

## Members in Action: Redesigning the Delivery System

### Allina Health – Minneapolis, MN

#### *LifeCourse supports patients and families facing late-life, serious illnesses*

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

#### **Overview**

**LifeCourse is a late-life supportive care approach that helps patients and their families and friends navigate the complexities of serious illness, such as cancer, Parkinson's disease and advanced heart failure.** Founded in 2012 by Allina Health, the impetus for LifeCourse was to address the upstream challenges people face when reaching the late stages of serious illness. After initial research funded by a private grant-making foundation proved promising, the program began serving patients attached to primary and specialty care clinics across Allina Health.

Allina Health employs over 20 lay health care workers as "care guides," who collaborate with clinical care teams and community partners to support patients. Allina uses a case-finding tool and provider input to identify patients who may benefit from participating in LifeCourse. Care guides enable peer-supported non-medical care and document their findings in the patient's electronic health record. As non-clinicians, they offer a point of commonality with patients and their families and friends; as part of the broader care team, they are able to extend the reach of palliative care.

LifeCourse provides longitudinal support not just for days and months, but years as people live with advancing serious illness. Patients receive a monthly visit from a care guide, typically in the patient's home. Care guides also are able to accompany patients to medical appointments. During visits, care guides focus on three primary objectives:

- Assisting patients in articulating their preferences, goals and what matters most, including completion of advance care planning;

#### **Impact**

**During the first three years of Allina Health's LifeCourse program, patients have reported an improved quality of life and a better patient care experience.** In addition, more patients have advance care plans. Outcome measures for LifeCourse from 2013 to 2016 include:

- 16% fewer emergency department visits;
- 27% fewer inpatient days;
- 57% fewer stays in the intensive care unit;
- \$959 per-member, per-month in total cost of care savings;
- 8:1 return on investment; and
- Median hospice length of stay of 28 days with LifeCourse versus 17 days with usual care.

"It's a wonderful program with proven savings," said Penny Wheeler, M.D., chief executive officer.

- Supporting whole person care by using the semi-structured visit framework to facilitate discussion of a patient’s medical, psychosocial and financial concerns; and
- Connecting patients and family members to health care services and community resources to help meet their needs and prepare for what is coming next.



***LifeCourse participant Bob Lawrenz, left, discusses medical and non-medical issues with care guide Judith K. Blomberg.***

LifeCourse empowers patients to seek support around medical, social, psychological, spiritual, cultural, financial and legal issues. Care guides invite patients to identify what matters most, what their goals are, what is most challenging for them, how they prefer to overcome challenges and who their support systems are. By ensuring the broader care team is aware of the patient’s goals and wishes, LifeCourse assists health care providers in recognizing and honoring individual preferences and supporting individuals in making difficult health care choices.

## ***Lessons Learned***

**Allina faced some challenges in adopting the program, such as integrating non-clinical members into clinical care teams.** The staffing model requires an appreciation of the cultural differences between lay and clinical workers. Financial sustainability also is a work in progress, given that Allina receives no payment for services to patients whose care is reimbursed under a fee-for-service arrangement. In addition, the frequency of visits should be assessed on a case-by-case basis, given that for patients nearing the end of life, once a month may not be often enough. Care guides sometimes contact patients by phone, though home visits have proved to be more effective.



***Care guide Jason Kaasovic, left, meets once a month with LifeCourse participant Mosezel Dixon.***

“If we are not actively and proactively understanding what people’s desires and wishes are as they face life’s end, we are doing a big disservice to the people we serve,” said Wheeler.

## ***Future Goals***

**Allina would like to bundle LifeCourse into its Medicare managed care offerings. In addition, they are exploring how to integrate the services into some new senior health programs.**

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