



Reclaim Catholic Vision of Care

By CHRIS LOWNEY

The health care industry is enduring tumultuous upheaval as hospitals, insurers, physician practices and other industry participants reconfigure themselves to thrive in the 21st century. At the same time, health care systems face pressing near-term challenges: deteriorating payer mix, hospital admission declines, reimbursement pressures and the need for massively expensive technology investments. Taken together, it all seems like more than enough change and challenge.

Actually, maybe it's not enough change.

Instead of merely weathering the change, perhaps we should be pressing for an even more fundamental reimagining of how U.S. health care ought to function, because the current direction of change, pushed to its logical conclusion, presages a new Catholic moment in health care.

If we all have the mettle, imagination and courage to make it happen, we could see a moment when:

- Catholic health care can more fully embrace our founding vision. No longer hostage to a reimbursement model that too often leads us toward only doing sick care for discrete body parts, we once again can offer health care for whole persons in communities.

- Catholic health care will exemplify for the broader industry what truly coordinated care can look like. We won't be content to knit hospitals and physicians into a well-coordinated continuum of care (hard though that, alone, will be to accomplish). We also will weave faith-based

social services, spiritual counsel and parishes into the care fabric.

- Catholic health care will lead the American Catholic Church to finally break down the barriers that have long mired its ministries in silos. As a result, we will become one church that better lives out its preferential option for the poor.

What's more, by leading Catholic health care through this dramatic transformation, we also will help lead the American church's transformation toward key elements of Pope Francis' vision. That is, we will help create a church that more clearly identifies with poor communities and that champions a "culture of encounter."¹ Let me highlight these two themes of Francis' before further describing the strategic transformation we should engineer in Catholic health care.

THE POOR, MARGINALIZED, DISADVANTAGED

The Holy Father wants the church to align more prominently with the world's poor and marginalized communities. In the first week of his papacy,

Illustration by Yevgenia Nayberg



he called for a church that is “poor, and for the poor.” He has echoed this idea constantly since then.

Catholic health care ought to help the pope lead the American church in this direction. After all, if measured in dollar terms, the American church’s most substantial service to poor people already comes through its health care ministry, by

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far. I note this not as a point of pride, but simply to argue that Catholic health care is well positioned both to role model the pope’s vision and to catalyze the rest of the American church to explore how well (or not) we are serving poor, marginalized or disadvantaged communities. We ought to assume a leadership role that is prominent and prophetic on this point.

We can start with a simple, concrete step. The health care ministry in City X or Region Y could convene a half-day brainstorming meeting among those who are serving local poor and vulnerable communities: the Catholic hospitals, Catholic Charities agencies, soup kitchens, inner-city schools and parishes and so on. Each could look for easy-win opportunities to collaborate with the others to benefit the community’s vulnerable. The gathering could identify service gaps and pinpoint marginalized communities that are slipping through the cracks. At a minimum, each participant would come away better able to understand and access the services offered by the others; more ambitiously, participants might forge completely new ways of collaborating to serve poor communities, united as one church.

Such meetings may seem a too-obvious step — doesn’t the Catholic Church already do this?

No. Education, social services and health care all tend to operate in their own ministerial silos. Even within health care, a city’s Catholic hospitals, if allied with different systems, may never get themselves around the same table to discuss sensible collaborations to serve the poor in their communities.

Catholic health care ought to feel consoled that our service to poor and marginalized persons is being affirmed so powerfully by the pope, but he also is implicitly challenging us: Are we doing enough? Are these communities high enough on the agenda of our board and management meetings? Or, are we content merely to observe that, in the wake of the financial crisis, charity care is at record levels for many of us? That fact alone does not absolve us from constant, prayerful soul-searching, asking if there isn’t more we could be doing.

A CULTURE OF ENCOUNTER

In a 2013 address to lay church movements, Pope Francis said, “With our faith we must create a ‘culture of encounter,’ a culture of friendship, a culture in which we find brothers and sisters, in which we can also speak with those who think differently, as well as those who hold other beliefs, who do not have the same faith ... They all have something in common with us: they are images of God, they are children of God.”²

Here again, Catholic health care stands at the forefront of the pope’s vision, because health care lives the culture of encounter daily. Millions of non-Catholics walk into our hospitals and facilities annually: cherished colleagues, vendors and the patients for whom we exist. By our friendship and collaboration with these who do not share our beliefs, we live the culture of encounter. And the pope is implicitly inviting us to knit together faith-based service agencies of all religious traditions in our collaborations aimed at creating healthier communities.

But the pope also envisions an even more literal “encounter” than interfaith collaboration; consider his comment about almsgiving: “There is another important point: encountering the poor ... when you give alms, do you touch the hand of the person you are giving them to, or do you toss the coin at him or her?”³

Catholic health care does touch the hands of those who come to us. Our operating rooms may be sterile, but our care certainly isn’t. It is not anonymous charity but a face-to-face, hand-to-hand encounter that is sometimes lavish in its loving concern. Take the case of one frequent visitor to a Catholic Health Initiatives (CHI) emergency room, a homeless gentleman and longtime alcoholic with multiple chronic ailments, who showed up one cold evening without shoes. Our emergency room doctor tended the



man's symptoms, then surrendered his own shoes before sending the patient on his way. What better example of Catholic health care embodying Pope Francis' vision of literally touching the hand, or, in this case, the feet, of those who are poor or marginalized?

AVOID FALLING OUT OF TOUCH

But, once again, a challenge accompanies the pope's affirmation. As we implement 21st-century models of care, we must guard against falling out of touch with our patients. We may diagnose and even operate on patients via remote or robotic technologies; interact with colleagues and patients from distant call centers; and employ "Internet of things" technologies to monitor patients at home and to prompt their adherence to medication regimes.

On the one hand, these exciting advances will help us attain better health outcomes. But we will have to ensure that the human person is not lost or diminished in the process, and that people still feel touched, both literally and spiritually, by their encounter with Catholic health care.

People should walk away from us feeling, "I knew there was something different about them." But if the difference they feel is nothing more than the quality of our technology, we've missed the point. The "health care" part might still be working, but the "Catholic" part would have been lost. Our vital difference must include our human and spiritual touch.

And, of course, our vital difference also includes the beliefs for which we stand. Pope Francis urged us to go out, "to meet everyone," but added, "without losing sight of our own position."⁴ He has more than once warned that the church is "not an NGO [nongovernmental organization], and when the church becomes an NGO she loses her salt, she has no savor, she is only an empty organization...the value of the church is living by the Gospel and witnessing to our faith..."⁵

We are not an NGO. We stand for any number of distinctive values, summarized in our *Ethical and Religious Directives for Catholic Health Care Services*. As we explore new kinds of partnerships to thrive in 21st-century health care, we sometimes meet potential partners who would be more comfortable if we could downplay the "Catholic stuff" and act more like just an NGO.

Sorry, that Catholic light cannot be hidden under a basket.

By happy coincidence — or is it the Holy Spirit's workings? — these emerging themes of Francis' align completely with the broader strategic transformation we now ought to be driving in Catholic health care, creating an ever ancient, ever new ministry that reclaims its rich tradition even while forging completely new models of care.

RECLAIM WHOLE PERSON CARE

Catholic health care developed from what might be called a whole person mindset. The women religious who ventured into 19th-century frontier communities didn't worry about reimbursement rates or payer mix. They focused on local community needs, period. They ended up opening an array of ministries, from schools to orphanages to hospitals, often bunching diverse ministries on the same small campus.

The sisters and their lay colleagues typically knew the families and communities they served, understanding, for example, that a kid's poor performance in school or occasional visits to the nurse likely had something to do with his father's alcoholism or the family's poverty. Decades before fancy phrases like "social determinants of health" entered our lexicon, these sisters under-

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stood that high quality hospital care was but one dimension of a broader, holistic ministry that also paid attention to education, housing, social services and so on.

The 20th century eventually obliterated that model. The nation urbanized; small communities became large cities; scale enabled large infrastructure investments; health care, like all professions, became highly specialized. Much was gained in this transition, as specialists plied expertise for the benefit of patients, and management practices became far more sophisticated.

But often, something was lost as well. At its worst, scale, specialization, the reimbursement model and a host of other factors ended up fragmenting the human person into discrete body parts. I accompanied my mother through her own Fellini-esque passage through the system. An auto accident landed her in a trauma ICU with a series

of small fractures; while there, by odd coincidence, she also was diagnosed with MDS leukemia. Over ensuing weeks, a parade of specialists wandered through her hospital room. At first, I waited for the kindly “Marcus Welby, MD” to show up, explain what was happening and coordinate my mother’s care across specializations.

But Dr. Welby never came. I quickly learned that my mother and I were the general contractors

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on the reconstruction site that was her body. Well, I wouldn’t trust myself to oversee the concrete pour and steel rebar installation in a skyscraper; how did I somehow find myself coordinating chemotherapy and physical rehab for an elderly arthritis sufferer?

The Affordable Care Act, conspiring with a host of other factors, may be unleashing a slow metamorphosis: Accountable care organizations, capitated models, risk-sharing approaches, readmission penalties and many other forces seem to be inexorably budging us toward a model that may reward us for keeping people and communities healthy, not just patching up body parts.

A CATHOLIC DIRECTION

While some Catholic health care boards and managements have been implicitly pursuing a denial strategy, imagining this fad will simply fade, more of us are moving proactively to knit together a continuum of care. Up to now, we largely have been taking the same important steps that other industry players are taking (or, in some cases, have been pursuing as a strategy for quite some time): hiring physicians, partnering with primary care and other practices, exploring how we might assume more insurance risk, and so on.

But shouldn’t we also start focusing on the fact that there is something really, really Catholic about the overall direction we’re taking? Should we not also feel the excitement that this transformation, if radical enough, will once again allow Catholic health care to become what we most want it to be? And shouldn’t we consider that by transforming Catholic health care in these ways, we also will help Pope Francis to realize his vision

for the church?

After all, fundamental to Catholic theology is that humans are not merely body parts but whole persons, body and soul, living in communities. The sister-pioneers of our systems understood this very well, as the very basis of their ministry. Now, to succeed in the new health care, we are challenged to rediscover and reclaim their vision: We, too, will have to find ways to care for whole persons, inspire them to care for themselves and enlist their communities to help us in the process. Industry expert Ian Morrison, author of *Health Care in the New Millennium*, noted in a March 2014 meeting with CHI system leaders that succeeding in this new environment will involve capabilities that “look a lot more like social work than advanced medical science.”

We are now faced with questions that stretch us beyond our core competencies: Can we inspire you to remain compliant with your medication regime, to pursue healthier lifestyle habits or to overcome the addiction(s) that are the root of your medical ills? Can we get you into more stable housing and get you access to healthier food? Can we help find you a supportive community that will help you meet such challenges?

As a board member of a health care/hospital “business,” those questions just about terrify me. They fall far beyond our current expertise. And long experience in investment banking taught me that companies typically get into trouble when their missions start to sprawl. By contrast, winning companies typically focus, often narrowly, around their expertise.

But, from a Catholic perspective, these same questions thrill me. This is exactly where we in Catholic health care should be going, treating people holistically once again. These questions will drive us back to our roots. And answering those questions will allow us to tap our rich Catholic spirituality. How will we inspire you to healthier habits? Well, one way will be by helping you to find a rich sense of meaning, mission and purpose through your faith beliefs.

And something else thrills me: Not only is the newly emerging environment more Catholic, it can bring us significant strategic advantages if we can make imaginative (even revolutionarily new) use of the resources we have in the Catholic Church.

Just think: Our hospitals may not be expert in helping senior citizens to maintain healthy life-



style habits when they leave our hospital doors, but we can partner with senior citizens groups that function in virtually every Catholic parish, or collaborate with parish nurse programs that are proliferating in more and more parishes. Parishes can become places where “health coaches” make sure that fellow congregants (and others) take their meds, show up for medical appointments or adopt healthier habits: such win-win-win arrangements would help health care systems succeed, help parishes to better incarnate their call to show mercy, and, above all, help the sick achieve better health outcomes.

DRAW ON EXISTING STRENGTHS

A hospital system can't help an individual find a job, stop drinking or stop abusing family members, but we can work with Catholic Charities or other faith-based agencies who work in these fields. We may have no skill at getting families into more stable housing, but Mercy Housing sure does. We may wonder how to attract large pools of individuals into our health plans or medical homes, but Catholic school systems or fraternal groups like the Knights of Columbus might be very receptive to offerings from fellow-Catholic organizations.

And, well, you get the idea. The payoff can be enormous if we Catholic ministries can start breaking down barriers, reaching beyond our functional silos and start acting like one church. No for-profit system enjoys a network that even remotely resembles the one described above. And, no other-than-Catholic system could dream of replicating or building such a network.

Strategy is about discovering some source of competitive advantage that others cannot easily replicate. In other words, if we can knit together the Catholic network, it not only will help us create a more truly Catholic, whole-person-in-community ministry, it also will help us to succeed in the new business landscape of American health care. What's more, we will be embodying the “culture of encounter” and helping the church to better serve the poor and remain “in touch” with those it serves, in line with Pope Francis' vision.

We owe it to those we serve to exploit our sources of competitive advantage much more fully than we are now doing. Understandably, during this first phase of industrial transformation, we have largely focused within the traditionally understood boundaries of health care: assembling providers, creating partnerships, building our

health plan capacity and other elements core to building a continuum of care and reaching critical mass in our markets. But we also now need much, much more determined, resourceful and imaginative efforts to exploit our other sources of advantage in order to win the competition — not the competition against other providers, mind you, but the competition that really counts: against ill health.

I will stand up and cheer any system that innovatively pioneers this new Catholic moment, and I hope Catholic health care deeply disrupts the way health care is done in this country and shows the rest of the industry how health care can be done.

BOLD NEW DIRECTIONS

Our industry is undergoing massive change, which is tumultuous, uncomfortable and even upsetting at times. A third theme of the pope's can encourage us through the tumult. Drawing on his Jesuit background, the Holy Father often has spoken about “freedom” as a vital Catholic value. That is, faced with important choices in life, we

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must remain focused always on our mission and free ourselves from whatever might hold us back from mission-focused choices. Sometimes, we are “unfree” because we are enslaved to personal inner demons like greed, pride or status obsession. Imagine, for example, a health care executive who resists a business partnership, highly beneficial for patients, simply because his or her personal status might be diminished in the new arrangement. Or, the opposite: Imagine an executive who pursues growth, not to serve patients, but simply to manage a bigger enterprise.

Or, imagine very different cases. Sometimes we are “unfree” because we are enslaved to our own fears of failure, fears of trying something new or fears of innovating or taking risk in pursuit of our mission. Here's what the pope said about that: There is a temptation to say “it is better to stay here” where I'm safe. “But this is the slavery of Egypt,” the pope said. “I fear moving forward, I'm afraid of where the Lord will bring me. Fear, how-

ever, is not a good counselor.”⁶

Fear is not a good counselor. Our preoccupation with our many challenges ought not to blind us to the possibilities unfolding and the opportunity to create a new “Catholic moment” in health care. Let’s get over our fears of failure or of trying something new. The 19th-century sisters who headed out onto the frontiers, or the 20th-century sisters who founded CHI and many of our systems, were led not by fear but by freedom to take risks to serve the Gospel. Let’s not listen to our fears but only to the Holy Spirit’s guidance as we read the signs of the times and determine where we should be leading Catholic health care — and the Catholic Church — in the 21st century.

CHRIS LOWNEY is board chair of Catholic Health Initiatives. He wrote this essay from his perspective as author of *Pope Francis: Why He Leads the Way He Leads*, available on Amazon.

NOTES

1. Francis, message for the 48th World Communications Day, June 1, 2014. w2.vatican.va/content/francesco/en/messages/communications/documents/papa-francesco_20140124_messaggio-comunicazioni-sociali.html.
2. Francis, address at the Vigil of Pentecost with the ecclesial movements, May 18, 2013. w2.vatican.va/content/francesco/en/speeches/2013/may/documents/papa-francesco_20130518_veglia-pentecoste.html.
3. Vigil of Pentecost.
4. Vigil of Pentecost.
5. Vigil of Pentecost.
6. Catholic News Agency, “Take Courage in Your Weakness, Pope Francis Teaches,” July 2, 2013. www.catholicnewsagency.com/news/take-courage-in-your-weakness-pope-francis-teaches/.

Educational Events

from The Catholic Health Association

2014

Mission Webinar: Workplace Spirituality in the Midst of Transitions

Sept. 4 | 1 – 2 p.m. ET

Prophetic Voice

Sept. 8 – 10

The Basics of Health Care Finance

Sept. 10 – 11

Catholic Legislative Advocacy Conference

Sept. 18 – 19

Community Benefit 101: The Nuts and Bolts of Planning and Reporting Community Benefit

Sept. 30 – Oct. 1

Community Benefit Webinar: What Counts as Community Benefit?

Oct. 28 | 2 – 3 p.m. ET

Mission Leader Seminar

Nov. 5 – 7

**Note: Program dates and locations subject to change.*



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