

The Leadership Challenge: Imagine New Relationships

BY SR. MARYANNA COYLE, SC

Creative and forward-looking leaders are introducing new paradigms within the U.S. healthcare system. These leaders are grasping a vision of healthcare delivery that complements the concepts of several healthcare reform plans that have been proposed. In times of significant paradigm shift, certain characteristics define leaders who choose to break new ground and transform traditional mind-sets.

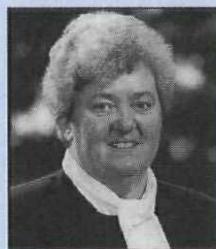
As I embrace the challenge of leading the Catholic Health Association (CHA), I invite all persons committed to the future of our Catholic healthcare ministry to reflect on the qualities that define those leaders most able to ride the turbulent waves of change.

CHA will be expanding its identity as a result of the membership study recommendations. CHA is broadening its membership base by amending the articles of association and bylaws to eliminate the requirement of tax-exempt status. In addition, each constituent member will be weighing the possibility of new relationships at the regional and local levels. I believe these actions can help release the imagination, initiative, and interaction needed to form a new paradigm.

IMAGINE NEW RELATIONSHIPS

Changes at the state and local level are already reshaping the traditional healthcare model. In the 1980s many organizations expanded the corporate model at the local level, forming parent and subsidiary entities to penetrate a competitive marketplace. In the 1990s the concept of integration is challenging us to look beyond the complexity of multiple corporate structures to new alliances and relationships.

How these new relationships will be formed depends on the imagination and creativity we bring to our enterprise—that is, our systems and channels for promoting healthy communities. Trevor Hancock suggests an image of the “ideally healthy community” (“Seeing the Vision,



Sr. Coyle is president, Sisters of Charity of Cincinnati, Mount St. Joseph, OH. As the new chairperson of the Catholic Health Association Board of Trustees, she encourages persons in the Catholic healthcare ministry to become creative and forward-looking leaders.

Defining Your Role” *Healthcare Forum Journal*, May-June 1993, pp. 30-36). Such communities, Hancock writes, are based on the premise that “health is not dependent on medical care or health education, but rather on access to the basic prerequisites to health: food, shelter, work, education, income, a stable ecosystem, sustainable resources, and equity.”

Planning with this broad perspective of health suggests we must both ask new questions and form new relationships. This concept moves us from shifting priorities within our acute care model to reframing the players and services needed to define our role in healthcare.

Who are the players our healthcare institutions ought to engage in assessing health status and possible remedies? Local governments, businesses, educational and social service organizations, and other groups must join to overcome the barriers to developing healthy communities.

What actions might we take with local communities to promote health? In Cincinnati the board of health recently suggested directions that could easily be implemented without creating new resources or incurring significant costs. The following activities are all within the realm of our new concept of health:

- Fund and staff neighborhood-based substance abuse programs
- Encourage parent skills training
- Expand child care
- Increase therapeutic counseling and care management for high-risk families

These initiatives suggest a multidisciplinary approach in which Catholic healthcare institutions might play a significant role. Such an approach expands our vision of healthcare and enables us to initiate change without waiting for healthcare reform.

But our institutions need a more explicit approach to community need and service if they are to move beyond the current medical model paradigm. A “two-track” campaign might simul-

Continued on page 27

taneously bring about fulfillment of community need and collaboration. At the same time, the involvement of local communities provides the forum for gaining both understanding and support for the primary agenda of healthcare reform.

INITIATE APPROPRIATE PARTNERSHIPS

In the coming months, we will have an unprecedented opportunity to participate in the transformation of the U.S. healthcare system. Catholic healthcare providers play multiple roles in all the arenas healthcare reform will affect:

- We are providers.
- We are purchasers of healthcare for our employees and our families.
- We are consumers who want the most cost-effective and quality-oriented system.
- We are citizens who directly influence the position of our representatives.
- We are believers in human dignity and in every person's right to healthcare.

Creative leaders use the most effective tools available to empower themselves and others. One such tool is CHA's *A Primer on Healthcare Reform* (1993). This primer guides us in initiating dialogue with and furthering the education of our constituencies. It teaches us to speak with a clear and consistent voice on the issues and directions that will be paramount in the reform debate.

With the help of *A Primer on Healthcare Reform*, enterprising leaders can define the appropriate constituencies and collaborate for effective advocacy. Inviting discussion and debate at the local level creates a level playing field for development and support.

Defining appropriate partnerships requires discernment on mission, imagination about the future, and assessment of community needs. Catholic healthcare institutions have

many tools to effectuate this process and need to broaden the arena of participants.

Who are likely partners in a reformed healthcare system that emphasizes collaboration through community care or integrated delivery networks? We must first focus on current participants. Then, by widening the circle around the integrated delivery model, we can include the healthy community model where all the stakeholders share in the vision and power.

EMPOWER OTHERS THROUGH INTERACTION

The medical model of healthcare often isolates the community from the responsibility for healthcare. Open dialogue through community forums will generate a sense of responsibility that demands action. Sharing this power will result in many more partners committed to quality of life and to a healthy community. Our communities may find it impossible to support healthcare reform if cost is the primary motivation. Understanding that our communities' health affects all dimensions of our lives and determines our future may cause us to look differently at the price we are willing to pay.

The debate around healthcare reform cannot begin solely with a price tag. The debate must appeal to responsible action, since we are the stewards of our creation and the trustees of the next generation.

Interaction and shared power release the dynamic of empowerment. Empowerment carries the vision of hope. I offer this virtue of hope as the primary freedom for the creative and forward-looking leader.

As Sr. Juliana Casey, IHM, has written: "Hope knows no bounds. It promises life when death would seem to conquer. It demands new ways, new worlds, healthcare that is truly witness, truly sacrament" (*Voices of Hope*, CHA, 1991). □

major stumbling block as [hospitals] try to reorganize themselves." He noted that unlike efficient healthcare segments such as the pharmaceutical industry, the hospital sector still has much inefficiency, as evidenced in low occupancy rates.

In a conversation, Anderson explained that healthcare reform aims to create large entities—comprehensive providers of care that include hospitals, nursing homes, and physician groups. Such entities would "clearly be viewed by economists and lawyers as anticompetitive," he noted. In his view, "the law has to change for managed competition to occur."

CHA's Br. Campbell believes we can leave the law alone, but design a system for the defense of hospitals' collaborative activities. He prefers not to "open Pandora's box on antitrust law." The laws are "very general and brief"; the important facet, in Br. Campbell's view, is the level and interpretation of enforcement. There is "no doubt that antitrust creates fear and that defensive activities are expensive"; however, he posits that a key to achieving reform within current law is to "get a mandated structure in place and then say, 'The government made me do it,'" when collaborative activity is challenged on antitrust grounds.

TIME WILL TELL

As hospitals move down the path of reform, horizontal and vertical integration will be the key to survival. Anderson likened the future scenario to that of a dance. "A lot of hospitals will be left without partners and will go out of business. Hospitals will need to merge to form these health partnerships. There will be some that no one will want to merge with either because they are poor quality, high cost, or both. Those hospitals will be in desperate financial shape," he concluded. As hospitals join together for survival in a reformed healthcare system, the question remains whether current antitrust law will be a critical stumbling block along the way. □