



Briefing

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EDITOR

Jane H. White's health policy column in this issue (the first of a two-part series) will jar complacent CEOs—if there are any left after more than a decade of rapid changes in health-care. White details trends that are clouding the future, particularly for acute care hospitals. The movement away from inpatient care, questions about the ability to continue cost shifting, changes in the prospective payment system, and reforms aimed at controlling costs are all shaking up traditional ideas.

Add to these an interesting mix of new pressures—rapidly changing technologies, demands to assess quality, challenges to tax-exempt status—and it becomes apparent why many healthcare managers are refining strategic planning processes to cope with this complex environment.

Catholic healthcare organizations have an additional concern. Their planning must ensure that the organizations' activities, including planning itself, reinforce the mission for which they were founded. Holy Cross Health System, South Bend, IN, recently began a strategic planning process that is interwoven with the system's mission and values. Sr. Patricia Vandenberg, CSC, and Mary Kathryn Grant describe how the system evaluated whether mission was reflected in its activities and subsequently established accountability for mission in CEOs' performance objectives, facility annual reports, and planning and budgeting. Now a new strategic planning process (see Amy Hollis Smessaert's article) incorporates education, ethical reflection, and collaboration.

Information systems are essential for supporting strategic planning objectives, but, according to Phil Rheinecker's report on p. 42, many CEOs have not yet involved IS managers in the planning process. The report lays out the IS manager's role and the types of strategic data an IS should supply, with details on how one organization structured its system.

COMMUNITY BENEFITS

Saint Therese Medical Center, Waukegan, IL, has used the Catholic Health Association's social accountability process to quantify and report on

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the benefits STMC provides to its community. Among the advantages of the process, according to Sr. Christine Bowman, OSF, have been improved staff morale and better planning. Her column describes Saint Therese's role as a catalyst in two creative programs that meet community needs.

Columns such as Sr. Bowman's help readers use the social accountability process. I encourage you to contribute to this standing column by sending *Health Progress* information about your work with the process.

INTEGRATED DELIVERY NETWORKS

We also want to hear about another topic: your experiences with delivery structures that are moving toward the "integrated delivery networks" outlined in the Catholic Health Association's proposal for healthcare reform. The networks would provide a cost-effective continuum of care.

A series of articles starting in this issue will explore just how these networks can operate. We begin with the Washington Business Group on Health's vision for the healthcare system by the year 2000 (p. 22)—a vision based on organized systems of care that eliminate fragmentation.

Please contact me or Phil Karst, associate vice president in CHA's member services division, to tell us about your organization's arrangements for integrated care delivery. For more information about the role of integrated delivery networks in CHA's reform proposal, contact Tim Eckels in CHA's Washington office at 202-296-3993.



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