Guided Care: Implementing a New Model of Care for Frail Older Persons

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Health care for persons with chronic conditions is “a nightmare to navigate.”

*Crossing the Quality Chasm, IOM 2001*
A typical patient: Marian Chen

- 79 year old widow
- Retired teacher, lives alone
- Income: SS, pension and Medicare
- Daughter, lives 10 m away with three teenagers
- Five chronic conditions
- Three physicians
- Eight medications
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 $39,400 to providers for her care (not including medications)
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
By 2010, 70 Million Americans Will Have Multiple Chronic Conditions
Informed, Activated Patient and Family
Prepared, Proactive Practice Team

Improved Outcomes
Guided Care: The Translation of Knowledge to Practice

Combine successful innovations
Integrate them into primary care
Make the model diffusible
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
Agenda

- The Clinical Model - Cynthia Boyd
- Supporting Informal Caregivers - Jennifer Wolff
- Improving Health Behaviors - Stephen Wegener
- Design of the RCT - Lisa Reider
- Diffusion of the Model - Chad Boult
- Discussion