

Partners in Health: Partners Through Life



JOHN MUIR
HEALTH

Older Adults

In Contra Costa County, 12 percent of the population is made up of persons over 65. Older adults living in Contra Costa County are at particular risk of becoming frail, isolated and vulnerable due to the rising cost of health care, housing, prescription drugs and transportation, as well as the complexity of the health care system.

John Muir Health is committed to serving the needs of older adults through services that span the continuum of health care and enable older adults to be active, informed partners in their care and to maintain an independent, optimal quality of life. The following programs highlight the clinical support, resource information and education services provided through John Muir Health's partnerships in 2009.

Patient Navigator



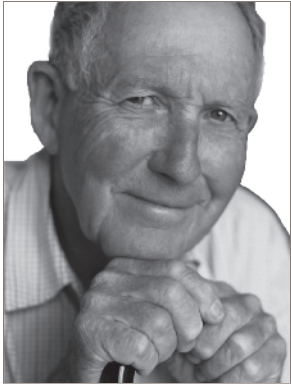
Mr. L is a widower with limited familial support. He suffers from multiple health conditions, such as loss of hearing, diabetes and cancer, which threaten his independence and increase his interactions with the health care system. He has had contact with numerous community resources that have been unsuccessful in managing his frequent needs and often provided him with referrals that are expensive. Mr. L has a limited income and cannot afford traditional in home care, yet he is adamant about remaining

at home despite his sometimes precarious health status. During the past year, the Senior Services Patient Navigator made referrals to community programs on behalf of Mr. L. to support his desire to live at home independently. The Contra Costa County Fall Awareness Program provided a home assessment and recommendations for home safety and the Diablo Valley Foundation for the Aging provided an assessment for their Money Management program. Mr. L also received a referral for a Neuro-Psychological evaluation to get his driver's license back. The appointment was coordinated by the Patient Navigator who arranged for a pocket talker to help him hear during the evaluation. The Patient Navigator's services have added to Mr. L's ability to continue living in his home safely and have provided him with a consistent source of support.

2009 Patient Navigator Program Highlights:

- Made 1,530 calls to participants
- Effectively assisted 247 patients to obtain needed services
- 98% of the cases were resolved by the Patient Navigator or referred to the appropriate agency or resource

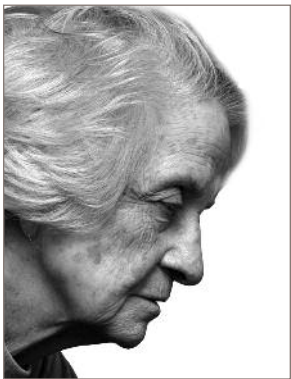
Medication Assistance Program



Mr. S is living on a low, fixed income from Social Security and resides in a residential care home. After paying the monthly fee to live in this home, he has very little left to spend on other necessities, including his medication for hypertension. Since he has no prescription drug coverage, his medication costs him \$100 per refill and it is not available in generic form. Mr. S does not want to interrupt his medication regimen for fear of experiencing symptoms and worsening his condition, yet he can't afford the medication.

Senior Services Medication Assistance Program (SSMAP) helped Mr. S navigate the pharmaceutical companies' Patient Assistance Program application process. SSMAP staff served as a liaison for Mr. S securing all required eligibility information, proper authorization, and necessary prescription documentation from the physician as well as writing a letter on his behalf. Mr. S is now enrolled in the program and receives his medication free of charge. He no longer has to choose between paying for medications and paying for food or rent and has not had to decrease his medication adherence due to the cost burden.

Transforming Chronic Care for Low Income Frail Elderly



Mrs. E, 79 years old, lived alone in an apartment with a restricted income and limited social contact. She had chronic obstructive pulmonary disease (COPD) and was on constant oxygen. Mrs. E's condition resulted in frequent hospital admissions and she told the John Muir Health case manager that she "basically doesn't have good days anymore." With the support of case management and Tel-Assurance services, Mrs. E's living situation was transformed to a comfortable environment where she received

care in the least restrictive setting. Every morning, she called a toll-free number to answer a two minute survey about how she was feeling. Her answers were compared to previous responses to monitor her health status. When she reported respiratory symptoms, her medication dosage was adjusted and a trend report was sent to her primary care physician. She also received regular telephone support from a case management nurse who empowered Mrs. E to manage her health. The constant monitoring allowed her to avoid readmissions for COPD. Mrs. E told her case manager that "John Muir hospital, clinics, and staff basically saved my life - I don't know what I would have done without them." Unfortunately, even good stories have sad endings. Recently Mrs. E died, but she was able to do so peacefully at home in her favorite chair.

2009 Medication Assistance

Program Highlights:

- Assisted 35 low income patients in obtaining free to low-cost medications
- The value of medications received was \$144,209

2009 Transforming Chronic Care

Program Highlights:

- Served 268 low income seniors from May through December 2009
- 90% of participating patients reported that they are more knowledgeable about their condition and aware of the symptoms to watch for
- The Tel-Assurance 30 day inpatient readmission rate for participating patients with COPD was 0% compared to 7.91% for non-participating patients with COPD

At John Muir Health, our community benefit programs are rooted in our mission and values.

We are dedicated to improving the health of the communities we serve with quality and compassion.

Core Values:

Excellence

Honesty/Integrity

Mutual Respect/Teamwork

Caring/Compassion

Commitment to Patient Safety

Continuous Improvement

Stewardship of Resources

Access to Care

For more details on the JMH community benefit programs and contributions go to www.johnmuirhealth.com

