

Guided Care:

Comprehensive Care for Persons with Chronic Conditions

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Ms. Marian Chen

79 year old widow

Retired teacher, lives alone

Income: SS, pension and
Medicare

Daughter, lives 10 miles
away with three teenagers

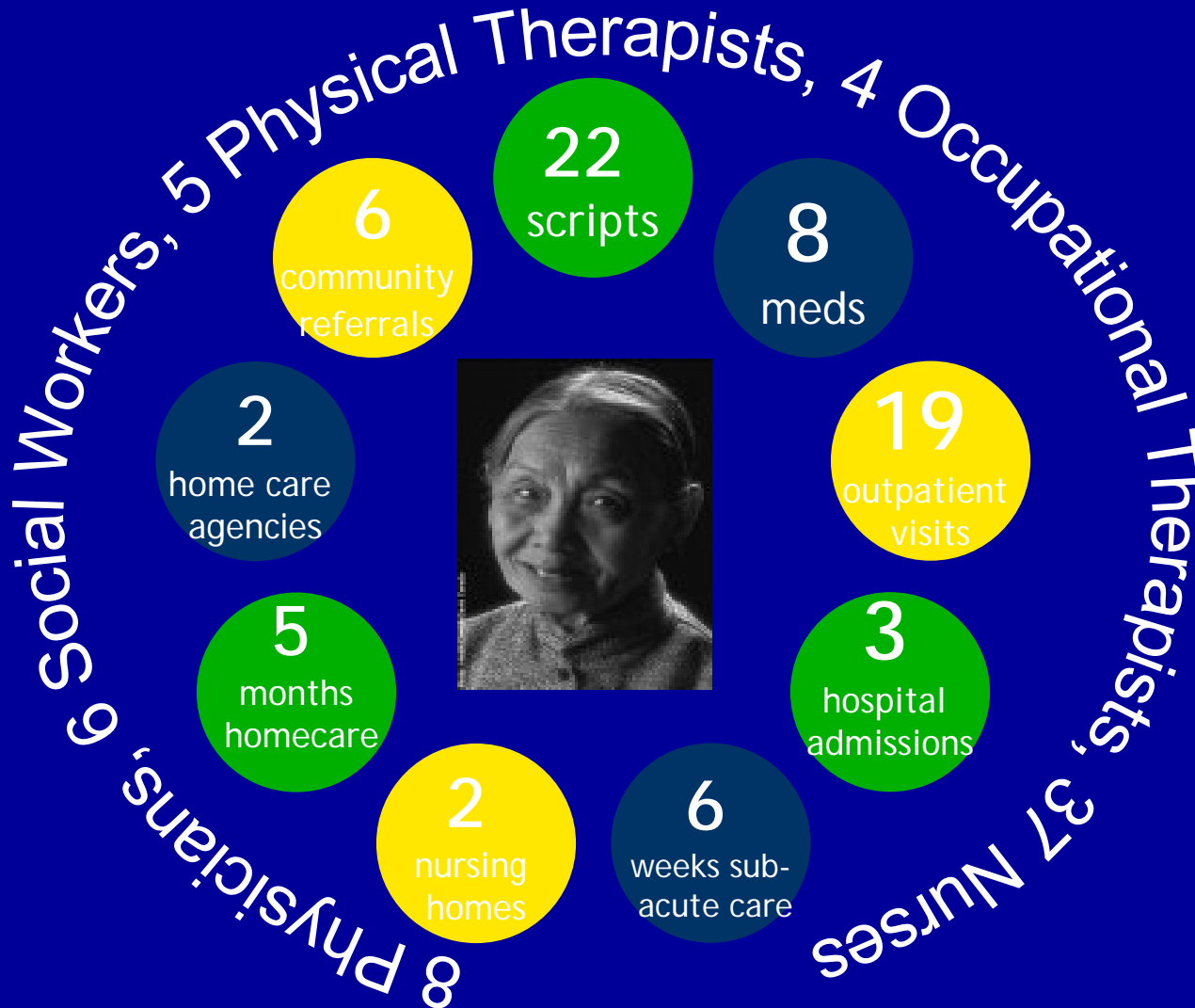
Five chronic conditions

Three physicians

Eight medications



In 2008, Mrs. Chen has had...



Mrs. Chen

- Confused by care, meds
- Poor quality of life
- High out-of-pocket costs



Daughter

- Stressed out
- Reduced work to half-time
- Considering nursing homes

Medicare paid \$42,400 to providers for her care
(not including medications)

Chronic care is:

Fragmented

Discontinuous

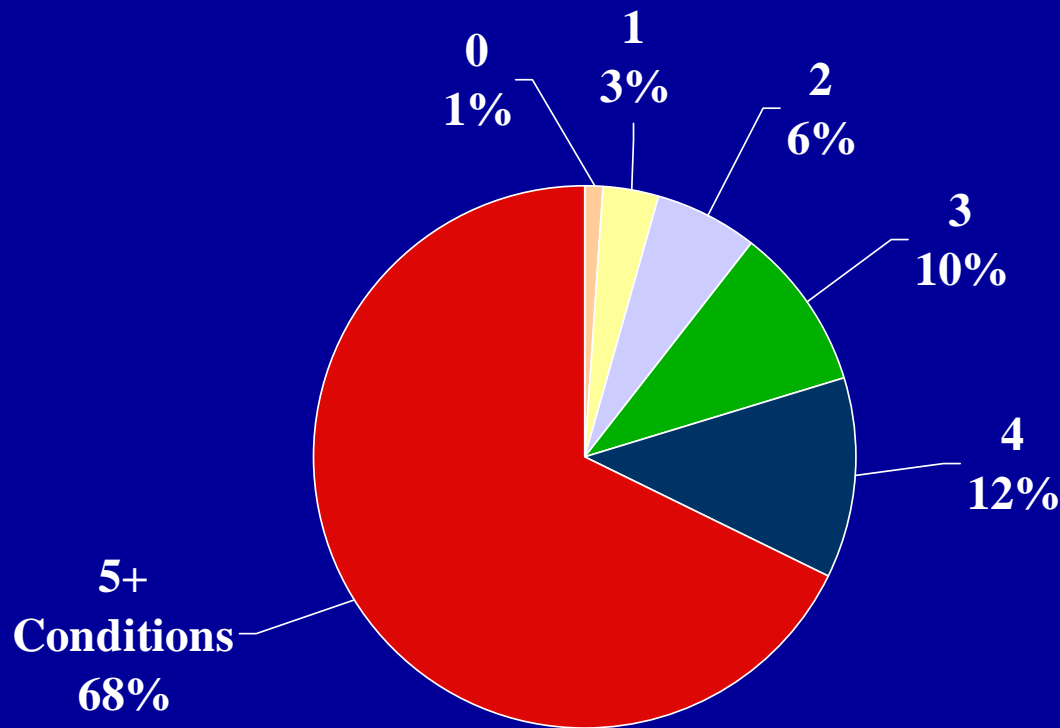
Difficult to access

Inefficient

Unsafe

Expensive

The 1/4 of Beneficiaries Who Have 4+ Chronic Conditions Account for 80% of Medicare Spending



Guided Care Strategy: To Translate Knowledge to Practice

Combine successful innovations
Integrate them into primary care
Make the model diffusable

The Guided Care Model

Specially trained RNs based in primary physicians' offices

GCNs collaborate with physicians in caring for 50-60 high-risk older patients with chronic conditions and complex health care needs

Nurse/physician team

Assesses needs and preferences

Creates an evidence-based “care guide”
and a patient-friendly “action plan”

Monitors the patient proactively

Supports chronic disease self-management

Smooths transitions between care sites

Communicates with providers in EDs,
hospitals, specialty clinics, rehab
facilities, home care agencies, hospice
programs, and social service agencies in
the community

Educates and supports caregivers

Facilitates access to community services



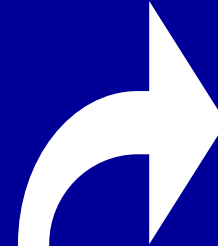
Who is Eligible?

All
Patients
Age 65+

Review previous
year's claims data
with PM software

25%
High-Risk

75%
Low-Risk



Electronic Health Record

Creates:

evidence-based “Care Guides”
reminders

Provides:

decision support: drug interactions
documentation of GCN-pt/cg
encounters

Health System

Health Care Organization

Community
Resources and
Policies

Accessing

Self-
Management
Support
Chronic Disease Self-
Management

Delivery
System
Design
Guided Care Nurse

Decision
Support
Lexi-comp,
Evidence-based
guidelines

Clinical
Information
Systems
Electronic Health Record,
Care Guide,
Transitional Care,
Coordination

Informed,
Activated
Patient

Productive
Interactions

Prepared,
Proactive
Practice Team

Improved Outcomes

Randomized Trial

High-risk older patients (n=904) of 49
community-based primary care physicians
practicing in 14 teams

Physician/patient teams randomly assigned to
receive Guided Care or “usual” care

Outcomes measured at 8, 20 and 32 months

Patient Selection

13,534 Patients of 14 teams/49 physicians

3,383 (25% highest-risk)



904 = Consenting Patients
(Baseline Evaluation)



485 in seven
Guided Care
teams



Random
Allocation



419 in seven
Control teams

Outcomes

Patient

- Functional ability
- Affect
- General health
- Satisfaction with care
- Use/cost of health services
- Mortality

Informal caregivers

- Burden/benefits of caregiving
- Affect
- Satisfaction with care
- Use/cost of health services
- Financial status

Outcomes

Providers

- PCP satisfaction
- PC office environment
- GCN satisfaction

Insurers

- Volume of services
- Cost of services
- Quality of care

Baseline Characteristics

	Guided Care	Usual Care
Age	77.2	78.1
Race (% white)	51.1	48.9
Sex (% female)	54.2	55.4
Education (12+)	46.4	43.4
Living alone	32.0	30.6
Conditions	4.3	4.3
HCC score	2.1	2.0*
ADL difficulty	30.9	29.3
Cognition (SPMS)	9.1	9.0

Effects on Physician Satisfaction

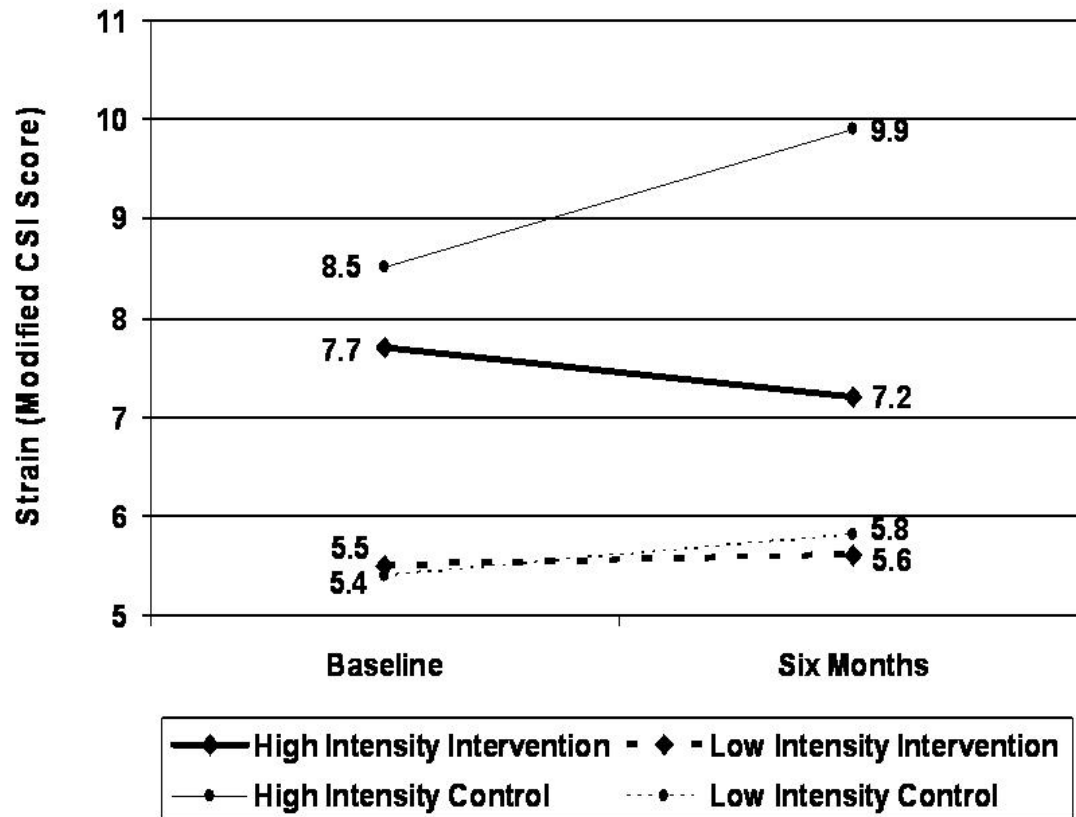
	Guided Care (n=18)	Usual Care (n=20)	P
Communicating with patients	0.11	-0.42	0.047
Communicating with caregivers	0.39	-0.11	0.066
Educating caregivers	0.50	-0.34	0.008
Motivating patients	0.39	-0.40	0.006
Know all pt's meds	0.29	-0.18	0.034

Effects on Quality of Care

PACIC scales:	GC	UC	aOR*	95% CI	P
Goal setting	24.6	11.6	2.4	1.5-3.7	<0.001
Coordination	14.2	7.1	2.3	1.3-4.0	0.005
Decision support	42.7	33.1	1.5	1.1-2.1	0.014
Problem solving	33.4	24.7	1.4	1.0-1.9	0.096
Patient activation	26.6	23.0	1.1	0.7-1.5	0.763
Aggregate	17.4	8.5	2.0	1.2-3.4	0.006

* Adjusted for baseline socio-demographics, health, function, PACIC scores, site

Effects on Caregiver Strain



Annual Costs of Guided Care

Guided Care Nurse

Salary	\$71,500
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Benefits (@ 30%)	21,450
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Travel (to pts' homes, hospitals)	588
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Communication services

Internet, cell phone	1,800
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Equipment (amortized over 3 years)

Computer	500
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Cell phone	67
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TOTAL	\$95,905
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Effects on Costs of Care (per caseload, 55 patients)

	<u>GC – UC Difference</u>	<u>Average Expenditure</u>	<u>Cost Difference</u>
Hospital days	-76.1	\$1,519/day	-115.6
SNF days	-99.1	\$305/day	-30.2
Home health episodes	-20.1	\$1331/episode	-26.8
Physician visits	40.0	\$41/visit	1.7
Gross savings	-----	-----	-170.9
Cost of GCN			95.9
NET SAVINGS	-----	-----	-75.0

Early Results

- Guided Care appears to be feasible to implement and popular with physicians, nurses, patients and caregivers.
- Guided Care improves the quality of chronic care.
- Guided Care appears to reduce insurers' net expenditures for health care.
- Two more years of data will provide greater precision in measuring effects.

Future Directions

- The medical home
- Technical assistance
 - Book
 - Online course and certificate for nurses
 - Learning Collaboratives
 - Networks
 - Consultation

Support

John A. Hartford Foundation

Agency for Healthcare Research and Quality

National Institute on Aging

Jacob and Valeria Langeloth Foundation

Publications

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www.guidedcare.org