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

Contact: Kathy Zamata
615.741.2056
Kathy.Zamata@tn.gov

Evidence Based Care Transitions Model: Care Transitions Intervention℠

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℠ (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.