

WESTERN PENNSYLVANIA COMMUNITY CARE TRANSITIONS PROGRAM

Canonsburg General Hospital-part of the West Penn Allegheny Health System, Excela Health Frick Hospital,
Excela Health Latrobe Hospital, Excela Health Westmoreland Hospital, Monongahela Valley Hospital,
The Washington Hospital, Southwestern Pennsylvania Area Agency on Aging, Westmoreland County Area Agency on Aging

OUR COLLABORATION

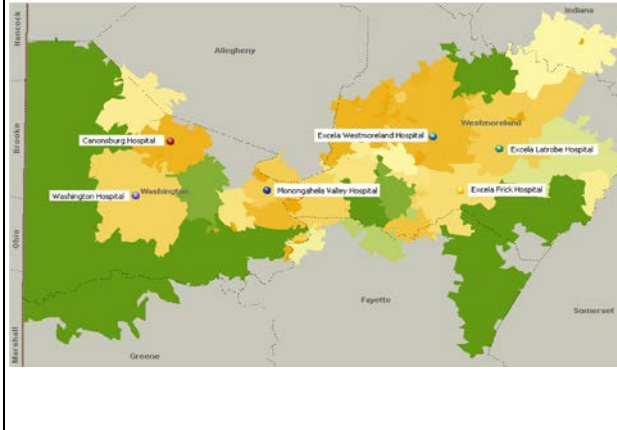
The Western Pennsylvania Community Care Transitions Program (WPA CCTP) consists of the following: the Southwestern Pennsylvania Area Agency on Aging and Westmoreland County Area Agency on Aging partnering with Canonsburg General Hospital-part of the West Penn Allegheny Health System, Excela Health Frick Hospital, Excela Health Latrobe Hospital, Excela Health Westmoreland Hospital, Monongahela Valley Hospital and The Washington Hospital.

OUR PREVIOUS EXPERIENCE

The two AAAs and their hospital partners have substantial experience in providing transitions services and piloting readmission reduction initiatives. Included among the community experience is working with Quality Insights of PA in the CMS sponsored 9th Scope of Work (SOW) which focused on the reduction of 30-day avoidable readmissions and transitional care improvement. The Care Transitions Intervention (CTI) was one of the primary community based interventions used in the 9th SOW. The intervention was delivered by Southwestern PA AAA and Westmoreland County AAA with Monongahela Valley Hospital, Excela Health Westmoreland, Excela Health Latrobe and Excela Health Frick Hospitals respectively. This two year pilot resulted in demonstrated reductions in 30-day readmission rates.

OUR COMMUNITY

The WPA CCTP will provide services to patients discharged from the six participating hospitals. This includes 129 ZIP Codes located in Fayette, Greene, Washington and Westmoreland Counties in southwestern Pennsylvania.



OUR TARGET POPULATION

The WPA CCTP will target Medicare Fee for Service beneficiaries living in the area described in our community who are discharged from one of the participating hospitals. The qualifying diagnoses include: AMI, CHF, PNEU, COPD, multiple chronic disease and/or readmission history.

OUR IMPLEMENTATION STRATEGY

With technical assistance and guidance provided by Quality Insights of Pennsylvania the WPA CCTP performed a robust root cause analysis which identified the following three drivers of readmission: 1) low patient activation and self management, 2) lack of standard and known processes and 3) inadequate transfer of information between care settings.

The Care Transitions Intervention (CTI) was selected by all partners as the evidenced based strategy best aligned with reducing 30 day readmissions. Specifically, the two Area Agencies on Aging (AAA) will station a transition coach in each of the six acute care hospitals. These coaches will work closely with the hospital care management/discharge planning teams. All CTI strategies will occur within 30 days of the referral from the hospital.

The WPA CCTP will also incorporate lessons learned and best practices acquired through their previous care transitions experience.

Additionally, the AAA will inform program participants of available community resources and provide access to long term living services to support their individual needs.