# Community-based Care Transitions Program (CCTP)

DRCOG Board

September 17, 2014

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# Overview of Community-based Care Transition Program (CCTP)

- Community-based Care Transitions Program (CCTP)
  - Five-year nationwide demonstration project
  - Goal to reduce readmissions by ***20%***.
  - Designed to increase coordination of care between hospital and community-based organizations.
  - Designed to save taxpayer dollars

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# Our CCTP Partners

- Hospital partners:
  - Exempla Saint Joseph Hospital
  - HealthOne Hospitals:
    - Medical Center of Aurora
    - North Suburban Medical Center
    - Presbyterian/St. Luke's Hospital
    - Rose Medical Center
    - Sky Ridge Medical Center
    - Swedish Medical Center
- Other partners
  - 30+ Skilled Nursing Facilities
  - 9 Home Health and/or Hospice Agencies
  - Physicians/physician groups
  - Multiple "downstream" community service providers (local non-profits, etc.)
- Other community leaders:
  - State Unit on Aging
  - AARP
  - Colorado Foundation for Medical Care
  - The Colorado Hospital Association
  - The Colorado Regional Health Information Organization
  - The Colorado Medical Society

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# Partners You May Know...

- Bayada Home Health Care
- Brookdale Senior Living
- Christian Living Communities
- ComForCare Senior Services
- Halcyon Hospice & Palliative Care
- Home Instead Senior Care
- Jefferson Center for Mental Health
- Jewish Family Service
- Life Care Centers of America
- Mt. Evans Home Health and Hospice
- People First Hospice
- Seniors' Resource Center
- Senior Helpers
- The Denver Hospice/Option Health Services
- The Senior Hub
- Visiting Nurse Association
- VIVAGE Quality Health Partners (formerly Pinion Management & Quality Life Management)
- Volunteers of America

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# Program Details

- Evidence Based
- 30-day intervention
- Coaching:
  - Starts at the hospital
  - Evaluation using Patient Activation Measure (PAM)
  - Home visit
  - 3 Support phone calls

- Coaching Process
  - Develop individual goals
  - Medication review
  - Medication self-management
  - Medical follow-up
  - Understand red flags and how to respond
- Community Services
  - Nutrition, transportation, personal care, home-maker, case management

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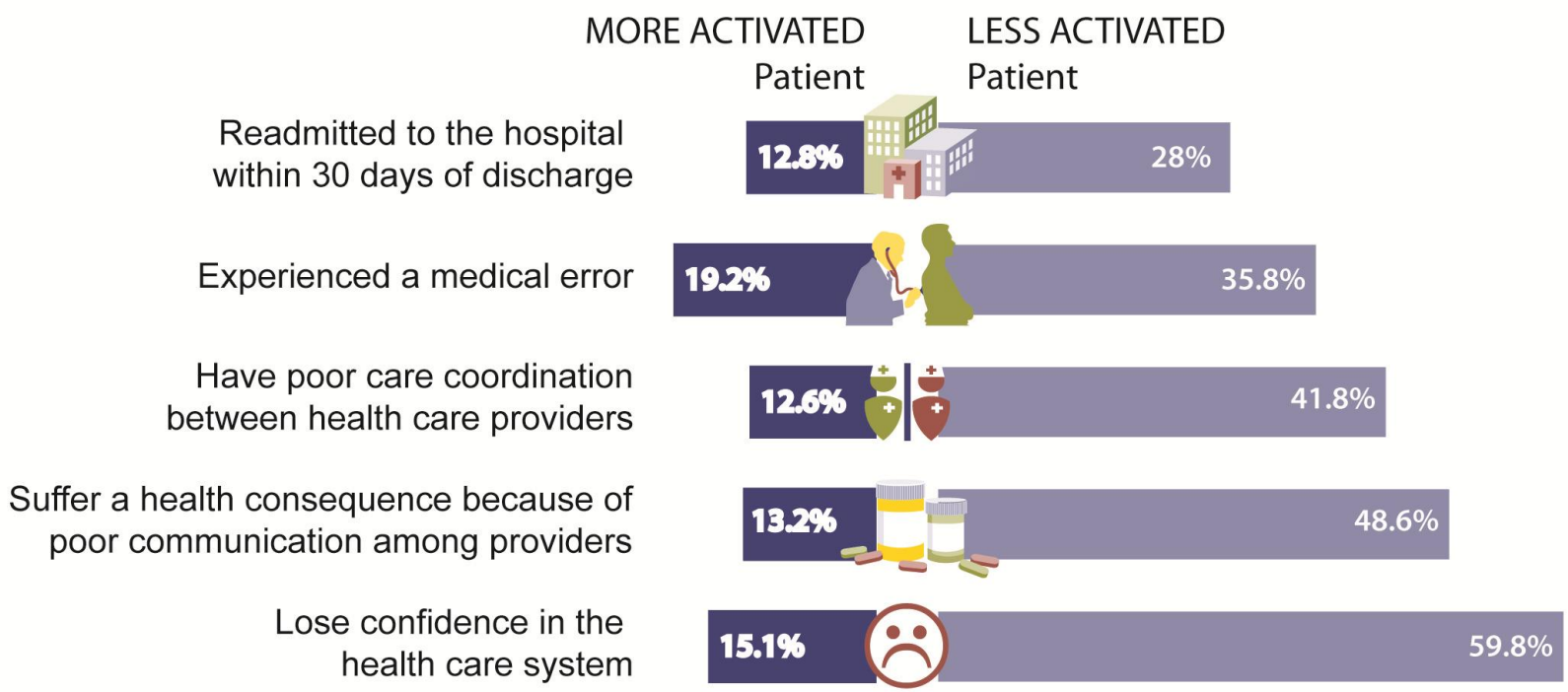
# Activation is Key

**The MORE ACTIVATED you are in your own health care, the BETTER HEALTH CARE you get...**




Source: Adapted from *AARP & You*, "Beyond 50.09" Patient Survey. Published in AARP Magazine. Study population age 50+ with at least one chronic condition. More Involved=Levels 3 & 4, Less Involved=Levels 1 & 2

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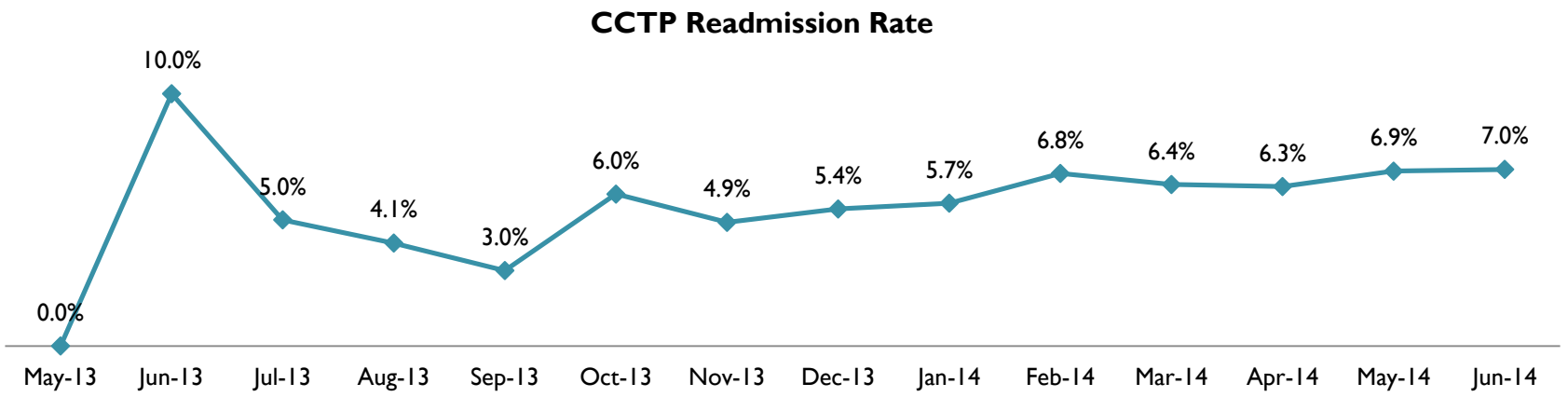
# Decreased Readmissions

- 2010 National Readmission Rate: 20.0%
- CCTP Coached Patients: 5.9%

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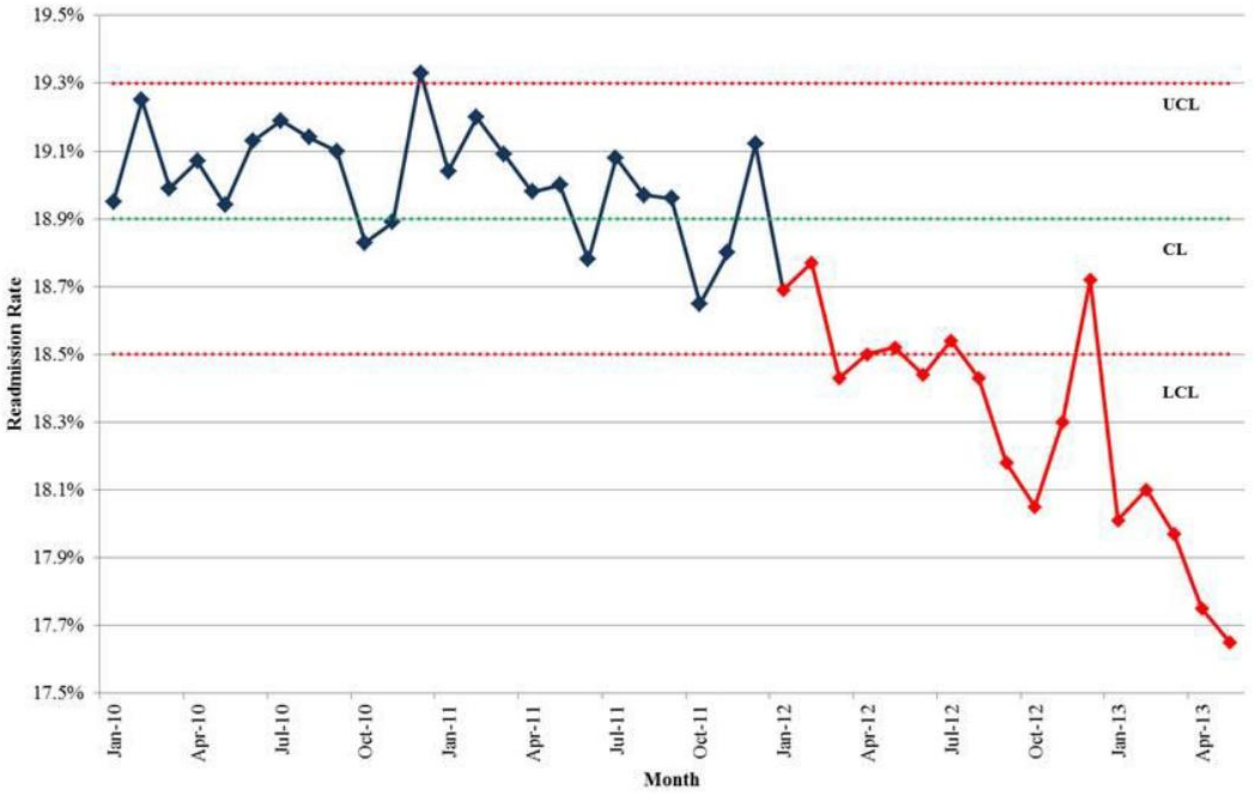
# CCTP Success Nationwide

## Medicare FFS 30-Day All-Cause Readmission Rate, January 2010-May 2013, All Hospitals Nationally



# Future

- CMS site assessment
- Current contract ends in April
- Working to offer  this as a private service
  - Interest from local hospitals
  - Several AAAs across the country have been successful.
  - The program really WORKS!

# QUESTIONS?

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