

October 24, 2012

**Question:**

At what point in an acute stay is a referral made to C-TraIn outreach workers?

**Answer:**

Patients are identified upon admission, and the nurse meets them early in hospitalization. Pharmacy is also consulted upon hospital admission. This is important to guide anticipatory planning across settings. Patients are linked with primary care in the community, or if they already have primary care, an effort is made to help reconnect with primary care.

**Question:**

Our state is pulling back its public health funding. Is it the same in Oregon, and how were you able to navigate thru the system to convince your program is cost-effective?

**Answer:**

Making the business case was a key part of our process of program development. We've described this in a paper called "Planning and Designing the Care Transitions Innovation (C-TraIn) for Uninsured and Medicaid Patients" that we published in the Journal of Hospital Medicine. Now, much more than when we started our work, the incentives are better aligned given the climate of national health reform which includes penalties for 30 day readmissions. We found that having local data also helped us move our agenda forward.

For information on the articles mentioned in the Care Transitions webinar, contact Sabrina Edgington at [sedgington@nhchc.org](mailto:sedgington@nhchc.org).