During the transition from hospital to ambulatory care, low-income patients often lack the resources required for adherence to evidence-based therapies. As a result, these patients experience substantial morbidity and excess acute care reutilization during the transition. Yet, no published transition interventions target this population. Existing transition or home care interventions often neglect the social determinants of health, which play a major role in the lives of socioeconomically vulnerable patients. Penn Medicine has partnered with Spectrum Health Services (SHS), a West Philadelphia community health center, to develop a pilot intervention designed to improve transitions of care: The Patient-Centered Transition (PaCT) Project. The PaCT Project utilizes trained CHWs to provide social support, navigation and advocacy to socioeconomically vulnerable patients who are being discharged from the General Medicine services of The Hospital of the University of Pennsylvania (HUP) and Penn Presbyterian Medical Center (PPMC). The CHWs, or PaCT Partners, help patients to overcome the challenges of transition, including arranging primary care provider (PCP) follow-up, filling medication prescriptions and obtaining referrals to community-based social services. We propose to test a method for the adaptation and dissemination of PaCT to subspecialty patient populations which have particularly high rates of readmission at Penn Medicine and across the country: Cardiology and Oncology patients. This pilot study of our adaptation and dissemination strategy will enable us to apply for future funding for larger-scale expansion of PaCT in a variety of settings. We propose to study the effect of PaCT on patient adherence and outcomes using a randomized controlled trial.