



Community-Based Care Transitions Program

Transitions from one setting to another, especially discharge from a hospital, are often dangerous points in care for vulnerable patients – especially frail, older patients and those with chronic conditions. Without a plan to ensure continuous care, these patients often end up back in the hospital again.

The Affordable Care Act created the Community-Based Care Transitions Program to test ways to make transitions of care safer and smoother. Under this program the Centers for Medicare and Medicaid Services (CMS) will fund hospitals and community-based organizations that provide transitional services to work together to:

- Improve transitions of care for Medicare beneficiaries from the inpatient hospital setting to the community or other care settings;
- Reduce hospital readmissions for high risk Medicare beneficiaries;
- Improve quality of care; and
- Reduce costs for the Medicare program.

To be eligible to participate in the care transitions program, a community-based organization must have consumer representation on its governing bodies.

How Can My Community Get Involved?

As a consumer advocate, you can encourage health care providers in your area to participate in this important program, and get involved throughout the process to make sure consumers are at the table so that these new programs truly meet the needs of patients and families. Here's what you need to do:

Applications Now Being Accepted for Medicare Demonstration Project

CMS is now accepting applications for the Community-Based Care Transitions Program. Awards will be made on a first come, first serve basis so it is important for hospitals and community-based organizations to submit their applications as soon as possible. Links to the CMS website and the application are included below.

- ✓ Reach out to geriatricians, community-based organizations, hospitals and other providers in your community who are interested in--or already working to--improve transitions of care for high risk patients. (Contact the *Campaign for Better Care* to be connected to providers in your area.)
- ✓ Partner with hospitals, providers and organizations in your area to develop a proposal that reflects what patients and families in your community really need. For example, you can provide input to ensure that:
 - Consumer advocates, patients and families are involved every step of the way--in the design, governance, implementation and evaluation of the program;
 - The program links patients to home-based primary care and community supports as needed;
 - The program has a way of continuously getting feedback from the patients and families it serves;
 - The program uses patient-centered measures, like “experience of care” and “patient-reported functional status” to evaluate its work, in addition to good quality, outcome and cost measures;
 - The measurement process is fully transparent and used to improve care;
 - The evaluation process includes assessment of any differential impacts on different populations so it reduces disparities; and
 - Make sure the program addresses the needs of family caregivers as well as patients.

For more information, visit:

- CMS website on the Community-Based Care Transitions Program – <http://www.cms.gov/demoprojectsevalrpts/md/itemdetail.asp?itemid=cms1239313>
- CMS Solicitation for Applications - http://www.cms.gov/DemoProjectsEvalRpts/downloads/CCTP_Solicitation.pdf
- Partnership for Patients home page - <http://www.healthcare.gov/center/programs/partnership/join/index.html>