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EDITOR

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# Looking To a New Year

If it were possible to capture a year of healthcare in one snapshot, 1997 would be a blur of endless, rapid motion. This passing year has seen dazzling movement of organizations, healthcare workers, and patients as organizational and treatment configurations have mutated. A steady vision is absolutely necessary to sustain any organization in any industry buffeted by change. This issue of *Health Progress* provides several perspectives for envisioning the future—all of which must be considered by Catholic-sponsored organizations as they look toward the new year and beyond.

“Catholic healthcare is being rebuilt for the twenty-first century,” say Alan M. Zuckerman and Russell C. Coile. They warn that going it alone is not a viable strategy for the future and put forth 10 strategic alternatives Catholic healthcare organizations should consider. With fascinating examples from across the country, they illustrate an array of new sponsorship and network arrangements Catholic-sponsored organizations are undertaking.

Zuckerman and Coile project a possible scenario in which 90 percent of Catholic health systems are led by lay administrators. Anticipating this reality several years ago, a region of the Daughters of Charity National Health System launched an effort to help laity thoroughly understand the spiritual motivation behind the system’s mission and values. Mission leaders Sr. Sharon Richardt, DC, and Jude Magers describe how the organization continues to practice what its early efforts taught.

CHA’s Julie Jones examines the mission leader’s role in light of the growing number of lay leaders. She describes the findings of a CHA study that asked mission leaders how their responsibilities are changing and what pressing issues are emerging now.

Serving elderly and chronically ill persons will challenge all sectors of healthcare as the baby boom generation places increasing demands on the fragmented health system. In an interview with Gordon Burnside, Susan McDonough and David Lincoln reveal Covenant Health Systems’s vision for serving the complex, varied needs of the aging in New England.

I leave you with a thought CHA’s Bill Cox expressed at a recent National Chronic Care Consortium conference (see report, p. 13): If we always place the patient at the center of our vision for Catholic healthcare, we will gain the support we need to manage change and succeed.