

Ideal Intervention Project e-Newsletter

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John J. Gleason, Editor

The Ideal Intervention Project and the Emerging Healthcare Delivery Remuneration Paradigm

One of the goals of the Ideal Intervention Project (IIP) is to eventually validate effective SC interventions by use of the Spiritual Care Knowledge Base (SCKB), and to thereby assure continued remuneration for SC professionals in the emerging health care reimbursement paradigm in which pay will be based upon achievement of effective desired outcomes. The changes pointing to the emergence of this new healthcare delivery remuneration paradigm are indicated as follows.

First, the *Affordable Care Act* will: in 2011 create the Independent Payment Advisory Board which will recommend ways to improve health outcomes for patients; in 2012 implement programs and controls that improve quality outcomes for patients and encourage more accountability among healthcare professionals; and in 2015 begin rewarding quality of care rather than amount of services in Medicare (1).

Second, US Centers for Medicare and Medicaid Services Director Donald Berwick, in redefining patient centered care, recognizes that this “will involve some radical, unfamiliar and disruptive shifts in control and power, out of the hands of those who give care and into the hands of those who receive it (2).”

Third, a report commissioned by the National Health Service (UK) concludes that “treatment should be evidence based... if a practice is not supported by evidence it is unlikely to be resourced... hospital chaplaincy finds itself in a political setting... value for money is part and parcel of how chaplains are judged... healthcare chaplains are being asked to show that what they do results in desired outcomes for those they work with... this requirement is linked to resource allocation... healthcare chaplaincy currently needs to identify its core tasks and skills and its place within a modern healthcare system... the distinction between religion and spirituality requires that health care chaplains are more robust in their approach to their evidence base... the secure future and positive potential for chaplaincy is linked to creating a better knowledge base about practice (3).” Other countries’ models will be examined. The UK implications are clear for US SC. (4)

Fourth, Education is among other disciplines caught up in this trend. For example, several states have now committed to using value-added analysis in teacher evaluation in order to secure financing from the Obama administration’s *Race to the Top* program (5).

(1) <http://www.healthcare.gov/law/about/order/byyear.html>

(2) Donald M. Berwick, “What ‘Patient-Centered’ Should Mean: Confessions of an Extremist,” *Health Affairs*, 28:4, 2009

(3) Harriet Mowat, “The Potential for Efficacy of Healthcare Chaplaincy and Spiritual Care Provision in the NHS (UK)” 1:08, 11, 16-17, 21, 49

(4) *Ideal Intervention Project e-Newsletter*, John Gleason, ed. 2:2, February 24, 2009

(5) David Leonhardt, “Stand and Deliver,” *The New York Times Magazine*, September 5, 2010

Attention Clinical Pastoral Educators!

Help students consolidate learning. Help them contribute to a free-access national spiritual care knowledge base (SCKB). Add the material below the dotted line to your next student handbook and/or syllabus as a requirement. Confidentiality is assured.

**Attention Staff Chaplains, Pastoral Counselors, Community Clergy, Retirees,
and All Other Spiritual Care Practitioners!**

Cut and paste the five-step Ideal Intervention Form below into your files. Then create and submit your own IIPs as a vital part of your reflective practice. Confidentiality is assured.

----- *Cut Here and Paste the Following Material into Student Handbook/Syllabus* -----

THE IDEAL INTERVENTION PAPER

You will consolidate your learning by selecting a verbatim previously presented to your peer group. Then, prepare an Ideal Intervention Paper (IIP) in light of insightful comments and suggestions made by those peers and supervisor. Use the simple five-step Ideal Intervention Form below.

Write the IIP in such a way that you or another chaplain could make a more effective intervention with patients, families or staff with similar spiritual/pastoral needs. Do not address your learning issues. The IIP should be prepared as a Word document suitable for forwarding as an e-mail attachment, and should include the following elements. Copy your supervisor with the forwarding cover e-mail message as evidence of your IIP submission to the national knowledge base editor.

Ideal Intervention Form
(For Use by All Spiritual Care Practitioners)

- 1. Statement of the Spiritual/Pastoral Care Central Issue** (e.g., Feeling Angry and Abandoned by God; Hope in Terminal Illness, etc.)
- 2. Narrative Summary of the Actual Spiritual/Pastoral Care Intervention** (No more than two paragraphs of narrative description. Take confidentiality precautions.)
- 3. Narrative Summary of the Ideal Spiritual/Pastoral Care Intervention** (No more than two paragraphs of narrative description of how you would do the intervention differently if given another opportunity. Write so that another practitioner with a similar situation could benefit from your insights.)
- 4. Identify a resource/resources that you would recommend to other pastoral care givers regarding this topic.** (Books, journal articles, pamphlets, etc.)
- 5. Forward a copy of this completed form to Knowledge Base Editor John Gleason at mariejohn50@att.net** as a Microsoft Word attachment for inclusion with similar data toward validating evidence-based spiritual care best practices. Confidentiality precautions will be taken. You will approve the edited version for entry in the Knowledge Base. Thanks for your contribution!

(Please go to www.ACPEResearch.net and click on "Ideal Intervention Paper (IIP) Project" to view the free-access national spiritual care knowledge base and for further information on the Project.)

In other words...

The ethical imperative and the professional challenge is to join in these timely efforts to learn at a deeper level, to contribute to the cause of eliciting SC best practices, and most importantly, to better serve the spiritual/pastoral needs of patients, family members and staff. Your IIPs will contribute significantly in these vital ways.

Questions? Contact the Editor at mariejohn50@att.net