

Guided Care: Implementing the Chronic Care Model for Frail Older Persons
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Health care for older persons with chronic conditions and complex health care needs is “a nightmare to navigate.” The “Chronic Care Model” (CCM) provides a conceptual framework for improving chronic care. The CCM posits that improved outcomes can be achieved through more productive interactions between informed, activated patients (and families) and prepared, proactive practice teams – as a result of changes in: (1) links to community resources; (2) the organization of care delivery at the systems level; (3) support for patients’ self-management of chronic conditions; (4) support for clinical decision-making by providers; (5) redesign of the delivery system; and (6) clinical information systems.

Following this model, and drawing lessons from the successful research of others, we have designed and tested “Guided Care,” a new paradigm for the primary care of older persons with chronic health conditions and complex health care needs. A registered nurse, who has completed a supplemental educational curriculum and joined a primary care practice, works closely with several primary care physicians (PCPs) to provide cost-effective chronic care to 50-60 multi-morbid patients who are at high risk for heavy use of health services during the coming year. Using a web-accessible electronic health record (EHR), the Guided Care nurse collaborates with each patient’s PCP in conducting eight clinical processes.

This interactive symposium will describe how Guided Care works in practice, how it supports family caregivers, how it supports health behaviors, how it is being tested in a randomized trial, and how it may be diffused throughout American health care.

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