

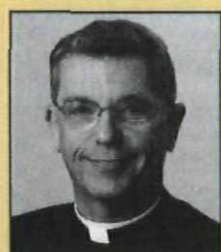
# A Hidden Treasure: The National Coalition

BY REV. MICHAEL D. PLACE, STD

**S**ince coming to CHA I have considered my regular contributions to *Health Progress* an important opportunity to share my reflections on issues facing the ministry. Ordinarily the column, like other *Health Progress* articles, has been a substantive reflection on a single topic. But *Health Progress* also serves as a communication vehicle for important ministry information. It is in that context that I write this column.

As I move around the country I often find myself answering a variety of questions about the ministry. Not surprisingly, over a period of time some questions are heard more often than others. One recurring question is the almost plaintive request to explain the role, function, and purpose of the various overarching entities that exist in the ministry and how they relate to each other.

Some examples. In addition to the Catholic Health Association (CHA) there are Consolidated Catholic Health Care (CCHC), Loyola University's Sponsorship School, and Consorta. All of these have a particularly Catholic character. Then there is the American Hospital Association (AHA), Premier, VHA, American Association of Homes and Services for the Aging (AAHSA), and other organizations that represent or service various components of the continuum of care. In our faith family there is the National Conference of Catholic Bishops/United States Catholic Conference (NCCB/USCC), Catholic Charities USA (CCUSA), the Leadership Conference of Women Religious (LCWR), the Council of Major Superiors of Women Religious (CMSWR), the Conference of Major Superiors of Men (CMSM), and the Association of Catholic Health Science Centers (ACHSC). Perhaps someday we



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will be able to prepare a user-friendly guide to these various entities that would provide assistance to someone who is a "novice" to healthcare delivery or to the ministry.

I would like to use this column to share information about one other important Catholic entity: the National Coalition on Catholic Health Care Ministry.

In 1984 major superiors whose congregations sponsor healthcare ministries initiated a national dialogue to address concerns about changes in the church and in society which were causing a profound impact on the ministry. Elements of the dialogue included: collaboration, preferential choice to care for the poor, justice, corporate identity/institutional ministry, laity assuming their rightful role in the church, new models of sponsorship, and divestiture of sponsorship.

In August 1986 these religious sponsors, the NCCB, and CHA began a collaborative project to articulate a future vision for the ministry. They established a Steering Committee on Catholic Health Care Ministry, which in turn appointed the

Commission on Catholic Health Care Ministry and ensured resources for its work. The commission, its members chosen for technical expertise, multidisciplinary representation, and national visibility and prominence, provided a forum for sponsors, bishops, lay leaders in healthcare, parishes, and social services to collaborate in shaping the future of the ministry.

Using a process of broad consultation, the commission developed a national vision for the future of the Catholic healthcare ministry and strategies for advancing that vision. In August 1988 it published its work in a 40-page booklet, *Catholic Health Ministry: A New Vision for a*



*New Century.* The report identified five strategic areas: collaborative stewardship, sponsorship, leadership formation, episcopal leadership, and advocacy.

The commission also called for the formation of a national coalition of organizations to implement the strategies. This became the National Coalition on Catholic Health Care Ministry and was comprised of representatives of the ACHSC, CCUSA, CHA, CMSM, LCWR, and the USCC. The coalition began its work in December 1989.

In February 1992 the coalition adopted a two-year action plan to address each of the five strategic areas. The coalition named CCHC, a national organization of Catholic healthcare systems formed in 1985, the lead agent to collect and evaluate existing and emerging models of sponsorship of systems and facilities. CCHC published its report, *Critical Choices: Catholic Health Care in the Midst of Transformation*, in October 1993.

In an evaluation in 1994, the coalition recommended changes in its structure to recognize the different modes of involvement in the ministry by the constituent organizations and address more effectively the urgent issues related to identity, sponsorship, and leadership.

That same year the NCCB president established the Ad Hoc Committee on Health Care Issues and the Church to serve as a resource to the bishops in areas such as bioethics and technology, the consolidation of Catholic hospitals, the networking of Catholic hospitals with others, integrated delivery networks, and moral and theological questions. (Until this time healthcare issues had been addressed by the Domestic Policy Committee.)

#### **CURRENT MEMBERSHIP AND ACTIVITIES**

In 1994 the coalition was reconfigured. Current members include the bishops on the Ad Hoc Committee on Health Care Issues and the Church, members of the LCWR, CHA representatives, and representatives from the CMSM, CMSWR, CCUSA, and the ACHSC (see **Box**).

The purpose of the coalition is threefold:

- Strengthen and support the Catholic health ministry in light of changing circumstances
- Articulate directions for the ministry and develop strategies for accomplishing them
- Provide practical resources to address current needs in a rapidly changing healthcare environment

In 1995 the coalition produced a binder of practical resources: *Catholic Health Ministry in Transi-*

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## **NATIONAL COALITION ON CATHOLIC HEALTH CARE MINISTRY**

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### **CATHOLIC CHARITIES USA**

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Sr. Joan Winkler, OSF  
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STD  
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Most Rev. Joseph M. Sullivan, DD  
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miums. While Americans generally favor private insurance, in the future they will probably push for new restrictions on insurance company practices to reduce discrimination based on age, disability, or health status.

One prediction that prognosticators are willing to make is that healthcare costs—in dollars and as a share of the economy—will increase significantly by 2010. Higher costs mean less coverage on the low-income end and less willingness on the part of employers to shoulder the burden. Measures to reduce costs that were considered and rejected in the past few years, such as expenditure targets and defined contributions for Medicare, will most likely resurface in the next 10 years. Low healthcare inflation in the mid-1990s and a strong economy have masked the underlying trend toward higher demand for healthcare and higher costs. Even the most rabid believers in the bull market know that bearish days will come upon us sometime. When they do, higher healthcare costs will be noticed.

More than coverage and cost will drive the federal government's expanded role. In the late 1990s we saw individuals who had coverage chafe against the restrictions imposed by HMOs or health plans. In many cases health plans were moving toward better preventive healthcare and coordination of delivery, but the constraints that went with them were unacceptable. Consumers will increasingly look to the federal government to enact "patient protections" and to hold providers' feet to the fire on quality of care. The November 1999 report on quality and medical errors in hospitals by the Institute of Medicine is not new news, and it will take a while for Congress and the new president to sort out the best approach to solutions. But routine federal monitoring of quality is likely in the next decade, even if disagreements over what quality care is and how to measure it continue. Government purchasers such as Medicare, Medicaid, and CHIP will have new tools to determine better qual-

ity care, and they will use their clout in the market to steer beneficiaries toward selected providers.

### CATHOLIC HEALTHCARE'S RESPONSE

Eyeing a future of more federal regulation of healthcare and continued federal payment restrictions, Catholic providers might be excused for instinctively rejecting the road ahead. Yet the American political system, despite its flaws, generally still reflects the demands of the people, and Americans are demanding more of their healthcare providers and the overall system. Surely we consumers need a lesson on the limits of healthcare at a time when the potential of medical research and our economy seem limitless. But the baby boom generation is a powerful political force, and by 2010 politicians will resist its pressures at their own peril.

Catholic healthcare needs to embrace the future of health policy, just as the best among us have adapted to the twists and turns of the healthcare marketplace. Policymakers in Washington will need a "practical prophet" who encourages and prepares for the future but does so in a way that does not let health policy outpace the ability of the system to respond. Catholic healthcare can be a voice for smart change: arguing why health coverage for all Americans benefits the larger society; calling for changes in how Medicare and Medicaid pay providers so that individuals get the care they need in an efficient and effective manner; helping federal regulators write rules that protect individuals and improve the quality of care; supporting but also raising questions about the application of genetic research.

Just as the global economy is with us to stay, so is the drive for more and better healthcare delivery. Both promise improved outcomes for society but both will tend to leave some individuals behind. As a result, the federal government's role by 2010 will increasingly be that of a policeman—to enforce the rules, to protect the vulnerable, and to ensure that the system is working for all. □

## REFLECTIONS

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*tion: A Handbook for Responsible Leadership.* Written for bishops, sponsors, and facility and system leaders, the handbook includes reasons why the Catholic Church is in health ministry, the current shape of U.S. healthcare, contemporary challenges, and emerging opportunities.

The coalition, CHA, and CCHC have cosponsored *New Covenant*, an initiative to strengthen Catholic health ministry through formal commitments to specific strategies at the regional and national levels. The *New Covenant* process began in 1995 with a national convocation and continues with regional efforts to advance collaboration.

In a strategic planning session in August 1996, coalition members affirmed the role, vision, and priority initiatives of the coalition. Issues recently discussed by the coalition include Catholic identity, the sale of a Catholic hospital to a for-profit provider, partnerships with other-than-Catholic hospitals, legal rulings affecting Catholic facilities, and activities of the *New Covenant* collaborative process. In 1997 coalition members were consulted in the bishops' development of their statement, "The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry."

Since 1998 the coalition has continued to advance collaboration among church ministries. Last year, the coalition was a key vehicle for the Catholic Solidarity BBA campaign, mobilizing several church organizations to convince Congress that recent Medicare and Medicaid cutbacks were morally indefensible. The coalition currently is planning and promoting action steps as a follow-up to *Ministering Together: A Shared Vision for the Caring and Healing Ministries*. Recently completed by a broad cross-section of leaders, this *New Covenant* vision statement calls for new delivery models, joint advocacy, effective leadership development, and other forms of collaboration on behalf of the individuals, families, and communities we serve. □