Organization: Partners in Care Foundation

Organization Description:

Partners in Care Foundation (Partners) is an NCQA-accredited 501(c)(3) not-for-profit think-tank and proving ground with the mission to shape a new vision of health care by partnering with organizations, families and community leaders in the work of changing health care systems, changing communities and changing lives. Partners drives care redesign in payer and provider systems that improve quality of care, especially through linkages with community Partners. In addition, we provide direct services to disabled and chronically ill adults that improve health and quality of life, prevent inappropriate use of institutional care, and increase appropriate use of care.

History:

HomeMeds is a medication management evidence-based program (EBP) developed by Partners to enable non-nurse care managers and social workers to identify and resolve certain medication problems common among frail elders living in the community. It includes a computerized risk assessment and alert process, plus a pharmacist review and recommendation for improvement. The program was first developed and tested in the 1990s and first implemented in 2003. Healthy Moves, an evidence-based physical activity program designed by Partners in 2002 to enhance health outcomes for frail, high-risk and diverse older adults receiving care management services in the home. After being tested as a pilot project in 2004, then replicated and evaluated, it was officially designated as an EBP by the federal Administration on Aging and the National Council on Aging. Additional EBPs offered by Partners include the suite of Stanford’s CDSME programs, Powerful Tools for Caregivers, Matter of Balance, Arthritis Foundation Exercise Program and AE Walk with Ease, Savvy Caregiver and the UCLA Memory Course.

Partners and Funders

• Contracted with a major managed care plan to offer their California members in-person, online, and self-study toolkit EBSMPs.
• Developed and leads the Partners at Home Network (PAH Network), a collaborative comprised of 15 public and private community-based organizations (CBO) in 16 California counties.
• Received state funding from 2006-2014 to spread CDSME throughout California.
• In 2015, received $684,000 from the US Department of Health and Human Services Administration for Community Living to implement evidence-based falls prevention programs across California.
• Helped form the Los Angeles Alliance for Community Health & Aging (LAACHA), a regional collaborative comprised of more than 90 organizations aiming to promote EBPs.
• Functions as the statewide evidence-based health promotion Technical Assistance Center for the California Departments of Aging and Public Health.

Successes:

• Since 2014, we have funded 775 workshops with 10,081 participants.
• Partners created a Contact Center built for telephonic and mail outreach to individuals with multiple chronic conditions. The Contact Center outreach specialists (OS) are bi-lingual (English/Spanish) and are
trained in motivational interviewing techniques to engage members in programming through their own intrinsic motivations.

- In its first 9 months of 2015, the Contact Center received 42,966 referrals from a managed care plan. Of the 4,604 members who the OSs spoke with, 1,469 agreed to participate in a self-management program.

**Lessons learned:**

In building partnerships with health care payers and in developing a statewide Network of CBO providers, Partners addressed a number of challenges new to non-profit social service organizations.

- **Develop a business case statement and value proposition:** These are attractive to health care payers that demonstrated mission and ROI benefits. Including staffing, legal, and IT strategic plans in your case are crucial.
- **Data sharing and collaborative planning for metrics:** The path to more contracts depends on an organization’s or network’s ability to demonstrate results. Partners has established a growing Metrics and Quality team that oversees data collection, analysis, and ongoing NCQA-accreditation needs.
- **Accreditation open doors for new contracts:** Obtaining accreditation was a key step in winning and keeping contracts. Accreditation allows us to benefit the Payer by qualifying for them to place us under the Medical Loss Ratio (MLR) provision of the Affordable Care Act (ACA), which requires payers to spend 85% of premiums on clinical care and quality improvement efforts such as case management.
- **Activate all executive team and board members’ skills and field experience:** Partners’ staff includes executives with experience in healthcare – hospital, skilled nursing, adult day health, hospice and physician groups. The board has representation from health plans, medical groups, health systems and hospitals. Both the board and executive team have made important connections for the contracting effort.
- **Payer-CBO collaboration is key to building referral volume:** Once the contract was in place, we identified a crucial need to have a strong working relationship with buy-in to the benefit of the contract and dedication to continuous improvement. In addition to holding regular meetings with health payer program staff, our team has begun to track referrals by each plan case manager to identify leaders/champions and those who appear to be less convinced of the value of the services. We are building a prototype Playbook for rollout for future contracts.
- **A strong network delivers quality work and opens doors to new managed care contracts:** Contracts with health care payers often requires us to create new systems for program delivery capable of reaching broad geographies. Partners has developed a growing provider network to whom we provide regular coaching and support to ensure the managed care deliverables and quality goals are maintained. Our network’s reach is attractive to payers and continue to afford us new opportunities to improve patient health statewide.

**Recognition/References**

**Awards:**

- Healthy Moves and HomeMeds have been awarded the highest evidence level rating by the US Administration for Community Living.
- HomeMeds is included with a strong evidence rating on the US AHRQ Innovation Exchange

**Newsletters/Reports:**

- Yan, T., Wilber, K., Wieckowski, J., Simmons, J. (2009). Results from the Healthy Moves for Aging Well Program: Changes of the health outcomes, Home Health Care Services Quarterly. 28(2&3): 100-111 • Yan, T.,


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