

# **Guided Care:** a New Model of Care for Older Americans with Chronic Conditions

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# Chronic care is:

Fragmented

Discontinuous

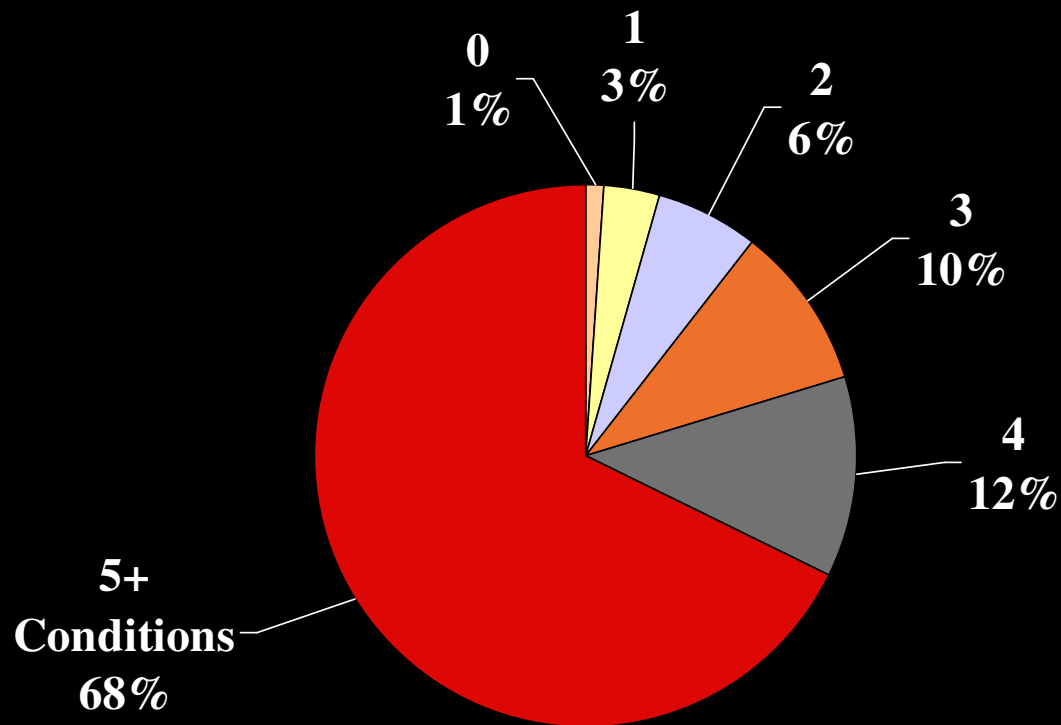
Difficult to access

Inefficient

Unsafe

Expensive

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



Source: Medicare 5% Sample, 2001

# 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

Supported by an electronic health record

# Guided Care Nurses' Activities

Assess needs and preferences

Create an evidence-based “care guide”

Monitor patients proactively

Support chronic disease self management

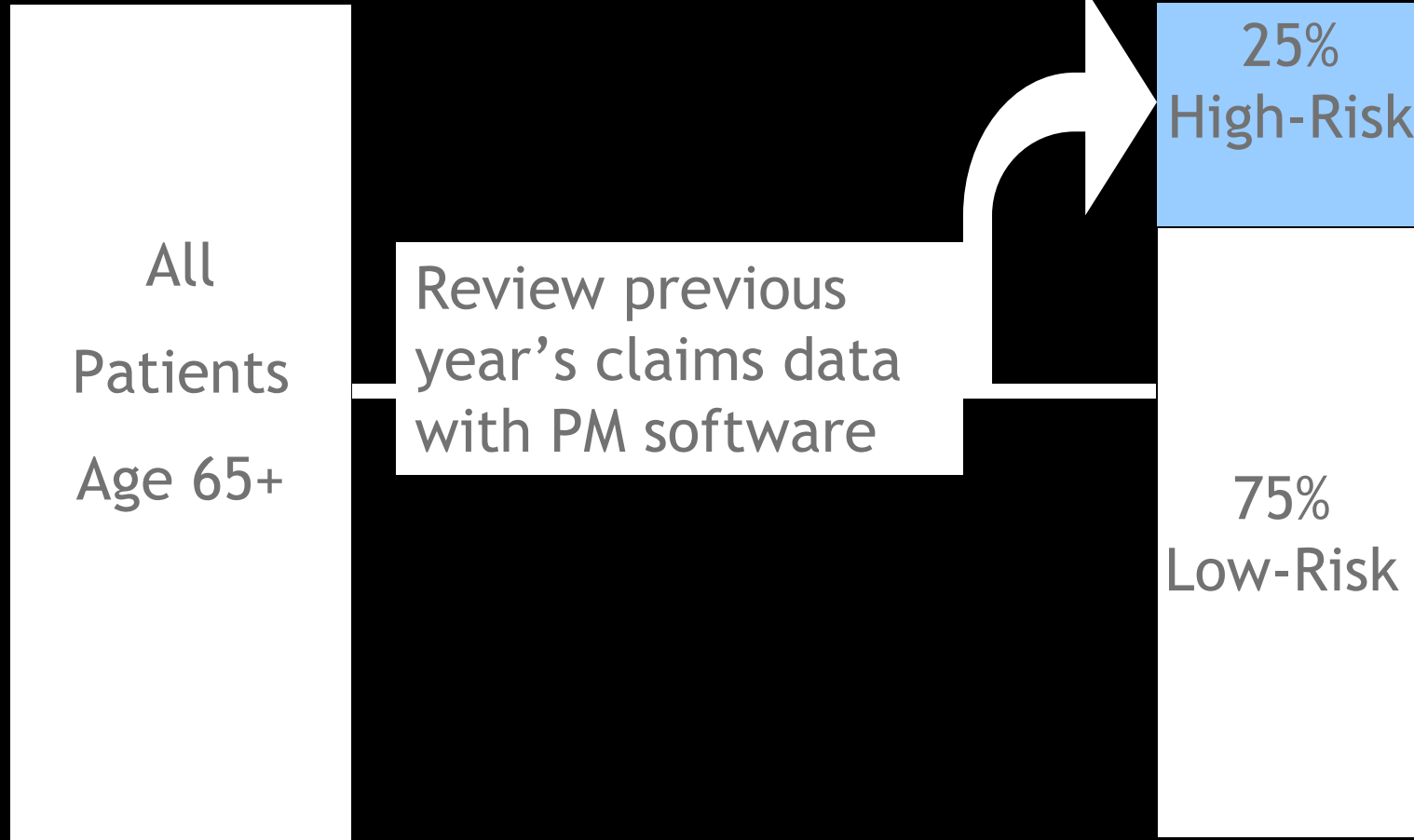
Educate and support caregivers

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

Smooth transitions between sites of care

Facilitate access to community services

# Who is Eligible?



**Edward H. Wagner, MD, MPH**  
**Director, MacColl Institute**  
**Group Health Center for Health Studies**



# Pilot Test

Goal: Evaluate the feasibility of Guided Care

October 2003 - September 2004

Primary care practice in urban Baltimore

GCN, two internists, 150 high-risk patients

Outcomes: higher quality of care, 23% lower costs

# 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 6, 18 and 30 months

# 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 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
<b>Aggregate</b>	<b>17.4</b>	<b>8.5</b>	<b>2.0</b>	<b>1.2-3.4</b>	<b>0.006</b>

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

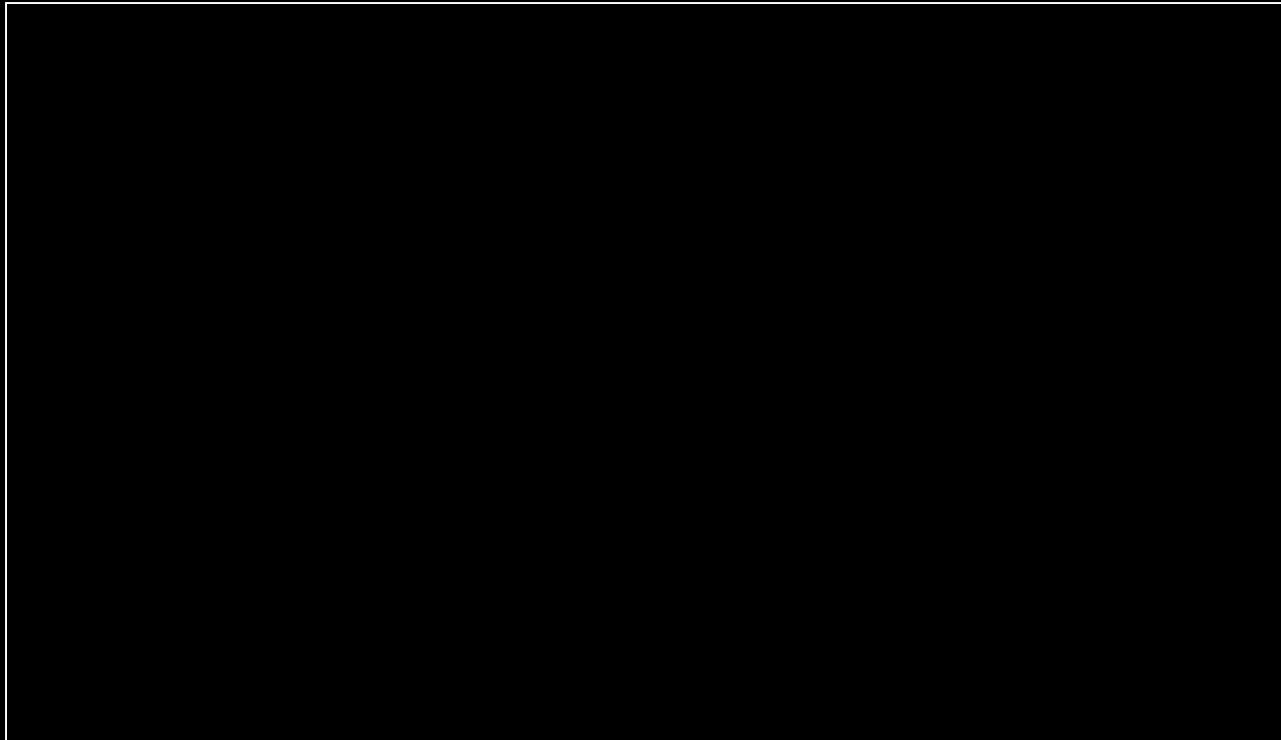
# Effects on Physician Satisfaction

	Guided Care (T2-T1, n=18)	Usual Care (T2-T1, n=20)	p
Communicating with patients	0.11	-0.42	P=0.047
Communicating with caregivers	0.39	-0.11	P=0.066
Educating caregivers	0.50	-0.34	P=0.008
Motivating patients	0.39	-0.40	P=0.006
Know all pt's meds	0.29	-0.18	P=0.034

# Effects on Costs of Care (per caseload, 55 patients)

	<u>GC - UC Difference</u>	<u>Average Expenditure</u>	<u>Cost Difference</u>
Hospital days	-83	\$1,519/day	-126.1
SNF days	-105	\$305/day	-32.0
Home health episodes	-20	\$1331/episode	-25.9
Physician visits	17	\$41/visit	0.7
Gross savings	-----	-----	-183.3
Cost of GCN			95.8
<b>NET SAVINGS</b>	-----	-----	<b>-87.5</b>

**Carolyn M. Clancy, MD**  
**Director, Agency for**  
**Healthcare Research and Quality**



# Diffusion of the Model

## Outcomes of Studies:

Quality of care, quality of life, caregiver strain, nurses'/physicians' job satisfaction, practice environment, use/cost of health care



[GuidedCare.org](http://GuidedCare.org)



## Key Stakeholders

### Beneficiaries

AARP

### Physicians

ACP  
AAFP

### Practice Organizations

MGMA  
AMGA  
IHI

### Case Managers

CMSA  
ANA/ANCC  
NGNA

### Nursing Educators

IJHN  
JAHF  
COE

### Insurers

CMS  
United  
Aetna  
KP  
Tricare

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