

## **A Cluster-Randomized Controlled Trial of Guided Care: Baseline Data and Initial Experience.**

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“Guided Care” is designed to improve the quality of life and the efficiency of resource use for medically complex older adults by applying the principles of the “chronic care model” to primary care. A registered nurse, based in a primary care practice and supported by a web-accessible, evidence-based electronic health record, works closely with 2-5 physicians in caring for 50-60 of their multi-morbid older patients. For each patient, the nurse performs a comprehensive assessment at home and then collaborates with the physician, the patient, and the caregiver to customize an evidence-based comprehensive “Care Guide” for health care professionals and a personal health “Action Plan” for the patient and caregiver. Thereafter, the nurse monitors the patient’s chronic conditions proactively, coaches the patient in self-management, smoothes transitions between settings of care, coordinates multiple providers, educates and supports caregivers in their coping skills, and facilitates access to community resources. We hired seven registered nurses from the local community, pre-pared them to provide Guided Care, and assigned each to one of the participating primary care practices in the Baltimore-Washington region that had been randomly assigned to the experimental condition. Patients of the participating practices were eligible for the study if they had seen their physician within the previous year and were at risk of heavy utilization of health care during the following year (i.e., had a CMS-HCC risk score of 1.2+). Unpaid caregivers were eligible if they regularly helped eligible patients with their functional deficits or health-related tasks. At baseline, the consenting patients (n=870) have a mean age of 78.8 years; 54% are female; 51.9% are white; 43.6% African-American; and 73.2% have at least a high school education. Their mean self-reported general health is 3.3 (1=poor, 5=excellent), and 46% have functional limitations or need help with health care tasks. All are insured by fee-for-service Medicare (39.5%) or managed care plans (60.5%). Consenting caregivers (n=299) are participating patients’ spouses (47.4%), children (41.5%), other relatives (7.6%), or non-relatives (3.5%). Caregiver mean age is 60.6 years. During the first 6 months of the RCT, the nurses devoted approximately half their time to assessing their patients and caregivers and developing Care Guides and Action Plans.