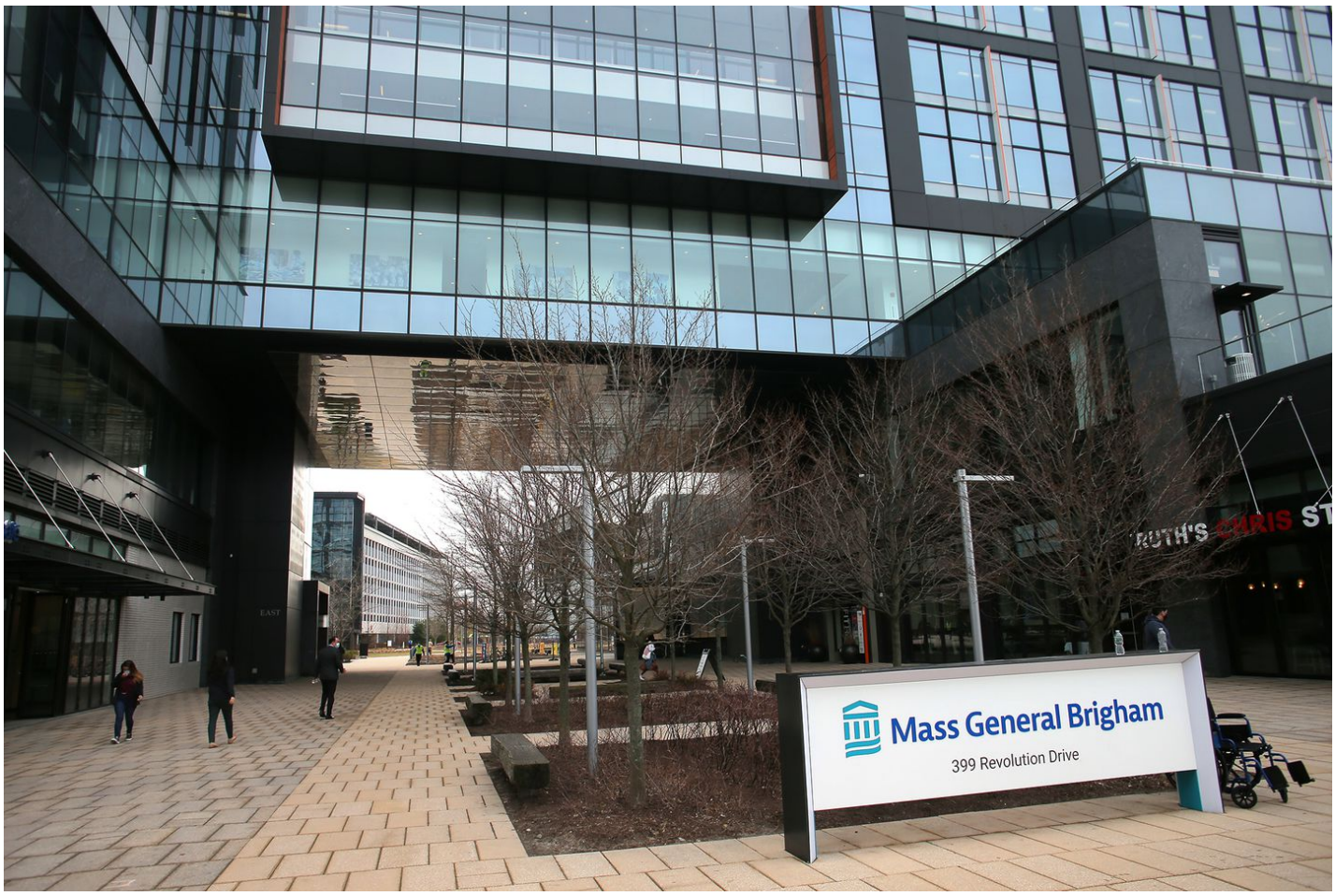
At Mass General Brigham, a sweeping effort to unify hospitals and shed old rivalries

Executives say greater cooperation is necessary to stay relevant in a dynamic and competitive health care industry. But the aggressive push to integrate is stirring tensions and sowing discontent among doctors and hospital leaders.

By **Priyanka Dayal McCluskey** **and** **Larry Edelman** Globe Staff and Globe Columnist, Updated March 27, 2021, 6:15 p.m.



The Mass General Brigham offices in Somerville. More than 25 years after Massachusetts General and Brigham and Women's hospitals joined forces to boost their clout with penny-pinching HMOs, trustees and executives are making their most sweeping

attempt yet to set aside old rivalries and work as a unified health care system. LANE TURNER/GLOBE STAFF

They promised to become partners but never truly did.

Now, more than 25 years after Massachusetts General and Brigham and Women's hospitals joined forces to boost their clout with penny-pinching HMOs, trustees and executives are making their most sweeping attempt yet to set aside old rivalries and work as a unified health care system.

It is a sharp departure for the company they created — rebranded Mass General Brigham in 2020 after long being called Partners HealthCare — which always did business as a federation of loosely connected hospitals often competing among themselves. The new bid for unity and efficiency spans every corner of the organization, from marketing and IT to medicine and surgery, and it underscores a shift in power from its famed doctors and hospitals to executives at corporate headquarters.

The failure-is-not-an-option mission is being driven by a trio of board trustees with successful business careers outside of health care: Scott Sperling, the private equity investor who is the company's chairman, construction magnate John Fish, and New England Patriots president Jonathan Kraft. They've worked closely with Dr. Anne Klibanski, the physician-scientist who serves as CEO, and her chief operating officer, Dr. Ron M. Walls.

These leaders have made clear that maintaining Mass General Brigham's dominance in Massachusetts and elevating its global stature depends on hospitals collaborating as never before, to make the system easier to navigate and more appealing to patients from around the world.

Many of the system's doctors and executives welcome the endeavor and view greater cooperation as essential to staying relevant in a dynamic and competitive health care industry. But the aggressive push to integrate operations and the brisk pace of change is stirring tensions and sowing discontent among many doctors and hospital leaders who feel disenfranchised as they are forced to cede control to the corporate office.

Still ahead is the most difficult work: combining clinical programs at the two Boston medical centers that sit less than 4 miles apart but sometimes have seemed worlds away.

The work is ongoing and likely to take different forms across different departments. Leaders at Mass General Brigham — which is the state's largest private employer and serves more than 1.5 million patients annually — are not ruling out the possibility of such significant changes as merging physician groups or departments.

"We are evolving from what was really a holding company, Partners HealthCare, set up over a quarter of a century ago, into an integrated academic health care delivery system," Klibanski said.

In pursuit of this goal, the hospitals within Mass General Brigham are losing much of the autonomy they have enjoyed for decades, according to interviews with two dozen people inside and outside the health system. The hospitals no longer can hire their own presidents, run their own marketing campaigns, begin new building projects, recruit physicians, or set strategic plans. This is now the work of the parent company, and much of it falls under Walls, who holds a powerful new role at the system and isn't afraid to throw elbows to get things done.

Mass General Brigham executives argue their hospitals must knock down silos and work together more closely to attract and retain patients.

“We have not made it easy for patients to find their way around our system,” said Walls, an emergency medicine physician who was chief operating officer at the Brigham before starting his new role in October. “Bringing this all together allows us to make this feel and be one thing for our patients.”

The full impact these changes will have on patients, and on health care costs, remains unclear.

Executives say they’re working to provide cost-efficient care where it’s most convenient for patients. But if they succeed in drawing patients from other lower-cost health care providers, total medical spending in Massachusetts also could rise, putting pressure on insurers and consumers.

Thanks to their 1994 merger and their platinum reputations for high-end medical care, MGH and Brigham command among the highest payments from insurers in Massachusetts, though executives are quick to note that some data show academic medical centers in some other cities, including New York and San Francisco, are even more expensive.

Efforts to make Mass General Brigham behave more like a system have been brewing for years. In 2015, the organization launched the Epic electronic health record program across its hospitals and physician practices, a $1.6 billion project that initially frustrated providers but now helps them coordinate care.

In 2019, radiologists across the system began using one platform to interpret scans, so if a patient has an MRI at a community hospital such as Salem Hospital, a specialist at MGH can more easily view it.

Emergency room doctors across the system now report to a joint leadership team, while in pathology work is underway to establish a central testing lab.

And in January, Mass General Brigham launched a system-wide program that sends all

patients who need liver transplants to MGH for surgery. Previously, the Brigham, which doesn't do liver transplants, sent patients needing this operation to other transplant centers outside the Mass General Brigham network.

"We were two different hospitals. The Brigham and MGH weren't working together to take care of this population of patients," said Dr. Gerard M. Doherty, the Brigham's surgeon-in-chief. "We've changed that."

"It's not only permitted now," he said, "it's encouraged that we work together to figure out how we can use the combination of the two places to make the patient experience better."

Historically, the two medical centers were adversaries, and MGH's bigger size and higher spot in widely followed hospital rankings only furthered the tensions.

After many fits and starts over the years, Klibanski's predecessor, Dr. David Torchiana, tried to push integration forward. But his impatience when he met resistance aggravated relations between Partners leaders and the hospitals, and he left the CEO job abruptly in 2019.

The board then turned to Klibanksi, an even-keeled and respected researcher without experience running hospital operations, but who shared the view that the system's leaders needed to collaborate instead of compete with each other.

With Klibanski's ascension, Sperling, the Mass General Brigham chairman, saw an opportunity to succeed where previous efforts had failed. Instead of relying on consultants, Sperling worked closely with Fish, chairman of the Brigham board, and Kraft, chairman of the MGH board, to launch a top-to-bottom review of the organization by trustees and experts from inside and outside the company that yielded a new strategic plan. All three brought their corporate experience in reshaping businesses to meet the demands of competition.

Sperling, the co-CEO of Boston investment firm Thomas H. Lee Partners, keeps a low profile around town but has played a critical role in steering Mass General Brigham's

strategy since he took over the board in 2018.

“This is not optional,” he told the Globe.

Mass General Brigham slashed about $600 million in expenses in recent years but is also spending billions on new initiatives, including a plan to build four outpatient surgery centers in Woburn, Westwood, Westborough, and Salem, N.H.

“You can’t cut your way to a level of success,” Sperling said. “That’s not sustainable if we’re trying to maintain and in fact grow the greatness of what we do.”

A few years ago, the board met with Dr. Toby Cosgrove, an MGH-trained cardiac surgeon who ran the Cleveland Clinic for 13 years before stepping down in 2017. The Mass General Brigham trustees were envious of how Cosgrove had built Cleveland Clinic into a powerhouse that pulled patients from all over the world.

Cosgrove, in an interview, said he explained the value in working as an integrated system. He told them: “The more collaborative they could be, the better the chance they could get great [patient] results and get costs down.”

His message resonated with the board.

The work of integration was accelerated by the COVID-19 pandemic. As patients flooded hospitals last spring, Mass General Brigham — not each of its individual hospitals — set pandemic policies, from what kind of personal protective equipment health care providers should wear, to which visitors were allowed inside hospitals, to how employees would be paid if they were out sick with the virus.

During the winter surge of COVID, Mass General Brigham officials closely tracked beds across their system and transferred patients daily from one hospital to another to ensure that no one facility became overwhelmed.

And, in the early months of the pandemic, the company dropped the name Partners, which meant little to patients, and unveiled a new brand to reflect the strength of its

greatest assets, MGH and the Brigham.

Officials at the nonprofit health system have instructed department heads across their hospitals to coordinate better, so, for example, if a patient needs surgery at the Brigham but is facing a long wait, they can refer that patient to another site within Mass General Brigham.

Some executives want patients, eventually, to be able to go online and book appointments at any Mass General Brigham facility, as easily as they make reservations for dinner or a hotel.

Walls described it like this: “How do we put things together that make things better and easier for patients, and leave alone things that are better where they are?

“We’re not going to push things together that don’t fit together,” he said.

And yet the aggressive pursuit of “systemness,” as executives call it, is taking a toll. Physicians and hospital leaders are struggling with the loss of control over their institutions and worried that the new era of top-down management threatens to homogenize a group of hospitals with different cultures and identities.

Veteran physicians and leaders have been surprised and upset by the power shift that is stripping them of the ability to make key decisions and unhappy with abrupt changes they feel are occurring with little discussion. Most are uncomfortable sharing their concerns publicly.

“If you’re not on the train, you’re getting run over by the train,” said one former Mass General Brigham executive who requested anonymity in order to speak openly. “It’s not an environment to invite debate.”

Amid the restructuring, senior executives are departing in droves. They include the CEO of the MGH physicians group, Dr. Timothy Ferris; Brigham and Women’s president Dr.

Elizabeth Nabel; chief financial officer of the system, Peter Markell; Cooley Dickinson Hospital president Joanne Marqusee; and president of Spaulding Rehabilitation Network, David Storto.

Some also fear the internal discord could hinder Mass General Brigham's ability to attract talented leaders.

Top executives acknowledge there is angst — "Change is hard," Klibanski said — but are pushing ahead.

"I can understand there's probably anxiety," said Dr. Katrina Armstrong, physician-in-chief at MGH. "In general, people are really eager to make sure we build a system."

By almost any measure, Mass General Brigham is the dominant health care system in the state. It has grown to include a dozen hospitals, 7,500 doctors, and an insurance company; it collects $14 billion in annual revenue; and it employs 80,000. Its hospitals rank among the best in the country.

And yet those at the top of the organization argue Mass General Brigham must grow and evolve to stay strong amid heightened competition from local organizations such as Beth Israel Lahey Health and national systems such as Mayo Clinic and Cleveland Clinic, as well as new threats from companies like CVS Health and Amazon.

They are resigned to the fact that Mass General Brigham cannot significantly raise prices to increase revenues. The company is also unlikely to be able to expand by acquiring new hospitals: regulators in Massachusetts, New Hampshire, and Rhode Island have blocked those efforts.

So it is trying to broaden its patient base through new suburban surgery centers and state-of-the-art private rooms at MGH.

"The major strategy in health care today, especially among the hospitals, is just grow," said Lawton R. Burns, professor of health care management at the University of Pennsylvania's Wharton School. But it's really hard to get health systems to operate

systemically."

To some, the changes at Mass General Brigham are inevitable.

"You can't stop evolution," said Dr. Jay Austen, who trained at the Brigham and is now chief of plastic and reconstructive surgery at MGH.

"I always assumed that at some point we'd be one big health care system, one of the best in the world."

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