

Guided Care: a New Model of Care for People with Multi-Morbidity

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Ms. Marian Chen

79 year old widow

Retired teacher, lives alone

Income: government
pension

Daughter, lives 10 km away
with three teenagers

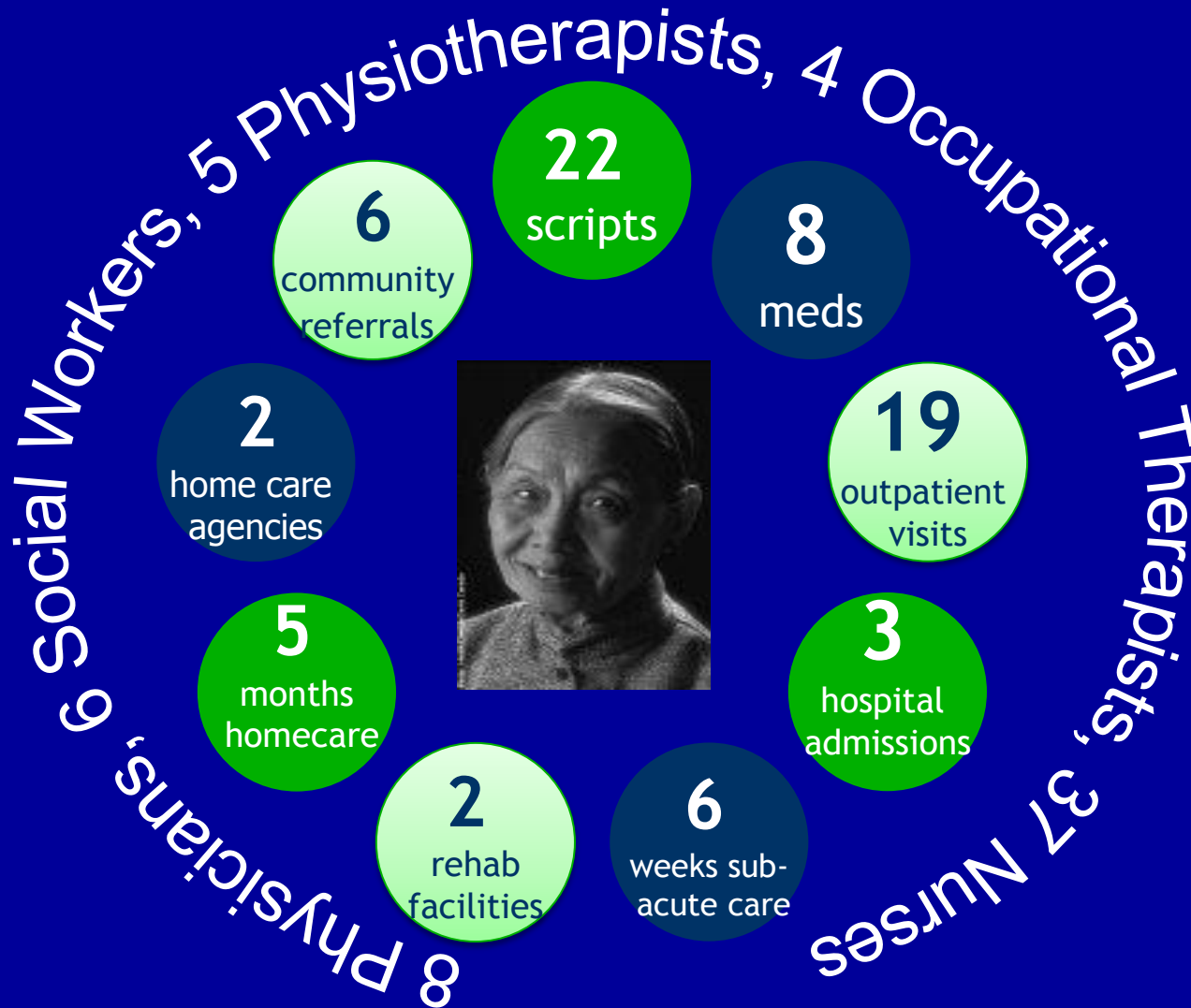
Five chronic conditions

Three physicians

Eight medications



In the past year, Ms. Chen has had...



Ms. Chen

- Confused by care, meds
- Discouraged
- Takes meds inconsistently



Daughter

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

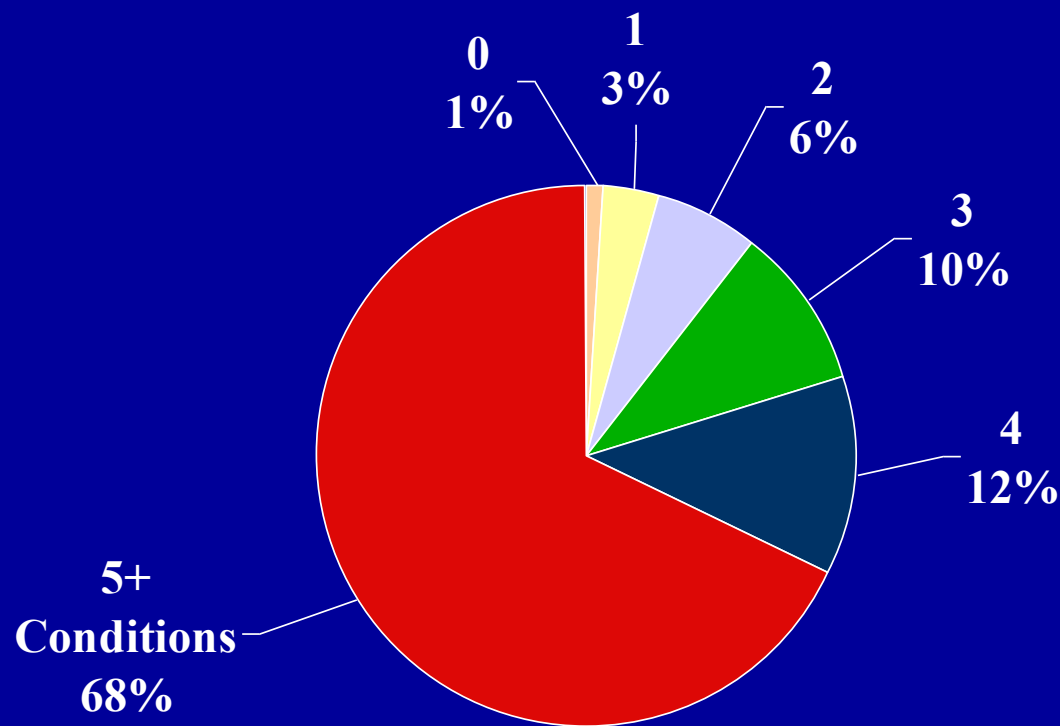
DHB has paid \$49,400 for her care.

For the chronically ill,
the health care system is

Fragmented
Discontinuous
Difficult to access
Inefficient
Unsafe
Expensive

“A nightmare to navigate”

The 1/4 of Older People Who Have 4+ Chronic Conditions Account for 80% of Government Spending

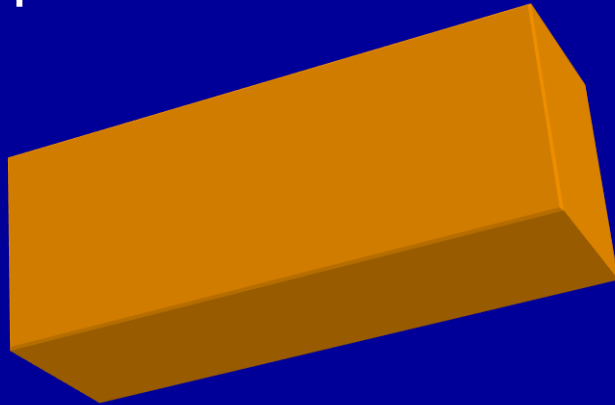


“Every system is designed *perfectly*
to produce the results it gets.”

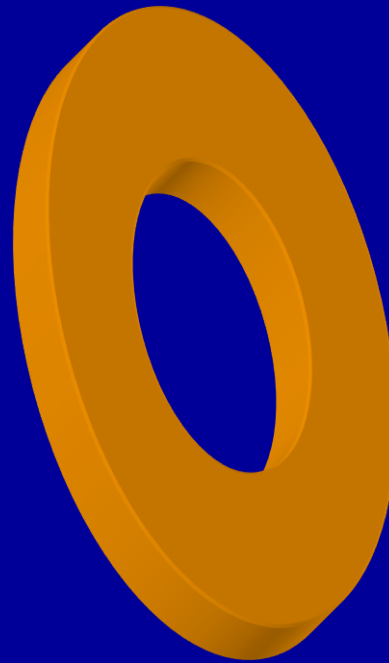
Donald Berwick, MD

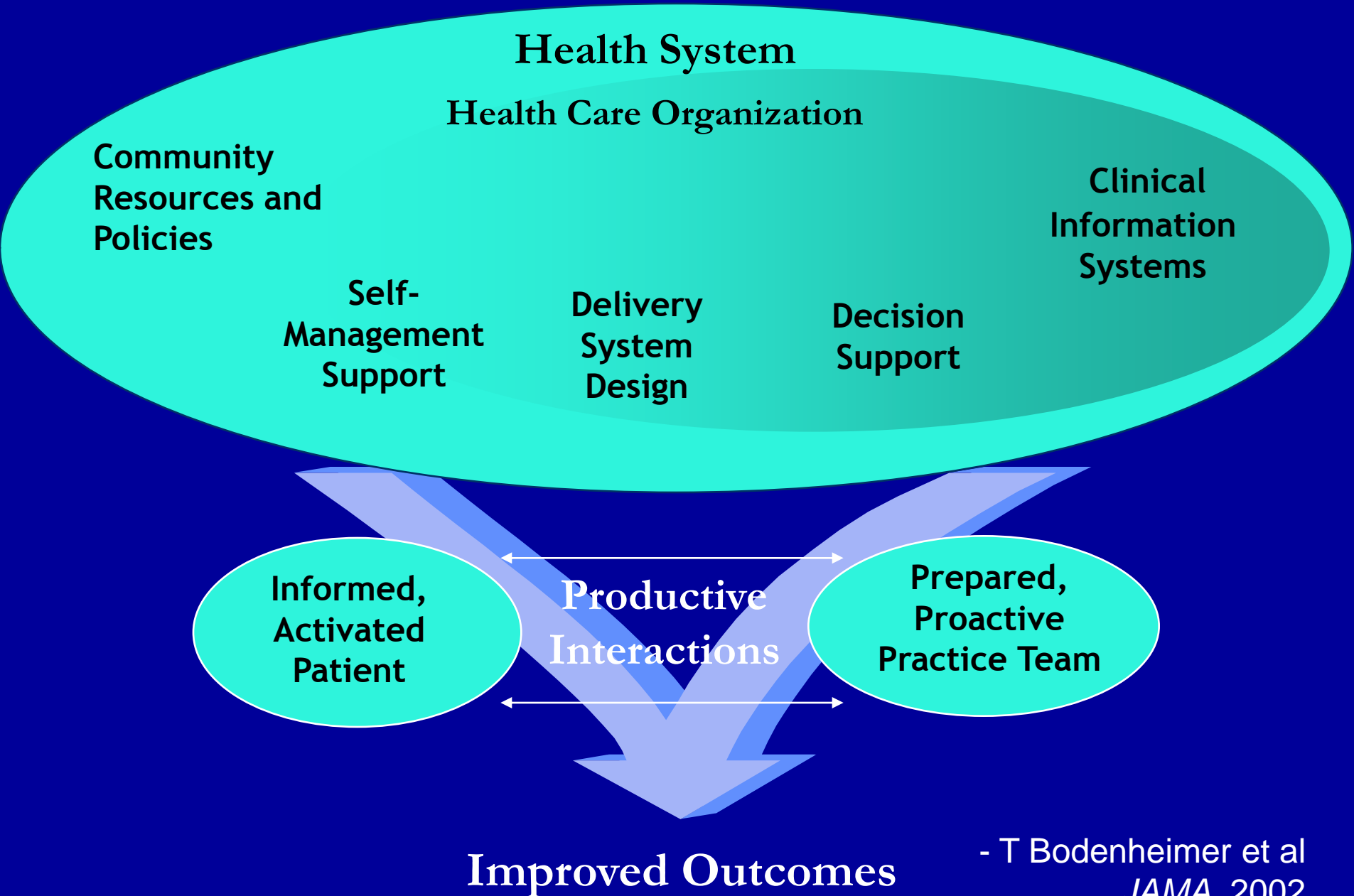
What's Wrong Here?

Chronically ill
population



Health care
system designed
to provide acute
care





- T Bodenheimer et al
JAMA, 2002

The Search for Better Models

Literature review to identify recent innovations in chronic care that have shown promising results

Rank the promising models' potential for "diffusability"

Methods

Literature search: Medline, 1987-2011

Tabulation of evidence for promising models

Classification of the strength of the evidence

Consensus ratings of models' diffusability

2,714 titles identified



305 abstracts read



131 articles read



51 articles added
from bibliographies



123 articles met
inclusion criteria

2,409 excluded

174 excluded

59 excluded



Diffusability Factors

- Relative advantage over current practice
- Compatibility with current culture and practice
- Simplicity
- Observability
- Trialability

- Timing of ROI

Everett Rogers, *The Diffusion of Innovations*

Findings

Four types of successful, diffusable models:

Primary care by interdisciplinary teams

Adjuncts to traditional primary care

Transitional care

Dyadic care of residents of nursing homes

“Successful Models of Comprehensive Care
for Older Adults with Chronic Conditions”
- Boult et al. *J Am Geriatr Soc*, 2009

Guided Care:

Comprehensive Care for Persons with
Chronic Conditions

Specially trained RNs based in GPs' offices

GCNs collaborate with 3-4 GPs 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 carers

Facilitates access to community services



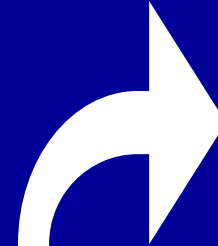
Who is Eligible?

All
Patients
Age 65+

Review previous
year's claims data
with PM software

25%
High-Risk

75%
Low-Risk



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

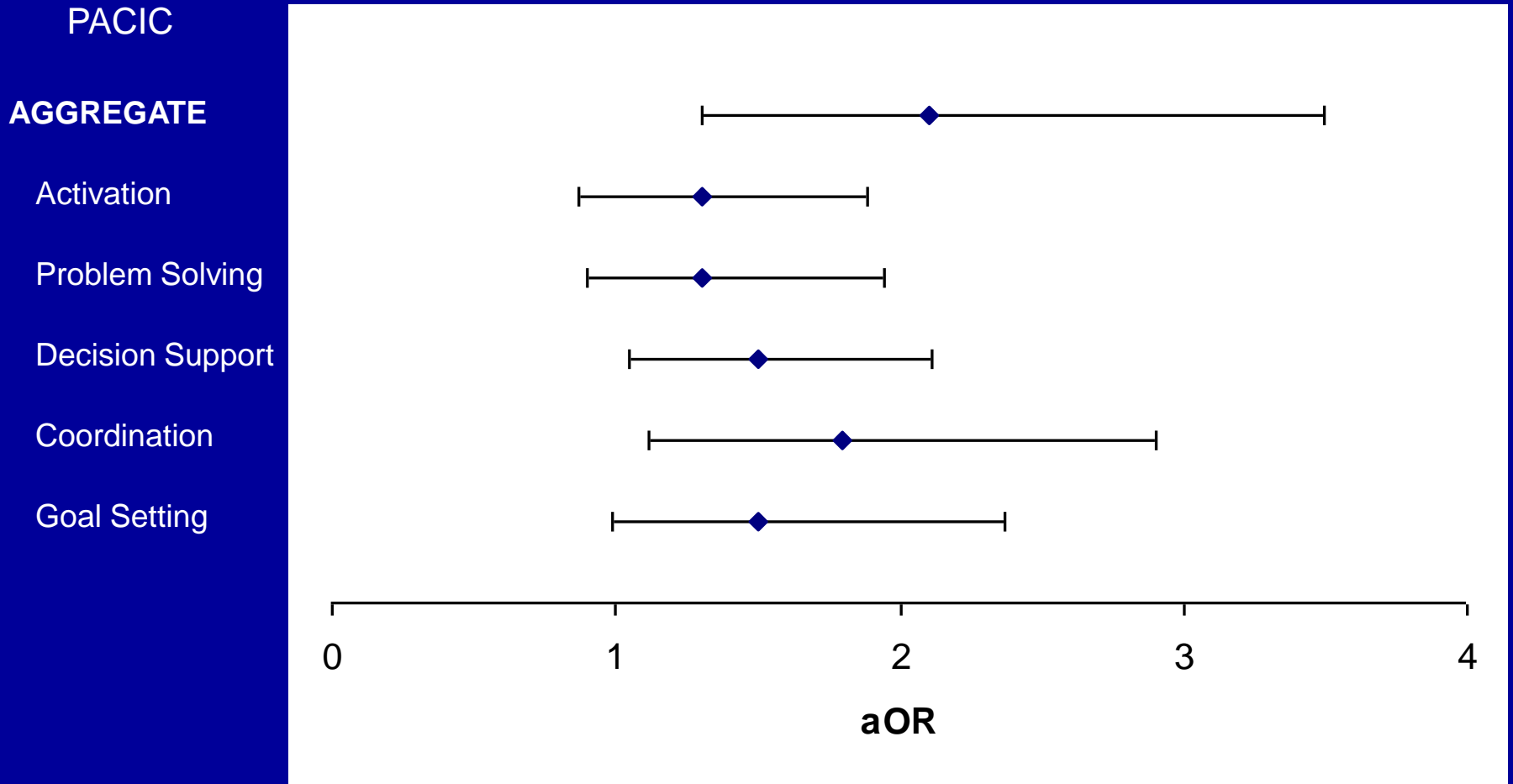


419 in seven
Control teams

Baseline Characteristics

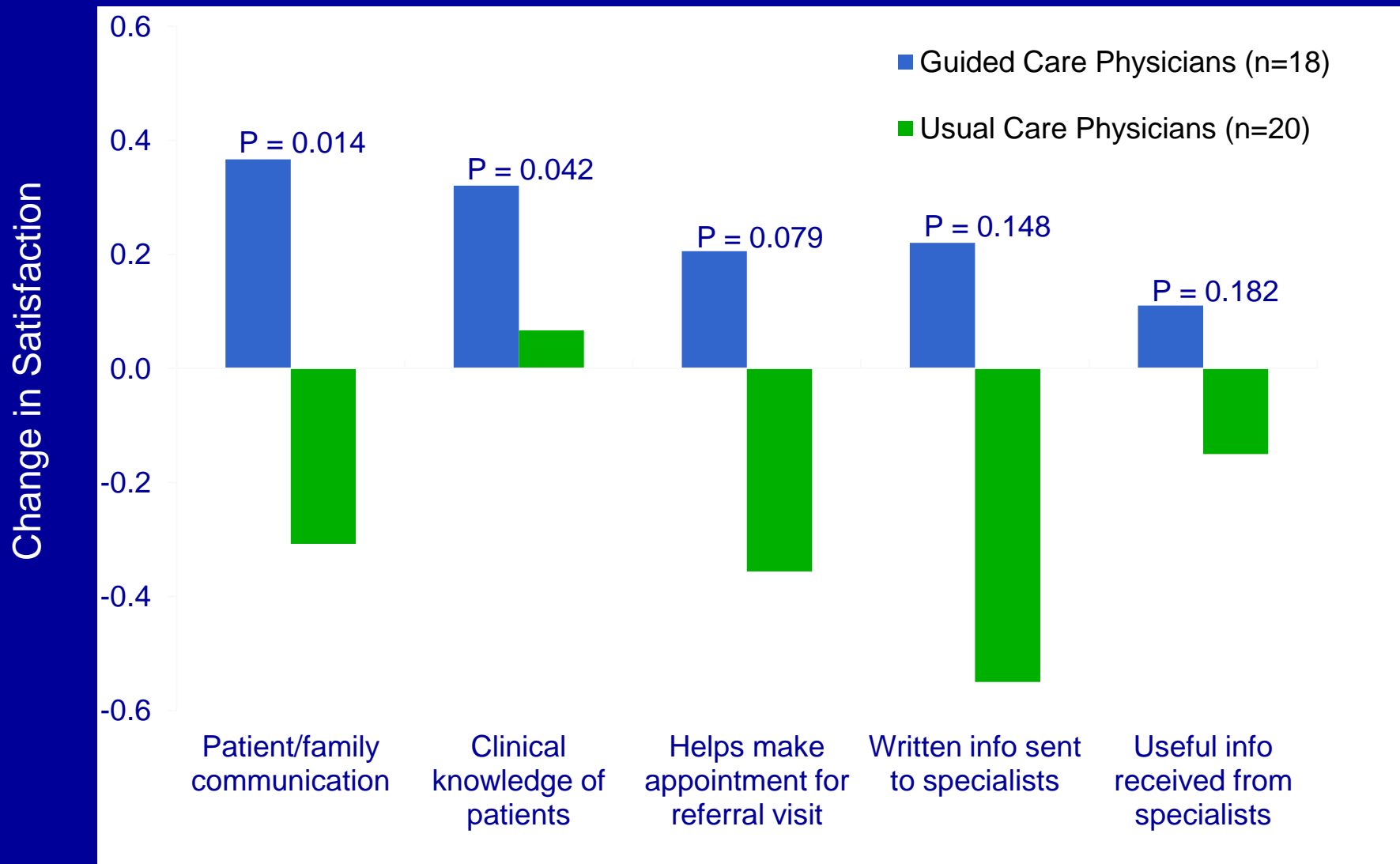
	Guided Care	Usual Care
Age	77.2	78.1
Race (% white)	51.1	48.9
Sex (% female)	54.2	55.4
Education (12+)	46.4	43.4
Living alone	32.0	30.6
Chronic conditions	4.3	4.3
HCC score	2.1	2.0*
ADL difficulty	30.9	29.3

Effects on Quality of Care

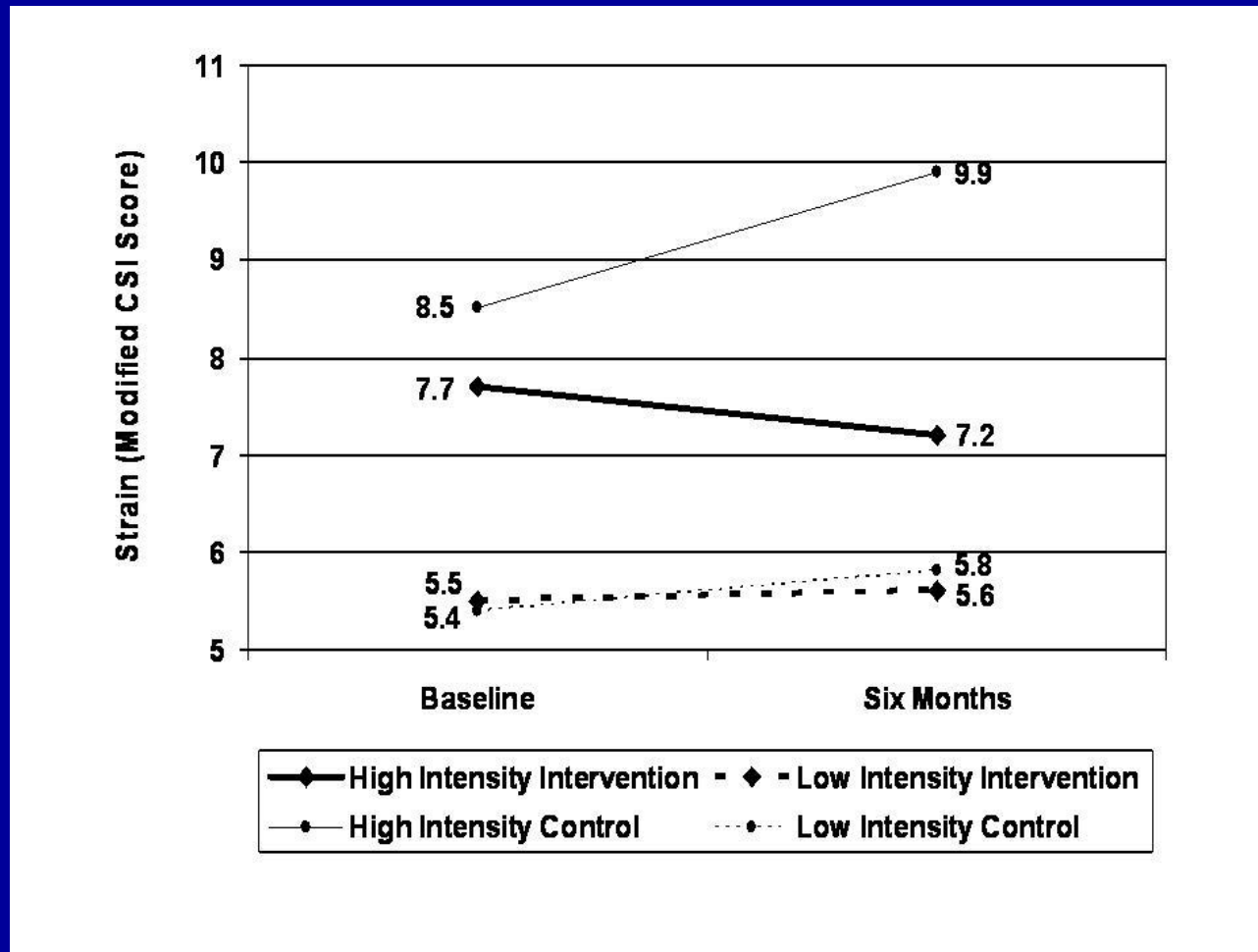


Odds of quality being rated in the highest category

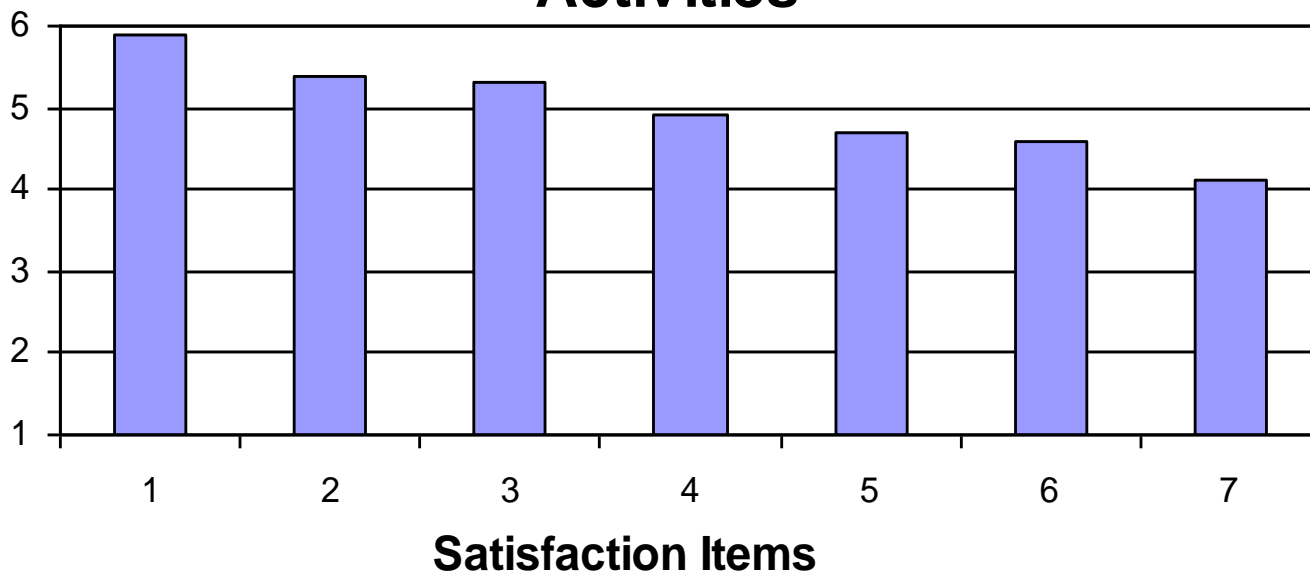
Effects on Physician Satisfaction



Effects on Caregiver Strain



GCNs' Satisfaction with Clinical Activities



Very satisfied

Satisfied

Somewhat satisfied

Somewhat dissatisfied

Dissatisfied

Very dissatisfied

Satisfaction Items

1= Familiarity with patients

2= Stability of patient relationships

3= Comm. w/ patients; availability of clinical info; continuity of care for patients

4= Efficiency of office visits; access to evidence based guidelines

5= Monitoring patients; communicating w/ caregivers; efficiency of primary care team

6= Coordinating care; referring to community resources; educating caregivers

7= Motivating patients for self management

Annual Costs of Guided Care

Guided Care Nurse

Salary	\$71,500
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Fringe 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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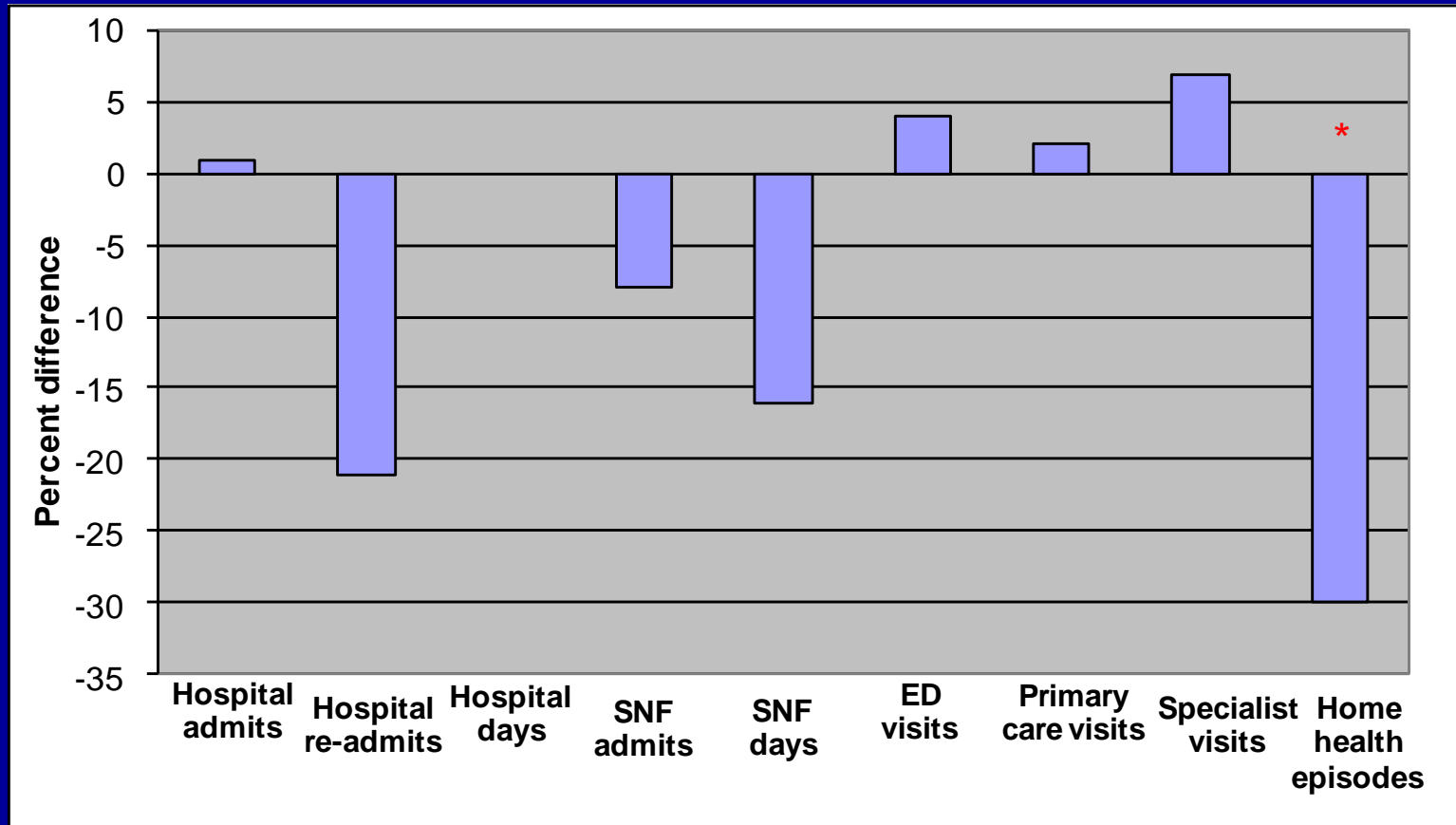
Equipment (amortized over 3 years)

Computer	500
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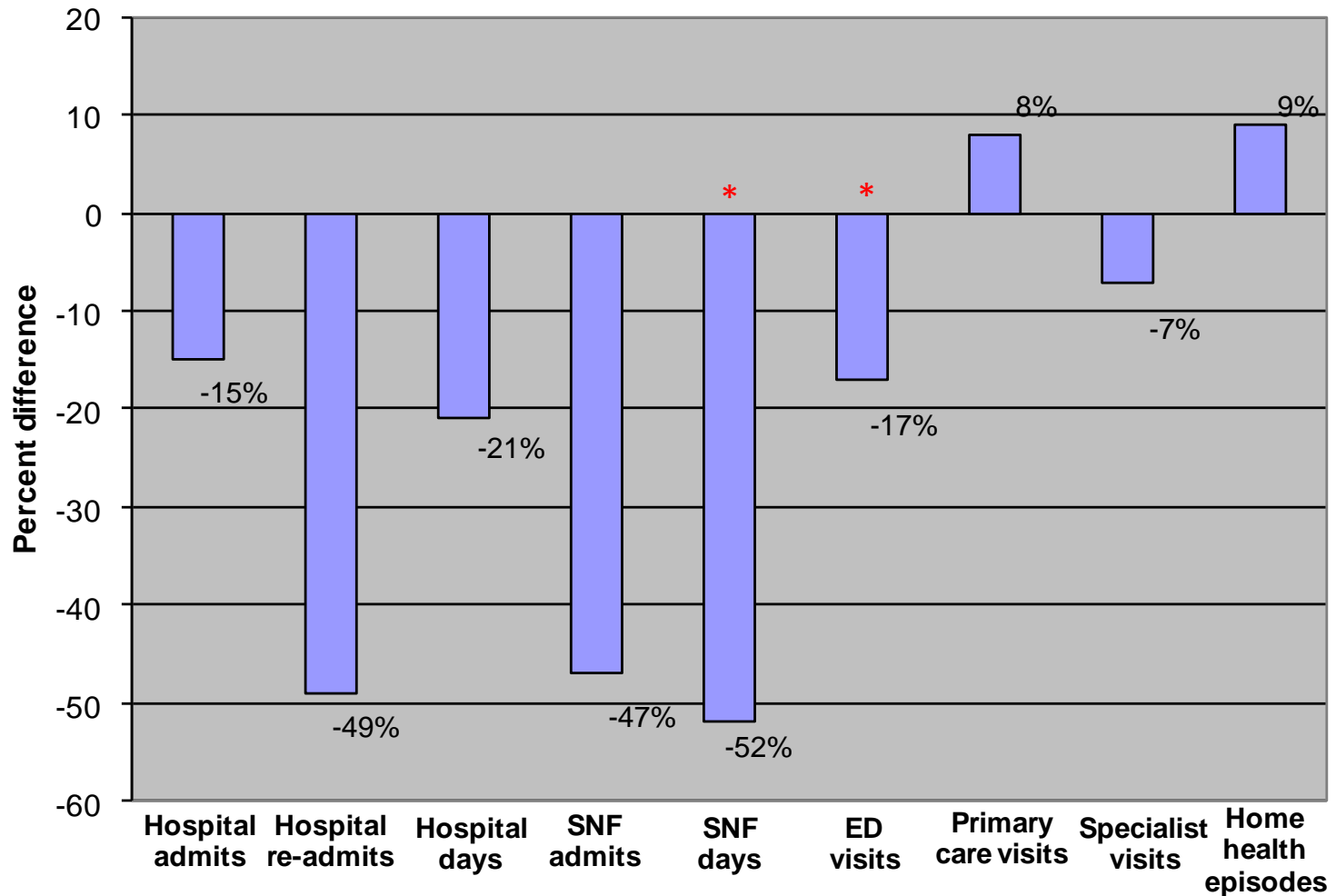
Cell phone	67
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TOTAL	\$95,905
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Health Service Utilization, 1st 20 Mos



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Technical Assistance for Practices

- Guided Care: a New Nurse-Physician Partnership in Chronic Care (Springer Publishing Company)
- Online course for registered nurses
- Online course for physicians and practice leaders
- Orientation booklet for patients

www.GuidedCare.org/adoption.asp

Grant Support

John A. Hartford Foundation

Agency for Healthcare Research and Quality

National Institute on Aging

Jacob and Valeria Langeloth Foundation

Conclusions

For patients with several chronic conditions, interdisciplinary primary care can be practical, diffusable and cost-effective, especially in well-managed systems of care.

In the future, chronic care will be provided by new models of care that are based on interdisciplinary teams.