Partners in Care FOUNDATION

innovations

Summer 2022

Partners honors Dr. Southam and Dr. Jain for Health Care Leadership

It was a very special evening. On Monday, June 20, 2022, Kaiser Permanente's Executive VP of Health Plan Operations and Chief Growth Officer Arthur M. Southam, MD was honored by the *Partners* in Care Foundation with its prestigious "Vision & Excellence in Healthcare Leadership" Award. Also honored was Sachin H. Jain, MD, President and Chief Executive Officer of SCAN Group and SCAN Health Plan, who received *Partners*' "Champion for Health Award."

Pictured from left to right: Sachin H. Jain, MD, June Simmons, Arthur M. Southam, MD

This recognition took place during a dinner celebration held at the Beverly Hilton Hotel before an audience of nearly 450 healthcare executives from throughout the state, which is a record-high attendance for the Tribute Dinner. Enthusiasm for both recipients was evident throughout the evening as spontaneous cheers and applause broke out repeatedly during the presentations.

According to June Simmons, *Partners*' President and CEO, "Dr. Southam's impact shaping healthcare in both California and the nation through decades of consistent and successful leadership are notable. In addition, he has been generous with his time mentoring and coaching so many of the industry's current leaders. These combined make him an ideal recipient of this prestigious award."

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Save the Date
23rd Annual Tribute Dinner
Monday, June 12, 2023
The Beverly Hilton Hotel

Silver Anniversary on the Horizon

Hard to believe Partners in Care Foundation turns 25 this year!

Partners was founded as a non-profit on October 8, 1997. Our intention was to bring healthcare, families, and community-based services together around specific values of collaboration, innovation, and impact.

Initially, *Partners* focused on optimizing late-life care and developing evidence-based programs to improve health for homebound elders and enhance individual health self-management skills. Today, we are a major

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Dr. Southam joined Kaiser Permanente in 2001 and has national responsibility for Health Plan marketing, sales, service, and administration to employers, government programs and individuals.

In addition to his leadership responsibilities with Kaiser Permanente, Dr. Southam greatly values the decade he has spent with CHRISTUS Health, both as a member of its board of directors and a stint serving as the chairman of the CHRISTUS Health board. Additionally, he is a member of the board of advisors for the UCLA Fielding School of Public Health, and is past chair of the Council for Affordable Quality Health Care, the California Association of Health Plans, the Integrated Health Care Association and Easter Seals of Southern California.

Sachin H. Jain, MD, received *Partners*' Champion for Health Award. "We are recognizing Dr. Jain with our Champion for Health Award for his outstanding achievements in building and scaling innovative programs that address the needs of the highest-risk, highest-need patients," said June Simmons.

As President and Chief Executive Officer of SCAN Group and SCAN Health Plan, Dr. Jain is responsible for leading the organization's growth, diversification, and efforts to reduce healthcare disparities. Before starting at SCAN in July 2020, Dr. Jain was president and CEO of CareMore Health and Aspire Health, innovative integrated healthcare delivery companies. He led growth, diversification, expansion and innovation of these companies and they grew to serve over 180,000 patients in 32 states with $1.6B in revenues. Under his leadership, CareMore built and scaled industry-leading programs to address loneliness, deliver hospital and primary care at home, and address the clinical needs of the highest-risk, highest-need patients.

Pictured from left to right: Katherine Kirchhoff, Managing Director at Cain Brothers and Chair of Partners in Care Foundation Board of Directors, Sachin H. Jain, MD, President and CEO of SCAN Group and Health Plan, June Simmons, CEO and President of Partners in Care Foundation, Celeste Ortiz, Chief People Officer of Crossover Health and SCAN Group Health Plan's Board of Directors, and Jennifer Heenan, Partner Healthcare Services Practice at Spencer Stuart, and Chair of Partners' 2022 Tribute Dinner Committee

Pictured from left to right: Katherine Kirchhoff, Managing Director at Cain Brothers and Chair of Partners in Care Foundation Board of Directors, June Simmons, CEO and President of Partners in Care Foundation, Arthur M. Southam, MD, Executive Vice President at Kaiser Permanente, Jennifer Heenan Partner, Healthcare Services Practice at Spencer Stuart, and Chair of Partners' 2022 Tribute Dinner Committee, and Tom Gordon, Chairman of the Board of DSL Construction and Partners' Tribute Dinner Honorary Co-Chair and Committee Member

Dr. Arthur M. Southam and Family, and Kaiser Permanente Team

Dr. Sachin H. Jain and SCAN team

Follow us on Facebook to check out the photos from the event!
View the highlights on our website at picf.org/events

Silver Anniversary (cont.)

Southern California provider of care coordination, including long-term services and supports at home for complex and/or frail Medi-Cal beneficiaries and also care transition coaching and assistance for people returning home following a hospital stay.

Partners leads engagement with the healthcare sector in creating and deploying integrated regional community care models. We are a pioneer in advancing exceptional services for adults with complex chronic conditions. Our success over the past 25 years is due in large part to all those who have believed in – and contributed to – both our Mission and Vision. This includes current and past Board Members, donors, and staff from throughout our history.

Plans are underway to celebrate this achievement throughout the fall of 2022 and into 2023. Look for early details in the very near future!

Meet the *Partners* Team

For 25 years, *Partners* has been a significant change agent in the social determinants of health arena. We have been called a "powerful innovator," a "leader of change" and a "source of charity for those most in need of help." Our success is due to people who are passionate about making things happen and have the skills to bring ideas to fruition. In each issue, we introduce Board members and staff who have helped shape *Partners*' success.

Seth Ellis

Vice President, Clinical Integration, MemorialCare

Partners in Care Foundation Board Member since August 2000

Seth Ellis' career experience includes executive leadership of complex acute and post-acute hospitals and delivery systems with a focus on clinical, service and business quality. With the patient at the center, Mr. Ellis is always mindful of the experience of both patients and providers.

Currently serving as Vice President Clinical Integration for the MemorialCare Health System, Mr. Ellis is responsible for optimizing two service lines, MemorialCare Heart and Vascular Institute, for both adults and children and the MemorialCare Orthopedic and Spine Institute. Prior to MemorialCare, Mr. Ellis was founding Chief Operating Officer for Exer More Than Urgent Care. Prior to Exer, Mr. Ellis served as the Executive Vice President and Corporate Operating Officer for the nonprofit Motion Picture & Television Fund (MPTF) in Woodland Hills, CA from 2000-2012. Additionally, Mr. Ellis' background in strategic planning and business development includes senior executive positions with Catholic Healthcare West, Southern California, as well as an eight-year stint as Vice President for Business Development for St. Mary Medical Center in Long Beach, CA.

Mr. Ellis is married to Josetta Sbeglia, an accomplished Art Dealer and businesswoman, and the proud father of a son named Zachary.

Paul Craig, JD

Healthcare Advocacy, Former Chief Administrative Officer, Keck Medicine of USC

Partners in Care Foundation Board Member since December 2020

Paul Craig recently retired as the Chief Administrative Officer (CAO) for Keck Medicine of USC where he served for eight years. As CAO, he was responsible for several Health System departments including Patient Relations, International Medicine, Telemedicine, Human Resources and Community Benefit & Government Relations.

Mr. Craig's experience includes practicing law and working as a registered nurse. He came to USC in May 2014, from Children's Hospital Los Angeles (CHLA), where he was the Vice President for Human Resources. Mr. Craig spent nine years at the University of California, San Diego (UCSD), where he was Assistant Vice Chancellor, Human Resources and Risk Management for UCSD Health Sciences. Before UCSD, Mr. Craig was the Chief Operating Officer at Saint Francis Memorial Hospital in San Francisco.

Mr. Craig earned his juris doctor, *cum laude*, from DePaul University College of Law. He has a B.A. in Behavioral Science from National University in Evanston, Illinois, and a diploma from the Evanston Hospital School of Nursing.

Partners at Work in the Community

Caring for a Young Adult's Journey through Addiction

After a traumatic car accident while driving under the influence, 22-year-old Daniella sought treatment for her substance use disorder with the help and encouragement of a *Partners*' care coordinator and Substance Use Disorder (SUD) Navigator.

At the young age of 13, Daniella started using drugs and consuming alcohol to cope with both post traumatic stress disorder and depression. Now, a 22-year-old, Daniella lives with several other health challenges including asthma and hypertension, and has been diagnosed with bipolar disorder and type 2 diabetes.

Daniella joined *Partners*' Enhanced Care Management (ECM) program in 2021 through a referral by her health care provider, HealthNet. The ECM program addresses the clinical and non-clinical needs of Medi-Cal participants, who are typically frail, impoverished, or disadvantaged in many ways, through the coordination of services and comprehensive care management.

ECM care coordinators conduct care assessments for social determinants of health during participants' home visits and take appropriate steps to address the non-medical factors and conditions identified. Through the initial assessment process, Daniella's care coordinator recognized social factors like her neighborhood and its surrounding environment influenced her drug and alcohol use. They also identified her lack of support at home and her depression as contributing factors to her avoiding scheduled doctor's appointments with her primary care physician.

To address these challenges, her *Partners'* care coordinator set up reminders for Daniella and proposed telehealth or virtual doctors' appointments. The care coordinator also connected Daniella with a new *Partners'* resource, a SUD navigator. SUD Navigators leverage lived experience and a deep awareness of community resources to support members struggling with substance use in accessing treatment.

Daniella's care coordinator and SUD Navigator encouraged her to get treatment for her substance use disorder following an admission to the hospital earlier this year as a result of her car accident. Daniella saw the experience as a sign she needed to get help and take back control of her health. The SUD Navigator helped her enroll in the Tarzana Treatment Center, a drug and alcohol rehab center, and even attended the first meeting with Daniella as moral support.

Daniella grew up with little to no support, and environmental factors led to her turning to drugs and alcohol to cope with her depression and health challenges. Not only did she feel alone, but she felt constantly judged by others.

Partners' services have had an impact on Daniella. Her care coordinator reflects, "she is happier and finally feels like she has a real support system with the *Partners'* SUD Navigator and care coordinator on her side."

"Daniella sees that attending meetings and getting treatment has really helped, and she has been completely sober for the past 4 months," she adds. It was Daniella's trust in her care coordinator and navigator that led her to now being more open-minded in receiving and asking for help.

You can help others like Daniella by donating today to Partners' Urgent Needs Fund

Donate Now:
https://bit.ly/3oKU3ss

Partners' ECM: Improving Quality of Life and Providing Effective Person-Centered Care

The California Advancing and Innovating Medi-Cal (CalAIM) initiative seeks to improve the quality of life and health outcomes of individuals in the community by implementing a wide-reaching delivery system, innovative programs, and providing cost-efficient quality care across the Medi-Cal program. This new initiative led to the development of Enhanced Care Management (ECM), which replaced the Medi-Cal Health Homes Program (HHP) on January 1, 2022.

Partners in Care Foundation (*Partners*) successfully transitioned to ECM earlier this year. With our highly qualified and experienced program and administrative staff, extensive and deeply rooted community partnerships, and solid organizational infrastructure, *Partners* was well-positioned to hit the ground running and began transitioning HHP members to ECM in an expedited timeframe. With the success of the program, *Partners* was recognized with the Care Management LTSS Accreditation Certificate - a 3-year accreditation - by the National Committee for Quality Assurance (NCQA).

Partners' ECM Program and its unique model of care emulates two of our existing programs: The Multipurpose Senior Services Program (MSSP) and the Home and Community Based Alternative (HCBA) Waiver Program. Both programs focus on high-level care coordination by identifying the social determinants of health in addition to any medical needs through an in-person care assessment process conducted by care coordinators in ECM. They seek to provide medically appropriate and cost-efficient quality care that can ultimately reduce unnecessary hospital admissions, emergency room stays and skilled nursing facility admissions.

What sets *Partners*' ECM apart from other ECM programs is our innovative expansion of the Navigator role. Building on the Housing Navigator role in HHP, *Partners* created Hospital and Substance Use Disorder (SUD) Navigators. The Hospital Navigator helps to reduce unplanned transitions by tracking admissions to area hospitals using the Collective Medical platform. The Hospital Navigator is then able to identify the reason for admission and create a Transition of Care plan to support the member in their return to the community. The SUD Navigator leverages lived experience and a deep awareness of community resources to support members struggling with substance use in accessing treatment. As part of our multidisciplinary Clinical Team, they help our care management staff to identify and address urgent medical needs, medication issues, ensure quality assurance, and link participants with medical professionals as needed.

Recently, *Partners* was honored with the Care Management LTSS Accreditation Certificate from the NCQA for our CalAIM ECM program. We received a score of 98%, which earned *Partners* a 3-year accreditation. This affirms our ability to effectively coordinate care across medical, behavioral, and social services, and to help our participants stay safe and healthy in their homes and communities. This accreditation also recognizes *Partners*' attention to detail, focus on quality, and our commitment to providing efficient and effective person-centered care.

Recent Events

AARP California Joins Partners in Care Foundation in Shining a Spotlight on Family Caregiving

At *Partners*, we are dedicated to helping all individuals dealing with chronic medical conditions and disabilities remain in their community homes. By delivering social care coordination and evidence-based programs, we help stabilize individuals, and improve their health outcomes and well-being. This social care does not happen in a vacuum; very often, the individual who elects to remain in their home with these supports does so with the love and support of one or more family caregivers.

When we talk about caregivers, we use the Family Caregiver Alliance definition of someone who is providing care for an individual – a spouse, partner, family member, friend, or neighbor – that involves assisting them with activities of daily living and/or medical tasks and doing so without pay.

The **Family Caregiver Alliance** reports that in 2015 there were approximately 43.5 million caregivers who have provided unpaid care to an adult or child. According to a 2020 report issued by the **National Caregiving Alliance and AARP**, the number of family caregivers in the United States grew to 53 million individuals in 2020, or nearly one in five adults providing unpaid care to an adult with health or functional needs.

In an effort to acknowledge and offer support to the millions of family caregivers in California and throughout the country, *Partners*, in association with AARP California co-sponsored a three-part virtual series examining various aspects of family caregiving.

In the first webinar in May 2022, we offered a general overview of various aspects of family caregiving and the many challenges these caregivers may face. This webinar featured the following experts in the field:

- **Robyn Golden**, CHaSCI, Rush University Medical Center – "The Challenges of Caregiving"
- **Kathleen Kelly**, Director, Family Caregiving Alliance – "Caregiving Research"
- **Jenya Cassidy**, Director, California Work and Family Coalition – "Easing Financial Burdens"

In the second webinar in June 2022, the focus was on the unique issues of providing family caregiving to unique populations including Black, Indigenous, People of Color (BIPOC), individuals who identify as LGBTQ+, and individuals across the age span, from young children to older adults. We featured outstanding presentations on these issues by:

- **Ariana Berta, MSW,** HCBA Social Worker and **Natalie Monden, MSW**, HCBA Senior Director, Partners in Care Foundation – "Caregiving for Black, Indigenous, People of Color (BIPOC)"
- **Bhavana Arora, MD**, Chief Medical Director, Children's Hospital Los Angeles (CHLA) Health Network – "Caregiving for Children"
- **Jennifer Jorge, LCSW**, Director of Community Social Services, Motion Picture & Television Fund (MPTF) – "Caregiving for Older Adults"
- **Kiera Pollock, MSW, LCSW**, Director of Senior Services, Los Angeles LGBT Center – "Caregiving for LGBTQ Individuals"

In July 2022 we offered the third session, shining the spotlight on caring for the caregiver. Our panel included:

- **Karina Macias**, Councilmember, City of Huntington Park – "Caring for a Parent"
- **Mari Zag**, Director, AArete, LLC, and Partners in Care Foundation Board Member - "A Precarious Balance: Caregiving While Employed 'Outside the Home' "

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CAREGIVING in the U.S. 2020

The number of Americans providing unpaid care has increased over the last five years.*

43.5 million (2015) → 53 million (2020)

18% (2015) → 21% (2020)

NEARLY ONE IN FIVE (19%) ARE PROVIDING UNPAID CARE TO AN ADULT WITH HEALTH OR FUNCTIONAL NEEDS.**

More Americans are caring for more than one person.

18% (2015) → 24% (2020)

More family caregivers have difficulty coordinating care.

19% (2015) → 26% (2020)

More Americans caring for someone with Alzheimer's disease or dementia.

22% (2015) → 26% (2020)

More family caregivers report their own health is fair to poor.

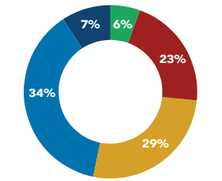
17% (2015) → 21% (2020)

23% OF AMERICANS SAY CAREGIVING HAS MADE THEIR HEALTH WORSE.

Who are today's family caregivers?

39% MEN

61% WOMEN



45% HAVE HAD AT LEAST ONE FINANCIAL IMPACT

61% WORK

AARP Family Caregiving™

*Provided care to an adult or child with special needs.
**The remainder of this data is based on the 19% or 48 million caregivers caring for an adult.

URL: www.aarp.org/uscaregiving DOI: https://doi.org/10.26419/ppi.00103.002

National Alliance for Caregiving

Caregiving in the U.S. 2020,
National Alliance for Caregiving and AARP
For media inquiries, contact Media@aarp.org

- **Jennifer Jorge, LCSW**, Director of Community Social Services, Motion Picture & Television Fund (MPTF) – "Caring for the Caregiver: Finding the Time and Resources for Self-Care"
- **Andy Tubman**, Co-Founder & Chief of Therapeutics, SingFit – "Connection Through Music: SingFit Caregiver"

Partners' President & CEO, June Simmons, and AARP California Associate State Director, Adriana Mendoza, moderated the panels and facilitated Q&A sessions with the audience.

Each of the three webinars is currently available for viewing on *Partners*' YouTube channel, where we have also posted helpful resources from each of the three sessions. To view the webinars and access the resources, go to *Partners*' website at bit.ly/3Q8PNif. Check out the recordings on our YouTube channel here: bit.ly/3Q8uFsq. *Partners* extends its appreciation to AARP California for its co-sponsorship of the series and for the wise guidance and support from Adriana Mendoza.

Do you feel as passionate about education as we do?

Please send us your ideas for:

- ***Topics you'd like us to explore***
- ***Dynamic subject matter experts you'd like to learn from***
- ***Sponsors to help us grow our training programs***

So that we can continue to promote optimal community-based health.

If you would like to sponsor a future webinar program, have ideas for training topics, or if you or someone you know would make an excellent speaker, please contact Karen Schneider, VP Development, at kschneider@picf.org.

Partners' Board of Councilors Discusses New Office of Health Care Affordability

The Board of Councilors held its semi-annual meeting on July 14 to discuss Senate Bill (SB) 184 and learn more about the Office of Health Care Affordability. The meeting was led by Board of Councilors' co-chairs, Lloyd Bookman and Robert Lundy, and featured a presentation by Bill Barcellona, Executive Vice President of Government Affairs at America's Physician Group (APG).

On July 1, Governor Newsom signed SB 184, a 400-page health care budget trailer bill. The bill establishes the Office of Health Care Affordability (OHCA) which will have widespread powers. Among other things, OHCA will set expenditure targets for different health care sectors that it will define and will have the authority to impose monetary penalties for exceeding the targets. Additionally, many health care transactions will have to be presented to OHCA for review before agreements are entered. This bill has passed under the radar for many, but it is critical health care executives become familiar with the new law.

Bill Barcellona started the conversation by presenting some historical background about SB 184 to provide some context for the bill. Following his presentation, Lloyd Bookman provided a detailed look at the bill while Mr. Barcellona discussed and identified the challenges with data and interoperability. Lastly, the presenters shared their thoughts on the implications of SB 184 on various sectors of the health care industry and concluded with a Q&A discussion.

The next meeting of the Board of Councilors will be scheduled for January 2023. For more information about Partners in Care Foundation Board of Councilors and to read the biographies of its members, be sure to visit us at:
www.picf.org/about-us/board-of-councilors/

A Care Coordination Tool for Getting Medications Just Right

Physicians have long had a variety of tools at their disposal to address patient needs: diagnostic imaging, vaccines, pharmaceuticals, specialty practices, electronic medical records, medical journals, care pathways – the list could go on and on.

However, when it comes to extending care beyond the clinic doors or a hospital floor, the toolbox begins to get a bit skimpier. Home health is an obvious choice, as are visiting nurse associations. Telemedicine has even begun making meaningful contributions and has great potential.

The obvious question is: How can providers augment these medically focused tools to get at the nonmedical issues that inhibit or complicate the treatment process?

Promoting Healthy Independence

Once a person is discharged from the hospital or leaves your practice and settles back into their home environment, the conditions in the places where they live, learn, work, and play can affect a wide range of health risks and outcomes. These conditions – known as social determinants of health (SDoH) – were not universally recognized until recently.

Even today, the means of uncovering these factors still rely heavily on self-reporting by an individual. For example:

- How many of your patients with COPD can tell you that their leaky roof has led to mold in the kitchen, exacerbating their breathing problems?
- Which patients tell you about the scatter rugs covering wooden floors that result in periodic falls or near misses?
- Can you think of the last patient who came to a physical with a complete inventory of every medicine they have been taking – including any over-the-counters, herbal supplements, and prescriptions that other doctors have prescribed that you know nothing about?

The tools in the Partners in Care Foundation Care Coordination Toolbox can get you those invaluable insights. This toolbox encompasses a variety of tools that extend the care process to the home environment, aligning social care with the valuable healthcare you are providing. Our innovative, evidence-based tools are designed to support and promote healthy independence for those individuals and families at risk of losing their ability to safely live independently in their homes.

What happens in the home can enhance or diminish the impact of healthcare treatments.

One of the most valuable tools in that toolbox is HomeMeds℠, an evidence-based program which helps people get their medications just right.

How Does HomeMeds Work?

HomeMeds℠, an evidence-based tool, consists of a computer program combined with a home visit by specially trained care coordinators, community health workers, social workers, or health coaches. Between the software and the in-home visit, HomeMeds ensures patient medication-related safety.

It does this by inventorying all medications taken by the person at home. This inventory includes recently prescribed medicines, older medicines the patient still may be taking, and other factors that impact medication safety and efficacy – including over-the-counter products and supplements and even certain foods that may interact with medications.

HomeMeds℠ also includes a patient interview by the community health worker or health coach to identify signs of adverse medication effects, including impact on blood pressure, pulse, dizziness, falls, and confusion. Adherence issues and understanding of the medication regimen are documented. This is accompanied by a

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Recently Awarded Grants

The Jewish Community Foundation of Los Angeles Awards *Partners* $200,000 to Address Older Adult Poverty

Partners is the proud recipient of a three-year, $200,000 grant from the Jewish Community Foundation of Los Angeles (The Foundation). This funding is part of The Foundation's General Community Grants initiative, designed to address older adult poverty by assisting low-income older adults through access to food, healthcare, housing, and supportive care to live independently and age with dignity. *Partners* will use this funding to enroll low-income adults, age 65+, with chronic health issues, in our Multipurpose Senior Services Program (MSSP) in South Los Angeles. MSSP is specifically geared to helping frail, low-income older adults eligible for MediCal age in place and delay or avoid entirely inappropriate nursing home placement by providing long-term services and supports essential for independent living. With The Foundation funding, *Partners* will provide outreach, engagement and enrollment services with a goal of filling all available MSSP South openings. We will also arrange meetings with organizations that are potential referral sources for MSSP, including hospital staff, medical practices, faith communities, and other community groups that serve the target population. The goal of these meetings is to educate about the benefits of MSSP and ultimately create a pipeline of referrals to fill openings in MSSP as they become available.

For more information about *Partners'* MSSP, please visit our website here: bit.ly/3OKIQmo

Support Our Community Through *Partners'* Urgent Needs Fund

Partners has established an Urgent Needs Fund to meet the critical needs of the very low-income people we serve. When funding is unavailable from any other public or private source, our Urgent Needs Fund purchases emergency housing support, adaptive equipment, home ramps, and other modifications essential to continued safe community living for our participants. These one-time investments change the course of lives by addressing basic human needs of safety and comfort and are key to dramatic life changes.

Please consider contributing to our Urgent Needs Fund and make a donation "In Memory" or "In Honor" of someone in your life. It is a thoughtful way to pay tribute to people and events that are important to you while also giving back to others! Your generous donation will go towards our Urgent Needs Fund to pay for essential transformative solutions for people enrolled in our safety net programs. Giving is safe and easy! Use this link to learn more: bit.ly/3Ht5lZw

Partners in Care Foundation is a registered 501(c)(3) charitable organization. Contributions are tax deductible to the extent allowed by law. Gifts of all sizes are welcome and appreciated. When making a charitable donation, please use the following information and pass it along to your advisors: Legal Name: Partners in Care Foundation, Inc. EIN: 95-3954057

Partners in Care
FOUNDATION
Driving alignment between
social care & health care

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A Care Coordination Tool (cont.)

visual review of surroundings, such as making note of scatter rugs when the patient has a past history of falls.

Proprietary algorithms identify any unnecessary therapeutic duplication, any fall risks or confusion related to possible inappropriate psychotropic medications, and any cardiovascular issues related to medication use. The program then guides an in-home survey and flags any potential problems, which are reviewed by a pharmacist.

If there are recommendations, the pharmacist issues a report identifying the problem and suggested modifications to the prescribing provider. Pharmacists' concerns and recommendations from the report are also provided to the patient's primary care physician.

Improving Health and Safety

Partners' HomeMeds℠ is proven to reduce medicine-related injuries and cut emergency department and readmission costs for high-risk patients.

Not only does HomeMeds℠ improve a person's health and safety, but it also increases Medicare Star quality ratings, reduces use of high-risk medications, and improves adherence to medications for chronic illnesses – ultimately reducing risks for falls and hospital readmissions. Lastly, HomeMeds℠ supports Healthcare Effectiveness Data and Information Set (HEDIS) quality measures for physicians by reducing the use of high-risk medications, providing a fall prevention solution, and identifying drug interactions.

Partners has been called visionary for its work developing a variety of innovative and powerful models of social care coordination. Many of these are now in use nationwide. Since 1997, we have worked to align healthcare and social care to improve the lives of people with complex health needs.

Our experience visiting homes and seeing the needs presented – often invisible to the medical community – regularly demonstrates that what happens in the home can enhance or diminish the impact of healthcare treatments.