## **CAMBRIDGE HEALTH ALLIANCE**

## **2020 Hospital Profile**

Cambridge, Somerville, & Everett, MA Teaching Hospital Metro Boston

Cambridge Health Alliance (CHA) is a municipal teaching hospital located in the Metro Boston region. It is the only municipality-owned hospital in Massachusetts. CHA includes Cambridge Hospital, Somerville Hospital, and Whidden Memorial Hospital campuses. It qualifies as a High Public Payer (HPP) hospital. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 7.9% compared to a median decrease of 6.4% at cohort hospitals. Outpatient visits increased by 0.2% for the hospital between FY16 and FY20, compared to the the median decrease of 6.3% for its peer cohort. It reported a loss of \$3.4M in FY20 with a total margin of -0.5%.

At a Glance	Overview / Size	Payer Mix						
	Hospital System Affiliation: Cambridge Health Alliance	Public Payer Mix <sup>1</sup> : 69.6% HPP Hospital						
	Hospital System Surplus (Deficit) in FY20: (\$3,411,696)	CY19 Commercial Statewide Relative Price: 0.788						
	Change in Ownership (FY16-20): Not Applicable	Top 3 Commercial Payers: Blue Cross Blue Shield						
	Total Staffed Beds: 370, among the larger acute hospitals	Harvard Pilgrim						
	% Occupancy: 40.9%, lowest in cohort avg. (73%)	Tufts Health Public Plans						
	Trauma Center Designation: Not Applicable							
	Case Mix Index: 0.93, < cohort avg. (1.19); < statewide (1.16)	Utilization						
		Inpatient Discharges in FY20: 9,836						
	Financial	Change FY19-FY20: -3.4%						
	Inpatient NPSR per CMAD: \$12,507	Emergency Department Visits in FY20: 85,136						
	Change FY19-FY20: -7.3%	Change FY19-FY20: -7.0%						
	Inpatient Outpatient Revenue in FY20: 22%:78%	Outpatient Visits in FY20: 718,258						
	Outpatient Revenue in FY20: \$200,780,810	Change FY19-FY20: 6.4%						
	Change FY19-FY20: -8.8%	Quality						
	Total Revenue in FY20: \$742,934,319	Readmission Rate in FY20: 17.5%						
	COVID Funding Included in Total Revenue: \$27,899,451							
	Total Surplus (Deficit) in FY20: -\$3,411,696	Change FY19-FY20 (percentage points): 1.0 Early Elective Deliveries Rate: 0.0%						
Services	Discharges by DRG Normal Neonate Birth (1006) Vaginal Delivery (740) Maj Depressive Disorders (455) Septicemia & Infections (408) Maj Resp Infect & Inflam (405) Schizophrenia (391) Bipolar Disorders (359) Heart Failure (336) Cesarean Delivery (325) Alcohol Abuse & Dependence (296)	Discharges by Community   Everett MA (1,507)   Somerville MA (1,408)   Cambridge MA (1,267)   Revere MA (1,008)   Malden MA (970)   Chelsea MA (823)   Medford MA (389)   T%   Boston MA (180)   Lynn MA (155)   Woburn MA (102)						
	0% 20% 40% 60% 80% 100% Hospital (9,836) = 4% of total regional discharges	0% 20% 40% 60% 80% 100%						
Quality	What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the statewide rate? <sup>2</sup>	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?						
	20% - 17.6% 17.5%	CLABSI CAUTI SSI: Colon Surgery						
	15% - 15.4% 15.9%							
	10% - Statewide Rate	3 -						
	5% -	2 Lower is Better						
	0% Lower is Better							
	2016 2017 2018 2019* 2020*							

## 2020 HOSPITAL PROFILE: CAMBRIDGE HEALTH ALLIANCE

How has the volume of the hospital's inpatient discharges changed compared

to FY16, and how does this compare to the hospital's peer cohort median?



Patient Revenue Trends

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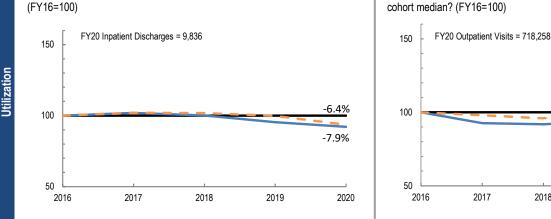
2019

+0.2%

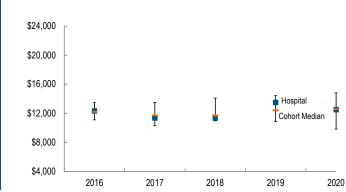
-6.3%

2020

How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



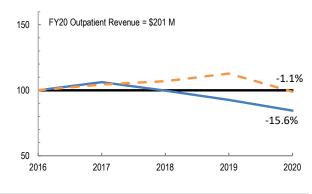
What was the hospital's net inpatient service revenue<sup>3</sup> per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue<sup>3</sup> changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

2018

2017

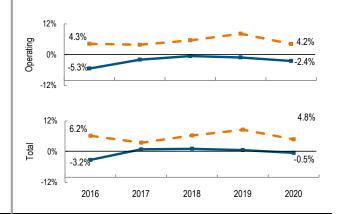


How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

## Revenue, Cost, & Profit/Loss (in millions)

FY		2016		2017		2018		2019	2020
Operating Revenue	\$	571.7	\$	589.8	\$	649.6	\$	684.5	\$ 728.3
COVID Funding Included in Operating Revenue								\$ 27.9	
Non-Operating Revenue <sup>4</sup>	\$	12.2	\$	16.7	\$	10.9	\$	11.6	\$ 14.6
Total Revenue	\$	583.9	\$	606.5	\$	660.5	\$	696.1	\$ 742.9
Total Costs	\$	602.8	\$	601.1	\$	653.0	\$	691.7	\$ 746.3
Total Profit (Loss)	\$	(18.8)	\$	5.5	\$	7.5	\$	4.4	\$ (3.4)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

<sup>1</sup> High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

<sup>2</sup> For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see:

https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf

<sup>3</sup> Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital

<sup>4</sup> There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

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