

D102

THE EFFECT OF GUIDED CARE ON QUALITY OF CARE.

C. M. Boyd, 1,2; E. Shadmi, 2; L. Conwell, 2; M. Sylvia, 3; C. Boulton, 1,2; R. Brager, 4; B. Leff, 1; D. Scharfstein.5

1. Medicine, Johns Hopkins University, Baltimore, MD; 2. Health Policy and Management, Johns Hopkins University, Baltimore, MD; 3. Johns Hopkins Health Care, Glen Burnie, MD; 4. Nursing, Johns Hopkins University, Baltimore, MD; 5. Biostatistics, Johns Hopkins University, Baltimore, MD.

Supported By: Johns Hopkins Health Care; Roger C. Lipitz Center for Integrated Health Care

Background: The quality of primary care for older persons with several chronic conditions is often poor.

Objective: To evaluate the effect of Guided Care on the quality of primary care for chronically ill older persons.

Intervention: Guided Care is provided by a specially trained RN working closely with 2-3 primary care physicians in the care of their chronically ill older patients. The services received by each patient include comprehensive geriatric assessment leading to a comprehensive care plan, evidence-based primary care with pro-active follow-up of chronic conditions, coordination of the efforts of all health professionals across all health care settings, coaching for self-management, education and support of unpaid caregivers, and facilitated access to relevant community resources.

Methods: Using claims-based predictive modeling software, we identified the 15% most high-risk, chronically ill older patients of 4 internists in one community practice. At baseline, we assessed the quality of primary care by administering the Primary Care Assessment Survey (PCAS) by mail. A Guided Care Nurse worked with 2 of the physicians and 34 of their chronically ill older patients for 6 months, after which we repeated the PCAS. Results: Twenty-seven (79%) of 34 recipients of Guided Care and 51 (68%) of 75 controls responded to both surveys. At baseline, the two groups were similar in their demographics and disability levels, but the Guided Care group had higher risk scores. After six months, receipt of Guided Care was associated (in linear regression models that adjusted for baseline age, risk, and PCAS scores) with higher quality of care scores in all five PCAS domains: communication (84.3 vs. 73.7, $p=0.001$), integration of care (79.7 vs. 71.6, $p=0.075$), interpersonal treatment (83.1 vs. 79.6, $p=0.268$), provider knowledge of patient (76.9 vs. 68.3, $p=0.054$), and patient trust (78.8 vs. 75.4, $p=0.250$).

Conclusion: Guided Care appears to improve the quality of care of complex, chronically ill older adults. The results of this small pilot study suggest that a larger controlled trial of Guided Care is needed.