



Briefing

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EDITOR

In an interview with *Health Progress*, Hillary Rodham Clinton answers questions about the role of not-for-profit healthcare organizations as organizers of health plans in a reformed system. Other hot topics she discusses: employer-based financing, long-term care services in a basic benefits package, tax exemption, Medicare cuts.

TRANSFORMATIONAL LEADERS

In this issue we roll out an exciting study that opens a new way of looking at healthcare leadership. "This is the first time the Catholic healing ministry has had an opportunity to quantify with empirical evidence the competencies that distinguish outstanding leaders in Catholic healthcare," says Jim McEnroe of the Catholic Health Association's Center for Leadership Excellence, which sponsored the research. "Through the study we discovered that outstanding leaders combine their analytical and strategic talents with another side, which is firm yet compassionate and truly concerned for the values and mission of the ministry."

John Larrere and David McClelland of the Boston-based Hay McBer company, one of CHA's research partners, give a complete picture of the competencies which, when analyzed, characterize "integrated" leaders. Rev. David J. Nygren, CM; Sr. Miriam D. Ukeritis, CSJ; and Julia L. Hickman of the Center for Applied Social Research at DePaul University—also a research partner—take the findings into the practical realm, showing how healthcare executives, trustees, and sponsors can apply the study's competency model in assessing and developing leaders.

The study, according to CHA's McEnroe, will drive activities of the Center for Leadership Excellence, whose goal is to develop the leadership capabilities required by reform of the healthcare system. Writing with McEnroe on p. 37, Regina M. Clifton, the center's director, explains why integrated leaders are essential for Catholic healthcare organizations moving into the twenty-first century.

Also in this issue: Andrea Y. Coleman, a CEO struggling with the stresses that delivery changes

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are imposing on physicians and employees, reports from the front lines, confirming that leaders who empathize with others will play a vital role in guiding their organizations through uncertain times. And in a *Health Progress* roundtable, executives in long-term care, acute care, and systems candidly share their problems and views on future-oriented leadership.

A BISHOP'S "FINAL SAY"

Bp. John H. Ricard, SSJ, of Baltimore argues in this issue that "no community has more at stake or more to contribute to the healthcare reform debate than the Catholic community." He outlines the U.S. bishops' agenda for reform—one that is "pro-healthcare and pro-life" and will result in a plan that "will reach out to the unserved and underserved, will contain costs, respect pluralism, and protect the unborn."

IDN CASE STUDY

This issue's case study (p. 18) explores the planning and negotiation that led to Baltimore-based Good Samaritan Health System's entry into Helix Health System, a not-for-profit organization of two community hospitals. With the addition of Good Samaritan, Helix becomes the second-largest healthcare delivery network in Maryland and will be headed by Good Samaritan's president.

Samaritan's close ties with the Baltimore Archdiocese (Abp. William H. Keeler chairs the system's board) proved invaluable as system planners explored partnership options and worked out the terms of the agreement with Helix.

MAKING CONNECTIONS

Health Progress regularly provides case studies of members' programs and integration efforts in "Profile," "Systems Forum," and "Integrated Delivery" columns. Readers tell us they want more details than our case studies can provide in a limited number of pages. Therefore, whenever possible, at the end of case studies (and other articles as well) we will give the name and telephone number of a person to contact for more information.