Managed Care: Our Ministry Obligation to Shape Change

BY ANN NEALE, PhD

The managed care marketplace is turbulent and unforgiving. Those who do not manage well may not survive. All healthcare professionals—and surely those of us in Catholic healthcare—have a responsibility to do more than "master" managed care—more than negotiate the managed care shoals in our local marketplaces, to keep ourselves "contenders in the fray." This article discusses two obligations that fall into the categories of community conversation and professional leadership.

MANAGED CARE: AN AMBIGUOUS TERM

At this time, "managed care" is a catch-all term describing just about anything that is not pure fee-for-service. The term has come to connote the notion of cost containment (a worthy goal) and even the withholding of services (often not so worthy). Ideally, however, it would go beyond this narrow construct to encompass the management of a seamless continuum of appropriate, high-quality care across a coordinated network of providers.

Public anxiety is high because people are well aware of the perils of managed care, either from the press or their own experience. Unfortunately, they are not as aware of the promise of managed care—a promise of a service that is truly patient and community centered.

COMMUNITY CONVERSATION

Catholic healthcare leaders have long said they want and need an informed healthcare consumer. During the heady days when we thought we might achieve universal coverage through federal health reform legislation, some healthcare organizations reached out to inform and involve their communities in the campaign for systemic reform. Those efforts appear to have diminished as these same organizations now struggle to win managed care contracts and establish partnerships with physicians and other providers.

I suggest, however, that now, more than ever, we need to understand our communities and we need for our communities to understand the healthcare

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marketplace; the variety of managed care arrangements; and a vision of a more rational, coordinated, inclusive healthcare system. Furthermore, this process of communication and mutual learning should be understood as an aspect of our "core business."

THE LEADER'S ROLE

Marketplace realities can tend to obscure professional responsibilities. We need to be reminded about the profound ethos that should characterize us as healthcare professionals. Physicians (and, by extension, all of us in healthcare) are bound by a fiduciary ethic that requires us to act at all times for the benefit and interests of our communities and those who receive our services. Healthcare management has far more at stake than the stewardship of capital assets. We are stewards of the moral assets of healthcare and of our sponsors—indeed, of the mission of the Church.

We are therefore obliged to *shape* managed care, not just "master" it. We need to promote managed care *systems* that do not "skim the cream," that is, only care for the healthiest people or provide only the most lucrative services. These systems must:

- Provide adequate resources to clinicians who are able to exercise appropriate clinical judgment
- Have an adequate infrastructure and processes to support good decision making
- Be remarkable for how they care for chronically ill persons, as well as for their promotion of health and prevention of disease
- Respond to the needs of special populations, such as the elderly's need for transportation and social and emotional support
- Advocate for public policy that ensures genuine managed care nationally

Above all, we need to remember that operational and financial objectives and activities, as critical as they are to our success, *serve* the ministry; they ought not *drive* it. We are driven by our mission to create coordinated continuums of high-quality, value-oriented providers, so that we may promote healthier communities, care for the sick, and increase access to health services. □