Pope Francis and the Reshaping of Catholic Health Care in the U.S.

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Objectives

1. Outline the core commitments of Catholic health care.

2. Articulate a broader moral vision informed by Pope Francis for Catholic health care’s development in a post-reform era.

3. Apply a broader moral vision of Catholic health care to recent developments and select cases.
Catholic health care (CHC) is motivated, first & foremost, out of its faith in the redemptive act of Jesus Christ, which, as Henry Sigerist describes, causes us to see things in a different light:

In Jesus “the Christian faith introduced the most revolutionary & decisive change in the attitude of society toward the sick. Christianity came into the world as the religion of healing, as the joyful Gospel of the redeemer & of redemption. It addressed itself to the disinherrited, to the sick & the afflicted, & promised them healing, a restoration both spiritual & physical….It became the duty of the Christian to attend to the sick & poor of the community....” (Civilization & Disease, 1943, pp. 69-70)

In faithful imitation of Jesus, CHC seeks to reveal God’s healing & reconciling presence in the world &., as Cardinal Joseph Bernardin indicated, be a sign of hope to those in need:

“As Christians, we are called, indeed empowered, to comfort others in the midst of their suffering by giving them a reason to hope. We are called to help them experience God’s enduring love for them. This is what makes Christian healthcare truly distinctive. . . . The ultimate goal of our care is to give to those who are ill, through our care, a reason to hope. . . . Although illness brings chaos & undermines hope in life, we seek to comfort those who are ill, whether or not they can be physically cured. We do so by being a sign of hope so that others might live & die in hope. In this we find the Christian vocation that makes our healthcare truly distinctive.”

### Core Commitments of Catholic Health Care

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<tr>
<th>Commitment</th>
<th>Description</th>
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<tr>
<td>Care for and advocacy on behalf of poor &amp; vulnerable</td>
<td>CHC is called to show special concern for &amp; actively minister to the poor as well as advocate on behalf of those who are vulnerable &amp; at the margins of society</td>
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<td>Respect life &amp; promote human dignity</td>
<td>CHC is called to respect life at all stages and promote the inherent dignity of every person</td>
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<td>Provide compassionate, holistic care</td>
<td>CHC is called to provide high-quality, compassionate care focused on the whole person (physical, psychological, intellectual and spiritual)</td>
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<td>Promote justice in the workplace</td>
<td>CHC is called to promote the rights and well-being of employees and other associates, which includes, creating a safe work environment, providing fair wages &amp; benefits, and nurturing family &amp; spiritual life</td>
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<td>Exercise a preferential option for poor</td>
<td>CHC is called to consider and factor into its decisions, especially those with wide-ranging consequences, how the poor &amp; vulnerable will be affected</td>
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<td>Contribute to the common good</td>
<td>CHC is called to be a driver of social change that leads to a greater respect for fundamental human rights &amp; for the economic, social, political, &amp; spiritual health of the entire community</td>
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<tr>
<td>Steward resources responsibly</td>
<td>CHC is called to care for the environment &amp; responsibly use/manage resources (financial, human, &amp; natural)</td>
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### Francis’ Contribution to CHC’s Self-Understanding

- Commitments all well-known but...

- Being challenged to look more deeply at certain aspects by Pope Francis
  - Not necessarily new but a reorienting & emphasis

- At least three ways Francis contributing to self-understanding of CHC
  - How we must care... with mercy
  - Who we must care for... the poor
  - What we also must focus on... justice
How We Must Care ... with Mercy

“I see clearly that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else. Heal the wounds, heal the wounds.... And you have to start from the ground up.

“The church sometimes has locked itself up in small things, in small-minded rules. The most important thing is the first proclamation: Jesus Christ has saved you... We must always consider the person. Here we enter into the mystery of the human being. In life, God accompanies persons, and we must accompany them, starting from their situation. It is necessary to accompany them with mercy.”

“The church’s ministers must be merciful, take responsibility for the people and accompany them like the good Samaritan, who washes, cleans and raises up his neighbor. This is pure Gospel... The ministers of the Gospel must be people who can warm the hearts of the people, who walk through the dark night with them, who know how to dialogue and to descend themselves into their people’s night, into the darkness, but without getting lost.”

Excerpts from “A Big Heart Open to God: The Exclusive Interview with Pope Francis,” America 209 (September 30, 2013).

Who We Must Care for ... the Poor

“For the Church, the option for the poor is primarily a theological category rather than a cultural, sociological, political or philosophical one. God shows the poor ‘his first mercy.’ This divine preference has consequences for the faith life of all Christians, since we are called to have ‘this mind... which was in Jesus Christ’ (Phil 2:5). Inspired by this, the Church has made an option for the poor which is understood as a ‘special form of primacy in the exercise of Christian charity, to which the whole tradition of the Church bears witness.’ This option ‘is implicit in our Christian faith in a God who became poor for us, so as to enrich us with his poverty.’”

“This is why I want a Church which is poor and for the poor. ... We are called to find Christ in them, to lend our voice to their causes, but also to be their friends, to listen to them, to speak for them and to embrace the mysterious wisdom which God wishes to share with us through them.”

“The poor person, when loved, ‘is esteemed as of great value’ and this is what makes the authentic option for the poor differ from any other ideology, from any attempt to exploit the poor for one’s own personal or political interest. Only on the basis of this real and sincere closeness can we properly accompany the poor on their path of liberation. Only this will ensure that ‘in every Christian community the poor feel at home.’ Would not this approach be the greatest and most effective presentation of the good news of the kingdom?”

What We Must Also Focus On... Justice

“We cannot insist only on issues related to abortion, gay marriage and the use of contraceptive methods. This is not possible... The teaching of the church, for that matter, is clear and I am a son of the church, but it is not necessary to talk about these issues all the time.”

“The dogmatic and moral teachings of the church are not all equivalent. The church’s pastoral ministry cannot be obsessed with the transmission of a disjointed multitude of doctrines to be imposed insistently... We have to find a new balance; ... The message of the Gospel, therefore, is not to be reduced to some aspects that, although relevant, on their own do not show the heart of the message of Jesus Christ.”

"I prefer a church which is bruised, hurting and dirty because it has been out on the streets, rather than a church which is unhealthy from being confined and from clinging to its own security... More than by fear of going astray, my hope is that we will be moved by the fear of remaining shut up within structures which give us a false sense of security, within rules which make us harsh judges, within habits which make us feel safe, while at our door people are starving."


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Transformation of U.S. Health Care

• “We are at the beginning of the largest industry transformation in the past century...” Traditional providers and new entrants – spurred by government, employers, and individuals – “are igniting a volume-to-value revolution” resulting in new delivery mechanisms that will produce better outcomes at lower costs to a broader range of the population...

Source: Oliver Wyman, “The Volume to Value Revolution: Rebuilding the DNA of Health from the Patient In”

Transformation Critical Given System Failures

ACCESS
• 40+M remain uninsured & many more millions are underinsured, esp. minorities (Gallup, 2014)
• 37% forgo needed care because of cost & 61% have difficulty receiving timely care outside ED (Commonwealth Fund, 2013)

COST
• $2.9T & ~$9,000 per capita – projected to exceed $5.0T by 2022 (CMS, 2013)
• $750B in unnecessary care (IOM, Better Care at Lower Cost, 2012)

QUALITY
• 51st among all nations in life expectancy (CDC, 2013)
• 32nd of 34 OECD nations in infant mortality, rate for black infants 2x that of white (CDC, 2013)
Changing Focus & New Delivery Models

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<thead>
<tr>
<th>Element</th>
<th>Current System</th>
<th>Emerging System</th>
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<tr>
<td>Care Design</td>
<td>Provider-centered</td>
<td>People-centered</td>
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<tr>
<td>Care Focus</td>
<td>Individual sick care</td>
<td>Population health</td>
</tr>
<tr>
<td>Care Delivery</td>
<td>Fragmented among silos</td>
<td>Coordinated across continuum</td>
</tr>
<tr>
<td>Care Setting</td>
<td>Hospital, office</td>
<td>Most appropriate &amp; convenient (retail, home, virtual, workplace)</td>
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<tr>
<td>Payment</td>
<td>Fee-for-service</td>
<td>Value-based (outcomes, safety, service, costs)</td>
</tr>
<tr>
<td>Financial Incentives</td>
<td>Do more, make more</td>
<td>Perform better, reap rewards</td>
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New delivery mechanisms: ACOs & CINs, Patient Centered Medical Homes, Retail Clinics & Urgent Care Centers, Workplace Clinics, Connected Health Technologies

Reshaping of Health Care, Including CHC

health care M&A activity worldwide hits record level in Q1 2014 reaching $153.5B in total dollars despite drop in number of deals

Trinity Health & Catholic Health East Merge to Form 2nd Largest Catholic Health System with $13B in Total Revenue

Catholic Healthcare West becomes Dignity Health, Pares Religious Ties

Catholic Health Initiative’s Lexington-Based St. Joseph Health System Completes Merger with Two Area Hospitals Forming KentuckyOne Health, Becoming KY’s Largest System

Community Health Systems purchases Health Management Associates for $7.6B (including debt) making it largest system by number of hospitals with >200 in 29 states & ~$18B in revenue

Tenet Healthcare completes $4.3B acquisition of Vanguard Health Systems creating a $16B system

Ascension Health partners with Indian Health System to build $2B Medical Tourism Center in Cayman Islands

SSM Health acquires secular, for-profit Dean Clinic & Health Plan reaching $5B in revenue
Encouraging Trends

- Shift to population health with focus on health, wellness & management of chronic disease
- Proper alignment of financial incentives toward value & away from volume
- Coordination of care, especially for the chronically ill & high-risk populations
- Uninsured rate dropping, has fallen most among Blacks, Hispanics, and lower-income Americans

"The shift to population health and the development of delivery structures to enact this shift actually begin to embody some of the fundamental commitments of Catholic health care. Therefore, they have the potential for strengthening and realizing Catholic identity."
Ron Hamel, “Catholic Identity, Ethics Need Focus in New Era,” Health Progress, May-June 2013

Concerning Trends

- Quest for size & scale & the “land-grab” mentality
- Merger mania resulting in “too big to fail” systems
- Proliferation of for-profit health care & the “investment hungry” new-entrants
- Margin optimization & the “Procter & Gamble” services scrutiny
- Shuttering of unprofitable hospitals, esp. rural & CAHs
- Rise in underinsured with growth of HDHPs & increase in OOP costs

"The biggest concern today is that Catholic health care systems, in their desire to ensure long-term sustainability, are ‘chasing the market,’ blindly accepting the practices & strategies that the market dictates & unwittingly failing to consider what impact this has on identity. Questions of how growth opportunities further our ability to live out our core commitments are rarely considered & mission/ethics concerns are often weighed on the back-end with a tendency to only focus on cooperation concerns."
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Implications for CHC

- Francis reorients us to the central themes of the gospel & to the priorities of Catholic health care
  - Reach out with mercy & compassion to those we serve, forgoing judgment & instead revealing the healing & reconciling presence of God
  - Get involved in the “messiness” of the world & bring those on the margins back to the center
  - Look & attend also to issues of justice, exercising an option for the poor & liberating people & structures from injustices

- What does this imply for us as CHC in today’s context? What does it require of us as CHC as we face the impending market pressures?
Conclusions

• Radical departure from current path is not likely

• Need to do two things better
  – Discernment
    • Have to ask broader & deeper mission/ethics-related questions on the front-end... how does this partnership, merger, etc. further our ability to pursue our core commitments, especially to extend mercy, care for the poor & promote justice
    • This has to receive as much attention as financial modeling & mission/ethics analysis cannot be “rubber stamp” focusing only on contraception & sterilization
  – Integration
    • Have to focus on ensuring core commitments are embedded into organizational structure, even as we incorporate best of other organization, Catholic or not