HOMECARE IRONMAN

In May 2018, Intermountain Healthcare announced a new joint venture with Lifesprk, called Homespire. The idea behind the Life Care Program of Lifesprk is to provide and prove an innovative care model—one that bridges the gaps in care that cause problems for individuals, providers and payers.

"By working from a person's point of view, looking at the holistic, looking at the long term, making sure they can get the resources they need… is really the answer to the future, and it's what will get us from a fee-for-service to a value-based model of care."—Joel Theisen of Lifesprk and Homespire (Ironman triathlete in training, too)

Theisen is pictured in front of "The Horn," on Medtronic Plaza outside U.S. Bank Stadium, home to the Minnesota Vikings. The Horn represents the spirit of progress and partnership.

(Photo credit: Nancy Kuehn)

NEW **DIRECTIONS** in Care Management

Using only a medical management approach to health care misses the mark

By Liz Carey

Efforts to better manage and enhance population health and care coordination are not new. What is new is the demand for value-based care and reimbursement patterns that run counter to the traditional fee-for-service model. As hospitals face more pressure of pay for performance, health and medical care, product and service providers are expanding the care horizon. There's more to the story.

Meet Joel Theisen of Minnesota-based Lifesprk and newly created Homespire, a community-based care coordination service and new joint venture with Intermountain Healthcare, a not-for-profit health, hospital and payer system in Utah. Some 1,235 miles stretch between Lifesprk's headquarters in Edina, Minnesota, and Intermountain's home of Salt Lake City. The idea behind the joint venture, announced in May 2018, is to provide and prove an innovative care model—one that bridges gaps in care that cause problems for individuals, providers and payers.

That a hospital's reimbursement will be negatively affected by poor outcomes is fuel for Theisen's fire in proving his business model, which is an outgrowth of more than 20 years of learning how different vertical businesses integrate. Theisen leads Lifesprk (he's the founder, too). The company provides skilled homecare under Medicare, Medicaid and third-party insurance benefits, as well as private pay services.

A person's care through Lifesprk's Life Plan Program is coordinated by a registered nurse. And what may come of this new care model is a potential shift in the role of nurses toward developing an outcomes-based health care system.

"I was a young nurse who didn't really know what to do with my nursing degree, and what I really liked was community care; I liked working with older people," Theisen said. "Homecare means a lot of things to a lot of people." A home health agency can provide a wide

Coming out of Joel Theisen's homecare model is the ELR, or electronic life record, which allows a greater understanding of the usage patterns of consumers, their health care ecosystem and the types of social network systems that can, will and do lend care support to each client. The model supports today's emphasis on social determinants of health. "This tracking and recording to help serve clients of today can be used to help serve the clients of tomorrow," said Theisen, founder and CEO of Lifesprk in Minnesota and president and CEO for Homespire.

range of services from skilled homecare to private pay homecare to palliative care, hospice care and durable medical equipment services. "I worked through those different divisions and learned how the different vertical businesses integrated into a better experience for people."

Theisen's drive to provide long-term support for people sparked about 20 years ago—he was unhappy about the tendency toward acute, reactive care rather than a longitudinal value proposition more focused on a person's long-term success and experience at home.

Venture capital helped build Theisen's first company, AdvoLife, on the West Coast—$8.5 million to build "a dream company" where care was based on a blend of a person's medical and psychosocial needs. "The core of that was to bring trusted relationships back to working with seniors and their families in their homes." From AdvoLife, Theisen and his family eventually moved back home to Minnesota, where he further developed his value proposition and fine-tuned the care model.

Lifesprk started with five employees and friends-and-family capital, Theisen said, combined to "build a new model to change the world." With most of the company's exposure in Minnesota, Theisen's organization today employs more than 600 people, and the program is gaining momentum, he said, with the addition of skilled nursing and physician services.

Described as a whole-person senior care model, the Lifesprk program has grown out of insights gained from client preferences, Theisen said, as well as the geriatric care management model, medical social work, equipment needs and physician services, all with regard for the seven elements of well-being, which include health care, thinking and memory, social supports, purpose and passion, safety and home, and financial considerations such as Medicare and insurance coverage.

"That care management point of view of discovering what's right and building life plans for people—and then delivering on whatever is in those life plans as far as services and equipment—is the focus," Theisen said. "We have data and analytics that show that by working from a person's point of view, looking at the holistic, looking at the long term, making sure they can get the resources they need—including the equipment and everything else necessary to make sure they're supported at home or in independent living or assisted living—is really the answer to the future, and it's what will get us from a fee-for-service to a value-based model of care."

WHAT IS SOCIAL DETERMINANT SCREENING?

The Centers for Medicare & Medicaid Services (CMS) initiated the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool to use in the AHC model. The initiative suggests incorporating social determinants, such as family and community support, mental health, financial strain, safety, transportation and more, as part of routine medical care. The HRSN screening is a test to see if systematically finding and dealing with the health-related social needs of Medicare and Medicaid beneficiaries has any effect on their total health care costs and makes their health outcomes better. Screening for HRSNs isn't standard clinical practice yet.

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The New Opportunity for Scale and Population Health

With Lifesprk 14 years in the making, about a year ago Intermountain Healthcare started a national search for an innovative care management and private pay homecare company to bring to their market. In May 2018, Lifesprk's joint venture with Intermountain was launched as Homespire.

In addition to a better quality of life for people who choose to participate, appropriate health care utilization (preventing avoidable emergency room trips, hospitalizations and readmissions) is intended to be a natural byproduct of the Homespire program. Intermountain, the first to roll it out, is an example of an integrated payer-provider network, a unique health care ecosystem combining payer, health care provider types and a variety of health care service sites into one entity serving the state of Utah.

Working beyond private pay, "We wanted to work with them strategically to build an entirely new senior strategy that incorporates durable medical equipment, homecare, hospice...we wanted to work from the client level and bring in the businesses at the right time for people to be successful long term," Theisen said.

Intermountain operates 22 hospitals, a medical group with about 1,500 employed physicians, the SelectHealth health plan division and other health services. The Homespire joint venture with Intermountain is just one way the hospital and health system has been thinking outside the box from traditional health care delivery models.

"Ultimately, what makes this attractive to us is, we take on risk with the integrated system," said Adam Treadwell, executive finance director for the Homecare and Hospice business of Intermountain Healthcare. "When we speak of risk, we're talking about innovative approaches where a health care provider is on the hook for the outcome, and we're willing to receive a fixed payment—which could be a capitated payment or a bundled payment—and it's up to us to manage it efficiently, to produce the best-quality results we can."

This risk-based approach represents a small portion of Intermountain's overall strategy, and Treadwell said the fee-for-service approach is still well anchored nationwide. While Medicare ACOs (accountable care organizations) are being set up with various providers and systems, the risk-based approach is yet to take hold and become mainstream.

"It's very hard to transition from a fee-for-service mindset to a risk-based mindset; it's really tough to turn the ship, and that's why the industry is really struggling right now. Luckily, things are starting to move in the right direction. We're starting early," Treadwell said.

Complex Issues and Looking Forward

While policy factors favor innovative care and alternative payment models, these programs may still serve relatively few people in different areas of the U.S. Traditional Medicare beneficiaries, in contrast to Medicare Advantage enrollees, for example, can get left behind. People generally have to spend down their resources to go into a nursing home (Medicaid pays), Theisen said, or they can buy into assisted living or pay for private duty homecare (self-pay), where the monthly tab can run $7,000 or more. A long-term payment option for senior care in the home is a dream that Theisen hopes to see become a reality.

"I believe strongly that we can take some of the acute care spend that's wasted and not helpful, and put that into the community into wellness, well-being and planning, social engagement, resources and durable medical equipment and supplies—things that people can really use to be healthy," Theisen said. "I want to take that money before the catastrophic event—go at risk and be accountable—before the acute care spend and make sure we get outcomes for these people long term." And he adds, "Maintain relationships through light-touch, medium-touch and high-touch technology to make sure we have a real trusting relationship going into the long-term future of folks. Just a medical management approach misses the mark." **HC**

Liz Carey is editor of HomeCare magazine.