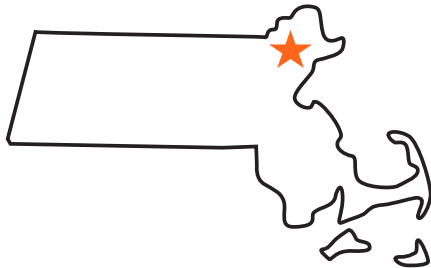


The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Program



Lawrence General Hospital



Total Investment
\$1,997,310

Phase 1 HPC Investment:
\$100,000

Phase 2 HPC Investment:
\$1,482,654

Phase 2 Focus Area: Reducing inpatient readmissions

Phase 2 Target Population: Patients identified by a biopsychosocial risk assessment or with a recent readmission to the hospital

Phase 1 Capacity Building: Lawrence General Hospital aimed to improve cross-continuum care management by conducting an assessment of the root causes of readmissions, developing an outline of best practices to reduce high utilization of the emergency department (ED), assessing medication management in primary care practices, and assessing data tools.

Phase 2 Care Model: The Lawrence General Hospital CHART team coordinated a variety of community-based social support services, including assistance filling prescriptions, securing transportation, and accessing mental health counseling. Providers in the hospital and in the community collaborated to develop individualized patient care plans. Additionally, transition coaches from Elder Services of the Merrimack Valley provided follow-up services for 30 to 90 days post-discharge.

Key Transformation Achievements:

- Established data-sharing agreements with external providers/partners
- Enhanced relationships with community partners through embedded staff and/or other shared team model
- Embraced the use of community health workers and other emerging or expanded professional roles

~\$10,000

in patient assistance funds dedicated to cover transportation, medication, and durable medical equipment for low-income patients

~100

phones purchased for patients to communicate with the clinical team

“Most hospitals are very reactive when it comes to dealing with their patients, but in this program they can become proactive.”

- Transition Coach

Patient Story



An older adult patient visiting from another country became sick days after arriving and was brought to the ED with a possible infection.



A CHART resource specialist spoke to the patient and their family in their native language.



The CHART staff called the patient's primary care provider in the patient's home country to coordinate care.



The CHART team helped the patient navigate insurance, answered questions about discharge processes, and helped coordinate follow-up care post-discharge.

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).