



Centura Health®

Two Faiths, One Mission

By Linda Andrews

What do an Adventist and Catholic health care system have in common? A few years ago, this might have sounded like a trick question.

It's true that PorterCare Adventist Health Services and Sisters of Charity Health Services Colorado were both not-for-profit health care systems deeply dedicated to community service. And they both had served their Colorado communities for more than a century. But their religious traditions and identities were so different that it would have been easy to think that they had little in common.

In December 1995, the two organizations came together to create Centura Health, a not-for-profit joint operating company, with total combined annual revenue of more than \$1 billion. Today, they hold their health care mission, core values, and business futures in common.

How could such a partnership have happened? The times had to be extraordinary, or the two organizations wouldn't even have looked at each other.

A Changing Landscape

They were, indeed, extraordinary times. By the early 1990s, the for-profit hospital giant Columbia/HCA had rolled into Denver, purchased several hospitals, forced closures and buyouts, and captured 35 percent of the market share—with huge implications for the remaining independent hospitals.

The financial strength, aggressive marketing, and acquisitive nature of Columbia made all of the faith-based health care systems in the area vulnerable. They began to talk together—Lutheran, Catholic, Adventist, and Jewish organizations—about a possible affiliation of all the faith-based systems.

They were united in their desire to see faith-based, not-for-profit health care remain a solid alternative for the people in Colorado. But, as Stephen King, director of mission and ministry for Centura Health says, "For one reason and another, an agreement did not arise. A merger is comparatively easy to accomplish, but none of the

faith-based systems wanted an outright merger. And other business relationships are more difficult to negotiate.”

In fact, as the faith-based health systems looked each other over, they found many subtle and substantial differences in structure, mission, and ways of doing business—enough to make partnering difficult, if not impossible. The two systems that thought a partnership could work were PorterCare and the Sisters of Charity.

Going on Faith

“It seemed a most unlikely partnership,” explains Sister Nancy Hoffman, S.C., senior vice president of mission and ministry for Centura Health, “and most people put their money down that it would fail. But we saw that we could do more together than we could alone.” As King says, “The reason we were ultimately able to come to partnership with the Sisters of Charity is that we had the most agreement on the mission and religious questions.”

This is a remarkable statement, given the historic differences between the two faiths, and their past misunderstandings due to their separate healing ministries. Some of the differences that faced the negotiators were quite varied—from the insistence on preservation of assets in the names of the two churches to the churches’ differences on beginning of life issues, such as contraception, sterilization, in vitro fertilization, abortion and surrogate gestation.

David Larson is a professor of religion and co-director of the Center for Christian Bioethics at Loma Linda University. He says, “In any health care system, 80 percent of the ethical questions center on death and dying issues. Catholics and Adventists have very similar views on ethical responsibility to the dying, so for the great majority of ethical questions, we agree. However, regarding beginning of life issues, the two systems have agreed to disagree.”

In the end, while the two systems aligned their economic incentives, they held their religious identities to be untouchable. Each hospital has a staff member responsible for preserving the focus of its historical



Penrose Hospital [Catholic] • a Centura Health Hospital

mission. In the Adventist hospital, there is an Adventist chapel, only vegetarian food is served in the cafeteria, and patients always have a vegetarian choice for their meals. In the Catholic hospital, there is a Catholic chapel, and there are no activities—such as abortions—that run counter to the ethical directives of the Catholic Church. The Catholic hospital is staffed by the Sisters of Charity.

There is further evidence of the cultural differences of the two faiths. The Catholic side of Centura emphasizes service to the elderly, the poor, and the underserved. The Adventist side emphasizes preventive care and lifestyle choices such as healthy diet and adequate exercise.

Centura Health is, in essence, a joint operating company that manages the separately held assets of both systems, manages common functions like billing and information, and holds both systems to a common bottom line. But the reserved powers are significant.

The two systems select their own chief executive officers, have separate religious identities and names for their hospitals, have their own chaplains, and hold to their own ethical guidelines. Assets were preserved in the names of the two churches. In effect, nothing has changed on the patient care level. Patients and customers still use the same clinics, doctors, and hospitals. Physicians were in favor of the affiliation because they saw it would lead to more economic and professional stability.

Understandably, however, many people outside of the negotiating process were nervous about this

alliance. Concerned people in the Adventist community pointed to the fact that the Catholic system was much larger, making the Adventists a 30 percent partner, and the Catholics a 70 percent partner. To complicate matters, in the midst of negotiations, the Sisters of Charity became part of a national Catholic consortium called Catholic Health Initiatives. As King puts it, "There were fears that, despite the reserved powers, we would be overwhelmed on the business side."

That hasn't happened, but there have been some tensions. King explains that the Catholic system is more hierarchical than the Adventist system, so cultural differences began to surface. "There was never a struggle over mission or names," King says, "but our ways of doing business were different. The Adventists have a less centralized system. The Catholic side is more hierarchical."

Sr. Nancy commented that, "People outside the affiliation process were more nervous about it than those inside the process. Those inside had the chance to learn and work with one another and come to care for each other. That relating allowed them to achieve what those outside could not experience—they became people to each other and not just faith representatives."

Three-Year Evaluation

Things have happened in the three and one-half years of the joint operating agreement. Because of the CHI connection, Centura Health automatically became a statewide system, a strong presence in Denver, and the largest health care provider in Colorado. Its network of hospitals, hospice, and home care facilities are unmatched in the state.

It's a busy system, too. In 1998, Centura Health served 84,174 inpatients and 254,733 emergency patients, provided 578,602 outpatient visits, and delivered 11,433 babies. The system prides itself on the fact that it contributed \$79,129,000 in health benefits to the communities it serves—through such efforts as school-based health centers, care for the indigent, community education classes, mobile medical vans, and childhood immunization programs.

The governance of the Centura system is a seventeen-member board that meets every two months. Reflecting the relative size of each partner, twelve board members are appointed by CHI, and five are appointed by the PorterCare Adventist board. Six of the seventeen board members are physicians. So does the board vote break down along party lines? Sr. Nancy says that if you came into the board room and listened to the discus-

Centura Health

- Sponsored by Catholic Health Initiatives and PorterCare Adventist Health System
- Formed in 1995
- Colorado's largest health care system
- More than 14,000 employees, physicians and volunteers
- More than 175 sites of care including clinics, skilled nursing facilities, retirement centers, ten Centura Health hospitals and ten affiliated hospitals
- Approximately one-third of health care revenues in the state
- Geographic coverage of 85% of state population

Mission Statement

With the foundation and commitment of our Christian heritage and values, the mission of Centura Health is to promote the health and well-being of the people in the communities we serve through a comprehensive continuum of services provided in collaboration with partners who share the same vision and values.

Vision Statement

Centura Health will be the preeminent health system serving the people of Colorado in the twenty-first century. We will be recognized as preeminent by setting new standards for:

- The improved health and well-being of the people and communities we serve
- Sharing leadership and management with physicians
- Market and customer responsiveness
- The diversity, innovation, efficiency, and quality of our services.

While in pursuit of this vision, we are committed to respect all people and to be guided by our Christian values and heritage.

Core Values

- Preservation and enhancement of our Christian identity, heritage, and mission
- Unwavering dedication to delivering quality service everywhere we are and in everything we do
- Values-oriented leadership and management committed to innovation and excellence in organizing and providing health services
- Wise stewardship and respectful use of all resources: natural, human, and financial
- Respect for each person with particular attention to the elderly, sick, poor, and needy
- Consistent, enthusiastic, and collaborative efforts to improve the health and well-being of the people in the communities we serve.



Porter Hospital [Adventist] • a Centura Health Hospital

sions, you wouldn't be able to tell which person came from which system. "What we are about is service, and that is in the forefront for both partners. To continue the healing ministry of Jesus Christ, be faithful to gospel values, and heed the call to care for one another—these are very strong motivators for overcoming roadblocks."

At this time, the joint operating agreement is being reviewed by both sponsors and rewritten to be somewhat less integrated—not from the mission, values, or faith perspective, but from the economic perspective. Functions like marketing and human resources may be less centralized in the future.

King notes that, "The learning curve has been expensive. At first we thought that we needed to be careful with our mission and that the economics of an affiliation would be a slam dunk. In fact, it was just the opposite. It turned out that our mission was never in jeopardy, but because of constant market pressure, it was hard to have the right tools and build infrastructure fast enough."

It is expected that the revised agreement will not obligate the partners to keep building the sort of complicated infrastructure that was first envisioned. The affiliation agreement review is a six-to-nine month process, and is scheduled for completion this summer. As for the future, Columbia HCA is not the threat it was in 1995, but the health care industry is still highly competitive. The Centura alliance helped keep not-for-profit health care alive in Colorado. But Centura, like almost all other health care systems in the nation, has

had difficult economic times. Health care faces a complex financial future—one in which competition, price pressure, government regulation, and local legislation all play a hand. It's a future that requires vigilance.

As P. Terrence

O'Rourke, M.D., chairman of the board, has said, "Rising to the challenges of the marketplace is only possible through a strong, disciplined, unerring focus on our core values and our Christian mission."

Ministry and Mercy

One of the values that Centura holds dear is that of not-for-profit health care. Freed from satisfying the demands of stockholders, the money that the system generates can stay in the Centura communities, helping to care for the less fortunate.

King spoke about how the mission of the Adventist church has been enhanced by the affiliation with the Sisters of Charity. He said that negotiating the affiliation agreement meant that, "We had to be very conscious of who we are, not because we might be taken over, but because of the nature of the relationship." He likened the experience to that of a young person who has gone to church school all his life, where his values were handed to him every day. "Then he goes to public high school. Suddenly he needs to know who he is. Such an experience strengthens your identity."

As a result of redefining themselves as an Adventist health care system, approximately 10 percent of net profits has been designated as a "mission dividend," a form of tithing on the corporate level. The funds go for General Conference projects, community mission initiatives, global mission goals, and local conference projects.

Spirituality in Healing

Something that other health care organizations would hardly dare talk about is a point of pride at Centura. It acknowledges the benefits of positive spirituality for people's mental, physical, and emotional

health. Centura supports this belief through education for patients, employees, and health care providers.

Sr. Nancy concedes that spirituality in healing is a difficult concept to articulate, but she talked about Centura's sincere desire and commitment to bringing holistic care to its patients, families and communities.

She said, "We are unafraid to talk about spirituality, unafraid to shine the light on how prayer affects health, and unafraid to say that our guiding principle is to be faithful to the healing ministry of Jesus Christ." She added that, "The Centura mission is complex and hard to accomplish, hard to advertise, and hard to show within the context of human systems and economic decisions, but our mission to be of service is never out of mind."

A View Into the Future

Centura could well prove to be a blueprint for other not-for-profit organizations seeking partnerships. They came together because it made good business sense, and their shared spirituality triumphed over religious differences.

King noted that, "We stayed totally faithful to what needed to be different—our own theologies—yet there was so much good work to be done together that it did not violate our identities."

Sr. Nancy concludes, "I wouldn't trade the experience for all the world. It has been a wonderful journey of learning another faith perspective. When you come down to the true Christian message, you see how similar we are."

Linda Andrews has worked as a professional health care writer in Seattle for many years, and has published in the *Journal of Healthcare Resource Management*, *American Pharmacy*, *Redesigning Healthcare Delivery*, and *The New England Journal of Medicine*. She holds a B.A. from Michigan State University and an M.F.A. from the University of Washington. She is the author of *Escape of the Bird Women*, a volume of poetry from Blue Begonia Press. andrews.l@ghc.org (Note: lower case L in the e-mail address, not a number 1.)



Assistant or Associate Professor, Microbiology/ Immunology/ Cell Biology School of Medicine Loma Linda University

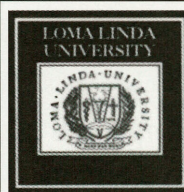
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Chair, Search Committee
Department of Microbiology and Molecular Genetics
School of Medicine Loma Linda University
Loma Linda, CA 92350
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Faculty Position: Course Coordinator for Medical Microbiology/Infectious Diseases School of Medicine Loma Linda University

Loma Linda University School of Medicine's Department of Microbiology and Molecular Genetics is recruiting a physician-scientist to coordinate the teaching of medical microbiology/infectious diseases to sophomore medical students. Experience in clinical and basic sciences of medical microbiology is highly desirable. Aptitude and experience in teaching and interest in curriculum enhancement, including computer-assisted learning, are essential. Approximately 60 percent of time is available for research or clinical practice. A generous allowance for research start-up is available in a progressive department that is well supported by extramural grants. Visit our web site at <http://www.llu.edu/medicine/micro/>.

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To apply: Applicants should submit curriculum vitae, a brief description of proposed research program and/or clinical goals, the names of three qualified references, and two to three examples of published research to:

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