CHART PHASE 2:

A Snapshot of Opportunities and Solutions Identified by Programs

The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Investment Program makes phased investments for certain Massachusetts community hospitals to enhance their delivery of efficient, effective care. CHART hospitals share the common characteristics of being non-profit, non-teaching, and having low relative price. In CHART Phase 1, a total of $10 million was distributed to 28 community hospitals to support short term, high-need expenditures. The HPC awarded a total of $60 million in CHART Phase 2 funding across 25 hospital projects.

Through rapid-cycle improvement strategies and data-driven technical assistance, CHART programs have continuously iterated upon their operational models. These care delivery models aim to provide patient-centered care within and beyond the hospital for patients at high risk of avoidable acute care utilization, such as patients with complex medical, behavioral, and/or social needs. CHART programs submit narrative reports to describe implementation barriers, opportunities, and solutions – a snapshot of which is below.

PROGRAM COMPONENTS	IDENTIFYING OPPORTUNITIES	SOLUTIONS
IDENTIFYING PATIENTS **Capturing when patients present to the acute care setting**	How can technology be used to identify and notify teams when patients present to the acute care setting?	• Create flags or markers in electronic health record (EHR) to identify target population patients in real-time • Generate patient lists from EHR for a concise overview of recent and current visits, based upon target population criteria • Incorporate screening questions for underlying behavioral health needs and social determinants of health (e.g., housing instability, food insecurity, trauma history) into assessment for earlier identification of patient needs
ENGAGING PATIENTS **Communicating and establishing relationships with patients**	What are effective strategies for initial patient engagement?	• Prioritize relationship-building when engaging patients: meet patients where they are, physically and emotionally • Promote program services as an extension of hospital services; avoid rigid scripting with unfamiliar names and jargon • Implement on-call coverage by care coordination staff during off-hours (e.g., evenings and weekends) for service continuity • Use multimedia: communicate services and contact information to patients, families, and providers via pamphlets and large-sized business cards that are culturally and linguistically appropriate
SERVING PATIENTS **Delivering the right services and supports to patients at the right place and time**	What are effective strategies for post-acute follow-up? What are integral components to patient-centered care coordination?	• Conduct follow-up communication within two days post-discharge • Meet patients in familiar community or home settings; prioritizing home visits helps to understand a patient's world and to better ensure service quality and safety • Collaborate with patients and post-acute care providers when developing goals during care and discharge planning • Capture services and social determinants of health information in a care plan or progress note accessible to other hospital staff and providers • Integrate pharmacy workflows, such as medication reconciliation, optimization, and education • Understand and leverage community-based resources; go beyond referrals and conduct warm handoffs that link patients to the support they need

PROGRAM COMPONENTS	IDENTIFYING OPPORTUNITIES	SOLUTIONS
STAFFING **Cultivating an effective and efficient team**	What are the appropriate skills and roles for improving care transitions? How can the team best be integrated into both the medical and community settings?	• Deploy non-medical providers to care for patients with complex needs, such as community health workers and social workers, who can address the non-medical root causes of utilization and readily connect to community resources • Prioritize non-medical providers who demonstrate motivation and compassion versus emphasizing credentials • Engage team in hiring process and decisions • Train staff on motivational interviewing skills to improve patient engagement and outcomes • Showcase the importance and benefit of non-medical roles for better integration into medical settings and workflows • Institute quick daily huddles for efficient information sharing and team building • Celebrate all successes!
MEASURING **Collecting and analyzing data to inform decision making**	What are feasible strategies for data collection and analysis for quality improvement (QI) initiatives?	• Determine and report on a slate of process and outcome measures that concisely capture program goals • Institute a systematic feedback loop process whereby results from frequent data analysis inform operational improvements • Collaborate with hospital IT staff and software vendors to maximize interoperability between platforms; consider manual workarounds to ensure team members get the information they need when they need it • Complement the quantitative with the qualitative; patient and provider stories are critical to understanding the full impact of QI initiatives
PARTNERING **Developing critical and sustainable relationships within the hospital and in the community**	What are strategies for communicating the purpose and benefits of the program? How can strong partnerships be developed with minimal financial incentives?	• Obtain leadership support early on to facilitate communication and collaboration with other hospital staff • Establish regular interdisciplinary meetings with hospital staff and community-based providers regarding shared patients • Host community meetings with local providers and social service agencies to raise awareness of available resources and common goals • Proactively work with community resources, such as law enforcement, the court system, shelters, schools, food banks, and faith-based organizations to establish unified support for common causes and patients

CHART PHASE 2: BY THE NUMBERS

$60 MILLION

24 MONTHS

27 HOSPITALS IMPLEMENTING

25 PROJECTS