual, social and structural levels

- Main consequence of this distinction:
  - Most health promotion programs have focused on personal behaviors with limited attention to environmental challenges

"We Americans allowed … lifestyle to be interpreted too narrowly as pertaining primarily if not exclusively to the behavior of those whose health is in question."

Source: Minkler, M. (1999). Personal Responsibility for Health? A review of the Arguments and the Evidence at Century's End. *Journal of Health Education and Behavior, 26*(1), 121-140.

PERSONAL RESPONSIBILITY: A CONTEMPORARY VIEW

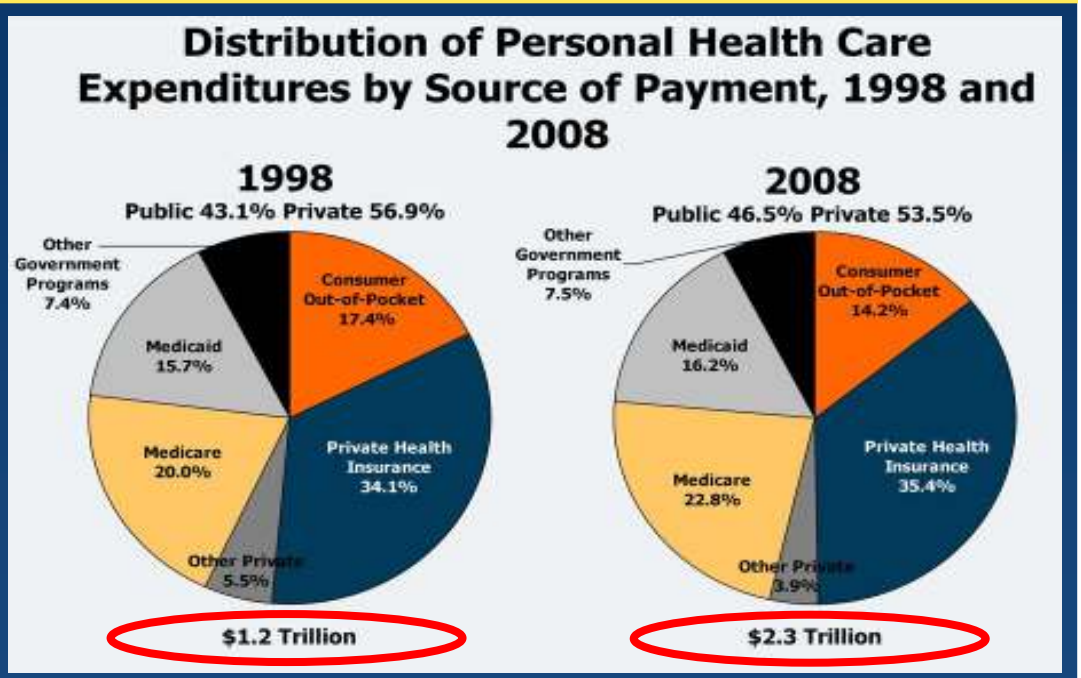
- Tenets of personal responsibility:
  - Individuals have control over their health related behaviors
  - Individuals should be held accountable for the lifestyle choices that they make
- Being “personally responsible for health” means:
  - Leading a healthy lifestyle: Exercising, maintaining a healthy weight, and abstaining from smoking
  - Being a good patient: Showing up on time for appointments, taking medications as prescribed, and fully disclosing your history and habits to your doctor
  - Using hospital emergency rooms for emergencies only

BELIEFS ABOUT THE NEED FOR PERSONAL RESPONSIBILITY

MOST COMMON BELIEFS

Belief #1:

Health care costs would decrease if people took better care of themselves by reducing engagement in negative health behaviors (e.g., smoking)



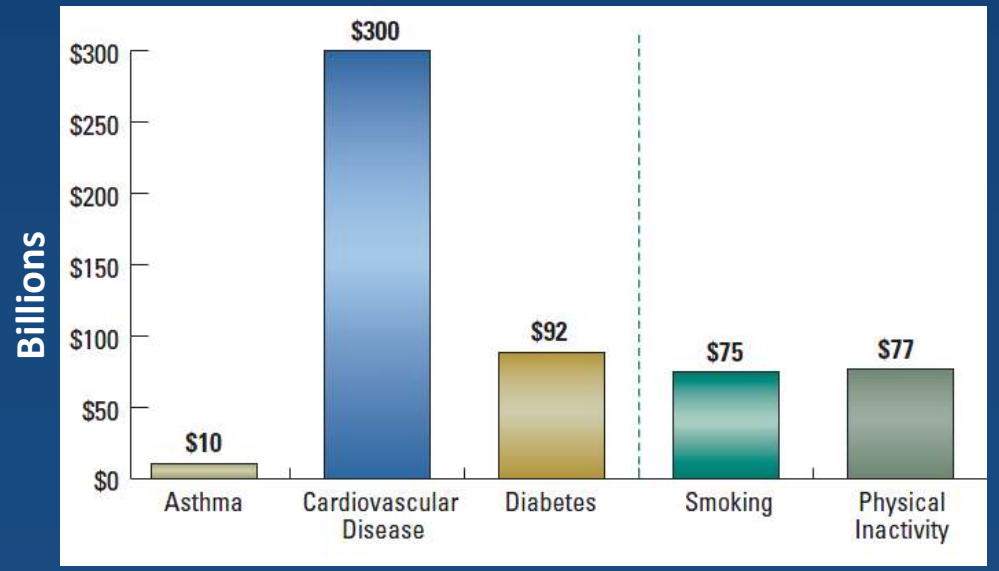
Source: Kaiser Family Foundation. (2010). *Distribution of Personal Health Care Expenditures by Source of Payment, 1998 and 2008*. Retrieved October 1, 2010, from http://facts.kff.org/chart.aspx?ch=1349.

MOST COMMON BELIEFS

Belief #2: The "fairness" argument

People who engage in negative health behaviors should pay more for their care

Annual Medical Expenditures Attributed to Selected Chronic Conditions and Unhealthy Lifestyle Activities, 2005



Source: America's Health Insurance Plans. (2008). *A Shared Responsibility*: Advancing Toward a More Accessible, Safe, and Affordable Health Care System for America. Retrieved October 5, 2010, from http://www.ahip.org/content/default.aspx?docid=23427.

MOST COMMON BELIEFS

Belief #3: Existing evidence supports the importance of individual responsibility for health

- **Studies/Research**
  - "Actual" causes of death (modifiable factors, mostly related to lifestyle and behavior, e.g., tobacco, diet) directly related to individual behavior
  - Several programs showed that it is possible to achieve improved health outcomes through individual behavior change
    - Alameda County Study and Stanford Coronary Risk Intervention Program (SCRIP)
- **Data (BRFSS, USA 2009)**
  - High rates: Obesity 26.9%; Physical Inactivity 25.4%; and Smoking 17.9%

PERSONAL RESPONSIBILITY VIEWS: SHAPING POLICIES AND PROGRAMS

TYPES OF PERSONAL RESPONSIBILITY PROGRAMS

- Programs addressing personal responsibility for health have employed both positive and negative incentives to motivate behavior change
- Positive incentives
  - Removal of structural barriers such (e.g., eliminating or reducing high co-pays)
  - Removal of attitudinal barriers through improved patient and clinician education and communication
  - Direct rewards for desired behaviors such as cash payments or credits
- Negative incentives
  - Penalize people for failing to meet stated goals, through for example, loss of benefits

REASONS BEHIND POLICY CHALLENGES AND SUCCESSES

Policies

Focus: Individual behavior modification

✓Education and skills (e.g. counseling)

Supporting

Personal Responsibility Views

✓Obesity is caused by irresponsibility of individuals

✓Government proper role: educating vs. mandating

Opposing

Policies

Focus: Population health

✓Taxes on sugared beverages

✓Restricting "junk food in school"

✓Menu labeling

Why is this policy opposed?

It fits with PR views

Policies in Agreement

Focus: Population health

✓Mandated vaccination

✓Clean indoor air laws

Why did these policies succeed?

"Direct harm"

UNDERSTANDING PERSONAL BEHAVIORS IN A LARGER CONTEXT

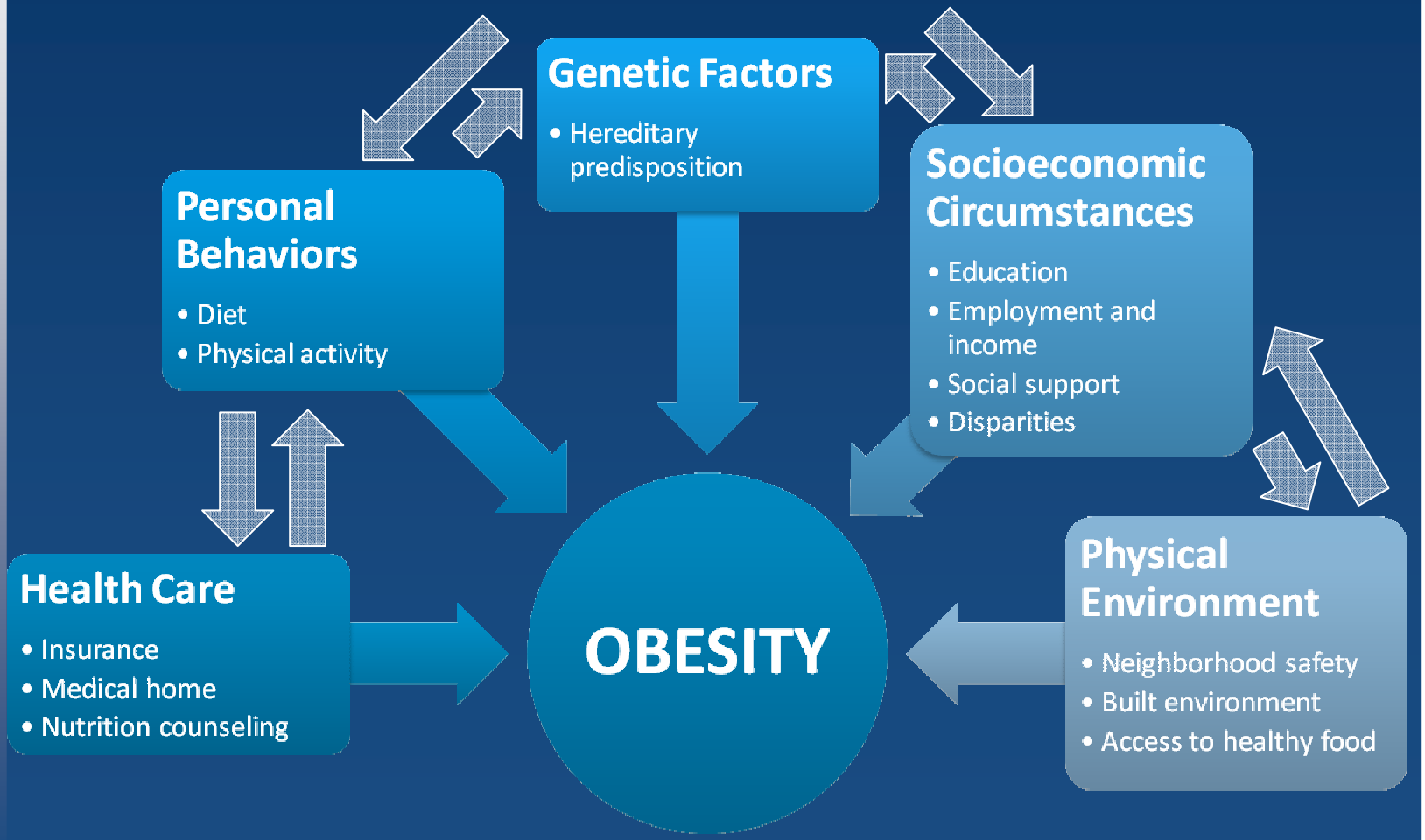
SOCIAL DETERMINANTS OF HEALTH

"Sociologists describe 'health lifestyles' not as isolated individual choices, but rather as contextually embedded behavioral patterns … Adults make choices every day that affect their health[, but] those choices are shaped by social circumstances that influence which options are available, as well as the meaning, value, and costs associated with them."

Source: Blacksher, Erica. (2008). Carrots and Sticks to Promote Healthy Behaviors: A Policy Update. *Hastings Center Report,* 38 (3), 13-16.

DETERMINANTS OF OBESITY

Personal behaviors are one piece in the full context of obesity



PERSONAL RESPONSIBILITY IN AN APPLIED CONTEXT

PERSONAL RESPONSIBILITY CASE STUDY: WEST VIRGINIA

Mountain Health Choices (2006)

- Divided eligible beneficiaries into two levels:
  - **Basic (Benchmark) Plan**: Fewer benefits than traditional Medicaid, default categorization
  - **Enhanced Plan**: Enhanced benefits, must sign and adhere to a member agreement (e.g., taking medication as prescribed, keeping all medical appointments), undergo a health assessment
- Focused on incentives and consequences for patient compliance with physician instructions and medical recommendations

PERSONAL RESPONSIBILITY CASE STUDY: WEST VIRGINIA

Beneficiary compliance determines Medicaid benefits

	Benefit Description	MHC Basic Plan (default, non-compliant)	MHC Enhanced Plan (opt-in, compliant)
Adults	Prescriptions	Limited – 4/month ↓	Covered
	Chemical dependency, mental health services	Not Covered ↓	Covered, max 20 visits/year ↓
	Tobacco cessation programs	Not Covered ↓	Covered
	Diabetes education, nutritional counseling	Not Covered ↓	Covered
Children	Prescriptions	Limited – 4/month ↓	Covered
	Chemical dependency, mental health services	Covered (Prior Authorization Required), max 26/year ↓	Covered (Prior Authorization Required)
	Inpatient hospital psychiatric services	Prior Authorization Required, max 30 days/year ↓	Prior Authorization Required
	Vision services	Comprehensive exam, glasses max $750/year ↓	Comp. eye exam, glasses, contacts, vision training ↓

Source: The West Virginia University Institute for Health Policy Research and Mathematica Policy Research. (2009). Evaluation of Mountain Health Choices: Implementation, Challenges, and Recommendations. Retrieved October 10, 2010, from http://www.hsc.wvu.edu/wvhealthpolicy/reports/RWJ%20Policy%20Brief%20FINAL%2003.27.09.pdf.

PERSONAL RESPONSIBILITY AND HEALTH CARE REFORM

The Affordable Care Act alters the *practice* of personal responsibility programs in the US:

- Benchmark plans must provide "essential health benefits," adhere to other Medicaid requirements
  - Essential health benefits include mental health and substance use disorder services, prescription drugs, preventive care, wellness services and chronic disease management
  - Other Medicaid requirements include transportation services, family planning services, care provided at rural health clinics and federally-qualified health clinics
- Raises the minimum level of coverage for beneficiaries, regardless of their compliance

PERSONAL RESPONSIBILITY AND HEALTH CARE REFORM

- **ACA removes socioeconomic barriers to personal responsibility:**
  - **4106:** Offers incentives for states to provide preventive services (e.g., diagnostic screening, vaccinations) to eligible adults in Medicaid without cost sharing
  - **4107:** Requires comprehensive tobacco cessation services for pregnant women in Medicaid
- **ACA creates opportunities for personal responsibility programs:**
  - **4108:** Grants for states interested in piloting *incentive-only* personal responsibility programs for the prevention of chronic diseases among Medicaid beneficiaries

LESSONS TO BE LEARNED FROM MNT. HEALTH CHOICES

- Targeted incentives and disincentives toward compliance with medical instructions
- Did not address the broader social circumstances that contribute to unhealthy behaviors
- May have inequitably benefitted some groups more than other groups
- Beneficiaries may not be healthier long-term
- Implemented MHC without first using an evidence-based assessment process
- Unclear whether incentives were meaningful enough to affect behavior change

ETHICAL ISSUES RAISED BY MOUTAIN HEALTH CHOICES

- Should Medicaid be used for purposes other than health care coverage?
- Are all beneficiaries entitled to receive medically necessary care?
- Should the medical care of children depend on the compliance of their parents?
- What is the appropriate relationship between a physician and a patient?
- Could MHC lead to health inequities?
- Should beneficiaries be held accountable for circumstances outside of their control?

GOING FORWARD: SHARED RESPONSIBILITY

THE CASE FOR SHARED RESPONSIBILITY FOR HEALTH

"No one would [question] that, as individuals, we are responsible for our health … [but] we don't live in a vacuum. Whether we like it or not, our thoughts, ideas, wishes and behaviors are influenced and conditioned by the people around us, by the environments in which we find ourselves … Effective behavior change therefore requires that we do our best as individuals, but also that we work together with one another to create more healthful and supportive social environments."

Source: Syme, S.L. (1987). The importance of social environment for health and well-being. In R. Carlson & B. Newman (Eds.), *Issues and Trends in Health* . St. Louis, MO: C.V. Mosby.

THE CASE FOR SHARED RESPONSIBILITY FOR HEALTH

Behavior change requires individual commitment to health as well as societal collaboration to eliminate barriers

CHALLENGES THAT CAN BE ADDRESSED THROUGH SHARED RESPONSIBILITY

Food "Swamp"

Predatory Lending

Cheap Unhealthy Foods

Unhealthy Foods at School

Poor Physical Environment

SHARED RESPONSIBILITY - SUPPORTING RESPONSIBLE BEHAVIORS

Complete Streets

Healthy Food Options in Schools

Banking Opportunities

Affordable Healthy Foods

RESOURCES

American College of Physicians. (2010). *Ethical Considerations for the Use of Patient Incentives to Promote Personal Responsibility for Health: West Virginia Medicaid and Beyond*. Retrieved October 10, 2010, from http://www.acponline.org/running_practice/ethics/issues/policy/personal_incentives.pdf.

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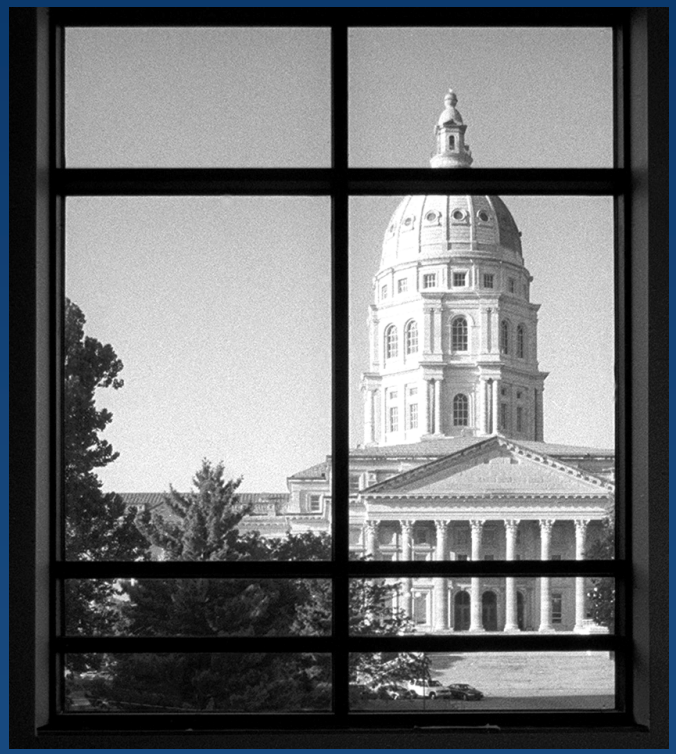

Information for policy makers. Health for Kansans.