MASSACHUSETTS
HEALTH POLICY COMMISSION

Investing in Better Health and Better Care — at a Lower Cost — Across the Commonwealth

Massachusetts has been a national leader in ensuring access to high quality health care for its residents and, with the passage of the Commonwealth's landmark 2012 health care cost containment law, Massachusetts took significant steps to again lead the nation in efforts to slow the growth of health care costs. In order to meet this ambitious goal, the Health Policy Commission (HPC) is working to advance a health care system in which patients in Massachusetts are able to get most of their health care in local, convenient, cost-effective, high-quality settings. However, community hospitals — who play a vital role in providing excellent care and keeping costs down — face substantial challenges, threatening Massachusetts' progress toward this vision.

To assist community hospitals in meeting these challenges and to improve the overall health of our local communities, the HPC established the Community Hospital Acceleration, Revitalization, and Transformation (CHART) Investment Program, a multi-year, $120 million reinvestment program. The CHART program supports the Commonwealth's aim of delivery system transformation by enhancing the ability of community hospitals to assess local care needs, reorient services, and expand relationships with medical, behavioral health, and social service organizations to match those needs.

CHART is a phased investment program: from February 2014 to September 2014, CHART Phase 1 invested $9.2 million in initial capacity building efforts across 28 community hospitals to lay the foundation for future system transformation; in October 2014, the HPC awarded a total of $60 million in Phase 2 funding to 27 community hospitals, with a strong focus on reducing hospital utilization and enhancing behavioral health care. Phase 2 is ongoing, and the HPC expects to launch Phase 3 in mid 2017.

THE COMMUNITY HOSPITAL ACCELERATION, REVITALIZATION, AND TRANSFORMATION (CHART) INVESTMENT PROGRAM
PHASE 1

PHASE 1

During CHART Phase 1, the HPC invested $9.2 million in 28 community hospitals across the Commonwealth to begin building the foundation for system transformation. In Phase 1, the HPC focused on assessing the capability and capacity of the hospitals to lead and implement delivery system change, providing technical assistance, and fostering engagement and learning among CHART-eligible hospitals. Phase 1 supported short-term, high-need investments in one or more of the following pathways:

- **Rapid-Cycle Care Delivery Pilots** – Investments in rapid tests of change around hospitals' adaptive capacity, leading to meaningful learning about the organizations' capacity for transformation; and, early test results to inform delivery redesign activities.
- **Capability and Capacity Building, Technology Implementation** – Investments in one or more high-need priorities directly tied to hospitals' plans for transformation, including trainings and implementation of enabling technology.
- **Strategic Planning for Transformation** – Investments in strategic and operational planning activities supportive of system transformation work.

"The financial and technical support provided by the HPC CHART Team allowed Mercy to move forward with process improvement and organizational culture education that ultimately had real and sustained impact on employee engagement, patient satisfaction and quality of care. We appreciate of the opportunity to partner the Health Policy Commission through the CHART program to help support the transformation that is occurring at Mercy Medical Center."

DANIEL P. MOEN, Former President and CEO of Sisters of Providence Health System/ Mercy Medical Center

As documented in the Phase 1 Report, Phase 1 produced numerous successes for CHART hospitals across the three pathways:

- **87%** of respondents to an anonymous survey administered by the HPC reported that they believed that CHART Phase 1 moved their hospital **along the path** to system transformation; **87%** of respondents also believed that their project was **successful or very successful**
- **23 of 28 hospitals** met at least some of their targets and produced measurable results
- More than **2,330 hospital employees** were trained in multiple disciplines
- More than **167,000 patients** were served by Phase 1 initiatives
- Hospitals received more than **400 hours** of technical assistance
- **316 community partnerships** were formed or enhanced
- **9 hospitals** completed meaningful strategic planning activities, many of which are being leveraged in Phase 2
- **14 hospitals** addressed Information Technology needs with Phase 1 funds by implementing technology solutions such as a behavioral health electronic health system redesign and new Emergency Department (ED) information systems
- **12 hospitals** engaged in rapid-cycle pilots to reduce unnecessary utilization of acute care services and to enhance behavioral healthcare, among other transformative initiatives
- Phase 1 allowed the HPC to **assess capability** among the cohort of hospitals, **foster** deep engagement, and **build** a foundation for transformation, which enabled a **rich and robust** selection and implementation of Phase 2

"Implementation of the CHART 1 initiatives impacted the effectiveness of patient care in our community in boundless ways. Although we anticipated improvement of coordination of care to complex patients, including Medicare, Dual Eligibles and those with behavioral health disorders, we never imagined the enormous need or the personal effects the care improvement would have on all members of our team. The team delivered the care and observing patients not coming back to the ED, staying at home and avoiding readmission, personally impacted all care team members and further solidified the dedication to continuing on the journey."

JAMES FANALE, MD, Chief Clinical Integration Officer Care, New England & Chief Clinical Officer, Integra Community Care Network; former Senior Vice President and CHART Program Director, BID-Plymouth Hospital

PHASE 1 RESULTS FOR EACH HOSPITAL		
Addison Gilbert Hospital	$291,581	Implemented a multidisciplinary high risk intervention team to address gaps in care for patients with complex social, behavioral, and medical needs; developed new procedures and workflows, established new relationships within the hospital and with community partners, and collected data; funded a dedicated pharmacist who addressed several medication errors and omissions; achieved a promising 6-month readmission trend.
Anna Jaques Hospital	$333,500	Trained its leadership team in change management; implemented a care management software tool to improve planning and communication with post-acute care providers; upgraded hospital's quality software capability; implemented the use of checklists for central line insertion in the ED.
Athol Memorial Hospital	$478,413	Funded new staff to identify unmet behavioral health needs among public school students and to connect them with community resources; funded the purchase of an ED information system to enhance overall quality of care; funded planning efforts to enhance overall access to behavioral health care.
Baystate Franklin Medical Center	$396,314	Developed clinical and operational workflows to support the integration of telemedicine across the hospital. The Neurology Department had 57 telemedicine encounters during the program.
Baystate Mary Lane Hospital	$420,682	Increased access to outpatient services by making telemedicine appointments available sooner than in-person appointments; developed extensive clinical and operational workflows to support the integration of telemedicine across the hospital.
Baystate Wing Hospital	$357,000	Trained 500 staff in new electronic health record workflows to meet Meaningful Use Stage 1 requirements.
Beth Israel Deaconess – Milton	$128,385	Decreased the cost per hour of Vietnamese translation services by replacing a contracted, on-call translation service with an on-site staff member who provided interpreter services and served as a patient navigator; extended these services to all providers within the hospital's campus; improved patient-clinician connection by improving patient comfort and understanding.
Beth Israel Deaconess – Needham	$295,720	Placed case managers in the ED and made them available to all patients screened by a physician, improving coordination from the ED, throughout the hospital stay, and post-discharge; served 720 patients with 1,470 hours of case management.
Beth Israel Deaconess – Plymouth	$243,153	Reported year-over-year reduction in readmission rates for a three-month period during Phase 1 as a result of multi-faceted patient program for patients with dual eligibility.
Beverly Hospital	$65,000	Completed a root cause analysis to better understand the drivers of avoidable hospital utilization and conducted planning activities that the hospital is leveraging in Phase 2 to reduce 30-day readmissions.
Emerson Hospital	$202,575	Implemented new technology to improve data sharing between community physicians and acute care providers within the hospital; 75% of physicians surveyed reported that this technology increased their ability to care for their patients.
Hallmark Health System	$686,444	Implemented an initiative to ensure best practices in the prescribing of opioids; decreased opioid prescribing by 26% from baseline at Melrose-Wakefield Hospital and by 43% a Lawrence Memorial Hospital; increased use of the MA Prescription Monitoring Program from 2.2% at baseline to 36% at Melrose Wakefield and from 1.4% at baseline to 60% at Lawrence Memorial for patients with lower back pain who received an opioid prescription.

PHASE 1 RESULTS FOR EACH HOSPITAL		
Harrington Memorial Hospital	$491,600	Connected the hospital and 15 affiliated practices to the Mass HIway; reduced the time it took staff to schedule follow-up appointments from between 5-7 days to less than 24 hours for all patients; reduced wait time for next available appointment from an average of 25 days to 13 days; engaged in planning activities to increase access to behavioral health services
HealthAlliance Hospital	$410,000	Observed a downward trend in length of stay for patients with behavioral health diagnoses after partnering with local community providers to develop a new care coordination model.
Heywood Hospital	$302,833	Increased access to behavioral health care for Gardner School District students, serving 500 patients, students, and families; successfully piloted the Mass HIway Webmail service with Heywood Medical Group; completed a behavioral health needs assessment, which is being leveraged in Phase 2 which is ongoing.
Holyoke Medical Center	$500,000	Implemented an electronic ED physician documentation system and trained over 100 nurses and medical staff on an interview protocol and data collection form to evaluate root causes of 30-day readmissions.
Lawrence General Hospital	$100,000	Developed a detailed business and operational blueprint for a care management system, which is being used in Phase 2 to reduce 90-day readmissions for patients with complex social and/or medical needs.
Lowell General Hospital	$497,000	Simplified and accelerated the ability to electronically exchange health information with other providers through a new direct messaging solution.
Mercy Medical Center	$223,134	Trained over 250 employees and hospital leaders to enhance quality, safety, and overall improvement efforts; orthopedic length of stay was reduced from a baseline of 3.24 days to 2.98 days.
Milford Regional Medical Center	$453,306	Developed a care redesign plan and a health information exchange strategy for its read-missions reduction program; made over 250 referrals to the local elder services agency for transitional care
Noble Hospital	$328,574	Decreased the time to schedule an MRI appointment from an average of 17 minutes per patient to an average of seven minutes through the adoption of a new universal scheduling system.
Signature Healthcare Brockton Hospital	$432,237	Integrated two new functionalities into its technology infrastructure to manage risk for patients in alternative payment contracts and to rapidly respond to patient decline for more effective clinical decision support; developed five-year master plan for adoption of lean management strategies and culture change.
Southcoast Charlton Memorial Hospital	$311,493	Developed a care management program for high risk patients; successfully implemented a new population health analytics tool to assess claims data.
Southcoast St. Luke's Hospital	$294,313	Created an electronic, publicly-accessible asset map to better link patients to regional behavioral health services and to facilitate better coordination of care.
Southcoast Tobey Hospital	$355,817	Created a diabetes care management team and trained registered nurses in advanced dia-betes care; served 316 patients and provided 265 home visits.
Winchester Hospital	$286,500	Created a warm handoff process with local skilled nursing facilities ; conducted training and a nursing competency assessment and reported increased satisfaction among providers as a result; warm handoffs have continued beyond Phase 1.

For more information, visit www.mass.gov/hpc