Is There a Match.com for Health Care Partnerships?

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If you think about the development of health care in the United States, it looks somewhat circular. Before there were hospitals, there were people's homes, with beds and kitchens, where family members who were sick or injured recovered, or didn't. As time went on, hospital buildings — small houses at first, and larger structures with rooms, corridors and operating rooms later — became a more efficient way to take care of the sick, even if "taking care" still largely meant supportive nursing while nature took its course.

Eventually medical treatment started to become less simply custodial and more interventional. Effective antibiotics and surgical procedures, laboratories and radiography, building codes and the Joint Commission — these became the hallmarks of institutionalized hospital care. Health care now is coming full circle. Although hospitals still play an important role, the development of preventive treatment, hospice and technology for outpatient care means that much medical care is coming "home." The patient's home, that is. Health care, in addition to "sick care" that we have been accustomed to delivering in hospitals, is moving into the community, not remaining behind the walls of hospitals or clinics.

Catholic health care has followed this pattern, from nursing patients at home to the construction and operation of efficient hospitals in big buildings, and now back to their homes. At the same time, many of the quick killers such as infectious diseases have been tamed; what remains are the more challenging, more slowly progressive illnesses such as Alzheimer's, Parkinson's, chronic obstructive pulmonary disease, heart failure and cancers. More and more, we find ourselves caring for patients who have increasingly complex illnesses, and we use more sophisticated technology, in the context of massive regulation and complicated reimbursement requirements.

As we take more global financial risk for patients as well as for the health of populations through relationships with the government and employers, we find that it is harder and harder to go it alone. Even if we could, we are realizing that hospital care, at which Catholic health systems are among the best in the nation, is only one part of a comprehensive continuum of care.

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We used to define "continuum of care" as the patient's progression through a series of beds: the acute care bed, the acute rehab bed, the skilled or long-term care bed and eventually the deathbed — home care or hospice. Our planning and many of our partnerships have been shaped by this thinking. But the health of the people who ulti-

mately become our patients is affected by a great variety of nonmedical things — their nutrition, their transportation and ability to get to appointments, their social lives and their physical environment. That realization opens new partnership possibilities.

Sometimes there is collaboration potential with a provider whose services are "old-continuum" but a Dignity Health hospital doesn't already offer them — acute rehab or hospice care, for example. With the constant development of new technology, possible partnerships may arise with organizations that mine and manipulate data but do not have health care experience, or with potential collaborators who are better positioned to meet the special needs of a particular subset of patients than a broad spectrum provider.

NEW MISSION CONVERSATIONS

Against this business background, modern Catholic health systems look for partners to extend the ministry of healing in new ways. This activity

MISSION ALIGNMENT IN NEW PARTNERSHIPS

When considering a possible new partnership, here are some topics about mission to consider addressing before sending a business plan to the executive leadership team or the board of directors for approval. The nature of the partnership, collaboration or joint venture will help clarify which questions would be the most relevant and useful.

1. What is the mission of the potential partner?

2. Why was the partner organization founded? Has its mission changed?

3. What are the partner's core values? What are some examples of how those core values guide practice or make a difference in the community?

4. How will this partnership advance or complement our mission?

5. How will this partnership advance or complement the partner's mission?

6. How will the partnership's employees be "formed" in the mission and values of the new organization?

7. How do the potential partner's employees have a voice in the conditions of their work (not limited to an employee engagement assessment)?

8. What are the partner's current and planned community benefit and charity care practices?

9. How do the partner's employees, patients or clients register ethical concerns? How are such concerns addressed?

10. How does the partner recognize the spiritual reality of patients or clients and employees?

11. How well are the partner's management, employees and public relations aligned with the core principles of Catholic social teaching, whether or not the partner's history or tradition is Catholic or Christian? How does it:

- Show respect for the dignity of persons
- Promote the common good
- Give preference for poor or vulnerable persons
- Support subsidiarity
- Encourage participation and association
- Foster solidarity
- Promote responsible stewardship of money, time, persons, reputation, Earth

12. Does the partner's management reflect the diversity of the communities it serves? Is there room for and openness to growth in this?

13. How does the partner's management recognize and reward the work of employees?

14. How does the partner see its role as a corporate citizen?

isn't simply about business expansion; it's about unleashing the kind of healing that is a sign the kingdom of God is becoming a reality. It is fundamentally about our mission.

The values of Catholic health care are consistent across systems because they are rooted in Catholic social teaching and the imitation of Jesus in the Gospel. Dignity and reverence, compassion, integrity, teamwork and collaboration, justice, stewardship and excellence are reflected in the stated core values of many Catholic hospitals. Even when hospital cultures vary, these espoused values are constant in Catholic health care.

However, not all potential partners share a Catholic system's view of the world, its view of health care, its core values or its mission. So what do we do when we want partners with enough in common with us? Do we rely on bylaws and legal prohibitions on abortion, physician-assisted suicide, in vitro fertilization or sterilization, to be sure that our partners are not engaging in behaviors contrary to The *Ethical and Religious Directives for Catholic Health Care Services*? Or is there something more — and deeper?

BEYOND MATERIAL COOPERATION

San Francisco-based Dignity Health has taken a closer look at this issue. Certainly, early conversations will eliminate possible partners whose mission is so inconsistent with ours that we (and they) need to keep looking. But when a partnership holds potential, Catholic health care needs to expand and deepen the dialogue.

For example, before a joint venture is inked, Dignity Health has a member of the mission integration department and the vice president of strategic innovation engage in a structured conversation with leadership of the potential partnering organization about respective missions and core values. It's a chance for the prospective partners to talk about the genesis and development of their own mission and core values, and to share examples of how their values shape their business practices and relationships with their employees.

The discussion focuses on how each organization might contribute to the other's mission, and how core values actually affect practical decisions. Topics of conversation include diversity, employee voice, recognition and reward, and understanding of and appreciation for the core principles of Catholic social teaching. Also — and sometimes unexpectedly — talk turns to spirituality in the workplace and the idea of corporate citizenship.

SPIRITUALITY AT WORK

Few of Dignity Health's potential new partners are grounded in a tradition as old as the Catholic one, or in any faith tradition at all. We tread carefully when we talk about spirituality, because it can be so easy to identify spirituality with religion. First, we set the context of our own organization, that is, one founded by Catholic women religious, for whom both action and contemplation are important. We say that for us, spirituality is something everyone has, whether they are religious or not. Then we talk about our "recipe" for spirituality at work: meaningful work, life-giving relationships and reflective pause.

After the core-value conversation, it's easy to discuss meaningful work. Our would-be collaborators very often tell us this is why their company exists — to do good in the world, in light of their gifts and the gaping need they see. Likewise, it is somewhat intuitive that a good connection to coworkers and clients is a key feature of an organization's spirit, so the "ingredient" of life-giving relationships is easy to grasp and discuss.

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For most of our possible partners, what's new in the recipe is the idea of reflective pause, the chance to sit still and see those connections in the context of the organization's good work. After thinking about it a moment, one conversation partner said their organization starts every Monday team meeting with 10 minutes of silence to pull together the thoughts and experiences of

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the last week. Now that is a reflective pause. Others tell us they haven't thought about reflectively pausing in the past but see the value of it for the future.

CORPORATE CITIZENSHIP

Many of the joint venture opportunities Dignity Health seeks will help round out our ability to care for people who are poor, frail or both. Some of them complement our mission by attempting to prevent the need for hospitalization. Others are helping us work smarter as we provide hospital services. When we discuss corporate citizenship with potential new partners, it starts with our own experience in health care. We use a lot of water in hospitals. We use a lot of electricity. We throw things away, we pollute, we waste. We also have a deep and long-standing commitment to improving the way we steward the Earth by trying to be better at all those things, and we can point to ways we have institutionalized our advances.

Bigger and older institutions are invited to join us in the commitment to sustainability, and some have a different take on corporate citizenship, from which we can learn. Younger and newer start-ups may approach the conversation differently. One potential collaborator described his company's efforts at reducing the amount of over-testing patients, which he sees as a way to preserve scarce resources (in addition to sparing patients), and, therefore, is an example of responsible corporate citizenship. It was an insight we didn't have.

MORE THAN A SCREEN

In former times, our assessment of new partners might have focused more on what, as a Catholic organization, we did not want or could not tolerate in a partner's activities. This newer method of mission assessment functions as much more than a screen to keep us "clean" in some way. It may be a first step in introducing our language of mission into a new collaborator's vocabulary. It is a chance to take advantage of a possible collaborator's enthusiasm for meaning in their work and to make their mission case to us, in addition to their business model. It may even demonstrate that our values make us a particularly attractive partner, with whom these conversations are familiar and invited. Finally, it plants some positive flags at places we might want to explore further if we do partner.

CONCLUSION

As the U.S. bishops noted in The *Ethical and Religious Directives for Catholic Health Care Services*, Part Six, entitled "Collaborative Arrangements with Other Health Care Organizations and Providers":

> "Collaborative arrangements can be unique and vitally important opportunities for Catholic health care to further its mission of caring for the suffering and sick, in faithful imitation of Christ. ... (T)hey can be opportunities to realign the local delivery system to provide a continuum of health care to the community, to provide a model of a responsible stewardship of limited health care resources, to provide poor and vulnerable persons with more equitable access to basic care, and to provide access to medical technologies and expertise that greatly enhance the quality of care."

The key to successful partnering in collaborative arrangements always has been, first, to pick the right partner. Catholic health care has developed prudent methodologies for assessing a potential collaborator's financial viability, opportunities for growth, reputation and brand strength and business practices. Along with the results of this due diligence, results of assessments in mission must complete the picture for board members and others who authorize committing resources to invest in new partnerships. Expanding the ministry doesn't just, or always, mean taking care of more people. It also means evangelizing, in the softest possible way, new partners in ministry.

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