



Love and Logic

Catholic Health Care and Catholic Charities Bring Expertise and Robust Partnership Possibilities

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It is rare in our world today to see a scenario where doing what is best for the poor and vulnerable also achieves what is best for the balance sheet. The transformational work of serving those most in need commonly represents financial risk and liability for organizations like Catholic Charities, Catholic health care and the tax-paying citizenry. The opportunity to do what is best for those who are most fragile while increasing the bottom line and return on investment for everyone is exactly what is possible and what is beginning to happen. When it comes to the intentional, aggressive collaboration of Catholic health and Catholic Charities, it is the unconditional love of all people coupled with the undeniable logic of achieving the Triple Aim — providing better care for lower cost to more people — that is undergirding some very important innovation.

We know poor people tend to be sicker and to spend more health care dollars than people who do not have to struggle with poverty. We also know that the social determinants of health have an impact on how often and in what ways people become sick and how many health care resources they consume. For example, a child who is living in a car and not getting adequate nutrition, enough sleep, regular baths or clean clothes is likely to fall ill more often than a child growing up in a stable home with basic needs being met.

Similarly, a shut-in senior citizen living on \$447 per month from Social Security and deciding between paying the rent or buying prescription medications is less likely to manage his or her diabetes or wound care or blood pressure. All too often, the senior becomes sicker and more likely to require care in a subsidized nursing-home bed.

Catholic Charities agencies across the United States have a long history of helping the poorest of the poor to battle through and battle out of pov-

erty. There is no larger provider of social services in the U.S. than the 165 agencies that make up the Catholic Charities ministry.

Catholic health care has an equally long and impressive history of being pioneers and innovators in medicine, health system development and care for those most vulnerable. There is no larger provider of not-for-profit health services in the U.S. than the Catholic health system.

COLLABORATING IN MISSION

As these two expert groups are the largest providers in their respective realms, in essence they are serving many of the same people over and over again. We know that sick people and poor people have a lot in common, and we know that the poorest members of our community use the vast majority of U.S. health care dollars. Wouldn't it make sense that Catholic health and Catholic Charities work together?

In some places around the country, this already



is happening. In a number of other places, collaboration is growing as both sides of this expert equation see the financial and logistical potential in partnering, and the opportunity to enhance the inherent dignity of those who struggle on the margins of poverty.

We have an opportunity as national leaders to team up in this sacred mission. Catholic health and Catholic Charities watch the same patients — disproportionately poor people and disproportionately people of color — come through our doors. We never turn them away. We serve them. But we can do better for our “superutilizers”: We can cut costs for unnecessary emergency department visits. We can limit admissions to our inpatient behavioral health units by providing greater access to preventive care and ambulatory services. We can enhance their human respect and dignity.

ADVANCING HUMAN DIGNITY

When a Catholic Charities homeless shelter or homeless housing program can move a chronically homeless superutilizer into permanent supportive housing, the picture for him or her becomes entirely different. In a real example, a formerly homeless individual — one who went to the emergency department 62 times in one year — gained stable housing and went to the ED only twice during the following year.

Both Catholic Charities and the local Catholic health provider can claim victory for improving the individual’s health and circumstances, but most importantly, their work was a victory for the dignity of that previously homeless human being.

Similarly, when a family is challenged across the spectrum of the social determinants of health, a family member who gets cancer is likely to have a greater chance of disease progression despite his or her medical provider’s best efforts. But if Catholic Charities can stabilize that family’s circumstances with the services it offers, the patient has a greater chance for survival. Ultimately, the health care system’s costs for the patient’s care will be less and the entire family will gain a victory in terms of human dignity.

There are countless ways Catholic Charities and Catholic health care can work together. If the two entities collaborate, it is likely that both will benefit financially, and mission-based treatment outcomes will be heightened.

Catholic Charities Eastern Washington and Providence St. Joseph Health System have collaborated for decades. Their ministries have served Spokane and the greater Eastern Washington region for well over 100 years, and they realized long ago that it would be to their mutual benefit and, most importantly, to the benefit of the poor and vulnerable people in their communities if they collaborated in an intentional way.

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In Spokane, 1 in 4 people lives in poverty. Providence St. Joseph Health realized that the poorest and most vulnerable members of the community tended to be the system’s largest group of health utilizers.

Catholic Charities realized that the 75,000 impoverished persons they served each year in Eastern Washington were among the most frequent users of Providence St. Joseph Health’s emergency department. If the agency could find a way to expand wraparound services for those they served, it would be possible to direct some small amount of any associated health cost savings toward enhancing the pertinent Catholic Charities services. The result would create a positive return on investment for Providence St. Joseph Health and enhance the mission of both organizations.

Twenty years ago, Catholic Charities Eastern Washington needed to rebuild and expand its homeless shelters. Providence St. Joseph Health was first to step up to provide land for the shelters and make the largest initial donation to begin construction. The health system reasoned if Catholic Charities Eastern Washington could house and stabilize homeless people in the Spokane area and provide support services to the residents, that would decrease this population’s ED utilization.

The shelters were completed in 2000. There was no Affordable Care Act at that time, and the vast majority of very poor people in Spokane did not have access to primary care. Most of them never visited a health provider unless it was a crisis situation. Instead, when they needed care they went straight to the Providence St. Joseph ED, and



the health system commonly wrote off the cost as charity care.

In 2006 when Catholic Charities Spokane needed a new headquarters building, Providence St. Joseph Health bought the 20,000-square-foot building next door to its Sacred Heart Hospital and leased it to Catholic Charities for \$1 per year for 60 years. This collaboration is much more than bricks and mortar and donations — the health system realized that the closer proximity of Catholic Charities would help to reduce health care costs and provide sources of help for people in need. It is all about heart and soul and love and logic.

SUCCESSFUL COLLABORATIONS

Catholic Charities boasts the oldest free medical clinic in the state of Washington, a facility founded more than 60 years ago and situated inside Catholic Charities’ House of Charity homeless shelter. Providence St. Joseph Health recently rebuilt the clinic in a state-of-the-art space 10 times the original size.

House of Charity also offers a respite program with specially staffed beds for homeless patients to receive care after discharge from Providence St. Joseph Health. The respite program means a homeless patient has a place to go for post-hospital care, so he or she can leave the hospital faster rather than be kept in the hospital because he or she has no home to go to.

By releasing homeless patients to the House of Charity respite program, Providence St. Joseph Health fulfills its mission to reveal God’s love to the poor and vulnerable. Catholic Charities charges Providence St. Joseph Health a few dollars per night for the respite beds, generating an amount sufficient for the organization to operate the shelter, and the respite program saves Providence St. Joseph Health approximately \$15 million per year in hospital costs for homeless patients with nowhere to go upon release.

In other successful collaborations:

- Providence St. Joseph and Catholic Charities Eastern Washington work together on a “hotspotter” program that identifies homeless superutilizers and “swarms” them with staff and services until that person is housed and stabilized.

- Providence works with Catholic Charities on maternity support services, helping 4,000 pregnant and newly parenting women each year.

- Catholic Charities works with Providence to place medically fragile infants and their families

at the local Catholic Charities women and children’s shelter.

- Providence St. Joseph Health and Catholic Charities created a cadre of staff with iPads who traveled all over Eastern Washington to sign up more than 40,000 low-income persons for the ACA when it first rolled out.

- Emergency assistance referrals come from Providence St. Joseph patient families to Catholic Charities.

- Providence St. Joseph Health and Catholic Charities work together on the Catholic Charities “Food For All” project that brings fresh fruits and vegetables to low-income people all over the area.

- Catholic Charities and Providence St. Joseph Health work together to provide mental health and substance use disorder services on-site in many of Catholic Charities Eastern Washington’s more than 1,200 units of housing for homeless families, disabled persons and farmworkers.

CONCLUSION

All of these collaborative initiatives have a common theme of love and logic at its finest: What is good for Catholic health is also good for Catholic Charities and for saving taxpayer and health care dollars. And it is especially good for the quality of life and dignity of those people who are poor and vulnerable.

Across the U.S., Catholic Charities agencies and Catholic health systems extend compassion to those who are the most neglected or struggling to get by. Logic enters the equation when both groups realize that the work they do can directly benefit each other in so many ways. Catholic Charities can help the “payer mix” challenge that all health care systems face. Catholic health care can help Catholic Charities programs operate innovatively, thanks to community benefit funding.

For people who are poor and vulnerable, attending to the social determinants of health is foundational to their overall health. There are no better resources to address those social determinants of health than these two faith-driven organizations working in tandem.

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