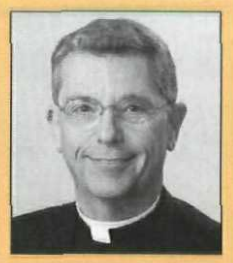
CHA Moves Forward On Leadership Development, BBA

BY REV. MICHAEL D. PLACE, STD

As Catholic healthcare looks forward to the new millennium, we are caught in a balancing act—taking steps, on the one hand, to develop leaders who will carry us into the 21st century, while at the same time we struggle in the present with irrational payment policies that threaten our very survival.

The Catholic Health Association (CHA) has been active in both realms, working to produce an updated Mission-Centered Leadership Model and also taking an aggressive stance to ensure the president and Congress accept their moral responsibility for ending the healthcare crisis caused by the Balanced Budget Act of 1997 (BBA).

At the 1999 Catholic Health Assembly, CHA members identified these two issues, above all others, as being of specific concern at this time. This article reports on CHA's activities related to both leadership development and the BBA, setting the stage for a stronger, more effective ministry in the year 2000.



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Leadership Development

Although it takes many hands to do the work of the ministry, it can only move forward if we have leaders with vision, creativity, energy, and, most important, a passion for that which is at the heart of the ministry.

CHA's earlier research into leadership took a large step toward formation of such leaders, drawing a picture of the competencies of exceptional leaders in Catholic healthcare and a framework for leadership selection, assessment, and development. However, after five years of experience with the previous model's application in various member systems across the country, we found the need to update it to respond to feedback about its complexity and use of unclear language. The new model is as simple and clear as possible so it can be useful in a wide variety of settings.

The new Mission-Centered Leadership Model, with its four competency clusters of Vocation, Values, Focus, and Action, describes ministry leaders who achieve practical results in integrating the values of Catholic healthcare and the Church into their own organizations and the communities they serve. These leaders perform this prophetic work of mission leadership while maintaining or improving financial viability and accomplishing positive change inside and outside their organizations.

Background The Mission-Centered Leadership Model was created for CHA and the Partners for Catholic Health Ministry Leadership by the Hay Group, Boston. Changes to the previous model were based on a variety of inputs, including focus group discussions of current healthcare issues in spring 1999; the experiences of CHA members in applying the previous model; participants' comments at programs such as Foundations of Catholic Healthcare Leadership; the input of leadership development experts within member systems; and a review of the research data.

Through this information-gathering process, we confirmed that data collected during CHA's 1994 project on leadership competencies was still valid for today's healthcare environment. Hay analysts then applied a "clustering algorithm" to the 1994 data to yield a model with the fewest number of competencies and the highest predictability of outstanding leadership performance.

Effect on the Ministry With the feedback we've obtained, we are confident that the competencies of the Vocation and Values clusters of the new model, in particular, do reflect that which distinguishes effective leadership in the Catholic health ministry. Both current and emerging ministry leaders can have confidence that this model is predictive of outstanding performance. Working with the Hay Group, which has experience in competency research in many areas of American life, we were able to compare data from Catholic healthcare leaders with data from leaders in other industries to identify those competencies which differentiate outstanding leaders in our ministry. We are continuing to move leadership develop-

ment from the realm of the intuitive to an experiential, behaviorally based system for selection, assessment, and development.

The new model brings to light those competencies which are the "soul" of effective leadership. It demonstrates the need for leaders in our ministry to integrate the competencies that guide their operational effectiveness and the competencies that give substance to their call. The new model provides a realistic and practical basis for developing tools and instruments for leadership recruitment, development, and evaluation that can be used by CHA's member organizations.

I hope this model will be widely adopted throughout the ministry. During the update process we intentionally involved those responsible for leadership development, who will be the ones applying the model, to ensure they "owned" it. Although the Catholic health system leaders involved in Partners for Catholic Health Ministry Leadership are reorganizing that organization, they are still committed to evaluating the model and any tools and programs flowing from it to confirm that they are meeting ministry needs.

Our intent, of course, goes far beyond career growth for leaders who use these tools. Because the ministry is more than a business, its leaders require more than business acumen; they must also have a distinctive and deep sense of purpose. The model, especially its Vocation and Values clusters, captures those elements which really form the foundation and direction from which Catholic healthcare is carried forward. Early in 2000 CHA will introduce the first leadership development tools reflecting the Mission-Centered Leadership Model. Currently planned are a 360-degree assessment tool and a leadership selection protocol.

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MISSION-CENTERED LEADERSHIP MODEL

Vocation Cluster

Spiritual Grounding The ability to reflect and call on the spiritual resources of the Catholic healthcare tradition, one's own personal faith, and the faith of one's coworkers. These personal and collective spiritual resources supply the deep grounding, motivation, and resolve that are necessary to carry out the ministry. They also provide the larger context of meaning for the day-in, day-out work of healthcare. The most effective Catholic healthcare leaders have an inner spiritual life that translates into external action.

Integrity The courage to act on one's values and to take risks consistent with one's values. This includes the struggles and challenges that inner spiritual life undergoes as it seeks to express itself in action. Integrity moves from action to reflection and back again to action. What is being done is always considered in the light of what one most deeply holds dear. Integrity becomes the personal basis for integrating the values and mission of Catholic healthcare with the business realities of the marketplace.

Values Cluster

Integration of Ministry Values A commitment to incorporating Catholicism's mission, traditions, and values (in particular, the Church's social teachings) into organizational decisions and behaviors. This leads to an interpretation of the current experience of the organization in the light of its Catholic identity.

Care for Poor and Vulnerable Persons An underlying concern for justice and fairness in societal relations, which is expressed within the leadership role by taking initiative to serve the needs of the disadvantaged. This concern includes both attention to the individual person and systemic transformation of organizations and society.

Focus Cluster

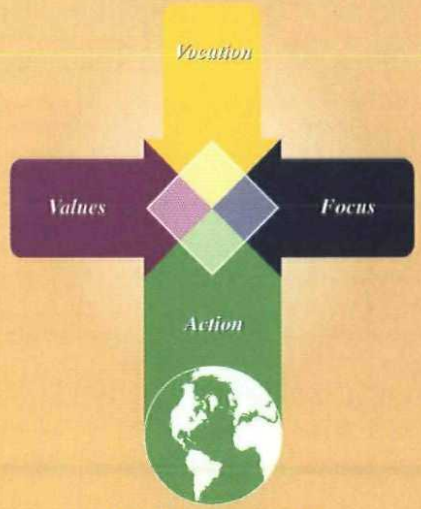
Information Seeking A focus on current objective realities and on using an understanding of these realities to make decisions for the organization. Demonstrated by obtaining realistic, in-depth information.

Performance Excellence A personal drive to measure and improve performance, focusing the leader's attention on working with the realities of a ministry that is also a business.

Action Cluster

Change Leadership The ability to lead a group, focusing and energizing them to work together for change. This includes articulating an inspiring vision, managing resistance, and persevering to carry it through to completion.

Shaping the Organization The ability to build or adapt organizational structures to accomplish a mission and to improve performance, including reorganizing people and organizational systems, processes, procedures, communication, and reporting relationships.



SOCIAL ACCOUNTABILITY

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M. Kibel, *What Is Outcome Engineering?* Pacific Institute for Research and Evaluation, 121 West Rosemary St., Chapel Hill, NC 27516; Results Mapping Laboratory (919-967-8998); *Measuring Program Outcomes: A Practical Approach*, United Way of America, $5 (800-772-0008); Health Forum Outcomes ToolKit (www.matmanmag.com/thfnet/toolkit.htm); and Lyon Software (419-882-7184).

9. See *Telling Your Story: A Communications Resource for Catholic Healthcare*, Catholic Health Association, St. Louis, 1999, available at www.chausa.org.
10. See the Web version of this document at www.chausa.org for CHA's Standards for Community Benefit.
11. See Kevin Barnett's "Elements of a Model Community Benefit Program" in the Web version of this document at www.chausa.org; his book, *The Future of Community Benefit Programming*, Berkeley, CA, 1997, is available from the Public Health Institute (510-644-8200).
12. Dick Davidson, AHA president, says: "If you reward a bigger bottom line, you're going to get one. If you reward improved market share, that's what you're going to get. But if that's the exclusive focus of your reward system, what won't you get? You probably won't get your mission." See Richard J. Bogue, "An Incentive for Community Health: Linking CEO Compensation to Community Goals," *Trustee*, May 1999, pp. 15-19; and Linda Milstead, "The Pressure Is On: Tying Executive Pay to Community Benefits," *Health Forum Journal*, March-April 1999, pp. 47-49.
13. The Bogue article in note 12 lists 10 reasons for making community health improvement a core business strategy.
14. See the Web version of this article at www.chausa.org for information about the final regulations on Public Disclosure of Forms 990. Completing and filing 990s is an opportunity to ensure that the information is comprehensive, since reporters, researchers, and others will use it. A Catholic healthcare organization should consider attaching its social accountability budget report to the 990 and even giving this report directly to the press.
15. Opportunities for "telling your story"—for articulating our values and faith-based approach to the healing ministry—include employee and community newsletters, regular board updates, and print and other public media.

REFLECTIONS

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CATHOLIC SOLIDARITY BBA CAMPAIGN

If, over the past few months, you have been reading *Catholic Health World* or visiting CHA's Web site, you are aware that a movement is afoot in the Catholic community to send our elected officials an unequivocal message: BBA reductions in the Medicare program have caused an undeniable crisis in the U.S. healthcare system. The president and Congress have a moral responsibility to save Medicare.

By the time this article reaches you, the nation's fiscal year 2000 budget should be approved—for better or worse—but it would hardly be prophetic for me to venture a guess that the issue of adequate funding will not be entirely settled. As I noted in an October 5 press conference on Capitol Hill, home health agencies, nursing homes, and elder care services are on the brink of collapse. Physicians, nurses, and vital caregivers are crippled by reimbursement rules. And more than a third of the nation's hospitals, both for-profit and not-for-profit, are struggling to maintain services as their deficits grow.

Catholic healthcare facilities treat nearly one in five Americans who seek acute and subacute services each year. In several states, Catholic facilities are responsible for more than a third of all acute care admissions. In the next five years, if Congress and the president fail to act, Catholic healthcare ministries alone will suffer more than $12 billion in Medicare cuts.

We cannot absorb all these cuts and still maintain our commitment to providing high-quality care to meet the needs of our communities, especially the poor and vulnerable. Because of concerted efforts by CHA, the American Hospital Association, and other provider and consumer groups, Congress and the president have begun recently to address the deleterious impact of the BBA cutbacks. While we are grateful for these efforts, I fear their response will be inadequate given the severity of the current situation.

That's why in October CHA launched the Catholic Solidarity BBA Campaign, a national initiative to mobilize the Catholic community on behalf of viable Medicare programs for the elderly and chronically ill in this nation. Joined by the U.S. Catholic Conference/National Conference of Catholic Bishops, the National Coalition on Catholic Health Care Ministry, Catholic Charities USA, the Leadership Conference of Women Religious, NETWORK, and others, CHA has run a series of advertisements in East Coast papers; broadcast a compelling television commercial in the Washington, DC, market; made these and other materials available to CHA members, parishes, and others wishing to conduct local campaigns; and offered, through CHA's Web site (www.chausa.org), an easy way for the public to e-mail their concerns to their congressional representatives.

Although, as I write this, it remains to be seen whether these efforts will be effective in achieving significant BBA relief before Congress recesses in November or December 1999, this campaign has laid the groundwork for additional remedial legislation next year. It is not too late for you to get involved. Please visit CHA's Web site or contact the staff listed below to see how you can help. Working together, as a unified Catholic community, we can be a powerful voice for the poor and vulnerable among us. □

For more information on the Mission-Centered Leadership Model, contact Carol J. Tilley (ctilley@chausa.org) or Ed Giganti (egigant@chausa.org), 314-427-2500. For more information on the Catholic Solidarity BBA Campaign, contact Jack Bresch (jbresch@chausa.org) or Fred Caesar (fcaesar@chausa.org), 202-296-3993, or visit CHA's Web site (www.chausa.org).