

A Wake-up Call For Systemic Reform

BY RONALD R. ALDRICH

This is an historic era for Catholic healthcare. The systemic healthcare reform alarm has sounded, and the Catholic Health Association of the United States (CHA) has responded by joining in the dialogue as an advocate for the values that have motivated Catholic healthcare since its beginning. As part of the Church's ministry, we have the opportunity to make a real difference in the U.S. healthcare system. In fact, it is more than an opportunity: It is our Christian responsibility.

OUR RESPONSIBILITIES

Our nation faces one of its most critical domestic crises ever. Increasing healthcare costs, a fragmented delivery system, inequitable access to care, and concerns about quality of care have evoked widespread interest in restructuring the healthcare system. Calls for reform have come from the general public, business, labor, healthcare professionals, and federal and state governments.

Using CHA's Social Accountability Budget process, CHA members have raised their profile as community-service institutions working with other agencies on behalf of community needs (see Julie Trocchio, "Social Accountability Budget: A Progress Report," *Health Progress*, October 1991, pp. 17, 23). Now is the time for us to carry our community responsibilities into the public policy arena.

The Catholic healthcare community has important political responsibilities. We need to join with others who share our vision of a just healthcare system committed to meeting the needs of our communities. The debate must extend beyond the particular concerns of our numerous stakeholders and focus on the needs of society as a whole. Our moral tradition's emphasis on the common good is a resource that can reconcile diverse interests on behalf of the entire community.

The U.S. bishops' recent statement on political responsibility notes that we are "called to a common commitment to ensure that political life



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serves the common good and the human person . . . [and] to reinvigorate the democratic process as a place for debate about what kind of society we want to be, what values and priorities should guide our action" (National Conference of Catholic Bishops, "Political Responsibility: Revitalizing American Democracy," *Origins*, October 24, 1991, p. 316).

Catholic healthcare leaders are taking up that call. Sponsors, trustees, physicians, nurses, and managers are all discussing healthcare reform and educating their communities on this topic. They are advocating at the state level for coordinated delivery systems, adequate benefit packages, and cost controls.

How can we not speak out for the millions of our sisters and brothers currently excluded from the healthcare system in our country? Who, if not we, will proclaim their right to healthcare and the need for a more accessible delivery system? Thoughtful deliberation from the perspective of social justice, the common good, and stewardship is sorely needed in this debate, which is too often narrowly focused on financing and splintered by the interests of various stakeholders. We have been asking, What does it mean to be Catholic healthcare ministers? What difference do we make? In embracing this opportunity to help shape a more just healthcare system, we can express not only our Catholic identity but our Catholic integrity as well.

CHA'S REFORM PROPOSAL

The CHA Leadership Task Force on National Health Policy Reform, chaired by Sr. Bernice Coreil, DC, has designed a credible proposal based on grassroots input that addresses the critical healthcare situation in our society. It is not offered as the "perfect" reform proposal but as one response from a group of our colleagues who have studied the situation from the perspective of our ministry values. I encourage all those involved in the Catholic healthcare ministry to examine CHA's working proposal as they think

through the elements of a reformed system. The task force actively seeks your continued input.

Unique among the current healthcare reform proposals being debated, the CHA working proposal focuses on service delivery reform, calling for the creation of integrated delivery networks at the local level (see "CHA Seeks Input on Systemic Reform Proposal," *Health Progress*, December 1991, pp. 12-16; and p. 45 in this issue). Other key attributes of the proposal include patient-centered care, universal access, risk-adjusted capitation, unitary financing, and multiple payment mechanisms through state organizations.

The CHA proposal advocates a uniform benefit structure that would "mainstream" the poor rather than provide two tiers of care. Other advantages include opportunities for linkages between Catholic and other healthcare providers and additional incentives for collaborative initiatives. The CHA proposal would also provide strong incentives for efficient delivery of high-quality healthcare because of its emphasis on cost sharing, coordination of care, and competition based on quality and service, not price.

Many elected officials have entered the debate on healthcare reform. President Bush has acknowledged the need for "comprehensive" healthcare reform and has recently released his own proposal. Other proposals on the national level include an incremental expansion of the current system, play-or-pay, and national health insurance.

Although the reform issue is complex, asking a few strategic questions helps put it in focus:

- Will the reformed system provide everyone access to a basic comprehensive benefit package?
- Will the reformed system offer community-based, coordinated care?
- At what level does responsibility for budgeting, administration, and ensuring quality of care reside?
- What are the mechanisms for cost control, and what are the sources for financing?

The CHA proposal emphasizes cost sharing, coordination of care, and competition based on quality and service, not price.

OUR VISION

The Catholic healthcare community, informed by the Church's social teaching, can be an effective source of moral discourse in our national healthcare reform debate. As Christian stewards, we are guided by the vision expressed by the CHA 2000 task force, which called on CHA to be a "leader in the movement toward a redesigned U.S. healthcare system that is just and equitable" (see "CHA 2000 Recommendations: A Guide to the Future," *Health Progress*, July-August 1991, pp. 18-19). We are also mindful that leadership demands credibility. We believe that, to be a *credible*

leader in the healthcare reform debate, we must offer a proposal that, first, focuses on the needs of persons and, second, controls costs effectively.

My role as chairperson of CHA's board in 1992-93 will be to promote the social message of our Gospel values as a motive for action. As Christians, let us continue to use the resources of our faith and the opportunities of this tradition to help shape a healthcare system that respects the dignity and rights of the human person. My role, along with all who will join with me, will be to provide leadership as Catholic providers participate in the debate over systemic healthcare reform.

May our efforts reflect the spirit of Jesus as we continue to place special emphasis on the needs of poor and vulnerable populations and strive for a more effective, just, and equitable healthcare system. We ask God's continued blessings on this important ministry. Peace. □

