



# Briefing

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EDITOR

In recent months, we at the Catholic Health Association (CHA) have been providing tools to help members who are entering integrated delivery arrangements. You have told us you need information about what is going on throughout the Catholic healthcare ministry. Thus this issue of *Health Progress* is a resource you can use as you make integrated delivery a reality in your area.

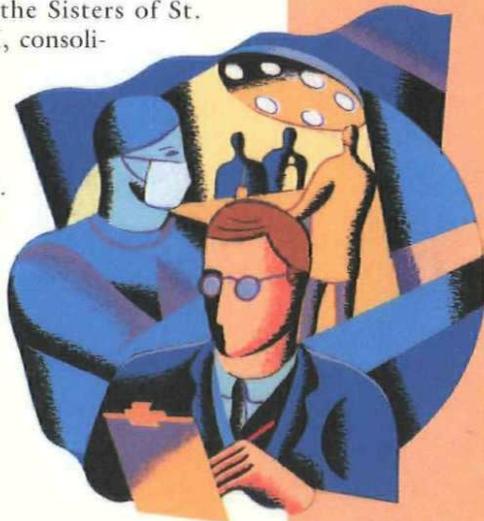
The special section's introductory article on p. 38 gives a preview of CHA's *Handbook for Planning and Developing Integrated Delivery* and describes four "integrating forces" that hold networks together. It explores the essential relationships healthcare organizations must cultivate with their key constituents—the community, other institutional providers, physicians, and payers.

A series of case studies follows on p. 40. Based on interviews with people who are actively developing networks, the articles give first-hand advice for cementing these relationships.

On p. 51, Young S. Suh tells the fascinating story of the conception and development of Genesys Health System, which was formed in response to its community's economic and excess-capacity problems. Based in Flint, MI, the system, sponsored by the Sisters of St. Joseph of Nazareth, MI, consolidates four hospitals into one corporation that employs a patient-centered model of care.

The bibliography on p. 56 pulls together two years of *Health Progress* articles on integrated delivery. And on p. 54, we have

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compiled a listing of current integrated delivery arrangements in the Catholic healthcare ministry. Our information is constantly being updated as arrangements evolve and change. Please contact the staff of *Health Progress* or CHA's Division of Member Services to give us new information or to be put in touch with others who have experience that might help you.

## INTEGRATED DELIVERY AND HEALTHCARE REFORM

Genesys's patient-focused approach demonstrates an important reason for integrating delivery: improving the health status of the community. Not only is integrating care the right thing to do because it treats patients and their families humanely, it is also critical for the success of healthcare reform. See "Reform Update" on p. 6 and Jane White's column on p. 14 for an analysis of current progress in reform.

## POINT-COUNTERPOINT: FUTILE CARE

Reform and the need to control healthcare expenditures are forcing society and care givers to confront the questions of what constitutes futile care and whether patients should be able to demand care judged to be futile. Two articles, by Robert M. Veatch and Carol Mason Spicer (p. 22) and James F. Drane and John L. Coulehan (p. 28), present opposing views on ethical policies regarding futile care.

Only through such forthright debate can we come to consensus on an appropriate response to patients' wishes. Please help further the discussion by sending *Health Progress* your response to the articles and your views on the issue.

