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



Addison Gilbert Hospital



Total Investment \$1,853,368 Phase 1 HPC Investment: \$291,581 Phase 2 HPC Investment: \$1,269,057

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

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

Phase 1 Capacity Building: Addison Gilbert Hospital formed a multidisciplinary High-Risk Intervention Team (HRIT) consisting of a care manager, social worker, and pharmacist to improve follow-up, care coordination, and connection to services post-discharge.

Phase 2 Care Model: Addison Gilbert Hospital embedded its HRIT on inpatient floors and in the ED to develop care plans and provide integrated, coordinated care for eligible patients. The HRIT engaged patients to ensure appropriate care post-discharge. The HRIT also collaborated with local visiting nurse services and skilled nursing facilities (SNF) to improve continuity of care from the hospital to the community.

Key Transformation Achievements:

- Developed and refined ability to conduct near-real-time target population identification
- Developed a risk stratification method to target patients in need of intensive services
- Enhanced relationships with community partners through embedded staff and/or other shared team model

33% reduction in readmissions in the enrolled Medicaid population
20% reduction in readmissions for patients discharged to a SNF

Patient Story

"This program adds value to the overall hospital experience for the patient because it adds an element of continuity to their care. This helps the patient feel like they have people they can turn to..." – Nurse Practitioner An older adult patient in assisted living with multiple chronic conditions was diagnosed with cancer.



The patient initially resisted help from the HRIT, but ultimately agreed to enroll in the program.



The HRIT helped the patient and family find affordable housing, meals, and a phone, and arranged for the patient to receive care in a SNF after hospitalization.

The patient became more stable in the community and had fewer hospital visits.

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).