

Frequently Asked Questions on Partnerships Between California's Catholic Health Care and Secular Providers



Representing California's Catholic Health Systems and Hospitals

Unless we have a full understanding of today's partnerships among California's Catholic health care providers and secular counterparts – their history, purpose, who and how they serve – we risk placing these affiliations in immediate jeopardy and unraveling the health care “safety net” on which so many across our State depend. These “Frequently Asked Questions” are intended to advance that understanding.

What is the Impact of Catholic Hospitals in California's Health Care Delivery System? _____

Catholic-affiliated hospitals have provided care in California communities for decades, and in some of these, for over 150 years. **All across California, Catholic health care is providing care to patients that other providers are not serving, by providing services other providers often don't offer, in parts of the State where other providers don't have a presence.**

Together, Catholic health systems operate 51 Catholic and Catholic-affiliated acute care hospitals, which represent almost 15% of all hospitals and over 16% of the hospital beds in California.

Contrary to the notion that Catholic health care offers less services than secular counterparts – many essential and key services are more often found in Catholic health care throughout California. Catholic hospitals provide a larger share than all other acute care hospitals (combined) in the state, of key medical services that include: ancillary cardiac services, coronary care, hospice care, maternity, neurosurgical, NICU care, oncology, orthopedic, pediatric and trauma care. More information can be found on the [Alliance Snapshot of Catholic Health Care in California](#).

What Are These Partnerships? _____

What are these partnerships? Why are they important?

Decades-old partnerships between Catholic health care providers (such as Dignity Health) and secular academic health centers (such as UC Health), lie at the heart of California's public health care safety net. They are essential to improving and expanding access to quality health care services across our State – especially so, for underserved communities and for those at the margins of society. They advance the reduction of health inequities by improving access to affordable health care services. They enable care coordination that frees up capacity at specialized treatment centers for the sickest and most at-risk patients. They share expertise and put critically needed health services within reach. They provide specialty medical care and physician-training opportunities. Tens of thousands of patients across the State benefit from these collaborations annually, and due to their clinical success, they are quite common today across the country.

We have shared values of dignity and respect, collaboration and excellence; and mutually support our respective values of justice, social responsibility, integrity, diversity and inclusion, stewardship and innovation.

Do they serve low-income patients?

Absolutely – Alliance member Dignity Health and UC Health are the #1 and #2 Medi-Cal providers, respectively. Agreements between them are key to caring for this population: providing timely care, alleviating capacity and conserving scarce financial resources.

What about Californians in rural areas?

Very much so – patients in rural areas can access care from UC specialists through Dignity Health care centers, resulting in specialty services like pediatric trauma, stroke care, and mental health care that would not otherwise be available locally.

Do these partnerships just duplicate what other hospitals offer?

To the contrary – many of these partnership-enabled programs across the State have one thing in common: they often provide the *only locally* available care of its kind. Taken together, they weave together, an essential health care “safety net” for many thousands of Californians and their communities.

What are some specific examples?

There are many:

- In Los Angeles, UCLA specialists provide **the ONLY locally available pediatric-trauma services in the San Fernando Valley** at Northridge Hospital. Launched in 2010, this Level II Pediatric Trauma Center provides immediate care for infants, children and adolescents with life-threatening traumatic injuries 24/7. Traumatic injuries are the leading cause of death and disability in children – making immediate, life-saving medical care crucial. Care at a trauma center lowers the risk of death by 25 percent compared to non-trauma centers. The Center has coverage by more than 20 subspecialty physicians 24-hours-a-day; and, technologically-advanced equipment to effectively resuscitate young patients regardless of age or body size. In 2019 alone, the program treated 700 patients.
- The San Fernando Valley's **ONLY radiation oncology treatment center** is a partnership between UCLA and Northridge Hospital. It served 8,500 patients in FY19.
- In Los Angeles County, UCLA specialists provide call coverage at Providence Saint John's Health Center for **pediatric and neonatal surgery, interventional cardiology, and inpatient psychiatry.**
- Providence Little Company of Mary Medical Center in San Pedro partners with UCLA to provide their patients with **post-transplant care** in its sub-acute center.
- In partnership with UCLA, Providence Saint John's Health Center operates the Cleft Palate Center, a nationally recognized program that **provides surgical services to children with cleft lip and craniofacial abnormalities.**
- UC Davis and Mercy Medical Center Merced jointly run a cancer center providing treatment for more than 12,000 patients annually – **the ONLY cancer center of its kind in the region.**

- In partnership with UCSF, St. Mary's Medical Center offers **the ONLY inpatient adolescent psychiatry program in San Francisco**, seeing more than 1,000 patients in FY19.
- St. Joseph's Medical Center in Stockton partners with UCSF to give patients **access to cancer clinical trials that would otherwise be out of reach**.
- Clinical education, fellowships, and residency programs for **physician, nursing, physician assistant, physical therapy, and paramedic students** at Providence hospitals in Humboldt, Sonoma, Napa, Los Angeles, and Orange counties.
- In Sonoma County, UCSF specialists help **provide care for fragile, critically ill newborns** at Providence Santa Rosa Memorial Hospital. Through this partnership, Providence has direct access to the resources of one of the finest intensive care nurseries in the world and can **perform specialized procedures in Santa Rosa that would otherwise require a trip to San Francisco**.
- In Napa County, UCSF neurosurgeons perform **cranial and spinal surgery** at Providence Queen of the Valley Medical Center's Peggy Herman Neurosciences Center.

What role, if any, have these partnerships played during the COVID-19 pandemic?

During this pandemic, these partnerships have proved more vital than ever. From COVID-19 testing to treatment to vaccination, they have efficiently leveraged scarce front-line provider, bed-capacity, PPE, testing and vaccination resources.

- Dignity Health's Saint Francis Memorial Hospital and UCSF Health have worked together to **open San Francisco's first dedicated unit to care for COVID-19 patients**. The unit is staffed by physicians from both Dignity Health and UCSF Health and care for up to 48 patients at a time.
- This January, Dignity Health partnered with UCSF **on the city's first large-scale community vaccination event** at City College of San Francisco.
- Mercy Medical Center Merced and UC Merced are **partnering on community vaccine clinics to vaccinate over 2,500 people**; and, additional clinics are planned.
- Sacramento County's Department of Public Health in partnership with Dignity Health and UC Davis Health **hosted a community-based COVID-19 vaccination clinic** in February.

What are "health inequities" – and what are these partnerships doing to reduce them?

Reducing health inequities is a top priority. "Health inequities" are differences in the health status – and in access to health services – among different population groups, arising from race, ethnicity, income and other socio-economic factors. The COVID-19 pandemic has made horrifically clear, how much more vulnerable to infection, illness and death, those impacted by such inequities are, compared to the population overall.

These partnerships are grounded in shared social values which make addressing health inequities a top priority. That is why the partnership is so active in communities that would lose local access to critically needed services without it. As the #1 and #2 providers of Medi-Cal services in the State, respectively, Dignity Health and UC Health simply must collaborate – to

leverage each other's strengths, fill in coverage gaps, and address chronic capacity issues – in order address the health inequities prevalent within this low-income patient population.

Why Are These Partnerships in Jeopardy?

If they provide so much value – why would they be at risk?

Critics of these partnerships have argued that they conflict with the secular providers' values: by not offering certain procedures and services that are contrary to the Catholic faith; by allegedly "restricting" a physician's ability to practice evidence-based medicine, and by allegedly "discriminating" against certain populations such as the LGBTQ community.

At the present time:

- Legislation has been introduced in Sacramento, that would effectively force an end to the Dignity Health-UC Health partnership unless certain conditions are met, some of which would directly contravene core tenets of Catholic health care.
- UC's governing Board of Regents is anticipated to debate and then vote on a motion that, if passed, could have the same outcome.

What procedures and services are we talking about?

Catholic hospitals agree to uphold Catholic values and in doing so adhere to the *Ethical and Religious Directives for Catholic Health Care Services*. This includes not providing a small number of services at their facilities, including elective (non-emergent) abortion, elective (non-emergent) procedures for the primary purpose of sterilization such as tubal ligations, hysterectomies (when no pathology is present), vasectomies and in-vitro fertilization (the latter two services are not typically performed in hospitals regardless of religious affiliation). And as with most hospitals, we do not perform the more complex gender reassignment (bottom) surgeries.

That said and contrary to assertions made by some: affiliations between Catholic and non-Catholic hospitals do not limit, among other things, the availability of medically-necessary pregnancy care, rape victims' access to emergency contraception and the ability of patients to withdraw life-sustaining treatment. Relative to pregnancy complications, the Ethical and Religious Directives provide for medical interventions that address serious pathological conditions that cannot be postponed, even if they result in the foreseen, but unintended, death of a fetus. More information can be found at ["Setting the Record Straight: Catholic Hospitals and Access to Reproductive and Other Procedures."](#)

What is the relationship between Catholic health care providers and the LGBTQ community?

Catholic health care is dedicated to serving the LGBTQ Community. We take this opportunity to affirm our commitment to equitable, knowledgeable and welcoming care for LGBTQ patients and their families. They have too often faced discrimination in health care, and our members are committed to nondiscrimination in the compassionate care they offer all Californians.

- Catholic health providers serve all patients regardless of background, sexual orientation, or gender identity - providing care for gay and transgender patients every day at its hospitals and clinics across the State.
- They offer primary, specialty and urgent care for transgender patients, including hormone therapy, breast augmentation or reduction, and facial feminization or masculinization.
- They provide PrEP and PEP HIV prevention treatment in our health facilities and physician offices – some of our hospitals follow the UCSF guidelines.
- Several Catholic hospitals in California are Healthcare Equality Index (HEI) certified.
- Dignity Health operates one of the only specialty transgender care centers in San Francisco, the Gender Institute at Saint Francis Memorial Hospital.
- Catholic hospitals were among the first to offer services in response to the AIDS crises in the 1980s when few others did – often in partnership with public health agencies in San Francisco, Los Angeles, Sacramento and other counties.
- St. Mary's Medical Center in San Francisco has been providing compassionate, groundbreaking outpatient care to HIV patients since the AIDS epidemic devastated the city in the early 1980s. A UCSF specialist leads the clinic.

Do Catholic providers restrict a doctor's ability to practice evidence-based medicine in their facilities?

Absolutely not. To the contrary:

- Our members expect all clinicians practicing at our facilities at all times to provide services in accordance with their professional judgment and the needs and wishes of their patients.
- We also expect every clinician to inform patients of all their health care options; and to refer and/or transfer a patient to another provider if a certain service is not offered.

In the decades we have been working together to provide services, we are not aware of any instance in which a patient did not receive the care they needed, or where a clinician was constrained in providing care. Nonetheless, our members and UC Health have worked to amend our contracts and agreements to allay any such concerns.

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