

**Aging and Disability Resource Centers
Implementing the Affordable Care Act:
Making it Easier for Individuals to Navigate Their Health and Long-Term Care through
Person-Centered Systems of Information, Counseling and Access
Evidence Based Care Transition Program**

State Agency: Massachusetts Executive Office of Elder Affairs

Name of ADRC and Healthcare Partners:

Aging and Disability Resource Consortium of the Greater North Shore (ADRCGNS), Beverly and Addison Gilbert Hospitals, and *The Medical Group*

Project Period: September 30, 2010 to September 30, 2012

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Evidence Based Care Transitions Model: Care Transitions InterventionSM

Project Summary:

The Massachusetts Executive Office of Elder Affairs (Elder Affairs), in partnership with Aging and Disability Resource Consortium of the Greater North Shore (ADRCGNS), Massachusetts Rehabilitation Commission and MassHealth seeks to implement Navigating Across Care Settings: Choices for Successful Transitions (NACS), in order to provide the Care Transitions Intervention (CTI) to 300 people with congestive heart failure, chronic obstructive pulmonary disease or diabetes. The project will expand community partnerships to bolster CTI's effectiveness by connecting participants with peer supports, evidence-based programs and Options Counseling.

Goal/Objectives:

The goal is to expand capacity to promote healthy, successful care transitions by 1) strengthening communications around consumer health issues across settings; 2) fostering consumer health self-management; 3) increasing awareness among professionals about care transitions; 4) reducing consumer and caregiver stress; and 5) reducing hospital re-admissions, preventable hospitalizations, and premature nursing facility placements.

Anticipated Outcomes/Results:

NACS will retain six trained CTI coaches, enhance agency partnerships and develop a formal evaluation in order to gauge these outcomes: 1) lower rates of re-hospitalization within 30- and 90-day periods; 2) greater consumer and caregiver satisfaction and awareness regarding choice, supports and control surrounding health routines and regimens; 3) more effective communication between consumers and health providers; 4) more positive feeling among consumers about their health and well being; 5) greater caregiver confidence in problem solving abilities and ability to cope with stress and manage their lives; and 6) integration and awareness of Care Transitions supports into provider practice and referral networks.