



HOME MEDS™

HomeMeds

- Inventory all meds being taken
- Assess for potential adverse effects including BP, pulse, falls, dizziness, confusion
- Document adherence issues and understanding
- Algorithm identifies targeted potential medication related problems (MRPs)
- Pharmacist reviews potential MRPs and makes recommendations for resolution, contacts provider and/or patient (telepharmacy available in patient's home)
- Medication list provided to patient



HOME MEDS™ PLUS

HomeMeds Plus

Everything included with HomeMeds described above PLUS:

- In-home evaluation and assessment with a 30-day follow-up to implement the care/service plan (arrange for & coordinate services). Additional follow-up at 60 & 90 days
- Evaluate functional capacity (Activities of Daily Living)
- Screen for depression and cognitive impairment
- Assess home safety, cleanliness, & maintenance, and observe for evidence of abuse, odors, inadequate food, caregiver issues, flag potential fall risks from medications, trip hazards or poor lighting
- Provide and encourage use of Advance Directives
- Physician follow-up appointment reminders, coordinate transportation assistance to appointment
- Coordination with clinical team and Health Plan's Case Manager on evaluation outcomes
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Care Transition Choices

- Care transition home visit 24-72 hours after discharge from hospital or postacute SNF using evidence-based Coleman Care Transitions Intervention (Coaching Model) & Bridge (telephonic Social Work model); includes follow-up calls
- Patient activation in their health through motivational interviewing, engaging family members and caregivers, shared-decision making
- Coaching to recognize "red flags" for condition, avoid 911, manage self-care, use personal health record
- In-home medication reconciliation and risk=screening by coach with pharmacist review (HomeMeds)
- Physician follow-up appointment reminders, coordinate transportation assistance to appointment
- Coordination with the clinical team and Health Plan's Case Manager

Evidence-based Health Self-Management and Fall-Prevention Peer-led Workshops

- Workshops facilitated by trained peer leaders in accordance with fidelity standards
- Our Programs Include:
 - Diabetes Self Management, Chronic Pain Self-Management, and Chronic Disease Self-Management Programs (Stanford University)
 - A Matter of Balance, Fall Prevention Program (Boston University)
 - Arthritis Foundation: Walk with Ease, Arthritis Pain Reduction Program (Arthritis Foundation)
- And more
- Online and in-person workshop sessions in local community for patients with 1+ chronic conditions
- Participants learn to set goals for lifestyle change, communicate needs, manage depression/anxiety, medications, and how to effectively secure family support, etc.
- A toolkit, containing a workbook to aid development of skills to self-manage chronic conditions, at relaxation and exercise CD
- Licensed by the program developers at Stanford University, Boston University, and Arthritis Foundation





All the care you need under one roof.

An amazing new care giving program that provides dependable, professional and compassionate in-home help with the tasks of everyday living.

- Disease Specific Care including Cancer, Alzheimer’s and Dementia, Heart Disease, Hospice, and Diabetes
- Personal Care
- Meal Preparation
- Medication Reminders
- Incontinence Care
- Companionship
- Light Housekeeping
- Transportation for Medical Appointments
- Shopping and Pharmacy Pick-Ups
- Falls Prevention Guidance
- Emergency Response System

Live representatives are on call 24/7, and we guarantee an in-person meeting within 2 hours. Hire care giver assistance and help as needed –both long- or short- term. And, our services are diagnosis-specific to ensure the appropriate home care is provided including physical and emotional support services.

Our caregivers are rigorously screened, highly trained, and bonded.

For home care when you need it, visit **Partners24.org** or call **800-930-6353**.

*Partners24 is a service mark of Partners in Care Foundation under license by 24Hr HomeCare, an independently owned and operated home service provider. Partners in Care receives a fee from 24Hr HomeCare when a referred individual enters into an agreement with 24Hr HomeCare.

America’s Physician Groups Group Purchasing Program

APG members receive **10% discount** on Partners’ services.

Partners are social determinants of health specialists who excel at bridging the gap between medical care and an APG member’s social service needs. We have deep experience providing in-home services, transition coaching, consulting, and medical self-management with one common goal: eliminating the non-medical barriers that prevent a person from getting the most out of their medical care.

Social Determinants of Health Planning and Consulting

We partner on the design of an effective, evidence-based program to address SDOH within your practice, including:

- Recommended interventions
- Resources
- Structure
- Workflow integration
- Job descriptions, and
- Much more

Our Contact Center

We offer a state of the art, high-tech, high-touch patient-focused contact center to support your practice with patient engagement/activation and campaign management (print, digital, telephonic) for health-related activities such as preventative health and chronic condition screenings, the annual wellness exam, and much more.

Who We Are

Partners in Care Foundation has 20 years of non-profit experience delivering programs and services protecting and supporting adults with complex health and social service’s needs, frail older adults, people with disabilities, caregivers and families. Learn more about us and our services at: **www.picf.org**



Partners in Care
FOUNDATION

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