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Reimagining Dementia Care: Lessons from Implementing the GUIDE Model

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More than 6 million Americans live with dementia, a number that will more than double by 2060. Between 2000 and 2022, deaths from Alzheimer's, the most common form of dementia, increased by 142%, killing more people than breast and prostate cancer combined. In 2025, dementia cost the U.S. $384 billion, with costs expected to approach $1 trillion by 2050. These challenges are especially acute in Maryland, Washington, DC, and Northern Virginia, which have among the highest dementia prevalence rates in the country.

Despite the scale of the challenge, the typical dementia care experience remains disjointed and overwhelming. Families often rely on internet searches to navigate services, struggle with medication management, and face significant emotional, physical, and financial strain. Caregivers are frequently inundated with information at diagnosis, while patients experience avoidable emergency department visits, hospitalizations, and poorly coordinated transitions of care. For many, limited caregiver support results in patients moving into institutional settings earlier than would be necessary if additional low-cost home-based services were available.

MedStar Health is addressing these challenges through participation in the Center for Medicare & Medicaid Innovation's (CMMI) Guiding an Improved Dementia Experience (GUIDE) Model, an eight-year federal program designed to improve care coordination, caregiver support, and outcomes for people living with dementia. While the GUIDE model focuses on dementia, MedStar Health's approach demonstrates how interdisciplinary, home-based care models can be applied more broadly to other high-need populations living with multiple chronic conditions.

MedStar Health's Intervention

Under the GUIDE Model, MedStar Health delivers interdisciplinary, person-centered dementia care that addresses both medical and non-medical drivers of health, while supporting caregivers as essential members of the care team. Beneficiaries receive care from a dedicated team responsible for managing care needs and co-occurring chronic conditions, and caregivers receive skills training and access to respite services.

Core model requirements include:

- Comprehensive assessments
- Individualized care plans
- Ongoing monitoring
- Medication management
- Referral coordination
- Support during care transitions
- Access to a 24/7 helpline

MedStar Health leveraged experiences from two interdisciplinary care delivery practices: the Centers for Successful Aging and the House Calls program, offering home-based primary care, to build on these services. MedStar Health's additional supports include meal deliveries, home health services, speech pathology, home-based physical and occupational therapy services, and legal supports to better stabilize patients in their home. Care teams also assist patients and families to enroll in Medicaid and other public assistance programs.

Caregiver engagement is central to MedStar Health's GUIDE implementation. MedStar Health offers caregivers with dementia education, skills training, and ongoing support through dedicated care navigators who serve as consistent points of contact. MedStar Health also facilitates engagement in GUIDE's respite services, allowing caregivers time to attend to their own needs.

MedStar Health recognized the value of engaging patients and caregivers early to advise on the design and ongoing implementation of the program. They launched a patient and caregiver advisory group to better align the model and be responsive to unique patient and caregiver needs and challenges. During these sessions, MedStar Health learned about the importance of trusting relationships, avoiding information overload, and the paramount nature of caregiver support. These principles were incorporated in all aspects of the care delivery model.

MedStar Health adopted a phased approach to implementation to ensure quality and scalability. Initial referrals are limited to practices with the highest volume of diagnosed dementia patients and to defined regional zip codes. As workflows mature, MedStar Health will expand their referrals to additional MedStar Health practices and later to non-MedStar Health providers.

Financial Arrangement

The GUIDE Model is a condition-specific longitudinal care model and does not include downside risk. Instead, MedStar Health receives a monthly payment per beneficiary to support model implementation. These payments are adjusted based on patients' complexity and caregiver status, length of time in the program, as well as geography and participant performance across quality measures.

New Program Track safety net providers in the model were eligible to receive a one-time infrastructure payment of $84,000 to cover the upfront costs of establishing a new dementia care program. As a safety net provider, MedStar Health did receive this payment, which was paid at the beginning of the pre-implementation period.

This investment in additional patient and caregiver supports are intended to reduce the total cost of care for dementia patients. By equipping caregivers with education, skills, and training, the model aims to help beneficiaries remain safely at home for longer periods of time. Strengthening caregiver capacity and stabilizing patients in community settings can reduce avoidable emergency department visits, hospitalizations, and premature nursing home placement.

MedStar Health passes on respite payments to respite service providers for a subset of model patients, which is not currently a Medicare-covered service outside of the hospice benefit. CMMI pays up to $2,500 plus a geographic adjustment factor annually per beneficiary for respite services provided in the beneficiary's home, in an adult day center, and in a facility that provides 24-hour care. The amount is evaluated and potentially adjusted annually.

Outcomes

MedStar Health evaluates the effectiveness of its implementation through direct feedback from patients, caregivers, and providers, as well as through defined GUIDE quality measures.

The quality measures are categorized as Care Coordination and Management, Patient Quality of Life, and Utilization, and include:

- Use of High-Risk Medications for Older Adults
- Quality of Life Outcome for People with Neurologic Conditions
- Caregiver Burden
- Total Per Capita Cost
- Rate of Long-Term Nursing Home Stays

While early in the program, patient and provider experience has been overwhelmingly positive. Based on early feedback, MedStar Health also anticipates a positive impact on patient quality of life and caregiver experience. The consistent care management outreach and navigation support is likely to have a positive impact on safety in the home, slow the pace of avoidable utilization, and delay or prevent institutionalization. **Medstar Health viewed participation in this program as an important strategic move in building value-based care management with revenue and adjacent business opportunities.**

Replicating this Model

MedStar Health's early experience implementing this model offers several insights for organizations seeking to improve dementia care:

- **High demand:** Both providers and patients have expressed high demand for this intervention. Strong patient and caregiver interest has sometimes exceeded eligibility criteria. Specialists are eager to refer patients into a model that offers meaningful longitudinal support.
- **Technology enablement:** EMR integration and software such as Craniometrix, were necessary to support coordination and reporting. Craniometrix provides custom software to support implementation of the GUIDE model.
- **Administrative and billing complexity:** Patient alignment, eligibility verification, and dual billing pathways require dedicated operational expertise. Current fee-for-service billing structures are not well-suited to the revenue streams in the model and require significant work to be compliant.
- **Respite care partnerships are critical:** Successful implementation depends on close collaboration with community-based providers. Not all respite partners bill Medicare traditionally. Respite partners bill MedStar Health who then bills CMMI for these services.

While designed to support people living with dementia, MedStar Health's intervention also illustrates a broader, replicable standard for caring for individuals with multiple chronic conditions in the home setting. By aligning medical care, social support, and caregiver engagement, this approach offers a framework for improving outcomes across a wide range of high-need populations.