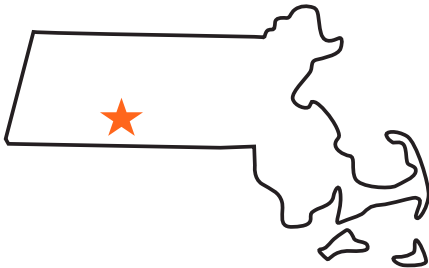


The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Program



Milford Regional Medical Center



Total Investment
\$2,766,423

Phase 1 HPC Investment:
\$499,810

Phase 2 HPC Investment:
\$1,300,000

Phase 2 Focus Area: Reducing inpatient readmissions

Phase 2 Target Population: Patients with high inpatient utilization

Phase 1 Capacity Building: Milford Regional Medical Center formed a readmission reduction team to streamline care coordination through improvements like automated post-discharge phone calls to patients. The hospital also worked with external consultants to develop a care redesign plan and a health information exchange strategy.

Phase 2 Care Model: Milford Regional Medical Center assembled a pharmacist, social worker, registered nurse, and palliative care physician assistant to form a High-Risk Mobile Team (HRMT). The HRMT conducted emergency department assessments, identified alternatives to inpatient admissions, developed individualized care plans, and referred appropriate patients to palliative care consultations. The HRMT continued to follow patients post-discharge to ensure stability in their communities.

Key Transformation Achievements:

- Developed new modes of communication with community partners
- Incorporated CHART program components into strategies for value-based care participation
- Embraced the use of community health workers and other emerging or expanded professional roles



downward trend in readmissions

\$8,000+

enabled CHART team members to deliver care in the community

“[Our team members] try to think ‘out of the box’ to help patients achieve a successful transition home without the need for re-hospitalization. The program allows care without the boundaries of typical home care programs. It has also linked the patient, hospital, and [primary care] offices to work collaboratively for the best outcome for the patient.”

-Operational Investment Director

Patient Story



An older adult patient was discharged from the hospital with a prescription for a medication, but was unable to fill the prescription because of a prior-authorization requirement and high co-pay. The patient was readmitted to the hospital two days later.



A pharmacist worked with the patient to obtain a voucher for a seven-day supply of the medication.



The pharmacist then worked with the drug manufacturer and secondary prescription insurance to ensure that the patient qualified for a year of free medication.

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).