Guided Care: a Path to the Medical Home

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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 had... 

- 6 community referrals
- 2 home care agencies
- 5 months homecare
- 2 nursing homes
- 8 nurses
- 22 scripts
- 8 meds
- 19 outpatient visits
- 3 hospital admissions
- 6 weeks sub-acute care
- 8 physicians
- 6 social workers
- 5 physical therapists
- 4 occupational therapists
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
Chronic care is:

- Fragmented
- Discontinuous
- Difficult to access
- Inefficient
- Unsafe
- Expensive
The $\frac{1}{4}$ of beneficiaries who have 4+ chronic conditions account for 80% of Medicare spending.

Source: Medicare 5% Sample, 2001
What is Guided Care?

Comprehensive, coordinated, continuing, patient-centered, evidence-based health care for patients with chronic conditions (and their families).

An RN located in the practice collaborates with 2-5 physicians in caring for 50-60 of their most complex patients (and family caregivers).
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
Smoother 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
Who is Eligible?

All Patients
Age 65+

Review previous year’s claims data with PM software

25% High-Risk

75% Low-Risk
Electronic Health Record

Creates:
  Evidence-based “Care Guides”
  Reminders

Provides:
  Decision support: drug interactions
  Documentation of GCN-pt/cg encounters
Informed, Activated Patient

Chronic Disease Self-Management

Prepared, Proactive Practice Team

Improved Outcomes

Community Resources and Policies
Accessing

Self-Management Support
Chronic Disease Self-Management

Delivery System Design
Guided Care Nurse

Decision Support
Lexi-comp, Evidence-based guidelines

Clinical Information Systems
Electronic Health Record, Care Guide, Transitional Care, Coordination

Health System
Health Care Organization

Delivery System Design
Guided Care Nurse

Decision Support
Lexi-comp, Evidence-based guidelines

Improved Outcomes

Self-Management Support
Chronic Disease Self-Management

Productive Interactions

Health System
Health Care Organization

Informed, Activated Patient

Prepared, Proactive Practice Team

Improved Outcomes
How Well Does Guided Care Work?

A pilot test and the first year of a multi-site RCT show:
- Improved quality of care
- Improved physician satisfaction with care
- Reduced caregiver strain
- Cost savings for insurers

Boyd C et al. Gerontologist Nov 2007
Sylvia M et al. Disease Management Feb 2008
Leff B et al. American Journal of Managed Care 2009 (in press)
Randomized Trial

High-risk older patients (n=904) of 49 community-based primary care physicians practicing in 14 teams

Physician/patient teams randomly assigned to receive Guided Care or “usual” care

Multiple outcomes measured 8, 20 and 32 months after the baseline
## Baseline Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Guided Care</th>
<th>Usual Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>77.2</td>
<td>78.1</td>
</tr>
<tr>
<td><strong>Race (% white)</strong></td>
<td>51.1</td>
<td>48.9</td>
</tr>
<tr>
<td><strong>Sex (% female)</strong></td>
<td>54.2</td>
<td>55.4</td>
</tr>
<tr>
<td><strong>Education (12+)</strong></td>
<td>46.4</td>
<td>43.4</td>
</tr>
<tr>
<td><strong>Living alone</strong></td>
<td>32.0</td>
<td>30.6</td>
</tr>
<tr>
<td><strong>Conditions</strong></td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td><strong>HCC score</strong></td>
<td>2.1</td>
<td>2.0*</td>
</tr>
<tr>
<td><strong>ADL difficulty</strong></td>
<td>30.9</td>
<td>29.3</td>
</tr>
<tr>
<td><strong>Cognition (SPMS)</strong></td>
<td>9.1</td>
<td>9.0</td>
</tr>
</tbody>
</table>
## Effects on Quality of Care

<table>
<thead>
<tr>
<th>PACIC scales:</th>
<th>GC</th>
<th>UC</th>
<th>aOR*</th>
<th>95% CI</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal setting</td>
<td>24.6</td>
<td>11.6</td>
<td>2.4</td>
<td>1.5-3.7</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Coordination</td>
<td>14.2</td>
<td>7.1</td>
<td>2.3</td>
<td>1.3-4.0</td>
<td>0.005</td>
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<tr>
<td>Decision support</td>
<td>42.7</td>
<td>33.1</td>
<td>1.5</td>
<td>1.1-2.1</td>
<td>0.014</td>
</tr>
<tr>
<td>Problem solving</td>
<td>33.4</td>
<td>24.7</td>
<td>1.4</td>
<td>1.0-1.9</td>
<td>0.096</td>
</tr>
<tr>
<td>Patient activation</td>
<td>26.6</td>
<td>23.0</td>
<td>1.1</td>
<td>0.7-1.5</td>
<td>0.763</td>
</tr>
<tr>
<td><strong>Aggregate</strong></td>
<td><strong>17.4</strong></td>
<td>8.5</td>
<td><strong>2.0</strong></td>
<td><strong>1.2-3.4</strong></td>
<td><strong>0.006</strong></td>
</tr>
</tbody>
</table>

* Adjusted for baseline socio-demographics, health, function, PACIC scores, site
<table>
<thead>
<tr>
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<th>Guided Care (n=18)</th>
<th>Usual Care (n=20)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating with patients</td>
<td>0.11</td>
<td>-0.42</td>
<td>0.047</td>
</tr>
<tr>
<td>Communicating with caregivers</td>
<td>0.39</td>
<td>-0.11</td>
<td>0.066</td>
</tr>
<tr>
<td>Educating caregivers</td>
<td>0.50</td>
<td>-0.34</td>
<td>0.008</td>
</tr>
<tr>
<td>Motivating patients</td>
<td>0.39</td>
<td>-0.40</td>
<td>0.006</td>
</tr>
<tr>
<td>Know all pt’s meds</td>
<td>0.29</td>
<td>-0.18</td>
<td>0.034</td>
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</tbody>
</table>
Annual Costs of Guided Care

Guided Care Nurse
  Salary $71,500
  Benefits (@ 30%) 21,450
  Travel (to pts’ homes, hospitals) 588

Communication services
  Internet, cell phone 1,800

Equipment (amortized over 3 years)
  Computer 500
  Cell phone 67

TOTAL $95,905
## Effects on Costs of Care (per caseload, 55 patients)

<table>
<thead>
<tr>
<th>Service</th>
<th>GC – UC Difference</th>
<th>Average Expenditure</th>
<th>Cost Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital days</td>
<td>-76.1</td>
<td>$1,519/day</td>
<td>-115.6</td>
</tr>
<tr>
<td>SNF days</td>
<td>-99.1</td>
<td>$305/day</td>
<td>-30.2</td>
</tr>
<tr>
<td>Home health episodes</td>
<td>-20.1</td>
<td>$1331/episode</td>
<td>-26.8</td>
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<tr>
<td>Physician visits</td>
<td>40.0</td>
<td>$41/visit</td>
<td>1.7</td>
</tr>
<tr>
<td>Gross savings</td>
<td>-----</td>
<td>-----</td>
<td>-170.9</td>
</tr>
<tr>
<td>Cost of GCN</td>
<td></td>
<td></td>
<td>95.9</td>
</tr>
<tr>
<td><strong>NET SAVINGS</strong></td>
<td>-----</td>
<td>-----</td>
<td>-75.0</td>
</tr>
</tbody>
</table>
The Medical Home
The Medicare Medical Home

Goal: To improve the quality and outcomes of chronic care

Interdisciplinary team provides enhanced:
Access
Continuity
Coordination of care
Care management
Patient/family engagement in self-management

CMS pays practices monthly *per capita* management fees, plus shared savings
NCQA Recognition as a MMH

Recognition is based on the services provided by the practice to Medicare beneficiaries with chronic conditions

Process

- Complete a self-attestation survey
- Document MH activities

Recognition:

- Tier 1 – 17 services, registry
- Tier 2 – 22 services, EHR
Guided Care ("CMS Tier 2")
Medical Home

1675 adult patients and their PCPs
1 full-time Guided Care Nurse
1 half-time LPN
HIT: EHR (+ a web-based system?)
Technical Assistance
(www.medhomeinfo.org)

- Guided Care implementation manual
- On-line course for Guided Care nurses
- On-line course for physicians
- Learning Collaboratives and Open Door Forums
- Consultation
- Online practice self-assessment ("MHIQ")
- TransforMED.com: MHIQ, MHMp, MH Network
- Guidedcare.org: Guided Care Group
- EHR selectors: centerforhit.org, ACPonline.org
“Guided Care: a New Nurse-Physician Partnership in Chronic Care”

Implementation manual for practices:
- Preparing the practice for Guided Care
- Tools for hiring Guided Care nurses
- Checklist for integrating nurses into practice
- Tools for managing Guided Care nurses

Springer Publishing - Feb. 23, 2009
Information Available Now

About Guided Care – www.GuidedCare.org

About “Guided Care” implementation manual – www.springerpub.com

About MHIQ – www.TransforMED.com

About EHRs – www.centerforhit.org, ACPonline.org

About CMS’s MMHD – www.cms.hhs.gov/DemoProjectsEvalRpts/MO/list.asp#TopOfPage

About other medical home demos – www.pcpcc.net