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Toward the Light

For the many Americans who have come to expect free choice of providers and access to healthcare on demand, managed care is a dark tunnel harboring monsters with names like "Inadequate Care" and "Too Many Rules." Disturbing reports have prompted the federal government to take several actions. In the past few weeks, it has mandated 48-hour hospital stays after normal childbirth, banned gag clauses that restrict a physician's ability to discuss treatment options with Medicare patients, and limited the types of bonuses HMOs can award physicians for controlling the cost of services to Medicare and Medicaid patients.

The practices these regulations aim to curtail are symptomatic of the ethical and operational questions providers face as they try to wrestle the healthcare system into a shape that fits them comfortably. The regulations also indicate a troubling erosion of the trust that has traditionally existed (whether well founded or not) between patients and physicians.

In spite of the questions surrounding managed care, healthcare analysts generally agree that it offers great (albeit unrealized) possibilities for advancing the Catholic health ministry's mission, which embodies respect for human dignity and the common good, as well as responsible stewardship of resources. No other system has such potential to provide a coordinated continuum of services, to improve the care of chronically ill persons, to deploy resources efficiently by delivering appropriate care, and to track care outcomes.

At regional meetings that CHA cosponsored across the country last fall, speakers urged healthcare leaders to prepare to maximize these opportunities, especially as managed care expands to Medicare and Medicaid beneficiaries. We report on their operational and organizational strategies on p. 17.

You will find additional practical strategies in this issue's special section on managed care. Andrea Y. Coleman, writing from the perspective of an operations executive, describes new systems, procedures, and relationships that must replace the ones managers have traditionally relied on. Other articles in the section explore ethical and spiritual challenges for healthcare leaders balancing business and mission imperatives.

In a talk last May ("Managing Managed Care"), the late Card. Joseph Bernardin warned that the mission of Catholic and other not-for-profit providers could be threatened by managed care and its cost-control incentives. But he also highlighted the opportunities in managed care if these providers play a leadership role in designing our healthcare system. He set a goal for the system against which to measure managed care: to restore wholeness by attending not only to patients' physical condition but also to their spiritual and social well-being.

Judging by the large attendance at the regional meetings, healthcare leaders see a light at the end of the managed care tunnel. That light is the potential to advance the Catholic health mission and achieve the cardinal's goal. That light is the opportunity to shape managed care to serve patients and communities.

LEADERS IN CATHOLIC HEALTHCARE found helpful resources at the fall regional meetings; 94 percent of attendees who filled out meeting evaluations rated the usefulness of the content excellent or good. According to 96 percent, the meetings were excellent or good in blending mission concerns with operational expertise; and 93 percent said the



meetings met their expectations. Nearly 900 CHA members registered for the meetings, and 27 percent completed evaluation forms.