

April 17, 2013

Ms. Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave. SW
Washington, D.C. 20201

Dear Ms. Tavenner,

We write to you today concerned about the viability and continued progress of the Community-based Care Transitions Program (CCTP) that recently sustained a 40% cut in funding through the Continuing Appropriations Act of 2013. We believe that this cut is short-sighted and will halt the significant progress being made across the country to improve patient outcomes, decrease the number of avoidable hospital readmissions, and reduce unnecessary health-related expenses through targeted care transition programs.

As you know, those who require care — particularly the elderly and individuals with chronic illnesses— face significant challenges when moving from the hospital to home, from a care facility to the hospital, or between other care settings. Poor transitions of care can result in medication errors, duplicative tests, and other mistakes that frequently cause hospital readmissions, raise costs of care, and diminish the quality of patient outcomes. In many cases the reasons for hospital readmissions are well outside of the scope of what hospitals and outpatient physician practices can address.

The CCTP is a critical resource that was created to foster partnerships between hospitals and community-based organizations that have the experience and expertise to address the breadth of challenges faced by older adults. With 102 sites in 40 states, the CCTP has proven there is a large demand for these kinds of programs that directly fund improved care coordination services. However, many of the funded sites, or “partners”, are at a particularly vulnerable time as they are just getting up to speed in terms of implementing their care transitions program. These cuts have the potential to directly impact the current partners as there may be inadequate resources to support their success in recruitment and growth of the program. For example, some programs may lose the support of key partners in their communities if continued funding is in jeopardy. In addition, it is unclear what these cuts mean for current and future applicants.

To that end, we request that the Administration clarify how the cuts to the CCTP will impact both current partners and future applicants. Specifically:

- Will current partners continue to have the opportunity to renew under their current contracts?

- Will the remaining CCTP funds go towards supporting current partners, or will there be an effort from CMS to fund care transitions programs in communities that are still in need or applicants in states that have not yet received funding?
- As written in Sec. 3026 of the Affordable Care Act, the CCTP is a five year long demonstration designed to document measureable savings to the Medicare program by reducing unnecessary readmissions, and gives the Secretary discretion to extend or implement proven best-practices resulting from the program. With this in mind, how will success be defined for the program's potential continuation while sustaining these funding cuts?

Thank you for your attention to these questions concerning the sustainability of the CCTP. Should you have any questions, please don't hesitate to contact Lindsay Punzenberger, Policy Director for the National Transitions of Care Coalition, at 202-466-4721.

Sincerely,

National Transitions of Care Coalition (NTOCC)
American Medical Directors Association (AMDA)
Association of Jewish Family & Children's Agencies
Caregiver Action Network
Easter Seals
Health & Medicine Policy Research Group
Illinois Transitional Care Consortium
LeadingAge
National Association of Area Agencies on Aging (n4a)
National Center on Caregiving, Family Caregiver Alliance
National Coalition on Care Coordination (N3C)
Rush University Medical Center
Visiting Nurse Associations of America