FEATURE ARTICLE

Commentary: Catholic Health Care at a Critical Juncture

Jon C. Abeles
Vice President, Operations Excellence
Catholic Health Partners
Cincinnati
jcabeles@health-partners.org

Father Kevin O'Rourke's article on institutional Catholic health care summarizes the situational context of our health care ministry today. It also suggests that, despite the ever-changing landscape, Catholic health care should continue as an institutional ministry of the Roman Catholic Church in service to both human flourishing and the common good. I am in full agreement with Father O'Rourke.

Catholic health care, as an institutional ministry, has been exceedingly successful in today's market-driven health care environment as evidenced by its size, geographical presence, market leadership, clinical quality, stewardship of resources, service to the poor and underserved, and advocacy. However, the central challenge confronting Catholic health care in today's secular, pluralistic, competitive and increasingly commercialized world is that of maintaining the integrity of its mission; of continuing to act and develop in ways consistent with the healing ministry of Jesus. This is an ongoing task that requires focused attention, spiritual and moral formation, moral discernment, the creation of supporting structures, evidence-based assessment, and intentional stewardship. *Sponsors, board members, and leaders of Catholic health systems must cultivate the conscience of their organizations in ways that renew the commitment of these institutions to the spiritual vision and the moral principles that have nourished and guided them through the years.*[1]

Although mission, vision and value statements abound throughout Catholic health care, lived experience does not always align with the aspirations espoused. Evidence from many points throughout the ministry suggests there is 'mission drift'. In some settings, essential elements of the tradition have not been maintained, re-woven, or renewed within the operations of Catholic health care organizations. Within the literature and throughout contemporary society, critical voices have questioned whether Catholic health care facilities are truly different from other public or private health care systems.

Today, Catholic health care finds itself at a critical juncture. It is has been thrust into a world of volatility, uncertainty, complexity and ambiguity – and by all accounts, a world that will get even more complicated in the future.[2] It is a time for leaders to respond with vision, understanding, clarity and agility.[3] Without sufficient thought-leadership to inspire both institutional renewal and new conceptual frameworks to enable the healing ministry of Jesus in our time and place, the

effectiveness of our ministry may be diminished. With the rapid changes that are transforming health care delivery and technology, the extremely competitive market-based business environment, and recently enacted health care reform legislation, foundational elements of our ministry can be overlooked or marginalized. Some leaders report that there is just not enough time in the day to do everything.

The Catholic Health Association and associated members have worked hard in developing Vision 2020 to outline key enablers to support our moving into the future. But an association can only do so much to precipitate and institutionalize change. Much like the turbulence of the 1980s that brought about significant questions for leadership and sponsors to consider beyond financial viability and operational effectiveness in the rapidly changing environment of their time, a **Commission on Catholic Health Care Ministry**, like that convened by sponsoring congregations of women and men religious and associated partners in 1987, may be essential to develop a national vision for the future of the Catholic health care ministry and strategies for advancing this vision into the future. A commission of such stature may be a necessary catalyst to create an architecture for the design, development and implementation of a preferred future state that is acknowledged and supported by traditional points of power (bishops, sponsors, boards and executive leaders) throughout our health care ministries. Time is of the essence for Father O'Rourke's vision to be realized as we enter the unfolding future state of health care reform.

As we study our possibilities, there is much to learn from other institutional ministries of the church (such as education) who have perhaps missed their moment in time to proactively design their preferred future state. James Burtchaell in *The Dying of the Light,* and Melanie Morey and John Piderit, SJ in *Catholic Higher Education: A Culture in Crisis* provide much to consider as the Catholic health ministry envisions the task at hand.

Until a commission is convened, we can continue to enhance our capabilities and renew our ministry in ways that will enhance our distinctiveness as a Catholic culture in the areas of:

- **Recruiting, Selecting and Acculturating Talent**

  In order to build a strong foundation of sustainable leadership capacity, significant attention must continue to be focused on recruiting, selecting, orienting, mentoring and developing a new generation of formal and informal leaders. The use of behavioral event interviewing to assess business competencies, vocation, values and integrity is a reliable and valid assessment strategy to ensure organizational fit and alignment with mission. One such instrument that has been developed to assist in the new leader selection process is the CHA/Hay Group Mission Based Leadership Behavioral Assessment which is available for CHA member use.

- Explicitly communicating about the theological foundations of Catholic health care, Catholic social teachings and *The Ethical and Religious Directives,* and
- Accentuating what is currently being done within our organizations in congruence with the healing ministry of Jesus in our time and place.

Although the organization may be congruent with key elements of Catholic social tradition and teachings through enacted practice, those working within the organization may not have full knowledge, awareness, and understanding of what is being done, and how these actions and behaviors relate to the theological core of the organization.

- **Formation of the Laity (Leaders, Associates, Physicians, Boards of Trustees)**

In 2010, CHA's Ministry Leadership Development Committee gathered information about leadership formation from health systems throughout the United States. Although this work is not yet complete, several key findings and points of agreement have surfaced in regard to formation, and may provide a blueprint for developing leadership capacity for both today and tomorrow.

- **Preparing Ethics and Mission Leaders for the Future**

Ethicists and mission leaders are critical to the continuation of the healing ministry of Jesus in Catholic health care settings, through influencing and providing guidance to executive leaders, sponsors, boards of trustees, and associates who touch patients every day. Yet they are scarce, not often accessible in the organizational structure, aging, and due to inadequate organizational succession planning/ replacement planning initiatives, may soon be even less visible. Recommitting to developing leadership capability and organizational capacity in ethics and mission leadership roles has great potential to revitalize the way Catholic health care is delivered in contemporary health care settings.

- **Evaluating the Catholic Identity of Catholic Health Care Institutions**

The use of an evaluation vehicle by Catholic health systems, such as the Catholic Identity Matrix (CIM) developed by Ascension Health and the University of St. Thomas Veritas Institute, can be an important tool for understanding the congruence of espoused versus enacted elements of Catholic identity.

- **Strategically Re-envisioning our Location in an Emerging World of Health Care Reform, and Claiming our Place as Actor, Advocate, and Leaven.**

As part of our unique organizational strategic planning processes, a strategic vision can be created in alignment with CHA's Vision 2020 and emerging health care reform legislation to enable key elements a preferred future state.

---

[1] Jon C. Abeles, William Brinkmann, T.Dean Maines, and Michael J. Naughton, *The Catholic Identity of Catholic Health Institutions: Challenges and Opportunities in the United States and Germany,* (Working Draft, February 2011).

2 Robert Johansen, *Leaders Make the Future: Ten New Leadership Skills for an Uncertain World*, (San Francisco: Berrett-Koehler, 2009.), 6.

[3]Ibid.

FEATURE ARTICLE

Commentary: Institutional Catholic Health Care: Should It Continue?

Regina Clifton
Sponsor
Bon Secours Health System
rmc3910@msn.com

Fr. Kevin O'Rourke, in his article "Institutional Catholic Health Care: Should It Continue?," situates his positive response in two broad categories—"The Health Care Environment" and "Catholic Health Care: Leaven to Church and to Society." I strongly support his position that Catholic health care at the institutional level should continue as a ministry of the church. While Fr. O'Rourke touches on many issues facing Catholic health care, I will comment on three areas for further reflection: first, the significance of religious affiliation; second, perceived identity of Catholic facilities; and lastly, employed physician practices.

The first area is embedded in the question, "Should non-Catholics be allowed to serve on boards of trustees?" In some ways, this is a moot question and a politically sensitive one since many board members are of other denominations and other faiths. But I would ask the question in a different way. Are there roles and responsibilities in the Catholic health ministry that require that the persons holding those positions/roles be Catholic (not nominally Catholic, but truly committed)? Why do I ask this? Because I wonder if the identity of the organization is related to the deeply held traditions and values of the Catholic faith of the ministry leader? Fr. Michael Place, STD, has used a distinction that could be helpful here: Are the requirements for leaders in the ministry different from those of ministry leaders?

The second issue relates to the identity of a Catholic health facility/institution. At the present time, I believe research studies from CHA would validate that many, if not most, Catholic health facilities have the benefit of "formation" programs with strong mission orientation and ongoing development geared to employee/staff positions. There are perhaps two exceptions: board members and physicians. There is a chronic problem of trying to get time on a board agenda for formation. There is a similar problem in attempting to provide formation programs for staff physicians. Surely, quality of care is benefiting communities, but are our good formation programs influencing how we are perceived in the community? Does the community perceive us as a caring Catholic service organization?

In addition to the health care provided within the walls of Catholic health care facilities, these ministry organizations provide many outreach services in the communities they serve. Perhaps social networking would help to get our message out and broaden the communities' perceptions of our organizations.

To complement the image of "leaven," there are other ingredients that need to be added to the dough: a little sugar (heart) and a little heat (advocacy) to make it rise. Our mission is always to do good and to change the system! Here I am harkening back to Fr. O'Rourke's call to do more for immigrants and other marginalized persons.

A review of system theory could be helpful to look for root causes, not superficial solutions such as new signage, but the factors that really influence the way Catholic health ministry is perceived by the civic community. This brings me full circle to the question of how the religious affiliation of a health ministry leader impacts his/her organization's identity and its community's perception of it.

Lastly, there is the issue of employed physicians. The speed and scope of the movement to purchase physician practices are enormous. Leaders in Catholic health care organizations are expending a great deal in cost, time and talent to invite, plan and execute contracts with physicians.

Formation for employed physicians is probably the least developed and least implemented of all the leadership formation programs in the ministry. When you add groups who are becoming employees, the "on-boarding" and integration of groups is a significant effort for all, especially mission, human resources and finance professionals.

This is a huge cultural change for physician employees who may or may not be required to meet all the standards required of other employees. I recently read in *Health Progress* that Mercy (formerly Sisters of Mercy Health System in St. Louis) has implemented a formation program for employed physician groups. (See "Formation in the Physician Practice: New Model Renews the Call to Heal," Sept.-Oct. 2011.) This is a move in the right direction as a response to the current environment of purchasing physician practices. Systems that are employing physician groups could replicate this program as it develops and determine its effectiveness for the inclusion of employed physician groups in the mission of the organization.

FEATURE ARTICLE

Commentary: Institutional Catholic Health Care: Should It Continue?

Sister Laura Wolf, OSF, JD
President
Franciscan Sisters of Christian Charity
HealthCare Ministry
Manitowoc, Wis.
lwolf@fhcm.org

I was very pleased to be asked to respond to Fr. Kevin O'Rourke's article about the place of institutions in the formal ministry of the church. I found his comments thoughtful and inspiring, especially in his use of the image of leaven. There has never been a time in the history of American health care when such a role is as important. The world is hungry for leaders who can create and support a culture of services rather than pure profit in our institutions.

In my experience working with not-for-profit health care in the U.S., I have found that the founding stories of most community hospitals are very similar to those of Catholic hospitals – the need to serve people in need in a way that reflects the values and traditions of their local communities. Whereas the founding religious congregations have worked hard to maintain the founding impetus over the years, so have the leaders in local community hospitals. The rise of the business model of care and the infusion of great amounts of money from the government with the creation of Medicare and other entitlement programs has changed us all. Catholic health care has, sometimes successfully and sometimes not so successfully, attempted to continue the founding vision of its institutions despite the challenges of a changing world. I have always believed that the Catholic health ministry is at the crossroads of mission and big business. Those who serve in it have had to learn to balance the skills of shrewd business techniques with a committed mission focus to preserve the healing ministry of Jesus Christ in the markets for which we are responsible. I find it interesting that this is not a new problem. In the gospel of St. Matthew, Jesus counseled his disciples to be "wise as serpents and simple as doves" (Matt 10, 16). It takes great skill to survive in a changing world.

In the lore of Catholic health care there seems to have arisen the myth of the perfect religious leader who always had business and mission in balance. Those who believe that fail to recognize the leaders of the past had the very same challenges we face today – and the call to balance was ever present. Whether lay or religious the challenge remains. One of the things that encourages me and brings hope to my soul is the privilege I have of working with leaders, both lay and religious, who make mission the lens through which they view their business. They make tough decisions for the long run and the short run, but do so with the needs of the community, patients and employees in mind. They are truly committed

to bringing the mission alive in very complex areas of our society. I am convinced that the Lord will continue to send us lay and religious leaders who will continue this tradition.

My second response to the words of Fr. O'Rourke is one of consternation at the thought of selling off Catholic hospitals in order to become more effective in our service of the poor. How could the church possibly act in this modern society without institutions? Despite the complications and headaches contained in institutions, this is the way that the church acts. The church serves the spiritual, intellectual, medical and moral needs of its people through parishes, schools, colleges and universities, hospitals and health systems. These "institutions" are the way that groups of people impact society together. Whereas each of us has a personal mission which we carry out in whatever workplace we may inhabit, Catholic institutions provide us the mechanism to act as a group, to impact society when one single voice may not be heard, to demonstrate to others how to bring the message of Jesus alive in a complex world. To withdraw from Catholic hospitals and depend on the personal mission of the individual to carry out the ministry is to ignore the tremendous potential for good present in our systems and hospitals. That is not to say that the task of mission and ministry will be easy, but I feel strongly that it is a task and a structure we cannot abandon and remain faithful to the work of the Lord.

Fr. O'Rourke calls us to be a leaven for all society, bringing Christ's presence into the world today. I agree wholeheartedly. It is a monumental task, but an important one. Call me an optimist, but I think that it is happening today.