



**JOHN G. O'BRIEN**  
**In First Person: An Oral History**

American Hospital Association  
Center for Hospital and Healthcare Administration History  
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**JOHN G. O'BRIEN**

**In First Person: An Oral History**

**Interviewed by Kim M. Garber  
On April 26, 2019**

**Edited by Kim M. Garber**

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**EDITED TRANSCRIPT**  
**Interviewed in Chicago, Illinois**

**KIM GARBER:** Today is Friday, April 26<sup>th</sup>, 2019. My name is Kim Garber and I'll be interviewing John O'Brien, who served for 26 years at the Cambridge Hospital, working his way up to the administrator's position, and then moved on to head up UMass Memorial Health Care in Worcester, Massachusetts. John, it is great to have the opportunity to speak with you this morning.

**JOHN G. O'BRIEN:** Thank you very much, Kim. It's a wonderful day for me to be in Chicago. Today is my birthday.

**GARBER:** Well, happy birthday!

**O'BRIEN:** So we're going to have a good time.

**GARBER:** Excellent! We like to start these oral history interviews in a chronological sort of way and then move on to more general concepts. Your hometown is Arlington, Massachusetts, which is a suburb of Boston, and your parents grew up during the Great Depression and World War II. How did the experiences of coming of age during those challenging times affect your parents' values?

**O'BRIEN:** They were deeply religious people – Catholic – and that probably contributes to the fact that I'm one of 10 children. My mother and father were unbelievable people, committed to their family and to the community. They were a bit austere. We didn't have many resources, given the fact that my father was a teacher. My mother worked at home raising the kids. They had deep Christian faith and brought us up that way.

**GARBER:** Tragedy struck your family. Your father passed away when you were a boy.

**O'BRIEN:** Yes, I was eleven years old, and I had three younger brothers. I think my youngest brother was five years old when my dad passed suddenly in his late 40s. To say that it was a shock is an understatement. He was a wonderful guy, a beloved teacher and beloved father. It had quite an impact on us, particularly on my mother, because she had to leave the home with a lot of young ones still there. I had five older sisters. They did a lot of the childrearing, kept an eye on us and fed us while my mother became a secretary at MIT, right there in Cambridge just a bus stop away.

It also created the family dynamic that everyone had to pitch in. When I delivered newspapers and collected my fees at the end of the week, whatever I had went in the pot to help out. I thought we were middle income. We never wanted for much. I don't often remember going to bed a bit hungry. We had a wonderful upbringing, rich in so many ways. My father's death was a huge loss for my family, and it was a huge loss to the community. He was much loved.

**GARBER:** Your mother was faced with the challenge of supporting eleven people on a secretary's salary.

**O'BRIEN:** We also took in her mother, who was suffering from dementia. She lived with us for several years, which was an additional burden for my mother. She eventually was institutionalized and lived to be 96. It was a wonderful, loving environment.

**GARBER:** Makes me think of the movie *Cheaper by the Dozen*.

**O'BRIEN:** I know! Talk about just a crazy upbringing. It was really enjoyable and by large measure made me what I am today.

**GARBER:** You lived in Arlington's St. Agnes parish, attended St. Agnes School and then the Arlington Catholic High School. In high school, you were a star basketball player and later you were named to the Athletic Hall of Fame at the school. Did you play other sports?

**O'BRIEN:** No. I worked hard at the books, and I was a good student. I played basketball literally every day of the year. When the gyms would be closed, say, on Christmas Day, I would go down to the playground and bring a shovel and my basketball.

People thought that I was completely crazy, but I was in love with the sport, so I played every single day. I was interested in possibly playing football but my coach discouraged me because it might affect my basketball. Basketball was my life. I was a guard. It was an advantage for me being 6'1" in high school, because back in those days, that was somewhat of a large guard. I had an advantage over some of the other high school guards.

**GARBER:** A number of other leaders who have participated in this oral history series have spoken highly of the value of team sports in their later career.

**O'BRIEN:** It was so formative. For instance, you learn determination and perseverance, because you have to stay at the task at hand despite taking a couple hits along the way. I had a wonderful coach who was somewhat of a father figure not only to me but to my younger brothers. My three younger brothers all played basketball under Coach Broderick.<sup>1</sup> He was a teacher when he wasn't coaching. He taught us about life and what it meant to be a good sport and to be a good winner and be a good loser. He was probably the most influential person in my life in my high school years.

**GARBER:** When you were in high school did you have a sense of what you wanted to do for a career?

**O'BRIEN:** Not really. My mother wanted me to be either a priest or a doctor. I wasn't good at science. I wanted to get into a good school and give my very best, and maybe play basketball, but it started waning relative to my future. I didn't think that if I got into a good school, I would be able to balance basketball and the academic grind.

**GARBER:** You mentioned that in high school you were not particularly good at science. What were you good at?

**O'BRIEN:** I was analytically pretty sound. I understood issues. I enjoyed interacting with adults about an issue. That was going to serve me well in my career later in life in that I could see the prism from a couple of different sides. Even today, when I read an article and people are pushing hard with one vantage point, I always try to look at the other side.

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<sup>1</sup> Dick Broderick coached basketball and baseball at Arlington Catholic High School (Arlington, Massachusetts). [Arlington Catholic High School. *2013 Inductees: Athletic Hall of Fame Members*. <https://www.achssas.org/athletics/upper-school/ath-hall-of-fame/Ath-hof-members.cfm>]

**GARBER:** Are there any other high school teachers that you wish to mention?

**O'BRIEN:** Another person who had a big impact on me and my brothers was the chaplain of the high school. He was a fascinating guy – Fr. Bob Casey.<sup>2</sup> He would open the gym for us on Saturday nights. He would make us go to confession then later on would open up the gym. It was hilarious. He was a terrible basketball player, but we used to let him score. He was a wonderful guy.

**GARBER:** What order ran the school?

**O'BRIEN:** Sisters of St. Joseph. They're all lay teachers now. I continue to help support the school in a variety of different ways.

**GARBER:** You did get into one of the best schools in the world - Harvard. What was that process like?

**O'BRIEN:** Being a pretty good basketball player, I had several colleges approach me offering free tuition, which was important, because wherever I went, my mother would not be able to contribute at all, particularly with younger ones coming up behind me. My mother was a proud woman. Her parents were born in Ireland. Many in our family never went to college. She aspired to good things for her kids, and my siblings have all done well. She always talked about Harvard. I didn't know any better. I said, "That sounds good to me. We'll push for this." She had her heart set on it.

I'll never forget the day. It was April 15, 1968. The admission letters went out from the Ivy League schools. I was working that day. I worked in a grocery store on Beacon Hill in Boston. The fellow that ran the store, Charlie Minicello, said to me, "Your mother's on the phone." I picked up the phone and she said, "You got a letter from Harvard." I said, "Oh, I'll get out of work early and read it, and hopefully it's good news." She said, "No, no, I opened it," and she read it to me. She was so proud. I wept, and these Italian immigrant guys that I worked with wept. It was a wonderful thing. It was a wonderful gift to my mother, and I knew that it was going to change my life.

**GARBER:** How were you able to afford Harvard?

**O'BRIEN:** Most of my tuition, both undergrad and graduate school, was with financial aid. At Harvard, I was responsible for a couple thousand dollars. They provided me with work-study jobs, both during the summer and during the school year. During the school year, I'd work 20 hours a week at the Cambridge YMCA, which was a great experience, coaching kids and things like that. It was right up my alley. Between financial aid, scholarship and the work-study, I came out of the whole thing, both undergrad and graduate school, with no debt.

**GARBER:** You were at Harvard as an undergrad from 1968 to 1972. Was there unrest on the Harvard campus?

**O'BRIEN:** There was. The current issue of *Harvard Magazine* has the story, "1969 – fifty years later." It was a tremendous year of unrest at Harvard. My freshman year, I lived right in Harvard Yard in Weld Hall which was adjacent to University Hall, where a lot of the administration of Harvard

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<sup>2</sup> Fr. Robert Casey (d. 2018) served as a parish priest at St. Agnes Parish (Arlington, Massachusetts) and as chaplain at Arlington Catholic High School. [Robert Casey. <https://www.legacy.com/obituaries/name/robert-casey-obituary?pid=189507469>]

was located.

In the spring of 1969, we woke up to a fire alarm in our dorm. In all the other dorms, all the other alarms had all gone off because activists had pulled them. Students had occupied University Hall next door and ushered out the university leaders and took control of University Place. All the national news covered this. Probably if it were CNN today, it would be round the clock. At the far side of our dorm were police in riot gear with shields – hundreds of them – marching into Harvard Yard to take back University Hall.

We were sitting there in our gym shorts at seven o'clock in the morning watching this thing going on. It was fascinating, and it was worrisome, seeing this. They did take over the University Hall, and quite a few students were injured. It set the stage for the next few years at Harvard and universities across the country.

I was a relatively naïve kid – coming from a parochial high school, coming from a modest town and a modest upbringing. At Harvard and a lot of the liberal universities, the next few years were tumultuous. I had not been politically astute up to that time, and then I took a course, maybe in my junior year, on Vietnam. I wasn't a radical, but I started to get involved.

**GARBER:** In what way did you get involved?

**O'BRIEN:** We were just supporting "Get out of Vietnam." The highlight of my activism was because of the bombing of Cambodia when there was a huge peace march and rally at the Boston Common. I recall that the march was from Harvard Square to Boston Common, which is probably about three miles away. We all marched down Mass Ave, and it was half protest and half party. I didn't know it at the time, but I had called home that evening. My mother worked at MIT, which is right along Massachusetts Avenue, the march route, and she had joined the parade and the march. She had five sons, and she was very, very much against the war.

I never knew this until after my mother was dead and gone. She died at a fairly young age. My oldest sister told me when I had asked her why Mom used to go to Ireland to visit my aunt. I said, "That's funny, we have no money, but she's traveling to Ireland and back." My sister said, "She was looking for property." I said, "In Ireland?" She said, "Five boys, with the draft." If any one of us got drafted, she was going to quit her job, move to Ireland and take the five boys with her. It's a lovely story.

**GARBER:** What a plan!

**O'BRIEN:** Oh, yeah.

**GARBER:** She was a thinker.

**O'BRIEN:** Yes.

**GARBER:** It didn't happen.

**O'BRIEN:** Didn't happen. My brother got drafted, and he immediately got into the National Guard. Then when I was in college, they had a lottery. I remember listening to it on radio with some of my roommates and some other guys with their girlfriends all having a beer and listening to the

lottery. They drew numbers. It came up foul for one of my roommates because he was like #8 in the lottery. My draft number didn't come up until quite late, 340. I wasn't going anywhere soon. As it turned out, the war had started winding down, primarily because of the protests and the American sentiment being so much against it that none of us got called up.

**GARBER:** It's interesting that you and other men your age remember your draft lottery number. During the time that you were at Harvard, wasn't there a moratorium against the war?

**O'BRIEN:** There were a few of them. It was at that time that radicals and militants were seeping into the cities and a lot of them weren't affiliated with the universities. Probably some of them were. At one time, there was a riot in Harvard Square, and it was out of control. I remember that we were walking down the street in Harvard Square and someone threw a brick. It went over our heads into this huge window and shattered it. People jumped into the store and started looting it. For a while, it brought an extreme element out.

**GARBER:** Did you go right on to grad school?

**O'BRIEN:** No. I had majored in economics, and I loved it. We had incredible professors, like John Kenneth Galbraith<sup>3</sup> and John Dunlop,<sup>4</sup> who was Dean of the Faculty of Arts and Sciences when I graduated. I didn't know John at the time. He was a famous labor economist. He worked for several presidents. I got to know John through the Foster McGaw Prize.<sup>5</sup> John was on the prize committee when we won it.

I enjoyed my time at Harvard but it was a social adjustment for me. I really didn't know what I was going to do when I got out of school. I took a year – worked at the Y, did a lot of volunteer work. My brother-in-law, Bill Lane<sup>6</sup> – virtually anyone in health care knows Bill Lane – had a huge impact on me and my career. We all aspired to be like Bill Lane as hospital execs. Bill said to me, “Why don't you look at health care?” Boston University had a program that was fairly new, but had already developed a good reputation, and he sent me over there. Graduate school, of course, is very different from undergrad. Undergrad's a picnic, and graduate school is like a job. I enjoyed it.

**GARBER:** Are there any other Harvard professors that you would like to mention who were particularly memorable?

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<sup>3</sup> John Kenneth Galbraith, Ph.D. (1908-2006) was a renowned economist, prolific author and Harvard professor. [Noble, H.B., and Martin, D. (2006, April 30). *The New York Times*. <https://www.nytimes.com/2006/04/30/obituaries/30galbraith.html>]

<sup>4</sup> John T. Dunlop, Ph.D. (1914-2003) was a renowned labor relations expert who served in the administrations of 11 presidents and was an economics professor at Harvard. [Greenhouse, S. (2003, October 4). John Dunlop, 89, dies: Labor expert served 11 presidents. *The New York Times*. <https://www.nytimes.com/2003/10/04/us/john-dunlop-89-dies-labor-expert-served-11-presidents.html>]

<sup>5</sup> The Foster G. McGaw prize was founded in 1986 by the Baxter Allegiance Foundation and the American Hospital Association in recognition of hospitals with outstanding efforts to improve the health and well-being of their communities. [American Hospital Association. *Foster G. McGaw Prize*. <https://www.aha.org/about/awards/foster-g-mcgaw-prize>]

<sup>6</sup> William L. Lane was CEO of Holy Family Hospital (Methuen, Massachusetts) for many years and was the first recipient of the Massachusetts Health and Hospital Association's Lane Award, created in 2004. [Massachusetts Health & Hospital Association. (2019, June 17). *Monday Report*. <https://www.mhalink.org/MHA/MyMHA/Communications/MondayReportItems/Content/2019/06-17/MR-20190617.aspx>]



**O'BRIEN:** All freshmen at Harvard have to take expository writing. This was my first class. The instructor, Miss Frederickson, was terrific but incredibly demanding. I knew I was in trouble in the first class when she said, "How many people in the class have ever had something published during high school?" I thought that was an unusual question but half the class put their hands up. I realized that this was not going to be a breeze for a no-credit requirement.

After you showed a certain proficiency, you didn't have to attend class anymore. After while there were only a few of us left, including me, because I never had good guidance on writing in high school. By the end of the class, I remember her saying to me, "You've done a good job. Your analysis of the *Autobiography of Malcolm X*, is convincing. So have a good life."

**GARBER:** How was the Boston University graduate program structured?

**O'BRIEN:** It was a two-year MBA program, so you had to do all the organizational behavior, accounting, financial management and the like, interspersed with a variety of health care requirements and some electives. There was a residency requirement – I probably didn't make as much of it as I should have. To pay for my housing and living expenses, I would work around 30 hours a week in addition to going to school full time. I was taking courses, doing my residency and working part time as well. It was demanding. I did benefit from working at University Hospital, which back then was Boston University, which is now part of Boston Medical Center – a terrific academic health center.

I'm on the board now at Clark University. At Clark, we are trying to focus on career preparedness for young people. A lot of people are questioning the value proposition at universities right now, and it's understandable. I sometimes meet young people, either at Clark or other universities during their senior year, and they have no idea what they're going to do, and their parents have already paid \$250,000 for their education.

Residencies have been valuable for me, both at the Cambridge Hospital / Cambridge Health Alliance and at UMass Memorial Health Care. I have always espoused to all of my team – we need residents working here because we have to bring up the next generation. People helped us along the way. We all had mentors. We have to reach back and lend a hand and help those young people. Throughout my career, I can think of probably a dozen people who we had recruited who were doing their internships with us.

I grew up in a white middle-class community. I had never been exposed to diversity until I went to college. When I was a freshman, through work-study, I worked at the Neighborhood Youth Corps. It was sponsored by the City of Boston. I worked in East Boston, supervising a group of adolescents. We would do community improvement work throughout that neighborhood of East Boston – clean up parks, clean up vacant lots, clean up playgrounds. Most of the kids that I supervised were kids of color and very low income. It opened my eyes to a different world.

Now at Clark University and through work that I did at UMass Memorial in the City of Worcester, which is a very diverse community, they work on public health projects in Worcester – like violence among teens. We have a teen health center. We deployed them over there. They come from a very different background. For a lot of them, it has changed their lives and it has shaped their interest in something that they never thought they would be interested in. What we're looking for from our young people is to get involved. Don't be on the sidelines. Too many young people today are. When you're doing internships and the like, it's a great opportunity for people to experience

something that they have never been exposed to prior to that.

**GARBER:** I'd like to follow up on your comments about the Neighborhood Youth Corps. What was the incentive for those kids to want to go clean up a vacant lot?

**O'BRIEN:** They were paid. It was probably minimum wage. Say, it was \$2 an hour and they were working 30 hours a week. Frequently we would provide food to them. Similarly, for programs in the inner city that I've been involved with – swimming programs in Worcester, for instance, from UMass Memorial, we would provide a breakfast and lunch for kids. That would often be the best food they got that day. These kids would get a couple of dollars an hour, and they'd be making sixty bucks a week. It was a lot of money for them and for their families.

**GARBER:** Many who have participated in these oral history interviews have talked about their graduate programs – which were a year of course work and then a carefully-vetted residency for another year. Often, those residencies led to a job offer in that hospital or health system. It sounds like your experience was different.

**O'BRIEN:** I like the idea of a much more structured approach to the residency. Mine was not that structured. They identified job opportunities and plugged us in where they could. The program was very young at that time, so it may have changed.

I'll note an undergraduate experience with Northeastern University in Boston. A lot of people know it as a cooperative program. It's five years undergrad, and you do a year of internship of field work. It is very structured and is a signature program for Northeastern. Richard Freeland, who is on the board at Clark University with me, helped nurture it.<sup>7</sup>

When I worked at the Cambridge Hospital – which evolved into the Cambridge Health Alliance – we would take co-op students from Northeastern. Northeastern was known to be very strong in accounting. We would take them into finance. Frequently, those students were hired, even though we were a city hospital, meaning that there were a lot of strictures relative to creating new positions with the city and civil service and all of that.

When I was CEO, staff members would come to me and say that we had this intern who'd been working with us now over the course of two or three years of his or her undergraduate experience, and that we needed to find a job for them. I used to say, "We'll do whatever we have to do to make this happen." They would turn out to be outstanding employees and team members.

We're going to continue to have to do that. As you point out, I think it's going to have to be in a more structured way. Sometimes there are constraints with doing these types of programs – the culture of the university, the culture of the workplace, the faculty aren't as committed to this. We have to get over that.

It's also a great thing for the employer. It's a great investment. Today, it's so difficult getting good young people, and here you have an opportunity for short money to test them and to see what they're made of and to shape them. Again, we owe that to the next generation. People invested in

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<sup>7</sup> Richard Freeland, Ph.D., is professor and president emeritus of Northeastern University (Boston). [Clark University. *Board of trustees*. <https://www.clarku.edu/about/president-and-leadership/board-of-trustees/>]

us. People helped us along the way. We have to do that for the next generation.

At UMass Memorial, we were a big organization, and we'd put together a couple hundred spots for high school students throughout our system during the summer and pay them pretty much minimum wage. We'd also teach them a bit about financial management, getting a checkbook, having a bank account. We'd teach them how to dress for work.

I took a chance on a young fellow and helped him get through college. He was undocumented. He couldn't get financial aid. He got through college and he got a great job. He's got a great job and he's got his citizenship. That's one person that got a little help along the way. How many others could we be doing that for? It doesn't just have to be an under-represented minority. It could be someone here down the street from us here in Chicago today.

**GARBER:** It's heartwarming to hear stories like that. It took some effort on your part, but maybe not all that much. Such a huge payoff.

**O'BRIEN:** Best investment I ever made in my life.

**GARBER:** What were you doing at University Hospital?

**O'BRIEN:** I worked in ambulatory care for Bob Hansen. It was mostly analytical work. It was good experience. I wouldn't say great experience, which is coming back to your earlier point about structuring it in a certain way. The other thing that I could have benefited from was that I was doing some work when I was in graduate school focusing on the underinsured and uninsured in this country. This was a significant problem, much less so today because of the Affordable Care Act.<sup>8</sup> More than 20 million people have been extended insurance through the ACA and Medicaid expansion, which we're hoping to get through some of my advocacy work extended to more states to help lower income people.

Why I ended up at a public hospital – a city hospital – was probably because I was fascinated and concerned that so many Americans did not have access to health care and everything that's involved with that. I did a little bit of that during my internship. The better we structure those internship programs, the more beneficial they're going to be, not only for the young person, but for the employer.

**GARBER:** Did you have a mentor when you were about ready to get your first fulltime entry-level job?

**O'BRIEN:** Bill Lane, who has been a board member for the American Hospital Association and is a legend in Massachusetts, would give me a little advice periodically. When he had advice, I'd listen. Bill was always in the background. Today, there is an award given each year by the Massachusetts Hospital Association that's called the William L. Lane Award. That's something that many people aspire to, because it's in Bill's honor – for meritorious work in the industry.

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<sup>8</sup> The Patient Protection and Affordable Care Act (P.L. 111-148) was signed into law in 2010 by President Barack Obama. [<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>]

One of the proudest days of my life was when I went to our annual meeting for the Mass Hospital Association, and my brother-in-law, who was retired, was there with my sister. I said, “What are you doing here?” He said, “We’re going to the dinner tonight.” I said, “Oh, that’s nice. Let’s get together later this evening. Let’s try to sit together.” Lo and behold, he was there to present that award to me!

**GARBER:** That’s a terrific story! You got your first job at the Cambridge Hospital as a patient account representative?

**O’BRIEN:** Yes, patient account manager. I didn’t know what I was doing, so I counted on the women – it was mostly women – who worked for me to show me the ropes. It was a city hospital, so it was very challenged. Back in the mid ‘70s, a lot of public hospitals, both in Massachusetts and across the country, were closing for primarily financial reasons. Cambridge Hospital was in the same situation at that time.

**GARBER:** This is an interesting topic, the topic of city or municipal hospitals. Could you explore the concept of why there are city hospitals, and then also specifically, what the Cambridge Hospital looked like when you arrived?

**O’BRIEN:** Public hospitals are a rich part of the American hospital fabric over the years. They were often founded by communities to take care of the most impoverished – alms houses and the like. Some of the oldest hospitals in the country were founded as public hospitals.

Public hospitals by definition are supported by the public. They are supported by municipalities or state government, but primarily municipalities. The largest public hospital system in the country is Health + Hospitals Corporation of New York, which is broadly supported, not only by the City of New York, but by the state and by the federal government.

**GARBER:** This is support via tax revenues?

**O’BRIEN:** Tax revenues. There are other revenues as well. In the financing system, for instance, public hospitals provide a disproportionate amount of care to the indigent, to uninsured individuals and to Medicaid patients, because Medicaid doesn’t cover the full cost, typically, of the care of an individual. There are payments that are made either through the Medicaid system or the Medicare system called – we call it DSH – disproportionate share hospitals. Public hospitals are very dependent upon those disproportionate share hospital moneys. Those moneys are in the billions of dollars.

DSH hospitals are typically public hospitals owned by municipalities like Health + Hospitals Corporation in New York City, Denver Health and many others. A lot of public hospitals are reconfiguring themselves, as we did at Cambridge. We were a department of the City of Cambridge, but found that arrangement to be difficult for us to be able to compete.

For instance, an important aspect of the business is purchasing medical and surgical supplies. In a large health care system like UMass Memorial, there are a lot of negotiations that go on about group purchasing. Public hospitals couldn’t do that because of the nature of bidding. If you look at employing people, competing for people, there are civil service and other employment restraints that are placed on public hospitals. Public hospitals are reorganizing into – like we did – to be able to compete in this environment, be able to merge with other entities.

When I started out as a young hospital exec back in the '70s, there were about 20 public hospitals in the State of Massachusetts. Right now, I believe the only public hospital under a new structure that exists today is the Cambridge Health Alliance. That's under a public authority, which gives them much more capability to merge. We put that whole structure together.

The National Association of Public Hospitals, that I've been involved with since the beginning of my career, is recreating itself and has become a new organization representing not only public hospitals but also safety net hospitals. That's evolved over the course of the past 20 years.

**GARBER:** The new organization is called America's Essential Hospitals?

**O'BRIEN:** America's Essential Hospitals, led by Dr. Bruce Siegel.<sup>9</sup> It's akin to critical access hospitals, our rural hospitals, hospitals that we have to protect and provide for. Public hospitals have always played that role. There are a lot of other hospitals, too, across this country that may not be publicly owned, supported by a local government entity, but they serve the same role. They are there for everybody, regardless of their insurance status, regardless of their ability to pay.

**GARBER:** The Cambridge Hospital was founded right at the end of the First World War, and also had a school of nursing at that time. You arrived there in the mid-'70s. What was it like then?

**O'BRIEN:** It was Harvard-affiliated. It was truly a local hospital for people in Cambridge, particularly from the poorer neighborhoods. It had training programs in a variety of areas, but the core strength was in primary care. We used to say, "We're the Harvard hospital that specializes in primary care." Our forte was primary care and behavioral health. We had a terrific, nationally-known department of psychiatry at that time.

When I came to the hospital in the mid-'70s, public hospitals were closing, and many people had the Cambridge Hospital at the top of that list as far as the next to go. I always thought the future was fairly bright. I worked my way up through the ranks, became the chief financial officer and then, at the age of 35, they approached me about becoming the interim CEO when the CEO at that time suddenly left.

When I spoke to my mentor at the time about this opportunity and about formally applying for the position, he begged me not to do it. He said, "You know, you're a rising star, and you've got a good CV, great academic credentials. This place is going to close under your watch. You're going to destroy your CV." I said, "I don't see it that way. I think we just need to put a team together and provide good leadership, and there is a real reason for this hospital not only to exist, but prosper."

We did that. We built a hospital and restored the credibility of the hospital with people in the community. We restored pride in the staff. We could say, "Why are you here?" to employees and they would have the same answer, "We're here to help build a healthier community." It took a little bit of time to turn it around and eliminate a huge deficit that we were running that the city was becoming tired of pouring their money into.

After a few years, we started building faith among the staff, and patients started to follow. We

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<sup>9</sup> Bruce Siegel, M.D., president and CEO of America's Essential Hospitals, has been with the association since 2010. [America's Essential Hospitals. *About*. <https://essentialhospitals.org/about-americas-essential-hospitals/staff/>]

developed a linguistic and cultural competence with various populations in the city. We had large Portuguese, Latino and Haitian populations in the city, and developed a lot of strengths in those areas, particularly with bilingual and bicultural staff. We had behavioral health teams with each of those competencies as well.

Eventually we got back to a break-even proposition. Then in the early '90s, we had distinguished ourselves relative to community health and investing in neighborhoods, and then we also as a municipality ran the Public Health Department. That was becoming increasingly closer to the clinical system because we could see that as a strength. As I used to say to the staff, we're going to invest upstream in the headwaters of prevention. I always felt that the service systems that were the underpinnings of health care finance at that time were doomed. Anything that basically incentivized providers to provide more care – as we used to say, head in the bed, fill all the beds, keep the imaging equipment going 24/7 – anything with that type of incentive base I felt, from my finance background, was going to go away.

**GARBER:** You were right. It did.

**O'BRIEN:** It did go away. In the early '80s with the prospective payment system<sup>10</sup> – people were saying, “The end is nigh. We're doomed.” I always saw it as an opportunity.

**GARBER:** You were CFO in 1985, which was just a couple years after implementation of PPS, and then you became administrator right after that.

**O'BRIEN:** Yes. It was an exciting time. A lot of people wanted to fight it, like a lot of people wanted to fight the ACA. We got behind both of those whole-heartedly.

**GARBER:** When you first started at the Cambridge Hospital, the administrator was Leslie MacLeod.<sup>11</sup> I was stunned by the number of degrees that he had earned. Is he still living?

**O'BRIEN:** Yes, he's still living. Les MacLeod is a wonderful guy. As you said, he has plenty of degrees. He had an interesting way, not only of leading the Cambridge Hospital, but also he went up to Huggins Hospital in Wolfeboro, New Hampshire. He was a soft-spoken, insightful guy, very supportive of staff members, nurturing and ethical.

The first task he gave me was setting up billing for services in the neighborhood health centers. I also helped build and expand them. People thought that was a crazy idea – building health centers in the neighborhoods. They thought that everyone would come to the hospital. I fought this at

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<sup>10</sup> Passage of the Social Security Amendments of 1983 (P.L. 98-21) resulted in the implementation of the Medicare prospective payment system (PPS) beginning in October 1983. The new reimbursement system, which was built on a patient classification system known as diagnosis related groups (DRGs), applied to inpatient hospitalizations in most U.S. hospitals, although certain types, such as psychiatric and rehabilitation hospitals, were excluded from participation initially.

[Guterman, S., and Dobson, A. (1986, Spring). Impact of the Medicare prospective payment system. *Health Care Financing Review*, 7(3), 97-114. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/HealthCareFinancingReview/Downloads/CMS1191951d.pdf>]

<sup>11</sup> Leslie N. H. McLeod, Ed.D., served as CEO at Cambridge Hospital (Cambridge, Massachusetts), at Huggins Hospital (Wolfeboro, New Hampshire) and was Professor of Health Management & Policy at the University of New Hampshire. [New Year marks launch of GraniteOne Health. (2017, January 4). *GraniteOne Health*. <https://www.hugginshospital.org/resources/news/new-year-marks-launch-of-graniteone-health>]

UMass Memorial, too. Everyone said, “The hospital is Mecca. Everyone is going to come to these huge buildings that we have.” I said, “No, people are going to want convenience. They’re going to want lower cost. They’re going to want something that’s accessible, with parking.”

Les McLeod said, “We’ve never billed in the health centers.” We were cost-based back then with Medicare. He said, “That’s all disallowed cost so that comes out of our base for reimbursement because you can’t claim cost for something that you’re not billing for.” I said, “Oh, I’m up for that.” I was 25 or 26 years old. “I’ll go meet with community members about billing.”

**GARBER:** What were the patients against related to billing? Was it because when they went to the outpatient clinic, there was no charge at all?

**O’BRIEN:** Yes. It was free care. People were going in with the most minor of ailments. They would see the nurse practitioner. They were beloved, the nurse practitioners. Many of them were bilingual and bicultural and it was convenient. This change, they thought, was going to evolve into something intrusive. “John O’Brien has told us that it’s going to be three dollars.” If someone couldn’t afford that, we would ask them to fill out a free care application. That was somewhat intrusive to ask people for information about their background.

I remember my first meeting. It was Area 4, down in the Windsor Street area, and it was with a community group of activists. To this day, some are good friends. That’s more than forty years ago. I went to meet with them and you would have thought I was Satan when I came in with this idea of billing. I said, “We’re going to have a sliding fee scale.” I had studied this before I went out there. This was less than a month after I started working. I knew nothing. I didn’t even know how to get to the meeting house. They asked me to explain the whole thing. I said, “Well if you make, \$8,500, it will be three dollars per visit. That’s going to be the minimum.” They were looking at me like, here’s this white Harvard-educated kid from Arlington who probably comes from plenty of money bringing in the idea of billing.

I eventually got them bought in. I said, “These places are going to close. If we don’t do this, they’re going to close. It’s happening in other communities. Trust me.” We made it work. For the first few weeks, each day we had little metal boxes and there was a billing sheet with three or four different codes for the visit. There was cash for the visit. I would personally go and pick up the boxes at five or six different sites. People would be scowling at me. We’d bill if they had Medicare or Medicaid – in our community, there weren’t a lot of Blue Cross and commercially-insured people. In the first set of Medicare cost reports for the next year, we found that we’d gotten \$20,000 cash from the clinics, but we also picked up several hundred thousand dollars in reimbursement.

That was the beginning. Over time we got them on our computer system. The health centers are still under threat and a few of my successes closed. Community health centers throughout this country are such an important fabric. They’re like safety net hospitals. Some people in Boston are never going to get their health care anywhere other than the health center down the street, because the people look like them, they speak the same language, they’re neighbors of theirs, and it’s a lot less expensive than going to one of the big academic health center hospitals in the area.

**GARBER:** That’s an insightful story. You mentioned that Les MacLeod left the Cambridge

Hospital. That was in 1981, I believe. Dr. Melvin Chalfen<sup>12</sup> was in leadership next for a few years.

**O'BRIEN:** Mel Chalfen, a physician, was active in public health, eventually becoming the Commissioner of Public Health for the City of Cambridge. The commissioner was responsible for the hospital and the nursing home and a variety of other elements. Mel was a wonderful gentleman. He lived in Cambridge, an extraordinarily bright guy, a physician-scientist. He was wonderful for Cambridge at that time for a variety of reasons.

Mel was the commissioner in Cambridge at a time when we had a lot of DNA research going on in the labs in Cambridge. When Mel was there, AIDS became a significant concern in this country and throughout the world. Mel was there at that time to help guide the health programs in Cambridge to understand and adapt to that. AIDS hit Cambridge and Boston hard.

When I took over as the head of the hospital, AIDS was of epidemic proportion. We had a wonderful medical staff that was on the cutting edge, not only about the science and the medical aspects of AIDS, but also on the ethical side. It was enormously helpful to get the guidance of our physicians. Dr. David Bor<sup>13</sup> and some others were critical at that time in thinking through not only how to treat the people affected by this, but also their families and the community. Throughout my career, the guidance that physicians and nurses have provided has been valuable, not just in understanding the science and how to construct programs, but in navigating our way.

**GARBER:** In 1995, the Cambridge Hospital was listed as being part of the Pathway Health Network. What was the Pathway Health Network?

**O'BRIEN:** Back at that time, everyone was forming alliances like Partners HealthCare, which is one of the most prestigious health care systems in the country, with Mass General Hospital and The Brigham and many other health institutions. Everyone was looking for alliances. We had a challenge to think about – which network would we join? The MGH-Partners network, or would we align ourselves more with the BI-Deaconess team? We had to evaluate this at the Cambridge Hospital. We went on a retreat and tried to work this whole thing through. We did scenario planning and came back from the retreat saying we want to create peace with both of them.

Our physician leaders and some of our other leaders gave me the task to go and negotiate with both the systems. We were able to strike a deal and create peace with them. I remember the head of Partners at that time said to me, “I hate this deal but I’m going to go along with this because the Cambridge Hospital and the Cambridge Health Alliance play an important role in our community.” It ended up being the headlines of *The Boston Globe* a week or two later. Our attorney general, Scott Harshbarger, called me and said, “I really don’t like this deal but we’re going to figure a way to make sure that this thing is legal.” So we created peace, both with MGH, with whom we were very closely

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<sup>12</sup> Melvin H. Chalfen, M.D., served as Commissioner of Health for Cambridge, Massachusetts. [Cambridge Health Alliance. (2017, December 20). Annual Chalfen lecture on public health December 20. *News release*. [https://www.challiance.org/community/events/annual\\_chalfen\\_lecture\\_on\\_public\\_health\\_december\\_2\\_4110](https://www.challiance.org/community/events/annual_chalfen_lecture_on_public_health_december_2_4110)]

<sup>13</sup> David Bor, M.D., was named chief academic officer of the Cambridge Health Alliance in 2015 after serving as chief of medicine for 21 years. [Cambridge Health Alliance. (2015, June 18). Cambridge Health Alliance names David Bor, MD as first chief academic officer. *News release*. [https://www.challiance.org/about/newsroom/cambridge\\_health\\_alliance\\_names\\_david\\_bor\\_md\\_as\\_fi\\_892](https://www.challiance.org/about/newsroom/cambridge_health_alliance_names_david_bor_md_as_fi_892)]



tied, and Beth Israel, working with Dr. Sam Thier<sup>14</sup> from the Partners System, and a legendary leader in health care, Dr. Mitch Rabkin<sup>15</sup> from Beth Israel.

**GARBER:** Why was there pushback about this deal?

**O'BRIEN:** Probably because of competitive issues with the other system. When Partners formed there was much concern, as there is today – they are a formidable entity. I always had tremendous respect for both organizations. It's lost on a lot of people that they are not simply incredible medical establishments, both clinically, teaching and from a research perspective, but both of those systems do remarkable work in their community.

Mass General Hospital was the recipient of the Foster McGaw Prize a few years ago. I knew that because I know the neighborhoods they were working in – Charlestown, Revere and Everett. People over there, particularly the ones that run health centers in community-based organizations, had such respect for Mass General Hospital that it was truly impressive to see this large, dominant organization in these neighborhoods. They know the head of the Boys and Girls Club and work with them. BI is the same way.

**GARBER:** Do you know of other examples of a hospital or small system that becomes part of two other competing systems?

**O'BRIEN:** I can't think of one off the top of my head. We didn't corporately integrate with them. We aligned with them for contracting, teaching and public health research. It was also a good move on their part because they had access to a well-run organization in a community that was diverse and progressive in ways relative to public health and population health.

**GARBER:** Did it affect the referral relationships at all?

**O'BRIEN:** No, there were relationships between the medical staffs that had existed for twenty years or more that we wanted to protect on behalf of the patients that we served.

**GARBER:** How did the Cambridge Hospital become the Cambridge Health Alliance and how were more hospitals added to the system?

**O'BRIEN:** Public hospitals have a unique set of challenges. They are often simply a department of the municipality with the same requirements related to personnel hiring, firing, civil service, procurement. Acquiring a property is extraordinarily difficult when you function as a municipal entity. Public hospitals at the time were all looking for new structures. The environment was getting competitive but public hospitals were often excluded from a lot of the merger, acquisition and network activity.

We worked with the National Association of Public Hospitals – now called America's

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<sup>14</sup> Samuel Thier, M.D., served as president of the Massachusetts General Hospital and president/CEO of the Partners Healthcare System, among other prestigious positions, and is currently a professor emeritus at Harvard Medical School. [Harvard Medical School. *Samuel Thier, MD*. <https://hcp.hms.harvard.edu/people/samuel-thier>]

<sup>15</sup> Mitchell Rabkin, M.D., served as president of Beth Israel Hospital and is a professor at Harvard Medical School. [Beth Israel Lahey Health. *Mitchell Rabkin, M.D.* <https://www.bidmc.org/medical-education/center-for-education/faculty-and-staff/mitchell-rabkin-md>]

Essential Hospitals – on identifying the best structure for us, which was a public health authority. It took about a year, working with our staff and our board to get them to buy into the idea of looking different. There was a lot of opposition. Cambridge Hospital had turned around. We were getting a lot of positive feedback about the quality of care that we were providing, about the quality of people we were now able to recruit.

We had been awarded the Foster McGaw Prize. We were on NBC Nightly News with Tom Brokaw the day that we received that award. We all had the opportunity – the mayor, our board chair and everyone – to meet Hillary Rodham Clinton, who came to the AHA annual meeting that year and who mentioned us in her speech at the annual meeting.

People didn't want to change. When you start preaching that catastrophe is coming because we're unable to compete and adapt in this new world, why are people going to believe that when everything just seems to be fine and dandy? We had to build some buy-in. That took work particularly with the Cambridge City Council which would ultimately have the say on this.

We had a lot of support with the Cambridge City Council. They were progressive and we were progressive relative to meeting the needs of a diverse population. For example, we were opening a beautiful teen health center at Cambridge Rindge and Latin School. We not only provided behavioral health and a whole array of medical services but also, because of the demands of the students, the faculty and the community, introduced some other programs that were controversial, such as distribution of condoms at the school as well as contraceptives for the young women.

When I came to Worcester to run the UMass Health System, the superintendent of schools called me, and we met. He said, "I heard about you and Cambridge and Somerville, when you opened up the teen health center there, and you introduced contraceptives at those schools. Is that something that you would be entertaining here in Worcester?" – a very different community, very conservative. I said, "We should worry more about fluoride in the water than contraceptives in the school," seeing that the community had defeated having fluoride in the water on two or three different ballots. I said, "Let's go slowly."

We did that and it was well supported by the school committee and by the city council, as was our response to a variety of other public health issues. I had become the commissioner of health and took over those responsibilities at the request of the city manager. I brought in a public health director underneath me and brought in public health experts who were more knowledgeable than I was in the area of public health. I knew a lot about community health and population health, but a public health expert I was not and acknowledged that. Dr. Mel Chalfen was very helpful in serving as an assistant in that capacity.

Eventually, we got the support of the city council, board and our staff, and created the Cambridge Health Alliance. Shortly after that, the hospital in the neighboring community of Somerville, which had gotten into a lot of financial trouble and a variety of other problems relative to a lack of support in the community, approached us about merging. This was basically an acquisition, but if a merger worked better for them, that worked for me as well. After becoming a public authority, we acquired them.

That was a significant endeavor – not necessarily the legal issues or the financial issues – I knew we could those work out. I had a lot of respect for the leadership there. Culturally, it was a very

different outfit. We were a small academic institution in Cambridge, which was fairly left, very progressive and Harvard-affiliated. They were a community hospital in a much more conservative community. That was a bit of a hoist for us to make that whole thing happen, but it did come about, and it came about principally because we could do it as a public authority.

**GARBER:** How did you meld the cultures?

**O'BRIEN:** One of the first things – and it took a lot of work – was to treat people as equals. If we came into that community thinking that we were bailing them out, that type of mentality and that type of approach was going to fail with their board, with their medical staff and with their administrative leaders. I encouraged all of our people to be respectful.

That was going to be difficult because I also had the sense that if there were difficult issues to deal with – we shouldn't put them off until tomorrow. There were issues relative to the credentials of their medical staff that were inconsistent with the requirements of our medical staff. To get over that was going to be a difficult ride.

We did take those issues on, and we were able to bring the two organizations together. The leader of that hospital decided on his own to move on not too long after the merger. I had tremendous respect for him. He had a place on our team but that also made things go more smoothly. We had a couple physician leaders who stepped up to move over to the Somerville campus and to facilitate the merger and the acculturating of both organizations. It was difficult. It was a lesson for us and something which was beneficial to us as we then took on another acquisition a few years later with the Whidden Hospital.

Both of those served us well, because Cambridge at that time was starting to become gentrified. Rent control was now banned so housing rose to market rates. People were getting displaced. Communities of color were getting displaced to Somerville, Everett, Revere. The acquisition of the Somerville Hospital and the Whidden Hospital in Everett was natural because a lot of our core population – immigrants, in particular – was being displaced to those communities. We had capacity to effectively provide care and service to those individuals and their families. It was a natural evolution. These were populations which were primary-care based. Our strong multi-cultural, multi-lingual, behavioral-based programs were beneficial to some of our immigrant communities.

We had an OB program that was staggering for a number of years. Women in the community and some women on our staff introduced the notion of midwives. This became a movement in Cambridge. We recruited several midwives and now the program is prospering. It was one of the highlights of my career. It became well received not only with women from communities of color and minorities, but also with wealthier individuals, faculty from Harvard and MIT. Both of those acquisitions worked out well for us culturally.

**GARBER:** How far apart are the three hospitals?

**O'BRIEN:** Fairly close. In Boston, we're accustomed to a hospital on every block. They're probably in a radius of 10 miles.

**GARBER:** Do they all carry the Cambridge Health Alliance name, is it "Cambridge Health Alliance – Whidden Campus"?

**O'BRIEN:** Exactly.

**GARBER:** Was there any effort to right-size services?

**O'BRIEN:** Yes, and we let people know that there were going to be changes – both the Somerville Hospital and the Whidden Hospital were struggling financially. We were saying that there would have to be some rationalization occurring over time. It turned out to be not that disruptive. Some of it happened after my tenure at the hospital, when they faced some more serious challenges, and there was consolidation of inpatient services and behavioral health, because there was an abundance of behavioral health beds, psychiatric beds and addiction beds.

Throughout the country, behavioral health services are the Achilles heel of the medical system. We're going to have to do something about this and pay hospitals more fairly for behavioral health services and more adequately pay and reimburse our physicians and clinicians that provide that work. We had psychiatrists who were extraordinarily well-trained but making less than a primary care doctor and it was completely unfair.

**GARBER:** Is there anything else that you'd like to say about your time at the Cambridge Health Alliance?

**O'BRIEN:** Two individuals had the biggest impact on my first 25 years of work. One was Rick de Filippi,<sup>16</sup> who is a legend in health care. I first met him when I came to the Cambridge Hospital in 1976. He was on the board at that time and was committed to the community, to the hospital, to the people who worked at the hospital, to the people that we served. He was an inspiration to all of us. Every once in a while, we'd be challenged with a certain dilemma, and I would think to myself, "What would Rick do?" He is a brilliant guy – Ph.D. from MIT. He's the most ethical person I've ever met. If I would think it through and still be unsure, I'd just give him a call and he'd be there, through thick and thin.

I introduced him to the governance of health care with Mass Hospital Association. He took it from there, not only culminating being the chairman of the American Hospital Association Board of Trustees, but he's still there helping in various associations. Rick has been a guiding force for the American Hospital Association and for the people that we serve throughout this country. It's been inspirational and he's a great friend.

As we were recreating ourselves – the Cambridge Hospital, the Cambridge Health Alliance – there was doubt by the city of Cambridge as to whether we were doing the right thing. Prior to my taking over, their relationship with the hospital was uneven. A lot of people thought it was a waste of money. We had other good hospitals nearby like Mount Auburn Hospital in Cambridge or Mass General on the other side. People were questioning the need for a city hospital, to say nothing of when we tried to become a more independent institution, as we did with Cambridge Health Alliance.

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<sup>16</sup> Richard P. de Filippi, has served as managing partner of Ariano Partnership, chairman of the American Hospital Association Board of Trustees and chairman of the Institute for Diversity in Health Management. [American Hospital Association. (2015, February 19). Meet the 2015 IFD board of directors. *Press Release*. <https://www.modernhealthcare.com/article/20080724/NEWS/660739165/de-filippi-is-aha-s-next-chairman-elect>]

Bob Healy,<sup>17</sup> the city manager of Cambridge, was fiscally conservative but socially progressive. He was always at our side. I worked for Bob first as the department head of the Cambridge Hospital, and then as the commissioner of health. He remains a dear friend.

A lot of Bob's reports and the people he worked closely with, who were also good friends of mine, had some doubts about certain things that we would do, whether it was creating the Cambridge Health Alliance and the public authority, or when we undertook a complete renovation of our main campus. This was going to take about eighteen months of work. It's an active community in mid-Cambridge. We were able to get their support but it took over 100 community meetings with them. Bob always challenged me and had terrific questions, some of which forced me to rethink things. Ultimately, at the end, he was with us. None of the success of the Cambridge Hospital would have happened without Bob Healy.

**GARBER:** The next career move that you had was to UMass Memorial. How did that opportunity come about?

**O'BRIEN:** My closest boyhood friend was Mike Foley.<sup>18</sup> Mike and I were inseparable from grade school through high school. We used to walk to school together. We used to walk home together. We played sports together. We double-dated together when we were in high school. Mike eventually moved on to become a terrific physician. He's no longer with us. He died far too young.

I was at the Cambridge Health Alliance one Saturday when he was rounding. I got on the elevator, bumped into him, and he said, "You've got to go up and straighten out the UMass Memorial Health Care system." He was on the board, and he was a UMass Medical School grad. He had close ties. He said, "There's a lot of turnover, there's a lot of issues. They're financially hemorrhaging." I told him, "Go do your rounds. I've got to go home." I wasn't going to entertain another position. That wasn't in the cards. I was very happy with what I was doing and very committed.

Three or four months later, I saw him again and he said, "You've got to go out there. You've got to help us out." I really had no interest. Finally, the search firm that was doing it got hold of me. The recruiter was good at what she did, and she said, "Just have dinner with me." I said, "Sure, I'll have dinner but I'm not moving." Everyone says that before they get recruited! We had dinner over at the Copley Plaza, she and another fellow who was a physician. They were telling me a story and I was fascinated by it. If I took the position, I would be the fourth CEO in 27 months. I said, "Well, if I come there, you're going to have to give me a long-term contract, because you guys go through CEOs like people go through bottles of drinking water."

I went home and kicked it around. I read up and prepared for it and interviewed with the staff up there, met a few people, and ultimately agreed to meet with the search committee. I agreed to become part of the search under the stringent requirement that it be kept confidential. If anyone is

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<sup>17</sup> Robert W. Healey served as the city manager of Cambridge, Massachusetts, from 1981 until his retirement in 2013. [Robert W. Healy. *MIT Infinite History*. <https://infinitehistory.mit.edu/video/robert-w-healy>]

<sup>18</sup> Michael T. Foley, M.D., (d. 2013), a gastroenterologist, served for 15 years on the board of trustees of the University of Massachusetts and for nearly a quarter century as the physician-in-attendance at Fenway Park in Boston. [Dr. Michael T. Foley, 63: Former Fenway Park's doctor-in-residence. *The Boston Globe*. <https://www.bostonglobe.com/metro/2013/12/29/michael-foley-physician-elizabeth-had-been-fenway-park-doctor-residence/sNrB3LYkgxZWaWHdlabMhK/story.html>]

reading this, if you're entertaining another job offer, be aware of the fact that news breaks.

I eventually met with the search committee over at Logan Airport. It was a very enjoyable interview. I knew more about what the real issues were in the organization than many of the people on the search committee. They were saying, "The quality of care is extraordinary," and I said, "Not really." They said, "Why? Where did you get your information?" I said, "If you look at Healthgrades, if you look at the CMS data, there are a variety of issues relative to mortality, etc. It's a very good organization but there are issues that are going to have to get dealt with. The finances are a lot more unstable than I think you're describing in the position description, relative not only to the income statement but also to the balance sheet. One of my strengths is finance." It was a nice, very enjoyable conversation, particularly with some of the physicians on the committee about culture among medical staff. I could understand that and have tried to work with some of the challenges there.

I met a friend of mine afterwards and I said to her, "I'm in. I'm going to go after this." The headhunter of the search firm called me, and she said, "I heard you did a great job today. They're going to narrow it down tomorrow," which was a Sunday, "I'll give you a call Monday to let you know if you're going to move on to the next round."

When I got to work on Monday, my assistant said, "You've got a call." It was the search firm. She said, "Good news!" I said, "Oh, good, I'm moving on?" She said, "No, the job is yours." I said, "What?!" She said, "The job is yours. They don't want to go to a narrower list." I said, "I don't know. I've got to think this over." I thought there would be a little bit of a process and that I'd have two or three weeks. I said, "Can I give you a call tomorrow?" I thought it over and kicked it around with my mentor and a couple other people. I said, "I'm going to give this thing a shot." I called back the next day and said, "I'll do it."

**GARBER:** About how old were you at that time?

**O'BRIEN:** I was 52. It was a good time for me to move. I had been at Cambridge for my entire career. That was a good time in life. My kids were of an age where that would be a good time. It was a little nerve-wracking because Cambridge was my life. I grew up there in the area, went to school there, went to Harvard, worked at Cambridge Hospital for 26 years, spent more than half my life living or working in Cambridge. To go out to Worcester in Central Mass – I needed GPS to get out there. It was a good move. A couple people close to me said that this is going to be great, this thing is cut out for you. You're a turnaround guy, and you'll like the people.

I'll fast-forward to the day I retired. They had a little piece in *The Boston Globe* – UMass exec retires after however many years in the business – 36 years. All my friends from Boston called and said, "This is great, you're coming home." I had moved out there. I said, "I'm home now." Now I live in Sutton, Massachusetts, which is a little bit more of a rural town.

**GARBER:** You referred to town/gown issues. What does that mean and how did you overcome them?

**O'BRIEN:** The merger was between UMass Medical Center, which was publicly owned – part of the UMass Medical School – and Memorial Hospital, which was a large medical center led by

Peter Levine<sup>19</sup> – terrific individual, a physician – and several other smaller entities. Memorial Hospital was academic in that they had some training programs, but it was pretty much a private medical staff.

When UMass, which had a large faculty group practice who all worked for the Commonwealth and were all part of the faculty of the medical school, came together with a private community group, that was a difficult connection. When I came, the medical school was promoting the idea of a closed practice – that all the physicians were going to be part of the faculty group practice, or they weren't going to be practicing medicine as part of the system. There were two camps.

There were many of the faculty docs who felt that the private physicians were key to our success. I thought so as well. I talked to a number of people. Some people were really obstinate about it and wouldn't listen to an opposing view.

I sought the guidance of Dr. Steve Tosi,<sup>20</sup> our chief medical officer, who was instrumental in our success and was a key confidante of mine. He was critical to our team. Steve came out of the private side, and he and I talked through the issues.

I said, "Steve, I've made my mind up. We're going to have a pluralistic staff." He was fully in support of that. I said, "I'd like to talk to the medical staff about that. Do you have medical staff meetings periodically? Could you send a note out from the two of us to say to the medical staff that I'd like to talk about this, the future structure, about my plans for the organization and our plans for the organization going forward, including the structure of the medical staff?" He said, "Okay."

He sent it out a month earlier than the date of the meeting. Over the next few weeks when I'd bump into him in the hallway, he'd say, "We're going to have a lot of people coming to this meeting." I said, "I thought we would get them there." We met in a big auditorium. I remember walking in with Steve and the place was packed. Not only was every seat filled, but physicians were sitting two abreast in each of the aisles. It was wonderful. I said, "Steve, you can stay up with me, or you can sit down." He said, "I'd rather sit down and take the whole thing in." I explained to them my rationale.

I said to them, "We're going to have difficult times ahead. I'm confident that together we're going to succeed, and we're going to succeed as a team and as a family, both the faculty docs and the private physician community that, parenthetically, admits about one-third of all the patients that come to our hospitals every single day." This worked out well. Steve and I walked out of that room, high-fived, and we were on our way.

**GARBER:** Do both of the legacy hospital facilities still exist?

**O'BRIEN:** There has not been a consolidation. There has been some reconfiguration of beds, but it has not been significant. There was a push by the medical school and some of the die-

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<sup>19</sup> Peter H. Levine, M.D. (1938-2009), a hematologist, served as president and CEO of UMass Memorial Health Care after having played a key role in the 1990s merger that created the medical center. [Nicodemus, A. (2009, December 16). Dr. Peter H. Levine dies, was UMass Memorial's first CEO. *Worcester Telegram*. <https://www.telegram.com/article/20091216/news/912169979>]

<sup>20</sup> Tosi, Stephen E., M.D., a urologist, serves as senior vice president/chief physician executive at UMass Memorial Medical Center Medical Center. [UMass Memorial Health Care. *Stephen E. Tosi, MD*. <https://physicians.umassmemorial.org/details/1693/stephen-tosi-urology-worcester> ]

hard prior medical center faculty to consolidate the two hospitals. I was completely opposed to that, not necessarily only for financial reasons, but certainly partly for financial reasons. I asked my head of facilities what would be entailed in this. He was talking to me about ICU beds costing on a buildout a million dollars for one bed. He said we could find a space on this huge campus that we have to build to replace the beds over there. He said it would probably cost about a billion dollars.

It was more cultural about this issue – the legacy of Memorial. A lot of people wanted to just drop the Memorial name. I would talk to legacy physicians and community supporters and people who had given generously to the hospital over so many years. They were totally opposed to it. That's where all the births happened – there were about 4,000 deliveries a year at Memorial. Many people were born in that hospital. They didn't want that to happen.

**GARBER:** You were succeeded by Dr. Eric Dickson.<sup>21</sup> Do you have thoughts about the advantages or disadvantages of having a physician as CEO?

**O'BRIEN:** For academic medical centers, I think it's preferable to have a physician. That's increasingly so today, particularly with the dynamics around medical staff and particularly around the fact that there are so many physicians that have such strong business acumen, like Eric Dickson.

When I became the head of UMass Memorial, they needed to have someone who knew something about turnaround and merging cultures, whether that person was a physician or not a physician. Throughout my career, I always had two or three physicians right by my side, because an important part of leadership is knowing what you don't know. I would never try to pretend – when people would use medical acronyms, it never bothered me to ask what they were talking about.

It depends upon the situation. For a community hospital, if you can get a real strong individual, whether he or she is a physician or not I don't think is as important. At an academic medical center, where you have training and research going on, you have a lot of different agendas. Physician/scientists have loyalty, of course, to great science and great medicine. Sometimes that's paramount to the organization itself. You have to understand that, and you have to deal with that. It's like when you say, "Why won't the faculty do this and get behind this," you have to understand that what's driving them is not necessarily what's driving you, looking at the whole.

When I wanted to retire, my boss, the chairman of the board, asked whether I would entertain staying a longer period of time. I said, "I love you like a brother, but I've got other things to do." I wanted to do advocacy for low-income individuals relative to health coverage and access to care, because obviously health insurance doesn't guarantee access. I said, "Secondly, you need somebody new. My skill set was good for yesteryear, the way I came up. It's all changing so rapidly." Eric is much better qualified to do that job today than I would be, and he's doing an outstanding job. He's much more suited to the health care environment today.

**GARBER:** I'd like to move on to discussing some concepts, specifically, governance, leadership style and the Foster McGaw prize, and then move into your most recent career activities.

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<sup>21</sup> Eric W. Dickson, M.D., a professor of emergency medicine, was named president and CEO of UMass Memorial Health Care in 2013. [UMass Memorial Health Care names Dr. Eric Dickson CEO. (2013, February 7). *Becker's Hospital Review*, <https://www.beckershospitalreview.com/hospital-executive-moves/umass-memorial-health-care-names-dr-eric-dickson-ceo.html>]



Could you compare the boards at the Cambridge Health Alliance with UMass Memorial?

**O'BRIEN:** Quite different. Cambridge originally was an appointed board. It was governmental and had a bit of a political leaning. It was oriented towards public and community health, which was important to me. I really enjoyed that part of the work, rather than the technical aspects of running a hospital. I enjoyed community health. I enjoyed public health. I liked working in the neighborhoods.

When I think of the highlights of my career, I think of Bell Hill, which is a portion of Worcester, where we did housing for first-time homebuyers. One of the finest times in my life as a health system leader was when we renovated or built twenty new units that bridged a hill between the Memorial campus and the University campus. It was a neighborhood that was rundown, with crack houses and vacant lots. We worked with the city and the state community development corporation and others.

My senior vice president and I went to the ribbon cutting with state and city officials. We did give preference to our own staff when the units were sold. We gave preference to low-income employees first. A young woman who worked in dietary services at UMass Memorial spoke. She said, "I'm a single mom. Not only do I live in a home that I own" – it was a duplex – "but I'm a landlord." My VP and I just looked at each other and said, "It doesn't get any better than that."

That was out in Worcester, where we had people who felt strongly about community health. Cambridge was very much that way – the board at Cambridge treasured things like that. I would say that the board at UMass Memorial was a little bit more corporate-oriented. We had lawyers and finance people but we also had five medical school representatives who were part of the enabling legislation that allowed for the merger. The chancellor of the medical school and the dean of the medical school would serve on the board as well as three people that they selected. I understand why that would happen – to protect the interests of the school. It can also be a bit divisive because although they're all very well-meaning people, when you come to the table, who are you representing? Are you representing the interests of the medical school? Are you representing the interests of the larger organization?

I don't select one structure over the other. They're by-products of the history of both of those organizations.

**GARBER:** How big were each of the boards?

**O'BRIEN:** Probably somewhat similar in size. Cambridge was about fifteen people and the Board of UMass Memorial was nineteen people.

**GARBER:** You mentioned that the board of Cambridge was appointed. What was their background?

**O'BRIEN:** It ranged. It was the full spectrum. You had Rick de Filippi – with a Ph.D. from MIT, and others with strong academic backgrounds. They had a keen interest in public health, were interested in the hospital, and were a little bit more ahead of their time relative to building a healthier community, and really set the tone for the entire organization.

Then you had people who lived in the neighborhood, born and bred, who were advocates for

women's health or whatever it might be – lovely people who were really representative of the community. I had a long-time board member who was a retired nurse practitioner, Estelle Paris.<sup>22</sup> She was our role model, not only for the clinical people but also for all of us administrators. She set the tone for all of us. She lived in the community, she was of the community, she worked in the community. She was the perfect board member, because she also knew the business of health care. She understood the finances and could balance the fact that resources are limited.

**GARBER:** On the UMass Board, you mentioned the medical school chancellor and the medical school dean. What's the difference between the chancellor and the dean of a medical school?

**O'BRIEN:** Dr. Terry Flotte<sup>23</sup> is the dean of the medical school right now. He's been there for probably a little more than a decade. He's a physician/scientist and is responsible for the training of all of the 530 or so medical students. Now there are more students than when I was there. They're growing the size of the class, which is needed.

The chancellor is responsible for all of the schools, such as biomedical sciences. We have a large nursing school for masters and doctorates in nursing. The chancellor has broader responsibility. He reports to the president of the entire five-campus system of UMass and has responsibilities in the state Capitol. He has more of an external relationship, leads a lot of the fundraising and the philanthropic efforts.

**GARBER:** What does the org chart look like?

**O'BRIEN:** Dean reports to the chancellor.

**GARBER:** Where did you fit in?

**O'BRIEN:** I was not part of that because when UMass Memorial was created, the UMass Medical Center, which was part of the public system, the state system, was separated and became part of the newly created UMass Memorial, which is a 501(c)(3), a not-for-profit separate organization. The state still has a say in UMass Memorial's activities as a non-profit by the board membership.

All of the faculty of the medical school – and of the chancellor's responsibility – the great majority of them are employed by UMass Memorial because they're physicians of our faculty group practice, which is about 1,100 physicians that work within the clinical system.

The UMass Memorial clinical system has in total about 1,900 physicians. About 700 of them are private physicians with academic appointments, because we have trainees that they take responsibility for, and they work in one of the many communities. The service area encompasses about a million people.

**GARBER:** What are the characteristics of a good board chair?

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<sup>22</sup> Estelle W. Paris (d. 2017) served as a nurse practitioner at the Cambridge Health Alliance. [Estelle W. Paris. <https://www.legacy.com/obituaries/bostonglobe/obituary.aspx?n=estelle-w-paris&pid=185741169&fhid=14237>]

<sup>23</sup> Terence R. Flotte, M.D., a pediatrician and expert in human gene therapy, serves as dean of the UMass Medical School (Worcester, Massachusetts). [UMass Medical School. Terence R. Flotte, MD. <https://www.umassmed.edu/dean/biography/>]

**O'BRIEN:** First of all, the role of a board chair is not the exact same role as a board member. You have to realize that your job is a different job. Your job is not necessarily to control the conversation, for instance. It's to get the best out of the board and to get the inclusivity of everyone at the table.

Some people are not as outgoing as other people but have incredible value to contribute to the conversation. You have others who don't want to do anything but talk. As a board member, every once in a while, I did that.

A good board chair gets the best out of each and every board member and gets the best out of the CEO, too. I remember Rick as my board chair or Dave Bennett<sup>24</sup> as my board chair – every once in a while they would pull me aside at the end of a meeting and say something like, “You weren't at the top of your game in that conversation in there.” They'd say that in private, and give me a little coaching, because maybe I'd gotten heated or defensive about a certain issue when I didn't think the board was getting it.

A good board chair has the same attributes of a good CEO – humility, ability to listen, organization. You have to be organized as a board chair to understand what the issue is before you, throw it out there for a debate so that you know the nuances and are on the same sheet of music with the CEO.

A good board chair is supportive of the CEO but at the same time holds the CEO to high standards. A good board chair should give firm feedback to the CEO when they're not really fulfilling their responsibility.

A good board chair should be transparent with the CEO. If there is an undercurrent among the board that maybe the CEO doesn't see or hear, the board chair should share with the CEO that, “You may not be observing this, but people are unhappy about this issue,” so that the CEO can correct himself or herself and correct the path so as to stay out of trouble.

**GARBER:** Do you have suggestions as to the most effective way for the CEO to work with the board chair?

**O'BRIEN:** Reflecting upon some of the lessons that I've learned is not to be overly defensive. I found the times with my board chair, or with the board generally, when I felt threatened or defensive, that people weren't hearing me or weren't being as supportive as they should be, were good times to have a timeout and to do a bit of a check about what was happening.

Being a CEO is a lonely job. You have thousands of people around you and everyone wants to give you advice. When it comes down to it, particularly when something goes wrong, you're on your own. There are moments in your career that are lonely, when you're isolated, and it's not during the high points. Leadership is learned on the downtick.

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<sup>24</sup> David Bennett has served as board chair at UMass Memorial Health Care. [UMass Memorial Health Care names new president and CEO. (2013, February 5). *News release*. <https://www.umassmed.edu/news/news-archives/2013/02/umass-memorial-health-care-names-new-president-ceo/>]

Having a good consigliere, a good counselor, by your side is helpful. Linda Borodkin,<sup>25</sup> who worked in organizational behavior, and I had a compact that she'd come to board meetings and she'd watch my behavior. She was great at giving negative feedback without making me feel all that bad about it. She would sit in with my team if we had a difficult issue to deal with and observe how I conducted that meeting, and she'd give me evaluative feedback afterwards.

She'd start out with, "During that thing, you did a really nice job." Then she might say, "When there's trouble, when a difficult decision happens, you try to control the conversation," which is a normal reaction, I think, because you think you're the smartest person in the room. You want the best outcome, so you think you should control what's going on, and that's not necessarily the way to conduct yourself. That was helpful for me, and I'd encourage other people to do that.

My coach over the years was Jack Silversin.<sup>26</sup> Jack does a lot of organizational development work, particularly for physician groups. I'd walk through an issue with him, and he'd help me think it through and then he'd give me some constructive feedback.

It might be that I would pull my punches with a team member who I didn't want to upset so then that person would continue a certain type of behavior that was bothersome to me. I'd review with Jack and he'd say, "Did you give this person the correct feedback?" I would say, "No, I'm a little uncomfortable with that." He would say, "Well, this is your problem. If you have an issue with this individual present your feelings and express it. If you're going to let it simmer, that issue is not going to get corrected." That helped me change my behavior a bit. That's important for a CEO. I am far from perfect in doing that. When I would be organized and get that type of feedback and act on it, it made life a lot easier.

**GARBER:** I'd like to talk about the Foster McGaw Prize, how the Cambridge Hospital came to be an award winner and what your involvement has been subsequently.

**O'BRIEN:** The Foster G. McGaw Prize has been a very important part of my life for 25 years – since we won it. At the Cambridge Hospital we had been doing a good job as a result of leadership from physicians and nurse practitioners and others who were focused on the community. These were well-trained people who were interested in a variety of issues facing our community, a lot of which had to do with poverty and a variety of other issues, such as AIDS. They were deeply committed to dealing with the challenging issues that were facing the people that we were serving and came up with creative solutions how to deal with things.

For example, in Area Four, with a large Latino population, we introduced behavioral health in the same health center with primary care, so that somebody who came in with a medical issue, but also had an overriding psychiatric issue, could go right down the hall and not have to go through the whole stigma of a referral to the psychiatric clinic up at the main hospital. You could talk to a Spanish-speaking MSW – master of social work – about issues and be able to get right on top of it.

We were doing a lot of things that were working. We were already moving more towards

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<sup>25</sup> Linda M. Borodkin (d. 2015) served as a vice president of the Cambridge Health Alliance. [Linda Mae Borodkin. *The Boston Globe*. <https://www.legacy.com/obituaries/bostonglobe/obituary.aspx?n=linda-mae-borodkin&pid=174226895>]

<sup>26</sup> Jack Silversin, D.M.D., Dr.PH., is founding partner of Amicus, a consulting firm related to organizational culture, physician-organizational relations and physician leadership. [Amicus. <http://consultamicus.com/>]

preventative health and getting upstream and reducing the burden of illness in our community. It was all as a result of creative solutions and commitment of people who were working in the trenches, day in and day out. A lot of it was our neighborhood health centers, too, because they were in housing developments. They were in difficult neighborhoods. There was a Portuguese clinic right in the middle of a huge community of Portuguese speakers – Brazilians and people from the Azores and from Portugal. It was creating a culture of caring for all of these people.

I had been talking to one of the prize committee members, John Dunlop – the dean of Harvard undergrad, and when I was there, became the Secretary of Labor under Jerry Ford. I said, “Professor Dunlop, it’s been great seeing you again. Are you going home now?” He said, “No, we’re on our way to Dallas.” I thought, “Oh, shoot.”

Afterwards, I was talking to Linda Chin,<sup>27</sup> who had put the whole thing together. She is an incredible individual. I said, “They’re going to Dallas – Parkland,” meaning that Parkland would be the next site visit. They did go to Parkland. She said, “We’re in for a fight.” I said, “Don’t worry about it. We won.” She said, “You think so?” I said, “I know so. We won.”

We did win and it was wonderful. It was a highlight for our staff. NBC did a filming after we were announced as the winner. It took them five days to film for “Inspiring America,” the last minute or two of the news. It took a film crew five days to do three minutes. The NBC people said, “If Hillary Rodham Clinton – if the First Lady mentions your name during her speech, the video will show tonight.” We called back home to whoever the administrator was in charge while we were all down at the AHA annual meeting and said, “We’re on tonight.” They notified all the staff. This was a hospital that had almost closed. We had probably a thousand people – even the nurses on the units – watching that.

I was approached a few years later by Howard Berman<sup>28</sup> to come on the committee and by Donna Melkonian.<sup>29</sup> That was 21 years ago. I’ve done 83 visits. This fall, we’ll do four more. One of my colleagues on the committee, Janet Porter,<sup>30</sup> a wonderful individual, often says that people say, “Why do you do this?” We’re volunteers – it takes a lot of time. I was the board chair for eight years and stepped down last year. You have to read twenty applications which takes three or four days. They’re lengthy and you have to take notes and you have to understand what the organization is all about and you have to understand, is this a good grant writer, or is this the real thing?

But Janet says, “This work feeds your soul.” You get to go to communities in parts of the United States I would never, ever go to. It is inspirational and gives you such faith in humanity. You

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<sup>27</sup> Linda Chin served as a senior vice president at the Cambridge Health Alliance from 2000 to 2007. [*LinkedIn*. <https://www.linkedin.com/in/linda-chin-170737111/>]

<sup>28</sup> Howard J. Berman served in leadership at the Blue Cross Association, the American Hospital Association and BlueCross BlueShield of the Rochester Area, later known as Excellus and then the Lifetime Healthcare Companies. His oral history: Garber, K.M. (Ed.). (2014). *Howard J. Berman in first person: An oral history*. Chicago: American Hospital Association, can be retrieved from [https://www.aha.org/system/files/2018-01/Berman\\_080211\\_FINAL.pdf](https://www.aha.org/system/files/2018-01/Berman_080211_FINAL.pdf)

<sup>29</sup> Donna Melkonian served as vice president, member relations, at the American Hospital Association until her retirement. She was responsible for overseeing the Foster G. McGaw prize.

<sup>30</sup> Janet E. Porter, Ph.D., served as chief operating officer at Nationwide Children’s Hospital and at the Dana-Farber Cancer Institute and is a senior advisor with Stroudwater Associates. [University of North Carolina. *Janet E. Porter, MBA, PhD*. [https://sph.unc.edu/adv\\_profile/janet-e-porter-mba-phd/](https://sph.unc.edu/adv_profile/janet-e-porter-mba-phd/)]

go on these site visits, and it's inspiring.

I was telling you about housing in a neighborhood – I got that from Minneapolis, where the area around the hospital was getting dreadful because of the rundown housing and the drug dealing and violence. It had become dangerous. They started buying up the properties. You're seeing this now in many hospitals. They've done that to rehabilitate the area around their hospital, and it's not just altruism. It's good business and we did it for that reason. Everyone was saying, "You're putting another \$250,000 into it?!" I was saying, "This is our neighborhood. This is where our people live. This is where the people that we serve live."

Don Berwick,<sup>31</sup> who was a member of the AHA Board, a legendary person and someone I'm very thankful to say guided me when I was young, had a saying – "Imitate ceaselessly. Steal shamelessly," when it came to great ideas. I love that. I would go to these sites, and I'd be writing like a madman. I'm sure the site people would say, "Boy, the chairman takes really copious notes." I'd be going there for my staff. Over the years, we'd do that with the prize – if we saw something that we liked that was scalable, we'd try to spread that.

Foster McGaw prize winners and finalists do well financially, particularly in today's environment where, rather than a head-in-a-bed, you're rewarded for keeping people home and healthy. When you move away from fee-for-service and you are sharing risk around the payment system, people who invest in their community and upstream in these types of activities have a leg up because they connect with their community in a way that a lot of systems don't. Getting kids immunized, getting a senior like me a flu vaccination, is worth your money and it's worth your time.

Foster McGaw is all about excellence in community service and communicating with your community in a way that is enriching, personally and organizationally, as your culture evolves, but enriching on the bottom line, too.

I never met Foster McGaw, although I know people who met him. He was the son of missionaries and he was a brilliant business person. He founded American Hospital Supply which morphed into Baxter. When we had our site visit at Cambridge, we had a fellow there with AIDS. A lot of people who I've met that had AIDS – they didn't have to measure their words. Way back when we won it, unfortunately, a lot of people with AIDS weren't surviving the disease. During the site visit interview, Pat Morgan,<sup>32</sup> who was from Baxter, said, "I'm from Baxter." This fellow said, "Oh, I know Baxter. I needed to get some medical supplies and I had difficulty getting them. Baxter arranged to have them sent to my home." I thought, "Whoa! Thank God for that!" Foster McGaw was that type of guy. He gave his fortune away. He said, "Give more than you get. Leave more than you take." Those are good words to live by.

**GARBER:** Would you comment on the difficulty of work/life balance when you're a CEO?

**O'BRIEN:** That's something that I didn't do well. When I was in school and after that, I

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<sup>31</sup> Donald M. Berwick, M.D., a pediatrician, is president emeritus and senior fellow of the Institute for Healthcare Improvement. He also served as administrator of the Centers for Medicare & Medicaid Services, among many other positions. [Profiles in leadership: Don Berwick. *IHI Open School*. <http://www.ihio.org/education/IHIOpenSchool/resources/Pages/ProfilesInLeadershipDonBerwick.aspx>]

<sup>32</sup> Patricia Morgan served as executive director of the Baxter Foundation. [Mullery, V. (1992, April 5). Good neighbors. *Chicago Tribune*. <https://www.chicagotribune.com/news/ct-xpm-1992-04-05-9201310253-story.html>]

had a large network of friends and poured myself into everything I did. If I ran, I wanted to run a marathon. When I worked, I had such passion for the work. My heart would break for the people that we served. You can't do everything. You can just do your part. When I worked, I tried to do everything.

I used to negotiate a contract every once in a while for the team, when people would get busy, and I knew labor, and I used to negotiate the house officers' contract – in a public setting they could be unionized. They could only negotiate at night because they had shifts. They used to try to wear us down by negotiating right through the night and they could because we would get tired. I remember negotiating until five o'clock in the morning. Going home, shaving, putting a new suit on and going back to work. I would do all of that but it was at the expense of my family. It's a difficult challenge. I was good as a leader with people who would say, "My daughter's got a 5 p.m. softball game. You want to have this meeting then." I would say, "If I see you at that meeting, you're going to be in trouble. Go to your daughter's ball game."

It's a difficult challenge. It's not so much about ambition and getting ahead. I always found it to be because of my passion for the work. You've got to be careful. I wasn't a great role model. I was always the first one in and the last one out. I'd go in Saturdays, Sundays, all the time

I think it's something that's changing. My kids say to me, "I'll never work like you worked, Dad." Kids have a different set of values. The key to being a good leader is emotional well-being. I find a lot of young people today are better balanced than we were, including my colleagues, and probably a lot of people you've interviewed for this series. Kids today are a little better understanding of what life is about. As my college roommate, who is a close friend, always says to me, "You know, this is not a rehearsal." It's not. It's one spin. I think I would just say, exercise caution.

**GARBER:** Thank you. Do you have any closing thoughts about what your career in health care has meant?

**O'BRIEN:** I'm so thankful and so blessed with the people that I've worked with over the years – thousands. That's a blessing, working with Donna and all the wonderful people here at AHA, and the people that I have been so privileged to work with, and the wonderful people that I've been so privileged to provide services to in health care and health care-related services. I've been very, very blessed.

**GARBER:** John, thank you for your time today.

**O'BRIEN:** Thank you.

## CHRONOLOGY

1950	Born April 26 in Arlington, Massachusetts
1972	Harvard College BA Economics
1976	Boston University MBA Healthcare Administration

1976-1996	Cambridge Hospital (Cambridge, Massachusetts)
1976-1978	Patient accounts manager
1978-1985	Comptroller
1985-1986	Chief financial officer
1986-1996	Administrator
1995-2002	City of Cambridge, Massachusetts Commissioner of Health
1996-2002	Cambridge Health Alliance CEO
2002-2013	UMass Memorial Health Care, Inc. (Worcester, Massachusetts) President & CEO
2013-2015	Clark University Jane and William Mosakowski Distinguished Professor of Higher Education

### **SELECTED MEMBERSHIPS AND AFFILIATIONS**

American College of Healthcare Executives  
Member

American Hospital Association  
Chair, Foster G. McGaw Prize Committee  
Member, board

Blue Cross Blue Shield Foundation  
Member

Clark University  
Member, board

Common Pathways  
Co-chair

Health Research & Educational Trust  
Chair, board

Massachusetts Hospital Association  
Chair, board

National Association of Public Hospitals  
Chair, board

Public Health Institute  
Chair, board



## AWARDS AND HONORS

- 1994 CEO of the Year Award, Society for Healthcare Planning and Marketing, American Hospital Association
- 1998 For the People, Against the Tide – Community Leadership Award, Health Care for All
- 2005 Business Leader of the Year, *Worcester Business Journal*
- 2006 Health Sector Management Distinguished Alumni Award, Boston University
- 2008 William L. Lane Hospital Advocate Award, Massachusetts Hospital Association
- 2010 Board of Trustees Award, American Hospital Association

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