

Three Reasons To Use CHAUSA

BY DAVID WARREN, PhD

Why pay attention to CHAUSA, the website of the Catholic Health Association? What real value does CHAUSA bring to CHA members and the Catholic health ministry? I can think of many good reasons.

Three in particular come to mind.

NEW DEVELOPMENTS IN THE MINISTRY

If you are an executive in a Catholic healthcare organization, you need to stay informed about the latest developments in the ministry and the challenges other Catholic healthcare organizations are facing—challenges that may well be yours tomorrow.

To get this information, you could (a) read dozens of newspapers and other publications every day, (b) assign a staff member to digest this information and summarize it for you, or (c) use the Daily News feature of CHAUSA.

Only option c saves time and money. The Daily News provides you with a high-quality summary of important events and developments and the option to link to complete stories about them. It also guarantees a high degree of reliability because the Daily News is compiled by CHA staffers whose years of experience in the Catholic health ministry enable them to collect the information with a knowledgeable eye.

DISCUSSIONS OF THEOLOGY AND ETHICS

You may be the mission leader of a Catholic hospital currently focusing on organizational integrity—making sure that the values espoused by the organization are practiced by it as well.

To help accomplish this essential goal, you could (a) spend months reading discussions of theology and ethics, all the while keeping meticulous notes that you will eventually transform into a focused program for your organization, (b) forget about the rest of your work and instead travel all around the country speaking with theologians and ethicists and observing other programs, or (c) use *Organizational Integrity in Catholic*



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Healthcare Ministry—an excellent course in the foundation necessary for any corporate compliance program—and “Corporate Compliance and Organizational Integrity,” both in CHAUSA’s Mission Services section.

Only option c is realistic. And only option c gives you the structure to use these resources programmatically and in conjunction with the other teaching materials in organizational integrity that CHA is publishing in a variety of media.

In addition, you will discover that examples of ethics policy, position, and information statements are all posted on CHAUSA. Because CHA has brought this material together for you, you can avoid reinventing the proverbial wheel. And if you have more particular questions on theology or ethics, CHAUSA directories can quickly help you find specialists.

TRENDS IN PUBLIC POLICY

Perhaps you are an advocacy coordinator for a Catholic healthcare institution. You have just heard that the Health Care Financing Administration has issued a final ruling on solvency stan-



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The BBA was supposed to encourage higher Medicare+Choice enrollment, not reduce it.


dards and waiver requirements for provider-sponsored organizations. Your boss wants a summary of the matter on her desk by the end of the day. You could (a) spend hours making phone calls to Washington, DC, hoping to talk to a live human being who can tell you the phone number of the office that actually has the information you need, (b) use one of many Internet search engines, trying combinations of key words that might yield a list of fewer than 100 possibly relevant documents, or (c) go to the Public Policy section of CHAUSA and, with a click of your mouse, find the complete text of the *Federal Register* notice.

That is just one example of the advocacy materials literally at your fingertips on CHAUSA. If you need information about an issue that affects the Catholic health ministry, you will find it on CHAUSA. You will find it there because CHAUSA is more than an electronic bulletin board. It is an active tool used constantly by CHA staff to provide members with advocacy leadership.

AND MANY OTHER INFORMATION RESOURCES

If I had the space and time, I could cite many more examples of CHAUSA's resources, including the long-term care area, spiritual guidance and inspiration for mission leaders, and forums where sponsors can talk about their future roles. Even a service as small as routing a specific question via e-mail to the "webmaster" (me) can make a difference to you. It's far more economical—and surprisingly quicker—than a phone call.

CHAUSA is a nexus for everything CHA does. It is the online library of CHA resources. Not a static enterprise, it changes, grows, and evolves. And it is very much member driven, because CHAUSA is about what you do: working for a vital Catholic health ministry. □

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the BBA are due in September 1998. CHA is currently surveying Catholic hospitals and SNFs regarding the regulation and will respond to HCFA before the comment period deadline. CBO estimated Medicare savings of \$1.3 billion in FY 1999 and \$9.5 billion over five years. HCFA now says that the SNF PPS will actually save the federal government even more, a total of \$12.6 billion over five years.

Most Catholic systems responding to the CHA survey did not estimate the impact of the SNF PPS and/or do not own a SNF. Two Catholic systems estimated that the change would be substantial, accounting for about 20 percent of the total impact of the BBA. CHA and other groups are exploring the possibility of legislative changes—for example, maintaining a pass-through for nontherapy ancillary costs, creating an outlier system, and establishing demonstrations for unique SNFs serving higher-acuity patients.

MEDICARE+CHOICE

HCFA is currently seeking comments on its Medicare+Choice regulation, a voluminous document containing numerous requirements for health plans and hospitals. CHA will submit comments and recommendations to HCFA before the September 24, 1998, deadline. The estimated CBO savings from Medicare+Choice (\$2.2 billion and \$21.8 billion over five years) are due to a reduction in payment rates. A BBA provision designed to make Medicare payments to health plans more equitable across the country ("blend") has not yet been implemented because of a minimum 2 percent payment increase for all plans and

a budget-neutral requirement. HCFA is not likely to begin implementing the "blend" until the year 2000 or 2001.

The past two months have seen large Medicare HMOs—Pacificare, Oxford, Anthem, and United—cut back or eliminate their Medicare enrollment in certain counties across the United States. Other health plans have decided to stay in place but will cut back on extra benefits beyond the standard Medicare package, increase beneficiary premiums, or both. Researchers still believe that Medicare overpays managed care plans because their enrollees are healthier and have lower costs. The BBA requires HCFA to develop a risk-based adjustment to payment rates to account for these differences. In the future, Congress and HCFA will be monitoring closely how the BBA payment changes for Medicare+Choice plans affect the number of Medicare beneficiaries enrolling in managed care. In short, the BBA was supposed to encourage higher enrollment, not reduce it.

For now, the handful of Catholic-sponsored Medicare managed care plans have not announced major changes. It is too early to tell just how Medicare+Choice and the many other BBA changes will affect Catholic healthcare, but amid the many payment reductions there are also expansions in service. The first provider-sponsored organization to obtain a federal waiver was at St. Joseph Healthcare in Albuquerque, owned by Catholic Health Initiatives. And SSM Health Care in St. Louis recently announced that it will purchase a home health agency that did not want to continue to operate at the lower Medicare rates. □