

TRANSFORMING PATIENT CARE

QUALITY INNOVATION SOCIAL RESPONSIBILITY



THE VISION CONTINUES

 Harvard Vanguard
Medical Associates
Atrius Health

A LEGACY OF SOCIAL RESPONSIBILITY

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time

T.S. Eliot (1888-1965)



The history of our organization has always been about the future—about the search for better ways to care for all patients.

Those visionaries who led the way by revolutionizing the delivery of medical care four decades ago bequeathed to us a legacy of social responsibility in the practice of medicine.

We have honored their boldness and courage with our own continued belief in the centrality of the patient, and with our relentless quest to find new and better ways to make it easier for our patients to be healthy. In these pages you will read of the achievements, discoveries and innovative programs that position us to continue leading the way toward a transformation of health care in this country. That is why “Vanguard” is part of our name.

Gene Lindsey, M.D.

President and CEO

Harvard Vanguard Medical Associates and Atrius Health



When Harvard Vanguard Medical Associates became an independent, physician-led organization, we renewed our commitment to a culture in which patient care is paramount.

Our founders envisioned long-term relationships between patients and teams of clinicians that would become the foundation for high-quality, accessible and effective primary and coordinated specialty care. Our organization has continued to advance the practice of ambulatory care with innovations that include the electronic medical record, the creation of the physician/advanced practice clinician team, and the development of a robust quality measurement system. As we look to the future of health care, the vision of our origins remains a beacon lighting the way toward continued discovery.

Carl Isihara, M.D.

Chairman, Board of Trustees

Harvard Vanguard Medical Associates

A MEDICAL MOON SHOT

The year was 1969, the summer of Apollo 11's launch and historic moon landing. In Boston, another historic mission was underway. Robert H. Ebert, M.D., Dean of Harvard Medical School, along with a group of dedicated pioneers, was putting the finishing touches on plans to launch the Harvard Community Health Plan (HCHP, or "the Plan"), which would revolutionize the way medical care would be financed and delivered in Boston. Joining Ebert in the planning were Jerome Pollack, Henry Meadow, and Sidney Lee, M.D., all associate deans at Harvard Medical School. For some time, H. Richard Nesson, M.D., then of Beth Israel Hospital, and Joseph Dorsey, M.D. of Peter Bent Brigham (now Brigham and Women's) Hospital, had been working to recruit physicians from their respective hospitals to join the new Plan. They would become the Plan's first medical directors. John Kenneth Galbraith was an early advisor to the group, and

other enthusiastic collaborators included Francis Moore, M.D., Howard H. Hiatt, M.D., and Gordon Vineyard, M.D. of Brigham and Women's Hospital. The latter was to become the Plan's first surgeon and would later serve as interim CEO. Arthur Sutherland, professor of constitutional law at Harvard Law School, helped to negotiate the legalities, including the name of the Harvard Community Health Plan.

The impetus for change was rooted in fundamental problems confronting American medicine during the 1960s: Medical costs were rising at an alarming rate, the neighborhood general practitioner was becoming extinct and there was increased demand for a dwindling supply of primary care physicians. Medical schools and their affiliated hospitals, along with payers and policymakers, were struggling to develop more efficient and accessible models for teaching and delivering primary health services. Solutions ranged

from reorganizing outpatient clinics to developing neighborhood health centers in urban areas.

Ebert and his team had a different idea: Their plan was to replace fee-for-service care with a prepaid group practice that would provide high quality ambulatory health care within the community, serving the sick while also providing preventive care to healthy members of the community. Comprehensive care services would be available under one roof, delivered by a group practice staffed by salaried physicians, working with clinician teams. Affiliation with Harvard Medical School would provide training for future physicians, and the program would provide care to patients from all sectors of society, including low-income, underserved populations. Most significantly, it would be the first medical school-sponsored managed care organization in the nation. Despite the enthusiasm of the planners, the idea was met with skepticism and even scorn in

the Boston medical community. Some called the idea "a medical moon shot" that smacked of "socialized medicine" and would never succeed.

Ebert and his colleagues were persistent, having spent years in careful and conscientious planning. They secured the support of Harvard Medical School, received initial funding for the not-for-profit corporation, established relationships with the two Harvard teaching hospitals, and acquired space on the first two floors of an apartment building at 690 Beacon Street in Brookline. They developed the medical care programs and arranged for Blue Cross/Blue Shield to market the Plan, and even to provide a guaranteed number of members. They staffed for a predicted 10,000 members, and then hastily modified that estimate to 1,000 just weeks before the opening.

As it turned out, the day that Harvard Community Health Plan opened its doors—October 1, 1969, there

were only 88 members, most of whom were said to be employees of its affiliated hospitals. The first patient to visit was a man complaining of chest pains. The doctor who saw him could not find a stethoscope. During the first month, there were 13 patient visits. "What was on the horizon on the day we opened was a group of physicians with no patients," said H. Richard Nesson, M.D., in 1980. "So the Harvard Plan quickly became one of the greatest donors of health care in the Greater Boston area. We made arrangements for the medical staff to work in neighborhood health centers and other places where people needed help—and for free, because we were paying them a salary. They just needed things to do."¹ One of these locations was the Mission Hill-Parker Hill Health Center. These decisions embodied the enduring HCHP/Harvard Vanguard commitment to providing care to low-income residents of Boston.

¹ HCHP: The First Decade. Harvard Community Health Plan Annual Report: 1980. P.3

1967

Robert H. Ebert, MD, dean of Harvard Medical School, describes in a Boston Globe interview his vision of a new way to practice medicine: a sustained and innovative program that will deliver continuous and comprehensive prepaid care to a subscriber population. The plan would also provide for the broadening of medical education and research on the effective delivery of medical care.

Jerome Pollack: Vanguard Visionary

Pollack was hired from Columbia by Dean Robert Ebert during the planning phase of HCHP to bring some of his health care improvement ideas to Boston. These included a focus on group practice, primary care, capitation, and preventive health care. Pollack became the first executive director of the Harvard Community Health Plan. Now 92, Pollack is still a patient of Harvard Vanguard Medical Associates. He is shown here with Gene Lindsey, M.D., current CEO of Harvard Vanguard Medical Associates and Atrius Health.



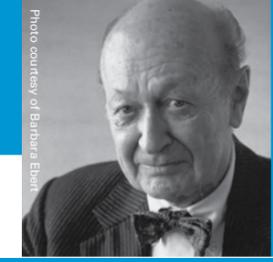
1968

Boston Globe headline reads, "Hub to be Model for Nation With Harvard's Health Plan of Future." The article calls the plan, "capitalism's answer to socialized medicine."



"Dr. Ebert was ahead of the curve on cultural competence. We were on a mission to demonstrate that high quality, affordable health care could be provided to the most diverse population possible."

Gerard Cox, Ph.D., currently a Harvard Vanguard board member, was executive director of the Mission Hill-Parker Hill Health Center, which was an outpatient clinic originally set up to be a satellite to the Kenmore center for patients who preferred to get their care in the community. With the help of a grant from the U.S. Public Health Service, HCHP rented and staffed the Mission Hill-Parker Hill Health Center. It was one of the first comprehensive neighborhood health centers in the area, providing childcare, community health workers, and social workers. Services were available in Spanish and included help with job placement, early childhood education and housing.



CREATING A CONSTITUENCY FOR THE FUTURE

Robert H. Ebert, M.D. (1914-1996)

“In so many ways, the legacy of my father’s dream is Harvard Vanguard Medical Associates.”
Thomas Ebert, M.D.

Described as a visionary who was also a pragmatist, Robert H. Ebert, M.D. transformed the region’s medical landscape in 1969, when he founded the Harvard Community Health Plan (HCHP)—the nation’s first managed care organization affiliated with a medical school. From his position as dean of Harvard Medical School, Ebert had declared two years earlier in a *Boston Globe* interview: “I challenge the long-held position that the social and public health problems of medical care—what it costs, how it is distributed, how it is used—are not problems which are appropriate for the medical school to examine and attempt to solve.”

Despite skepticism and even scorn from some of his academic colleagues and many in the medical community, Ebert lived to see both the region and the nation embrace the notion of an alternative to fee-for-service health insurance: a prepaid, organized medical delivery system that emphasized access, excellence and affordability while supporting teaching and research. Forty years after HCHP opened its doors, Harvard Vanguard Medical Associates continues to make Ebert’s vision a reality. A direct descendant of the HCHP health centers division, Harvard Vanguard now provides primary and specialty care to more than 400,000 adult and pediatric patients in 21 offices throughout Eastern Massachusetts.

Ebert had “an exquisite understanding of the relationship between medicine and society,” said Joseph L. Dorsey, M.D., HCHP’s first staff physician,

who also helped to lead the organization in a number of administrative capacities. “If ever a program was born because of the inspirational leadership of one man, this [HCHP] was it.”

Educated at the University of Chicago and Oxford, Ebert began a distinguished medical career that included service in the Pacific theatre during World War II as one of the few American doctors who ministered to survivors of the atomic blast at Nagasaki. After the war, Ebert turned aside offers to do basic research in favor of treating patients and training clinicians. “I think he was proudest of the fact that he was a doctor,” his son, Thomas Ebert, M.D., told the *Boston Globe* in 1996.¹ Before assuming the deanship at Harvard, Ebert served as Director of Medicine at University Hospitals in Cleveland and John H. Hord Professor of Medicine at Western Reserve University (now Case

Western Reserve), where he expressed his enthusiasm for the idea of a prepaid group practice. (His plan was not adopted.) Shortly after coming to Boston as Jackson Professor of Clinical Medicine at Harvard University and Chief of Medical Services at the Massachusetts General Hospital, Ebert was picked as Dean of Harvard Medical School. He has been described as a “heat-seeking missile at that time,” who immediately began to plot the creation of the Harvard Community Health Plan. His notion was that salaried doctors would work in an organization pledged to cover all patients’ health care needs for a fixed amount, and that there must be as much attention paid to what he termed “the social problems of medicine” as to the biological sources of disease.

In a 1967 speech, Ebert detailed the thinking that was leading him to the formation of the Harvard Community Health Plan. He said, in part:

“The provision of medical care in the rural community and in the central city will require a different kind of organization of medical resources than has existed in the past. The physician must learn to work more closely with social workers, nurses, visiting nurses, in fact all of the members of the health professions. There must be a sensible division of labor so that the physician performs those services which only he can do, and other duties are delegated to appropriate members of the health team. To a degree this has already been accomplished within the hospital, but team effort must be extended to provide care at all levels. This is not an easy problem, for it will be necessary to make the most efficient use of expensive manpower and still maintain the personal nature of medical care. I believe this can be done, but it will take innovation and will require of the physician a new kind of responsible social action.

“Care for the chronically ill and for the elderly, who so often suffer from chronic disease, is a particular case in point. Chronic illness is increasingly common

and it cannot be handled effectively if it is thought of as an exclusively medical problem. The social, emotional, and economic impact of chronic disease must be understood and intelligently dealt with. Here the physician must share the responsibility with others who have special skills to offer.”²

Ebert’s idea of a prepaid group practice with salaried physicians “was unheard of in academic medicine,” said Dr. Daniel Fox, president of the Milbank Memorial Fund in New York. “But Bob took the nascent constituency in academic medicine that had been smoked out by Medicare and Medicaid and turned it into a constituency for the future. Now deans and professors are saying, “Hey, maybe we’d better train our students about this and orient our faculty toward this model.”³

One day late in Dr. Ebert’s life, he was in the Kenmore Center seeing Joe Dorsey as a patient, “Dr. Ebert drew me back out into the waiting room where an ethnically diverse group of patients were preparing to be seen,” Dorsey recalled. “He observed that the Dean of Harvard

Medical School, the wealthy from Wellesley, and the patients in the waiting room representing such diverse racial, economic and ethnic backgrounds could now all have the same physicians, the same facilities and receive the same respect. He was proud of the fact that this was no longer just an academic theory and/or idealistic vision of his, but a reality that he was witnessing right before his eyes.”

After he left the Harvard deanship in 1977, Ebert became president of the Milbank Fund, where he focused on getting medical leaders to think about the health of populations as well as of individual patients. He was also active with The Population Council and served on many philanthropic, academic, pharmaceutical and educational boards. Derek Bok, who was president of Harvard during much of Ebert’s tenure as medical school dean, called him “simply one of the most humane, honorable, kind and unpretentious colleagues that I encountered during a quarter century in academic administration.”⁴

¹ Knox, Richard A., Robert H. Ebert Obituary. *Boston Globe*. January 31, 1996. P.21

² Ebert, Robert H., “Preparation of the Physician for Today’s Social Responsibility.” Speech given October 19, 1967, Boston, MA, under the auspices of Simmons College School of Social Work.

³ Knox, Richard A., Robert H. Ebert Obituary. *Boston Globe*. January 31, 1996. P.21

⁴ Ibid.



1970

Joint internal medicine residency program established with Harvard Medical School. Joint graduate nursing training program begins with Boston College. HCHP services made available to Medicaid recipients. Membership now includes 175 employers and 8,000 members, including low-income families from Mission Hill-Parker Hill, subsidized by a U.S. Public Health Service grant.

1972

HCHP operates in the black. Automated medical record system becomes operational. Additional services now include dental care and a pharmacy. Membership grows to 30,000 patients and 800 employer groups.

1974

Prepaid preventive dental benefit added. First year of Primary Care Residency Training Program completed, receiving accolades from Robert Wood Johnson Foundation. Consumer Advisory Council formed. Membership reaches 40,000 with 1,500 employer groups.

THE FORMATIVE YEARS: CONSOLIDATION AND GROWTH

Ebert and his colleagues

were soon joined by Robert L. Biblo as the new director of marketing. Together, they set about to increase both membership and philanthropic support through a series of open houses for prospective patients, as well as an aggressive marketing campaign directed to corporate and government employers.

In 1968 Dean Ebert invited Rashi Fein, Ph.D. to become professor of The Economics of Medicine at the Harvard Medical School. In recruiting Professor Fein, Dean Ebert told him that if he agreed to come to Harvard Medical School, he would become a participant in the creation of a prepaid plan. Professor Fein, a distinguished national health care economist is now professor emeritus of Harvard Medical School.

In the fall of 1969, Ebert convened a group of foundation heads and leaders from the life insurance industry with the goal of gaining additional support for HCHP. “As we presented our case to the group,” recalled Ebert in a 1980 interview, “It became clear that both the people from the foundations and the people from the insurance industry felt it was important for this experiment to go on...It was as crucial a meeting as I’ve ever attended, because if we had not gotten additional support at that time, the entire Plan would have gone bankrupt.”¹

By 1972 membership had swelled to 30,000 and 800 employer groups had signed up to use the Plan as their provider. HCHP was operating “in the black” for the first time, and

in 1975, opened its second center, in Cambridge. [Please see story on page 12.] Initially, the medical staff was divided into two groups, according to their hospital affiliation. Dr. Joe Dorsey was medical director of the combined Peter Bent Brigham group, and Dr. Richard Nesson was medical director of the Beth Israel group. A year after opening, HCHP physician groups included internists and pediatricians, as well as specialists in psychiatry, obstetrics, surgery, neurology and otolaryngology, for a total of 26 physicians (13 full-time equivalents). Working alongside the physicians were nurses, who would come to play an increasingly important role in the organization. [Please see story on page 16.]

The passage of the federal Health Maintenance Organization Act of 1973, which promoted, funded and regulated HMOs, had little impact on Harvard Community Health Plan, which had anticipated and put into practice the law’s provisions four years earlier. The state HMO law, passed in 1976, enabled HCHP to lead the way once again by becoming solely responsible for contracting directly with employers and members. For the first time, the organization advertised for new members. In the same year, HCHP also offered a prepaid drug benefit and opened a central laboratory. In 1979, the Plan’s offices at 690 Beacon Street reached capacity, and the Kenmore Center moved to larger quarters in Fenway Plaza. The Plan’s membership continued to grow, reaching 75,000 by the end of 1979.

In late 1979, the Plan acquired the Hospital at Parker Hill, a small Boston hospital that would provide inpatient and outpatient care for members. Within a few years, however, HCHP had outgrown the facility. The decision was made to close the hospital and enter into a close, long-term relationship with Brigham and Women’s Hospital, one that would eventually become a model for how HMOs and hospitals could establish mutually beneficial partnerships.

¹ HCHP: The First Decade, Annual Report, Harvard Community Health Plan: 1980. P.3

1975

Second HCHP site opens in Cambridge. Membership now available to Medicare beneficiaries. Membership grows to 50,000.



1976

State HMO law enacted enabling HCHP to contract directly with employers and members. HCHP begins to advertise. Prepaid drug benefit offered. Central laboratory opened for “in-house” testing. Controlled Risk Insurance Company, Ltd. (CRICO) formed with other Harvard-affiliated medical institutions. Membership reaches 62,000.



“We were a group of starry-eyed young doctors who wanted the best for our patients.”

Sigrid Tishler, M.D., joined the Harvard Community Health Plan in February 1970 as one of the first group of physicians. “In the beginning, we swept the floors and did whatever we had to do,” she remembered. “We were a group of starry-eyed, young, idealistic doctors who believed in the mission and wanted the best for our patients. We thought of ourselves as pioneers and teachers of new ways of delivering health care.” Tishler, an oncologist, first worked in primary care, then helped to develop a triage unit, which would become the Urgent Care Department. “In this growing organization you could reinvent yourself, and if you had an idea and could prove it was sound, someone would help you do it,” she said. “I adored this place. It was my entire professional life.”

“The Blizzard of ‘78”

Kenmore and Cambridge Centers staffed with emergency crews to respond to member calls and treat those who were able to come to the centers; other staff make “house calls.”





HELPING TO LEAD THE WAY Joseph L. Dorsey, M.D.

“To those of us who joined the Plan in the early days, Joe Dorsey was and remains our hero. What was most exciting to us was his vision that we could provide efficient and high quality care to all.”

Marshall Wolf, M.D.

First Harvard Community Health Plan cardiologist; director emeritus of medical residency training programs, Brigham and Women’s Hospital; professor of medicine, Harvard Medical School.

Joseph L. Dorsey graduated from Harvard Medical School in 1964. His well-respected analysis of changing attitudes toward the Massachusetts birth control law appeared in the New England Journal of Medicine later that year, on October 15, 1964. After his junior residency year at Peter Bent Brigham Hospital, Dorsey had been planning to take a research position at the National Institutes of Health, when he was tapped by George Thorn, M.D. of the former Peter Bent Brigham Hospital. “He told me that since I have an interest in the broader context of medical practice, I should work with Dean Ebert to help develop the new Harvard Community Health Plan (HCHP),” said Dorsey. He was advised to first obtain a Masters in public health, in medical care administration, which he did,

from Yale Medical School, in 1968. His thesis discussed the availability of primary care physicians in low-income Boston neighborhoods.

HCHP’s first executive director, Jerome Pollack, described Dorsey’s involvement in the early days of HCHP as “invaluable.” “Joe led the way in selling the Plan to doctors at the Brigham and the Beth Israel Hospitals, as well as prospective patients,” said Pollack. In addition to making presentations to employer groups and to other physicians, Dorsey would attend open houses for prospective patients. “People joined the Plan because Joe was the kind of doctor they wanted,” said Pollack. “Joe seemed to be everywhere, and at the end of two years, we had grown from 88 patients to 30,000.”

Dorsey’s roles included director of medical planning for HCHP; medical director for the HCHP Brigham Hospital group; chief of medicine of the HCHP Hospital at Parker Hill; senior medical director for HCHP; corporate medical director and then senior vice president for Harvard Pilgrim Health Care; medical director for Harvard Vanguard Medical Associates, Inpatient Programs; and chief of the Harvard Vanguard Division of Medicine at Brigham and Women’s Hospital. In 2009, Dorsey received the Henry S. Bowditch Award for Excellence in Public Health from the Mass Medical Society partly in recognition of his role in the early days of HCHP.

VANGUARD VISIONARIES

› H. Richard Nesson, M.D. (1932-1998)

Longtime president of Brigham and Women’s Hospital and the first CEO of Partners Healthcare Inc., Nesson was also one of the founders of the Harvard Community Health Plan, as well as one of the Plan’s first medical directors. Nesson is credited with building the world-renowned Brigham and Women’s Hospital in Boston into one of the most respected health care institutions in the country. He also forged the unique and forward-looking relationship between the hospital and Harvard Community Health Plan.

› Sidney S. Lee, M.D. Ph.D. (1921-1991)

One of the original founders of the Harvard Community Health Plan, Sidney Lee, M.D., Ph.D., was an associate dean for hospital programs at Harvard Medical School when he joined Dean Robert Ebert and his colleagues in the creation of HCHP. Lee had been the former general director of Beth Israel Hospital and professor of health policy at Harvard Medical School. He held four degrees from Yale, including his M.D. and a Doctorate in public health. He also served on the Board of HCHP and was a trusted advisor to the founding team, particularly with respect to group practice. “Together with Dr. Ebert, my father’s vision was of a prepaid health program that would focus on prevention and access to care,” said Michael A. Lee, M.D., a pediatrician with Dedham Medical Associates, Inc., and director of clinical informatics at Atrius Health.

› Robert L. (“Bob”) Biblo

Generally credited with being one of the architects of achieving financial stability in the early years of the Harvard Community Health Plan, Bob Biblo became director of marketing in 1969, then served as executive director/president from 1970-1978. Biblo was recruited from the Community Health Foundation in Cleveland (later to become the Kaiser Community Health Plan of Ohio) where he had served as director of marketing. His interest in health care stemmed from his days as “shop steward” at the Ford Motor Company plant in Cleveland. One of his main accomplishments was taking HCHP marketing and sales away from Blue Cross and several commercial insurance companies and incorporating those functions within the organization. “Dr. Eugene Vayda of the Community Health Foundation of Cleveland recommended Bob to us,” said Joe Dorsey, M.D., who was then one of the Plan’s first medical directors. “Bob had tremendous leadership and organizational skills...and was as good an executive director as anyone I have ever worked with.”



1979

Larger Kenmore center opens at Fenway Plaza, after original center reaches capacity. 75,000 members. Member Services Committee formed. Joint program initiated with Mass Department of Public Welfare to stimulate enrollment of Medicaid beneficiaries.

1980

HCHP Foundation formed to provide greater support for teaching, research and community service. New HCHP health center opens in Wellesley. Enrollment surpasses 100,000 members.



Courtesy of Regina Pyle

1982

Braintree and Medford Health Centers open. Out-of-area coverage initiated for members receiving emergency medical services while traveling. Central Clinical Services Department formed to coordinate and monitor outside vendor services.



“As an organization, we approach cost from the standpoint of always finding better ways to do things medically—ways that are more direct, more specific. The result is very high quality medicine and at the same time, lower costs and more comprehensive benefits.”

Gordan Vineyard, M.D., first surgeon and former interim CEO of Harvard Community Health Plan
Photo and quote courtesy of HCHP Archives

1983

HCHP hosts the nation’s first Nurse Practitioner Conference, attracting 400 participants from 40 states and several countries. Psychiatric Day Treatment Program opens. HCHP announces coverage for liver and heart transplants. Institute for Health Research established and jointly sponsored by HCHP and Harvard University to evaluate the quality and cost-effectiveness of health care.

EXPANSION: THE MODEL "TAKES OFF"



"I remember one day my patients included the CEO of a company and the night cleaner of that same company. To me that symbolized the equity values of our practice. In our work, we brought together old fashioned values and a new way of delivering health care. We were able to combine thoughtful, evidence-based, high-quality care and provide this richness of services to populations that had not had such care in their communities."

Jim Sabin, M.D.
has been part of the mental health practice at Harvard Vanguard for 32 years. He also served in a number of managerial roles in the Wellesley, Braintree, Kenmore, and Post Office Square centers. He is now a member of the Harvard Vanguard Board Committee on Mission and Preferred Leadership Culture.

During the late 1970s and 1980s, Harvard Community Health Plan "took off," in the words of some observers. Though faced with near bankruptcy in the early days, outside foundation support helped keep the Plan afloat, and HCHP steadily grew in membership and geographical coverage, adding health centers in Cambridge and Wellesley and, during the 1980s, expanding into the suburbs of Boston. This type of HMO, with health centers or clinics owned and operated by the health plan, became known as a "staff model" HMO.

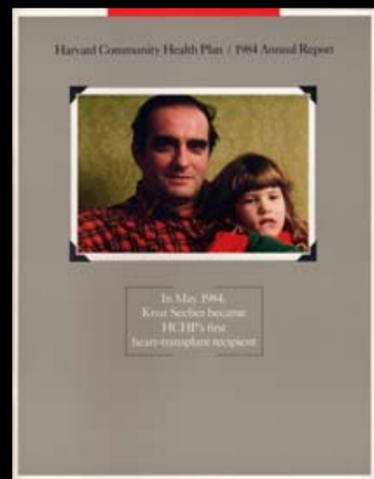
Membership grew exponentially, as a direct result of competitive pricing, high quality care and dramatic reductions in hospitalization due to effective preventive care and the

availability of a wider range of ambulatory services. New members and the increased staff necessary to serve them prompted the Plan to expand, adding twelve new centers in the Greater Boston area. During this period, HCHP became the first health plan to cover heart transplants. It also became the first to contract with the Federal government to provide comprehensive care to Medicare beneficiaries. In 1986—with membership surpassing 200,000—the Plan formed one of the most aggressive quality of care management programs in the nation to promote medical practice standards, clinical guidelines and measurement. In 1992, HCHP and Harvard Medical School formed an ambulatory care and prevention

teaching program, which was the first medical school department to be based in an HMO. In 1993, the Plan became one of the first HMOs in the nation to be fully accredited by the National Committee for Quality Assurance (NCQA). As a result, the Plan became a recognized leader in clinical quality improvement, a position maintained by Harvard Vanguard today.

1984

Boston (renamed Post Office Square in 1994) and Peabody Health Centers open. HCHP becomes the first health plan to cover a heart transplant, performed at Brigham and Women's Hospital. Teaching Center opens in the Kenmore Center.



Physician Assistants: Important Members of the Clinical Team

Beth DeGarmo PA-C and Ann M. Sullivan PA-C two of Harvard Vanguard's 106 Physician Assistants who practice in all specialties. Trained in a 3-year graduate program in medicine, Physician Assistants have been important members of Harvard Vanguard/HCHP clinical teams since the founding the organization in 1969.



1985

HCHP becomes the first health plan in the country to contract with the Federal government to provide comprehensive care for Medicare beneficiaries (First Seniority).

1986

HCHP merges with MultiGroup Health Plan, boosting membership to 295,000. HCHP and Brigham and Women's Hospital agree on a contract that would provide the hospital with an increase in volume in return for predictable, discounted rates. The Quality of Care Management Department becomes a recognized leader in clinical quality improvement. West Roxbury Health Center opens.

1987

Watertown Health Center opens. HCHP Independent Physician Association becomes operational. HCHP has 340,000 members; individual monthly premium is \$88 and family premium is \$240.



CREATING THE CAMBRIDGE CENTER



The original team that negotiated the 1972 real estate deal to open the HCHP Cambridge Center, joined by Gene Lindsey and Donald Duger. They are holding all that is left of the original Dodge Chemical Company sign that once stood on this site.

Pictured Left to Right: Gene Lindsey M.D.; Joe Dorsey M.D.; Regina Pyle (representing her late husband, Tom Pyle); former chairman of HCHP and then HPHC Alan Morse; former medical director and chief operating officer of HCHP Gordon T. Moore M.D., M.P.H.; real estate developer David Rubin; and Cambridge Center Site Administrator Donald Duger M.H.P., M.Ed., PA-C.

“We knew the health care system was broken and we were convinced that the model we were working on was the way to fix it. We were young, passionate, committed and, in our favor, naïve about the obstacles. We wanted to pick up Bob Ebert’s dream and make it happen.”

Gordon T. Moore, M.D., M.P.H.

Gordon Moore, M.D., M.P.H., oversaw the planning of the Cambridge HCHP Health Center and served as its director until 1978, when he became medical director and chief operating officer of HCHP until 1984, all while continuing to see patients on a part-time basis. In 1972, Moore was a young physician at Cambridge Hospital and a junior faculty member at Harvard Medical School when he became interested in the idea of opening a Harvard Community Health Plan location in Cambridge: “Al Martin [who became director of the Kenmore Center] and I were in Cambridge Hospital’s Department of Medicine in 1972 and he said, ‘There’s the Harvard Community Health Plan. It looks very successful. It’s a great concept. Why don’t we see if they want to open up a health center in Cambridge?’ We started talking to Bob Biblo and Joe Dorsey.”

Moore and his colleagues found the perfect site for a health center in Cambridge, but the land was occupied by the Dodge Chemical Company, which manufactured embalming fluid for funeral homes. “The family that owned the company was willing to sell and relocate, but could not do so for tax reasons,” said Moore. “We had a wonderful developer, David Rubin,

and a banker, Alan Morse, who were intrigued by these young guys trying to revolutionize health care. Together, they took a risk, lending us money and negotiating a complicated real estate deal and making it possible for HCHP to set up its second health center. Together with Tom Pyle, who was a business genius, we arranged a wacky but necessary deal with the embalming fluid company: We built them a new manufacturing plant in West Cambridge and then we did a tax-free swap. They took the new plant, which was the Plan’s first wholly owned property, and we got the land, tore down the old building, and built what is now the Cambridge Health Center. Alan Morse helped us to obtain, it is safe to say, quite an unconventional loan from the United States Trust Company in Boston, where he was a senior officer.”

“The only thing remaining from the old building are the DODGE letters of its sign, and that is what we are holding in this picture,” said Moore. “I will always be grateful for the courageous people who took financial risks because they saw something worth preserving in our mission. At this time of challenge to health care, it is worth taking note of this story.”

1988

HCHP employees develop Alliance for the Homeless as a grassroots effort. Chelmsford Medical Associates becomes a new HCHP Health Center. HCHP affiliates with Fitcorp to form the Fitness Network.

1989

HCHP builds new Central Laboratory facility. Somerville and Copley Health Centers open. Membership climbs to 420,000.



SHARING CONCEPTS

Thomas O. Pyle, M.B.A. (1940-2007)

“I would approach [future health care policy] from the idea of creating organizations that bring physicians into the decision making process.”

Thomas O. Pyle, M.B.A.

During his nineteen years with Harvard Community Health Plan, Thomas O. Pyle applied business strategies to the practice of medicine and built the organization into one of the largest and most innovative health care providers in the nation. Pyle joined Harvard Community Health Plan in 1972 as associate director, when the organization had one center and 30,000 members. When he became chief executive officer in 1978, there were 75,000 members. By the time he left HCHP in 1991, membership had jumped to 525,000 and thirteen more centers had opened in Greater Boston. Drawing on his Harvard MBA knowledge and his experience as a management consultant, Pyle was instrumental in significantly improving the organization’s market

share while setting performance benchmarks for care based on evidence-based medicine. He created a new position, vice president for quality of care measurement, held by Donald M. Berwick, M.D., M.P.P., F.R.C.P. “Thanks to Tom, we were able to develop one of the most extensive measurement system for health care quality in the US and probably the world,” said Berwick.

During Pyle’s tenure at HCHP, the organization pioneered a number of health care innovations in addition to advanced quality measurement. These included the automated medical record, the development of the nurse practitioner specialty and its integration into care teams, sophisticated disease management, and an educational program for

senior physician-managers to receive management training from Harvard Business School. Pyle also spearheaded the creation of Controlled Risk Insurance Company (CRICO), a malpractice insurance company that still covers physicians of Harvard Vanguard as well as the Harvard teaching hospitals. Based on his experiences as a sailor using the LORAN navigational system, he created the HCHP LORAN Commission to develop guidelines for management to help in decision making at those points where economics and ethics intersect. “Tom was a visionary, and one of his greatest gifts was the ability to transfer concepts from one business model or application to another,” said his widow, Regina Pyle.

1992

HCHP and Harvard Medical School create a teaching and research program, the Department of Ambulatory Care and Prevention, funded by the HCHP Foundation; this is the first medical school department in the country to be jointly sponsored by, and housed within, a health plan. Clinician Training Department founded. New automated appointment system installed in all health centers. Membership exceeds 525,000.



1990

Burlington Health Center opens.

1991

Quincy Health Center opens. Rhode Island Group Health Association renamed HCHP of New England. IMAGE Program developed, funded by the HCHP Foundation, to offer summer internships and employment to inner city students.

CREATING ALLIANCES FOR BETTER CARE

Responding to market pressures, the Plan merged with MultiGroup Health Plan in 1986, adding 70,000 members and MultiGroup's established independent group practices. This broadened the scope of services beyond the "staff model" to include "group model" HMO practices. The original HCHP health centers became the Health Centers Division of the united organization, led by Glenn Hackbarth, with Jennifer Leaning, M.D., as medical director. To expand its physician network still further, the Plan merged with Rhode Island Group Health Association, a staff- and group-model HMO that changed its name to Harvard Community Health Plan of New England. Later, Harvard Vanguard expanded its provider network further, adding group practices, individual physicians, and community health centers. These included Concord-Hillside Medical Associates, Lynnfield Medical Associates, and Primary Care Internal Medical Associates at Faulkner Hospital.

In January 1995 Harvard Community Health Plan merged with Pilgrim Health Care, a licensed insurance company and network of independent physician practices. The merged, non-

profit organization, renamed Harvard Pilgrim Health Care (HPHC), held the largest share of the state's HMO market with 986,000 members. "During these years, the amount of change that was being required of physicians, managers, nurses and the corporation was extraordinary," said Jennifer Leaning, M.D. From 1995 to 1997, a physician Assembly struggled with the willingness of the physicians in the Health Centers Division to move from being employees of Harvard Pilgrim Health Care to becoming an independent, multi-specialty group practice responsible for its own success—and assuming the clinical legacy of the Harvard Community Health Plan. The Assembly Process represented an expansion of the Physician's Council, which was joined by opinion leaders from within the medical practice, including nurse practitioners and physician assistants, lay managers, and the executive leadership of the Health Centers Division. The process was facilitated by Mark Bard, former chief of medicine at the Wellesley Center.

In 1998, the organization's original health care delivery system—then called the Health Centers Division—

became an independent physician-led organization, called Harvard Vanguard Medical Associates, a non-profit organization. Today, Harvard Vanguard continues to care for HPHC members in addition to members insured by many other health plans.

After its enthusiastic launch in 1998, Harvard Vanguard was to meet challenges that included the market moving from capitation to fee for service, loss of key leaders, and the rising cost of health care. After Glenn Hackbarth, the founding CEO, made the decision to move to the west coast, the organization was fortunate to hire Charlie Baker, former state secretary of administration and finance, as CEO. However, when Harvard Pilgrim Health Care experienced unexpected financial woes, the board of Harvard Vanguard made it possible for Charlie Baker to move to Harvard Pilgrim in 1999 to help remedy the financial problems. Gordon Vineyard, the first surgeon of Harvard Community Health Plan, accepted the role of interim CEO. "Gordon performed necessary and courageous surgery on our cost structure," said Gene Lindsey, M.D., current president and CEO of

Harvard Vanguard Medical Associates. "Then the board searched for and hired Kenneth H. Paulus, a gifted young executive from Partners HealthCare, who continued the process of improving our cost structure, transitioned us to the ability to do business with other payers, and developed the machinery of the fee-for-service delivery system that was necessary for our financial survival."

In 2004 and 2005, Harvard Vanguard and four other ambulatory group practices—Dedham Medical Associates, Granite Medical, Southboro Medical Group and South Shore Medical Center—formed Atrius Health (formerly known as HealthOne Care System), a non-profit alliance of five medical group practices that today serves almost 700,000 adult and pediatric patients in 2.3 million annual visits to 30 locations. The Atrius Health medical groups employ almost 5,500 staff, including more than 800 physicians and 1,250 other medical professionals. While each member group operates independently and autonomously, the groups share electronic medical records for all patients in the system, clinical collaborations, malpractice insurance, and employee health care. For example,

in 2007, the Commonwealth Atrius Cancer Center, a collaboration between Commonwealth Hematology-Oncology and Atrius Health opened in Weymouth, Massachusetts, the South Shore's first comprehensive cancer center, offering advanced radiation oncology, medical oncology, and imaging. That same year, South Shore Hospital, Atrius Health, Epic, and MEDITECH announced their collaboration on a technological initiative to aid clinical information-sharing among primary care practices and hospital emergency room physicians.

The Atrius Health collaboration has resulted in high marks for quality: In 2008, fourteen Atrius Health medical group practices received 22 awards for excellence in pediatric and adult care from the Harvard Pilgrim Physician Group Honor Roll. In 2009, Blue Cross Blue Shield of Massachusetts and Atrius Health on behalf of itself and its five medical groups signed a five-year Alternative Quality Contract to provide a framework for improving the quality and affordability of care in a patient-centered way.

1993

HCHP becomes one of the first health plans in the country to be fully accredited by the National Committee for Quality Assurance (NCQA). Medicare Preferred 65 launches. Mentoring program established for new primary care physicians. HCHP Foundation awards 25 grants to affiliated clinicians for projects that include a major project for AIDS research, jointly funded by the NIH.

1995

HCHP and Pilgrim Health Care merge to become Harvard Pilgrim Health Care, with 986,000 members.



1996

The first Thomas O. Pyle Fellowship, named in recognition of his leadership of HCHP for 18 years and his contributions to health policy in Massachusetts and nationally, is awarded to Maureen T. Connelly, MD, MPH. Membership exceeds 1.08 million.

1997

Harvard Pilgrim Health Care [HPHC] earns three-year full accreditation from NCQA, scoring above national and regional averages on nearly all clinical quality measures.



“Nurses and nurse practitioners at Harvard Vanguard are treated with enormous respect and are considered equal colleagues with physicians. Practicing here as a nurse practitioner is unlike any other setting I have ever experienced. Team-based care, including nurse practitioners, medical assistants, medical secretaries—all working in collaboration with physicians—is the best way to meet the needs of our patients.”

Diane Gilworth, R.N., M.P.H., N.P.
Vice President of Nursing,
Harvard Vanguard Medical Associates

From its beginnings, the Harvard Community Health Plan’s strong commitment to advanced practice clinicians has been built on the collaborative skills of physician assistants and nurse practitioners. The importance of nursing led to the development of advanced training for an enhanced clinical specialty: the nurse practitioner. A hallmark of HCHP clinical teams, persisting to this day within Harvard Vanguard, was the strong partnership that always existed between nurse practitioners and physicians.

The role of the nurse practitioner evolved during the early years of the Plan’s existence, recalled the late Barbara Taylor, N.P., who started work at the Kenmore Center in 1970 and became nurse manager of internal medicine and daytime triage. At first, said Taylor in a 1980 interview, “nurses provided counsel, taught diet, gave shots and answered phones and that was it. But as time went on, various doctors would come by and teach us little things...how to look in ears, for example, and how to listen to chests. We gradually developed the role of

nurse practitioners in this way. We had night courses, with doctors volunteering their time, for two or three years before we had a formal nurse-practitioner program.”¹

To increase the role of nurses still further, the Plan created a Triage Service Area to accommodate the needs of patients with acute medical problems. H. Richard Nesson, M.D. reported in 1971 that “...nearly 5,000 patients had visited this area, 70 percent of whom had been handled by nurses alone...Owing to the skill of the nurses involved and the ready availability of backup physicians, the quality of care had remained high, and the system had met with almost universal acceptance and approval on the part of patients.”²

HCHP became the country’s largest employer of nurse practitioners. In 1983, in response to requests from all over the country, HCHP hosted the first national conference for nurse practitioners, attracting more than 375 participants from 40 states and several countries.

¹ Raymond, Alan. *The Origins of Harvard Community Health Plan 1968-1986*. (Unpublished). P.3

² Ibid. P.3-4

1998

HPHC’s health centers division becomes a separate and independent non-profit medical group practice called Harvard Vanguard Medical Associates—reaffirming Dr. Ebert’s original commitment to the primacy of patient care. Below are the members of the Health Centers Division “Assembly” that led the process.



2000

Beginning in 2000, Harvard Vanguard signs agreements with multiple insurers, including Tufts Health Plan, Blue Cross/Blue Shield of Massachusetts, Fallon Community Health Plan, Aetna, Harvard Pilgrim Health Care, significantly expanding its patient base.

➤ **Glenn Hackbarth, J.D., M.A.**

One of the founders of Harvard Vanguard Medical Associates when it became an independent organization, Hackbarth served as its first president and CEO. Previously, he served as president of the Health Centers Division of Harvard Pilgrim Health Care. Hackbarth is currently Chairman of the Medicare Payment Advisory Commission (MedPAC), to the United States Congress.

“My decade with Harvard Community Health Plan and Harvard Vanguard Medical Associates remains the most important, and rewarding, experience of my professional life. I worked with, and learned from, outstanding colleagues, including Tom Pyle, Joe Dorsey, Gene Lindsey, and Jennifer Leaning. Some lessons were learned through painful failure while others were learned through stirring success. The bottom line, however, was always the same: High-quality, efficiently-delivered health care requires the active engagement of physicians, advanced practice nurses, physician assistants, and other clinicians. That engagement is best accomplished through clinician-governed group practice, a forum for outstanding clinicians to wrestle with the central question facing American health care: how to wring the maximum benefit for patients out of a pool of resources that, inevitably, is limited. After 40 years, Harvard Vanguard still stands as a beacon. Congratulations!”



➤ **Jennifer Leaning, M.D.**

Jennifer Leaning, M.D. joined Harvard Community Health Plan in 1986 as chief of Emergency Services. She went on to serve in a number of executive roles, becoming medical director of the Health Centers Division of Harvard Pilgrim Health Care from 1992-1997. In this capacity, she helped to lead the separation of the Health Centers Division from Harvard Pilgrim Health Care, and its evolution as an independent, non-profit, physician-led organization, called Harvard Vanguard Medical Associates. Leaning is now professor, the Practice of Global Health at the Harvard School of Public Health, associate professor of medicine, Harvard Medical School, and co-director of the Harvard Humanitarian Initiative.

“As health care became more competitive in the early 1990s, we realized that the only way to preserve the unique integrity and quality of the Health Centers Division was to create an independent physician-led group practice that would be directly responsive to patient satisfaction and deeply conversant with the imperatives of quality, evidence-based medicine, and cost containment. Harvard Vanguard Medical Associates was created in 1998 after a two-year series of discussions among clinicians [called “The Assembly Process”]. We decided to accept insurance from other companies in addition to Harvard Pilgrim Health Care. The president and medical director became employees of the physician board, and this shift transferred power and authority to the physician leadership. In this new configuration, we felt confident that we could continue to maintain our reputation as among the best trained providers of health services in the Northeast.”

2001

The Institute of Medicine releases its report, *Crossing the Quality Chasm*, calling for a health care system that is safe, effective, patient-centered, timely, and equitable—all of which have been guiding principles of Harvard Vanguard and its predecessor organizations since 1969.



> **Marshall Wolf, M.D.**

Marshall Wolf, M.D. was the first cardiologist at HCHP, joining the staff in 1969. Wolf, who left the plan in 1974, is professor of medicine at Harvard Medical School and director emeritus of medical residency training programs at Brigham and Women’s Hospital. He sees patients in private practice. After he left the Plan, Wolf went on to establish—with William T. Branch, M.D., then of Brigham and Women’s Hospital—one of the first primary care residency programs in the nation, which Wolf led for three decades. Primary care residency training differs from internal medicine in that it puts residents in the outpatient setting to learn how some specialty care can be provided outside the hospital.

“Harvard Community Health Plan was the genesis of [the primary care residency] program, which has since become a national model. We discovered early on that by performing X-rays and other studies in the outpatient setting you can reduce the number of hospital days and costs while still providing comprehensive care and maintaining quality. At that time, Blue Cross was averaging 1,000 hospital days per thousand patients per year. We promptly cut that down to 400 days per thousand patients per year.”

> **Robert Buxbaum, M.D.**

Robert Buxbaum, M.D. was one of the enthusiastic physicians at the Harvard Community Health Plan on opening day, and he subsequently spent 25 years working as a primary care physician. Buxbaum was one of the founders of the Harvard Vanguard Palliative Care Program and is a fellow of the American Academy of Hospice and Palliative Care.

“I had been at Harvard Medical School researching public health, one of my longstanding interests, when I heard about the new Harvard Community Health Plan that was about to open,” said Buxbaum, who, in addition to his medical practice, is associate clinical professor of medicine at Harvard Medical School. “I can’t think of a higher quality group of colleagues that I have ever worked with. Harvard Vanguard has kept the focus on prevention and clung to the ideas of both primary care and quality measurement.”



> **Kenneth H. Paulus**

In 2004, Ken Paulus led the creation of Atrius Health (formerly HealthOne) and in so doing began the transition from the focus on finance to the restoration of the original mission of the organization: patient-centeredness with a focus on quality, innovation and social responsibility. He started a program called Patient Centered Care, which was led by then chief medical officer Richard Marshall, M.D., and which has become the precursor to the current quality and safety initiatives of Harvard Vanguard. In 2005, Paulus moved to Minnesota, where he is now President and CEO of Allina Health System.

“I came into Harvard Vanguard at a time of great change. The market was transitioning out of managed care, Harvard Vanguard was separating from a financially distressed partner in Harvard Pilgrim Health Care, and the future of the organization was in peril. In the midst of these significant challenges, the organization’s DNA carried it through what could have been life-threatening experiences. That DNA was the quality and dedication of its caregivers. The physicians, advanced practice clinicians and nurses were amongst the best I have ever had the privilege to work with. They were—and I suspect they remain—the real heroes of this incredible story.”

> **Simon H. Budman, Ph.D.**

Joining the Harvard Community Health Plan as a staff psychologist in 1975, Simon H. Budman also served as director of Mental Health Research for HCHP (1981-89), associate director of the Institute for Health Research (HCHP and Harvard School of Public Health 1986-88), director of Mental Health Research, Training and Development (HCHP 1989-93), and director of Mental Health Training (HCHP 1993-96). He is known for the innovative mental health programs he helped to develop at HCHP, particularly the model of short-term, intermittent psychotherapy. In 2000, Budman received an award from the American Psychological Association in recognition of his work while at Harvard Community Health Plan. Budman is founding President and CEO of Inflexxion, Inc., in Newton, MA.

“Our vision at HCHP was to provide mental health services in an integrated setting within the context of primary care, as part of the community. Our model of care was to build long-term relationships with patients—sometimes generations within the same family—similar to the role of a family physician, providing mental health services as needed, on a short-term basis, throughout the life cycle.”

2004-2005

Harvard Vanguard and four other group practices—Dedham Medical Associates, Granite Medical, Southboro Medical Group and South Shore Medical Center—form Atrius Health (formerly known as HealthOne Care System), a non-profit alliance that through its medical groups serves almost 700,000 adult and pediatric patients in 2.3 million annual visits at 30 practice locations.

2007

South Shore Hospital, Atrius Health, Epic, and MEDITECH announce their collaboration on a technological initiative to aid clinical information-sharing among primary care practices and hospital emergency rooms physicians.



2007

The Commonwealth Atrius Cancer Center, a collaboration between Commonwealth Hematology-Oncology (CHO) and Atrius Health opens in Weymouth, MA. The Center is South Shore’s first comprehensive cancer center, offering advanced radiation oncology, medical oncology, and imaging.

2008

Fourteen Atrius Health medical group practices receive 22 awards for excellence in pediatric and adult care from the Harvard Pilgrim Physician Group Honor Roll.

VANGUARD VISIONARIES

Glenn D. Steele, Jr., M.D., Ph.D.

President & Chief Executive Officer,
Geisinger Health System

Glenn D. Steele, Jr., M.D., Ph.D., joined HCHP in 1976 as a young surgeon from the Brigham and Women's Hospital, becoming almost exclusively a cancer surgeon. Along with Lawrence Shulman, M.D., Steele launched HCHP's first multi-modality cancer committee at the Kenmore Center. Steele spent 20 years as a practicing cancer surgeon at several Harvard hospitals and served as a chairman of the Department of Surgery at the New England Deaconess Hospital. He then became vice president for Medical Affairs and dean of the Division of Biological Sciences and the Pritzker School of Medicine at the University of Chicago. He is now president of the Geisinger Health System, an integrated health care organization located in central and northeast Pennsylvania.

Lawrence N. Shulman, M.D.

Chief Medical Officer and Senior VP for Medical Affairs,
Dana-Farber Cancer Institute

Lawrence N. Shulman, M.D., joined HCHP as a primary care physician and oncologist in 1980. He eventually became a full-time oncologist, working with Sigrid Tishler, M.D., and nurse practitioners Teri Mallory, N.P. and the late Ann Roy, N.P. who were, says Shulman, "the epitome of outstanding nurse practitioner partners." Shulman later served as clinical director of hematology-oncology at Brigham and Women's Hospital, which joined its adult oncology program with that of Dana Farber Cancer Institute in 1996. He is currently chief medical officer and senior vice president for Medical Affairs at Dana Farber Cancer Institute, and is actively involved in clinical research in breast cancer.

2009

Blue Cross Blue Shield of Massachusetts, Inc. (BCBSMA) and Atrius Health sign a five-year Alternative Quality Contract (AQC) to provide a framework for improving the quality and affordability of care in a patient-centered way.

Donald M. Berwick, M.D., M.P.P., F.R.C.P.

Donald M. Berwick, M.D., M.P.P., F.R.C.P., is president and CEO of the Institute for Healthcare Improvement and one of the nation's leading authorities on health care quality and improvement. In 2005 he was appointed Honorary Knight Commander of the British Empire by the Queen of England in honor of his work with the British National Health Service.

Earlier in his career, Berwick spent 19 years as a pediatrician at Harvard Community Health Plan also serving as vice president for quality of care measurement and acting director of research. "This organization launched my career in quality assurance," said Berwick. "As a young pediatrician, I saw integrated, properly financed group care as it should be provided, amid a culture of contemplation and restraint: You thought before you acted. In just one example, my chief showed me early in my career that I was occasionally ordering unnecessary chest X-rays for my patients, and she taught me how to determine when to use this diagnostic procedure," he said. "I developed as a physician within this context of such shared learning, consultation with specialists—who were available just down the hall—and commitment to providing the best services to our population."

2009

The Atrius Health Foundation is established to serve as the philanthropic arm of Atrius Health and the Medical Groups. In 2009, The Atrius Health Foundation receives an anonymous grant to create the first Vulvovaginal Resource Program in the nation, located at the Burlington office of Harvard Vanguard Medical Associates.



"My experiences at Harvard Community Health Plan have resonated in my brain for the past 30 years and undoubtedly conditioned me to understand that the closed-staff capitation model, using salaried physicians, is the right way to provide patients with some of the best care I've seen anywhere."

Glenn D. Steele, Jr., M.D., Ph.D.
President & Chief Executive Officer, Geisinger Health System



"We were children of the sixties and when we came to work as physicians for HCHP we were drawn by the idea of working for the mission, rather than the money. Although the world is different now, the financial structure is different and the environment is different, the mission to deliver high quality care and do what is best for patients remains the same as it was in 1969. Harvard Vanguard has never lost that focus. My experience there helped to focus me on that mission as well and I hope I never lose it. As the health care debate is unfolding since President Obama took office, it is clear that if the entire country practiced medicine the way HCHP did and the way Harvard Vanguard is doing now, we would be a lot better off."

Lawrence N. Shulman, M.D.
Chief Medical Officer and Senior VP for Medical Affairs, Dana-Farber Cancer Institute



"The classic health maintenance organization, which the original Harvard Community Health Plan represented—not the later mutations of the idea—is capable of achieving population-based care with better outcomes and lower cost than the fee-for-service system. Caring for people over time and space, instead of event-by-event, and putting patients at the center of a relationship of care that lasts for years, rather than days, is what will get American health care back on track."

Donald M. Berwick, M.D., M.P.P., F.R.C.P.
President and CEO of the Institute for Healthcare Improvement



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