Briefing

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EDITOR

Spending for nursing home care in the United States is now approaching $80 billion a year. Medicaid pays for almost half; residents and their families pay the rest out of their pockets. And insurance promises no relief. According to Families USA, more than 80 percent of people aged 55 to 79 cannot afford long-term care insurance and risk financial ruin if they enter a nursing home. This is frightening, especially since about 80 percent of people over 65 have at least one chronic health problem and most have several.

The problem will not go away soon. By 2000 about 35 million Americans will be in the 65-plus age group—and by 2030 the number will be 65 million. Our nation urgently needs a health system that provides options so this rapidly aging population can avoid costly nursing home care and maintain the highest possible quality of life. The system must be easily accessible to older people, rich or poor.

In fact, these same goals—appropriate levels of care and universal access—should underpin our philosophy of care for all people, regardless of their age. The Catholic Health Association's proposal for reforming the entire healthcare system is based on them. For a cogent explanation of the CHA plan and its values, see Sr. Bernice Coreil's statement to President Clinton's healthcare task force (p. 12). The proposal insists that expenditure control depends on all people having access to a full continuum of services, which are provided through integrated delivery networks (IDNs).

How will long-term care facilities participate in IDNs? A timely CHA survey of more than 300 freestanding institutions by Lola J. Westhoff and Jeffrey C. Schaefer indicates many opportunities for long-term care providers to join with other agencies to fill unmet needs in their communities—through education and hospice care, for example.

A new publication is now available to help long-term care facilities plan services to meet community needs. *Social Accountability Program: Continuing the Community Benefit Tradition of Not-for-Profit Homes and Services for the Aging*, described by Brian Forschner and Julie Trocchio, is a blueprint for developing and documenting community services.

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The Garden Annex, an assisted living unit within Resurrection Retirement Community, Chicago, is already filling a need that will grow as the population continues to age. At a fraction of the cost of a nursing home, the unit enables mildly impaired elderly to live as independently as possible, Sr. Mary Paul, CR, explains. Cardinal Ritter Institute, St. Louis, has the same goal. Peggy A. Szwabo and John J. Stretch describe the agency's program to teach residents of a congregate housing facility about medications, improve their memory, and ameliorate their isolation and depression.

As these interventions clearly demonstrate, providing cost-effective care cannot be accomplished without also providing care that addresses the needs of the whole person—physical, social, emotional, and spiritual. A project by Sr. Ruth Kerrigan, CSA, and Joan T. Harkulich is aimed at meeting the spiritual needs of nursing home residents of varying religious backgrounds.

Pastoral Care Staffing

Meeting patients' spiritual needs as healthcare reform alters delivery methods and sites is challenging hospital pastoral care departments. Charles Ceronsky's creative staffing strategies offer some solutions. Long-term care facilities can also use some of his ideas.

Integrated Delivery Networks

In the articles on Sacred Heart Health System (p. 18) and HealthSpan network (p. 66) we continue to look at examples of the new collaborative arrangements that the concept of integrated delivery is inspiring. To share your networking experiences, please contact Phil Karst or me at 314-427-2500.