To:	Massachusetts Care Transitions Community
From:	Amy Boutwell, on behalf of the ad hoc committee for a coordinated 3026 response
Date:	January 12, 2011
Subject:	Working Model for a Coordinated Response to Section 3026 Program Applications

Section 3026 of the Affordable Care Act created a $500 Million CMS based "Community Based Care Transitions Program." The Program is designed to improve care transitions between settings with the aim of reducing avoidable 30-day rehospitalizations. The details of the program have not yet been released, but will be forthcoming in the Federal Register. The major components of the program as far as are publically known, include:

- Applications from community-based organizations in partnership with hospitals
- Preference given to applications which include grantees of the US Agency on Aging
- Preference given to applications which focus on underserved and/or rural communities
- Clinical focus on "high-risk" Medicare beneficiaries, which are essentially defined as medically and/or socially complex
- Focus on hospitals with high readmission rates

Additionally, there are three entities which are known to be eligible to submit applications:

- ***Hospitals*** that demonstrate a relationship with their local ASAPS,
- ***Office practices*** that demonstrate a relationship with their local ASAPS, or
- ***Aging Services Access Points (ASAPs)*** that demonstrate a relationship with their medical provider communities.

As Massachusetts has developed a uniquely valuable infrastructure over the past several years, the state's providers, communities, and regions are in a particularly strong position to competitively apply for this opportunity. Our recommendation is that those applying for 3026 funding in Massachusetts take advantage of the existing work, existing or readily made cross-setting provider relationships by coordinating, aligning and aggregating applications which prominently make use of two well-established networks of eligible entities already working on reducing readmissions:

- ***ASAPs and ADRC Regions***: These organizations are currently receiving grant funding to implement the Coleman Care Transitions Model to improve patient transitions. The newly trained care transitions coaches represent a valuable potential resource and ASAPs/ADRCs meet CMS's "preferred criteria" for including grantees of the Agencies on Aging.
- ***STAAR Hospitals:*** 22 hospitals joined STAAR in 2009 and are actively working to improve patient transitions out of the hospital in conjunction with their cross-continuum partners. 20-30 additional hospitals are joining STAAR this month (Jan 2011). Collectively, this represents a majority of the hospitals in Massachusetts. Because of their participation/enrollment in STAAR, these hospitals will have analyzed their 30-day readmission rates and will have conducted "diagnostic reviews" of at least 5 recently readmitted patients; this work may be the foundation for the required root-cause analysis in the application.

We recognize that these collaborative "application units" likely have further strengths as well as unique relationships with providers on the cross-continuum teams and involved Patient and Family Advisors that will be valuable contributions to their candidacy. Through coordinating local and regional applications in Massachusetts, we feel that we can preserve local strengths while aligning them in a common direction which would serve to transform the standard of care transitions in the state. An aligned, aggregated state-wide application would include a budget for sharing best practices, tools, implementation strategies, and support active communication among the localities for the express purpose of accelerating change among the collection of applicants in Massachusetts.

The model below is a brief outline of a proposed vision for an aligned and aggregated strategy for applications for 3026 funding. We hope it is helpful for communities seeking to align themselves with a robust network of experience in this area and maximize the continued integration of efforts to improve care transitions. We welcome your feedback on this proposal.

Model for Regional 3026 Applications in Massachusetts

Unit	Request	Amount
STAAR Hospital(s)	Investment in hospital-based cross-continuum team to improve processes of transitions	$A
ASAPs/ADRC	Investment in providing care transitions coaching	$B
Cross-Continuum Network	Investment in coordinating among cross-continuum partners	$C
State	Additional support for statewide learning system, infrastructure, and communication (distributed evenly among all application units)	$D
Total Regional Support		$E
Total State Application		∑$E1+ $E2, etc