

CHALLENGES FACING COMMUNITY HOSPITALS

Community hospitals are essential building blocks for an efficient, effective health care system. In order to sustain and maximize universal coverage in Massachusetts, health care leaders and policy makers recognize the need for community hospitals to transition to new care delivery models that improve quality while lowering costs.

Implementation of waste reduction strategies, behavioral health integration, alternative payment methods, electronic information sharing, and other proven mechanisms often require substantial investment, making it difficult for community hospitals to build the foundation necessary to transform our health care system.

ABOUT CHART: PARTNERING WITH COMMUNITY HOSPITALS

The HPC is partnering with community hospitals to bridge this gap. The **Community Hospital Acceleration, Revitalization, & Transformation (CHART) Investment Program** is making a total of \$120 million available over four years to eligible community hospitals so that they can promote care coordination, integration, and delivery transformations; advance electronic health records adoption and information exchange among providers; increase alternative payment methods and accountable care organizations; and enhance patient safety, access to behavioral health services, and coordination between hospitals and community-based providers and organizations.

CHART Contact Information

Questions about CHART should be referred to Margaret Senese, Deputy Director for Strategic Investment at (617) 979-1406. Written inquiries should be sent to HPC-CHART@state.ma.us.

ABOUT HPC

The Massachusetts Health Policy Commission (HPC) is an independent state agency that develops policy to reduce health care cost growth and improve the quality of patient care. Among other initiatives, the HPC is responsible for monitoring the performance of the health care system, analyzing the impact of health care market transactions on cost, quality, and access, setting the health care cost growth benchmark, and investing in community health care delivery. The HPC's Board governs the activities of the agency.

The HPC's mission is to advance a more transparent, accountable, and innovative health care system through its independent policy leadership and investment programs. Our goal is better health and better care at a lower cost across the Commonwealth.



To learn more, please visit www.mass.gov/hpc or follow us on Twitter @Mass_HPC.

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CHART Community Hospital Investment Program

Charting a course for
the right care, at the
right time, in the right
place.



HPC STRATEGIC INVESTMENT PROGRAMS

The HPC designed CHART as a phased investment program, to encourage system transformation by supporting sustainable, scalable pilots and projects. CHART Phase 1 sought to build organizational capacity in hospitals and prime them for care delivery transformation. CHART Phase 2 is making larger investments to implement transformative projects in the Commonwealth's community hospitals. CHART Phase 3 is under development.

In addition to these large investments, the HPC will make smaller, targeted investments in CHART hospitals focused on innovation, telemedicine, and addressing the opioid epidemic.

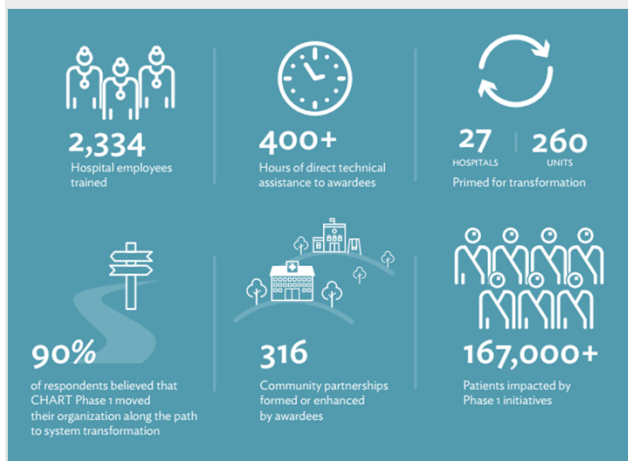
CHART Program Eligibility

CHART eligibility is established through Chapter 224 and the HPC's regulations. Institutions that can receive CHART funds are non-profit, non-teaching community hospitals with relatively low prices.

The 2012 healthcare cost containment law called for a one-time assessment on certain providers and insurers to support three investment programs. Only acute care hospitals with over \$1 billion in total net assets and less than 50% revenue from public payers were subject to assessment.

- **CHART** will invest \$120 million in community hospitals over four years
- The **Prevention and Wellness Trust Fund**, administered by the Department of Public Health, will direct a total of \$57 million over three years to community-based partnerships that will prevent chronic conditions and promote healthy behaviors
- The **e-Health Institute Fund** will devote \$28.5 million to enhance care coordination through a secure, interoperable health information exchange

CHART PHASE 1



In early 2014, following a comprehensive selection process, the HPC awarded approximately \$10 million to 28 community hospitals, with individual awards ranging from \$65,000 to \$500,000. This first phase of funding supported many short term, high-need expenditures. CHART Phase 1 pathways included:

- Implementation of **pilot projects** to improve quality of care and/or reduce cost;
- **Building capability or capacity** that aligns with the goals of better health, better health care, and lower costs; and
- Meaningful operational and business **planning activities** to yield a strategic vision and plan for system transformation.

“Our CHART 1 Behavioral Health project provided a glimmer of hope for our patients, the community and the Behavioral Health staff in the HealthAlliance ED.

For patients being discharged back into the community, I now can connect them with a Primary Care or a Behavioral Health Services appointment before leaving the ED instead of just giving them a list of providers. I feel like I am actually helping them beyond the ED visit.”

Joanne Harris, Behavioral Health Nurse and CHART ED Navigator, HealthAlliance Hospital

CHART PHASE 2

Currently, the HPC is implementing CHART Phase 2, which builds upon the successes of Phase 1 by providing **substantial, multi-year commitments** to help selected community hospitals implement transformative projects. The goal of Phase 2 is to prepare hospitals to operate efficiently and effectively in a new era of health care cost containment. The HPC awarded approximately \$60 million across 25 programs, with individual awards ranging from \$900,000 to \$8 million.

Phase 2 programs are designed to promote learning, with lessons that can be disseminated to and implemented by other community hospitals. Phase 2 awards increase value by targeting both cost and quality outcomes and are focused on three key areas:

- Maximizing **appropriate hospital use**;
- Enhancing **behavioral health** care; and
- Improving hospital-wide (or system-wide) processes to **reduce unnecessary spending and improve quality and safety**.

Phase 2 focuses on four broad Target Population categories:

Patients with high utilization of the hospital and ED



Behavioral health diagnoses

Medical complexity



Social complexity