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First Ever National Prevention and Health Promotion Strategy Released

On June 16th, members of the National Prevention, Health Promotion, and Public Health Council, including Department of Health and Human Services (HHS) Secretary Kathleen Sebelius, Surgeon General Regina Benjamin (Chair), as well as Senator Tom Harkin and Domestic Policy Council (DPC) Director Melody Barnes, announced the release of the National Prevention and Health Promotion Strategy, a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. The National Prevention Strategy recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe worksites and healthy foods. The strategy was developed by the National Prevention Council, which is composed of 17 federal agencies who consulted with outside experts and stakeholders.

The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation's prosperity. The strategy outlines four strategic directions that, together, are fundamental to improving the nation's health:

- **Building Healthy and Safe Community Environments:** Prevention of disease starts in our communities and at home; not just in the doctor's office.
- **Expanding Quality Preventive Services in Both Clinical and Community Settings:** When people receive preventive care, such as immunizations and cancer screenings, they have better health and lower health care costs.
- **Empowering People to Make Healthy Choices:** When people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices.
- **Eliminating Health Disparities:** By eliminating disparities in achieving and maintaining health, we can help improve quality of life for all Americans.

To read more about the announcement, visit

<http://www.HealthCare.gov/news/factsheets/prevention06162011a.html>. More information on the National Prevention Strategy and the National Prevention Council can be found at <http://www.HealthCare.gov/center/councils/nphpphc>.

Federal Notices

Partnership for Patients Goes on the Road

The [Partnership for Patients](#) initiative, launched by the Department of Health and Human Services, was created to dramatically improve patient safety across the country. This initiative will engage stakeholders from the private and public sectors to reduce hospital readmissions and hospital acquired conditions. The goal of the initiative is to help organizations nationwide start and sustain changes that will lead to reduced health care-caused harm and cost. On average, one in seven Medicare beneficiaries is harmed in the course of their care, costing the government an estimated \$4.4 billion every year. Additionally, nearly one in five Medicare patients discharged from the hospital is readmitted within 30 days – that’s approximately 2.6 million seniors at a cost of over \$26 billion every year.

In addition to improving the quality of care received by patients by reducing hospital acquired conditions, the campaign also focuses on supporting patients’ transitions from the hospital to a home and community-based setting. There is a huge role for the Aging Network to engage in the Partnership for Patients initiative and join with hospitals to improve care in communities across the country. Here is the latest from the initiative and more about how to get involved:

Sign the Pledge! The Partnership for Patients isn’t just for hospitals and clinicians. The initiative needs the support and engagement of thousands of community-based organizations and consumer groups to truly improve patient safety nationwide. The partnership outlines a significant role for consumer, community and patient organizations. To date, over 600 consumer and community-based organizations have signed the pledge. Be the first to receive updates and learn about upcoming opportunities—engage your organization and community by taking the pledge! To learn more, visit:

<http://www.healthcare.gov/center/programs/partnership/join/index.html>

Watch for Upcoming Partnership for Patients Webinars. The [Partnership for Patients](#) is teaming up with the National Quality Forum to launch the first in a series of free patient safety [webinars](#) starting June 20th. These events are open to all stakeholders, including hospitals, employers, clinicians, community-based organizations and advocates, who want to make strides in improving patient safety. Upcoming webinar topics will include care transitions, adverse drug events, falls prevention and other safety issues faced by individuals in hospitals and community settings. Advance registration is required and all webinars will be archived on the National Quality Forum website. To learn more about the webinar series and sign up for the June 20th webinar, visit:

http://www.qualityforum.org/Events/Webinars/Patient_Safety_Webinars/Patie

[nt_Safety_Webinars.aspx?zbrandid=4275&zidType=CH&zid=6952564&zsubscriberId=1029316472&zbdom=http://nqf.informz.net](http://www.cms.gov/nt_Safety_Webinars.aspx?zbrandid=4275&zidType=CH&zid=6952564&zsubscriberId=1029316472&zbdom=http://nqf.informz.net).

Apply for the Community-Based Care Transitions Program. The Community-Based Care Transitions Program is a five year Medicare demonstration authorized through the Affordable Care Act and provides \$500 million for community-based organizations in partnership with local hospitals or health systems to reduce preventable hospital readmissions. For community-based organizations planning on applying for funding with their local hospital system, CMS has scheduled upcoming review panels for the remainder of 2011:

July 19, 2011 - Applications must be received no later than June 20, 2011 to be considered for this review.

August 24, 2011 - Applications must be received no later than July 15, 2011 to be considered for this review.

September 19, 2011 - Applications must be received no later than August 18, 2011 to be considered for this review.

CMS will continue to review CCTP applications on a rolling basis for the next five years. For more information about CCTP visit the program webpage at <http://www.cms.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1239313>.

Improvements for Pre-Existing Conditions Insurance Plans

Last May the U.S. Department of Health and Human Services (HHS) announced new steps to reduce premiums and make it easier for Americans to enroll in the Pre-Existing Condition Insurance Plan. Premiums for the Federally-administered Pre-Existing Condition Insurance Plan (PCIP) will drop as much as 40 percent in 18 States, and eligibility standards will be eased in 23 States and the District of Columbia to ensure more Americans with pre-existing conditions have access to affordable health insurance. The Pre-Existing Condition Insurance Plan was created under the Affordable Care Act and serves as a bridge to 2014 when insurers will no longer be allowed to deny coverage to people with any pre-existing condition, like cancer, diabetes, and asthma.

The program covers a broad range of health benefits and is designed as a bridge for people with pre-existing conditions who cannot obtain health insurance coverage in today's private insurance market. In 2014, all Americans – regardless of their health status – will have access to affordable coverage either through their employer or through new competitive marketplaces called Exchanges, and insurers will be

prohibited from charging more or denying coverage to anyone based on their health status.

For more information, including eligibility, plan benefits and rates, as well as information on how to apply, visit <http://www.pcip.gov> and click on “Find Your State.” Then select your State from a map of the United States or from the drop-down menu.

To find a chart showing changes to PCIP premiums in the States with Federally-administered PCIP programs, visit

<http://www.HealthCare.gov/news/factsheets/pcip05312011a.html>.

HHS provides new tools to provide better care for Medicare-Medicaid enrollees

The U.S. Department of Health and Human Services (HHS) announced two new initiatives to work with states to save money and better coordinate care for the 9 million Americans enrolled in both Medicare and Medicaid. The initiatives will be led by the new Federal Coordinated Health Care Office (the Medicare-Medicaid Coordination Office) and include:

The Alignment Initiative: A lack of alignment between the programs can lead to fragmented or episodic care for people with both Medicare and Medicaid coverage, which can reduce quality and raise costs. Through a published *Notice for Comment* (<http://www.gpo.gov/fdsys/pkg/FR-2011-05-16/html/2011-11848.htm>) in the Federal Register, the Medicare-Medicaid Coordination Office seeks input and ideas about how to align in six areas: care coordination, fee-for-service benefits, prescription drugs, cost sharing, enrollment, and appeals. The deadline for public comment is July 11, 2011. The Medicare-Medicaid Coordination Office will continue to engage with local stakeholders around the country on the Alignment Initiative through regional listening sessions.

Access to Medicare data: The Coordination Office also announced a new process providing faster access to state level Medicare data as an essential tool for states seeking to coordinate care, improve quality, and control costs for their highest cost beneficiaries. Information about accessing the data is available through the Center for Medicaid, CHIP and Survey & Certification (CMCS) Informational Bulletin at:

<http://www.cms.gov/CMCSBulletins/CMCSB/list.asp#TopOfPage>.

For more information about these announcements, visit:

<http://www.cms.gov/medicare-medicaid-coordination/>.

Funding Announcements

Over \$100 million available through the CDC Community Transformation Grants

The U.S. Department of Health and Human Services announced in May the availability of over \$100 million in funding for up to 75 Community Transformation Grants through the US Centers for Disease Control and Prevention. Created by the Affordable Care Act, these grants are aimed at helping communities implement projects proven to reduce chronic diseases – such as diabetes and heart disease. By promoting healthy lifestyles and communities, especially among population groups experiencing the greatest burden of chronic disease, these grants will help improve health, reduce health disparities, and lower health care costs. Eligible entities for the Community Transformation Grants include community-based organizations or local networks of community-based partners and stakeholders. For more information about the grants, visit the program webpage at

<http://www.cdc.gov/communitytransformation/index.htm>

AoA Funding for States from the Older Americans Act Title IV and the Public Health Services Act

AoA will award up to \$14 million in competitive grants to State Units on Aging through a new two part Program Announcement. The goal of the Program Announcement is to ensure that older adults, individuals with disabilities and family caregivers have clear and ready access to a sustainable, integrated system that offers a comprehensive set of high quality, evidence-based services that can help them remain independent and healthy in the community. AoA will award fully funded 3-year cooperative agreements to successful applicants that agree to implement, and sustain a statewide, integrated service system on two levels:

Between the state and local communities to implement, and sustain a statewide system.

Across health and human service systems to streamline and facilitate enrollment in a comprehensive array of high quality services and supports.

An open information teleconference for applicants of the funding opportunities under this announcement will be held on **June 22, 2011** at 3PM EST. The toll-free teleconference phone number will be 888-982-4690 passcode: 41896. The deadline for submitting applications is July 27, 2011. For more information about the Program Announcement, visit: <http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx>.

Upcoming Events and Trainings

AoA Care Transition Webinar Series

On Tuesday, June 21, the Administration on Aging (AoA) will continue its series of webinars focused on the Patient Protection and Affordable Care Act of 2010 (also known as the Affordable Care Act, or ACA) and its impact on the aging network. This next webinar is the second in a two-part series focused on technology, care coordination and care transitions.

Title: Utilizing Patient-Centered Technologies to Support Care Transitions

Date: Tuesday, June 21, 2:00-3:30 pm Eastern

Description: Patient-centered technologies are being utilized to improve patient engagement in care transitions and allow providers to better customize care planning and decision support based on individual patient needs. This webinar will explore the role of technology in care transitions processes and provide an overview of the Tech4Impact (Technologies for Improving Post-Acute Care Transitions) program, an innovative grant program that encourages Aging & Disability Resource Centers to expand the use of technologies that support existing care transitions initiatives, and a detailed look at the work of two Tech4Impact grantees.

Speakers:

Maria Gil, ER Card, LLC, West Warwick, RI Angela Hochhalter, Scott & White Healthcare, Round Rock, TX Stephen Kogut, University of Rhode Island College of Pharmacy, Kingston, RI Lynn Redington, Center for Technology and Aging, Oakland, CA

Moderator: Marisa Scala-Foley, Administration on Aging, Washington, DC

To register for the online event

1. Go to <https://aoa-events.webex.com/aoa-events/onstage/g.php?d=663557782&t=a>
2. Click "Register".
3. On the registration form, enter your information and then click "Submit".

Once your registration is approved, you will receive a confirmation email message with instructions on how to join the event.

This webinar will also be recorded and posted on the AoA web site (http://www.aoa.gov/Aging_Statistics/Health_care_reform.aspx) soon after the webinar.

ACO Accelerated Development Learning Sessions

The Innovation Center is offering Accountable Care Organization (ACO) Accelerated Development Learning Sessions to provide the executive leadership teams from existing or emerging ACO entities the opportunity to learn about essential ACO functions and ways to build capacity needed to achieve better care, better health and lower costs through integrated care models. As clinical service providers develop plans for providing accountable care to beneficiaries across care settings, there will be many partnership opportunities for Aging Network providers to help support individuals in their homes and communities. Four sessions will be offered in 2011.

- Session 1** June 20-22; Minneapolis, MN – Registration is open at <https://acoregister.rti.org>
- Session 2** September; San Francisco Bay area, CA
- Session 3** October; Philadelphia, PA area
- Session 4** November; Atlanta, GA area

To learn more about ACOs and other seamless coordinated care models within the CMS Innovation Center, visit: <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/>

What are you hearing?

What questions do you have about the opportunities for your agency within the Affordable Care Act? What are your best practices that incorporate the three part aim for better health, better care and lower costs? What information does your agency need to move forward? Share your story or submit your question to AffordableCareAct@aoa.hhs.gov.

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