

# 'A New Day in Washington'

## Catholic Health Care Leader Sees Rare Opportunity Ahead For Health Care Reform

**L**loyd H. Dean, president and CEO of Catholic Healthcare West and chairman of the Catholic Health Association's Board of Trustees, recently responded to questions from *Health Progress* about the importance and prospects for health care reform during the administration of President-elect Barack Obama. His responses appear below.

**HP:** Now that the nation has chosen its next president, how do you view the prospects for health care reform?

**Dean:** It's a new day in Washington and the prospects for health care reform are promising. We have a very rare opportunity and must make the most of it.

Clearly, the first priority has to be the economy.

America needs a strong economy to support the job-based health care system and to realize the reform it so desperately needs. The country continues to realize steady increases in unemployment. Current estimates show that for every percentage point increase in unemployment, 2.5 million people lose their job-related health insurance.

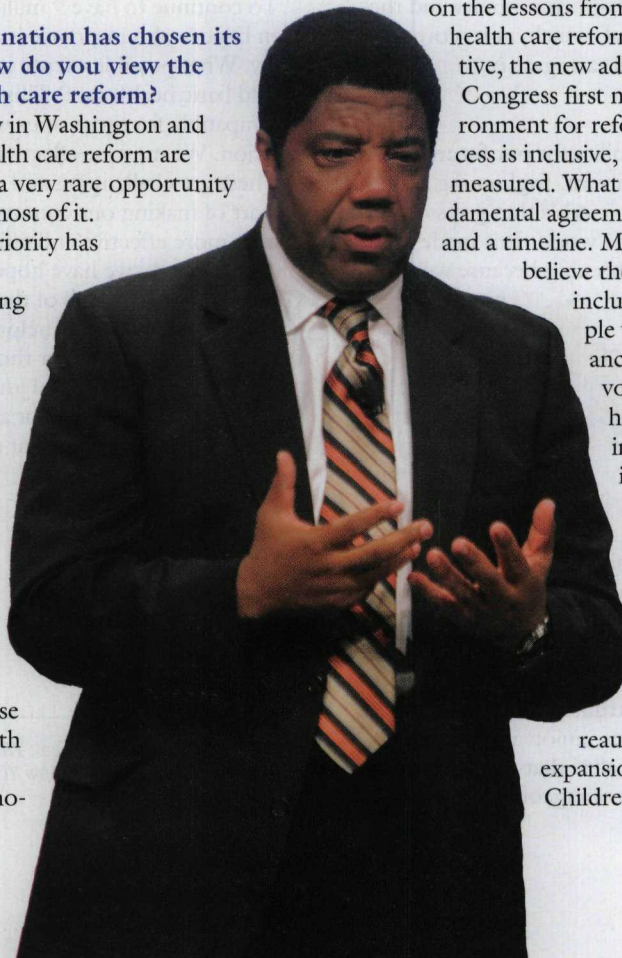
In reality, the econo-

my and the health care system are inseparable. America cannot have a viable economy without a viable health care system. Currently, there are 45 million people who do not have access to care, whose only option for care is through emergency rooms, the most inefficient and expensive way to deliver treatments. This is not sustainable.

When the new Congress convenes, there will be major health reform proposals to increase access, quality and affordability. CHA and I support those goals. However, what will ultimately be key to achieving success this time is to act on the lessons from the 1992 attempt at health care reform. From my perspective, the new administration and Congress first need to protect the environment for reform to ensure the process is inclusive, comprehensive and measured. What will be critical is a fundamental agreement on a framework and a timeline. More specifically, I

believe the public needs to be included in the vision, people without health insurance need to be given a voice, and all key stakeholders and related industries need to be included. Additionally, there must be enough time to get it right and it must be a bipartisan effort.

One of the first and most logical steps the country is likely to see is the reauthorization and expansion of SCHIP (State Children's Health Insurance





Program). There is urgency because federal funding for the program will end in March 2009. Beyond that, I believe there will be increased partnerships between the federal government and state governments; some elements of Medicaid plans will be readjusted or refined; and there will be more incentives for individuals to manage their own health. I also anticipate an increase in public and private partnerships.

I hope some of those partnerships echo the Healthy San Francisco program, which Catholic Healthcare West helped design. It's a public-private partnership working to provide affordable health care for city residents without insurance. Utilizing the medical home concept (defined by the Association of American Medical Colleges as a comprehensive model of health care delivery that coordinates care through providers and community services), it's an example of what can happen when labor, providers, businesses, consumer groups and the government work together. Although it may not work in every corner of the country, it's important to nurture solutions at the community level.

**HP: In your ideal view, what would a reformed health care system look like?**

**Dean:** I believe health care is a fundamental human right and that every person in this country should have access to a minimum level of care. Personally, I know what it's like to not have health care. There are nine kids in my family. When I was growing up, the only time we saw a doctor was when my mother was having a baby. The fact that there are 45 million people living with that same reality or worse is unconscionable.

Ideally, people should receive affordable, high-quality and compassionate care when they need it. A reformed system would be patient-centered, transparent and connected through clinical information systems that measure and track outcomes, reduce errors and reduce expenses.

As providers of health care, we are compelled to be as efficient as possible and we have to be part of the solution that also includes universal access, stable financing, improved quality and across-the-board accountability.

I believe that universal access is the first step toward achieving the effective, efficient and compassionate care that everyone deserves. Once everyone is in a system, then we can begin to address the health needs of the community effectively.

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doctors and their hospitals when they need to. Financial stability is necessary to achieve the benefits of universal access.

At the same time, the health care system must improve its focus on quality. After all, the goal is to care for people. A key component of that is to align payment incentives for everyone in the system so that excellent outcomes are achieved.

Lastly, everyone in the system must be held accountable, including state and federal governments, as they have such a large impact on ensuring care is fully available. Health care must be adequately financed, affordable and as high-quality as possible.

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**HP: Earlier you mentioned compassionate care. Can you elaborate on what that means in the context of health reform?**

**Dean:** Over the past 60 years, many solutions have been offered to reform the nation's health care system — a system characterized today by rapidly rising costs and the growing inability of people to meet those costs. Time and again, national reform proposals have been introduced and scrutinized primarily for their fiscal impact on state and federal governments, health care providers, employers, employees and their families, and the uninsured. Each time, these proposals have failed to achieve the support necessary to be implemented.

Last February, 25 national leaders in business, academia, health care, labor, religion and research gathered at Catholic Healthcare West's Healthcare Leadership Summit in San Francisco. Leon Panetta (founder and director of the Leon & Sylvia Panetta Institute for Public Policy and former White House Chief of Staff for President Bill Clinton) and I co-chaired the summit to address one question: When considering how to provide for the health care needs of its members, what should be expected of a compassionate society?



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The group arrived at a fresh perspective from which to build a new framework for reform. Fiscal analysis alone was deemed to be insufficient. Values and aspirations associated with the reform measure must also be taken into account.

The belief is that compassion is the right value through which health care reform should be planned. Broadly speaking, compassion can be defined as a sense of shared suffering, and compassionate care as the actions we take to alleviate that suffering. The provision of health care is, at its core, an act of compassion. It is based on both altruistic inclinations and the understanding that mutual aid strengthens societies.

Essentially, in a compassionate system, health care reform should promote the ability of society to recognize when a person may become or is ill, and then do something effective about it.

**HP: What do you see as the greatest social and economic barriers to the realization of that vision?**

**Dean:** Socially, there needs to be a shift in the way this country views health care. It is neither a commodity nor a privilege. Health care is a fundamental human right and as vital to individuals as clean water, food and shelter.

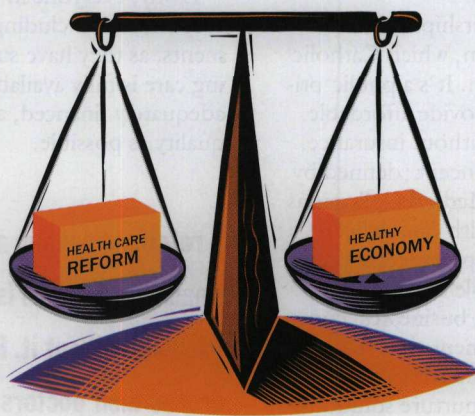
Health care is also a social responsibility. We no longer expect a person to have a contract with a private fire company to show up when their house is on fire. We no longer expect parents to educate their children at home. These were all personal responsibilities in the 1800s that were assumed by the public because they were recognized as being critically important to the well-being of the community.

Health care has not been viewed through the same lens. Unfortunately, many in our country continue to view health care as a personal rather than a social responsibility.

I want to be clear that I'm not advocating for a single-payer plan. I am advocating for our nation's leaders to see health care as a public good, a form of mutual aid that, like fire control and education, benefits everyone. The country needs to redirect its resources to create a system of care that incentivizes everyone — from indi-

viduals to providers to insurers to government — to focus on preventing disease and promoting wellness.

As individuals, we are all stewards of our own health. We cannot continue to make irresponsible choices on a daily basis, for example smoking and/or leading a sedentary lifestyle, and then expect someone else to be responsible for taking care of the problems we create through our own choices.



**HP: What's at stake for the nation if we aren't able to achieve health care reform in the near future?**

**Dean:** If our leaders do not address health care reform soon, the number of people without insurance will most definitely rise. In fact, it's virtually certain to do so in our

current economic environment. Wouldn't it be a shame if instead of 45 million Americans without health insurance there were 75 million?

Without universal access, people with insurance will continue to pay higher premiums to cover the cost of caring for those without insurance. Current estimates indicate that national health care expenses could double from \$2 trillion to \$4 trillion annually by 2017. That would be clearly unacceptable and damaging to everyone.

America is devoting enough share of the economy to health care already. We must reform the health care system not only to adequately care for our people, but also to ensure that we have enough resources to meet other national priorities such as education, housing, transportation and national defense.

In essence, if our leaders do not act soon, we will lose our ability to be our brother's keeper and our own keeper as well.

**HP: What would health care reform mean for the world of Catholic health care and what would you advise people in the Catholic health care ministry to do in the coming months to move the reform agenda forward?**

**Dean:** All of us in Catholic health care should be very proud of the work done by the Catholic Health Association in the last couple of years.



Under the leadership of Sr. Carol Keehan, we have developed guidelines and principles, have engaged our communities in dialogues, and encouraged the grassroots coalitions that will ultimately lead to health care reform. Additionally, we have elevated the presence of the CHA and the role of not-for-profit health ministries with Congress. We must remain a ministry engaged in this societal effort. CHA is the perfect organization for all of us to collaborate with to advance our collective efforts.

Because one in six patients in the U.S. receives care in a Catholic hospital, our voice brings a credible message. Catholic providers are critical to the health and well-being of this country.

As providers, we must continue to carry the mantle of our founders' vision and hard work and continue to provide compassionate care for all who come through our doors. On a practical level, each of us must increase our involvement, through the CHA or our own organizations'

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activities. In the recent election a huge turnout of voters exercised their right to vote and demanded change. Now is the time for us to raise our voices loud and clear and amplify the need for change — the need for health reform. We must continue to advocate for a compassionate system that offers universal access for everyone. ■



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