

GRACE Team Care: Business Case for Person-Centered Care

The SCAN Foundation

Long-Term Services and Supports Summit

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Objectives

1. Describe the GRACE Team Care model and clinical trial and replication results.
2. Review the business case for GRACE Team Care.
3. Demonstrate the return on investment calculator.

Implementation of Complimentary Models of Primary Care for Medicare Populations

- ❑ Past – Office-based primary care physician
- ❑ Present – Patient Centered Medical Home
 - Office-based nurse care manager
 - Care transitions by RN or SW
- ❑ Future – High Intensity Care Management
 - Home-based APN/RN and SW team
 - Transitional care by APN

⇒ **GRACE Team Care**



Older People with Chronic Diseases and Functional Limitations

- Need more medical services and social supports
- Geriatric conditions (e.g., dementia, depression, falls)
- Socioeconomic stressors, low health literacy, limited access and fragmented healthcare
- Have high healthcare costs
 - The **20 percent** of older adults with chronic conditions and receive help in basic or instrumental ADLs represent **40 percent** of all health spending by community residents 65 and over.

The Lewin Group. 2010.

GRACE Team Care

1. In-home geriatric assessment by a NP and SW team
2. Individualized care plan using GRACE protocols
3. Weekly interdisciplinary team conference
 - Geriatrician
 - Pharmacist
 - Mental Health Liaison



GRACE Team Care

4. NP and SW meet with PCP
5. Implement care plan consistent with participant's goals
6. Ongoing care management and caregiver support
7. Ensure continuity and coordination of care, and smooth care transitions



GRACE Protocols

- Advance Planning
- Health Maintenance
- Medication Management
- Difficulty Walking/Falls
- Depression
- Dementia
- Caregiver Burden
- Chronic Pain
- Malnutrition/Weight Loss
- Urinary Incontinence
- Visual Impairment
- Hearing Impairment

GRACE Trial: Better Quality and Outcomes

- Better performance on ACOVE Quality Indicators
 - ✓ General health care (e.g., immunizations, continuity)
 - ✓ Geriatric conditions (e.g., falls, depression)
- Enhanced quality of life by SF-36 Scales
 - ✓ General Health, Vitality, Social Function & Mental Health
 - ✓ Mental Component Summary
- Lower resource use and costs in high risk group
 - ✓ Fewer ED visits and hospitalizations
 - ✓ Reduced acute care costs offset program costs

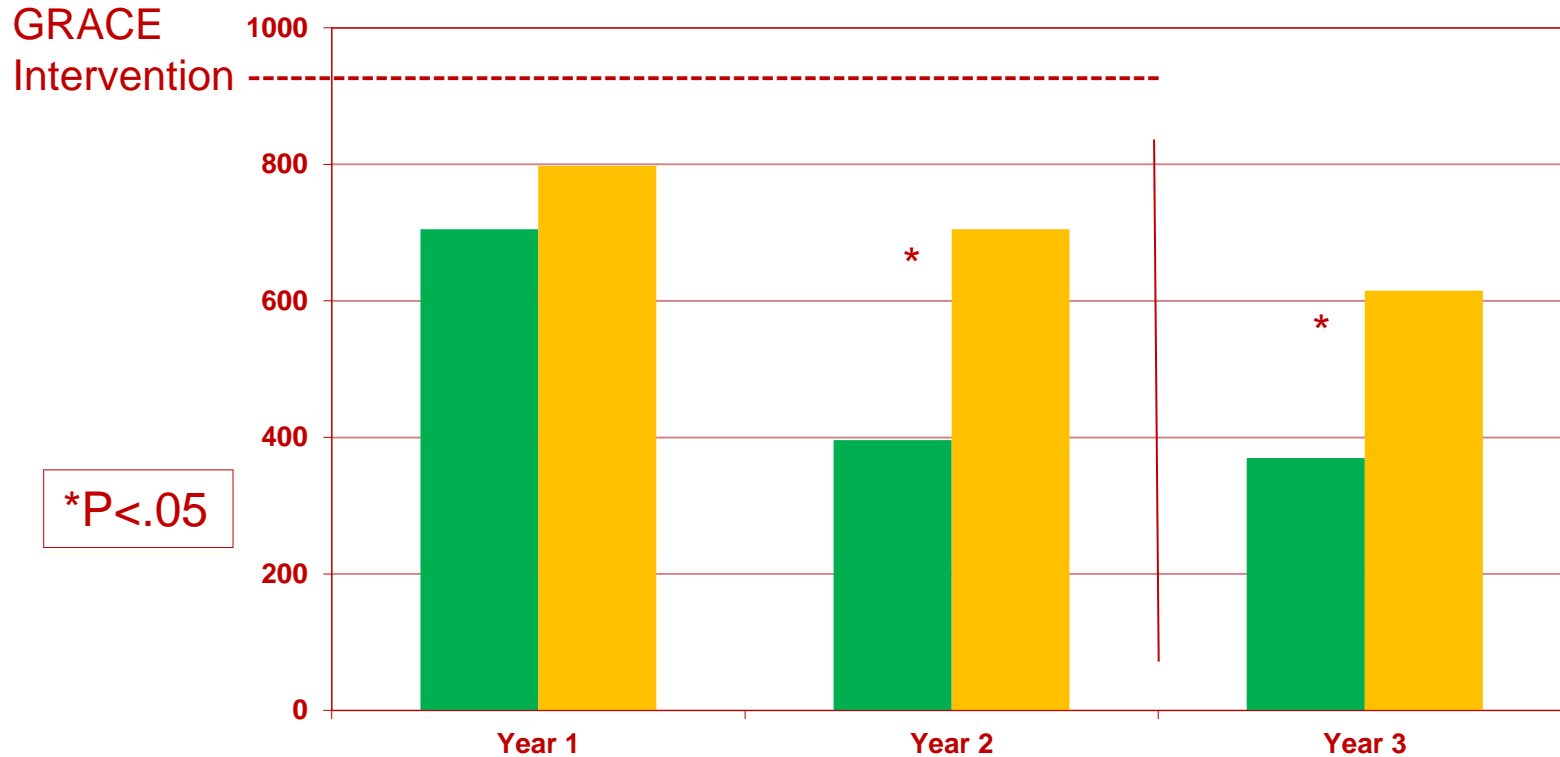
Counsell SR, et al. JAMA 2007;298(22):2623-2633.

Counsell SR, et al. J Am Geriatr Soc 2009;57:1420-1426.



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High Risk Patients: Decreased Admissions



GRACE Team Care: First 3 Replications

HealthCare Partners Medical Group – Los Angeles

- Population: Homebound
- Setting: Home-Based Primary Care

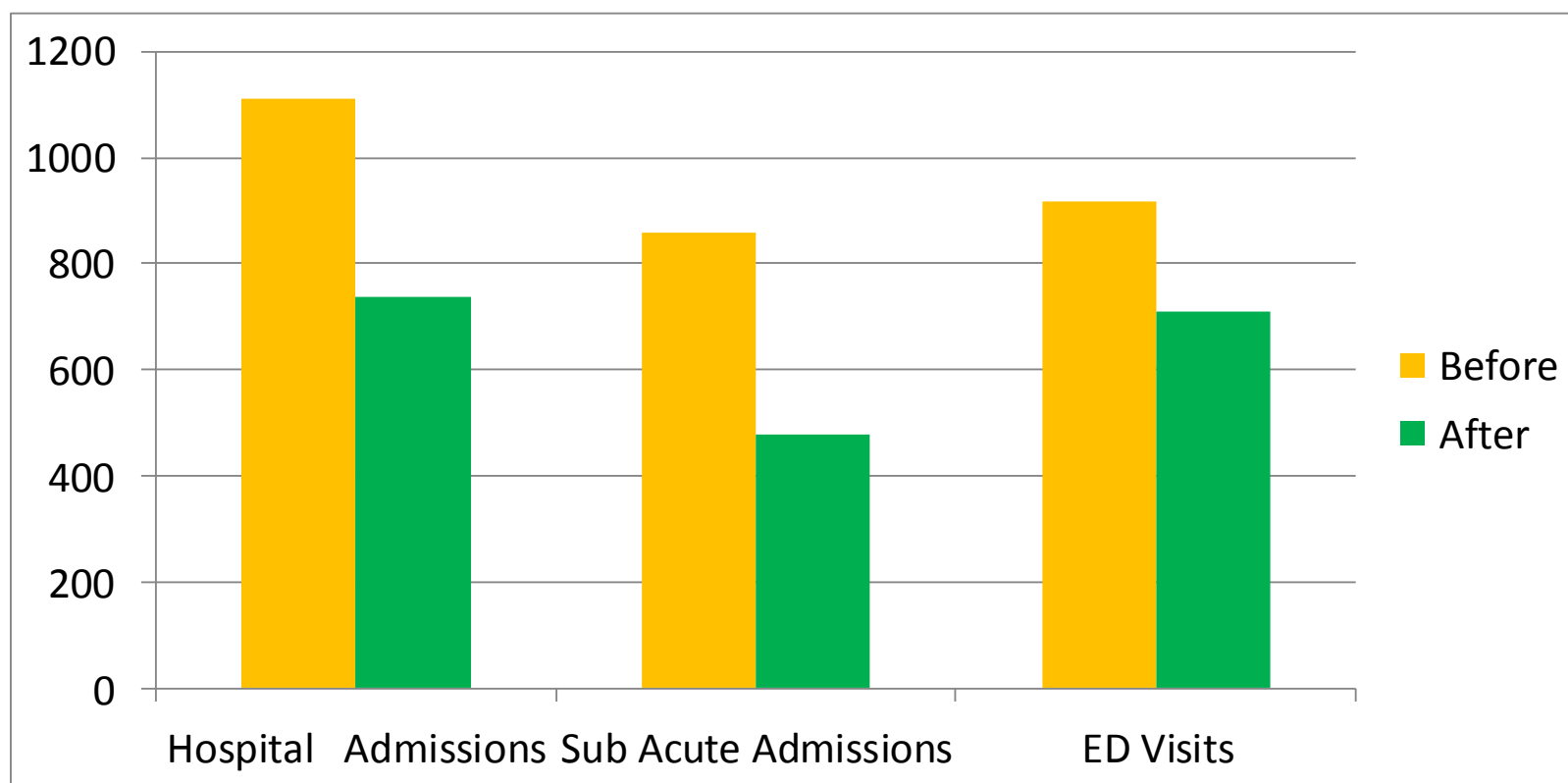
VA Healthcare System – Indianapolis

- Population: Hospital to Home Transition
- Setting: Office-Based Primary Care

IU Health Medicare Advantage Plan – Indianapolis

- Population: High Risk Medicare
- Setting: Office-Based Primary Care

Utilization Rates Before and After GRACE

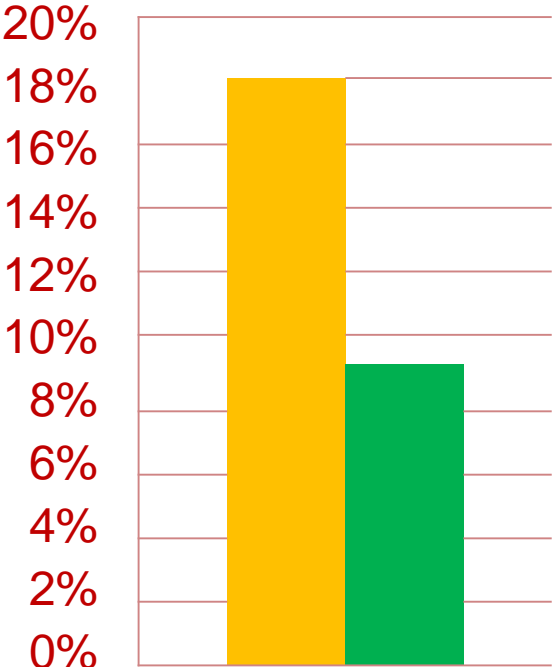


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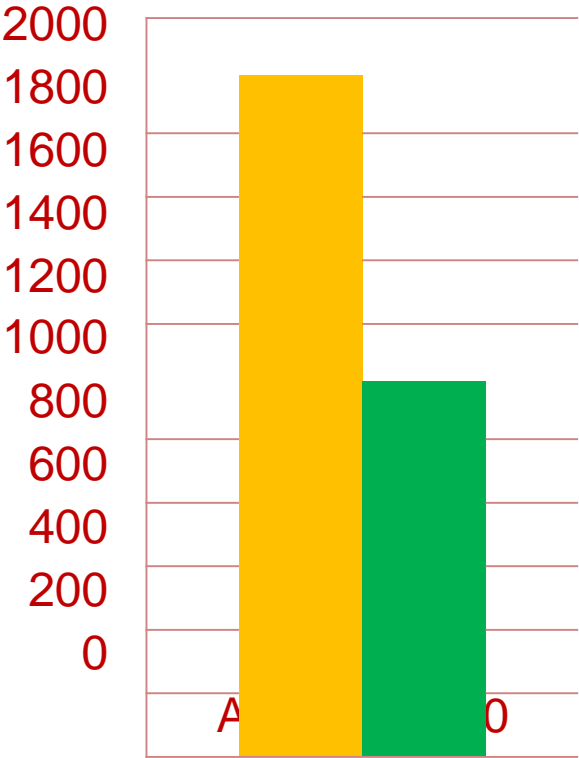
Readmission and Hospitalization Rates



DEPARTMENT OF VETERANS AFFAIRS
RICHARD L. ROUDEBUSH VA MEDICAL CENTER
1481 WEST 10th STREET
INDIANAPOLIS, IN 46202



30-Day Readmits



Before
After

GRACE Team Care Training and Technical Assistance

California

- UCSF Medical Center
- Health Plan of San Mateo
- Whittier Hospital Medical Center & Central Health Plan

Michigan

- University of Michigan Health System
- Blue Cross Blue Shield of Michigan

VA Healthcare System

- San Francisco VAMC
- Cleveland VAMC
- Atlanta VAMC

The Case for GRACE

Costs

- *7 FTE (3 NP, 3 SW, 1 Coordinator)*
- *0.3 FTE (.1 Med Dir, .1 MH, .1 Pharm)*
- *Mileage home visits*
- *Increased MH and Rehab utilization*
- *Caseload of 300*

Return

- *↓ 30% Hospital admits*
- *↓ 35% SNF admits*
- *↓ 25% ED visits*
- *Appropriate risk adjustment*
- *Better satisfaction & quality scores*
- *PCP efficiency gains*

Avalere's ROI Analysis of GRACE

- *“Effective management of key populations – e.g., older adults with multiple chronic conditions and functional impairment – not only improves outcomes for plan members, but can yield a positive return on investment (ROI).”*
- Avalere's ROI analysis indicates that the GRACE model can yield an ROI of 95%.

Annual Cost/Member	= \$2,201
Annual Savings/Member	= \$4,291
ROI Per Year	= 95%
PMPM Savings	= \$174

Effective Management of High Risk Medicare Populations, Avalere Sept 2014



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Return on Investment Calculator

Summary

1. GRACE Team Care is a person-centered model of care for individuals with complex needs and functional limitations.
2. GRACE Team Care is evidence-based with proven value:
 - Higher quality of life
 - Better quality performance
 - Lower total costs
3. The business case for GRACE shows reductions in medical utilizations yield a positive return on investment.
4. ROI calculator provides the ability for healthcare organizations to determine the ROI based on costs and savings.



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Website: <http://graceteamcare.indiana.edu>