

The Boston Globe

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A healthy transformation

Cambridge is about to change the governing structure of its successful community hospital. The conversion from city management to a nonprofit authority promises to extend a record of excellence in providing health care to all members of the community.

The conversion requires legislative approval, and hearings before the joint Health Care Committee went off without a hitch yesterday. Unanimity is noteworthy because the conversion coincides with the takeover of a smaller private hospital in neighboring Somerville. Legislators from both cities support the conversion bill, which will place final control in a board appointed by the Cambridge city manager.

John G. O'Brien, who has headed Cambridge Hospital for 10 years, presides over an institution that has transformed itself from a deficit-ridden aging general hospital into the hub of a network of eight community health centers. The Cambridge City Council, when it approved the conversion, knew that it was building on previous success.

When they took over the Somerville Hospital, Cambridge administrators promised to keep the facility open, which alleviated the concerns of Somerville residents. The Cambridge Hospital acquired three existing health centers as well, and these will facilitate the creation of a bi-city health nexus stressing prevention and early intervention in medical problems. An ongoing initiative to com-

bat domestic violence is typical of the programs that have taken Cambridge Hospital far beyond the traditional hospital model.

Despite the successes, O'Brien and other administrators realize that their institution is vulnerable to changes in the economics of health care. With 85 percent of its revenue dependent on Medicaid, Medicare and the state uncompensated-care pool for uninsured people, the Cambridge Hospital is at the mercy of government funding.

Conversion to an authority will allow the hospital to undertake cost-cutting programs without the strictures of civil service and other public-sector requirements. Still, layoffs are not in the offing, and union support has been essential to the ease of the conversion.

It is unfortunate that the smoothness of the Cambridge conversion could not be replicated in Boston, which is undergoing a more difficult process to merge Boston City Hospital with Boston University Medical Center next door. But Cambridge is a compact city with a very different political culture than its bigger neighbor. And Cambridge Hospital was not burdened by the debt acquired to build the new BCH building. The lack of controversy does not lessen Cambridge's achievement in devising a structure that will allow its residents and those of Somerville to enjoy quality health care whatever their income.

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A Healthy Transformation
regarding the Cambridge Hospital

In City Council June 3, 1996