

tidings!

July, 2008

2008 Catholic Health Assembly

Nearly 1,100 ordained religious and lay leaders from the Catholic health ministry across the United States were gathered in San Diego June 22-24 for the 2008 Catholic Health Assembly. The theme for this year's gathering was "The Future of Compassion."

GOVERNOR SCHWARZENEGGER

California Gov. Arnold Schwarzenegger addressed the audience of Catholic health care leaders at the assembly stating that failures in health care financing have created a "moral crisis" and he pledged to continue his efforts to pass comprehensive health reform in the state during the two and half years he has remaining in his term.

In a brief speech mixed with humor, the Republican governor said the state's healthcare system is failing the 5.7 million adults and 1 million children who are uninsured. "I am as committed as ever to leave California a health care system that is affordable, accessible and that works for everyone. Schwarzenegger said, "Even if it takes praying 20 rosaries every day, I will be on my knees praying 20 rosaries, but we are going to get the job done," he said to applause and laughter.

The governor defended the public-private approach to health reform he supports over a government-based, universal system he said is supported by Democrats in the California Senate Health Committee.



Governor Arnold Schwarzenegger speaks at the 2008 Catholic Health Assembly.

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Schwarzenegger said that with (the new CHA chair) Lloyd Dean's help, reformers had assembled "an unprecedented coalition of hospitals, doctors, insurers, and patient groups, business groups and labor groups" and that reform proponents are determined to persevere. He said the legislation he supports shares responsibility among employers, providers, individuals, insurers and state and federal government. "It gets everyone covered, and it reigns in soaring costs. It captures 4 billion in new federal funds and it emphasizes prevention and wellness," he said.

LLOYD DEAN, NEW CHA CHAIR

Lloyd Dean, who is president and chief executive of San Francisco-based Catholic Healthcare West, was installed as the 2008-2009 CHA board chair during a ceremony June 22 at the assembly.

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MARK YOUR CALENDAR

September 9, 2008

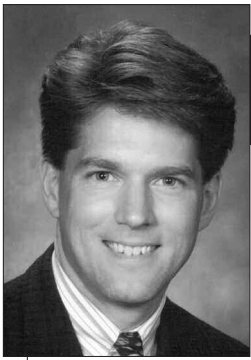
CHA-MN Board Meeting
FFI: 651-503-2163

October 2-3, 2008

MHA/HFMA Conference
FFI: 651-641-1121

October 29, 2008

CHA-MN Annual Meeting
Registration Forthcoming
FFI: 651-503-2163



Toby Pearson,
CHA-MN
Executive Director

As I See It

Throughout the 2008 Legislative session it was clear that health-care reform was a high priority. It was evident that even it meant compromising much of the proposed MinnesotaCare eligibility expansion, legislative reform would be passed. As many of you are already aware, when it was all over, long term

care received a permanent cost of living allowance of 1%, hospitals were on the end of 3% cuts to inpatient and outpatient rates with delayed rebasing, the health care access fund was raided for \$50 million, and healthcare reform was moderated by many factors with an implementation date for many pieces pushed out to 2010.

It is estimated that, through Health Care Reform Bill, an additional 12,000 Minnesotans will now have health insurance. Approximately 7,000 individuals will now be eligible for MinnesotaCare, and 5,000 individuals will get coverage through enhanced affordability of private insurance.

Much of this occurred through the raising of eligibility restrictions for single adults and increasing the family cap to \$57,500. Tax incentives for small businesses were the path for increasing potential coverage within the private sector. There clearly was a positive commitment to increasing health coverage, and enhancing the Minnesota Care program within the legislature this year.

In other areas of reform, a Statewide Health Improvement Program was established to provide competitive grants aimed at reducing obesity and use of tobacco in Minnesota. The grants will be paid for through the Health Care Access Fund. The concept of "Health-Care Homes" was introduced in an attempt to emphasize and enhance the use of primary care use which will require establishing requirements for certified providers.

The legislation also requires the Commissioner of Health to develop a standardized set of measures by which to assess the quality of health-care services offered by health-care providers

In addition, the Commissioner must establish standards for measuring health outcomes; establish a system

for risk adjusting quality measures and issue annual reports on provider quality. Finally, a plan must be developed to create transparent prices, encourage

provider innovation, reduce the administrative burden associated with processing claims and provide comparative information to consumers on variations in health-care cost and quality across providers. Much of this work is to be completed by July 2010. Besides many other areas of reform that have immediate impact, the legislature established a health care reform council of 14 appointed members who will study a range of issues for possible future reform.

So how do 'I see it' as I reflect upon the outcomes of the 2008 Legislative Session in Minnesota? The fact that long term care received their 1% permanent cost of living increase (in addition to a 1% temporary increase) and their rebasing did not get cut – this was clearly a success when so much was on the table throughout the session. The disappointing out-

comes certainly were the 3% cuts in inpatient and outpatient rates for hospitals – in addition to the delayed rebasing through 2010. The decision to take \$50 million from the health care access fund for 2008-09 was an issue CHA-MN strongly opposed.

In an increasing challenging financial season for our State, and considering the options that were proposed and discussed throughout the session, I have to take encouragement that the results were what they were. Without a unified presence as Catholic health organizations, and our cooperative efforts with other health associations, the results could have (and would have) been more discouraging.

We take hope in pressing forward with our mission of Catholic healthcare in knowing that we do not walk alone. Our mission of compassion is good and right, and will continue to be sustained despite the challenges we face. ■

2008 Legislative Session Recap

Our mission of compassion is good and right, and will continue to be sustained despite the challenges we face.

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Addressing the Assembly, Dean said, "The women religious who founded much of Catholic health care throughout the U.S. were driven by compassion to ease suffering, "These women saw and recognized those in need: the sick, the discarded, the overlooked. They acted out of an ideal of faith to provide the care that these people so desperately needed... certainly, this ideal of service, the urge to recognize need and suffering in others and act on it is what called me to Catholic health care."

"The Future of Compassion" theme of the Assembly featured a variety of speakers and session topics that addressed the need for compassion in an increasingly depersonalized health care delivery system.

Dean challenged the crowd to work toward a health care system that has the value of compassion at its core. Compassion requires seeing and understanding the

suffering of others, Dean explained, adding that the millions of uninsured in America continue to go unrecognized. "Can we call ourselves a compassionate nation when 47 million of us are not covered? Are unseen? I think not. Compassion begins with recognizing their need."

The women religious who began their ministries were the future of compassion for this nation, Dean said.

"Today, we must take up their mantle and become the future of compassion in this nation once again...Through the power of compassion, we will bring this nation together again and bring new hope and new light to our cause and to all we serve."

Through the power of compassion, we will bring this nation together again and bring new hope and new light to our cause and to all we serve.

COKIE ROBERTS

Senior news analyst for NPR and political commentator for ABC News, Cokie



Cokie Roberts, keynote speaker at the 2008 Catholic Health Assembly.

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Roberts, told health leaders at the Catholic Health Assembly that if voters create enough momentum behind health care reform, Congress will act. "It really does make a difference to have people stand up and say, 'We demand health care reform now,'" she said.

Roberts answered questions posed by Sr. Carol Keehan, DC, CHA's president and chief executive officer. Sr. Carol's questions for Roberts focused on politics, health care reform and the 2008 presidential election between presumptive candidates Sen. John McCain, R-Ariz., and Sen. Barack Obama, D-Ill.

When asked about the differences in health care policies between McCain and Obama, Roberts said the candidates differ more on this topic than any other campaign issue. "McCain has essentially a radical plan to get employers out of the business of health care, which would be a big difference in our country," she said. "Obama's plan is much more piecing together the various elements of our health care system."



Lloyd Dean (right) presenting Sister Concilia Moran Award to Sr. Doris Gottemoeller, RSM, Ph.D.

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Assembly *cont. from page 3*

Roberts, who is a Catholic, also spoke of her experience of meeting Pope Benedict XVI during his visit to the United States this year. "His visit was inspiring to a lot of people and probably most inspiring to him," said Roberts, who added that the pope enjoyed the "enthusiastic nature" of American Catholics during his visit here. "The pope went home with a better sense of who we are as a church."

DR. RACHEL NAOMI REMEN

Healing and curing are not the same thing, according to Dr. Rachel Naomi Remen, author of *Kitchen Table Wisdom: Stories That Heal*, a book that views the practice of medicine as a spiritual path. She was the final keynote speaker at the 2008 Catholic Health Assembly.



Rachel Remen, keynote speaker at the 2008 Catholic Health Assembly.

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Curing is about acquired expertise, utilization of technology and the physical recovery of the body...healing is about the recovery of wholeness.

Remen told the audience at her June 24 presentation that curing is about acquired expertise, utilization of technology and the physical recovery of the body. "Healing is about the recovery of wholeness. It is not the work of experts, it's the work of human beings," she said during her keynote

presentation on the last day of the 2008 Catholic Health Assembly.

"My grandpa said to me, 'Each of us can become a

blessing. We can bless the life in other people.' And I understood this because my grandpa had taught me about blessings," she said. Numerous technological advances have allowed humans to overcome formerly insurmountable challenges, Remen said, but despite all the discoveries and expertise, "technology has not made us whole. It's going to take something different to heal the world, something simpler and wiser and older. It requires us to remember our power to bless the life in other people...But most of all, it requires us to remember that it is compassion that sustains the world." ■

- Greg Klugherz will join **CentraCare Health System** on July 21 as chief financial officer. He succeeds John Seckinger, who retires July 9 after a 42-year career with St. Cloud Hospital/CentraCare Health System.
- Lowell Larson has joined the Senior Management Team of the **Benedictine Health System** with his new role as senior vice president for systems development. He also retains his position of president of the Benedictine Health System Foundation. Kevin Rymanoski also was recently appointed as chief financial officer.
- **CentraCare Health Foundation** recently received a \$1M gift in the campaign to build an affordable guest

News and Notes

house for families of patients. The new house will feature 12 guest rooms and several attractive common areas where guests can meet and be supportive of one another.

- The most recent 100 Top Hospitals National study from Thomson Reuters shows the Midwest as the clear leader in hospital performance. Now home to nearly half of the National winners, 92 percent of the Midwestern states are in the two top performance quintiles as measured on the study's balanced score-card measures. The study identifies collaboration among the Midwest hospitals as one of the primary reasons for their success, increasing transparency and high performance. ■

National Outlook: Is Health Care a Fading Issue?

Recent studies by many polling groups suggest that concerns about the economy and Iraq are rising as concern about health care is falling. With the upcoming election, many will look at these polls and conclude that health is a fading issue. Representatives of the Kaiser Commission on Medicaid and the Uninsured, including Jennifer Tolbert who recently presented at the Catholic Assembly suggest a different interpretation.

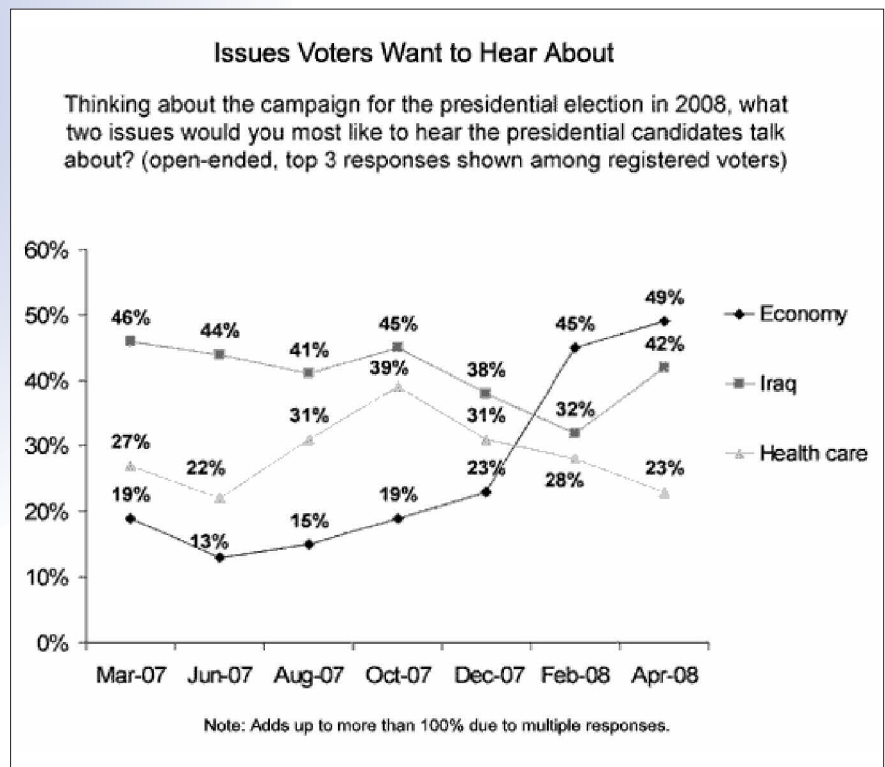
When the public is polled about the problems they are experiencing as a result of the economic downturn, serious problems paying for health care and health insurance ranked in a statistical tie for second along with job issues, behind paying for gas which was by far the largest concern of the public. More people reported serious problems paying for health than paying for food, their rent or mortgage, credit card debt, or losing money in the stock market; all pocketbook issues you would expect people to care a lot about.

The costs of health care and health insurance are also important in political terms. Polls show that these costs, more than expanding coverage, are the health issues independent voters care about most, and they are the voters the candidates will be courting most in the upcoming election.

When you see the polls suggesting that health care is a fading issue, it's important to recognize that it is now viewed as a part of the overriding

concerns about the economy.

The Kaiser Foundation would suggest that “the rise of economic worries and problems, rather than becoming a reason to defer action on health could present an opportunity to reframe the issue as the public sees it: as a single overarching problem of the affordability of care, and not as we health policy people think about it, as separate challenges of controlling costs and expanding coverage.” And as paying for health care ranks up there with job issues and the price of gas (economic problems), “elected officials might want to think about addressing the public's health care concerns differently too; not just through the lens of health reform, but as economic policy as well.” ■



Source: Key Findings: Kaiser Health Tracking Poll: Election 2008 -- April 2008, Kaiser Family Foundation, April 2008.

S A V E T H E D A T E !

CHA-MN Annual Meeting

October 29, 2008 ■ Registration Forthcoming

MISSION:

BELIEVING IN THE WORTH AND DIGNITY OF THE HUMAN PERSON MADE IN THE IMAGE AND LIKENESS OF GOD, THE CATHOLIC HEALTH ASSOCIATION-MINNESOTA ASSISTS ITS MEMBERS TO FULFILL THE HEALING MISSION OF THE CHURCH.



Catholic Health Association of Minnesota
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INQUIRING MINDS *want to know...*

...what's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163; e-mail: tpearson@chamn.org. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165. ■

Website Updates

- CHA-MN has started to post senior employment opportunities within our member organizations on our website at www.chamn.org. Please take advantage of this free opportunity when the need arises.
- CHA-MN encourages all members to add us to your mailing, press release and email list so that we can share news and notes to others through our regular communications.
- CHA is now offering recorded audio of 2008 Assembly sessions available to members. Postings of completed sessions are posted online and are free to members via our members-only website.
- CHA has joined the American Health Lawyers Association, Healthcare Financial Management Association and VHA, Inc. to create a new website. The site, www.990forhospitals.org, was designed to promote accurate and standardized reporting of community benefit and related information on the revised IRS Form 990 and Schedule H by not-for-profit hospitals. ■

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