COMMUNITY BENEFIT OVERVIEW FEBRUARY 2009

Partners in Improving the Health of Communities

PARTNERS HEALTHCARE

FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

PARTNERS HEALTHCARE
COMMUNITY BENEFIT OVERVIEW

Community Benefit Mission

Since its founding in 1994 by Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH), Partners[1] 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 is committed to working with community residents and organizations to make measurable, sustainable improvements in the health status of underserved populations.***

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 systemwide vision dedicated to improving the health of underserved populations and working with communities to address priority needs. This commitment has four distinct components:

- Provide access to quality care regardless of patients' ability to pay, insurance status, or other potential barriers to care
- Collaborate with underserved communities to make measurable, sustainable improvements in health status by focusing on issues the communities identify as priorities
- Support community health centers in their efforts to provide community-focused, cost-effective, and high quality, accessible care, including building primary care capacity in the Commonwealth
- Create economic opportunity

[1] *Partners is 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.*

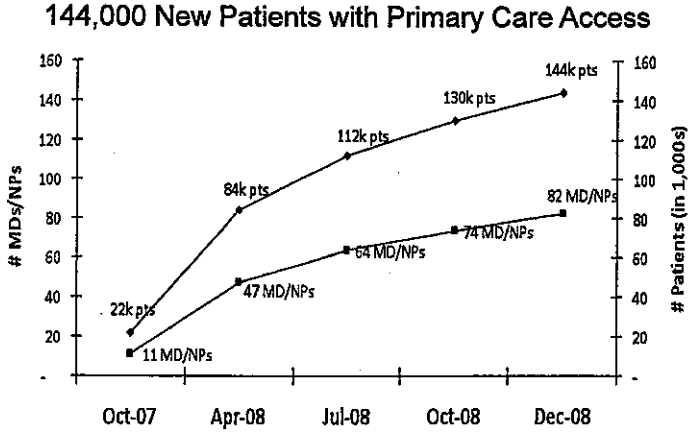
Commitment to the Community

Improving Care and Managing Costs through Health Care Reform

Massachusetts' landmark health reform law, enacted in 2006, expands coverage for the uninsured and helps to control costs, improve quality and ensure that publicly funded health care costs are adequately reimbursed.

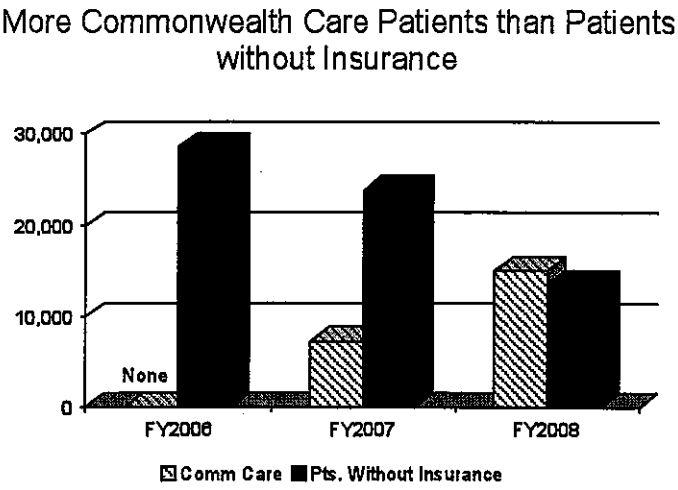
- As of December 2008, 442,000 people are newly enrolled in health insurance, which covers the cost of their medical care and helps them avoid the potential for medical bankruptcy in the event they become seriously ill, and offers access to preventive care to enable them to stay healthy.
- The overall uninsured rate in Massachusetts has declined to 2.6 percent – the lowest in the nation.
- Close to half, or 187,000 of the 442,000 new people with coverage, got health insurance without the benefit of any government subsidy.
- The percent of employers offering health insurance has increased even though there are more publicly subsidized health insurance options than before.

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 an FY07 state budget commitment of $1.7 million as the first year of a planned three-year $5 million match for the bank's commitment, Massachusetts has embarked on a substantial effort to increase primary care capacity in community health centers through an education loan repayment plan to expand the state's supply of primary care physicians. Neighborhood Health Plan and the Blue Cross Blue Shield Foundation of Massachusetts have provided additional financial support. Through December 2008, 82 doctors and nurse practitioners, serving an estimated 144,000 patients have made new commitments to work in community health centers for at least two years.

Health Reform at Partners



From a high in 2006 of nearly 30,000 patients without health insurance served at Partners hospitals, the number of patients without insurance has declined by more than half to 13,000. In FY2008, there were more patients covered by health reform's Commonwealth Care than there were patients without insurance.

Losses from uncompensated care, now funded by the Health Safety Net, while still significant, also declined. During the past year, Partners hospitals and doctors have provided more than $136 million in uncompensated care. While some of the uncompensated care loss was reimbursed through the Health Safety Net, there was still a net loss in FY2008 of nearly $85 million for Partners doctors and hospitals.

Implementation

As the provisions of health care reform are implemented, Partners has worked to anticipate the impact of each new component on patient access and provider operations.

In addition to communicating health care reform provisions to providers and patients across the Partners system, Community Benefit staff work closely with state agencies to clarify the operational effects of the new policies, and serve as a resource throughout the Partners system for questions related to health care reform. Staff are also closely monitoring the long term impact of health care reform, and paying attention to the need for solutions for patients who might continue to have no coverage options, for example, undocumented immigrants.

Cost Management

Partners is deeply committed to managing health care costs as part of health reform. While the primary driver of increased health care costs is medical progress, Partners is working to significantly slow cost increases. Four important elements of the solution are

- **Reimbursement reform.** Partners recognizes the need to move away from fee-for-service reimbursement to systems where providers are paid for performance. Currently, Partners has built pay-for-performance into contracts with all of the major payers in Boston and with the Medicaid program.

- **Electronic medical records.** Building and utilizing an appropriate system of electronic medical records is critical to controlling costs and improving quality. Again, aided by the contracts with major payers, Partners is among the less than five percent of the nation's health care providers where all primary care practitioners are on the electronic medical record.

- **Disease management.** Partners has started work on important disease management programs guided by the knowledge that 10 percent of people account for 70 percent of costs. All health care providers must do more to focus on organizing care more effectively for these sickest patients. Efforts at Partners include intensive support for at-risk low income patients, and a Medicare demonstration project with promising results.

- **Establishment of effectiveness review bodies.** There is increasing discussion at the national level of the need for establishing a body to review the effectiveness of new drugs and procedures as they enter the health care system. Although this ultimately may make the most sense to do at a national level there is no reason why Massachusetts could not begin the work to move down this path.

Employers Action Coalition on Healthcare (EACH)

In early 2008, Partners began to engage in discussion with other stakeholders to create a new coalition that would focus on developing actionable solutions for managing health care costs. These discussions led to the creation of the Employers Action Coalition on Healthcare (EACH), a collaborative private sector effort to identify strategies to reduce the rate of increase in Massachusetts commercial health care spending between 25 to 50 percent by 2012. Areas of focus include:

- Addressing administrative complexity
- Reducing unwarranted variations in care
- Analyzing comparative cost effectiveness

Directed by health care consulting expert Phyllis Yale from Bain & Company, Inc., initial recommendations are expected this winter. The next phase of the project will involve the design of pilot programs, scheduled to launch in early 2010.

EACH adds a new element to the many other health care cost containment initiatives in that:

- It is focused on implementation
- It includes participants – providers, insurers, and employers -- who must agree to and ultimately be responsible for implementation
- It uses existing research and leverages the work of other experts

- It is focused on savings in commercial health spending, but the initiatives should also have a positive impact on public cost trends.

Partners has been an active participant in EACH since its inception.

Medicaid Patients

Throughout the implementation of health reform, Partners has maintained its commitment to providing care for the uninsured and for children and adults on Medicaid. In FY2008, more than $550 million in care for nearly 93,000 patients on Medicaid was provided at a loss of almost $145 million, because Medicaid reimbursement does not cover hospital, physician, and health center costs.

Addressing Health Care 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 disparities in health and health care among racial and ethnic minorities in the city.

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.

At BWH and MGH, initiatives are underway to eliminate racial disparities in health outcomes.

Concerned about alarming disparities in health among Boston's core urban population, the BWH Center for Community Health and Health Equity's community health initiatives have 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

At the MGH Center for Community Health Improvement (CCHI), priority areas include:

- Diabetes Control. Efforts to reduce disparities in diabetes control have improved the health of Latino patients and diabetic patients at MGH Chelsea HealthCare Center.
- Colorectal Cancer. Interventions to increase colorectal cancer screening through coaching and navigation programs has more than doubled screening rates for pilot program patients.

A Decade of Collaboration with Community Health Centers – Cost Effective Care in the Appropriate Setting

In 1994, a total of five community health centers (CHCs) were licensed by Partners hospitals. Today, a total of 20 community health centers are licensed and operated by or affiliated with Partners, and nearly 200,000 CHC patients have access to Partners hospitals each year.

Community health centers licensed and operated by Partners hospitals are:

- BWH Brookside Community Health Center
- BWH Southern Jamaica Plain Health Center
- MGH Charlestown HealthCare Center
- MGH Chelsea HealthCare Center
- MGH Revere HealthCare Center

In addition, the North End Community Health Center operates under its own license but has a unique affiliation agreement with MGH.

Community health centers that have clinical affiliations with Partners and its hospitals are:

- Codman Square Health Center
- Dorchester House Multi-Service Center
- East Boston Neighborhood Health Center
- Geiger-Gibson Community Health Center
- Lynn Community Health Center
- Martha Eliot Health Center (Jamaica Plain)
- Mattapan Community Health Center
- Neponset Health Center (Dorchester)
- Salem Family Health Center
- Peabody Family Health Center
- South Boston Community Health Center
- South End Community Health Center
- Upham's Corner Health Center
- Whittier Street Health Center

Over a 10-year period beginning in 1998, BWH, MGH, PHS, and NSMC committed over $60M to build health center capacity, improve quality, and enhance desirability:

- Commitments were to 12 health centers - ten in Boston and two on the North Shore
- 58 percent of the commitments supported the building or renovation of Codman Sq., Dorchester House, East Boston, Neponset, Lynn, Uphams Corner, and Whittier Street
- 42 percent of the commitments supported other capital or operating expenses including:
    - LMR (electronic medical records) for East Boston
    - IT and Public Health programs at Uphams Corner
    - Substance Abuse prevention in South Boston

As a result of these long term commitments, access to OB, Primary Care, and Urgent Care was significantly enhanced.

Annually, nearly $50 million is provided to strengthen community health centers through operating subsidies and to fund clinical enhancements that improve patient care. Partners works closely with the Massachusetts League of Community Health Centers in providing this support.

In a chapter of this year's community benefit report, we report on the history, services, accomplishments, and community socioeconomic and health status of each of the 14 affiliated community health centers. The five community health centers operating under the license of BWH and MGH, and the North End Community Health Center, are discussed within the separate chapters for those hospitals.

Efforts to Improve the Health of Women

BWH is the state's largest birthing hospital, and plays a unique role in developing and implementing innovative women's health programs. Women's health is viewed as more than a service of primary, obstetric, and chronic care for women's reproductive and other problems. It is also seen as a way to ensure healthy families and thus healthy communities.

Women from low-income neighborhoods who are disadvantaged by their educational status, language, employment, economic status, immigrant status, race, or other personal characteristics face significant barriers to maintaining their health and that of their families. Promoting programs that improve the health of women across the lifespan through health, social support, educational opportunities, and employment reduces these barriers and helps women to care for themselves and their families.

The overall vision for BWH's community health initiatives is driven by a desire to equalize health status and opportunity among underserved populations including women and their families.

Caring for Women and 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.

Six Partners hospitals (BWH, MGH, NSMC in Salem and Lynn, Newton-Wellesley, and Faulkner) 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 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).

New MGH Mission Statement

At MGH this year, the Community Benefit Program was renamed the MGH Center for Community Health Improvement (CCHI), to recognize its significant charge to implement the new mission of the hospital which for the first time explicitly adds responsibility for improving the health of the community to the hospital's traditional mission of patient care, teaching, and research. The new mission statement is:

> ***Guided by the needs of our patients and their families, we deliver the very best health care in a safe, compassionate environment, we advance that care through innovative research and education, and we improve the health and well-being of the diverse communities we serve.***

To celebrate the renaming, CCHI sponsored an event on June 3rd attended by more than 300 people and at which former Surgeon General Dr. David Satcher was keynote speaker.

To implement this new component of the mission, MGH's President, Peter L. Slavin, MD, has asked every one of the 19 academic clinical departments to partner with the CCHI to develop a community-oriented initiative of significant scope and impact. Dr. Slavin is holding service chiefs accountable for this at annual performance reviews. At least three departments are already working toward this goal with very exciting projects.

- The MassGeneral Hospital for Children is partnering with CCHI, Revere CARES, and MGH Revere to develop an "environmental" approach to childhood obesity. This means that all of the key stakeholders in the community will work together to develop and implement a plan that incorporates multiple strategies across multiple domains (schools, recreation, after school, groceries, etc.).
- The Cancer Center is working to expand programs that offer screening at MGH Chelsea with a focus on engaging underserved and multicultural women through navigators. The expansion will include support for a community cancer physician leader who will work across breast, cervical, and colon cancer screenings.

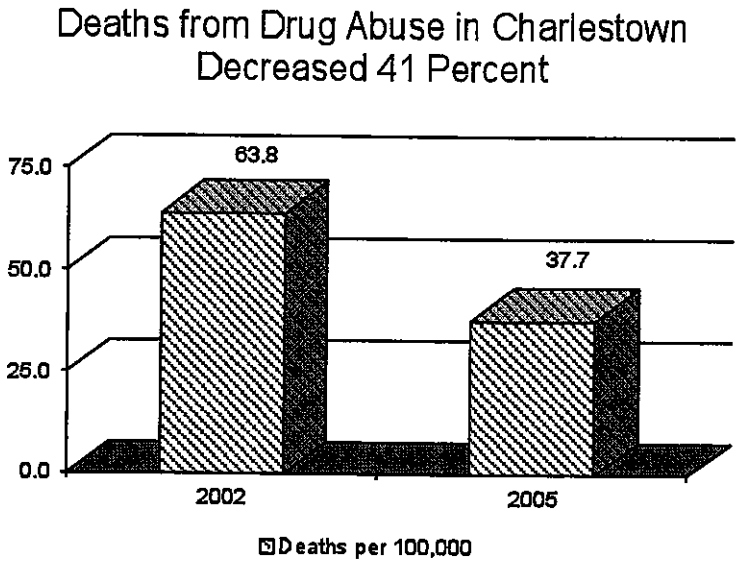
- Psychiatry has already developed desperately needed substance abuse treatment services for adolescents, including those with limited ability to pay. The Addiction Recovery Management Service (ARMS) program will provide assessment and case management services and the department is working to develop an adolescent detox and stabilization unit.

Preventing and Responding to Substance Abuse among Young People in Charlestown and Revere

Substance abuse has a devastating impact on health, the quality of community life, and the utilization and cost of health services. Early teen drinking is associated with later alcohol abuse and dependence. Nationally, at least 20 percent of hospital inpatients suffer alcohol use disorders, which often complicate their hospitalizations. Boston has one of the highest heroin use rates in the country and, according to the Boston Public Health Commission, Charlestown has death rates from heroin almost 50 percent higher than the rest of the City of Boston.

In collaboration with the MGH Community Benefit, citizens of Charlestown and Revere have formed community coalitions to fight substance abuse among youth. These communities employ science-based strategies, including raising awareness, advocating for public policy changes, implementing prevention programs, and successfully developing additional treatment resources. These efforts are resulting in modest but steady improvements in measures of drug and alcohol use, as well as, in communities' attitudes and beliefs about their abilities to affect the problem. Results include:

- Publicly-funded substance abuse treatment admissions during 2005 indicate that 73 percent of admissions by Charlestown residents were for heroin and other opiates, 19 percent for alcohol related treatment, 7 percent for crack or cocaine and 1 percent for marijuana and other drugs, compared to 70 percent for heroin and other opiates in 2004 admission statistics.
- More Charlestown residents are accessing treatment. Admission rates to publicly funded substance abuse treatment programs for Charlestown residents were 25.9 (per 1,000) in FY2004 and increased to 37.1 (per 1,000) in FY2006.
- Emergency Medical Service responses to heroin overdose calls in Charlestown declined 17.7 percent between calendar year 2003 and FY2006.
- While overdoses increased across the City of Boston by 29 percent from FY2005 to FY2006, Charlestown's overdose numbers decreased by 11 percent during the same period.



Between calendar years 2002 and 2005, Charlestown's drug abuse mortality rates decreased by 41 percent from 63.8 to 37.7 (deaths per 100,000).

Creating Economic Opportunity

Partners Workforce Development

Health care careers provide family-sustaining wages, excellent benefits, and potential for professional growth. By developing health career pipelines for young people, adult community residents and incumbent workers, Partners and its hospitals create employment and advancement opportunities that enable individuals to achieve economic self-sufficiency and contribute to the economic health of their communities. These investments in human capital in turn enable Partners hospitals to develop and retain a highly qualified, diverse workforce.

In this year's community benefit report, we have added a new section on the wide range of Partners workforce development efforts, and the results of efforts to date.

Sustainable Initiatives

Partners has established a systemwide Sustainable Initiatives program to inform and infuse principles of sustainability into its ongoing activities. Just as the medical profession is guided by the principle of "First, do no harm", so the Partners organization and member hospitals are working toward a principle of sustainability in which:

> ***"development...meets the needs of the present without compromising the ability of future generations to meet their own needs."***

In another new section of this year's Community Benefit report, the wide range of Partners efforts to promote community health through sustainable initiatives are described.

Services for Homeless Adults

Partners has multi-dimensional and long-term relationships with organizations that serve Boston's homeless. In collaboration with these organizations, Partners provides: workforce development (Project Hope); care for homeless veterans (New England Shelter for Homeless Veterans); help for homeless women (Women of Means); and clinical care in hospitals, shelters, a medical respite care facility, and on the street (Boston Health Care for the Homeless and Pine Street Inn.)

Homeless patients experience high rates of illness and death. They routinely face the most severe health risks from exposure to the extremes of heat and cold, trauma, violence, complex and chronic medical illnesses, persistent mental illness, and substance abuse.

Boston Health Care for the Homeless. The Boston Health Care for the Homeless Program (BHCHP) provides comprehensive health care to over 9,500 homeless men, women, and children annually in over 70 shelter and community and hospital sites, including Boston Medical Center, Massachusetts General Hospital (MGH), and Lemuel Shattuck Hospital. Partners, and especially MGH, has a deep and long-standing relationship with BHCHP. In 1985, MGH became the first private hospital in the nation to host a BHCHP clinic.

The BHCHP clinic at MGH seeks to offer continuity and consistency of quality health care to homeless persons by engaging individuals directly on the streets and in shelters, and following them in primary care and specialty clinics, in the ED, and throughout inpatient hospitalizations.

In 2008 the renovation of the former Mallory Institute of Pathology was completed and dedicated as Jean Yawkey Place. This new facility now houses the program's administrative offices, an expanded 104-bed Barbara McInnis House, and the BMC Clinic that integrates comprehensive medical and mental health care with a state-of-the-art dental clinic and a pharmacy. This renovation was accomplished with funding from varied national, state, and city sources, including $2.5 million from Partners HealthCare.

Other Contributions to the Community

Improving Access to Care for Severely Ill Patients in Revere and Chelsea

The MGH Care Management Program (CMP) was launched in August 2006 to provide chronically ill patents with the close care they need to stay out of the hospital and healthy. Funded as a demonstration project by the federal Centers for Medicare and

Medicaid Services (CMS), the initiative is intended to develop an evidence base to determine whether case management for high-cost patients could reduce overall costs and improve quality of care and quality of life for these patients.

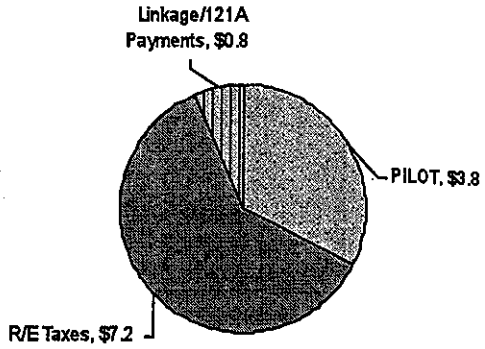
Using a care team model, the case management program core principles are:

- Assess patients and identify risks for poor outcomes
- Identify underutilized, needed, or available resources
- Coordinate care between providers and services
- Facilitate better communication and better transitions
- Collaborate with the primary care physician to work together in problem solving
- Participate proactively with the care team, encouraging creativity and independence

Based on demonstrated success in helping to manage the care of severely ill patients, the CMP was granted a three-year extension by CMS in January 2009.

Contributions to Cities and Towns

Partners Payments to Cities and Towns



Although Partners property is not generally subject to real estate taxes, there are a number of ways it makes direct payments to cities and towns. Real estate taxes are paid on certain non-hospital properties. Payments in lieu of taxes (PILOT) are paid annually for exempt property. Linkage payments are made in connection with specific building projects.

In FY2008, Partners paid a total of $11.8 million to cities and towns. An additional $8 million in property taxes are paid annually through leases of property in Boston.

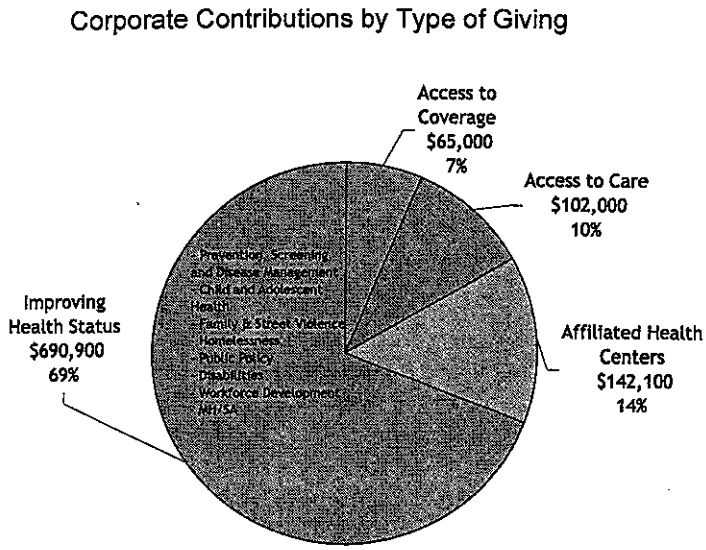
Institute for Community Health

The Institute for Community Health (ICH) is a collaborative effort of Harvard teaching affiliates: MGH, Mount Auburn, and the Cambridge Health Alliance (CHA). The Institute has more than 25 separate projects aimed at improving community health, building community capacity, and translating evidence into community action programs and policies. ICH's overarching mission is to improve the health of residents in Cambridge, Somerville, and surrounding towns through community-based participatory health research (CBPR), evaluation, program and policy development, education and training. Core to ICH's mission is improving access to quality health care, working on

community-relevant concerns, involving diverse partners, and respecting the diversity of the communities it serves.

Since 2000, Partners has provided a total of more than $2.0 million in annual support to ICH.

Corporate Contributions



Each year, Partners provides substantial support to non-profit organizations. Last year the Boston Business Journal ranked Partners as the fifth largest corporate charitable contributor in Massachusetts. Many of these grants fund programs, but about $1 million is for contributions to a wide range of community non-profits.

Determination of Need (DoN)

As a condition of hospital mergers or new construction, the Department of Public Health requires the funding of community health initiatives. In 1997, when the Union Hospital/NSMC merger occurred, NSMC committed to work on 13 community health improvement areas for specific target populations.

Currently, both MGH and BWH have major DoN commitments in the context of new building construction. In connection with the building of BWH's Shapiro Center, the hospital has committed $7.5 million in community improvements over seven years. MGH's Building for the Third Century (B3C) project is accompanied by an $18.6 million community health commitment over seven years.

In FY08, the hospitals funded $4 million of these commitments. The hospital chapters in this report provide more information.

Measuring the Commitment

One way to measure the commitment of Partners hospitals to the community is by the amount spent on health care services and programs. There are several methods for calculating the contribution an institution makes, from the neighborhood level 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 $126 million in FY2008. This amount represents more than three percent of total patient care-related expenses.

Components of Partners FY2008 Community Commitment
(in $ Millions)
Compiled According to the Attorney General Guidelines

Community Benefit Programs		
Direct Expenses		
	Program Expenses	14.2
	Health Center Subsidies (Net of HSN Care)	36.7
	Grants for Community Health Centers	7.5
Associated Expenses		N/A
DoN Expenses		4.0
Employee Volunteerism		N/A
Other Leveraged Resources		
	Grants Obtained	7.0
	Doctors Free Care	12.8
Hospital Health Safety Net (HSN) Care		43.0
Corporate Sponsorships		1.1
Total per AG Guidelines		126.3

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. Because of differences in timing and accounting conventions, these amounts will not equal the amounts reported above according to the Attorney General guidelines.
- Losses on care provided to Medicaid patients, measured as the difference between the cost of care and the amount Medicaid pays for that care
- Losses on care provided to Medicare patients, measured as the difference between the cost of care and the amount Medicare pays for that care, included this year for the first time in recognition of the magnitude of the losses for hospitals
- Physician-provided bad debt 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 FY2008 Community Commitment
(in $ Millions)
Compiled According to a Broader Definition

Community Benefit Programs		
Direct Expenses		
	Program Expenses	14.4
	Health Center Subsidies (net of HSN and Payer Losses)	14.4
	Grants for Community Health Centers	7.5
Associated Expenses		N/A
DoN Expenses		4.0
Employee Volunteerism		N/A
Other Leveraged Resources		
	Grants Obtained	7.0
	Doctors Free Care	12.8
Hospital Health Safety Net (HSN) Care		71.9
Bad Debt (at Cost)		
	Hospitals	26.0
	Doctors	15.7
Medicaid Loss (at Cost)		
	Hospitals	108.1
		36.5
Medicare Loss (at Cost)		
	Hospitals	274.2
	Doctors	127.8
Unreimbursed Expenses for Graduate Medical Education		8.2
Corporate Sponsorships		1.1
Linkage/In Lieu/Tax Payments		11.8
Total Broader Definition		741.4

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

Using this approach, spending by Partners hospitals was $741 million in FY2008, or more than 14 percent of total patient care-related expenses by the hospitals in that year.

Contact Information

For questions about this report, or for more information about Partners community benefit activities, please contact:

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