Letters to the Editor

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The Centers for Medicare and Medicaid Services [evaluation] painted an incomplete picture of a program that was just getting on its feet and that has since made significant strides.

When the program got underway, CCTP sites had to hit the ground running, investing an average of $165,000 in non-reimbursable start-up costs just to begin their work. The programs also faced steep ramp-up deadlines, some of which were unattainable in the absence of funding, major lag time in acquiring admissions data from CMS and hospital partners focused more on other health care reform efforts.

In addition to operational challenges, the arbitrary readmissions metric at the heart of the CCTP program also placed pressures on sites that were beginning to gather momentum, and as a result, otherwise high performing sites were penalized.…

While many agencies were able to overcome these significant hurdles, others could not. The report attempts to identify common denominators among the successful sites, but in conducting an evaluation so early in the program, greater insight might have been gained by focusing instead on the scope and depth of the common challenges.

Here’s the good news. Despite these challenges, many CCTP sites are actually succeeding today. In a recent survey conducted by the National Association of Area Agencies on Aging (n4a), 82 of the 92 Area Agencies on Aging (AAAs) involved in CCTP said their local care transitions activities were reducing readmissions and about an equal percentage said they realized significant costs savings to Medicare, in many cases totaling millions of dollars.