Community-based Care Transitions Program

Webinar

Centers for Medicare and Medicaid Services

March 27, 2012

The Community–based Care Transitions Program (CCTP)

- The CCTP, created by section 3026 of the Affordable Care Act, provides $500M over 5 years to test models for improving care transitions for high risk Medicare beneficiaries.
- We are currently accepting applications on a rolling basis and will continue to award applications as funding permits.
- We are currently a little over 50% capacity.

Program Goals

- Improve transitions of beneficiaries from the inpatient hospital setting to home or other care settings
- Improve quality of care
- Reduce readmissions for high risk beneficiaries
- Document measurable savings to the Medicare program and expand program beyond the initial 5 years

New CCTP Partners

1. AgeOptions, Oak Park, IL
2. Area Agency on Aging of South Central Connecticut, New Haven, CT
3. Buckeye Hills Area Agency on Aging, Region 8, Reno, OH
4. CareLink, Central Arkansas Area Agency on Aging, North Little Rock, AR
5. Carondelet Health Network, partnering with Pima Council on Aging, Tucson, AZ
6. Cobble Hill Health Center, Brooklyn, NY
7. County of Marin Health and Human Services Agency, San Rafael, CA
8. Delaware County, Pennsylvania Office of Services for the Aging, Media PA
9. El Paso LULAC Project Amistad Aging and Disability Resource Center, El Paso, TX
10. Elder Services of Berkshire County, Pittsfield, MA
11. Elder Services of Worcester, Worcester, MA
12. Harris County Area on Aging/Care Connection Aging and Disability Resource Center, Houston, TX
13. Lifespan of Greater Rochester Inc., Rochester, NY
14. Michigan Area Agency on Aging 1-B, Southfield, MI
15. P2 Collaborative of Western New York, Inc., Williamsville, NY
16. Philadelphia Corporation for the Aging, Philadelphia, PA
17. Pierce County, Washington Community Connections' Aging and Disability Resources, Tacoma, WA
18. Southeast Washington Aging and Long Term Care, Yakima, WA
19. Western Pennsylvania Community Care Transitions Program, PA
20. St. John Providence Health System, partnering with Adult Well-Being Services, Warren, MI
21. The Senior Alliance, Area Agency on Aging 1-C, Wayne, MI
22. Tompkins County, New York Office for the Aging, Ithaca, NY
23. UniNet Healthcare Network, Omaha, NE

Who are these CCTP Participants?

Two types of lead applicants in this second round (March) announcement of 23 sites: 21 are CBOs, and 2 are high-readmissions hospitals, partnering with CBOs

1) Twenty-one CBO lead applicants:

- 17 AAAs, 7 of which are also ADRCs
- 2 non-profit orgs (funded by grants – including public, such as AoA Lifespan Respite Program, and/or private grants; private donations, service fees and/or membership)
- 1 non-profit Physician Hospital Organization (PHO) (UniNet Healthcare Network)
- 1 non-profit short and long-term care facility (Cobble Hill Health Center, Inc.)

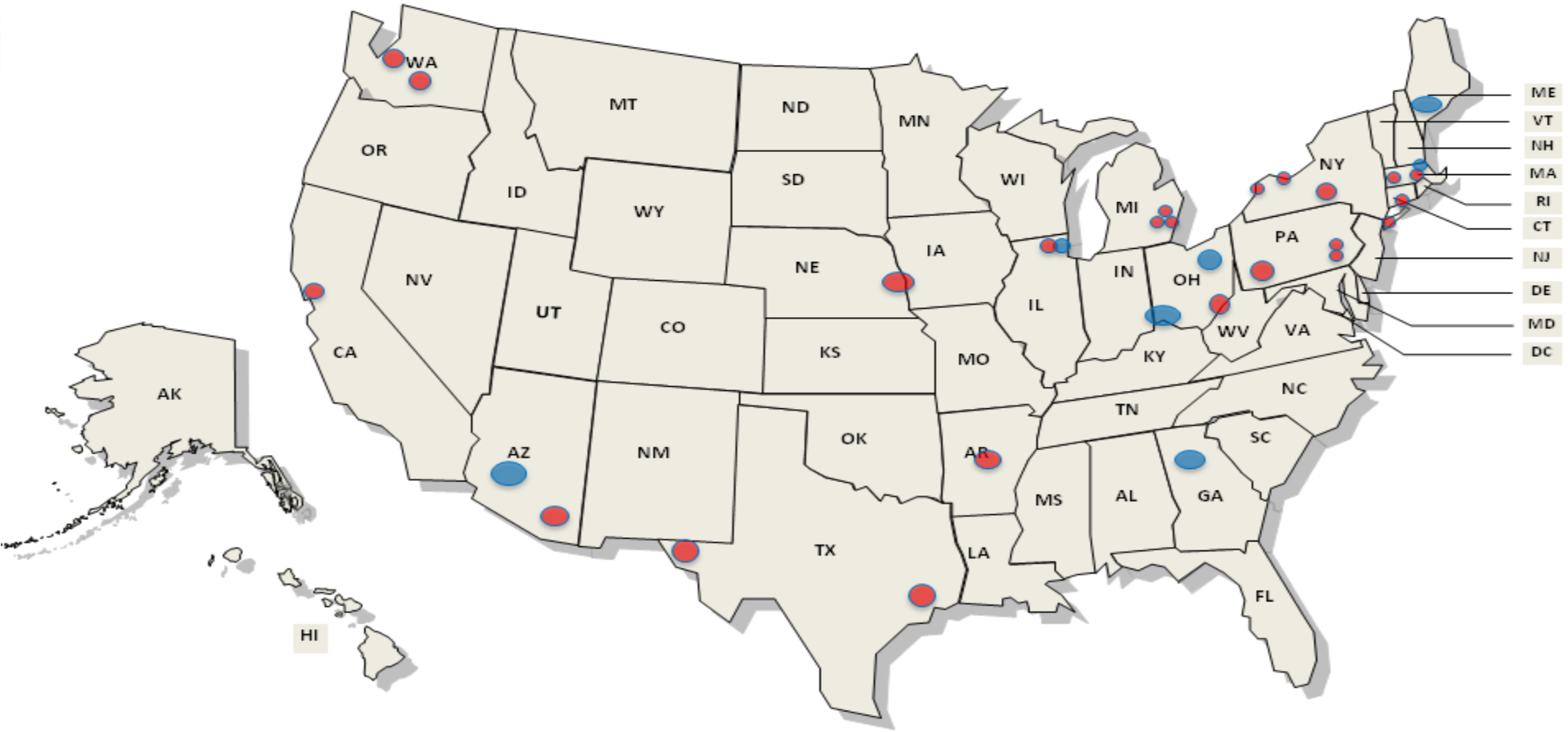
2) Two high-readmissions hospital lead applicants:

- St. John Providence Health System in Warren, MI, partnering with Adult Well-Being Services, a service provider of the Detroit AAA, and
- Yale-New Haven Hospital, CT, in partnership with the AAA of South Central Connecticut and the Hospital of Saint Raphael in New Haven

Who are these CCTP Participants?

- **Average number of hospital partners:** 4
- **Maximum number of hospital partners:** 10
  - the Western NY Regional Rural CCTP, led by the P2 Collaborative of Western New York, Inc.
- **Two sites had only one hospital partner:**
  - the Tompkins County Rural Community Based Care Transitions Program, led by the Tompkins County AAA, and
  - the Berkshire County MA Community Based Care Transitions Program, led by Elder Services of Berkshire County
- **Detailed information on all CCTP sites may be found at:** http://innovation.cms.gov/initiatives/Partnership-for-Patients/CCTP/partners.html

CCTP Partners



CCTP Participants (November 2011 announcement)

CCTP Participants (March 2012 announcement)

Eligible Applicants

- Are statutorily defined as:
  - Acute Care Hospitals with high readmission rates in partnership with an eligible community-based organization
  - Community-based organizations (CBOs) that provide care transition services
- There must always be a partnership between at least one acute care hospital and one eligible CBO
- Critical access hospitals and specialty hospitals are excluded as feeder hospitals but could be part of the larger community collaboration

Definition of CBO

- Community-based organizations that provide care transition services across the continuum of care through arrangements with subsection (d) hospitals
  - Whose governing bodies include sufficient representation of multiple health care stakeholders, including consumers
  - Must be a legal entity, i.e., have a taxpayer ID number - for example, a 501(c)3) - so they can be paid for services they provide
  - Must be physically located in the community it proposes to serve
- Preference is for model with one CBO working with multiple acute care hospitals in a community
- A self-contained or closed health system does not qualify as a CBO

Key Points

- Applicants are awarded 2-year agreements with continued participation dependent on achieving reductions in 30-day all cause readmission rates
- The CCTP builds on the care transition pilots completed in 14 states through the QIO 9th SOW
- The QIO 10th SOW includes tasks to build communities focused on care transitions and provide technical assistance to providers and CBOs interested in applying for the CCTP

QIO Technical Assistance

- Community Coalition Formation
- Community-specific Root Cause Analysis
- Intervention Selection and Implementation
- Assist with an Application for a Formal Care Transitions Program

For assistance please locate your QIO care transitions contact at: http://cfmc.org/integratingcare under "Contact Us"

Payment Methodology

- This is not a grant program
- CBOs will be paid a per eligible discharge rate for the direct service costs for the provision of care transition services
- CBOs will not be paid for discharge planning services already required by the Social Security Act
- Rate will not support ongoing disease management or chronic care management which generally require a PMPM fee

The CCTP as Part of a Broader Initiative

Partnership for Patients: a nationwide public-private partnership that will help improve the quality, safety, and affordability of health care for all Americans.

By the end of 2013:

40% Reduction in Preventable Hospital Acquired Conditions

- 1.8 Million Fewer Injuries
- 60,000 Lives Saved

20% Reduction in Preventable 30-Day Readmissions

- 1.6 Million Patients Recover Without Readmission

Up to $35 Billion Dollars Saved in Three Years

Measures of Success

Better health: Better health as measured by individual and population metrics

Better health care: Improved experience of care measure by *Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency,* and *Equity metrics*

Lower costs: Lower total cost of care through improvement

Questions and Answers

- **North Philadelphia Safety Net Partnership:** a partnership between the Philadelphia Corporation for Aging, the Einstein Medical Center and Temple University Hospital

- **Brooklyn Care Transition Coalition in New York:** the Cobble Hill Health Center will serve as the lead CBO, partnering with The Brooklyn Hospital Center, the Interfaith Medical Center, and Independent Living Systems, Inc.

- **UniNet Healthcare Network:** will partner with five acute care hospitals in Omaha: Alegent Health Bergan Mercy Medical Center, Alegent Health Immanuel Medical Center , Alegent Health Lakeside Hospital, Alegent Health Midlands Hospital, Alegent Health Mercy Hospital in Iowa, and the Eastern Nebraska Office on Aging

Questions and Answers

- **Central Arkansas Care Transitions Program:** Central Arkansas Area Agency on Aging, d.b.a. CareLink, University of Arkansas for Medical Sciences, St. Vincent Infirmary, ARcare, Jefferson Comprehensive Care Systems, Inc.

- **Western Pennsylvania Community Care Transitions Program:** Southwestern Pennsylvania Area Agency on Aging, partnering with Westmoreland County Area Agency on Aging, Canonsburg General Hospital - part of the West Penn Allegheny Health System, Excela Health Frick Hospital, Excela Health Latrobe Hospital, Excela Health Westmoreland Hospital, Monongahela Valley Hospital, The Washington Hospital

- **Elder Services of Berkshire County**: a Massachusetts-designated Aging Services Access Point (ASAP) and federally-designated AAA in rural western Massachusetts, will partner with Berkshire Medical Center and the Berkshire Visiting Nurse Association to improve care transition services for Medicare beneficiaries. The program will rely on collaboration among the clinical and administrative leaders and build upon efforts underway to improve care across the community in Berkshire County

Questions?

Detailed information on all CCTP sites may be found at:

http://innovation.cms.gov/initiatives/Partnership-for-Patients/CCTP/partners.html

Additional information is available on our website:

http://innovation.cms.gov/initiatives/Partnership-for-Patients/CCTP/index.html

For further questions, please email:

CareTransitions@cms.hhs.gov