## CHA's mission, vision, values A brief history 1911-2023

David Bor Chief Academic Officer

## CHA 2023

#### "We Welcome All"

<u>Mission:</u> To improve the health of our communities

We specialize in the care of complex and underserved

populations

<u>Vision:</u> Equity and Excellence for Everyone, Everytime

Academics is fundamental to CHA

#### Values:

Community • Integrity • Respect • Compassion

Learning • Excellence • Make a positive difference

## CHA 2023

#### Strategic Goals:

- Patients first
- One CHA
- Innovation
- Growth
- Financial Sustainability

# CHA: Our History Four stages of development

1917



Cambridge City Hospital
Public health and health care

1966 >>



The Cambridge Hospital,

1996



Cambridge Health Alliance,

today ... >

CHA...

Cambridge, MA -early 20th century-

120k

100k

80k

60k

40k

20k

Massive population growth:



publishing, rubber products, paper, fire hoses, pianos and organs, meatpacking, wires and cables, soaps, foundry products, asphalt, machine products, oils and lards, furniture, confectionary goods, and carriages and automobiles

1850

1900

1950

2000

## The context: 1911

Solidarity to prime the industrial revolution <u>and</u> to contain the excesses of capitalism

- 1906: "The Jungle" by Upton Sinclair
  - ⇒ US Pure food and drug act
  - ⇒ Chicago requires milk pasteurization
- 1911: Triangle Shirtwaist fire
  - $\Rightarrow$  ILGWU
- 1911: Montgomery Ward
  - ⇒ 1st group health and disability insurance
- 1911: Flexner Report

## Mayors Report

As it is the purpose of a municipality to secure the welfare and safety of its people by giving them its protection and benefits, it is the duty of the municipality to make proper provision for its sick and injured. The experience of other American cities has emphasized the fact that the best provision for the sick and injured requires the establishment of a City Hospital.

It has been strongly urged, however, by many thoughtful and experienced observers of medical and sanitary conditions that no private hospital can relieve the city of its obligation to provide a City Hospital

Hon. J. Edward Barry

## 1911 Cambridge City Hospital

Act to authorize the City of Cambridge to incur indebtedness

for the erection of a City Hospital . . .

to serve the medically indigent in the community

## Cambridge City Hospital 1917-1966



# City Hospital governance 1912

- 5 trustees govern hospital, appointed by mayor; only 1 MD may not be on hosp staff,
  - must report admits, deaths, births annually
- admit those with illness/injury for temporary relief" only,
- patients can have privileged accommodations for \$5/wk,
- · admitting privileges open to all physicians,
  - physicians may not charge for care,

## Cambridge City Hospital era

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1917 >>



**Cambridge City Hospital** 

1966 >>>



The Cambridge Hospital, a Harvard Medical School affiliate

1996



Cambridge Health Alliance,

2015... >

CHA...

## The context 1966

#### reclaim gov't role for a social safety net

- Social movements:
  - civil rights,
  - antiwar...
- Great Society Programs: "Eliminate poverty and racial injustice"
  - Medicare and Medicaid ...
  - food stamps...
  - head start...
  - voting rights...
  - Model Cities
  - Clean air/clean water
  - War on Poverty

## Cambridge City Hospital

#### **Innovations**

- Charity hospital
- "All politics is local"

#### **Weaknesses**

- Poor management
- Town-gown "wars"
- Underfunded
- Understaffed
  - Patronage
- +/- Accreditation
- "1961 NBC White Paper"

## Cambridge City Council Annual Report 1962

In April we were viewed by a national television audience when our hospital was featured in an NBC television documentary, "Anatomy Of A Hospital". . . . emphasizing problems of current interest—our show stressed the high cost of hospital care, the shortage of physicians with the foreign medical graduate influx, and problems in the care and hospitalization of aging Americans.

The show was well received and comments . . . indicated that a noteworthy public service had been performed. Local interest . . . widespread as the role and needs of our hospital were dramatically depicted in delineative detail. Praise from the American Medical and American Hospital Associations, as well as from other authorities, indicated that the cause of American Hospitals was favorably served.

## Leona Baumgartner report 1966

HMS Dean Ebert funded a study for City Manager Joseph DeGuglielmo on city health that recommended:

- New combined 'Dept of Health, Hospital and Welfare"
- Administrative streamlining
  - Move health dept to the new hospital
  - Establish a mental health center in Somerville
  - Inspectional services (restaurants and slaughterhouses)
  - Immunizations, school health, dental health,
  - City facility for aging and infirmed
- Dr. James B. Hartgering appointed Commissioner

## The Cambridge Hospital

affiliated with Harvard Medical School



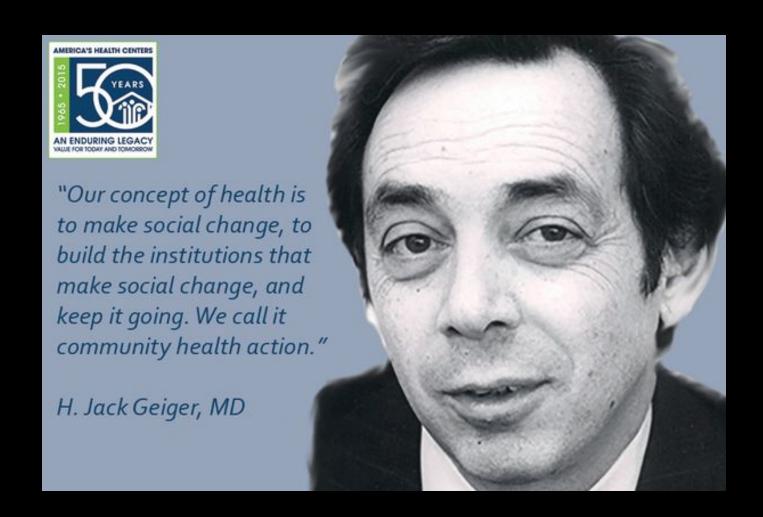
## Dedication of TCH, 1968

"This is a symbol of the unanimity of Cambridge.

For here is a building that will house the sick, treat the injured . . . without regard to color, religion, economic status or political persuasion"

Mayor Walter Sullivan

#### CHA's intellectual roots: COPC



COPC at Pholela, SA: Sidney and Emily Kark ... Mervyn Susser and Zena Stein, John Cassel, Harry Phillips and Eva Salber

## CHA's intellectual roots: Alma Ata Declaration 1978

- Inequality is unacceptable
- Health:
  - fundamental human right
  - broadly defined: Physical, mental, social wellbeing
- Primary care: the essential basis for system
- "Social accountability": address priority health needs of community

## Linking worlds



#### Capturing the community voice



Tom

## The Cambridge Hospital 1966-1996

#### **Innovations**

- HMS affiliation
  - Quality, idealistic medical staff
  - Primary care & community oriented training
- Population focus
  - Health centers ... NPs
  - Addiction, Trauma, Immigration
- Activism:
  - Addressing racism
  - PHR, HCHP, SGIM, USPSTF, PNHP, HCHGE
- Fiscal acumen

## The Cambridge Hospital era

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**Cambridge City Hospital** 

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The Cambridge Hospital, ...HMS affiliation

1996 ≥



Cambridge Health Alliance, ...a public authority

2016...

CHA...

## The context 1996

Demographic shifts; Gov't retreat;

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Major advances in care...NIH
         Reagan attacks "Great Society" & gov't
1980-
1981 – 1<sup>st</sup> AIDS cases reported; 1996- HAART
         Real estate industry defeats rent control
1994 -
         Cambridge . . . Gentrification
         Increased market orientation,
1996-
         Partners, Caregroup
         Managed care
```

## The Cambridge Hospital 1966-1996

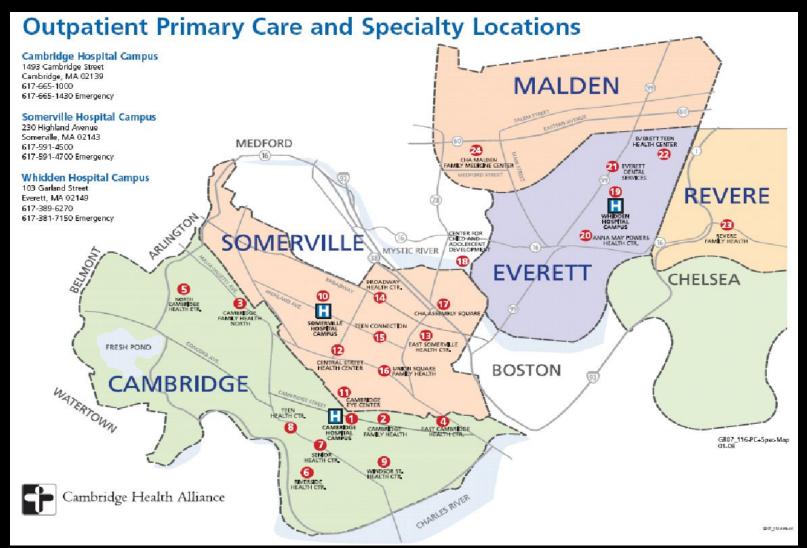
#### **Innovations**

- HMS affiliation
  - Primary care training
- Population focus
  - Health centers
- Activism:
  - Addressing racism
  - PHR, HCHP, SGIM,USPSTF, PNHP, HCHGE
- Fiscal acumen
- First balanced budget 1991

#### **Weaknesses**

- Cambridge gentrification
- City procurement
- Constricted future vision

#### **Cambridge Health Alliance**



## Cambridge Health Alliance 1996-today

#### **Innovations**

- Public authority!
- Substantial integration: across town/disciplines
- Thriving training:Cambridge Integrated Clerkship
- Thriving research hubs
- Public Accountability
  - "We welcome all"
- Clinical Innovations
  - COVID response
  - Mental health/ addiction ...CBHCs
  - Food insecurity
- Advocacy

### CHA vital statistics

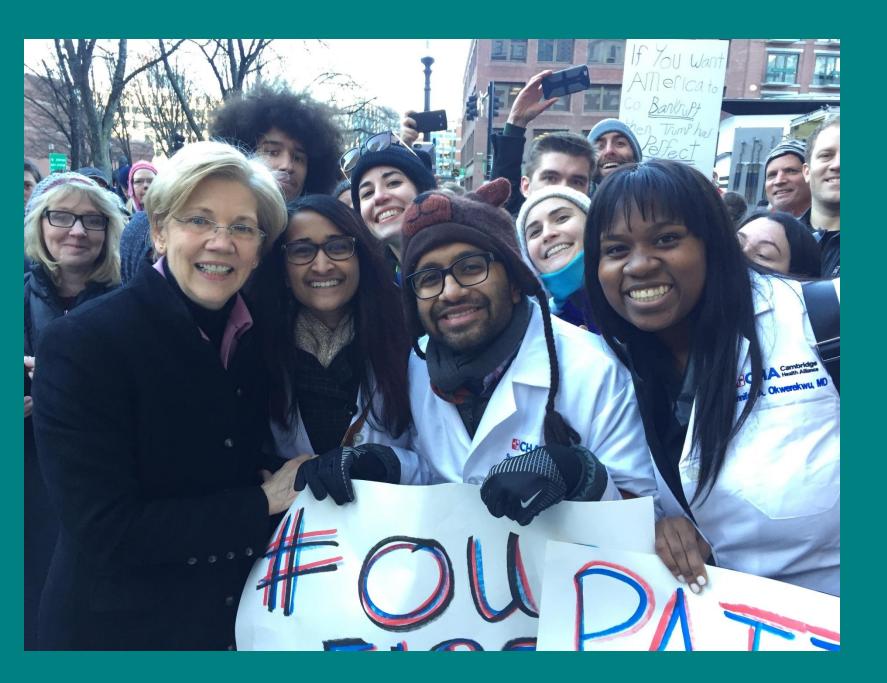
#### · Our structure:

- 3 hospitals, ~12 health centers
- Programs:
  - elders, homeless, homebound, NH's, school children, workers, mental illness, linguistic minorities. . .
- Cambridge Health Dept.
- Publicly governed and administered

#### · Our community:

- $\sim 1/2$  million individuals
- Primary care enrollees ~ 125,000
- Annual discharges ~ 2000
- Budget: \$750 million





## Cambridge Health Alliance today

#### **Innovations**

- Public authority
- ACO
- Cambridge Integrated Clerkship
- Responsive to need
  - "We welcome all"
  - COVID
  - Mental health/ addiction
  - Food insecurity
  - Advocacy

#### **Weaknesses**

- COPC
  - For world; not yet for US
  - Model still evolving
- Mismatch between public compact and public funding
- Inefficient configuration
  - Dispersed, small NHC's
- Staffing. . .support

## The national context: 2023

- Politics of division
  - But, impressive social movements
- · Increasing income, wealth and health disparities
  - But ACA =>solidarity re. right to healthcare
- Increasing health system complexity, corporate management methods, greed
- Staffing issues
- COVID era reveals opportunities:
  - Leadership, honesty, public health
  - System capacity for innovation... transformation.

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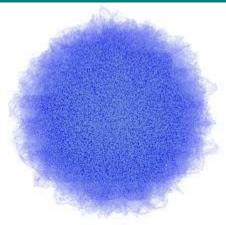




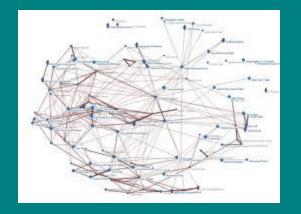
















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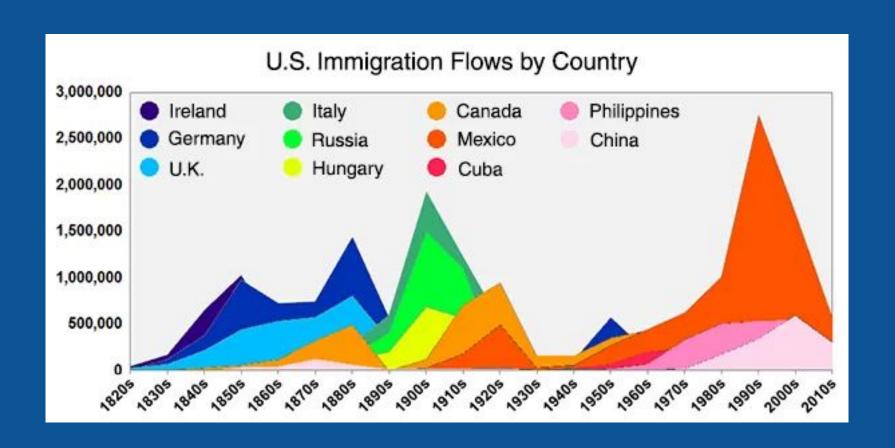
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### Thank you

## The context: 1911

immigration feeds the industrial revolution solidarity to contain the excesses of capitalism



## Great Society Programs

#### **Programs**:

Civil rights and voting rights; The "War On Poverty" (OEO); Education (Federal AID, Head start); Health (Medicare & Medicaid); Welfare (Food stamps); The arts and cultural institutions (National Endowments for Arts, Humanities, PBS, Kennedy center); Transportation (high speed rail and Auto safety); Consumer protection (NHTSA); The environment (Clean air, Clean water, Wilderness protection); Housing (model cities, rent assistance); Rural development; Labor

#### Legacy:

Full income poverty rate fell from 19.5% to 2.3% between 1963 and 2017

# Lown Institute ranks 3600 hospitals on

Inclusivity: CHA #3 in MA; #49 in US

Community benefit: A+

Low Value care: CHA #1 in MA, #14 in US