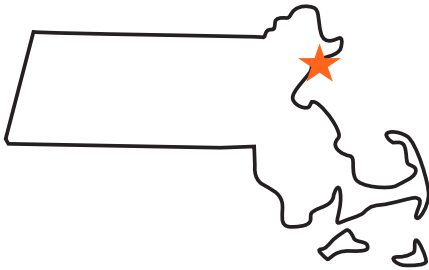


The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Program



Beverly Hospital



Total Investment
\$2,896,655

Phase 1 HPC Investment:
\$65,000

Phase 2 HPC Investment:
\$2,500,000

Phase 2 Focus Area: Reducing inpatient readmissions and emergency department (ED) revisits

Phase 2 Target Population: Patients with high inpatient utilization, a history of readmissions, or social complexity

Phase 1 Capacity Building: Beverly Hospital engaged hospital staff to conduct a comprehensive analysis to better understand the drivers of unnecessary acute care utilization. The hospital analyzed the findings to develop a plan to address readmissions.

Phase 2 Care Model: Beverly Hospital created and deployed a High-Risk Intervention Team (HRIT) to identify eligible patients in the ED and inpatient settings, develop customized care plans, and provide integrated services including care coordination. The HRIT ensured appropriate follow-up care post-discharge. The HRIT also collaborated with local visiting nurse services and skilled nursing facilities (SNF) to improve continuity of care as patients transitioned from inpatient settings to the community.

Key Transformation Achievements:

- Developed and refined ability to conduct near-real-time target population identification
- Developed new modes of communication with community partners
- Incorporated CHART program components into strategies for value-based care participation



downward trend in inpatient readmissions and ED revisits

9%

reduction in readmissions from SNF from 2016 to 2017

“Without CHART, socially... and medically [complex patients] would not have access to an entire team of medical professionals helping them manage their needs in the community.”

- CHART Nurse

Patient Story



A patient with multiple chronic conditions and behavioral health concerns residing in a group home repeatedly presented to the ED.



The HRIT identified that the patient had previously received a care and medication schedule that had effectively reduced anxiety and symptoms.



The HRIT met with the group home staff to suggest reinstating the more effective approach to providing the patient's medications that would help the patient feel more in control.



The patient was able stay at the group home without visiting the hospital.

About CHART

The Massachusetts Health Policy Commission (HPC) launched the Community Hospital Acceleration, Revitalization, and Transformation (CHART) program in 2014, which invested approximately \$70 million in 30 community hospitals. Profile information comes from multiple sources, including contract documents, program updates, and data submissions by awardees to the HPC (see Data Sources and Methods for additional details).