DENVER REGIONAL COUNCIL OF GOVERNMENTS

We make life better!

Community-Based Care Transitions Program (CCTP)

Created by the Affordable Care Act, CCTP is a nationwide program of the Centers for Medicare & Medicaid Services (CMS) designed to test models for improving care transitions from the hospital to other settings and reducing readmissions for high-risk Medicare beneficiaries.

OUR COLLABORATION AND PROGRAM

The Denver Regional Council of Governments (DRCOG), as the region's Area Agency on Aging (AAA), worked to establish partnerships with 7 local hospitals:

- Exempla St. Joseph Hospital
- Medical Center of Aurora
- North Suburban Medical Center
- Presbyterian/St. Luke's Medical Center
- Rose Medical Center
- Sky Ridge Medical Center
- Swedish Medical Center

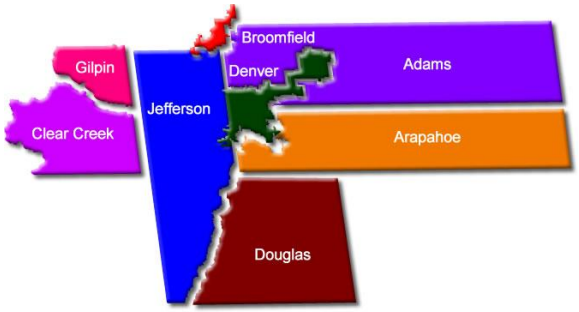
and more than 50 other community service providers to establish and implement a Community-based Care Transitions Program (CCTP) for the Denver-metro region.

As a result of these efforts and partnerships, DRCOG was awarded funding by CMS to implement this innovative program in the Denver-metro area.

The 30 day program is designed to improve the quality of life for Medicare fee-for-service beneficiaries by working to reduce avoidable hospital readmissions and increase their knowledge of their own health care. Eligible patients will receive assistance from a transitions coach who will guide them in taking charge of their own health care. In addition, some patients will have access to supportive services needed to keep them healthy at home and avoid unnecessary hospital readmissions.

OUR COMMUNITY

DRCOG Area Agency on Aging Boundary



OUR TARGET POPULATION

DRCOG's CCTP Initiative will target Medicare fee-for-service beneficiaries (those not enrolled in a managed Medicare plan) based on the following criteria*:

Diagnosis

- Sepsis
- Pneumonia
- Heart failure
- Chronic obstructive pulmonary disease

Discharge Disposition

- Home without home health
- Home with home health

Patients (regardless of Dx) who have had 2 or more admissions within the past 90 days

*All Medicare FFS beneficiaries within PSL and St. Joe's hospitals are currently being screened for participation in this

OUR INTERVENTION AND SERVICE PACKAGE

DRCOG and our partner hospitals are committed to engaging and activating patients to manage their own care and better navigate the complex healthcare system.

We intend to achieve this through implementation of two evidence-based interventions – Dr. Eric Coleman's Care Transitions Intervention® (CTI®), supported and measured by the Patient Activation Measure® (PAM®).

Based on participants' PAM® scores, they will have access to:

- CTI® Coaching,
- Care Management Services,
- Transportation Services,
- Home Delivered Meals,
- Non-skilled In-Home Services, and/or
- Access to ADRC Options Counselors

Based on our root-cause analysis, previous experience outcomes and national evidence for the proposed interventions, we expect our program will result in:

- Increased patient activation,
- Reduced readmission rates,
- Reduced admission rates

Questions about CCTP? Contact DRCOG's Program Manager: Amy Pulley at 303.480.6799 or apulley@drcog.org