

Guided Care: Implementing a New Model of Care for Frail Older Persons

The Roger C. Lipitz Center for Integrated Health Care
Johns Hopkins Bloomberg School of Public Health

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Health care for persons with
chronic conditions is
“a nightmare to navigate.”

Crossing the Quality Chasm, IOM 2001

A typical patient: Marian Chen

- 79 year old widow
- Retired teacher, lives alone
- Income: SS, pension and Medicare
- Daughter, lives 10 m away with three teenagers
- Five chronic conditions
- Three physicians
- Eight medications



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 \$39,400 to providers for her care
(not including medications)

Chronic care is:

Fragmented

Discontinuous

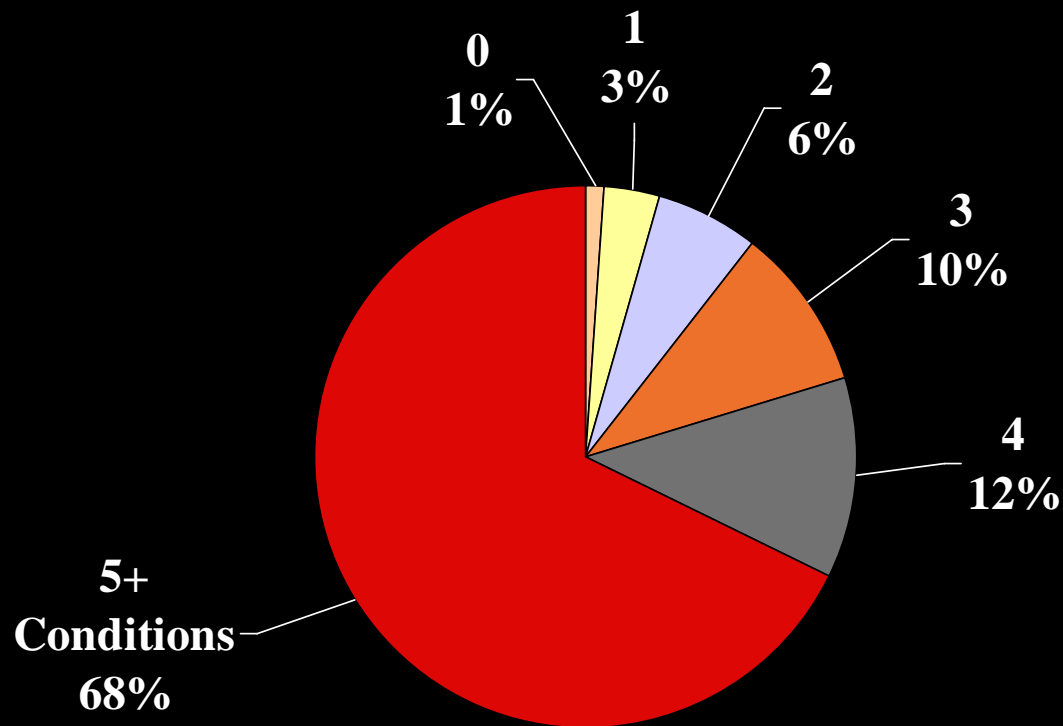
Difficult to access

Inefficient

Unsafe

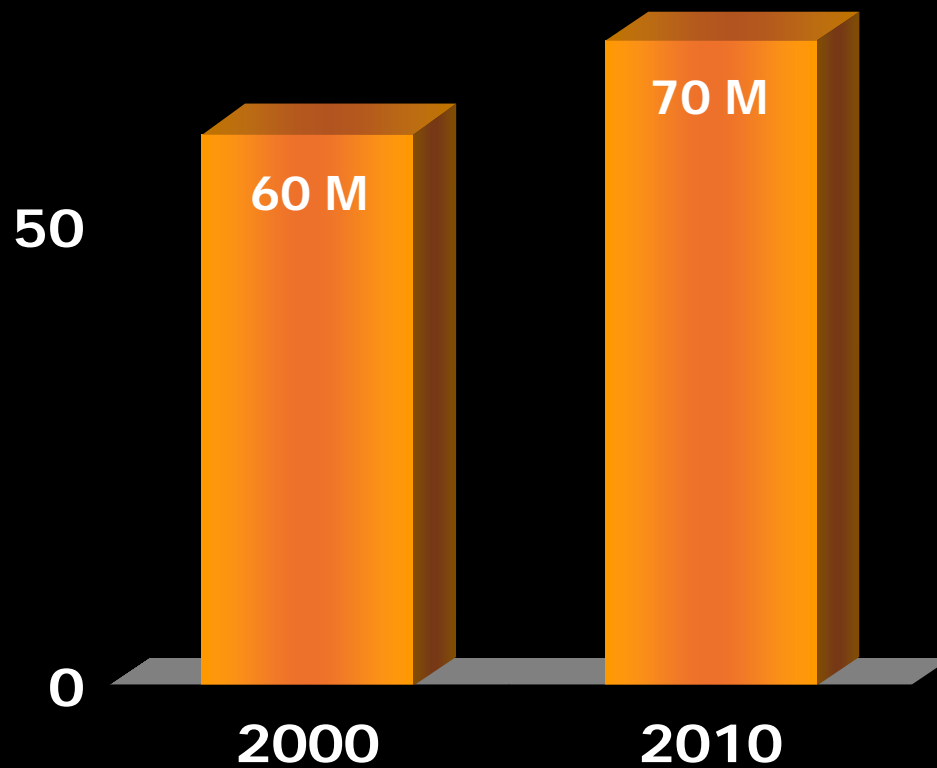
Expensive

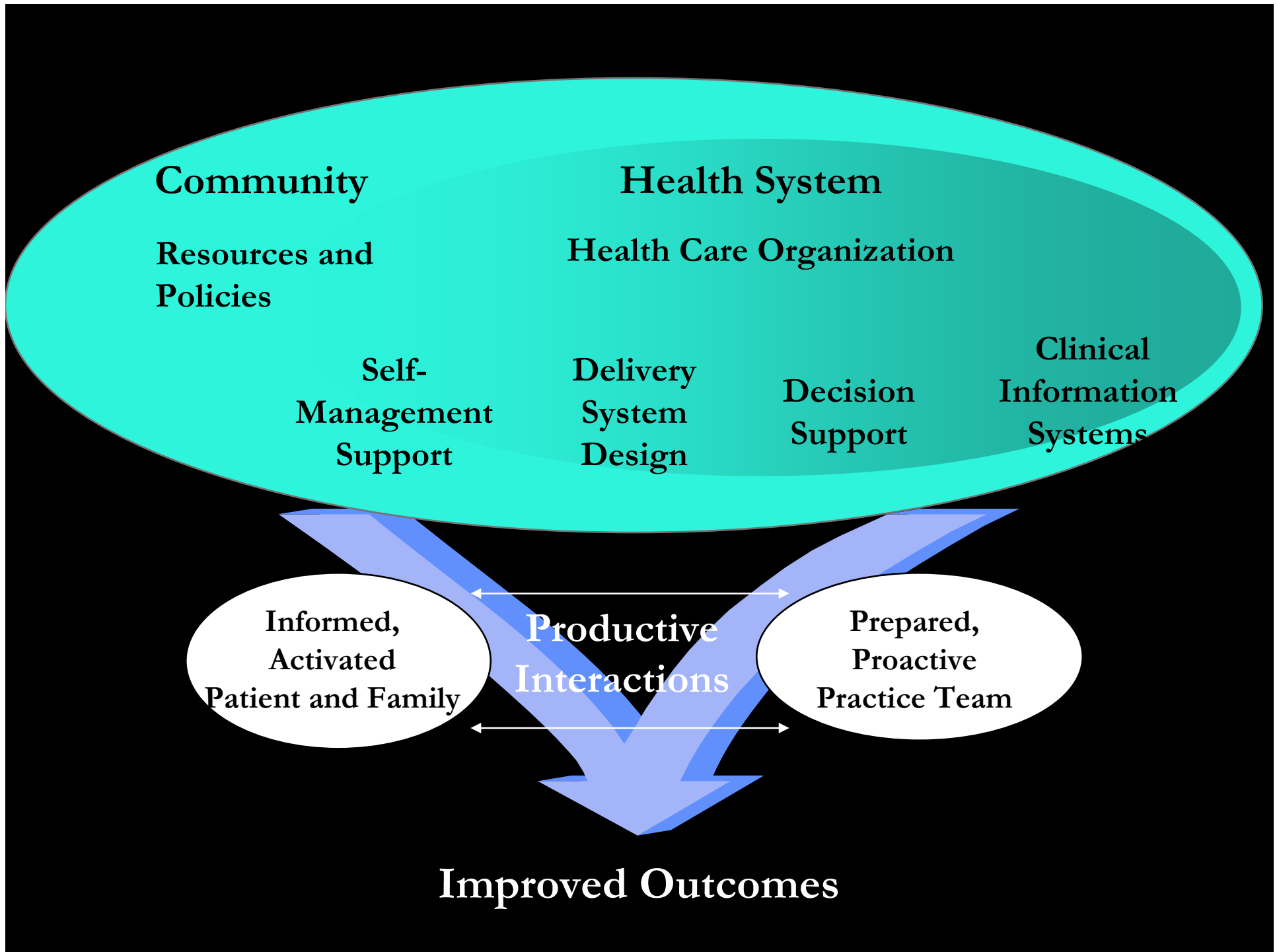
The ¼ of Beneficiaries Who Have 4+ Chronic Conditions Account for 80% of Medicare Spending



Source: Medicare 5% Sample, 2001

By 2010, 70 Million Americans Will Have Multiple Chronic Conditions





Guided Care: The Translation of Knowledge to Practice

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

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

Agenda

- The Clinical Model - Cynthia Boyd
- Supporting Informal Caregivers - Jennifer Wolff
- Improving Health Behaviors - Stephen Wegener
- Design of the RCT - Lisa Reider
- Diffusion of the Model - Chad Boulton
- Discussion