Our Mission: Take Care of Hearts while Taking Care of Business

BY Sr. JUDITH ANN KARAM, CSA

In a reflection book printed several years ago by the Leadership Conference of Women Religious, I found the story of a girl who grew up in a poor community where the terrain was rugged and winters were difficult. She and the other local children never played on a nearby mountainside — they were afraid of an older woman who lived there. They could see her every day going through the ritual of slowly taking a step, bending down, digging in the uneven ground, taking a step, over and over, though it was clearly a chore for her to get around. Adults in the community described her as just plain odd, someone who didn't fit in.

The young girl grew up, moved away, married. After many years, she happened to revisit the place of her childhood and found it transformed. All over the mountainside, flowers bloomed and children played among them. When she remarked on the lovely scene, people said that long ago, there was a remarkable old lady who planted seeds every day on the mountainside where she lived. Thanks to her, the mountain now was filled with life and new promise.

As providers of Catholic health care, we are called to transform, to plant seeds that give life and bring promise to God's people. Always, the essence of Catholic health care is living out the healing mission of Jesus Christ. Today, we are faced with significant increases in the poverty rates and the number of uninsured. We are faced with significant need to manage the terrain of a rugged and changed economy. We cannot afford it all. At the same time, there is a huge priority in Catholic health care to offset the lack of will in our country to serve the poor.

CALLED TO SERVE

Our social teaching is integral to Catholic health care. We believe that individuals are made in the image and likeness of God. We believe that access to health care is directly related to the dignity of the human person. We are called to care for the poor. We are called to be responsible stewards of our resources. How to put these beliefs into practice is the challenge of our current situation.

Recently, I mentioned to a group of Catholic health care colleagues that I had come to the conclusion that we are truly countercultural in our world today. We use the term countercultural in relating to the prophetic nature of our call, our mission and our vocation. Jesus was truly countercultural, as his presence on earth was a disruptive one, going down a different path than the culture of his day.

How do I come to this conclusion when I speak of Catholic health care? Are we disruptive to the status quo as we advocate for those in need? Are we the voices of the poor even in the midst of the need to operate the ministry with business acumen? What about our controversial position in advocating that health care is a basic right of all? Are we able to sustain the ministry and our social justice values with the economic challenges and moral will or lack thereof within our country today?

Is not the mean-spiritedness about the poor and underserved also class warfare? The drive to eliminate entitlement programs without replacement of transition initiatives in serving basic needs is a direct attack on the poor.

The nation's economic woes are historically dramatic. We are situated in an environment that is challenging at best for those of us responsible for successfully managing multimillion-dollar organizations. The national poverty rate increased to 15.1 percent in 2010, the highest level since 1994. This results in 43.6 million Americans living in poverty — the highest number in 51 years. The number of uninsured has risen to 50.7 million, which is an increase from 42 million in 2009. In our health care institutions, the rate of increase in charity care and bad debt is in the double digits. Increased demand and reimbursement reductions are fraying our safety-net hospitals.

Simultaneously, the rate of health care spending in our country continues to increase. This increase is devastating to our economy and is not sustainable. Significant cuts in both Medicare and Medicaid have added to economic hardship, especially for safety-net hospitals and long-term care. For the past several years, market-driven competition has been the focus of public policy related to health care because of the assumption that it drives down spending. On the other hand, unnecessary spending occurs because of the need to be "full service" in order to compete with other providers.

The market-driven environment leads us to indirectly characterize health care as a commodity to be bought and sold in the market place versus a service to be provided to an individual made in the image and likeness of God. The business imperatives need to be a priority, but so does mission. If we do not take time to reflect on how all decisions relate to mission, we will move into attitudes that promote a compelling business imperative as the most important criterion. How can we, as a faith-based ministry, be in the business of buying and selling health care as a commodity when this service so intimately ties to the dignity of the human person?

Can we pause and look at the Affordable Care Act to understand the basic tenets that would have a chance to preserve our basic beliefs as a nation, and at the same time bring down our health care costs through maintaining health versus treating illness in a more costly setting?

MISSION-BUSINESS BALANCE

Balancing business imperatives with mission is truly a challenge in our day. In some circles, asking the mission question in the midst of a compelling business rationale can be considered naive. However, if we do not ask what Catholic health care is about, we cannot balance business with mission. I have a plaque in my office that one of our nurses gave me. It says, "It's a rare person who can take care of hearts while also taking care of business." That is Catholic health care.

Health care is a dramatic need that we have responsibility to address. In our country today, the economy has the most significant impact on the provision of health care. The need to deal with sustainability and positive operating margins has dramatically changed operations within our health care systems. Ensuring the highest quality of compassionate care and service, providing cutting-edge technology and patient-centered care, following best practices in disease management — these are the hallmarks of Catholic health care. Operating in the most cost-effective way, providing margins for re-investment in the entities to continue high quality, affording technology, providing just wages for our staff and caring for the uninsured are all integral goals of our Catholic entities and systems. Making health care affordable and accessible is our duty.

The primary goal of the Patient Protection and Affordable Care Act is to reduce the number of American citizens without access to a basic level of health care. The number one indicator of health status is poverty. My personal point of view as a woman religious is: What has transpired since the law's enactment has been political warfare that I have not experienced in all of my years of ministry.

The level of energy around the attacks in Washington, D.C., coming out of both political parties is devastating to our country and to our moral fiber as a nation. As an example, budget discussions around federal taxes have resulted in accusations about "class warfare." Is not the mean-spiritedness about the poor and underserved also class warfare? The drive to eliminate entitlement programs without replacement of transition initiatives in serving basic needs is a direct attack on the poor.

We don't have a chance in such a confrontational environment to ask the question that has been an integral part of the fabric of our country:

What do we owe each other as a nation? Our public policy regarding health care once was to increase access — witness the 1946 Hill-Burton Act, Medicare and Medicaid. In our current debate, this approach has been described by some as a movement to socialism and health care as a basic right of an individual is challenged. The curious aspect is that a right to education is highly acceptable.

Today, when we could be asking what we can afford to do as a nation to care for the least among us, given our economic constraints, the energy seems to be focused on political imperatives and not on persons. Can we pause and look at the Affordable Care Act to understand the basic tenets that would have a chance to preserve our basic beliefs as a nation, and at the same time bring down our health care costs through maintaining health versus treating illness in a more costly setting?

Consider a dream of a health care system in our country where spending could be managed much more effectively through a transformation into a new paradigm. This includes the vision for every person to have access to a basic level of health care, including a provider to manage needs; an ability to focus on lifestyle changes to maintain health; access to early interventions to prevent costly services; a supply of primary care physicians and physician extenders to serve as patient-centered health care managers; information systems to ensure continuity and patient safety; and incentives for providers who ensure quality and value. This is the Affordable Care Act. The political debate in the marketplace makes it difficult to recognize it. Implementation is costly, but unless we are able to transform the entire health care industry, we will be hard-pressed to save money in the long haul, preserve safety-net providers and reduce the level of spending in our country.

Let's go back to the old woman planting seeds on the side of the mountain. She had a vision of hope. She walked a different path, and was perceived as a little odd. Yet, after she died and the mountainside blossomed, the people knew where the new life came from and how she was called to plant the seeds. Here we are as Catholic health care, in this ministry at this time and at this place. Solutions we might have used in the 20th century will not be appropriate for the 21st.

The religious congregations who started Catholic health care could see the vision so many years ago of the life-giving mountainside of flowers and new life. So how do we sow the seeds today? Yes, we are challenged with a harsh terrain of continued reductions in reimbursement, rising levels of uncompensated care, lack of political will to address the needs of the poor, challenges as to our charity care status and our conscience clause protections, constrained capital to reinvest in facilities and more. Will the business imperatives get so difficult that our beliefs that health care can be a ministry, and that we can make a profound difference in people's lives, wane?

I have a plaque in my office that one of our nurses gave me. It says, "It's a rare person who can take care of hearts while also taking care of business." That is Catholic health care.

As we approach the season of Lent, how can we prepare to reflect on our role as Catholic health care leaders? As people's lives are transformed and continue to be made whole by this ministry, will our nation know who planted the seeds? Even in the midst of this challenging environment, can we be strengthened by belief in the covenant of our God with his people?

Lent is about preparing for resurrection. Resurrection is about God walking the journey of unconditional love with us. Jesus showed us the way. We are the Emmaus disciples walking the journey, listening to Jesus, recognizing him in the breaking of the bread. He lived the healing ministry. His journey in life was also charged with a huge agenda. He lived his call in a prophetic way, a countercultural way. Can we continue to call attention to the core of our mission? Can we direct the economic realities faced each day to be managed effectively to ensure success to the mission? Can we seek common ground regarding what we owe each other as a nation in order to advocate and care for the poor?

We can, because we are on a journey devoted to healing as Jesus did. We seek to love one another and each person we encounter because we are loved by a God who died for us so that we might live. We minister in health care to share the love of God with those around us. It is this love that gives meaning and direction with hope to our community of service as Catholic health care.

Sr. JUDITH ANN KARAM, CSA, is president and CEO of Sisters of Charity Health System, serving Cleveland and Canton, Ohio, and Columbia, S.C.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, January-February 2012