

## EDITOR'S NOTE

Perhaps everyone but I knew that the story of the multiplication of the loaves and fishes appears six times in the New Testament. All four Gospels feature the miracle of the multitude of 5,000 being fed; Matthew and Mark tell of a second miracle when Jesus feeds a smaller crowd of 4,000 people.



MARY ANN  
STEINER

There are minimal differences among the miracle stories as they are told in Matthew, Mark and Luke. But John's Gospel offers some interesting details. In the other five stories, there are no identified characters except for Jesus — just unnamed disciples and a hungry multitude.

In John 6:1-14 we learn it was Philip who threw up his hands at the idea of feeding so many people, knowing exactly how many day's wages it would take to pay for it, and it was Andrew who gathered data about the paltry resources of five barley loaves and two dried fish. More interesting, we learn the loaves and fish belong to a young boy willing to hand them over to Jesus of Nazareth, who was about to miraculously feed the people to satiety before requesting the abundant remnants be gathered.

It is a useful Scripture to reflect upon when we think about how changed circumstances bring us to crossroads of opportunity and disaster. A throng of hungry seekers of signs and wonders could have turned ugly. A couple of uncooperative disciples could have given their leader pause about whether he had called the wrong people to his mission. The young boy who risked his supper on the likelihood of a miracle might have been simply foolhardy.

The changed circumstances of health care, especially Catholic health care, are the starting point of every article in this issue. As systems proceed with the business of partnering, purchasing, merging or joining with entities outside their traditional frameworks, how can we be sure that they are extending the ministry in wonderfully innovative ways rather than merely expanding a market footprint?

We can't. There are huge risks in predicting the trends, interpreting the data and developing new business arrangements, not to mention what is at stake in terms of Catholic identity. There is no big answer to the questions about how to move forward with Catholic, other-than-Catholic, non-profit and for-profit partnerships occurring in the

ministry. Rather, as Sr. Kathleen Pruitt reminds us in her introductory article, the devil is in the details.

Spelling out the details with hope and specificity was the task of this issue's authors. They have addressed the topic of acquisitions, mergers, joint ventures and partnerships from points of view that range from business models and strategic planning, to rollouts of engagement, to mission and ethics. Authors include CEOs from systems large and small, senior mission leaders, business consultants and entrepreneurs. We are grateful to all of them for their candor and insights. Special thanks to Marian Jennings, author of the article on page 7 and helpful guest co-editor for the entire issue.

There isn't an author in this magazine who doesn't conclude that these new kinds of partnerships are necessary to the survival of the Catholic health ministry. According to the online independent journalism organization *ProPublica*, Catholic health care is growing more rapidly and successfully than any other health care entity in the nonprofit or public sector. Only for-profit health care is increasing its market share more aggressively (*ProPublica*, Dec. 18, 2013). Such data seems to indicate that pursuing these new and untraditional partnerships is worth the risks being taken.

The risks are huge. In today's model of population health, the hungry multitude comprises entire communities whose health is in the balance. The multiplication of loaves and fishes is a mathematic function not unlike a formula whose variables are per capita costs, the health status of populations as well as individuals, and metrics of patient involvement and satisfaction. Tricky math any way you look at it.

St. Thomas More — a man who knew a lot about the devils in the details of being Catholic in the midst of changing models — had an opinion on taking risks when it came to new ventures: "I think that if any good thing shall go forward, something must be adventured." Catholic health care is a good thing. It should go forward with opportunities and risks of working with new partners in new ways, mindful of what is being ventured and true to the mission it expresses.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, September-October 2015  
Copyright © 2015 by The Catholic Health Association of the United States

---