



CRITICAL RELATIONSHIPS IN INTEGRATED DELIVERY

Many Catholic healthcare organizations are forming relationships and reorganizing their operations in the most exciting endeavor the U.S. healthcare system has ever attempted—providing a “seamless” continuum of services to meet a wide variety of healthcare needs in a coordinated fashion. Often navigating untested waters, healthcare organizations are learning how to form or enter into networks of providers and agencies that will care for people at the most appropriate, and therefore the most cost-effective, level.

This vision of a rational system of integrated care is deceptively simple; making it a reality will be as complex a task as any ever attempted. Providers will have to implement the primary and preventive care services fundamental to the new system’s success; link various healthcare settings; and build relationships with the community, healthcare organizations, physicians, and insurers.

INTEGRATING FORCES

To help healthcare managers, the Catholic Health Association’s (CHA’s) *Handbook for Planning and Developing Integrated Delivery* (see **Box**) identifies four forces that can help hold integrated networks together:

- *Governance and policy integration.* Common governance and policies provide a coordinated structure to unite several entities.
- *Shared culture and values.* These ensure that network members cooperate and work toward common goals.
- *Care management systems.* Such systems coordinate a patient’s care through all levels of the continuum and across various sites, and they use clinical protocols to improve treatment outcomes and limit costs.
- *Supporting systems.* These include management systems that coordinate functions, such as

*Four
Integrating
Forces and
Four Key
Relationships
Crystallize
The Vision*

planning across the network, and build management skills needed for integrated delivery; quality management systems that enhance the network’s ability to attract clients; information systems that link all network units; and financial systems that integrate financial information, incentives, and policies.

BUILDING RELATIONSHIPS

Various groups will influence the success of efforts to build and strengthen these integrating forces. The CHA *Handbook for Planning and Developing Integrated Delivery* sets guidelines for establishing relationships with four critical constituents of the healthcare organization.

The Community Relationships of trust with the community reinforce the credibility of the organization and the network as caring, responsive, and dedicated to enhancing the community’s health. By working with community groups and agencies, healthcare organizations can assess community needs and form alliances to provide needed services. Educating the community about the cost of healthcare, addressing social problems that harm health, and planning and reporting activities that benefit the community are all part of relationship building.

Other Institutional Providers To provide a continuum of healthcare services, hospitals, long-term care facilities, home health agencies, outpatient centers, and other organizations will need to collaborate. The following activities are useful in forming productive partnerships:

- Set criteria for evaluating potential partners (e.g., mission and values compatibility, financial stability, leadership and management skills).
- Use self-assessment to understand the value your organization brings to relations with others. The assessment should gauge the organization’s readiness for entering new relationships and artic-



ulate the value that its Catholic ministry and heritage would bring to a network.

- Clarify with potential partners the role of all parties, as well as the criteria described above.
- Begin with limited joint activities to demonstrate mutual benefit and build trust.

Physicians Relationships with physicians should stress the goals the organization and network share with physicians and the structures for reducing administrative work and effectively managing patient care to improve quality. CHA's handbook suggests ways to assess physicians' needs, gain their trust, and include them in quality-improvement activities.

Insurers Because payers such as government or the network's own insurance arm (if the network decides to operate insurance functions directly through its own health maintenance organization) will be the primary means for obtaining patients, relationships must be built with care. A healthcare organization should communicate its value to payers. Two essentials are (1) an information base that demonstrates the organization's cost-effectiveness and (2) analytic capabilities that allow the organization to assess the risk in contracts under consideration.

BRINGING IT ALL TOGETHER

Several success factors have emerged from organizations that are moving effectively into integrated delivery. First and foremost, these organizations have maintained a strong commitment to fundamental values and mission as they have developed integrated relationships. To stay focused in a time of change, they have asked themselves basic questions: What does our mission call us to do? Whom should we serve? What is our vision of our community as a healthier place than it is today?

Successful organizations have cultivated leaders who can articulate the basic values to others.

What services in the continuum should we offer? What role should we assume in changing the healthcare delivery system? What characteristics should our partners have?

Successful organizations have also cultivated leaders who can articulate the basic values to others in the organization and network and who can build relationships by working collaboratively.

Because of the magnitude of change that integrated delivery calls for, organizations must be willing to move quickly into the new activities suggested here. But, like a child learning to ride a bicycle, they will take some spills before they can navigate the rough spots without falling. Successful organizations learn from their mistakes and get right back on the bike.

VOICES OF EXPERIENCE

Catholic healthcare providers across the country are forging new relationships with others in their region to improve the delivery of care. To explore how these relationships develop, *Health Progress* interviewed nine leaders involved in collaborative ventures.

The following pages contain their insights on the benefits, pitfalls, and strategies for strengthening ties with four critical groups: the community, other providers, physicians, and payers.

Many, if not most, of our readers are involved in integrated delivery in one form or another—or are contemplating such arrangements. (For a partial listing, see pp. 54-55.) We encourage you to share your experiences. Please write or call Judy Cassidy at 4455 Woodson Road, St. Louis, MO 63134, 314-253-3449. In upcoming issues, we plan to publish more suggestions and insights from leaders in the movement toward integrated delivery.

—Judy Cassidy

HANDBOOK FOR PLANNING AND DEVELOPING INTEGRATED DELIVERY

The information in the accompanying article is explained more fully in the Catholic Health Association's (CHA's) *Handbook for Planning and Developing Integrated Delivery*. The handbook is a guide for dealing with complex changes facing healthcare providers, which have traditionally functioned in isolation. CHA developed the handbook by consulting with members and other experts to identify the operational challenges and success factors they have experienced.

The result is a resource for under-

standing and participating in integrated delivery. The handbook begins with an explanation of integrated delivery and its place in fulfilling the Catholic healthcare mission. Subsequent sections discuss:

- Success factors and challenges for developing integrated delivery
- Formulating the vision of integrated delivery with the organization's key constituents
- Assessing community needs, market characteristics, and organizational readiness

- Building essential relationships with the community, other organizations, physicians, and payers

- Strengthening the integrating forces that hold delivery networks together

- Various structural models of integrated delivery

Case studies supplement the discussions.

The handbook is available from CHA. To purchase a copy, call 314-253-3458, or Fax 314-427-0029.