

# Guided Care:

New Hope for Older Persons with Chronic Conditions

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# Ms. Marian Chen

79 year old widow

Retired teacher, lives alone

Income: SS, pension and  
Medicare

Daughter, lives 10 miles  
away with three teenagers

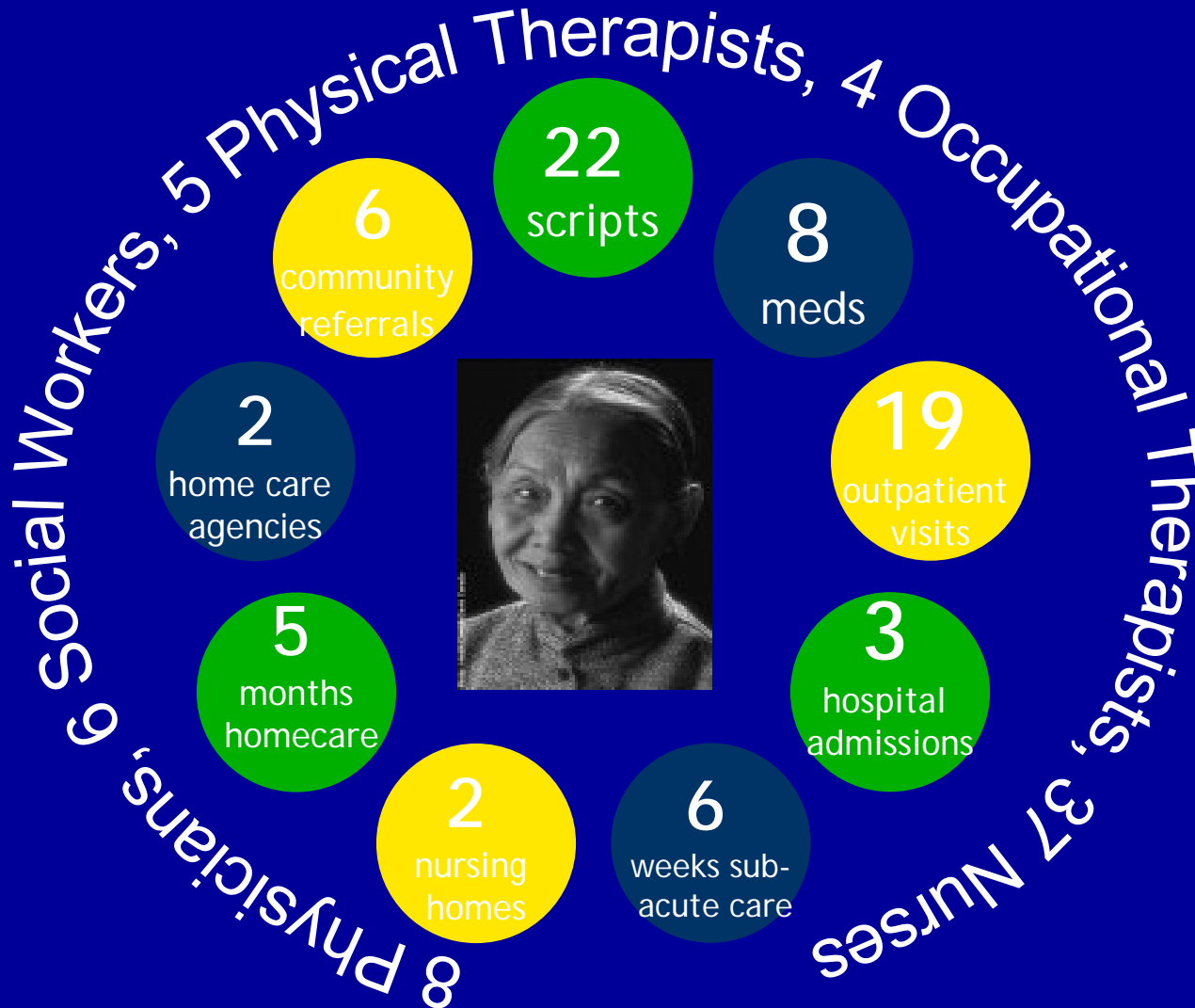
Five chronic conditions

Three physicians

Eight medications



# In 2008, Mrs. Chen has had...



## Mrs. Chen

- Confused by care, meds
- Poor quality of life
- High out-of-pocket costs

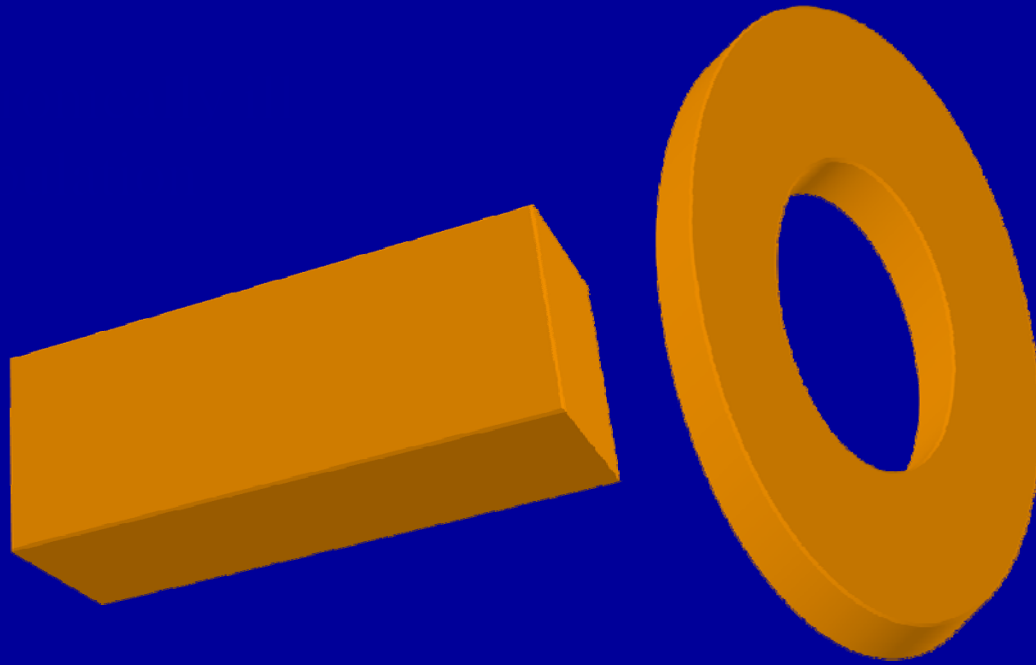


## Daughter

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

Medicare paid \$42,400 to providers for her care  
(not including medications)

# What's Wrong Here?



# 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

# 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 caregivers

Facilitates access to community services



# 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
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 Physician Satisfaction

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

# 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

# Annual Costs of Guided Care

## Guided Care Nurse

Salary	\$71,500
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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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# Early Results

- Guided Care appears to be feasible to implement and popular with physicians, nurses, patients and caregivers.
- Guided Care improves the quality of chronic care.
- Guided Care appears to reduce insurers' net expenditures for health care.
- Two more years of data will provide greater precision in measuring effects.

# Guided Care and Public Policy

# Publications

Boyd C et al. *Gerontologist* Nov 2007

Sylvia M et al. *Dis Manag* Feb 2008

Boyd C et al. *J Gen Intern Med* Feb 2008

Boult C et al. *J Gerontology* Mar 2008

Leff B et al. *Am J Managed Care* 2009 (in press)

Wolff et al. *J Gerontology Med Sci* 2009 (in press)

“Guided Care: a New Nurse-Physician Partnership for Chronic Care.” Springer Publishing Co. 2009  
([www.springerpub.com/guidedcare](http://www.springerpub.com/guidedcare))

[www.guidedcare.org](http://www.guidedcare.org)