A Credible, Effective Force for Catholic Healthcare

BY JOHN E. CURLEY, JR.

We are in the midst of the "year of healthcare reform." It probably started in 1991 with the election of Sen. Harris Wofford of Pennsylvania. It may end next year with the congressional elections. It is becoming a very long year.

It is potentially also becoming a very good year, for the promise is that our nation will finally put its healthcare house in order. If this happens as we hope, you can be satisfied that the Catholic Health Association (CHA) has represented you well. You can be proud that board leadership and initiative, task force determination and ingenuity, and staff judgment and competency have combined to exert extraordinary influence on this public policy debate.

Mr. Curley is president and chief executive officer, Catholic Health Association, St. Louis. This column is adapted from an address at the 78th Annual Catholic Health Assembly in New Orleans.

CHA's Influence

Recently, I was asked to what I attributed this extraordinary CHA influence. My two-part answer should not surprise you. First, we began to involve our members in this effort nearly 10 years ago. CHA's 1984 Stewardship Task Force recommendations resulted, in 1986, in the adoption of the report of the Task Force on Health Care of the Poor. *No Room in the Marketplace* committed CHA to the systematic engagement of issues affecting the healthcare of the poor.

Second, CHA earns special credibility in the public policy arena because politics and lobbying are not our primary activities. Even though we do it very well, CHA is not primarily a government relations organization. Our vision statement expresses it best: "CHA is the voluntary, national expression of its members' collective determination to be a sign of God's healing presence."

In short, CHA does many things well. In addition to CHA's efforts to reform the healthcare of our nation, it is important for you to appreciate the five other major directions of the association.

Developing Leaders

The first of these directions is leadership development. Five, 10, or 20 years from now, to whom will the leadership of the ministry be entrusted? How are we now preparing people for future leadership?

These are the kinds of questions framing the agenda of CHA's Center for Leadership Excellence. Collaborating with members and other organizations, CHA is designing and implementing leadership development strategies, resources, and programs that will ultimately include an Institute for Advanced Leadership Development. Even now, CHA is joined with DePaul University and the McBer Company in a scientific study to identify the value-laden competencies that mark the performance of outstanding leaders of this Church ministry. Our ultimate goal is the achievement of collaborative, cohesive, and accountable processes that will develop the kinds of leaders who are essential to our future.

Linking Church Teaching

A second major direction is to link Church teaching and healthcare experience. Day by day, healthcare realities intersect with Church teachings in our institutions and services and in our communities. In our real world of ministry, we are constantly challenged to help form Church understanding of contemporary healthcare dilemmas. At the same time, we seek the opportunity to add our Catholic perspective to the variety of situations and settings of which we are a part.

In this regard, CHA takes your interests very seriously. This is why we have been so insistent in our consultations about the *Ethical and Religious Directives for Catholic Health Facilities.* This is also why we decided to invest in the defeat of the California initiative on physician-assisted suicide. Whether the issues are beginning of life or end of life—or anywhere in between—our ultimate goal is to evidence a ministry that is faithful to the fullness and richness of its value tradition as we penetrate the world around us.

Seeking New Approaches

A third major direction seeks new ways to create our future. Change is happening. The question

is, Is it happening with us or to us? CHA believes that the answer is up to us.

How do we begin now to anticipate the effects of universal access? Will the fact of integrated delivery networks revise how we understand who we are and how we act out who we are? If we believe our own rhetoric, what are the governance and management implications of service integration along a continuum, of collaboration rather than competition, of need imperatives rather than financial or capacity imperatives? In short, are we prepared to be the change agents of our future?

This year's assembly and the strategic planning handbook (see p. 46) represent two CHA responses to these questions. There are numerous others. For example, CHA is working with its members to refine the meaning of Catholic sponsorship in our new and ever-changing environment. I know that many of you have sought CHA assistance in adapting governance and management structures to present and future market realities. Similarly, CHA can help assess the impact and appropriateness of various venture and affiliation arrangements. In effect, and through a variety of different mechanisms, CHA is a membership collaboration that seeks to better serve the people entrusted to the care of the ministry. Our ultimate goal is to use change to that end.

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Focusing on Wellness

The next major direction envisions a healthcare system that keeps people well. In addition to its proposal for systemic reform, which is premised on wellness and prevention, CHA is transforming your local commitment to "social accountability" into national initiatives. For example, did you know that CHA has assisted the American Association of Homes for the Aging in adapting the *Social Accountability Budget* to the needs of nursing homes and continuing care facilities? Are you aware that CHA, along with a majority of its

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CHA PROGRAM DIRECTIONS

Promote and inspire excellence in leadership development and renewal.
Goal: Leaders empowered to carry on the Church's healing ministry.

- Promote a comprehensive plan of development for leaders.
- Establish processes for the selection, evaluation, and retention of leaders.
- Design methodologies for evaluating leadership development programs.

Serve as a primary resource and link between Catholic Church teaching and the realities of healthcare experience.
Goal: Health ministry faithful to the Church's healing ministry.

- Describe the essential elements of Catholic identity in the healing ministry, and the relationship of these elements to the contemporary healthcare environment.
- Engage in dialogue with the teaching Church to articulate a common understanding of current healthcare issues.
- Strengthen relationships between ministry leaders and the bishops.

Create innovative ways to provide continuity, stability, and collaboration in stewardship of the Church's healing ministry.
Goal: Members effectively dealing with the coming integration of healthcare delivery and maintaining a Catholic presence.

- Educate members about the operational implications of the changing healthcare environment.
- Describe the meaning and implications of Catholic sponsorship in the changing environment.
- Facilitate and test models of integrated sponsorship/delivery networks.

Be a leader in the movement toward a redesigned U.S. healthcare system that is just and equitable.
Goal: A redesigned healthcare delivery system with universal access, equitable financing, and effective cost control.

- Offer a credible proposal for systemic reform.
- Develop and implement plans for effective advocacy and promotion of above proposal.

Focus our care and concern on the health, wellness, and well-being of persons, communities, and society.
Goal: Acceptable understanding of and commitment to health, wellness, and well-being as they relate to integrated healthcare.

- Articulate and promote a consistent understanding of the terminology and methodologies in this area.
- Determine the degree to which members understand and provide these services.
- Provide resources for members' use in assessing the health, wellness, and well-being of their communities.

Advocate at the federal level on a broad range of health issues and access for all persons.
Goal: Credible and effective advocacy on public policy issues of importance to the ministry.

- Continue to focus on pertinent issues of importance to the ministry.
- Continue to refine programs of grassroots advocacy.
- Continue to establish a broad range of collaborative activities with other national organizations.

ANALYSIS

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The resulting patchwork of computers speaking different computer languages and using different data structures has made it difficult to share data, Middleton observed. To simplify such an environment, the first step is to link computers in a network that enables them to communicate with one another.

The next step, Middleton said, is to create a clinical data base that integrates data elements from information servers throughout the organization. Such a data base would allow users to relate sets of data that previously did not exist on a single system. "A clinician may review a patient's clinical laboratory results along with a current medication list, or a graphical display of changes in blood pressure and pulse shown with changes in prescribed medications," Middleton noted. He added that the ability to compare data would also be useful to an administrator who could, for example, view the case mix of patients, adjusted for severity of illness, for a particular employer or health maintenance organization group contract.

User Interface

User-friendly workstation interfaces are the final requirement for an effective system. Middleton suggested that a manager could begin to create an effective interface by developing a standard layout recognizable to all users of the system. He added that it should also be "tailorable" to the needs of particular users.

Although well-constructed interfaces have many potential benefits, Middleton noted that the most obvious benefit—increased efficiency—may also be the most important. "Simply having access to important clinical data such as the current problem list, the current medication list, the most recent laboratory and x-ray test results, the last hospital discharge summary, and the last office visit note will go a long way to reducing wasted time and duplicated efforts in clinical care." —*Phil Rheinecker*

PRESIDENT'S MESSAGE

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CHA reflects your collective determination to improve the lives of people.

members, has joined with the Public Health Service, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics in an effort to immunize all children under the age of two? Does it surprise you that CHA led the way in the design and articulation of voluntary community benefits standards?

These are not unique roles for CHA. Rather, they are the ways by which CHA reflects your collective determination to improve the lives of people. This is why CHA advises the nationwide Nutrition Screening Initiative, a five-year effort to improve the nutritional status of the elderly. This is why CHA is working with the Healthy Mothers, Healthy Babies Coalition on issues related to breast feeding and immunizations. This is why the Nameless Children of Romania are important to CHA.

Advocating on a Range of Issues

A final major direction is the advocacy, at the federal level, on a range of issues other than systemic reform. Yes, there really are other government relations issues.

Only addressing issues that are critical to the future vitality of the ministry *and* that we can substantially affect, CHA's advocacy range is as varied as your essential interests. Medicare benefits and payments, Medicaid benefits, tax reform and tax exemption, guidelines for grassroots advocacy, unrelated business income tax, Civil Rights Restoration Act, prospective payment system capital fold-in, the "ethics of healthcare rationing," Patient Self-Determination Act, "Bread for the World," Religious Freedom Restoration Act, and the Freedom of Choice Act—all of these are recent examples of CHA's advocacy interests. As you have come to trust, our goal is credible and effective advocacy on your behalf.

Indeed, the words "credible" and "effective" apply to all CHA efforts. It is the promise of our program budget; it is our quality commitment to you. By doing a few things well, CHA encourages you to rely on it when you have special needs arising from your uniqueness as the healing ministry of the Catholic Church. I believe that you can be proud of board leadership and initiative, the determination and ingenuity of CHA's advisory committees, and staff judgment and competency. Together, we have achieved the most unique, responsive, and effective association of its kind in the country.

Profound Change

This year's assembly was an anniversary for me. Fifteen years ago, in New Orleans, I was first elected to the CHA Board of Trustees. One year later, I became CHA's president. I have both enjoyed and appreciated the opportunity to serve CHA. I like working with all of you.

Fifteen years have witnessed profound change: change in our nation, change in our Church, change in healthcare, change in our ministry, and change in CHA. I have no doubt that profound change will be the hallmark of our future. While I would not dare to forecast much of that change, I will risk one prediction: Catholic healthcare will find ways to thrive. We will continue to find ways to grow in the service of people. We will find new ways to bring Christ to the people we care for. *We must because that is our calling.*

I am proud to be joined with all of you in these works. □