

PARTNERS HEALTHCARE

2009 COMMUNITY BENEFIT OVERVIEW

“Our mission is our compass - to inspire, to nurture, to challenge the best and the brightest to step forward and care for the sickest and neediest in our community and around world. ”

**- Gary Gottlieb, MD, MBA,
President and CEO, Partners HealthCare**

Since its founding in 1994 by Brigham and Women’s Hospital (BWH) and Massachusetts General Hospital (MGH), Partners¹ has continued and expanded the long tradition of community commitment that is at the heart of each of its institutions. Focusing on their specific communities and populations, each hospital’s community commitments are consistent with the system’s community benefit mission, adopted by the Partners Board of Trustees in January 1995.

Partners not only has a commitment to long term organizational and financial investment in programs, but also to a deep engagement with communities to listen, learn, and continuously improve collaborations.

While maintaining their unique identities, the hospitals and health centers of Partners HealthCare share a system wide vision dedicated to improving the health of underserved populations and working with communities to address priority needs.

Partners is committed to working with community residents and organizations to make measurable, sustainable improvements in the health status of underserved populations.

MAKING HEALTH CARE REFORM WORK FOR PATIENTS	COLLABORATING WITH COMMUNITY HEALTH CENTERS
CREATING ECONOMIC OPPORTUNITY	REDUCING HEALTH DISPARITIES
IMPROVING ACCESS & CARE FOR PEOPLE WITH DISABILITIES	PREVENTING & RESPONDING TO SUBSTANCE ABUSE AMONG YOUTH
SYSTEM WIDE MENTAL HEALTH INITIATIVES	GLOBAL HEALTH INITIATIVES
CARING FOR WOMEN AND CHILDREN AFFECTED BY DOMESTIC VIOLENCE	SUSTAINABILITY INITIATIVES

¹Partners in an integrated health care delivery system that offers patients throughout the region a continuum of coordinated, high-quality care. The system includes two founding academic medical centers, community hospitals, primary care and specialty physicians, community health centers, specialty facilities, and rehabilitation and home care services.

In FY09, our hospitals and doctors cared for:

102,000
Medicaid patients

15,000
patients with Commonwealth Care coverage through health care reform

15,000
uninsured patients

Making Health Care Reform Work for Patients

183,000

newly insured patients have access to primary care through a program launched by Partners and funded by Bank of America

"They [Partners] are our de facto human services department here, I'd be lost without them."
- Jay Ash, Chelsea City Manager
(Boston Globe 5/31/09)

Expanding Primary Care

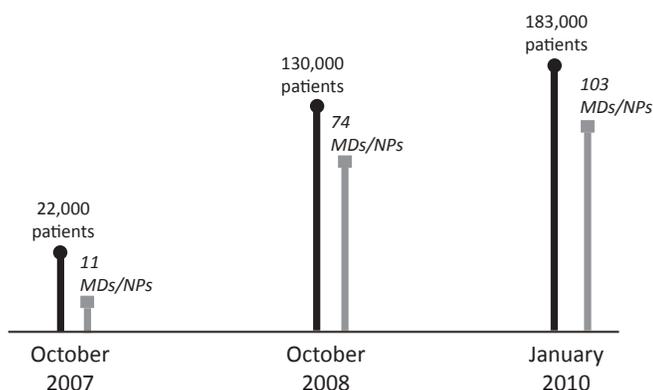
Partners is working closely with the Massachusetts League of Community Health Centers and other policy advocates to ensure that health care reform works for everyone and that newly insured patients have real access to primary care.

Beginning with a \$5 million commitment from Bank of America and \$1.7 million from the Commonwealth, Massachusetts has embarked on a substantial effort to increase primary care capacity in community health centers through an educational loan

repayment plan to expand the state's supply of primary care physicians. Partners has committed more than \$1.25 million to this effort and Neighborhood Health Plan and the Blue Cross Blue Shield Foundation of Massachusetts have provided additional financial support.

Through January 2010, 103 doctors and nurse practitioners, serving an estimated 183,000 newly insured patients, have made commitments for at least two years to work in community health centers.

More than 100 MDs and NPs have expanded health center capacity to more than 180,000 patients



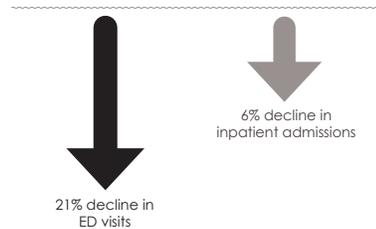
Connecting Patients to Primary Care

Partners is working to ensure that patients get the right care at the right place. Since October 2005, hospital staff have worked with patients who come through our emergency and other hospital departments to connect them to primary care providers who ensure they receive ongoing comprehensive care. As of November 2009, more than 8,200 patients have been connected to primary care through the work of staff at BWH, MGH, and North Shore Medical Center (NSMC) hospitals.

8,200

Partners patients using the ED for primary care have been connected to a provider in their community

Results based on a 400 patient sample have shown that patients who keep their first appointment are likely to remain connected to care and less likely to use the ED and be admitted to the hospital.



Patients who keep their first appointment are less likely to use the ED and be admitted to the hospital

Increase in the Number of Patients with Insurance

Massachusetts' landmark health reform law, enacted in 2006, expands coverage for the uninsured.

- As of November 2009, 408,000 people are newly enrolled in health insurance, which helps to cover the cost of their medical care and helps patients avoid the potential for medical bankruptcy in the event they become seriously ill, and offers access to preventive care to enable them to stay healthy.
- The overall uninsured rate in Massachusetts is at 2.7 percent - the lowest in the nation.
- The percent of employers offering health insurance has increased despite the fact there are more publicly subsidized health insurance options than before.
- Because of fiscal constraints, in August 2009 the state had to eliminate 27,000 legal immigrants from its Commonwealth Care program. As of January 2010, the state re-enrolled nearly all of those individuals in a new health plan: Celticare Bridge. Partners is contributing up to \$5 million for this coverage for legal immigrants.

2.7 percent
uninsured rate
in MA is the lowest in
the nation

Cost management

There are no easy solutions to the problem of rising health care costs. The health care system is a complex one and solving its cost problems will not be easy, but Partners is embarking on serious steps to make the delivery of health care more efficient as our clinicians and researchers continue to develop new ways to prevent and cure disease and improve the health of our patients.

Key areas of change include:

- Partners is organized as an integrated delivery system to bring better technology and coordination to the task of patient care, amid the tremendous knowledge explosion we continue to experience.

MGH and BWH
Cost per Case has
declined since 1998

\$3,428

in FY1998

\$3,050

in FY2009

*(Cost per case mix adjusted
discharge (CMAD) in 1993
dollars adjusted for medical
inflation)*

- The adoption of electronic medical records and other electronic infrastructure is critical to the development of a better and more efficient health care system. After five years of work, 100 percent of Partners physicians have installed and are using electronic medical records. All Partners hospitals utilize Computerized Physician Order Entry systems. And Partners hospitals are in the process of implementing electronic bar coding systems to manage the administration of medications.
- Payment reform is needed to move away from unfettered fee for service. MGH is in year three of a successful Medicare Demonstration Project managing 2,500 high risk Medicare patients under a shared savings model. The MGH embedded case managers in primary care offices who follow these patients and try to help them solve problems before they become medical emergencies. The MGH invested in this and other care coordination infrastructure and agreed to pay for it out of savings achieved by more efficient, effective care of their patients.
- A number of Partners primary care practices are reorganizing along a medical home model. These practices create an environment where patients are cared for by a team including physicians, nurse practitioners, social workers, and paraprofessionals. Innovation in practice is encouraged, including the use of interactive technologies like patient portals, with the goal of promoting better overall health of patients.
- Innovative approaches to engaging low income patients in working with their health care providers to manage chronic illnesses. Since 2003, the Prevention and Access to Treatment (PACT) project, co-sponsored by BWH and the Boston-based global health improvement organization Partners In Health, has employed community health workers (CHWs) to bring patient engagement strategies, with proven success in Haiti and other developing nations, to disenfranchised low income patients in the Boston area.

Based in Dorchester, PACT began with over 200 HIV/AIDS patients who did not have the education and support they needed to follow through on often complex daily care requirements needed to maintain or improve health status. Most of these patients also had mental health and/or substance abuse diagnoses. Pairing these patients with CHWs has resulted in improved patient engagement in treatment, including much more consistent use of daily medications needed to manage their illnesses. Improved engagement has driven significant improvements in the patients' health status, including substantial reductions in HIV viral loads, and a resultant reduction (50%) in hospital costs, in part through a substantial reduction in hospital utilization.

Over the last two years, PACT has worked with the Codman Square and Dorchester House health centers to pilot an expanded use of its model for use with patients with diabetes. Based on the successful work with HIV/AIDS patients and early indicators of success with diabetic patients, PACT, in collaboration with the Boston nonprofit Commonwealth Care Alliance, began a substantial expansion in January of 2010. The expansion will bring PACT's expertise to another 2,000 patients and includes adapting the PACT model for use with patients with several chronic illnesses. The BWH chapter of this Community Benefit report includes a more complete description of PACT.

Continuous efforts to control costs and provide care more efficiently have resulted in costs per discharge that have declined since 1998 when adjusted for medical inflation and case mix.

At the same time, payments through publicly funded insurance continue to decline when compared to the actual cost of providing care to patients. In FY2009, only 75 percent of the cost of care provided to patients was covered by Medicare, and only 69 percent of the cost of care provided by patients was covered by Medicaid.

These payer shortfalls resulted in a system wide loss of nearly \$650 million in FY2009. In order to deal with losses of this order of magnitude, payments from private insurers must cover the shortfall. If Medicare and Medicaid covered the cost of care, private insurance rates could be reduced by 18 percent, stemming the growth in health insurance costs for Massachusetts individuals and businesses.

If Medicare and Medicaid covered the cost of care, private insurance rates could be reduced by 18 percent, stemming the growth in health insurance costs for Massachusetts individuals and businesses.

Losses for Partners Hospitals and Doctors (\$ Millions)



- BWH committed \$2 million to a new building for Whittier Street Health Center.
- MGH increases access to breast cancer screening, follow-up and treatment through patient navigators who work with the Avon MGH Breast Care Program at MGH Chelsea, Geiger-Gibson, and Mattapan.
- Partners Information Systems continues to expand its connectivity with health centers so clinical information can be electronically accessed.
- Partners is implementing its LMR (Longitudinal Medical Record) at Martha Eliot and Upham’s Corner.

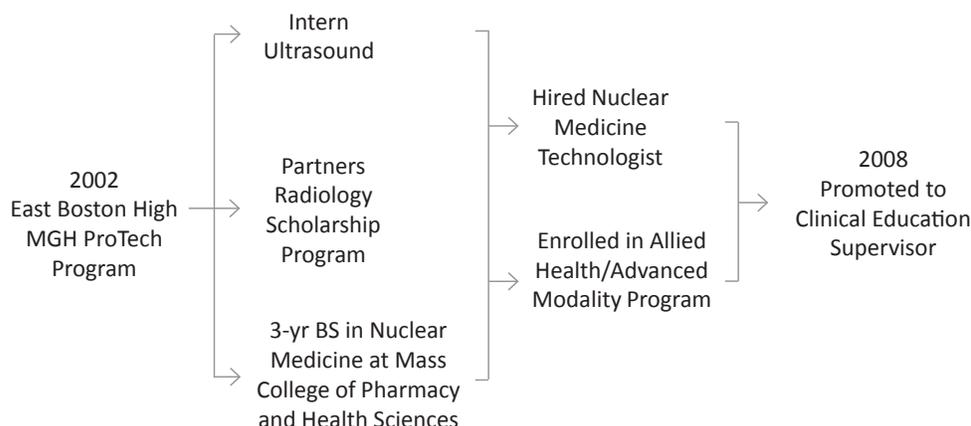
Creating Economic Opportunity

Workforce Development Pipeline Programs

By developing career pipelines for young people, adult community residents, and incumbent workers, Partners creates employment opportunities that enable individuals to enter health care careers that provide family-sustaining wages, excellent benefits, and potential for professional growth.

Partners community program pipeline, now in its 11th year, serves low-income community residents, provides skills training, case management, internships, job placement assistance, and post-placement support.

Chardiesha’s Path



A Success Story : Chardiesha Neal Clinical Supervisor, Faulkner Hospital



"I have learned a lot of lessons through my experiences at Partners. Most importantly, I've learned that no matter where you come from – if you work hard – you will be able to advance no matter what field you are in."

-Chardiesha Neal

Partners is committed to providing community residents with training and job opportunities at sustainable wages.

276 community pipeline participants since 2004

76% still working at Partners one year post graduation

1,800
incumbent employees
participating in 2008

MGH and BWH are among the largest summer employers of Boston youth

Partners incumbent worker pipeline programs provide skill development opportunities including ESOL, computer skills, career coaching, and career advancement assistance. In addition, financial support is provided through loan forgiveness and tuition assistance.

Youth Programs for High School Students

BWH and MGH high school partnership programs provide students with health career exploration opportunities, valuable work experience through paid internships, support from health professionals in the hospitals who served as mentors, and assistance with the college application process.

BWH and MGH middle and elementary school programs provide students with opportunities to learn about health careers, offer interactions with health professionals, and support an understanding of the importance of science and math.

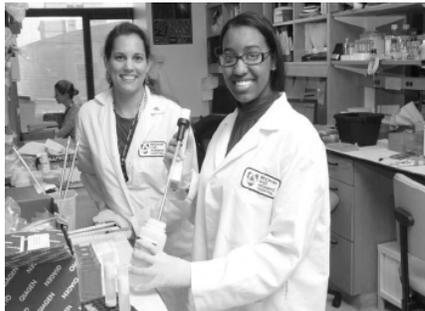
98% of SSJP program graduates attend college

94% of SSJP program graduates major in a health or science field

Melissa Rocha goes from shelter to success

Participated in BWH Student Success Jobs Partnership (SSJP) program in high school at Health Careers Academy

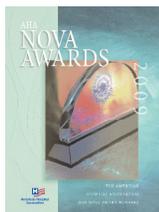
2006, Homeless and living in a shelter with her mom and brother



This spring, class valedictorian and 1 of 10 students accepted to 8 year BS/MD Early Medical Scholars Program at University of Rochester

"I've seen a lot...I've gotten to see how the department responds to trauma from beginning to end. It's confirmed that I really do want to be a surgeon."

-Melissa Rocha



In 2009 SSJP won the prestigious NOVA Award from the American Hospital Association. This award honors hospitals for collaborative programs that improve community health – medically, economically, and socially.

Reducing Health Disparities

In late 2002, Mayor Thomas Menino became the first mayor in the nation to convene the city's teaching hospitals to explore their role in eliminating racial and ethnic disparities in health care in Boston. In 2004-2005, Dr. Gary Gottlieb co-chaired the Mayor's Task Force to Eliminate Health Disparities.

Partners founding hospitals, Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH), worked closely with the City's Public Health Commission to create a comprehensive framework and agenda for hospitals to address and monitor disparities in care. In 2007, BWH and MGH became the first two hospitals in the nation to measure health outcomes by race and ethnicity by collecting and monitoring data on the race/ethnicity and socioeconomic status of patients and developing performance improvement efforts to eliminate observed disparities.

The MGH Disparities Solutions Center (DSC), launched in 2005, is dedicated to the development and implementation of strategies that advance policy and practice to eliminate racial and ethnic disparities in health care. The Disparities Solutions Center achieves this mission by:

- Serving as a change agent by developing new research and translating innovative research findings into policy and practice.
- Developing and evaluating customized policy and practice solutions for health care providers, insurers, educators, community organizations, and other stakeholders.
- Providing education and leadership training to expand the community of skilled individuals dedicated to eliminating health care disparities.

The Disparities Solutions Center is the first center of its kind in the United States. While other disparities centers exist, the Disparities Solutions Center is the first to be based in a hospital, with a focus on moving the issue of disparities in health care beyond research and into the arenas of policy and practice. The Center serves as a national, regional, and local resource for hospitals, physician practices, community health centers, medical schools, other health professions schools, health plans and insurers, consumer organizations, and state and local governments.

*The MGH Disparities
Solution Center is
the first of its kind in
the United States*

The Disparities Solutions Center received an initial funding commitment of \$3 million from MGH and Partners HealthCare, as well as, \$1 million from the Robert Wood Johnson Foundation. Housed within the MGH/Partners Institute for Health Policy, the Center is affiliated with Harvard Medical School's Department of Medicine and Health Care Policy and the MGH Division of General Medicine.

Now in its fifth year, the Disparities Solutions Center has many significant accomplishments to report. Among them:

- Collaborating with the MGH Revere HealthCare Center to develop a culturally-tailored diabetes management program for Cambodian patients. Focus groups with Cambodian patients, health care providers, and Cambodian interpreters/staff helped inform the development of the program by identifying barriers to care for Cambodian patients, including their knowledge (or lack of knowledge) of diabetes. The program, currently in early stages, includes a bilingual Khmer-speaking diabetes coach, who works individually with patients to identify specific barriers to care, and group education sessions on diabetes self-care and management. The program is funded by Tufts Health Plan Foundation.
- Providing leadership and expanding MGH projects focused on identifying and addressing disparities, especially in diabetes and colorectal cancer screening.
- Conducting the third Disparities Leadership Program, targeting leaders from hospitals, health plans, and community health centers from around the country.
- Developing new areas of research in preventing metabolic syndrome in minority populations, identifying “high-risk” patient safety situations for hospitalized limited-English proficient patients, and exploring the use of health information technology to identify and address racial/ethnic disparities in health care.
- Releasing “Improving Quality and Achieving Equity: A Guide for Hospital Leaders” and “Assuring Healthcare Quality: An Equity Blueprint” in collaboration with the Institute for Healthcare Improvement.

Reducing Disparities, one patient at a time

Two years ago, Sylvia came to MGH Chelsea after years of poverty, homelessness, and domestic violence had taken a toll on her health. She had Diabetes and her blood sugar level was a dangerous 13 with symptoms including dizziness, blurred vision and exhaustion. She weighed 330 pounds. Referred to the Diabetes Management Program, she started counseling to manage her diabetes, changed her diet, and began walking. At a recent group meeting Sylvia announced her blood sugar level was 6.7 and she had lost 150 lbs.

Concerned about alarming health disparities among Boston's core urban population, the BWH Center for Community Health and Health Equity has focused on these priority challenges:

- Higher infant mortality and low birth weight rates for Black infants
- Lower rates of adequate prenatal care for Black and Latina women
- Higher rates of breast and cervical cancer among Black women
- Higher percentages of Black and Latina adolescents who become mothers
- The impact these health concerns have on the health of families and children



Dr. Cheryl Clark (above) and research assistant Natacha Johnson used electronic medical records to study mammography use among Black women in Boston. Though Black women have a lower incidence of breast cancer their mortality from breast cancer is higher than that of other groups; lack of access to adequate screening and treatment may partially explain this health disparity. Dr. Clark is the Director of Health Equity Research and Intervention at the Center for Community Health and Health Equity at Brigham and Women's Hospital.

Improving Access & Care for People with Disabilities

In collaboration with Boston's disability community and the Boston Center for Independent Living (BCIL), Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH) have mobilized a comprehensive and landmark effort to improve access and care for people with disabilities. The collaboration is comprehensive in scope and includes an assessment of the hospital facilities and services and identifies steps to be taken to further improve care. These activities include:

- Removing architectural barriers in hospitals, off site facilities, and health centers (including exam rooms, patient rooms, treatment rooms, waiting areas, gift shops, and parking areas).
- Purchasing additional medical equipment and devices which are accessible for people with disabilities (including wheelchair scales, power adjustable exam tables, power door openers, accessible mammography).
- Modifying hospital policies and procedures which address issues related to the care of people with disabilities.
- Developing a training program for all staff including physicians, nurses, and support staff, who interact with patients and visitors.

Partners disabilities initiative is intended to go well beyond providing ramps and eliminating architectural barriers. It is designed to build a stronger partnership between health care providers and patients with disabilities, and help to fundamentally change the culture of access and care for people with disabilities.

Partners disabilities initiative is intended to go well beyond providing ramps and eliminating architectural barriers. It is designed to build a stronger partnership between health care providers and patients with disabilities, and help to fundamentally change the culture of access and care for people with disabilities.



From right: Peter Slavin, MD, President of MGH; Gary Gottlieb, MD, MBA, President and CEO, Partners HealthCare; Bill Henning, BCIL Director; Pamela Daly, BCIL; Karen Schneiderman, BCIL; Dan Manning, GBL; Stacy Berloff, BCIL; Judy Ann Bigby, MD, Secretary of EOHHS; Lisa Iezzoni, MD, Director of The Mongan Institute for Health Policy at MGH

Preventing and Responding to Substance Abuse Among Young People



Revere CARES, a program of the MGH Center for Community Health Improvement, was founded in 1997 and is dedicated to reducing and preventing alcohol and drug use among youth in Revere and to building a healthier community.

The Coalition uses research-based strategies and is based on the belief that a community that works together to send clear and consistent messages about substance abuse, active living, healthy eating, and violence to teens, offers positive alternative activities, and makes appropriate services available, can reduce alcohol and drug use, violence, and childhood obesity among youth. Revere CARES Coalition focuses on four

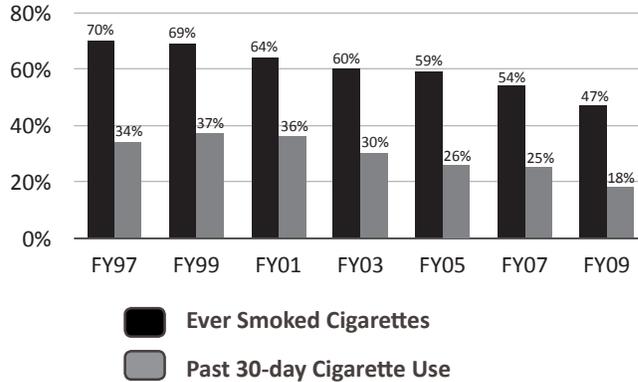
- Advocating for public policy changes and enforcement efforts
- Conducting community awareness campaigns
- Implementing science-based prevention and early intervention programs for youth
- Building a healthier community by collaborating with others

In 2009, Revere CARES won the Community Anti-Drug Coalitions of America (CADCA) "Coalition of the Year" Award in recognition of their contribution towards population-level reductions in substance abuse rates for multiple substances.

Over the past 13 years, Revere CARES has had a measurable impact on substance abuse among adolescents:

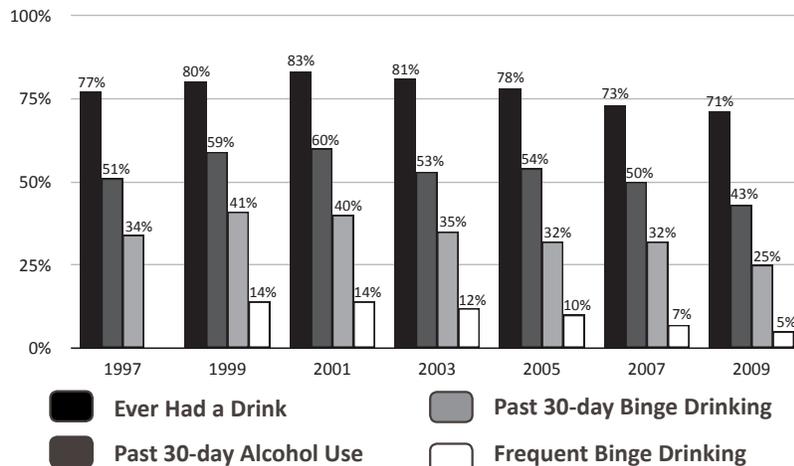
The percent of high school students ever having smoked cigarettes steadily declined from 70 to 47 percent in 2009, a 32 percent decrease. During those same years, the percent who smoked in the past 30 days steadily declined from 34 to 18 percent, a 47 percent decrease.

Revere High School tobacco use is steadily declining



Following national and state trends, the percent of students who reported ever drinking alcohol, past 30 day use and binge drinking have all decreased since 1999. However, several indicators in Revere dropped at a statistically significant greater rate than statewide between 2005 and 2007. For example, those ever having had a drink dropped five percent in this time in Revere, compared to four percent statewide, which is statistically significant. The percent of youth who reported binge drinking (five or more drinks at least once in the past 30 days) has decreased from 41 percent in 1999 to 25 percent in 2009, which is a 39 percent decrease. Statewide rates remained flat.

Revere High School alcohol use is steadily declining



“This award [CADCA Coalition of the Year] belongs to all the people of Revere, who have proven that through hard work and great resilience we can make real progress in addressing youth substance abuse. We thank MGH and Partners for their steadfast support, without which this progress would not have been possible.”
 - Revere Mayor
 Thomas Ambrosino

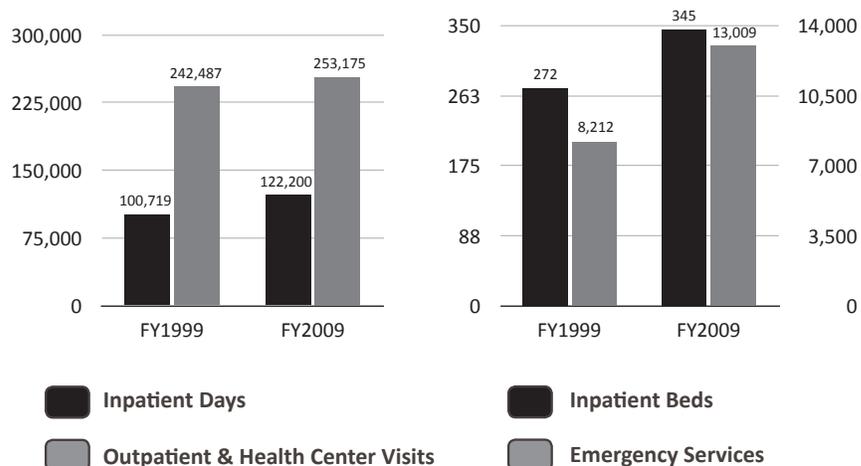
System Wide Mental Health Initiatives

Health care policy experts and those on the front line of service delivery have come to the realization that untreated mental illness is at a very serious level, and contributes to negative health status for many patients and is a significant financial burden on the health care system. There are, however, indications that the potential for combating mental illness has increased significantly. Key to services for low income populations are integrated behavioral health and psychiatric services with primary care and adequate access to services. Although clearly there is a substantial need for behavioral health services, limitations on reimbursement create significant limitations in access to services. These limitations arose in the 1990s from the belief that capitation was the best answer to controlling health care costs. But payments have not recovered since then. It is very difficult for providers to maintain services when reimbursement falls below the actual cost of care.

Partners recognizes that mental health services are an essential component of a comprehensive health system for children, adolescents, and adults. To that end, Partners Psychiatry and Mental Health's (PPMH) priority in contributing to the provision of integrated health services has resulted in a greater commitment to psychiatry and mental health services, filling the gaps left by other hospital unit closings. In a number of areas, Partners has expanded services available, and continues to advocate for policies and funding to increase access to services on a statewide basis.

Although payer constraints are a challenge for all health systems, Partners recognizes that mental health services are an essential component of a comprehensive health system.

Partners has Sustained & Expanded Mental Health Services



Caring for Women & Children Affected by Domestic Violence

Violence is prevalent throughout our society, with much of it taking place in the home. This violence has profound physical and mental health effects. Fully 25 percent of women experience intimate partner abuse at some point in their lives, with pregnancy being one of the most vulnerable times. This violence produces well-documented, serious negative effects on women's health. In addition, children who witness violence can suffer deep trauma. Half of all children in households where domestic violence is taking place are also abused.

Partners hospitals provide services for victims of domestic violence. In addition to meeting the medical needs of survivors, hospital and health center-based domestic violence advocates help women obtain emergency shelter, protection through law enforcement and the courts, and develop safety plans for themselves and their children. Advocates have assisted thousands of adult survivors and provided training for thousands of physicians, nurses, other caregivers, and staff to enable them to recognize and respond to victims.

Through its Passageway Program, BWH supports comprehensive domestic violence services throughout the hospital and at Faulkner Hospital, Brookside Community Health Center, Whittier Street Health Center, and Southern Jamaica Plain Health Center. Through its HAVEN program, MGH supports comprehensive services in the hospital and at the hospital's Chelsea and Revere HealthCare Centers. In Chelsea, clinicians also intervene and provide mental health services to children who have witnessed or have been victimized by violence at home or on the street. At NSMC, programs to address domestic violence are conducted in partnership with HAWC (Help for Abused Women and Children). NWH partners with The Second Step, a transitional home for survivors of domestic violence, including medical care, transportation, and financial assistance. Partners hospitals' domestic violence programs have served 17,000 clients since 1997.

A Survivor's Poem

*"I am re-learning every day.
It's like taking baby steps like my grandkids
and seeing things from a new view, like the
view of a child.
I am finding that I am capable.
My husband used to tell me that I was
stupid because I wasn't educated.
I used to believe him.
Every time I write, I find that I have
something to contribute.
I'm not stupid.
The women here tell me I'm a wise woman
and I'm starting to feel that that's true."*

*-Anonymous
Survivor*

17,000
clients have been
served by Partners
domestic violence
programs since 1997

Global Health Initiatives

Haiti Relief Efforts in Response to the Earthquake, January 2010

Across Partners HealthCare, doctors, nurses, and other caregivers have been deeply engaged in Haiti relief efforts. To date more than 100 doctors and nurses from Brigham and Women's, Mass General and other Partners hospitals have volunteered to work in Haiti to help alleviate the terrible medical and humanitarian disaster there.

Here are some examples of what Partners caregivers are doing:

- These and other providers have cared for some 3,000 patients and performed over 500 surgeries during the past month.
- Many of these caregivers are working side-by-side with their colleagues from Partners in Health – led by the well-know BWH physician, Paul Farmer, MD, PhD – who was brought to the public's attention through Tracey Kidder's book – *Mountains Beyond Mountains*.
- Other Partners caregivers are deployed as part of federal disaster relief teams – DMAT and ImSuRT.
- Some are aboard the *USNS Comfort* and are caring for some of the most seriously ill.

Partners has also been providing shipments of medical supplies so these caregivers have the tools they need. For example:

- Partners is providing trauma kits, surgical and anesthesia supplies.
- Partners is working with medical supply vendors to connect them directly with Haiti.

Here at home, Partners is providing every possible support for its Haitian employees, who number 2,500.

- In the days immediately following the earthquake, our hospitals organized prayer gatherings, and phone and computer banks to help our employees locate family members in Haiti.
- Partners has provided ongoing grief counseling and other mental health services to our employees who have lost loved ones – and to our returning caregivers who have been so deeply affected by what they have seen in Haiti.
- Partners is helping with immigration services, and operating vaccination clinics for medical volunteers.

Other Global Health Initiatives

Partners HealthCare and its member hospitals are actively engaged in medical outreach in 21 countries around the world:

- In South Africa, in an effort to combat the AIDS pandemic at its epicenter, the Partners AIDS Research Center (PARC) is assisting clinics to develop life saving pilot AIDS treatment programs. Working in the KwaZulu-Natal Province of South Africa, Partners physicians have been mentoring health care professionals on what will be the largest distribution of antiretroviral therapy (ARV) ever undertaken in medical history. PARC has maintained an active involvement and presence in South Africa since the early 1990s. The center is committed not only to providing scientific expertise to a country devastated by AIDS, but also to providing HIV education and support to persons infected and affected with HIV/AIDS.
- Partners physicians and nurses have embraced the health care needs of children and adults in some of the poorest nations on earth. From slums in Peru to prisons in Siberia, Partners caregivers are providing life saving treatment, developing new models of care, and searching for cures for people affected by HIV/AIDS, tuberculosis and other diseases which have devastated countries, villages, and families. Under Dr. Paul Farmer's leadership, Partners Division of Global Health Equity is teaching a new generation of doctors to become catalysts for transforming the way health care is delivered in the poorest regions of the world.

Sustainability Initiatives

In developing and managing its facilities and in its engagement to the community, Partners is committed to expanding sustainability initiatives and finding new ways to:

- Create a safe and supportive environment for patients and employees
- Minimize energy consumption and maximize the use of renewable, non-polluting, natural resources, particularly in buildings and transportation
- Eliminate waste through a regime of reduction, re-use, and recycling
- Minimize or eliminate toxic materials used in construction, finishes, and equipment
- Promote healthy eating and physical exercise throughout the system as fundamental to responsible health care
- Bring these same principles and practices to the wider communities surrounding its hospitals

In a separate section of the Partners Community Benefit report, the wide range of system wide efforts to promote community health through sustainable initiatives are described.

Partners HealthCare and its member hospitals are actively engaged in medical outreach in 21 countries around the world.

Measuring the Commitment

One way to measure the commitment of Partners hospitals to the community is the amount spent on health care services and programs. There are several methods for calculating the contribution an institution makes, from the neighborhood connection to the broader societal level. The state Attorney General's office provides guidelines for calculating community benefit spending. According to these guidelines, Partners hospitals contributed nearly \$150 million in FY2009. This amount represents nearly four percent of total patient care-related expenses.

COMPONENTS OF PARTNERS FY2009 COMMUNITY COMMITMENT (\$ MILLIONS)

COMPILED ACCORDING TO THE ATTORNEY GENERAL GUIDELINES

COMMUNITY BENEFIT PROGRAMS

DIRECT EXPENSES		
	PROGRAM EXPENSES	15.6
	HEALTH CENTER SUBSIDIES (NET OF HSN CARE)	48.3
	GRANTS FOR COMMUNITY HEALTH CENTERS	7.6
ASSOCIATED EXPENSES		N/A
DON EXPENSES		4.4
EMPLOYEE VOLUNTEERISM		N/A
OTHER LEVERAGED RESOURCES		
	GRANTS OBTAINED	7.3
	DOCTORS FREE CARE	14.6
HOSPITAL HEALTH SAFETY NET (HSN) CARE		50.2
CORPORATE SPONSORSHIPS		1.8
TOTAL PER AG GUIDELINES		149.8

Another approach to measuring community benefit spending is to consider additional components of spending or revenue loss, such as:

- The full and current cost of Health Safety Net care as determined by each hospital's internal costing methods.
- Losses on care provided to Medicaid patients, measured as the difference between the cost of care and the amount that Medicaid pays for that care.
- Losses on care provided to Medicare patients, measured as the difference between the cost of care and the amount that Medicare pays for that care.

Partners is the largest employer and the fourth largest corporate charitable contributor in Boston. (Boston Business Journal, 2009)

- Physician losses for non-emergency care, and physician losses on Medicaid and Medicare reimbursements
- Patient bad debt for non-emergency care
- Payments made to communities through linkage, in lieu of tax, and tax payments
- Unpaid costs of graduate medical education

COMPONENTS OF PARTNERS FY2009 COMMUNITY COMMITMENT (\$ MILLIONS)

COMPILED ACCORDING TO A BROADER DEFINITION

COMMUNITY BENEFIT PROGRAMS

DIRECT EXPENSES		
HEALTH CENTER SUBSIDIES (NET OF HSN CARE, BAD DEBT, PAYER LOSSES)	PROGRAM EXPENSES —	15.8
	GRANTS FOR COMMUNITY HEALTH CENTERS —	5.1
		7.6
ASSOCIATED EXPENSES		N/A
DON EXPENSES		4.4
EMPLOYEE VOLUNTEERISM		N/A
OTHER LEVERAGED RESOURCES		
	GRANTS OBTAINED —	7.6
	DOCTORS FREE CARE —	14.6
HOSPITAL HEALTH SAFETY NET (HSN) CARE		81.5
BAD DEBT (AT COST)		
	HOSPITALS —	27.4
	DOCTORS —	15.7
MEDICAID LOSS (AT COST)		
	HOSPITALS —	128.7
	DOCTORS —	48.4
MEDICARE LOSS (AT COST)		
	HOSPITALS —	321.2
	DOCTORS —	145.4
UNREIMBURSED EXPENSES FOR GRADUATE MEDICAL EDUCATION		6.1
CORPORATE SPONSORSHIPS		1.9
LINKAGE/IN LIEU/TAX PAYMENT		
	PILOT PAYMENTS —	4.0
	LINKAGE/121A/TAX PAYMENTS —	7.1
TOTAL BROADER DEFINITION		842.5

Note: Where N/A is reported, it should be noted that although amounts are not available for reporting, in many cases, Partners hospitals, health centers, and physicians provide substantial contributions.

Using this approach, spending by Partners hospitals was nearly \$843 million in FY2009, or more than 15 percent of total patient care-related expenses by the hospitals in that year.

Partners hospitals are among the largest providers of care for Medicaid, Free Care, and Commonwealth Care patients in Massachusetts