

# Bridging the Mission-Business Gap in Health Care

## How Can Catholic Health Ministries Close the Gap Between Business and Mission?

**L**eaders of Catholic health ministries throughout the United States face the extraordinary challenge of running faith-based, mission-oriented health care organizations in the midst of some of the most challenging operational and financial environments of our times.

The delivery of health care in the United States is undergoing a profound transformation that calls all of us engaged in this healing ministry to reappraise how, where and with whom we will offer care more effectively and seamlessly in the communities we serve. Dramatic changes prompted by the aging baby boomers; inadequate Medicaid and Medicare reimbursements; the exponential growth of new technologies and new medications; the rise of consumer-driven health care; and our patients' desire for a more efficient, coordinated delivery system are just some of the forces that demand our attention and creativity.

So how do we bridge that gap between mission and business? On any given day, that gap could be as small as a crack in the ground — or as wide as the Grand Canyon. Many tough decisions need to be made daily. How can we maintain an inner-city prenatal clinic that loses hundreds of thousands of dollars each year, but is the sole provider for a community? How do we keep a homeless outreach program operating as the growing demand for services outstrips the patchwork of grant and in-kind services that have kept the program afloat for years?

We all know that health care is a unique industry. We provide the same quality of care to all, regardless of ability to pay. That certainly makes us different than most industries. Can you imagine walking into your local car dealership, selecting that new sports car you've had your eye on, and then ask the salesman for a charity care application to pay for your purchase? After the salesman stopped laughing, you'd be summarily dis-

patched to the nearest exit.

That's not how Catholic health care works. Beyond our legal requirement to ensure access to care regardless of an individual's ability to pay, mission and core values compel us to seek out those most in need, and to give priority to those whom society ignores. We should not — and do not allow — financial constraints to erode our commitment to the poor and underserved.

We need to find ways to make our complex health care system work for them in their time of need — regardless of one's ability to pay. To do this effectively, our health ministries must often operate under difficult financial circumstances, balancing the business needs of an organization against mission-critical service offerings that are at the very core of Catholic health care.

So, how is that chasm between mission and business scaled by Catholic health care ministries? How do we bridge that gap? Thinking back to the many faces that we serve, I suggest that we rely on our own FACES: Faith, Advocacy, Commitment, Education and Systemness.

### FAITH

Many have suggested the path to excellence for not-for-profits is to become "more like a business." For those in the for-profit world, financial returns are a perfectly appropriate and legitimate measurement performance. For not-for-profit Catholic health care ministries, however, performance must be assessed not solely on financial returns, but relative to mission. The critical question for us is not how much money we make per dollar of invested capital, but rather how effectively do we deliver on our mission, make a distinctive impact and be excellent stewards of the resources entrusted to us?

There is a definite faith component to bridging the mission-business gap. The prayers that open our meetings, begin our surgeries and permeate our hallways are sources of inspiration, commitment and comfort to colleagues of all faiths. The extra dimension that faith brings to our board



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meetings and budget processes is palpable and measurable. Like the piton used by an experienced climber to cross an icy crevice, faith can inspire us to bridge the seemingly insurmountable circumstances that often face health care leaders.

### ADVOCACY

Forty-seven million Americans are without health insurance. This tragic situation is only getting worse. Families are torn apart by a broken health care system that may pay for an echocardiogram, cardiac catheterization and angioplasty to diagnose and treat heart disease, but will not pay for the medication needed to sustain health.

We have to be creative, looking for innovative solutions to long-standing problems. In this presidential election year, we are inundated with debates and talk shows and news programs and town meetings and blogs and websites and commercials about what this candidate or that candidate intends to do about our broken health care system.

Catholic health care providers cannot afford to be merely observers to this process. Bridging the mission-margin gap requires we collaborate with each other, seeking partnerships that will provide us with a common voice, and the political muscle, to have a seat at the table of national health care reform.

### COMMITMENT

As mission-driven organizations, we have a distinct advantage over many for-profit companies. Many colleagues are driven first and foremost by their dedication to service and passion for fulfilling the mission. This motivation is much stronger than other incentives such as pay and benefits. Money by itself can never attract the right people.

The need to recruit and retain the right people applies across the board — to your finance professionals as well as your front-line clinical and support staff. Expert financial executives can be found in most major American businesses and corporations; it is more difficult to recruit and retain financial experts, who buy in to the notion that achieving community benefit outreach goals are as (or more) important than achieving financial goals.

If the only evaluation of an organization's neonatal intensive care nursery is the balance sheet, a casual observer might judge the program to be an utter failure. Why would a hospital commit itself, year after year, to a service that treats relatively few patients and cannot even come close to covering its costs?

The answer cannot be found in a financial statement. Find the answer the next time you visit an intensive care nursery. See it in the determination and compassion of those skilled doctors

and nurses, hovering over a tiny, vulnerable infant whose very survival is at stake every day. You can see it in the eyes of parents, gently cradling their fragile loved one in a rocking chair, grateful for the lifesaving medical care provided to their child.

In Catholic health care, this type of commitment is the rule, not the exception. If there is a program or service that loses money but is providing essential care that the community cannot do without, we usually find a way to make it work.

### EDUCATION

Catholic health care was founded on basic beliefs and core values that are timeless, such as reverence for each person, justice, courage, integrity and community. In the many Catholic health systems developed by religious sisters across our nation, these beliefs and core values are the foundation upon which thousands of hospitals, long term care facilities, and outpatient programs serving millions of people were constructed. In challenging times, the strength of this foundation gets tested.

Because of this, education plays a key role in balancing margin and business. The effective continuation of our mission requires the ongoing education of current and future lay leaders so that they have a comprehensive understanding of and commitment to the faith tradition that grounds our ministry. Catholic Health East's Institute for Excellence in Ministry Program, developed in conjunction with Bon Secours Health System and Covenant Health System, provides critically important educational opportunities for our health system leaders.

To be effective leaders in the Catholic health-care environment, our leaders need a strong knowledge base in the tradition. But information is not enough. Our programs need to deliberately build opportunities for individuals to be personally reflective and creatively apply the learning to the local organization in which they minister. For this reason, ministry formation is an essential tool. We define ministry formation as a dynamic growth process that is informed by the personal experience of participants, the Catholic tradition as it affects health care, and the demands of the rapidly changing, complex health care environment. The goal is always to enhance the participants' ability to lead the ministry. The self-perception of the individual as "leader of a ministry" is in itself an important foundational concept.

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**SYSTEMNESS**

For Catholic health organizations, mission is a process that integrates values across systems. It unifies organizations. It is the glue that bonds organizations together. The collective strength of a Catholic health care system — in advocacy, in supply chain management, in borrowing power — becomes a significant and measurable force as an agent of change for those who most need our aid. Our homeless programs, clinics, and parish nurse programs provide care for those who otherwise would have no access to care. Our ambulatory care centers that provide expert medical care in a dignified environment would not exist without the enhanced access to capital made possible by our close attention to solid financial performance and strength. In short, many mission-oriented programs and services are made possible by the financial savings inherent in the increased operating efficiencies realized through systemness.

**HEALTH CARE AT THE CROSSROADS**

We are at a crossroads in Catholic health care. Literally thousands of years of collective work of our various sponsors are being entrusted to us to fulfill the mission in a manner consistent with good stewardship principles that balance mission and margin, with mission being dominant. Increasingly, our sponsors are asking that we as laity not only partner with them from a leadership and management perspective but also from a true sponsorship perspective. As the 21st century

unfolds, lay leaders will be increasingly called upon to continue strengthening our ministries in a manner consistent with the mission and vision of our sister leader predecessors. In addition, we are constantly called upon to exercise prudent business acumen. However, as mission-driven organizations, we are faced with the financial paradox of concurrently enhancing charity care and improving our bottom line.

In order that we are consistently vigilant to this balance of prudent financial stewardship and commitment to the underserved, consider the following analogy. When we look at our for-profit brethren in the health care industry, we know that they are beholden to their shareholders. Every major decision they make is passed through the filter of their investors in the form of the question, "How will this impact upon our shareholders?"

Catholic health care ministries also have shareholders; they are *those who are poor*. Our shareholders entrust not their money or their portfolios to us. They invest their lives in our ability to care for them and their families in their time of greatest need. We increase value to our shareholders ultimately by improved operating performance and thoughtful stewardship of our resources.

All of us in Catholic health care are facing difficult and challenging times ahead. We all need to recommit ourselves to not only place significant emphasis on operating performance improvement but also to be motivated by the increase in shareholder value, resulting in our increased ability to meet the needs of our shareholders — the poor and the underserved.

Faith. Advocacy. Commitment. Education. Systemness. I urge all colleagues to keep close the images of the many faces of the people we are privileged to serve. The lives behind these faces will provide Catholic health care leaders with the motivation and determination to bridge the mightiest of gaps. ■



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