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DOI: 10.1056/NEJMp1315559

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## Promoting Population Health through Financial Stewardship

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Health care costs are straining budgets throughout the developed world, threatening the fiscal solvency of governments, employers, and individuals. Many countries are trying to restrain health care spending through top-down approaches, such as price regulation and even refusal to reimburse for interventions that are not cost-effective. Still controversial is the role that physicians should play in controlling health care costs. For instance, the Choosing Wisely campaign of the American Board of Internal Medicine Foundation encourages physicians to avoid interventions that “may be unnecessary, and in some instances can cause harm,” but it does not ask physicians to contemplate trading off small clinical benefits for individual patients in order to promote more general societal welfare.<sup>1</sup>

Yet concern for societal interests has long been recognized as part of physicians’ duties. Physicians’ specialized knowledge and skills result from publicly funded graduate medical education and the hands-on learning afforded to them by patients who allow

trainees to participate in their care. In turn, physicians gain an obligation, as members of a uniquely privileged profession, to serve not only their individual patients but also society.

Consider the campaign launched by the Centers for Disease Control and Prevention to promote “antibiotic stewardship.” The campaign recognizes that aggressive use of antibiotics in patients who are unlikely to benefit from their use promotes the development of antibiotic resistance, a serious public health problem. Thus, a physician who believes that an individual patient has only a small chance of benefiting from an antibiotic might choose not to prescribe one, out of a desire to forestall resistance in the population at large. Such societal stewardship involves forgoing a small, or even uncertain, benefit for an individual patient in order to promote the health and well-being of the general population.

Like antibiotic stewardship, financial stewardship can also promote the health and well-being of the population. It can promote patient health directly

by benefiting the individual patients who receive less costly care (e.g., high out-of-pocket costs have been shown to be a leading cause of medication nonadherence).<sup>2</sup> In addition, the burden of paying for medical care can cause more distress for patients than do many physiological side effects of treatment.

Financial stewardship also promotes population health by increasing people’s access to affordable medical care. When health care costs rise, so do health insurance premiums, thereby pricing some employers and individuals out of the market. High health care costs have also influenced many state Medicaid programs to lower the maximum income for eligibility and have contributed to the unwillingness of some states to expand their Medicaid programs under the Affordable Care Act. The result is that many people have difficulty gaining access to affordable medical care, which ultimately harms health. Studies show that people with less insurance coverage have worse health outcomes.<sup>3</sup> When physicians fail to act as financial stewards, they indirectly harm

population health by reducing access to beneficial medical care.

In addition, financial stewardship promotes population health by reducing pressure on health care institutions to cut back on important health care services. For example, many hospitalizations in the United States are paid for through bundled-payment systems, such as the diagnosis-related group system that provides a hospital with a fixed amount of money to care for a patient with a specific diagnosis. Under such payment schemes, hospitals have an incentive to persuade physicians to reduce the amount of care they provide to patients. If physicians resist these efforts because they feel they owe it to their patients to provide the best care regardless of costs, hospitals may look for other ways to trim expenditures, such as by reducing nursing staff. Yet research has shown that reduced nurse-to-patient ratios lead to increased mortality among hospitalized patients.<sup>4</sup> The lesson is clear: when physicians ignore costs in an environment where cost containment is a priority, they threaten patient health.

Finally, financial stewardship allows society to direct its finite resources toward alternative activities that may have a greater effect on population health than medical care itself. Considerable evidence has established that education and the provision of appropriate social services are critical factors in overall health.<sup>5</sup> Costly medical treatments with little chance of providing substantial benefits cause health care costs to spiral upward and

crowd out essential spending. In their quest to optimize health, physicians can ill afford to ignore all considerations of cost and simply serve their individual patients.

tions but should also target care that brings minimal benefits to individual patients at a financial cost that ultimately threatens the health of many other patients.

***If physicians shirk their duty to act as financial stewards when making medical decisions, the end result will be worse health outcomes for the population at large.***

Some experts frame this issue as a choice between promoting the best interests of individual patients and promoting those of society. Often this is a false dichotomy. Ultimately, the health of any population depends, at least in part, on access to affordable medical care. If physicians shirk their duty to act as financial stewards when making medical decisions, the end result will be worse health outcomes for the population at large. In the context of antibiotics, most physicians already recognize the link between their individual medical decisions and population health. They need to recognize that population health is similarly linked to the utilization of expensive and marginally beneficial medical care. At the bedside, that means being willing to trade a low chance of a small benefit to individual patients for a larger benefit to other patients, as clinicians do when forgoing marginally beneficial antibiotics. More generally, it means that as professional societies expand on the Choosing Wisely campaign, they should not limit themselves to harmful or unnecessary interven-

If physicians truly want to promote the health of the population, they need to embrace their role as financial stewards.

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DOI: 10.1056/NEJMp1401335

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