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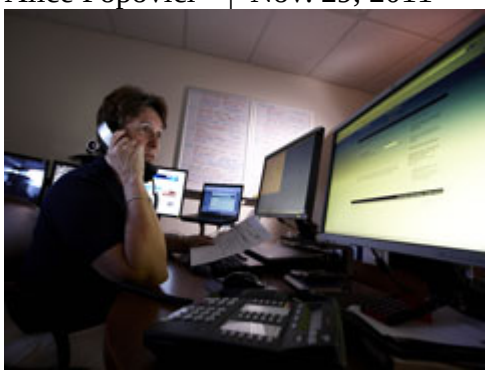
Economy challenges Catholic health care ministry

Alice Popovici | Nov. 29, 2011



In rural areas, technology is often used to compensate for staffing shortages. Ricki Shaw, a pharmacist who works for Catholic Health Initiatives, assists other pharmacies with prescriptions at the central terminals for ePharmacy Direct in Fargo, N.D. (Courtesy of Catholic Health Initiatives)

As lawmakers debate how they will trim budgets everywhere and reduce the federal deficit, Catholic health care organizations, like the wider health care industry, continue to deal with the challenges of delivering medical care with fewer resources. Like others, they are looking for new ways to treat poor and uninsured patients, bring physicians to rural areas despite a nationwide shortage, and continue to survive in a rapidly changing landscape.

In addition, Catholic health care faces challenges the rest of health care does not: challenges of maintaining identity grounded in the mission of its founders to care for the poor and uninsured and to follow Catholic ethical and religious directives. These commitments are often complicated by budget shortages, legislative requirements and mergers between Catholic and non-Catholic organizations.

?The difference in Catholic health care is our Catholic identity and what we strive for, and that is taking care of the poor,? said Judy Persichilli, CEO of the health system Catholic Health East. ?Everything roots back to, really, what does this community need??

According to a number of leaders in the field, serving the poor is as central a challenge today as it has been through the history of Catholic health care.

It is a mission Catholic health care organizations have worked to fulfill since the 1800s and early 1900s, when many of them were founded by congregations of religious women responding to a particular need. Throughout the country, the sisters arrived, usually at the behest of a bishop or political leader, and opened facilities to treat those affected by epidemics, or soldiers wounded in the Civil War, or patients too poor to afford medicine.

Persichilli said many Catholic Health East facilities now operate in the same areas where the sisters first arrived, such as Philadelphia and Camden, N.J., where dealing with a shifting urban demographic has become one of the organization?s biggest challenges.

?We are actually seeing increasing numbers of those who are marginalized, poor and vulnerable, and that?s part

of who we are,? she said, ?but that?s also what makes it difficult.?

A couple of years ago, Catholic Health East hospitals began outreach initiatives to assess the health needs of homeless populations in their service areas, and to find ways to meet those needs, Persichilli said. The work was largely inspired by Operation Safety Net, an outreach started in 1992 by physician Jim Withers of the Pittsburgh Mercy Health System.

In the early days of Operation Safety Net, Withers would dress as a homeless person and make his rounds at night, meeting people in the places where they were living -- in alleys, under bridges, and along the banks of the river, as the story is told by those in the Pittsburgh Mercy Health System, which is part of Catholic Health East. The program has since formed partnerships with food banks, churches and veterans? organizations, but its staff members still make ?house calls? to homeless patients, every year helping hundreds of people who live on the streets of Pittsburgh.

Halfway across the country, in the sparsely populated wilderness of North Dakota, South Dakota and Minnesota, health care providers face a different set of challenges. As these 15- to 25-bed hospitals try to provide care around the clock to patients who may drive up to 70 miles for emergency treatment, they are relying more and more on telehealth to compensate for a shortage of physicians -- so that instead of meeting a doctor face-to-face in the emergency room, a patient sometimes receives treatment and advice via teleconference from a doctor who is hundreds of miles away.

?A lot of times, when people think telehealth, they think technological challenges -- they?re really work force challenges,? said Chris Jones, director of strategy and business development for the Fargo, N.D., division of Catholic Health Initiatives. To be sure, each of the hospitals he oversees in these remote areas employs physicians, but there are often not enough of them to staff the emergency room at all hours of the day and night.

?With an overall nationwide shortage of physicians,? Jones said, ?it becomes difficult to recruit.?

But part of Catholic Health Initiatives? mission as a Catholic ministry is to figure out how to solve these problems, according to Luke Larson, vice president of mission integration for the health system?s Fargo division. In doing this, the system is not only fulfilling its role as a health care organization, but also continuing the tradition of the nuns who opened the first hospitals in frontier states when there was no one else to care for the miners and farmers in those communities.

?The sisters went to where the need was, and that?s what we?re doing today,? Larson said. ?We?re figuring out how to do it, and we have to do it because that?s part and parcel of who we are as a Catholic ministry.?

Larson said he works to ensure the overall well-being of the communities that are part of Catholic Health Initiatives? Fargo division. Sometimes this means working to implement violence prevention programs that stop bullying and domestic abuse before they lead to physical injury (programs Catholic Health Initiatives has so far implemented in 20 of the roughly 70 communities nationwide where it operates hospitals) or helping priests in remote parishes better communicate with their parishioners as well as their bishops.

?We?re not just about managing a wound or treating an illness,? Larson said. ?We need to, today, be very formative with our leaders, to enable them to continue this healing ministry of the church.?

But how do ministries of the Catholic church continue this work when economic forces move them to merge with non-Catholic or secular health care organizations, some of which may disagree with the church?s positions on abortions, sterilizations and end-of-life decisions?

In the case of St. Joseph Health System, a subsidiary of Catholic Health Initiatives that would acquire majority

ownership in University of Louisville Hospital in Kentucky as part of a proposed three-way merger that also includes Jewish Hospital & St. Mary?s HealthCare, the deal has raised questions about the separation of church and state.

University of Louisville Hospital, which says it is a private, rather than a public, institution even though it continues to receive government funding to treat the poor, has filed a lawsuit against Louisville?s *Courier-Journal*, WHAS-TV and the American Civil Liberties Union, in an effort to avoid turning over public records, according to *The Courier-Journal*.

Dean Swindle, executive vice president and chief financial officer at Catholic Health Initiatives, said mergers and acquisitions, in general, are driven by the economic and financial challenges health care organizations face, one of them being the reimbursement structure for health services.

?As we go forth, we know reimbursement growth is not going to be what it has been historically,? Swindle said. And as health care organizations anticipate the future, they are also looking at ways to be proactive, he added, to better integrate information technology as well as physicians across the entire health system.

In regard to the ongoing debate regarding the merger -- or partnership -- with University of Louisville Hospital, Swindle said the discussions are progressing well, but that financial transactions of this scale ($2.5 billion, when the merger deal goes through) will always raise questions.

?Anytime you have something of this magnitude,? Swindle said, ?you?re going to have conflict.?

Persichilli, the CEO of Catholic Health East, said that maintaining Catholic identity in health care is becoming more and more challenging as the number of sisters working in these ministries continues to dwindle.

?As we?ve lost that physical presence,? Persichilli said, ?the challenge in Catholic health care is, in my opinion, to continue to remind ourselves of the stories of the sisters? -- of the reasons they came to a particular area and of each congregation?s specific charism.

As health systems try to meet the challenges of health care reform and work through financial constraints, Persichilli said the sisters? courage to change according to need can inspire Catholic health leaders on how to move forward, and continue to ?embrace the mission that was started years ago, in very challenging times.?

This is Part 2 of a three-part series on Catholic health care.

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