August 30, 2006

Patricia Maryland, DR, P.H.
Chair, Citizens' Health Care Working Group
[via e-mail]

Dear Dr. Maryland,

First I want to commend you and the Citizens' Health Care Working Group for the important work you are doing on behalf of the U.S. health care system. As you know, the Catholic Health Association of the United States and its members have been active participants in the Working Group effort. We believe this process represents an important exercise of listening to the public about what people expect and need from their health care system.

Enclosed please find CHA's comments to the Citizens' Health Care Working Group. We look forward to the final recommendations, and are especially hopeful that the one regarding affordable health care for everyone will be included and seriously considered by Congress and the Administration.

Catholic health care is proud and honored to have you serving as Chair of the Working Group, and to have Rosie Perez of CHRISTUS Health serving as a Commissioner. On behalf of CHA and the Catholic health ministry, I want to thank both you and Rosie for the time, effort and commitment you have given to the Working Group and to the cause of systemic health care reform.

I am happy to answer any follow-up questions you or other commissioners might have about CHA's comments to the Working Group. Thank you for the opportunity to be heard.

Sincerely,

Michael Rodgers
Senior Vice President, Advocacy & Public Policy
Catholic Health Association of the United States

cc: Rosie Perez, CHRISTUS Health

Recommendation: It should be public policy that all Americans have affordable health care.

CHA Comment: CHA and the Catholic health ministry strongly support this recommendation, and further believe that it is the most important of the set. It is the firmly held position of CHA and its members that everyone should have access to quality, affordable health care. Catholic health care providers, in accordance with Catholic social teaching and values, believe that health care is a basic right and a matter of human dignity. As the United States Conference of Catholic Bishops stated in a 2003 document, *Faithful Citizenship: A Catholic Call to Political Responsibility*, "Affordable and accessible health care is an essential safeguard of human life, a fundamental human right, and an urgent national priority. We need to reform the nation's health care system, and this reform must be rooted in values that respect human dignity, protect human life, and meet the needs of the poor and uninsured."

CHA also believes that health care coverage should not be limited to American citizens but made available to everyone, regardless of their citizenship or immigration status. To limit access to health care in any way, intentional or otherwise, is an affront to human dignity and compromises the health and well being of all. To make health care available to everyone is beneficial not just to individuals but to communities and the nation as a whole (healthier living and working environments, lower costs, fewer unnecessary chronic illnesses, more stable lifestyles for low-income and other vulnerable populations).

In creating a health care system that serves everyone, financing and delivery should be based on a pluralistic model, with shared responsibility by government, employers and individuals. Spending on health care should be based on the appropriate and efficient use of resources. Regardless of which mechanisms are put in place to achieve the objective, the availability and affordability of health coverage should not be denied based on employment, health status, income or other factors. In the Working Group's final recommendation on affordable health care for everyone, the term 'affordable' must be carefully defined to make certain that the system protects low-income and vulnerable individuals.

Recommendation: Define a 'core' benefit package for all Americans.

CHA Comment: Any defined benefit package must ensure the necessary care and services are available from conception to natural death. As providers, CHA members support coverage that encompasses health and wellness education, preventive care, primary care, acute care, and chronic disease management necessary to address the physical, social and psychological needs for a healthful life. The core benefit package should place significant emphasis on the availability of preventive care, both to keep people healthy and prevent unnecessary illness and cost.

Recommendation: Guarantee financial protection against very high health care costs.

CHA Comment: CHA supports this recommendation. As a matter of human dignity, people deserve protection from serious financial loss as a result of an acute or chronic condition. In cases where severe illness requires expensive and prolonged treatment, that treatment should not cause any individual or family unreasonable hardship. As policies are developed to protect people from exceedingly high health care costs, special attention must be given to low-income and vulnerable populations. This is also important with regard to long-term health care, where costs should not be responsible for impoverishing seniors.

Recommendation: Support integrated community health networks.

CHA Comment: Local pilot programs of integrated community health networks have proven to be a high quality and efficient way to provide necessary health services to uninsured persons and a valuable part of many communities' safety net. We agree that a national body can provide consultation and support for these networks and that federal, state and local resources should support the networks. We also agree that highly successful Federally Qualified Health Centers should be expanded to other proven models, including integrated health access networks.

Federal support, as the interim recommendation mentions, should also include significant efforts to strengthen local health care infrastructures, especially in places like New Orleans where the need for a more stable infrastructure continues to be urgent.

Community health networks as described by the Working Group could contribute greatly to ensuring the availability of the full range of health services for underserved persons, including primary, preventive, hospital and specialty care. Strengthening community health networks, however, should not be viewed as a substitute for expanding coverage but rather as a complement to doing so.

Recommendation: Promote efforts to improve quality of care and efficiency.

CHA Comment: The U.S. health care system can and must put patients and families at the center of the care process. Clinical decision-making should be the joint responsibility of physicians and patients, informed by broadly disseminated guidelines established by professional, governmental and other organizations. Federal and local programs should be set up to promote and improve quality by effectively employing information technology to reduce costs, deliver safer care, and enable patients to more easily and portably access their medical records. For Catholic health care providers, compassion is an essential component of quality, ensuring that patients receive care in a personal, culturally appropriate and respectful manner. As a result we hope the Working Group's final recommendations reflect the importance of compassionate care delivery.

Recommendation: Fundamentally restructure the way that palliative care, hospice care and other end-of-life services are financed and provided, so that people living with advanced incurable conditions have increased access to these services in the environment they choose.

CHA Comment: This recommendation is consistent with Catholic health care's commitment to caring when a cure is no longer possible and addressing the needs of the whole person—including the relief of pain and suffering. The Working Group's recommendation should also recognize that quality, compassionate palliative care requires that patients have full access to an interdisciplinary team of caregivers who together address patients' and families' needs for body, mind and spirit.

It is also important to provide effective care management for chronic conditions from the time they are diagnosed, and not only when death is imminent. While appropriate interventions are needed for the imminent death phase, focusing too much attention on this phase can result in failure to implement supportive care interventions that can prevent and treat pain and suffering earlier in the disease cycle. The Working Group's final recommendation should also carefully and clearly define the classifications of care—palliative, chronic, end-of-life, and hospice—to illustrate that they are not synonymous but all need adequate attention and may overlap.

The Catholic health ministry supports restructuring both the financing and delivery of palliative and end-of-life care to improve quality and minimize the high costs associated with this part of the care continuum. More specifically, CHA endorses the recommendations developed by the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care. Among others, they include:

1) The plan of care is based on a comprehensive interdisciplinary assessment of the patient and family.

2) Pain, other symptoms and side effects are managed based upon the best available evidence, which is skillfully and systematically applied.

3) A grief and bereavement program is available to patients and families, based on the assessed need for services.

4) Comprehensive interdisciplinary assessment identifies the social needs of patients and their families, and a care plan is developed in order to respond to these needs as effectively as possible.

5) Spiritual and existential dimensions are assessed and responded to, based upon the best available evidence that is skillfully and systematically applied.

6) The palliative care program assesses and attempts to meet the culture-specific needs of the patient and family.

7) Signs and symptoms of impending death are recognized and communicated, and care appropriate for this phase of illness is provided to patient and family.

Finally, a literal interpretation of this recommendation leaves open the possibility that patients near the end of life could choose physician-assisted suicide. The Catholic health ministry believes that physician-assisted suicide is not a good or appropriate social option. Where legalized, physician-assisted suicide should not be financed by insurers or the government, and no caregivers should be required to participate. ##