

Thoughts at 37,000 Feet Above the Earth

BY REV. MICHAEL D. PLACE, STD

In my last column, I noted that there were various ways of conducting this bimonthly conversation with *Health Progress* readers. This column will be more like some of my earlier efforts—somewhat personal musings.

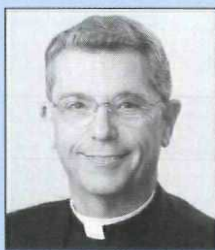
On a recent West Coast-to-St. Louis flight, I pulled from my briefcase a folder containing several reports that were, in essence, forecasts about the future of healthcare delivery in the United States. Although I had scanned the reports earlier, I had set them aside so that I could later analyze the various predictions they made.

Three of these reports were especially interesting. One, the May 2000 *Healthcare Trends Report*, led with a summary by its editor Sylvia Fubini of an article—by Wanda Jones in the Spring 2000 issue of *Frontiers of Health Services Management*—concerning healthcare delivery in an increasingly global society. The second report was “Futurescan 2000: A Millennium Forecast of Healthcare Trends 2000-2004,” presented by the American Medical Association’s Society for Healthcare Strategy and Market Development and the Superior Consultant Company, Inc. The third report was “On the Road to Consolidation III: The New Market Makers,” by the Tiber Group and Ascension Health, St. Louis.

THREE ECHOING THEMES

Although there was nothing really new in these reports, each of them echoed themes sounded in presentations we recently heard at the 85th Catholic Health Assembly. In these reflections I would like to mention some of those themes and offer some observations about them.

Global Issues In her article, Jones urges healthcare executives to be aware of trends *outside* the healthcare sector and



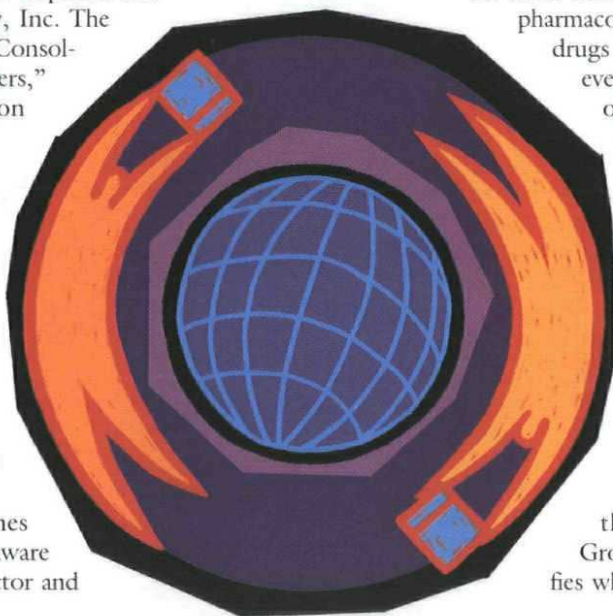
Fr. Place is
president and chief
executive officer,
Catholic Health
Association,
St. Louis.

to grapple with what they mean for the future (see Wanda Jones, “Beyond Technology and Managed Care: The Health System Considers Ten Future Trends,” *Frontiers of Health Services Management*, Spring 2000, pp. 13-28). For example, she posits that immigration into the United States will continue to be heavy, and that many of these immigrants will be illegal, uneducated, and uninsured. The aging of the U.S. population will also continue, Jones predicts, with that part of the population she calls the “young old” increasingly providing care for the “old old.”

Not surprisingly, all three of these reports spoke of another “outside” factor: the Internet. Medical knowledge is no longer under the control of healthcare professionals—it now belongs to the public, which has access to what some experts estimate to be as many as 20,000 potential sites for healthcare information.

Science and Technology New developments in biomedical devices, enabled by computer chips and sensors, are on the horizon, as is a new generation of pharmaceuticals that (1) is coming to market faster than earlier generations, and (2) reflects pharmacology’s new ability to custom design drugs by computer. All of this is occurring even as genetic science begins to develop DNA-based diagnostics and therapeutics. At the same time, we are seeing a movement away from the traditional separation of mind and body in the treatment of disease, especially chronic disease. The Tiber Group-Ascension Health report, for instance, suggests that “the traditional line between devices, biotechnology, and information” may be increasingly blurred.

Response Trends In addition to these and other trends, the Tiber Group-Ascension Health report identifies what it describes as certain “response



trends." Two in particular caught my attention: "Defensive overpriced vertical investments that have diluted capital reserves while failing to provide sustainable competitive advantage"; and "Wait and see, as the slow pace of change allows an undertow of skepticism around the necessity for action to seep in."

STRATEGIC IMPLICATIONS

All three of the reports forecast consequences that will flow from these trends, along with some strategic implications:

- Declining dependence on healthcare providers
- Opportunities for creating loyalty among baby-boomers
- The necessity of integrating an Internet/Web site strategy in public relations and patient relations/treatment strategies
- The need to mainstream complementary medicine
- The importance of continually identifying the biotechnical and genetics advances that will emerge from clinical trials over the next years and of incorporating them into the "portfolio of services"
- Opportunities to be gained by learning from the experience of those who have become "new market makers," in particular their awareness that consumers are demanding a different standard of care

From my perspective 37,000 feet in the air, I began to reflect on the significance of these trends and their associated implications for healthcare delivery in the nation—and especially for Catholic healthcare.

My first thoughts were somewhat negative.

It is clear that we are on the frontier of a literal revolution in healthcare delivery, one akin to that earlier historic moment when caregivers began to move from comforting dying people to curing illnesses. We come to that new frontier, however, at a time when the economic resources necessary to fund such a monumental transition are already strained by the demands of managed care, state and federal payment reductions, and rising pharmacological and labor expenses. We also come to it at a time when the skepticism noted above can blind executives and others to the significance of these developments for the future of institution-based healthcare delivery.

While these dynamics are present in all of healthcare, there are others that are limited to not-for-profit and faith-based healthcare. Partly because it is free from the profit-margin pressures of the publicly traded sector, the not-for-profit sector is, in general, not noted for its pursuit of radical innovation. This is understandable when one considers the costs associated with potential failure. Com-

We are
on the
frontier of
a literal
revolution in
healthcare
delivery.

munity-based healthcare does not have the access to needed venture capital that our publicly traded colleagues do. In faith-based healthcare there also is an understandable conservatism that results from the fact that we are stewards, not owners, of a mission and a ministry that we are responsible for preserving and protecting.

DESIGNING "A NEW GAME"

As quickly as these negative thoughts came, they were complemented by others more positive. I recalled, for example, that practitioners of the healing arts/sciences have successfully navigated previous monumental transitions. The foundresses and founders of Catholic healthcare in this country started with nothing other than their faith and their passion, and today the ministry they began is a significant piece of our nation's healthcare delivery. There also is the fact that we are not alone: We are aided by the Holy Spirit.

But what is required if we are to navigate successfully the turbulent waters of transition? Let me offer a suggestion. Several years ago some of us gathered in Lincolnshire, IL, for the historic moment of founding the *New Covenant* process. Together we decided that we would rise above our histories to, first, find new ways of collaborating within the ministry and, second, initiate concentrated efforts at collaborating with Catholic Charities and others.

In effect, we decided that we would accept Marian Jennings's invitation to engage in what she calls "Board 3" play. We agreed that we needed to change the rules and create a "new game," that we would create what "could be," and that we would engage in fundamental change, seizing new or different opportunities by daring to be visionary. (These terms were adapted by Jennings, Ryan & Kolb from Will McWhinney, ed., *Creating Paths of Change*, 2d ed., Sage Publications, Thousand Oaks, CA, 1997.)

And in many ways we have succeeded. All we have to do is look around us. Although much has not changed, much has. Indeed, what many sitting in that hall would have thought to be inconceivable is, today, reality.

This realization led me to wonder: What do we, as a ministry, need to do to ensure that we respond to all the trends outlined above from the perspective of "Board 3" play? Do we need to initiate a conversation about how, in particular, we can engage science and technology in a way that will put us at the cutting edge of change?

Unfortunately, the plane landed before I could consider how we, as "the ministry gathered," could move in this direction. Do you have any thoughts on the subject? If you do, please let me know. □