The Global Mission of CHRISTUS Health

JEFFREY PUCKETT, MBA

On June 18, 2018, a cardiac surgical team spent 12 hours saving a 9-year-old girl's life by performing a heart transplant. On display were the skills and faith that such a complex operation requires from patient, family and surgical team. This scene could have occurred in one of hundreds of operating rooms across the United States, but it was taking place in Santiago, Chile, at Hospital Clínico UC CHRISTUS, and it's just one example of what it looks like to work together as an international health care system.

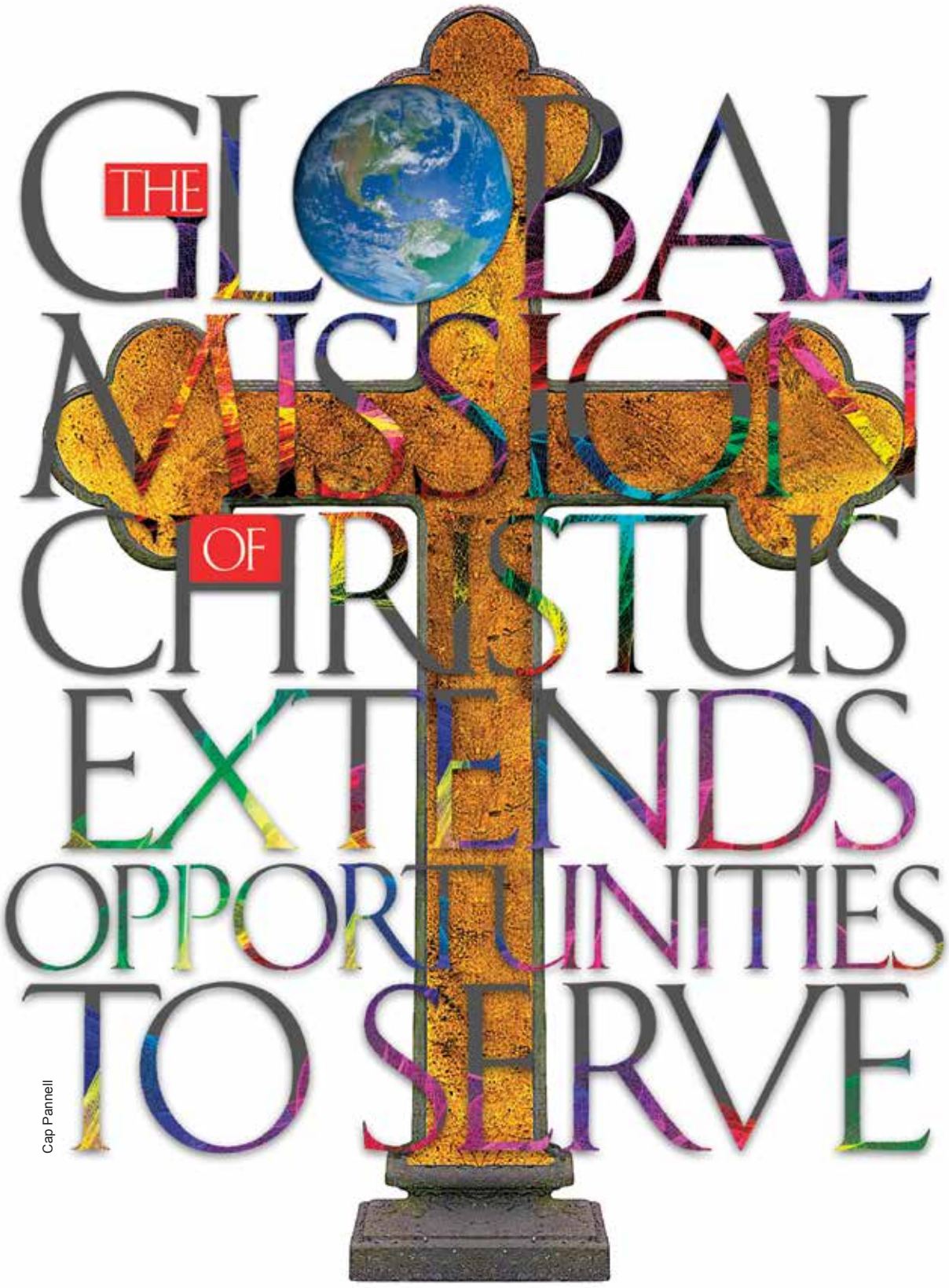
Closer to the world's equator, in Colombia, the cities of Cali and Palmira recently became the first two cities in that country to experience a new choice in health care called Nexo Vital. In the U.S., we call this care model "population health," but it is a new concept there. With its own operational center of medical and administration personnel, Nexo Vital currently coordinates services for 110,000 patients. A significant percentage of them are chronically ill. The team begins with a patient's initial diagnosis, then works with the patient's physician as well as other clinicians and services to guide the patient through all needed care, monitoring him or her continually along the way. It is such an effective system that family members of patients enrolled in Nexo Vital have begun asking to be included, even though they do not have a chronic disease.

In Mexico, CHRISTUS Muguerza is now the third largest private health care provider. What doctors and nurses are doing to manage a patient's pain in the mountains of Nuevo Leon, at CHRISTUS Muguerza Saltillo, one of our smaller hospitals, has gained the attention of all of us across the CHRISTUS Health system and will likely become a best practice as we look to manage a serious national opioid crisis in the U.S.

"Think global, act local" is more than just a bumper sticker to CHRISTUS Health; it's a defining feature of who we are. A third of our organization's associates are international — 15,000 of our 45,000 associates live and work in Mexico, Chile or Colombia. With more than 15 years of experience in global health care, we know that impressive work is done at each of our international facilities every day. We are following in the footsteps of our sponsoring congregations, learning what it truly means to answer the call for all those in need in the U.S. and Latin America.

But just because we can understand the importance of global health care doesn't mean that learning to be an international health system came easy. In fact, we have learned many lessons the hard way, such as the challenges of recruiting experienced health care leaders in Latin America, navigating novel insurance markets and dealing with cash flow challenges.

The difficulty of these shifts, though, has given


THE
GLOBAL
MISSION
OF
CHRISTUS
EXTENDS
OPPORTUNITIES
TO SERVE

Cap Pannell

way to the beauty of enhanced opportunities to serve those who need us and combine our skill sets, experience and knowledge both in Latin America and the United States to work for all we serve in creative and innovative ways.

EYES ON THE EXPERIENCE AND GROWING OUR OWN

In the U.S., it seems like common sense to hire committed health care executives who hold a master's degree in the specialized field of hospital administration. The American College of Healthcare Executives and a plethora of master of health care administration programs ensure that we have a large and deep pool of prepared executives to pull from in the U.S.

We learned early on, however, that universities in Latin America don't widely offer these specialized higher education programs. For some reason, health care is not considered a common career path; instead, fields of advanced study like banking and hospitality are much more commonplace. Not only that, but leaders in Latin America move more easily between industries, while American executives often gain experience in health care and make their moves within that industry.

As a result, it has been much more difficult to recruit top executives in Latin America who, from the first day, understand the intricacies of health care management. Addressing the issue has forced us to get creative, recruiting Spanish-speaking talent from other industries or growing them within our organization.

That's why CHRISTUS created an international executive-in-residence program to attract and prepare international health care leaders for development and acculturation to CHRISTUS Health. The exposure to different CHRISTUS ministries and to the system office allows the new leader to identify resources, build lasting relationships and build bridges across the organization. The executive can then leverage this knowledge and these experiences when starting to work abroad, to the mutual benefit of the international ministry and the executive. We soften the learning curve for leaders coming to our Latin American ministries from outside health care or who are joining an international organization for the first time, providing them with resources and contacts in order to make the assimilation process easier and achievement of goals faster.

Over the past two years, CHRISTUS Health has hired 16 international executives and provided them with customized plans, including 253 internal stakeholder meetings and 78 facility visits, to orient them to the business and culture. Years of experience in Latin America have been vital to recruiting prepared international leaders, and as CHRISTUS' international presence has grown, the system has developed leaders from within as well. Both CEOs of CHRISTUS ministries in Colombia and Chile, Alejandro Canavati and Yul Garces respectively, began their tenures at CHRISTUS Muguerza in Mexico, where each served as chief financial officer at various times.

It has been much more difficult to recruit top executives in Latin America who, from the first day, understand the intricacies of health care management.

Both also came from industries outside health care. Canavati spent nine years with General Electric, gaining experience in sourcing, operations, quality, business development and finance. Garces, a native of Peru, earned his undergraduate degree in the U.S. and began his career in international automotive manufacturing before he moved into health care and operational finance.

The programs and structures built to recruit and prepare high quality executives to lead our ministries in Mexico, Chile and Colombia are vital to the ability to carry out the CHRISTUS mission in Latin America.

PRICE TRANSPARENCY

Health care providers in the U.S. have been warned for years of increasing price sensitivity and the need for "consumer-driven health care." In Latin America, that day already has come.

Ten years ago, CHRISTUS ambulatory centers in Mexico posted price lists that were as long as the buildings are high. In Chile, not only does the law require health care providers to give patients a quote for the full cost of their health care services, but consumers use that information to shop around. Patients will visit a surgeon, receive a diagnosis, ask for a quote on the necessary procedures and then gather and compare prices from other surgeons and hospitals. Often, they will

choose the facility and physician who provide the lowest quote. Because consumers shop for and often choose the lowest cost option, the approach to pricing and negotiations with insurers differs greatly from practices in the United States.

Most U.S. health systems are preparing for a similar reality ushered in by the Centers for Medicare and Medicaid Services' Fiscal Year 2019 Inpatient Prospective Payment System, which requires hospitals within the U.S. to make current standard charges available online. The fact remains, however, that the ability to provide an accurate cost estimate remains a serious struggle today for most U.S. hospitals. Meanwhile, the website of the CHRISTUS Health system in Chile prominently displays the option to "request your surgical budget."

The price sensitivities of the patients and community members CHRISTUS Health serves in Mexico, Chile and Colombia also speak to another fundamental difference in Latin America — the varying structures of the health care systems, their relationships with payers and the many issues that can affect payment for services.

Examinations of other countries' health care systems can fail to include the daily realities of navigating unfamiliar, varied and diverse structures, especially those closely tied to the operations of foreign governments. The truth is that some governments in Latin America, like some states in the U.S. on Medicaid, are inconsistent in their timely processing of payments. This can mean payments are delayed for long periods of time. We always strive to continue seamless operations and serve patients while waiting for the resources needed to compensate staff and our vendor partners and to purchase our supplies.

MAKING A DIFFERENCE

People often make assumptions about the health care experience in Latin America. The CHRISTUS health delivery model is designed to achieve high quality outcomes for all of those we serve. To do this, we work hard to operate with similar standards in both the U.S. and Latin America. For example, nearly all our clinical quality standards are the same between the U.S. and Latin America.

CHRISTUS Health's ministries in Latin America offer opportunities to simultaneously expand its mission, diversify its portfolio and use the ministry's experience in both the United States and Latin America to benefit the entire ministry.

Make no mistake, the prevalence of extreme poverty and inequality are visible in Latin America just as it is in the U.S. This great need calls us to respond and provides endless opportunities to fulfill the CHRISTUS Health mission of extending the healing ministry of Jesus Christ while caring for those who are the most vulnerable and in need.

In Mexico and Chile, CHRISTUS Health operates clinics for people who are poor and vulnerable, some of whom live in remote areas where they struggle to access needed health care services. We also have programs in place to allow CHRISTUS associates to give back to their communities, providing surgical assistance for congenital heart defects, cleft lips and palate, scoliosis, hand deformities, hip and knee replacements, lung and thoracic diseases, high complexity gynecologic laparoscopic procedures, high complexity brain surgery and eye surgery. This changes lives and aligns with our values and sponsoring congregations' directions to CHRISTUS Health

The truth is that some governments in Latin America, like some states in the U.S. on Medicaid, are inconsistent in their processing of payments. This can mean payments are delayed for long periods of time.

Those directions also help us embrace the rich heritage, culture, industry, agency and spirit of our neighbors in Mexico, Chile and Colombia. This falls in line with our heritage since we are sponsored by three congregations with international origin stories.

Although we focus on those in need, we also recognize a growing middle class that demands better access and more personalized health care. Latin American countries have advanced economically and, with increased globalization, the lives of the people have changed. There is a demand for health care services that include important preventive and chronic care management. We are able to simultaneously benefit from this and improve the health of these communities by offering our services.

The growth of the middle class in Mexico, Chile and Colombia also points to the maturing of local health care systems that, together with American experience and expertise, can be used as they grow. This is easily visible when one compares how the U.S. health care system has transformed to its current state of health care systems with multiple geographic locations and many ambulatory services.

Historically, most health care providers in the U.S. were independent; physicians and hospitals had not yet learned the value of integrated networks that provide administrative support, best practices and rapid quality improvement opportunities. Today, however, mergers and acquisitions continue at a heightened pace, and fewer and fewer providers remain completely unconnected to some system or network.

In the same way, today in Latin America there are countless individual physicians and hospitals that are not incorporated with bigger health systems or joint ventures. Broader health care networks that connect providers across the continuum of care are not as common as in the U.S., and hospitals remain the center of the system.

The things CHRISTUS has learned making a similar transition to becoming a more integrated health care system lends priceless experience to its facilities and providers abroad, helping with everything from emergency department throughput (thus allowing us to serve more patients in need) to the most effective structures for partnerships and joint ventures with like-minded providers. It also allows CHRISTUS Health to rapidly improve quality of outcomes in many areas.

CLINICAL CHALLENGE ACCEPTED

A few years ago, CHRISTUS introduced the safety experience triad (nurse leader rounding, bedside shift report and hourly rounding) to each of its hospitals, including those in Latin America. The nursing staff in Chile accepted the challenge to execute this triad practice, and they did so quickly and successfully, making the changes look almost easy.

The nursing staff set a goal of 100 percent implementation in six months for all CHRISTUS medical units in Chile. Using smartphones and computers, the nursing teams documented their work through an electronic report. Within four months, nursing communication and other important patient survey scores jumped by almost 10 percent. For the nurses, it was an opportunity to rediscover their call to nursing, bringing back not just the science, but also the art and compassion of nursing.

NO QUICK FIXES

CHRISTUS Health has learned many difficult but important lessons in more than 15 years as an international health care organization. Success in these endeavors does not come from short-term orientation, nor does it offer a quick "get in and get out" option.

We keep our number one focus on our mission and our call to serve those in need. We also have made a point of growing in a deliberate and measured way. We spent 10 years in our first partnership in Mexico before expanding to Chile and then, three years later, to Colombia. CHRISTUS never enters a new country alone, but relies heavily on partners to guide it toward the best way to create new systems and serve more people than would be possible alone.

These partnerships have helped CHRISTUS navigate some difficult circumstances: the availability of fewer experienced executives than were anticipated; the learning curves surrounding new market structures; and a maturing health care market that sometimes challenges the availability of the resources we needed.

But when CHRISTUS steps back to examine its experiences as an international health care system, the case for meeting international health care needs beyond short-term mission trips is clearly compelling. For CHRISTUS, it makes sense from the perspective of its call to extend the healing ministry of Jesus Christ and its need to ensure it has the resources to do so in the communities it serves.

And it makes sense for the patients CHRISTUS serves as well — from the vulnerable to the middle class to a 9-year-old girl who needed a new heart and new hope. It is an honor for CHRISTUS Health to work alongside its international health care partners to extend the healing ministry of Jesus Christ.

JEFFREY PUCKETT is executive vice president and chief operating officer, CHRISTUS Health, Irving, Texas.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, November - December 2018