



CITY OF CAMBRIDGE
INTEROFFICE CORRESPONDENCE

To Dr. Melvin Chalfen
Commissioner of Health and Hospitals

Date January 9, 1985

From Paul E. Healy, City Clerk

Reference

Subject Proposed expansion of the Mt. Auburn Hospital

Enclosed is a copy of Order Number Seven introduced by Vice-Mayor Duehay at the City Council meeting of January 7, 1985 together with material relative to the subject matter of the order.

At the request of the City Council, I am providing all this background information in order that you will have a complete picture in order to report to the City Council prior to the anticipated public hearing on this matter.

Your kind attention in this matter will be greatly appreciated.

c.c. Robert Healy, City Manager
Michael Greene, Director of Hospital
Health Policy Board, c/o Dr. Chalfen



City of Cambridge

7.

IN CITY COUNCIL

January 7, 1985

VICE-MAYOR DUEHAY

ORDERED:

That the City Manager be and hereby is requested to direct the Commissioner of Health and Hospitals, the Cambridge Health Policy Board and the Director of the Cambridge Hospital to report without delay to the Cambridge City Council to what extent the proposed expansion of Mount Auburn Hospital would affect the programs, the operation, and the financial stability of Cambridge Hospital and the Cambridge Health Centers.

In City Council January 7, 1985.
Adopted by the affirmative vote of 8 members.
Attest:- Paul E. Healy, City Clerk.

A true copy;

ATTEST:-

A handwritten signature of Paul E. Healy in cursive script, written over a horizontal line.

Paul E. Healy, City Clerk.

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OFFICE OF CITY CLERK

JAN 3 12 58 PM '85

MOUNT AUBURN NEIGHBORHOOD TAXPAYERS' ASSOCIATION (MANTA)
CAMBRIDGE, MASS.

12 Gibson Street
Cambridge, MA 02138
(Tel. 227-7031)

December 13, 1984

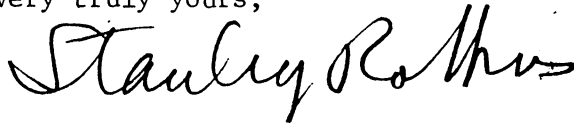
Honorable Francis H. Duehay
26 Lowell Street
Cambridge, MA 02138

Dear Councillor Duehay:

As you know, Mount Auburn Hospital's plan to undertake a major construction program (\$45,608,000 in 1983 dollars) has generated a great deal of concern in the adjacent community and elsewhere in Cambridge. Attached are a summary of the proposed project, some observations about the Hospital's current and future impact on the community, and a detailed description of the reasons for the concern which has been expressed.

We would appreciate it very much if you would bring this matter to the attention of the City Council so that it can receive the public attention which it deserves.

Very truly yours,



Stanley Robbins, M.D.
1010 Memorial Drive
Cambridge, MA 02138
President, Mount Auburn
Neighborhood Taxpayers' Association

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Mount Auburn Neighborhood Taxpayers Association
12 Gibson Street, Cambridge, MA 02138
(Tel.: (617) 227-7031)
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CAMBRIDGE, MASS.

Summary of the Hospital's Proposed Plan

Based upon the Hospital's Application for a Determination of Need, its Environmental Impact Report and public statements made by Hospital representatives, it appears that the following are the major components of the Hospital's proposed \$45,608,000 (\$57.5 million in 1986 dollars) plan:

1. Major physical changes involving all of its buildings, including demolition of the Clark Building, construction of a four story building and "mechanical penthouse" on the existing parking garage, construction of a two story parking garage near the site of the Clark Building, construction of an ambulatory surgical unit, additions to many buildings and renovation of all buildings;
2. A construction period of at least three to four years;
3. An increase in ambulatory and inpatient services resulting in approximately 65,000 additional vehicle trips to and from the Hospital each year;
4. Development of a regional obstetrical unit with an increase in the number of deliveries a year from 1200 to 2000;
5. An addition of four psychiatric and four obstetrical beds, a shift of ten pediatric beds to adult medical/surgical use, and a reduction of five other pediatric beds;
6. Total reorganization and shifting of all services;
7. Expanded capacity for tertiary care, including more sophisticated surgery such as open heart surgery. Recently, the Hospital unveiled its new full body CT Scanner.

December 17, 1984

Mount Auburn Neighborhood Taxpayer's Association (MANTA)
12 Gibson Street
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Some Observations Relative to Mount Auburn Hospital

- 1. About half of the approximately 9,000 vehicles a day which travel on Mount Auburn Street are Hospital-related.
- 2. During the Hospital's morning and afternoon peak hours, approximately two-thirds of the vehicles on Mount Auburn Street are hospital related.
- 3. If its construction plans are approved, the Hospital will have a substantial increase of approximately 65,000 vehicle trips a year resulting from increases in inpatient and outpatient services. The size and nature of this increase will constitute a large incremental step toward making the Hospital a major teaching, referral and tertiary care facility.
- 4. The Hospital estimates that it has a current deficit of approximately 160 parking spaces. While high, MANTA believes this figure to be substantially underestimated.
- 5. During the proposed 3 to 4 year construction period the parking deficit will range from 277 to 405 spaces, according to the Hospital's estimates, because of lost spaces and construction worker vehicles. Manta believes that this also is substantially underestimated.
- 6. The parking garage which, according to Hospital estimates will result in a net increase of 140 spaces, will be built last, in 1990 or later.
- 7. The total number of neighborhood (from Mount Auburn Street to Brattle Street between Fresh Pond Parkway and Willard Street) parking spaces (excluding private places and 51 on Elmwood Avenue which are not used) is 482 according to Hospital estimates. Of these only 84 are non-residential permit spaces, according to the Hospital's estimates. Thus, very few "legal" neighborhood spaces are available to accomodate the Hospital's parking deficit, particularly considering that non-hospital related vehicles use these spaces as well.
- 8. The Hospital is increasingly serving patients from outside of what it considers its "primary service area" (Arlington, Belmont, Cambridge, Lexington, Somerville and Watertown). During the period from 1972 to 1982, for example, the percentage of patients from this area decreased from approximately 72% to 67% of the total.
- 9. In 1941, 57% of the Hospital's patients were Cambridge residents while today only 25% are from Cambridge. Similarly, only 15% of its 1700 employees are Cambridge residents.

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12 Gibson Street, Cambridge, MA 02138
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The Mount Auburn Neighborhood Taxpayers Association is an association of individuals concerned about the potential adverse environmental and health planning implications of the proposed \$45,608,000 (\$57,450,000 in 1986 dollars) demolition and construction project of Mount Auburn Hospital (described in its Application for a Determination of Need filed September 1, 1983). There are four major issues of concern to the Association:

1. Damage to the residential character of the adjacent neighborhood;
2. Adverse effects on the delivery of health care in Cambridge;
3. Questionable need for the proposed project from the perspective of the delivery of health care on a regional and statewide basis; and
4. The lack of an adequate planning process including the failure to consult with the Hospital's neighbors.

The following is a preliminary summary of each of these issues.

Damage to the Residential Character of the Adjacent Neighborhood

Over the Hospital's opposition and at the urging of neighbors, the Massachusetts Environmental Protection Agency (MEPA) required the Hospital to prepare an environmental impact report, stressing the areas of parking and traffic. Additional areas have been added as they have been identified. Specific concerns raised by the neighbors included illegal parking in the neighborhood by visitors and employees, (caused in part by the high cost of parking in the Hospital's parking garage -- up to \$8.00 a day), traffic dangers to neighborhood children attending nearby schools, traffic congestion and accidents, noise, damage to neighborhood parks and playgrounds, air pollution, trash and litter. Also of major concern are the day-to-day problems of noise, air pollution, dirt, and storage of construction vehicles and equipment incident to a construction period of three to four years. The Hospital engaged the firm of Vanasse-Hangen to do the environmental impact report, and that report was recently accepted by MEPA as satisfying its requirements. Since MANTA considers the report to be inadequate in many respects, it has notified MEPA of its intent to appeal the MEPA decision to Superior Court.

Adverse Effects on the Delivery of Health Care in Cambridge

The main concern in this area is the impact of the proposed project on the Cambridge City Hospital and the system of neighborhood health centers in Cambridge. In particular, concern has been expressed that the proposed project may result in a diminished use of the Cambridge City Hospital by paying and/or insured patients, exacerbating the already serious problem of under-utilization and increasing the existing deficit. Also, there is great concern that Mount Auburn Hospital's proposed plan to create a regional obstetrical unit will jeopardize the obstetrical unit of Cambridge City Hospital, with potentially severe consequences for the capacity of the Cambridge City Hospital to provide in-patient surgical care. Finally, there is concern that Mount Auburn Hospital's expansion of outpatient services will compete directly with and diminish Cambridge Hospital's outpatient services. The overall concern is that health care must remain available to those who are unable to pay for it. The Cambridge Health Policy Board which oversees the Cambridge City Hospital and the neighborhood health centers has requested Mount Auburn Hospital to respond to these concerns. Despite a recent announcement by Mount Auburn Hospital that it is dropping five pediatric beds, very little joint planning has occurred.

In addition, there is major concern that Mount Auburn Hospital has been shifting from a community hospital to a referral hospital, capable of providing more and more sophisticated tertiary care (e.g., page 4 of its narrative states that during fiscal year 1982, one third of its total discharges were patients from outside of its primary service area). This shift concerns the residents of the neighborhood who believe that it should be a neighborhood hospital and leave the sophisticated tertiary care to the major teaching hospitals in Boston.

Questionable Need for the Project from a Regional and Statewide Perspective

The main concern here is that the Mount Auburn Hospital has not convincingly demonstrated that the huge expenditure it seeks to make is justifiable in light of the relatively small increase in services it proposes. Also, many of its plans are inconsistent with modern health planning initiatives. For example, the Hospital's plan to double its ambulatory surgery procedures is not matched by a corresponding plan to reduce its inpatient surgery. Also, it is planning a "regional obstetrical unit" despite the nearness of major obstetrical facilities in Boston and the current emphasis on the creation of free-standing and non-hospital-based birth centers. Similarly, it seeks to expand its tertiary care despite the increasing emphasis on centralizing such care in highly specialized facilities. In addition, since the population in its primary service area is expected to decline by 6% between

1980 and 1990, it bases the need for more tertiary care on the slight projected increase in the population over 65 and 75, without any corresponding emphasis on increased home care. Finally, while the Mount Auburn Hospital seeks to expand its services, there are other hospitals in Cambridge and nearby communities whose services are considerably underutilized. In sum, given current trends in the provision of health care and the great public concern about controlling its cost, we believe that Mount Auburn Hospital must provide a more convincing justification for the huge cost of its project which will add substantially to the cost of its care.

Lack of an Adequate Planning Process, Including the Failure to Consult With the Hospital's Neighbors

The Hospital has not engaged in the kind of in-depth planning process called for by the large scope of its proposed project. In particular, there seems to have been minimum contact with the hospitals in the immediate area, the hospitals in Boston (who also claim as part of their primary service area some of the cities and towns listed by Mount Auburn Hospital as being in its primary service area) and the residents of the adjacent neighborhood. Instead, the main emphasis of the planning which has been done appears to have been focused within the Hospital itself. In our opinion, an in-depth planning effort involving other health care providers and the adjacent community is an essential addition to the planning process which the Hospital has already undertaken.

In conclusion, we recognize that Mount Auburn Hospital may, indeed, have a legitimate need to renovate and update some of its facilities. We remain to be convinced, however, that such renovation and updating cannot be accomplished within the Hospital's existing structures, without the more costly and drastic alternative of demolition of the Clark Building and construction of a new East Wing and other related facilities.

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James A. Biggar 24 Foster Street	Michael Meltsner 9 Maynard Place	Richard Stewart 27 Gibson Street
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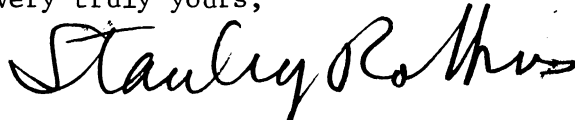
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1010 Memorial Drive
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President, Mount Auburn
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S-14

Comm. from VM Duehay, transmitting a comm. from Stanley Robbins, M.D. of the Mt. Auburn Neighborhood Taxpayers Assoc. (MANTA)
 Re: enclosed summary of the Mt. Auburn Hospital's construction program & description of neighborhood concerns.

*Letter sent to Dr Chalfen Michael
 Greene & Health Policy Bd
 & City Mgr. 1/9/85*

1/7/15

*Placed on File
 until report is
 received - then
 a hearing will be
 scheduled -*

In City Council,

January 7, 1985

1/7/1985

*For Public #7 Adopted
 This date in
 connection with
 this communication*