EDITOR'S NOTE

Although I read newspapers front to back, I usually prefer a back-to-front approach to magazines. The reader survey we conducted last year indicated many of you have the same tendency — first scanning the Executive Summaries at the back to decide which articles grab your interest. For some of you, then, Julie Trocchio's introduction to this issue will be among the last pages you read. That would be a mistake, because what Julie has to say about the combination of hope and humility that forms the basis for credible, successful community partnerships is exactly the context for this issue's articles.

MARY ANN STEINER

Strung between the poles of necessity and opportunity, many of these partnerships have come about because old models can't function anymore (see the Manson-Guarisco article about an emergency health partnering that evolved into a permanent solution in Louisiana), or because new models intended to change the determinants of health only work when they draw upon multiple, and sometimes unlikely, partners (see the Neary article about "coopetition" among health care providers in Montana).

With the Affordable Care Act pressing them for accountability and defined outcomes, hospitals and health systems have readjusted financial targets and are encouraging innovative models of care. Clinicians stretched beyond maximum caseloads, administrators mired in recordkeeping, and patients who are savvier about care as well as fees and coverage have led to a toppling of traditional silos and long-standing fences.

From the business side, partnerships have to work, but they have to work as relationships, too. A partnership may be born of necessity, but it will thrive only through communication and compromise. Competitors have to become collaborators, big hospital systems need to learn from small local agencies, a community's health extends beyond the mechanisms of population management.

Among the vocabulary of relationships that occur in discussions of Catholic health care — partnership, association, congregation, community, organization, institution — it seems particularly apt that the visionary nuns and church leaders who met 100 years ago in Minneapolis, on the porch of a cabin overlooking the Mississippi River, chose to form an association of Catholic health care entities. Associations are characterized by the voluntary and intentional nature of their membership. That is what guided the early impetus to advance the professionalism of Catholic health care and to uphold its healing ministry.

The Catholic Health Association has consistently offered a platform for discussion, dissent, advocacy, education, best practices, new models of sponsorship and avenues for lay leadership. One of the ways CHA is celebrating its centennial is to combine sets of articles written by Christopher Kauffman and Pamela Schaeffer into a single volume about the events and individuals that have defined 100 years of Catholic health care in the United States.

Just as some of us read magazines from back to front to see where we want a publication to take us, many in the ministry find that regularly looking back to the touchstones of our foundational values and looking forward to explore entrepreneurial and technological opportunities give the perspective necessary to evolve. Recognizing change and reacting — partnering, sometimes floundering, and operating with hope in the spaces between contract and covenant for the benefit of those we serve — are what keeps our ministry vibrant.

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