

CHA's Website Gets New Name and a Facelift

The Catholic Health Association's website—formerly *CHAOnline*—has a raft of new features, a new name, and a new structure, all designed to make the service more valuable and user-friendly.

In November, the website's name was changed to CHAUSA to match its Internet address (www.chausa.org) and make it easier to find. More important than the name, however, are the new content and capabilities the site offers.

PUBLIC POLICY EXPANSION

The public policy area now presents daily health-care news; an advocacy network database; a searchable public policy archive; advocacy alerts; and current issues of *Washington Update*, a semi-monthly summary of advocacy issues, and *Health Policy Issue Brief*, a monthly background paper on specific issues, such as the new state children's health insurance program.

One of the biggest problems in advocacy is access to information, explained Bill Cox, CHA's executive vice president. "The ground is shifting in Washington," he said. "The Internet is becoming the substitute for other methods of transmitting information, such as faxes or enormous printed documents. Since everyone else is getting the information quickly, healthcare advocates in Catholic organizations have to get it that way too."

In addition to posting CHA statements on proposed legislation and regulations, CHA staff will sift through information from the federal government and provide links to important news and documents for CHA advocacy coordinators. "CHA's website will be a daily source of fresh information for advocacy coordinators," Cox said. As with all information on CHAUSA, some material is available only to CHA members.

The new advocacy network allows CHA members to do searches related to members of Congress, congressional committees, and other CHA members, linking them by districts or states to facilitate effective advocacy campaigns. The

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network gives key personnel and other data on CHA's organizational members; information on dioceses; and data on senators and representatives, including congressional committees and complete contact information.

MISSION SERVICES AREA

A second area that was recently expanded, Mission Services, pulls together resources and information on healthcare ethics, spiritual care, leadership development, and mission. Some of the information—such as directories of ethicists, theologians, and ethics centers; sample policy and position statements; and CHA documents and models—has been available for some time, but now it is centralized and more easily accessible. However, new features are being added as well.

"A lot of CHA's projects are generated through discussions with members," explained Sr. Jean deBlois, CSJ, PhD, vice president of Mission Services, "so we want to make these available even in their developmental stages."

She added that CHAUSA can become a hub for networking among Catholic healthcare leaders in

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mission, ethics, leadership development, and spiritual care. "We want to share members' wisdom and best practices so that they don't have to spend their time inventing the same wheel," she said.

Among the planned offerings are chat rooms on specific ethical topics, resources for prayer and ritual, links to Church documents, and news bites related to the subject areas.

In December CHA will introduce a new website resource, *Organizational Integrity in Catholic Healthcare Ministry: The Role of the Leader*. Using hyperlink technology to deliver Scripture, poetry, Church documents, glossary definitions, and more, this tool explores the nature of leadership and decision making in healthcare as a ministry. (Next month's issue of *Health Progress* will examine this resource in more detail.)

OTHER FEATURES

In addition to updated content, CHAUSA also has a new structure that makes it easier to access the members-only information, without having to click through a lot of pages. Other features include:

- Directory of Catholic healthcare in the United States and Canada
- Back issues of *Catholic Health World*, *Health Progress*, *Washington Update*, and *Health Policy Issue Brief*
- Resources and information on sponsorship, continuum of care, and *New Covenant*
- Calendar, listing meetings held by CHA (with links to brochures) and other organizations
- Employment opportunities in the Catholic healthcare ministry
- Information on the 83rd Catholic Health Assembly, including complete program information (when available), online registration, and guides to New Orleans —Susan K. Hume



CHA's website can be reached at www.chausa.org. For more information, contact Dan Jones at 314-253-3457 or, by e-mail, djones@chausa.org.

MEDICARE REFORMS

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ation of coverage for the individuals? Under state law, we can take over companies having insolvency problems and provide for continuity of coverage. The federal government has no ability or authority in any of the proposals to do that."

Rule-Making Committee In the meantime, the federal Negotiated Rule-Making Committee was set to hold its first meeting October 21, 1997, with meetings planned for November, December, January, and February, before it reports to the HHS Secretary on March 1, 1998. Groups on the committee include CHA; Premier, Inc.; AHA; American Medical Association; American Association of Health Plans; American Association of Retired Persons; American Medical Group Association; Blue Cross/Blue Shield; and NAIC, to name a few. Committee conveners Judy Ballard and Celia Ford, of the HHA Departmental Appeals Board, wrote September 8 to the Health Care Financing Administration (HCFA) that reaching consensus on the financial standards would be "challenging" since it could affect competition in the healthcare market and will be technically complex. Some questions to be addressed are:

- Should solvency standards for PSOs be equivalent to other risk-bearing organizations?
- How should delivery system assets be taken into account?
- How should Medicare protect enrollees from being liable if a PSO becomes insolvent?

Bill Cox, executive vice president of CHA, wrote in an October 20 letter to HCFA: "We believe that PSOs can provide another avenue for Catholic healthcare to continue its mission in a way that promotes more coordinated preventive, acute, and postacute care. . . . CHA is particularly interested in making sure that Medicare beneficiaries continue to be allowed to rely on not-for-profit providers who historically have responded well to the healthcare needs of the community."

Other questions about PSOs raised by some policy observers involve the possi-

bility of adverse risk selection. Will doctors, who are in a position to know the health risk of patients, funnel the healthiest people to their PSOs? Reischauer, however, views the access problems as coming "less from PSOs and more from the private fee-for-service option" in the new Medicare+Choice plan. Reischauer said that his "concerns with PSOs have more to do with their financial stability." Wilensky noted that PSOs may allow risk-based capitation in rural areas, where it might not otherwise be available. She did agree that "we're going to have to respond to risk selection. It's time to start doing something" about it.

REFORMS ARE SUBSTANTIAL

While the new Medicare reforms in the Balanced Budget Amendment did not go as far as some policy analysts hoped they would—means testing and raising age eligibility got cut out in the conference committee, for example—the reforms do represent substantial change for Medicare beneficiaries and for providers. For hospitals, it means a decrease of 10.6 percent on PPS payments and a decrease of 3 percent total hospital revenues in 2002, according to ProPAC estimates. But it also means a chance to form provider-sponsored organizations to serve Medicare beneficiaries.

Before Congress moves ahead to address further Medicare reforms—especially the more drastic changes that may be necessary to preserve the insurance program of the baby boomers—many members want to "take time to step back and see the effects of the changes they've instituted," said Wilensky. "Not an unreasonable position," she concluded. □

NOTES

1. Congressional Research Service, "Medicare Provisions in the Balanced Budget Act of 1997 (BBA 97, P.L. 105-33)" Washington, DC, August 18, 1997.
2. John K. Iglehart, "Interview: State Regulation of Managed Care: NAIC President Josephine Musser," *Health Affairs*, November-December 1997, pp. 36-43.