

PERSPECTIVE

Editor's Note: "Perspective" is an occasional column that features updates, points of view and brief discussions of issues by guest authors and CHA staff.

OUR CALL: FIND WAYS TO INCREASE ACCESS

I recently was asked about the future of the Catholic health care ministry. I would have to say that looking through a crystal ball does not give clarity to a vision. What is certain is that Jesus gives us a model of the healing ministry and its purpose, which is most important even in the midst of such a transformative environment.



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If we look at Scripture from the focus of Jesus' healing ministry, we see that he was concerned about people's needs wherever he found them. Healing and bringing people to wholeness — as in the leper, Peter's mother-in-law, Lazarus, the woman who brushed against him in the crowd, a father asking Jesus to heal his daughter at home — all represent instances of how Jesus brought health to others. Through a diversity of needs and situations, his focus is always directly on the person served.

Catholic health care is an organic phenomenon that does not exist in isolation; it is responsive to the environment of the ministry. I would venture that most religious congregations have a history of ministry that has changed dramatically over time to meet needs in society.

Health care delivery also has seen tremendous changes as technological advancement, economic challenges, dramatic public policy shifts and moral initiatives have transformed the environment. In the days of the 1946 Hill-Burton Act, for example, hospitals received federal dollars to add more beds and modernize facilities in order to ensure that more people — especially in underserved areas — would have access to care.

Today, the Affordable Care Act has brought millions more people access to health insurance while, at the same time, it is dramatically changing the models for delivery of care. Increasing Medicaid coverage has decreased charity care for most hospitals, thanks to the good news that more of the impoverished have gained coverage. On the

other hand, in certain markets, as patient volume increases, Medicaid's rate of reimbursement presents an economic challenge.

Setting aside the political environment, the question for Catholic health care remains: "How do we heal this person in front of us — physically, socially, emotionally and spiritually?"

Clearly the future of health care in our country is highly dependent on providers being willing to adjust and create new models such as integrated delivery networks that form around an array of services available in a continuum for a given population.

The concept of integrated delivery networks is not new. In order to provide the spectrum of services people need requires investment in capital, partnering with others, including providers and health plans, and a continuous need to reduce and manage expenses. This has created numerous examples of consolidation and mega-systems of care. The result — a profound change in the provision of health care.

Such complex restructuring has included Catholic health care. The Sept. 15, 2015, edition of *Catholic Health World* cites numerous examples of Catholic systems "re-branding" their organizations to reflect their patient-centered approach to coordinating care in integrated networks. The models:

- Focus on wellness and maintaining health as the major motivators, with incentives for both patient and provider.
- Integrate all providers to create a seamless delivery model.
- Focus the integration of care from the hospital to the health system.
- Partner with payers to generate both quality and economic incentives.

■ Manage health care costs in the nation by reducing costly alternatives such as readmissions, emergency department visits and episodic management, while encouraging personal care and responsibilities and use of physician extenders, among the strategies.

■ Use information technology to be transparent — that is, to have information available for personal care and high quality diagnosis and treatment wherever the patient is seen.

Health care's economic realities have necessitated some Catholic systems to consider acquisitions, divestitures or partnerships. Divestitures and partnerships do not necessarily mean the loss of Catholic identity, but collaborating with an organization that has shared values and mission makes maintaining Catholic identity easier. On the other hand, market dynamics and economic considerations may result in challenges for an organization to partner with a Catholic system. Given that reality, there are models emerging that have paid special attention to the retention of the mission and values of Catholic health care. Still, core values of all involved may be closer than one may initially perceive and that can serve as a foundation for reconfigurations.

When there is both openness and desire to retain Catholic identity by the partner, acquirer and seller, when the situation does not have a successor Catholic sponsor, it may be possible to obtain church approval to continue the ministry in the community. Front-end discussions about the elements of Catholic identity are necessary, as are ethical and canonical consultation. The *Ethical and Religious Directives for Catholic Health Care Services* are nonnegotiable, but they are just one element of many to be addressed in the conditions of the sale.

For example, there can be a situation where there is strong desire on the part of all, including the local church, to preserve Catholic identity when there is not an option of a successor Catholic system. In such a situation, accountability needs to be defined, with input from the diocesan bishop and the previous Catholic sponsor. Inclusion of obligations in the definitive agreements is essential: A Mission and Ministry Agreement may be executed between the new owners and the

previous sponsor in providing mission services. A Mission and Ministry Committee associated with the diocesan bishop may assist a vice president of mission and the organization in being accountable for the elements of Catholic identity.

As systems grow and get more complex, their brand identity should always focus on the core values of Catholic health care with prominent attention on service to God's people. I believe that the new delivery models require both creativity and objective decisions about what is best for the persons and community being served.

Defining "health" in the broadest sense in a holistic manner is at the heart of Catholic health care. Community outreach ministries stemming from the new definitions are components of the new vision. Public perceptions tend to focus on the ethical issues that may set apart Catholic health care. Yet, data show that outstanding innovation and high quality and service to the community are high marks of what we contribute.

In this new day, creative models can develop from Catholic health care in collaboration with others that show the way to the best of person-centered care, wellness, innovative technology and end of life. We are not finished being the voice for access to health care for all. Our call is to find ways to create access in order to preserve health and strive for wellness.

As Jesus did when he became human and walked on this earth, we embrace this healing ministry to meet all persons, in whatever place they are, to serve with enthusiasm and compassionate care.

Pope Francis spoke about consecrated life as a call to "wake up the world." Radical evangelical living is not only for religious, but also for those of us in Catholic health care. Even with all the transformation, we need to witness to how Jesus lived on earth, healing and proclaiming love, joy and peace. Let us, as Catholic health care, "wake up the world."

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