



St. Mary's Health Clinics was the subject of a *Possumus* article in the Fall 2008 issue.

After health care reform, then what?

by Christina M. Cavitt

She said a good administrator “must keep on top of things in this rapidly changing field and should be flexible enough to roll with the changes.” She was Sister Rita Clare Brennan, CSJ, administrator of St. Mary’s Hospital in Minneapolis from 1953 to 1962. She was right on the money then, and her words ring true today.

The operative words were *change* and *flexibility*. Over the years, the health care landscape has evolved radically. However, for the Sisters of St. Joseph of Carondelet, St. Paul Province (CSJs), the basics of caring for those in need haven’t altered since 1851 when four of them sojourned up the Mississippi from St. Louis, Missouri, to the St. Paul territory to start a school. A school, indeed. Two years later, a cholera epidemic trumped the three Rs. Overnight, the women converted the log cabin school into a makeshift hospital where they became nurses. They possessed the flexibility to change direction to meet a dire need.

As time passed, the CSJs became integral to the Twin Cities’ hospital system. They quietly – well, not very quietly when a strong voice was required – cared for those who fell through the system’s cracks and steadily campaigned for systemic change toward making medical care a basic human right for everybody.

In 1992, Sister Mary Madonna Ashton, CSJ, former Commissioner of Health under Governor Rudy Perpich, led the charge to establish St. Mary’s Health Clinics [SMHC], a provider of free high quality care to low-income, uninsured adults and children in the Twin Cities greater metro area. The CSJs built a network of volunteer physicians, nurses, admissions personnel, interpreters and drivers. Further, they recruited local health care providers, specialty physicians, pharmacies, churches and schools to provide services free or at discounted prices. The eight volunteer-staffed clinics can be found in churches, schools and other buildings located among the people who need them. Because clients are seen in their own neighborhoods, transportation barriers are reduced. With interpreters on hand to help in the communication process, trust and relationships grow with every return visit. In addition, SMHC works with Park Nicollet Health System to provide health care to the uninsured in several Park Nicollet clinics.

Now, at the dawn of health care reform bill implementation, the health care landscape is shifting again. Fortunately for the unfortunate, the CSJs are poised to respond to immediate needs as well as negotiate bumpy terrain to continue systemic change efforts to secure health care for everyone.

Insurance is the name of the game

So, if it's as simple as healthy folks needing preventive care to stay well and sick people getting medical attention, what's up with a complex reform process? Experts agree that while challenges can be stated simply, approaches start with insurance, and solutions are excruciatingly complicated.

"At this point in the process, calling it 'health care reform' is something of a misnomer," says Toby Pearson, Executive Director of the Catholic Health Association



Toby Pearson, Executive Director of the Catholic Health Association of Minnesota.

of Minnesota. "What we really undertook was primarily health insurance reform rather than health care delivery reform."

Pearson explains that the 5000-page *Patient Protection and Affordable Care Act* weaves in reams of actuarial tables and mountains of data.

Questions and issues such as acute care, long term care, clinics, administration and universities, not to mention advocacy, charity and social justice also rise up. "The most controversial part of the bill remains throwing everybody in the same cost-sharing and benefits pool," he says. "We saw the first big change last September, when insured parents could start keeping their children on their policies until age 26, regardless of whether the child lives at home or is married. That's designed to cover those in their first or second jobs, just out of school, still in school, or who have had difficulties getting health insurance previously, primarily because of affordability." By including more of that younger population – which is statistically healthier – policy-makers hope to lower overall costs. "Another general concept of the bill is personal responsibility," Pearson says. "Yes, U.S. citizens have the right to health care, but

they also have the responsibility to take good care of themselves. We all have to try to do what we can to be healthy."

A matter of trust

Even with new programs covering 35,000 Minnesotans who previously did not have insurance, an alarming number of people in the state still won't get adequate health care. That's where organizations such as the Sisters of St. Joseph come in.

"Let's face it; the uninsured do not represent a market most providers are eager to engage," says Barbara Dickie, executive director of St. Mary's Health Clinics. "People not covered by health insurance simply don't enhance the bottom line." SMHC, on the other hand, seeks out uninsured patients and has worked

A Better Bottom Line

Finances are usually at the bottom line for health care organizations, and that's as true for SMHC as any other provider. However, the Clinics have an added baseline that values human beings even more. St. Mary's Health Clinics' website states their mission and vision:

- The inherent dignity of the individual person.
- Health care as a basic human right, regardless of age, gender, religion, ethnic origin, race or ability to pay.
- The well-being of the whole person.
- Promoting the common good by providing access to health care.
- The individual's personal responsibility for his/her own health.
- Direct, "hands on" care.
- Ethical and fair process for allocating limited health care resources.

For more information about St. Mary's Health Clinics, visit www.stmaryshealthclinics.org.

Good Outpaces Perfect

Senator Linda Berglin (DFL) District 61 is an ardent supporter of the service St. Mary's Health Clinics provide many of her constituents. And she is devoted to legislation that makes good health care available to everybody. "As the benefits of the Health Care Reform bill roll out and culminate in 2014, we'll discover imperfections," she says. "But we can't let perfect be the enemy of good. We had to start somewhere, and this was the right time and place to begin. "Health care reform doesn't include immigrants – only U.S. citizens. There will still be a gap there. Frankly, there are still many unknowns. Much depends upon what the state will do beyond federal government minimum benefits.

"An early critical step was implemented last fall, when family insurance eligibility was extended. The next thing Minnesotans will see is improved benefits for those who have been on general assistance medical care programs and Medicaid. Fortunately, neither the state nor providers lose out because of the federal match." Effective January 2011, people holding benefits policies have access to mammograms, colonoscopies and cholesterol testing without copay or deductible. In the past, many avoided these preventive measures because they felt they couldn't afford them. Often, conditions are treatable if they're caught early enough. Early

treatment is usually a lot cheaper than addressing a disease that has gained a strong enough foothold to be symptomatic.

"The major association I've had with the CSJs is through the Clinics, and that's a lot," the senator said, smiling. "I attend public policy meetings with



Senator Linda Berglin

them every year and often, they send interns our way to work on poverty issues. Also, some of them help my constituents at St. Stephen's with a shelter program." In terms of UN Millennium goals, she emphasized, "The Sisters are extremely effective in their hands-on work at the grassroots level as well as in their public policy reform efforts."

hard to establish itself as a viable provider for people between insurance programs, as well as those who cannot afford insurance or are not offered insurance.

"Patient trust is critical," Dickie says. "Over the years,



Barbara Dickie (right), Executive Director of St. Mary's Health Clinics, with Sister Mary Heinen, CSJ.

our Clinics and staff have become a trusted resource, especially among immigrants who don't speak English. They often come in visibly afraid, but our volunteer professionals put them at ease while providing them with the care they need."

Porcupines and health care

"Somebody told me that trying to understand health care reform is like trying to put your hand on a porcupine," says Sister Mary Heinen, CSJ, advocacy director for St. Mary's Health Clinics. "You're bound to get stuck somewhere." In fact, her ready laughter, passion, experience, work ethic, professional credentials and encyclopedic knowledge of the health care industry make her an upbeat and effective director of advocacy since the CSJs opened the clinics. If anybody can make sense of health care reform, it is Sister Mary. She is too determined to not understand.

"Sister Mary Madonna emphasized the need for the CSJs to help change policy as well as provide health care," Sister Mary says. "As Commissioner of Health, she established a strong legislative presence that I've tried to carry forward." In her role, Sister Mary's direct service and systemic change efforts include tracking federal and state legislation, writing letters to legislators, participating in meetings, keeping CSJ leadership apprised of what's on the horizon, and educating those around her.

"I love to talk about this," she says. "Every once in a while, somebody will ask me when I'm going to retire. I say, 'Retire? Why would I want to retire when I'm having this much fun?' Where else can I go around talking about health care as much as I do every day and not drive people crazy?"

Sister Mary is a long-time member and former chair of the Catholic Health Association of Minnesota

Board of Directors. She asserts that no matter how hard policy-makers work to create inclusive plans, some will inevitably fall through the cracks. She worries about who will catch them.

We're still here

Clinic Manager Diane Peters has been with SMHC since 1992. She's stayed because of her commitment to this CSJ ministry. In her experience, "We work hard to ensure that we take care of those in need, while at the same time, assisting our patients to transition to a state supported health care program when possible." With the advent of health care reform, Peters is concerned that the public could misconstrue new legislation effectiveness.

"We want to be certain that people understand that health care reform can't possibly take care of everything and everybody," she advises. "The bill has many restrictions and, although it's too early to

determine specifics, the number of people turning to the Clinics will not lessen any time soon, if at all."

Peters further notes that SMHC staff seeks out the best possible care for their patients at the lowest cost. They can deliver high quality, affordable service because of the generosity of volunteer physicians, nurses, admissions professionals, interpreters and drivers. In fact, major health care organizations and delivery systems say that without SMHC, those patients would come to their private facilities, especially their emergency rooms, where care is far more costly.

"Some of the faces may change, but we don't believe the numbers coming to the Clinics will decrease," Sister Mary adds. "The extent to which existing clients move on to Minnesota Care or become employed simply opens the door for others to come in.

"As long as the disadvantaged fall through the cracks, we must be there to catch them." †