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# Keeping Catholic priorities on the table

Alice Popovici | Jun. 22, 2009

Detail of a Catholic Health Association poster.

**WASHINGTON** -- As they work with lawmakers this summer to help craft health care reform legislation, Catholic health ministry leaders say they will push for measures that will sustain principles of human dignity and justice, and extend coverage to the nation?s poor and vulnerable.

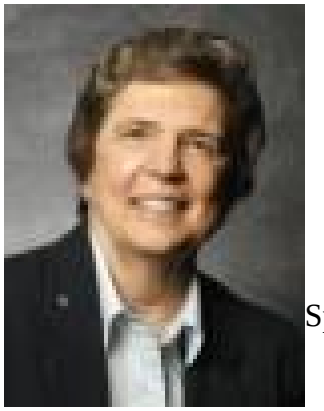
?It?s going to be a work in progress,? said Charity Sr. Carol Keehan, president and CEO of the Catholic Health Association. The organization is not supporting a particular legislative model, but will evaluate each alternative in terms of its potential to deliver cost-effective, quality care to everyone who needs it.

The current health care delivery system ?leaves a lot of people out,? Keehan said in an interview earlier this month. ?We?re open to everyone?s ideas, and we will judge our support and lack of support on the basis of whether or not they meet our principles.?

The Catholic health care ministry?s proposed vision for health care seeks to remedy the ?injustice of millions lacking access? by making medical care available to everyone while distributing its cost among all stakeholders and promoting a patient-centered approach focused on preventive measures and a streamlined information technology system. Catholic health care is the nation?s largest group of nonprofit systems, sponsors and facilities, according to the Catholic Health Association, and includes 60 Catholic health care systems that, on average, admit one in six patients nationwide each year.

Keehan said she has been working with various stakeholders in Washington to help design a bill that will stem the rising cost of health care, a challenge lawmakers have struggled with.

?Not everyone is covered, but everyone gets sick,? she said, which is the main reason health care costs are going up. ?We?re not saying yes or no to a public plan,? but looking for a way to give people efficient, quality care that preserves their dignity.

 Speaking a couple of days after the conclusion of the association?s annual Catholic Health Assembly, Keehan said President Obama -- and, to some extent, Congress -- have made health care reform a priority this year. But she stressed that health care systems, communities and individuals share in the responsibility to bring about reform.

Catholic social teaching stresses individuals? responsibility to be good citizens, Keehan said, and that means taking part in the dialogue on social justice and other current issues, and working toward meaningful change.

The assembly?s series of workshops touched on issues across the health care spectrum during the three-day event held June 7-9 in New Orleans, from data management to palliative care, but the workshop on health care reform was one of the most popular, according to Catholic Health Association experts who led the panel session.

The discussion that followed the session highlighted some of the concerns of Catholic health ministry members. One man asked how the legislation might affect a walk-in clinic he is in the process of developing; another wanted to know if there is a dollar threshold that ?will kill the plan.? And a Catholic nun from Canton, Ohio, asked how the legislation would affect immigrants, who are ?a reality in many of our cities.?

Although the association will continue to lobby for coverage, ?I think the political reality is that?s a pretty heavy lift,? said Kathy Curran, Catholic Health Association?s senior director of public policy.

Illegal immigrants are currently ineligible for Medicaid, and legal immigrants have to wait five years before they are eligible for benefits. Keehan said Congress and the White House have made it fairly clear that the first round of legislation will not include coverage for undocumented immigrants, but the association ?will continue to speak for them -- we will continue to advocate for them.?

We would like to see everyone covered,? she said, ?as a point of human dignity,? but there does not seem to be enough support from lawmakers.

In a June 15 speech before the American Medical Association, President Obama stressed the urgent need for reform that will control the soaring cost of health care -- currently $2 trillion per year -- that is a burden on the economy, families and businesses, and make coverage available to the nearly 46 million people currently living without it. He addressed the problems of working Americans, small-business owners and doctors, who find it more and more difficult to pay for needed medical care, insure employees and navigate the bureaucracy and routine paperwork that have become the norm in hospitals and medical offices.

?When it comes to the cost of our health care, then, the status quo is unsustainable. So reform is not a luxury; it is a necessity,? Obama told medical association members, according to a White House transcript of the speech. ?If we fail to act, premiums will climb higher, benefits will erode further, the rolls of the uninsured will swell to include millions more Americans -- all of which will affect your practice.?

But the reform will not change health coverage for people who are happy with their current plan, he added.

?My view is that health care reform should be guided by a simple principle: Fix what?s broken and build on what works.?

The president outlined several steps in the reform plan, including upgrading medical records to an electronic system, investments in preventive care and more widespread adoption of employer incentive plans that offer lower premiums to employees who make an effort to stay healthy.

One of the main reasons the current system is inefficient is because ?it?s a model that rewards the quantity of care rather than the quality of care,? Obama said, pushing doctors to see more patients than they have time for and to order unnecessary tests. ?It?s a model that has taken the pursuit of medicine from a profession -- a calling -- to a business.?

Obama said he believes a public option plan that would give all Americans access to affordable health care will broaden options for coverage and ?inject competition into the health care market.? He also talked about the need to end insurance companies? common practice of denying coverage based on preexisting conditions, a statement followed by a round of applause from the audience.

The cost, which will add up to around $1 trillion in the next 10 years, would be covered in part by the $635 billion already set aside in the Health Reserve Fund, and also by cuts to Medicare programs that are inefficient.

?By changing how Medicare reimburses hospitals, we can discourage them from acting in a way that boosts profits but drives up costs for everyone else,? he said.

Critics, however, have argued that the public plan option would inevitably lead to a government-run, single-payer system. ?Under the guise of preventing ?cherry-picking? health customers, a government-run plan could easily be accompanied by additional constraints or surcharges on private plans to deter them from offering attractive options,? Scott Harrington, a Wharton School of the University of Pennsylvania professor or health care management and insurance and risk management, writes in a June 15 *Wall Street Journal* editorial. ?The simple truth is that equal competition between a government health insurance plan and private plans would be impossible.?

Colleen Scanlon, who was recently installed as chairperson of the Catholic Heath Association Board of Trustees, said organization leaders will have a better sense of where the legislation is headed within the next several weeks.

?We?ll spend time throughout these summer months trying to shape and design and influence that legislative direction,? said Scanlon, senior vice president for advocacy at Catholic Health Initiatives, a nonprofit health organization based in Denver.

Working with health care providers, insurers, pharmaceutical groups, community groups and other stakeholders,

Scanlon said she will focus on making health care accessible to everyone, controlling costs and improving quality as well as implementing prevention and wellness initiatives.

?I do believe that, if we?re going to have meaningful reform, all of [these] dimensions will need to be addressed.?

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