National Advisory Committee On Rural Health and Human Services

OPPORTUNITIES FOR RURAL PARTICIPATION IN COMMUNITY BASED CARE TRANSITIONS

At its Feb. 23-25th meeting in Washington, DC, the Committee received a presentation from the Centers for Medicare and Medicaid Services (CMS) on the Community-based Care Transitions Program (CCTP). The Committee intends to provide a white paper to Secretary Sebelius about the rural implications of this program within the next two months.

In the interim, though, the Committee believes it is important to ensure that rural health care providers are aware of this opportunity and to encourage eligible entities to learn more about it and possibly apply.

The CCTP, mandated by Section 3026 of the Affordable Care Act (ACA), provides funding to test models for improving care transitions for high-risk Medicare beneficiaries. This program seeks to reduce avoidable hospital readmissions and improve health outcomes for Medicare beneficiaries by encouraging communities to come together and work together to improve care transitions and improve patient experiences during those critical times.

This ACA provision is one of a number of key demonstrations and pilots that will inform future health system redesign. The Committee believes it essential that demonstrations and pilots such as this include rural participation to ensure that future public policy that might emerge from this investment is truly representative of the diversity of care settings.

The Committee believes that rural applicants for this program could greatly inform future policy making. The reality of rural health care delivery often includes care transitions given that many small rural hospitals and providers tend to refer more specialized care to distant communities while often receiving the patient back into the rural setting after discharge. Consequently, ensuring positive health outcomes for rural Medicare beneficiaries is dependent on highly coordinated transitions of care.

Who can apply: A hospital[1] that has been identified as having high experience in re-hospitalizations[2] or a community-based organization with a governing board representative of the "community." This Board must have decision-making capabilities for organization. In rural areas, you may need to research which organization can best cover a geographic area that will best serve rural patients.

A community-based organization, such as an area agency on aging[3] may apply in collaboration with a hospital(s) not listed on the high re-hospitalization listing. As Critical Access Hospitals are not part of this demonstration, this would be an approach to include them if you want to use them as the primary hospital partner. The frequently asked questions on CMS' website provide more detailed information to help you determine eligibility.[4]

Who are potential stakeholders: Hospitals and community based partners that "share" patients, such as primary care physicians, rural health clinics, home health agencies, pharmacies, nursing facilities, palliative/hospice care entities, transportation providers and area agencies on aging.[5]

How do you apply: The grant announcement should be released soon and posted to the CCTP page on the CMS website.[6] CMS is asking that several actions already be in place before an application is submitted: identify your primary stakeholders and complete a root case analysis. The grants are being funded on a rolling deadline. CMS has indicated that the more preliminary research and collaboration that is in place, the more successful an applicant may be in receiving part of the $500 million allocated to this program.

Next Steps: The Committee encourages rural providers who have an interest in taking part in this demonstration to begin planning with key stakeholders. In particular, rural providers should begin discussing this program with their local area agencies on aging and upstream referral hospitals to put in place the kind of network that would meet the program needs.

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[1] A subsection (d) hospital (as defined in section 1886(d)(1)(B) of the Social Security Act.

[2] List of high readmission hospitals available here: http://www.cms.gov/DemoProjectsEvalRpts/downloads/CCTP_FourthQuartileHospsbyState.pdf

[3] The Eldercare Locator is a national database of area agencies on aging and service providers funded by the Administration on Aging and coordination through the National Association of Area Agencies on Aging and may be a great starting point to identify partners (800-677-1116 or www.eldercare.gov).

[4] Frequently asked questions about CCTP:
https://questions.cms.hhs.gov/app/answers/list/kw/Community%20Based%20Care%20Transition%20Program

[5] Consider hosting a community meeting and have individuals share a personal story about an older person they know who experienced challenges once they were discharged – everyone has a story!

[6] CMS homepage for Community-based Care Transitions Program:
http://www.cms.gov/demoprojectsevalrpts/md/itemdetail.asp?itemid=cms1239313