

EDITOR'S NOTE

There's a good chance that Linus the three-legged dog will be joining our family soon. My daughter Annie is a veterinary technician and shameless about introducing the hardest-luck cases to the softest-touch hearts. Linus has enormous paws, a bristly coat and an uncertain pedigree. Mutts run in the family: Mixed heritage, more resourceful than savvy, and low tolerance for high-strung antics are characteristics of the humans as well as canines in our crew.



MARY ANN
STEINER

That may be why the three elders in the family — who rank in age from 86 to 96 — are all living on their own and determined to stay outside the walls of hospitals and long-term care facilities. Each was blessed with a hearty constitution and practiced healthy habits over decades. But they also have intentionally assembled networks of support from neighbors, grandchildren, veterans' services, handymen, doctors who make house calls, teleclinicians and home health providers. Those sturdy, flexible networks are resolute in keeping them outside the walls.

The individual desire for self-sufficiency, evolving notions of community and an expectation that better health care can be had for lower costs and improved outcomes make up the rare common ground shared by millennials and members of the greatest generation. It is also the fertile ground in which the entire health care industry is finding its impetus for the Triple Aim of population health.

Much of the discussion about moving outside big hospital boxes has focused on innovative partnerships or the more cost-effective and convenient walls of surgical centers, campus clinics and virtual care hubs. But looking even further outside the walls, there are customized apps, health-monitoring chips and 3-D printers to make body parts. Long waits for donor organs could become obsolete, and the annual physical could become a completely virtual event. We aren't there yet, but someday health care undertaken *inside* the walls may be the anomaly rather than the norm.

Thanks to articles by Elizabeth Ann Scarborough and Alan Pitt, MD, we have a window into how those innovations might be developed — by caring friends with advanced technological skills or enlightened entrepreneurs investing in enhanced health care.

Other articles in this issue — David Lewellen's on a CHI investment in community health workers and Coletta Barrett's on FMOL's commitment to collective impact in collaboration — give examples of how Catholic health care systems are extending themselves to first learn from and then partner with churches, community centers, schools and local governments.

It's a lot to think about. Like Linus, who is just now learning to function on three legs, it takes the right balance of humility about what you can no longer do on your own and courage to learn how to do things differently. If ever there was a legacy defined by ridiculously brave acts and humble hearts, Catholic health care can recite chapter and verse.

Before the gifted Catholic writer Brian Doyle died in 2017, he left us a wonderful gift. Brian wrote novels, essays, prose pieces and poetry, and he was editor of the award-winning Portland magazine. He had written for us once before, but out of the blue one day, he sent us a story about himself as a young paperboy and his encounter with an old nurse on his delivery route. He said we could run it when we thought it was the right time. This felt like the right time. Brian's writing was always a gift, but this one is meant especially for the nurses among us. You'll find his story, "Her Dark Thicket," on page 38.

And one other gift to note. For almost 10 years Lilah Lohr has been the managing editor of *Health Progress*. This is her last issue with us, as she is retiring to new adventures. Lilah honed her journalistic skills at publications across the country, but I like to think her editorial gifts flourished best here. I know of no one whose respect for writers and respect for readers are always in perfect balance. Many of our writers have appreciated her deft editing, and all our readers have benefited from it. We will miss her around here, no one more than I.

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