


community networks

PARTNERSHIPS BETWEEN CATHOLIC CHARITIES AND CATHOLIC HEALTHCARE ORGANIZATIONS



Like other healthcare organizations in the United States, Catholic healthcare facilities are developing new relationships with a wide array of partners to extend their ministry and to improve efficiency, coordination, and quality of care.

In forming these partnerships, Catholic-sponsored organizations may have an advantage over others. Through Catholic Charities and other social service programs, the Catholic Church in the United States is the largest provider of human services (see *Profile of a Community Partner: Building Networks with Catholic Charities*, Catholic Health Association [CHA], 1996). In addition, the Church's network of almost 20,000 parishes enables healthcare organizations to reach into communities where little infrastructure exists. The current movement toward integration of community-based health and social services creates opportunities for Church-sponsored organizations to work together as never before.

Over the past two years, the Catholic Charities USA Commission on Aging and the CHA System Directors for Aging Services have met several times to learn more about each other's services and share information on collaborative efforts, some of which are highlighted in this compendium. Future issues of *Health Progress* will contain more case studies that serve as models for those creating integrated systems of care.

If your healthcare organization is collaborating with a Catholic Charities agency in your area, we would like to know about it. Please contact Debi Sampsel by phone at 314-253-3515 or by e-mail at dsampsel@chausa.org.

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CONTINUUM OF CARE FOR OLDER ADULTS



Baltimore

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Organizational Structure

Continuum of Care for Older Adults (CCOA) is an alliance involving Catholic Charities of the Archdiocese of Baltimore and St. Agnes HealthCare, Inc., a hospital sponsored by the Daughters of Charity of St. Vincent de Paul, Southeast Province.

Goals of Affiliation

The organizations created CCOA in February 1995 for two reasons: St. Agnes HealthCare, which was in the process of developing an integrated delivery network, was seeking a long-term care component. Catholic Charities, which had long owned and operated nearby St. Elizabeth Home for Nursing Care, wanted to add medical care to its mix of services.

Continuum Projects

In forming CCOA, St. Agnes and Catholic Charities established seven projects. The first, a 24-bed subacute care unit, opened at St. Agnes in May 1996. Catholic Charities operates the unit through a management contract with the hospital. The unit has achieved full occupancy and significantly improved the admission/discharge process between St. Elizabeth and St. Agnes.

Although the subacute care unit is the main CCOA project, St. Elizabeth and St. Agnes have six others in various stages of development:

- A certified geriatric nursing assistance course (launched in January)
- A program to educate employees in care of the aging (began in 1996)
- Shared management of some ancillary services, such as home healthcare
- A shared information system (currently being installed)
- A feasibility study of shared case management and assisted living

- Creation of pilot and demonstration programs (CCOA leaders recently visited similar projects in New York City.)

Governance Structure

CCOA is governed by a steering committee, made up of senior managers from both organizations, which meets once a month.

Staffing

Three full-time staff members (a licensed administrator, a skilled care coordinator, and a nursing director), all paid by Catholic Charities, manage CCOA's subacute care unit. Other staff members are provided by St. Agnes.

Budget

The subacute care unit is funded by patient revenues, including Medicare reimbursements.

Effect on the Community

CCOA's leaders hope to make St. Agnes and St. Elizabeth southwest Baltimore's provider of choice of healthcare services to the elderly.

practical advice

- Project leaders should make sure top management is committed to making the project successful; uncommitted egos can cause a lot of delay.
- Project leaders should insist that each organization in such a partnership appoint an individual to be responsible for it. Unclear lines of authority can be troublesome.

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HOSPICE OF PEACE

Denver

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Organizational Structure

Hospice of Peace is operated by Catholic Charities of the Archdiocese of Denver and Centura Health, an integrated delivery network sponsored by Catholic Health Initiatives, Denver. The hospice is a corporation; the two organizations are the corporate members.

Benefits and Goals of Affiliation

The organizations affiliated in 1993 for two reasons: (1) Centura Health (called Provenant Health Partners at the time of the affiliation) wanted to develop a Catholic, Medicare-certified home hospice for its continuum of services; and (2) Catholic Charities wanted to link with a healthcare provider in order to reach more patients.

The organizations' goals have been reached. By working with Catholic Charities, Centura was able to add the desired hospice. The collaboration also allowed Centura to save \$80,000, which it would have had to invest to create a new organization, and to avoid duplicating an existing service. Through referrals from the hospitals in Centura Health, Hospice of Peace has almost quadrupled its census, which has grown from 13 to 50.

Hospice of Peace is not part of a managed care effort, but it is well positioned to participate in the future.

Governance Structure

An active nine-member board—five from one corporate member and four from the other, alternating annually—governs Hospice of Peace. Board members are drawn from the community and healthcare institutions.

Staffing

When the organizations joined, Hospice of Peace's staff was not affected. The staff reports to the hospice's executive director, who reports to the hospice board. Catholic Charities continued to provide the hospice's infrastructure, including payroll and billing management and information systems. Catholic Charities and Centura Health provide human resources, marketing, and development expertise.

Budget

The hospice is funded through patient revenues; patients are either Medicare beneficiaries or private-pay.

Effect on the Community

The services of Hospice of Peace, including bereavement counseling and spiritual care, are now available to more people in the community. The hospice serves people in skilled nursing and assisted living facilities, as well as in their homes.

practical advice

- Management in both organizations must learn to share decision making and to consider the culture, needs, and concerns of their partner.
- Organizations should look for opportunities to collaborate with other organizations in the community in order to expand access to services and avoid unnecessarily creating a competing organization or service.



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DIOCESAN COMMUNITY HEALTH ALLIANCE

Albany, NY

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Alliance Coordinator
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Organizational Structure

The Diocesan Community Health Alliance (DCHA) links five Church ministries: 193 parishes, the diocesan school system, seven long-term care facilities, four Catholic hospitals, and 26 Catholic Charities agencies. The network fosters collaboration among its Catholic participants, as well as with non-Catholic healthcare providers.

Benefits of the Alliance

In 1994 Bp. Howard Hubbard convened DCHA to address the fragmentation among the five ministry sectors and provide a forum for them to pursue more formal collaboration with other Catholic entities. The emergence of managed care for low-income and vulnerable populations in New York State was another factor in the move toward closer integration.

Network Projects

Now in its second year of operation, the network's current projects include:

- Three active efforts (and a fourth to be introduced) between a hospital, Catholic Charities agencies, and schools to provide health education and wellness activities in particular schools and parishes
- Placement of clinical counselors from Catholic Charities agencies in the four hospitals and seven long-term care facilities
- A network for managed care contracting in behavioral health

Governance Structure

DCHA is guided by a steering committee chaired by Bp. Hubbard and comprising 13 members from the five ministry sectors. The committee meets four times a year and has an annual planning retreat. Projects are designed and

implemented with the guidance of a workgroup that reports to the steering committee.

Staffing and Budgeting

DCHA is funded by assessments on its provider members, ranging from \$150,000 to \$175,000. It is staffed by a full-time coordinator, who reports to the head of Catholic Charities in the diocese, and a full-time secretary.

Effect on the Community

DCHA has fostered projects that are more responsive to local community needs (e.g., some are neighborhood based; others are developed based on surveys of needs). Ministry leaders have also initiated projects to increase access and improve quality of care. It is too soon to know what specific results have been achieved in these areas.

Future Plans

The most exciting new development is the soon-to-be initiated Senior Choice program, an integrated delivery system of Catholic providers to serve seniors and others with chronic illnesses. Another proposal currently undergoing capital and program development is a housing program that places single mothers and senior citizens in close proximity so they can help each other.

practical advice

- Leaders within each ministry area need to be committed to allocating resources (including assigned staff) to reintegration and program redesign efforts.
- On the other hand, they should not try to do everything at once, but should choose a few projects to start on.

other collaborations

Catholic Charities USA and Catholic healthcare organizations are collaborating on a number of projects, which vary in their stages of development. Below are some of these projects, their contact persons, and phone numbers:

Buffalo, NY

Diocesan Healthcare Committee
Mary Jo Giambelluca, 716-856-4494

Houston

Project Capable
Nydia Cortez, 713-671-3704

Madison, WI

Catholic Charities
Brian Cain, 608-221-2000

Manchester, NH

New Hampshire Catholic Charities
Msgr. John P. Quinn, 603-669-3030

New Orleans

Daughters of Charity Health Center at Carrollton
David J. Ward, 504-482-0084

Oakland, CA

Community Senior Outreach Program
Greg Kepferle, 510-834-5656
Else Marie Kiefer, 510-534-8540

Oklahoma City

Catholic Charities
Tim O'Connor, 405-523-3000

Philadelphia

Catholic Care Options for the Elderly
Rev. Timothy Senior, 215-587-3908

Phoenix

Foundation for Senior Living
Guy Mikkelsen, 602-285-1800

Richmond, VA

Partnership for Families
Rev. Dave Bergner, 804-285-5900

St. Louis

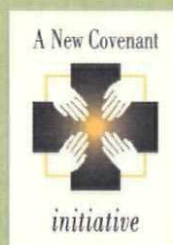
Archbishop's Commission on Community Health
Sr. Betty Brucker, SSM, 314-531-0511

Santa Clara County, CA

Catholic Community Initiative
Marilou Cristina, 408-944-0282

Youngstown, OH

Catholic Health Initiative
Kate McCulloh, 330-788-8726



This compendium of partnerships between Catholic Charities agencies and Catholic health organizations was prepared by the Catholic Health Association as part of an initiative called *New Covenant: A Health Ministry for the 21st Century*. The *New Covenant* process is designed to strengthen and promote the organized expression of the Catholic health ministry through strategies and actions at the national and regional levels. *New Covenant* is cosponsored by the National Coalition on Catholic Health Care Ministry, CHA, and Consolidated Catholic Health Care. Catholic Charities USA is a member of the National Coalition.