## 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: Tennessee Commission on Aging & Disability

#### **ADRC** and Healthcare Partners:

The Greater Nashville Regional Council (ADRC) and Vanderbilt University Medical Center

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

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Evidence Based Care Transitions Model: Care Transitions Intervention<sup>sm</sup>

#### **Project Summary:**

The Tennessee Commission on Aging and Disability (TCAD) in partnership with the Greater Nashville Regional Council (GNRC) that serves as the Area Agency on Aging and Disability (AAAD) and the Aging and Disability Resource Center (ADRC) for Middle Tennessee is applying for the ADRC Evidence-Based Care Transition Program of the Implementing the Affordable Care Act funded by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS). The Care Transitions Intervention<sup>™</sup> (CTI) has been selected.

### **Goal/Objectives:**

The goal of this program is to reduce rebound incidents to hospitals or other acute care settings for patients with identified acute and chronic conditions in order to improve the quality of their lives and reduce health care costs. The objectives are to increase and coordinate communication and support for patients discharged from hospitals; to increase the patient's transition-specific self-management skills including use of medications and appropriate nutrition; to ensure that the patient develops and maintains a record of personal health data; and to link acute, transitional, long-term services and other needed services to provide continuity of support for the patient.

### **Anticipated Outcomes/Results:**

The outcomes include an improved communication and coordination system of support for the patient and his/her family; reduced costs through reduced rebound incidents; and increased patient self-management skills. The products from this project include a final report including "lessons learned" and evaluation results; articles for publication; and a cost analysis to identify savings.