

THE GUIDE MODEL

And its Application in Community-Based Palliative Care

Author: Ryan Klaustermeier, MSN, RN



INTRODUCTION

The Centers for Medicare and Medicaid Services [CMS] introduced a new care model in July 2023 that aligns with two government initiatives, the National Plan to Address Alzheimer’s Disease, and President Biden’s Executive Order 14095, which is intended to address increased support for caregivers and overall improved access to high-quality care. The Guiding an Improved Dementia Experience (GUIDE) Model is intended to enhance the lives of people living with dementia and the lives of their families, and recognize that dementia presents clinically with a multitude of symptoms and high care needs. With projections of as many as 14 million people living with dementia in the U.S. by 2060, time is of the essence to ensure care models that work to support these people and their families. The application period of this innovation model ended on January 30, 2024. If you missed the application window, it does not mean that your organization cannot still engage in this program.

This model is ripe for the care at home industry to champion. The GUIDE model offers a suggested structure for enhancing dementia care by focusing on quality improvement, interdisciplinary collaboration, and person-centered care. Though the GUIDE Model can be provided by any entity which is willing to meet the criteria of the demonstration, community-based palliative care is likely the best existing clinical model to utilize it.

WHY COMMUNITY-BASED PALLIATIVE CARE WORKS WELL FOR GUIDE GOALS

Community-based palliative care is already playing a vital role in supporting people with dementia and their families by ensuring holistic, patient and family centered care to meet their unique needs. It is designed to provide medical oversight and support to individuals with a serious illness, and their families, wherever they call home. The focus of palliative care is to relieve suffering and enhance quality of life by not only addressing physical needs, but also social, emotional, and spiritual needs.

In addition to ensuring whole-person, patient-centered care, palliative care also offers expertise in advance care planning as it relates to treatment preferences, goals of care, and end-of-life wishes. The patient and family are then empowered to receive the care they want, when they want it, through informed decision-making. Community-based palliative care also supports caregivers through training and education and ensuring their own well-being is being considered



through the illness journey. Further, community-based palliative care focuses on ensuring interdisciplinary care and ensuring continuity between other providers and specialists involved in the patient's care. These fundamental principles of palliative care align perfectly with the needs of individuals in the community living with dementia.

Since the provider requirements for this demonstration are broad, many different types of providers can participate in this model, from primary care clinics to home health agencies. However, some of the providers participating may not be able to meet all the requirements based on their practice setting. If there are elements of required services the provider cannot meet, they are allowed to contract with other organizations to meet the demonstration requirements. This uniquely positions community-based palliative care programs to position themselves and their programs to fill any gaps that may exist for participating providers in their community and diversify their current revenue streams. It also opens the door for organizations that have been considering starting a community-based palliative care program, especially hospices, to leverage this demonstration to create a niche entry into palliative care.

OVERVIEW OF THE GUIDE MODEL AND ITS CORE PRINCIPLES

Individuals living with dementia often experience care that is not coordinated, which results in a high frequency of emergency departments and hospitalizations. Fragmented care results in poor patient and family outcomes. Dementia not only impacts the person living with it, but has a profound impact on those around them, such as family members who are often tasked with providing significant amounts of support to the person living with dementia. That can include personal care, medical management, and household management. And often these family members are doing this while navigating through behavioral and psychological symptoms that may be occurring in the person with dementia, ultimately resulting in their own health complications because of high levels of stress, and even depression. Ultimately, the caregivers of individuals living with dementia, especially if they are of an advanced age, have a higher likelihood of illness, hospitalization, and death than their peers who are not caregivers of someone with dementia.



GUIDE DEMONSTRATION PROVIDES ACCESS TO SUPPORT

The GUIDE model will test, through alternative payment, if increased support to those living with dementia and those caring for them improves outcomes and lowers costs to the healthcare system. This will be done by ensuring that beneficiary participants in the demonstration will have 24/7 access to phone support and a care navigator that will ensure all available resources that align with the individuals' needs are being used.

These needs, and how they will be met, are the result of the core elements of this program:

- Person-centered care
- Interdisciplinary collaboration
- Family support
- Accessing community resources
- Quality improvement initiatives by the providers participating in the demonstration

This will be accomplished by ensuring that the beneficiary participants have a comprehensive assessment done, which will drive an individualized care plan and advance care planning that addresses physical, social, emotional, and spiritual needs. This care plan will also include education, training, and support for the beneficiary's caregivers such as how to manage challenging behaviors. This demonstration is also designed to help individuals living with dementia age in-place by delaying or even preventing admission into institutional based care by offering respite services for the caregivers.

Eligible beneficiaries for this demonstration need to have a diagnosis of dementia from a provider participating in the model, be enrolled in Medicare Part A and B, and may not be living in skilled long-term care, or enrolled in Medicare Advantage, Medicare hospice or in PACE (Program of All-Inclusive Care for the Elderly).



APPLICATION OF THE GUIDE MODEL IN COMMUNITY-BASED PALLIATIVE CARE

There currently are no regulatory requirements for the structure of community-based palliative care programs. Therefore, not every program is structured the same. However, in general, most community-based palliative programs share common fundamentals. Community-based palliative programs are ideal providers to execute this demonstration because palliative care is already focused on delivering patient-centered care that extends to the family and caregivers. And it is meant to provide care that addresses the entire person, including mind, body, and spirit. Community-based palliative care providers often have close relationships with community hospices and facilities to ensure the availability interdisciplinary care and respite sites, which are required elements of provider participation in the GUIDE Model.



If you already have an existing community-based palliative care program, or are considering starting one, consider the following steps to help start or grow your program by differentiating your organization in the community to help meet the needs of participating providers in this demonstration.

- Conduct a needs assessment of your service area to learn if there are any participating providers.
- Meet with participating providers to learn if they can fulfill all the required elements of the model or if they will need to contract out for certain services to meet eligibility requirements. If they have a need that your program cannot currently meet, consider adding that element to your program to be able to do so.
- Secure a contract for the services you will be providing to help that provider meet the care delivery requirements of the model. When contracting, be sure to use the appropriate resources, such as attorneys that specialize in this type of contracting, and ensure your contract has these basic protections in it:
 - Termination options
 - Proration of payments
 - Firm payment timelines
 - Firm definitions of measurement periods
 - Ensure that quality measures and expectations of care delivery can be changed
 - Have a performance dispute clause, and clearly define the dispute resolution process
- Educate and prepare your team. This education needs to extend beyond that of what services they will be providing in this relationship, but they need to be fully aware of the GUIDE model requirements and the key elements of the contractual agreements made between your organization and the participating provider, so that payment metrics are met.
- Raise awareness in your community. Design a targeted marketing and community awareness campaign about this new demonstration and the providers you will be assisting in executing the model. This campaign needs to extend beyond usual referral sources but extend to any entity in your community that supports seniors or individuals with dementia.

CONCLUSION: AN APPROACH WORTH PURSUING

The GUIDE Model presents a promising approach to enhancing the lives of people living with dementia and their families. By focusing on person-centered care, interdisciplinary collaboration, family support, accessing community resources, and quality improvement initiatives, this model aims to address the fragmented care that many individuals with dementia experience each day. Community-based palliative care, with its emphasis on holistic, patient-centered care, is an ideal platform for implementing the GUIDE Model. Through comprehensive assessments, individualized care plans, caregiver support, and respite services, this model has the potential to improve outcomes, lower costs, and empower individuals with dementia to age in place. With the rising prevalence of dementia, the GUIDE Model offers a timely and much-needed solution to support these individuals and their families.

REFERENCES

- 1) Centers for Medicare and Medicaid Services. "Guide to Innovation Models." CMS.gov, <https://www.cms.gov/priorities/innovation/innovation-models/guide>.
- 2) National Institute on Aging. "Palliative Care for Advanced Dementia." National Institute on Aging, 2020.
- 3) Alzheimer's Association. "Palliative Care for Alzheimer's and Dementia." Alzheimer's Association, 2020.

ABOUT THE AUTHOR



Ryan Klaustermeier is the Vice President of Professional Services at Axxess. He demonstrates the value of professional services and solutions to assist clients with industry challenges. He is an end-of-life and advanced illness industry expert with 16 years of experience across a variety of roles clinically and operationally. Prior to Axxess, he served as the Vice President of Innovation at Heart of Hospice.