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: Colorado Department of Human Services

Name of ADRCs and Healthcare Partners:
Mesa ARCH (Adult Resource for Care and Help), Mesa County Health Department, Colorado Foundation for Medical Care (QIO), and St. Mary's Hospital and Regional Medical Center

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

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Evidence Based Care Transition Model: Care Transitions Intervention℠

Project Summary:
The Colorado Department of Human Services (CDHS) and the Colorado Department of Health Care Policy and Financing (HCPF) are requesting funding from the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) to fund a two-year grant for the continuation of transitional care improvement in Mesa County's Aging and Disability Resource Center (ADRC) known in Colorado as Adult Resources for Care and Help (ARCH). Mesa County was a participant community in Colorado's Quality Improvement Organizations (QIO), the Colorado Foundation for Medical Care (CFMC) Transitions of Care pilot project.

Goal/Objectives:
The primary goal of a transitions coaching program is to increase effective self-management capacity of people following a hospitalization and to reduce unplanned re-hospitalizations. The objectives are to: 1) standardize and formalize the coaching processes first introduced in 2007; 2) measure decrease for hospital readmission rates at 14-days, 30-days, 60-days, 90-days; 3) formalize the Care Transitions Taskforce structure as a subcommittee to the Quality Health Network's Quality Oversight Committee; and 4) over the two-year project aim to serve and coach 800 patients.

Anticipated Outcomes/Results:
Primary outcomes are to increase effective self-management capacity of people following a hospitalization and to reduce unplanned re-hospitalizations.