Improving Care Through Workforce Innovation

March 27, 2013

We strongly encourage you join the call by receiving a call-back.

If you choose to dial-in, please be sure to use your **attendee #** found under the "Event Info" tab.

California HealthCare Foundation

California Improvement Network
Better Ideas for Chronic Disease Care

Today's Speakers

Arthur Garson, Jr., MD, MPH
Chair, The Grand-Aides Foundation

Donna Green, RN, BSN
CEO, The Grand-Aides Foundation

California Improvement Network Better Ideas for Chronic Disease Care

LEVERAGING TOMORROW'S HEALTH WORKFORCE:

A new model of health care delivery improving access to care at lower cost

Arthur Garson, Jr., MD, MPH
Director, Center for Health Policy
University of Virginia
Chairman, The Grand-Aides Foundation

Donna M. Green
CEO
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CHCF
March 2013

Grand-Aides®

A GRAND-AIDE

- A Grand-Aide has had some prior medical training, who is then trained with a **specified curriculum for an additional 200 hours in medical care** to be an extender for a nurse, nurse practitioner or physician.
  - If CNA or CMA, functions under state certification
- A Grand-Aide is paid

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GRAND-AIDES AND COMMUNITY HEALTH WORKERS

	GRAND-AIDES	CHW PROMOTORAS NAVIGATORS
ORIENTATION	Primarily medical	Primarily social work
STATE CERTIFICATION	CNA, CMA	Only Texas
FUNCTIONS	• Primary care and chronic disease protocols • Home visits with telemedicine • Adherence with medical regimen • Medication	• Referrals to programs • Translation • Improve community services • Community advocacy
SUPERVISION	Every encounter	None

EDUCATION	• Consistent
	  • 200 hours
	  • 400-page manual
		• Variation in length and content

GRAND-AIDES: THE GOALS

1. To achieve **access to appropriate health care providers** and to **free professionals to do only what they can d**o by leveraging well-trained laypeople.
2. To **“decongest”** emergency departments, clinics and hospitals of people who could be cared for at home.
   - **25-50% reduction in**
     - **Unneeded ED and primary care visits**
     - **Hospital readmissions**
3. To **educate patients and intervene** in preventive and self-care.
4. To **improve efficiency and “bend the cost curve”** with more affordable care.
5. To **create jobs** and enhance the lives of mature adults.

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WHAT DOES A GRAND-AIDE DO?

- Grand-Aides functions:
  1. Transitional or chronic care
  2. Palliative care
  3. Primary care
  4. Maternal-infant care
  5. School-based care

- Each addresses preventive care and intervention as well as appropriate social issues

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THE TRANSITION / CHRONIC CARE GRAND-AIDE

- Grand-Aide and supervisor meet patient in hospital (or clinic)
- Home visits daily for the first week and then decreasing over first 30 days…90 days…
  - Adherence with entire discharge plan
    - Medication adherence
    - Diet (food labels)
    - Use of technology
  - Medication reconciliation
  - Warning signs

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THE TRANSITION / CHRONIC CARE GRAND-AIDE

- Grand-Aides have protocols (questionnaires) specific to the chronic disease.
  - Portable telemedicine to communicate with the supervisor regarding patient signs and symptoms

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THE TRANSITION / CHRONIC CARE GRAND-AIDE GOALS

1. Improved health process measures and outcomes
2. Reduction in 30-day readmissions by 25% to 50% (35%)
3. Reduced Length of Stay for all admissions (including readmissions)
4. Leverage: Six Grand-Aides to one supervisor
   - Approximately 100 patients / Grand-Aide / year
5. Reduced cost
6. High patient and family satisfaction

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THE PRIMARY CARE GRAND-AIDE

- Grand-Aides function as a part of a primary care team, e.g. a "Patient Centered Medical Home" to help care for adults and children.
- Grand-Aides
  - Meet the patient / family in the clinic
  - Arrange to make a home visit to get to know the family
  - When a member of one of these families calls, the Grand-Aide asks a series of questions in a “protocol” for a primary care condition
  - There are protocols for over 20 conditions that can be modified to fit local practice

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PRIMARY CARE GRAND-AIDE PROTOCOLS

1. Abdominal pain - Adult
2. Abdominal pain - Child
3. Abrasion
4. Back pain
5. Breathing problems – Adult
6. Breathing problems - Child
7. Breast feeding
8. Chest pain
9. Common cold
10. Constipation
11. Cough
12. Diaper rash
13. Diarrhea – Adult
14. Diarrhea – Child
15. Earache, Drainage
16. Excessive crying, infant
17. Fever – Adult
18. Fever – Child
19. Headache
20. Indigestion
21. Insect bite
22. Joint pain, swelling
23. Nausea – Vomiting – Adult
24. Nausea – Vomiting – Child
25. Rash – Adult
26. Rash – Child
27. Sore throat
28. Spitting up, infant
29. Urinary – frequency, difficulty, painful

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THE PRIMARY CARE GRAND-AIDE

- Grand-Aide
  - Receives instructions from the supervisor to either:
    - Send the patient to the emergency department
    - Send the patient to the clinic
    - Have the patient stay home (with specific home remedies – e.g. Tylenol)
    - Have the Grand-Aide make a home visit and use portable telemedicine to put the patient on video with the supervisor – who may then view a physical finding (e.g. rash)

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DATA ON PRIMARY CARE GRAND-AIDES

Health Affairs, May 2012

- Clinic – Houston – FQHC Medicaid
  - 62% of visits potentially cared for by Grand-Aide and Nurse Supervisor
    - Top 5: Rash, fever, congestion, earache, cough
- Emergency Department – Rural Virginia – Medicaid
  - 74% of visits fit Grand-Aides diagnoses
    - Top 5: Earache, congestion, cough, rash, pharyngitis
- Expense
  - Fully allocated Grand-Aides cost $15-20 per call / visit
  - Medicaid payment
    - Clinic visit $56-$200
    - Emergency department $175-$425

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PRIMARY CARE GRAND-AIDE PREVENTIVE CARE & INTERVENTION

- Grand-Aides also make home visits for
  - Primary prevention – and efficiency
    - Early recognition and management of primary care conditions
    - Schedule preventive visits and tests
    - Reduce “no-shows”
  - Secondary prevention – and “intervention”
    - Adherence to medical regimen
      - Intensive home visits with telemedicine

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THE PRIMARY CARE GRAND-AIDE GOALS

1. Help patients who have non-serious primary care problems to stay at home
   - Outstanding outcomes
   - Less time / travel away from home
2. Reduced unnecessary emergency department visits
3. Reduced unnecessary clinic visits
4. Leveraged six Grand-Aides to one supervisor
   - ➢ Approximately 150-300 patients per Grand-Aide
5. Reduced cost
6. High patient and family satisfaction

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WHAT GRAND-AIDES DO AND DO NOT DO

1. There is no assessment by the Grand-Aide and no delegation of decision-making.
2. The Grand-Aide is supervised directly by the nurse before every phone call is completed.
3. Every home visit connects the patient and the nurse on video.
4. The Grand-Aide asks yes/no questions and transmits them verbatim to the nurse.

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WHAT GRAND-AIDES DO AND DO NOT DO

5. The Grand-Aide reinforces only what the nurse told the patient to do.
6. At no time is the Grand-Aide involved in suggesting or dispensing prescription medication.
7. The nurse involves the physician in the same way as current practice.

TRAINING

- A standardized curriculum has been developed for the United States and has been adapted for use around the world.
- Training uses a "train the trainers" model, where the Grand-Aides Foundation trains the supervisors of the Grand-Aides and the supervisors train the Grand-Aides.
- A web-based teaching and learning platform is under development that will be used to teach supervisors and Grand-Aides.
- While Grand-Aides are under close supervision, liability requires either exemption (associated with some federal clinics around the world) or malpractice coverage similar to a CNA as part of the hospital, clinic, or health system's general liability coverage.

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SUPERVISOR TRAINING

- US: either Nurse Practitioners (or Advanced Practice nurses) or Registered Nurses
- Internationally: Physicians or nurses
- **Supervisor training duration is approximately four days**
- Curriculum:
  - Specifics of the Grand-Aides program and protocols
  - Practical aspects of teaching adults

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GRAND-AIDES TRAINING

- Prior medical training is required
  - For states offering certification, Certified Nurse Aide or Certified Community Health Worker
- **Grand-Aides training duration is approximately 200 hours (6-8 weeks)**
- Curriculum:
  - Specifics of the Grand-Aides program
  - Basic medical knowledge and protocols
  - Disease-specific knowledge and protocols
  - Preceptorship in the clinic, hospital, and home visits (depending upon the type of Grand-Aide)

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US LOCATIONS

- PRIMARY CARE
  - Scott and White
  - Houston - Texas Medicaid
  - Dallas
  - Norfolk

  - Boston
  - Houston
  - New York
  - San Juan

  - Service Employees International Union
  - Medicaid HMO: Texas, Hawaii, New York, Puerto Rico
  - UHC, BCBS

- TRANSITIONAL / CHRONIC
  - Methodist – Houston
  - Mt. Sinai – New York
  - RWJ
  - Scott and White
  - Temple
  - UCLA
  - UVA
  - Vanderbilt
  - Veteran's Administration

  - Ann Arbor
  - Boston
  - Chicago
  - Dallas
  - Detroit
  - Jacksonville
  - New Orleans
  - San Diego
  - St. Louis

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INTERNATIONAL LOCATIONS

- Indonesia
- Bangladesh

- China (Beijing & Hong Kong)
- France
- Italy
- Jamaica
- Malaysia
- Myanmar
- Panama
- Singapore
- South Africa
- Spain
- St. Kitts
- United Kingdom

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GRAND-AIDES FOUNDATION SCOPE OF WORK

- Development of concept applied to the institution
  - Determination of how Grand-Aides can fit into the current and projected systems of workforce and workflow
- Modification of all training materials and protocols to fit the institution's practice
- Provision of all manuals and training materials
- Visits: Visits by the Foundation for strategy, operations, protocol development, training the trainers, training the administrators, providers and staff at each site
- Formal assessment beginning at three months and then every six months
- Weekly, then biweekly, then monthly telephone follow-up for each program
  - Telephone consultation as needed by program
  - Immediate 24/7 for emergencies
- Initial certification of the supervisors and Grand-Aides
- Recertification at years 2 and 3
- At the end of the agreement, complete assessment of program and recommendations for future

Grand-Aides®

A NEW MODEL OF HEALTH CARE DELIVERY WITH PERSONALIZED CARE AT LOWER COST

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