

AHL

William McIvor **Helps Build the Link Between Healthcare and Home**

Seniorlink EVP William McIvor seeks to empower family members who manage care for their elderly loved ones by providing them with the tools they need

By Cora Berg

William McIvor
EVP
Seniorlink



Forty-four million Americans serve as caregivers for elderly family members or adult family members with disabilities. That adds up to \$470 billion in unpaid labor, according to a 2019 AARP study. The stats are staggering, says William McIvor.

As executive vice president of Seniorlink, a tech-enabled health services company that pioneers caregiver solutions, McIvor studies the ever-growing need for care coordination for frail elders and adults with disabilities, as well as explores how the efforts of family caregivers can be synchronized with the clinical professionals who share responsibility for the complex consumer.

The hypothetical question McIvor is constantly mulling: “How do I deputize the family to be a partner to provider and payer systems?”

“Caregivers make great partners,” he says. “They are trusted by and proximate to the complex consumer. They are an ‘in-home sensor’ able to pick up on and share changes in condition, prompting professional intervention if necessary.”

Top Care at Home

McIvor is passionate about the value Seniorlink brings to both family caregivers and to the payer or provider systems that have the cost and quality of care risk for the complex consumer.

“My role is to think about who ultimately holds the financial risk on these complex consumers,” McIvor says. “How can we help them understand the differential value of integrating family caregivers into their care management activities, and then how we organize and monetize our services for these partners? In many respects, leveraging family as a partner in the home feels like common sense, but formalizing their role requires legal agreements, service specifications, technology adoption, Wi-Fi connectivity, and data sharing to optimize the outcomes.”

As he finds answers to these questions, McIvor remains clear that, “Seniorlink’s number one priority is to engage and support the family caregiver so their loved ones can receive care at home and age in place.”

He explains that “home care nurses, personal care assistants, and nursing homes remain the options for

many families.” However, federal and state regulations have evolved to provide incentives for home and community-based services and have effectively “closed the front door of the nursing homes for all but the most complex consumers.”

The result of these individuals being in the community is a significant increase in care coordination of the hourly, intermittent workforce falling on the shoulders of family. If payers and providers do not support family caregivers as partners, this combination of factors will lead to increased hospitalizations in an already overburdened healthcare system.

This model of care is both interesting and acutely relevant as the US healthcare system grapples with the COVID-19 pandemic sweeping the country. The prospect of having highest risk populations in their homes, managed (remotely) by professionals yet cared for by trusted and proximate family caregivers, is good for the healthcare system and preferred by most families.

Building A Remote Community

Looking to bend the cost curve, an oft-used descriptor spotlighting the incremental increase in healthcare costs over time toward unsustainability, McIvor supports Seniorlink’s development of case management systems that bolster in-home care.

“We have created the largest nursing home in the country, but we have no buildings or beds,” McIvor says, considering all Seniorlink consumers are nursing home eligible. “We are doing it for half the price of a nursing home bed. And family caregivers see tangible benefit from our program beyond improved health outcomes of their loved ones. Seniorlink also focuses on caregiver self-care algorithms that assure the caregiver remains in good health in order to manage their loved one. For the model to work, supporting our caregivers is paramount.”

Once family caregivers enroll in Seniorlink’s program—a benefit called “structured family caregiving” in most states where the company operates—Seniorlink receives a daily rate and shares part of that rate with the caregiver in return for their commitment to provide personal care and report critical data back to Seniorlink every day.

“To be able to apply my skills to facilitate family caring for family is a great thing. My career parallels my life.”

Seniorlink’s case managers work cooperatively with family to manage the complex consumer, keeping them out of the hospital and the nursing home.

McIvor attests that Seniorlink’s model is proven: independent analysis has confirmed significant cost savings and improved healthcare outcomes such as a decrease in hospital readmissions and falls.

“The higher the patient complexity, the higher the impact Seniorlink has on savings and improved care,” he adds.

With a presence in ten states, the company has extended its reach by offering a care collaboration platform where caregiver coaches use content and social media user experiences to align with family caregivers in the home. The platform is called Vela, which is HIPAA secure and available in the app store for Seniorlink’s customers.

Tech-Enhanced Caregiving

In addition to his role as the company’s executive vice president, McIvor currently serves as president of Seniorlink Technologies subsidiary and also works closely with CEO Tom Riley and the Seniorlink board on

strategy. He actively contributes to the architecture of new market models and the tech that enables them and constantly assesses how Seniorlink could integrate and model new solutions through a mix of people, product, and protocols—the company’s “Three Ps.”

A recent example included successful strategies around developing care models in rural locations where in-home visits from case managers and coaches is not cost efficient due to long travel times.

“We figured out a scalable remote model that really works,” McIvor says. Vela is the key to the model. The app provides caregivers, case managers, and coaches an asynchronous messaging and collaboration platform for easily sharing key information around complex consumers.

In 2019, Seniorlink rolled out its remote coaching services in South Dakota and Georgia. The latter launch brought about the most rapid growth in a new state launch in the company’s twenty-year history. In early March 2020, senior leadership made the decision to move to its remote coaching model for all states as the COVID-19 pandemic took hold in the United States. Seniorlink has been able to maintain continuity of care

“We have created the largest nursing home in the country, but we have no buildings or beds.”

for families across the program due to its early investment in technology.

Vela is particularly useful in rural areas but has shown benefit everywhere because of caregivers’ natural inclination toward texting and app-based communication. This has proven especially true during the COVID-19 pandemic, where home visits have been discouraged as states recommend social distancing and families impose self-quarantined lockdowns. As of the week of March 16, 2020, Seniorlink has seen a 71 percent response rate within three hours of when surveys are sent out to collect vital data which helps identify emerging challenges.

“With Vela, we can get to thousands of people at a time,” McIvor says.

The Vela platform has integrated 280 best practice algorithms on a variety of caregiving topics that are key to providing safe and ongoing in-home care, doling out a great deal of education and support. Seniorlink refers to these protocols as CarePaths. The company’s

clinical solutions and innovations team is routinely collecting feedback on their utility to refine the resource and produces new protocols in support of professional users coaching caregivers. Last year, McIvor says, Vela’s professional users accessed these CarePaths forty-thousand times.

A Mission That’s Close to Home

For McIvor, facilitating and introducing new models of family caregiving makes sense for him professionally, but is in part based on his personal experience. “I grew up in a multigenerational household of people who lived and died together,” he says. “It’s just how we did it.”

McIvor’s father has a PhD in special education, and his mother is a hospice nurse. “I learned about the unique needs of persons with disabilities and family planning around hospice, death, and dying at an early age,” he says. “This was our family business—complex populations, with special needs and complex health concerns.”

He notes that his father was diagnosed with Parkinson’s twenty-two years ago and still struggling to live every day to his fullest. He and his siblings help their mom, allowing them to remain at home, together, for as long as possible. “They are my role models and I would not have it any other way,” he says.

At Seniorlink since 2013, McIvor says, “To be able to apply my skills to facilitate family caring for family is a great thing. My career parallels my life. I know we need family to assume a more active role in coordinating care for our elders, as the shortage of primary care and nursing becomes more acute. I am excited to shape the future of care management with family as a formal, integral contributor.”

The thirty-plus year healthcare executive remains intellectually curious and is known for being a relentless disrupter of the status quo. McIvor knows he can add value to individual families, including his own, and to the financing and quality of health system at large. He believes Seniorlink is uniquely positioned to create a new a market for structured family caregiving for Medicare Advantage and special needs plans to leverage caregivers at scale.

“We have barely scratched the surface of the potential here,” he says. “Currently we serve seven thousand families—I came here to serve millions.” **AHL**