

Maintaining Charitable Mission in Tough Times



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“It was the best of times; it was the worst of times.” So goes the familiar opening line of *A Tale of Two Cities*, written by Charles Dickens in the latter half of the 19th century. Fast forward to the 21st century, and the words still ring true, perhaps especially in the field of health care.

Just ask Henry, 28, who became ill about a year after being laid off from his job. With the help of family members Henry (not his real name) was seen by a private physician and diagnosed with a cardiac problem requiring surgery to repair his aortic valve. In the 19th century no treatment was available for his condition. Today a treatment is available, but obtaining it is impossible without resources to pay.

Clearly Henry can relate to Dickens’ words.

This common story highlights one of the most widespread challenges facing the U.S. health system every day. For people like Henry, access to care becomes a matter of life and death. And for Catholic health care, our foundational values of human dignity, social justice and solidarity with the poor compel us to seek solutions. Even so, we wonder: How can we maintain our charitable mission in the midst of economic uncertainty? How can we continue to help people like Henry?

Optimism is expressed daily about the prospects of health care reform, some even suggesting that universal coverage is at hand. However, past experience and the current economic recession tell us that the crafting, passage and implementation of reform will take considerable time. With or without reform, the best way out of the morass is to develop partnerships and collaborations among health and human services agencies at all levels.

The many sound reasons to partner include, but are not limited to, the following:

- Partnering allows each partner to expand its capacity and scope of services in ways that are not possible for each acting alone.

- Partnering allows the opportunity for each of the partners to leverage their unique skills and competencies.

- Partnering can increase opportunities for personal and professional fulfillment.

At the local level, approaches to successful partnerships that allow those in Catholic health care facilities and systems to continue the charitable mission might include the following:

- **Partnerships in seeking grant funding.** Philanthropic organizations value collaboration. Grants that include collaboration as a significant component of the proposal are more likely to be funded. One caveat: It is important to select partners that will honor and respect Catholic faith tradition and its values.

- **Partnerships with local health departments.** Local health departments in many states are solely eligible to receive certain funding to support, for example, HIV or AIDS services and school-based health services. Often these programs are willing to contract for the medical expertise and services that a health system can provide. Such arrangements offer additional venues for learning, opportunities to coordinate care and structured opportunities to increase professional fulfillment.

- **Partnerships with local safety net providers.** Safety net providers, such as federally qualified health centers, serve low-income/ uninsured people and Medicaid patients in addition to those with health insurance. These providers will often agree to take referrals of low-income and uninsured people from hospital emergency rooms. In return, a hospital agrees to support these providers by extending certain hospital-based services, such as radiology, consistent with an agreed-upon set of criteria in alignment with its charity care policy. These kinds of partnerships facilitate access to primary care, delivered

in the most appropriate and low-cost setting, in contrast to the high cost of emergency room care.

■ **Partnerships with private physicians who are credentialed by health systems.** Creating a pool of volunteer physicians offers them the opportunity to support care for poor and vulnerable people by providing services to a predetermined and agreed upon number of low-income, uninsured individuals. One local study revealed that 12 to 15 percent of safety net center patients need specialty consultations. Organized partnerships provide the opportunity for all of these patients to receive care in a coordinated, cost-effective manner, one that supports improved health outcomes.

Fortunately for Henry, he was in touch with a Michigan-based Catholic health system that has developed a multi-level partnership to provide health care to low-income, uninsured individuals. He was able to be seen in a *partner* safety net primary care center and then referred to a *partner* volunteer cardiac specialist for a consult. From there he was referred to a *partner* volunteer cardiac surgeon who agreed to perform the surgery as part of his commitment to serve, without charge, 15 people annually. The hospital's charity care policy was applied to his annual income, which fell below 100 percent of the federal poverty level. His surgery was successful. Henry is recovering and continues under the care of a *partner* safety net health center.

This partnership with volunteering physicians allows for 1,200 individuals to be seen by specialists and get hospital-based care if needed. This is a small number in light of so many who need care. However, through partnerships, Catholic health care can expand its capacity and reach, providing for those in need while continuing to advocate for universal coverage.

In so doing, we can maintain our charitable mission and take comfort in the words of Jesus in *Matthew 25:40*, "... Whatever you did for one of these least brothers of mine, you did for me." ■



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