

## Guided Care: Better Care for Older People with Chronic Conditions

More than 125 million Americans have at least one chronic health condition, and 60 million have more than one. These people, many of them elderly, manage multiple conditions, treatments, medications, and doctors. Primary care doctors often don't have the time or resources to properly manage these complex, chronic health problems. So these patients and the family members who care for them are often less healthy, confused by their treatments and medications, and overwhelmed by high health care costs. As the baby boomers age, this problem will multiply. In response, a multidisciplinary team of experts from the Lipitz Center for Integrated Health Care at the Johns Hopkins Bloomberg School of Public Health designed Guided Care as a model of comprehensive health care by physician-nurse teams for people with several chronic health conditions, specifically focusing on the 25% of Medicare patients at highest risk for using health services heavily.

### Guided Care Improves Care and Outcomes

Guided Care provides many aspects of a "patient-centered medical home" for the growing number of older adults with complex health needs. Scientific studies have shown that Guided Care improves the quality of care and suggests that it reduces overall health care costs. In Guided Care, a registered nurse, who is based in a primary care office, works closely with 3-4 physicians and health information technology to provide state-of-the-art care for 50-60 chronically ill Medicare beneficiaries. Following a comprehensive assessment and planning process, the Guided Care nurse educates and empowers patients and families, monitors their conditions monthly, and coordinates the efforts of health care professionals, hospitals and community agencies to be sure that no important health-related need slips through the cracks. [Boyd CM et al. *Guided Care for Multimorbid Older Adults. Gerontologist* 2007;47(5):697-704.]

### Cluster-randomized Controlled Trial (cRCT) of Guided Care

Encouraged by results of a 1-year pilot, the Lipitz Center secured grant funding from the John A. Hartford Foundation, the Agency for Healthcare Research and Quality (AHRQ), the National Institute on Aging (NIA), and the Jacob and Valeria Langeloth Foundation in 2005 to conduct a cRCT of Guided Care in 8 community-based primary care practices in the Baltimore-Washington DC region. The primary objective of this cRCT is to evaluate the effects of Guided Care on the quality, efficiency and clinical outcomes of health care for chronically ill older patients and their informal caregivers. The trial began in 2006 and was scheduled to end in June 2008, but was extended through June 2009.

Preliminary data indicate that Guided Care:

- **Improves the quality of patients' care.** After six months, Guided Care patients were twice as likely as usual care patients to rate the quality of their care highly. [Boult C et al. *Early Effects of "Guided Care" on the Quality of Health Care for Multimorbid Older Persons: A Cluster-Randomized Controlled Trial. J Gerontol Med Sci* 2008;63A(3):321-327.] After 18 months, Guided Care patients were more than twice as likely as usual care patients to rate the quality of their care highly. [Boyd CM et al. *The Effects of Guided Care on the Perceived Quality of Health Care for Multi-morbid Older Persons: 18-Month Outcomes from a Cluster-Randomized Controlled Trial. J Gen Intern Med. Published online December 22, 2009.*]

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- **Reduces the use and cost of expensive services.** After the first eight months of the study, Guided Care patients experienced, on average, 24% fewer hospital days, 37% fewer skilled nursing facility days, 15% fewer emergency department visits, and 29% fewer home health care episodes, as well as 9% more specialist visits (not statistically significant). Based on current Medicare payment rates and Guided Care costs, these differences in utilization produce net savings for health care insurers. [*Leff B et al. Guided Care and the Cost of Complex Health Care. Am J Manag Care 2009; 15(8):555-559.*]
- **Reduces family caregiver strain.** After six months, the Guided Care caregivers' "strain" and "depression" scores were lower than the comparison (usual care) caregivers' scores, especially among caregivers who provided more than 14 hours of weekly assistance. [*Wolff JL et al. Caregiving and Chronic Care: The Guided Care Program for Families and Friends. Journal of Gerontol Med Sci 2009;64A(7):785-791. Wolff JL et al. Effects of Guided Care on Family Caregivers. Gerontologist 2009 Epub Aug 26.*]
- **Improves physicians' satisfaction with chronic care.** Compared to the physicians in the control group, the physicians who practiced Guided Care for six months reported significant positive effects on communicating with patients, communicating with family caregivers, educating family caregivers, motivating patients to participate in their care, referrals to community resources, and knowing patients' medications. [*Boult C et al. Early Effects of "Guided Care" on the Quality of Health Care for Multimorbid Older Persons: A Cluster-Randomized Controlled Trial. J Gerontol Med Sci 2008;63A(3):321-327.*]

### Recognition

Guided Care is the winner of the **2009 Medical Economics Award for Innovation in Practice Improvement** cosponsored by the Society of Teachers of Family Medicine, the American Academy of Family Physicians, and *Medical Economics* magazine.

Guided Care also won the American Public Health Association's **2008 Archstone Foundation Award for Excellence in Program Innovation**. The Award, established by an endowment from the Archstone Foundation, recognizes one innovative model of health care for older Americans each year.

Guided Care is a finalist for the **British Medical Journal's Getting Research into Practice Award** and for three **Case In Point Platinum Awards** for Case Management Provider Program, Integrated Case Management Program, and Overall Case Management Program.

### Ease of Adoption

Guided Care is a well-defined model of care that primary care practices can fully implement in six-to-nine months. Implementation involves hiring a registered nurse who has completed a course in Guided Care Nursing and integrating the nurse into the practice. Several forms of technical assistance are available to practices that wish to adopt Guided Care, including a detailed implementation manual,\* an accredited online course in Guided Care Nursing, an accredited online course for physicians and other practice leaders, and guidance in selecting health information technology. Additional assistance will also be available to medical practices that participate in the upcoming national Medicare Medical Home Demonstrations.

**For more information,** visit <http://www.GuidedCare.org> for details about Guided Care and visit <http://www.MedHomeInfo.org> for details about technical assistance on becoming a Guided Care medical home plus other assistance for the Medicare Medical Home Demonstration.

\* Boult C et al. "Guided Care: a New Nurse-Physician Partnership in Chronic Care." Springer Publishing Co., New York 2009. For details, visit <http://www.SpringerPub.com/GuidedCare>.