

# How Healthcare Revolutionaries Think

## 10 Questions with Matt Marek

By David Burda

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Welcome to the latest installment of 4sight Health's series, [How Healthcare Revolutionaries Think](#). Our interview series profiles healthcare instigators who believe that outcomes matter, customers count and value rules.

What would you do if suddenly you had to care for a family member in their home? I'm not talking about dropping off some groceries, taking out the garbage, cutting the grass or changing a light bulb in a ceiling light fixture. I'm talking about really caring for someone who's elderly, sick or disabled. If you're like most of us, you wouldn't know what to do at first. But you'd find a way to figure it out on your own eventually with little or no help from anyone else.

Rectifying that challenge for millions of Americans is the job to be done by Matthew Marek, president and CEO of [Careforth](#). Formerly known as Seniorlink and Caregiver Homes, the Boston-based company arranges financial support for caregivers through state Medicaid programs and other health plans that offer a home caregiver benefit. It also provides support services and coaching. All free of charge.

I talked with Marek about his passion for helping caregivers, how his previous work in health insurance shaped how he thinks about healthcare and what Minnesota gets wrong



about Wisconsin. You also can listen to my podcast interview with Marek on overused healthcare catch phrases and how the hospital-at-home movement will affect caregivers who now have to manage hospital-level care in living rooms, family rooms, kitchens, basements, bathrooms and bedrooms.

1

**Matt, give me your definition of a healthcare revolutionary. No wrong answers.**

**Marek:** A healthcare revolutionary is a leader who's had a profound, positive impact on the healthcare system in one or many ways. I'm talking transformational change. Something that improves or advances healthcare in a way that solves one of the system's many broken parts. It's a person who, when his or her name comes up, everyone nods and says, "Yeah, that person really changed the game."

2

**Who would you say really changed the game in healthcare? Past or present.**

**Marek:** I could go Lyndon Johnson with the passage of the Medicare and Medicaid Act in 1965. But I'll go with someone I've actually met several times in my career, and that would be former [Sen. Bill Frist, M.D.](#) He's a world-renowned cardiothoracic surgeon. He served in a bipartisan way in the Senate under both Democratic and Republican administrations. He's a healthcare business operator. He co-founded Aspire Health, the large palliative care company, which was bought by Anthem, which is now Elevance Health. He's a healthcare investor. He co-founded [Frist Cressey Ventures](#).

What puts Dr. Frist over the top for me from a transformational perspective is his support and passage of the [Medicare Modernization Act of 2003 \(MMA\)](#). The law created the Medicare Part D drug benefit. It replaced Medicare Part C with Medicare Advantage plans. It introduced health savings accounts (HSAs). I can't imagine healthcare today without any of those. On a personal note, before Careforth, I was an HSA administrator. If it wasn't for the MMA, I might not be sitting here. Thank you Dr. Frist!

3

**It strikes me that a lot of the things you mentioned as accomplishments by Dr. Frist are market-oriented approaches to fixing healthcare. Less so on the regulatory side. Privatizing Medicare Part C plans. People controlling their own healthcare dollars through HSAs. Venture capital investments in healthcare start-ups. Is that how you think about healthcare?**

**Marek:** Yes. But let me say it this way. The mess we're in today with our broken healthcare ecosystem already is a mix of public and private. It's a mix of government-led and private sector-led programs and initiatives. We need to lean more toward market-based solutions than regulatory solutions. Central to those solutions is a consumer orientation. Consumerism is central to transformation. Market solutions give you a better chance of putting the consumer at the center of healthcare.

# 4

**Do you consider yourself a healthcare revolutionary or well on your way to becoming one? It's a tricky question, I know.**

**Marek:** I try not to call myself much of anything. Maybe I'll start with what I don't aspire to be. I don't aspire to be rich. I don't aspire to be famous. But I do aspire to be someone who has had a profound, positive and lasting impact on healthcare. Someone who made this system better at scale. How's that?

# 5

**That's pretty good. I'll take it. Now let's work backward. Where did your interest in caregivers come from? Personal experience? Something you witnessed with a family member or friend?**

**Marek:** It's a personal journey that started when I was 12 years old when my mom became disabled. I was thrust into a broken healthcare ecosystem as a caregiver. Suddenly I had to figure out how to get services and support for my mom who couldn't work, couldn't drive. She was diagnosed with a severe immune deficiency that led to you name it: fibromyalgia, chronic fatigue, prediabetes, heart disease, rheumatoid arthritis. Thankfully she's still with us. That was a lot for a 12-year-old. I have a 12-year-old right now. How can I go through that experience and not want to improve it for others?

# 6

**What was the hardest part of that experience?**

**Marek:** The hardest part was feeling helpless. Not knowing what to do or where to go. Beyond feeling helpless, you're still just 12 years old. You're going through puberty. You're trying to figure out life. You have to tell your friends, "Hey, my mom can't bring me to practice anymore." I used the word thrust because you're pushed into a maturation process that forces you to deal with adult things when you're just a kid. Every caregiver's journey is different, and the details of each journey are unique. But waking up one morning to find out you're suddenly a caregiver actually is a pretty common experience. It's not something you prepare or practice for.

The other thing that's pretty common? When they do end up in that seat overnight or whether it's after someone's health has gradually deteriorated, they don't call themselves caregivers. They don't identify as caregivers. They think of themselves as someone whose duty it is to care for someone they love. In a good way. But for some odd reason, they don't call themselves caregivers. Maybe that makes it sound like a job or something.

# 7

## What surprises them most when they take on the responsibility of caring for another person?

**Marek:** They know it's going to be hard. But they don't know exactly how hard it's going to be. It's much harder than they anticipated. They're like, "I can't do this!" But they almost all do. They also assume that there are established services and support systems available to them in general when they become caregivers. They thought the services and support systems were better. They thought that there would be more coordination between services and support systems. Then they realize that it's all going to fall on them.



# 8

## How much of that problem has to do with the financial incentives in the current healthcare system?

**Marek:** The healthcare system today was not built to serve and support caregivers, which is a problem. There are 50 million plus caregivers caring for 50 million plus people, which represents 100 million plus Americans — or about one-third of our population — involved in the caregiving economy. The system is not for them. It's for people who are sick and who use the system.

Related to that, we're trying to coordinate care, but we're doing it backwards. Our aim is off. Providers and payers are reaching out to patients who are being cared for at home by caregivers. They're frail, ill and have multiple chronic conditions. They're not in a position to handle their own services and support systems or manage their own care with providers. Their caregivers are, but no one reaches out to them. If you want my mom to have infusion therapy at home instead of the hospital, that's fine. But call me. I will make sure that happens.

As for financial incentives, we're making small strides. We now have a CPT billing code that lets doctors see a caregiver and get paid for it. It's not used much, but it's a start. A lot of Medicare Advantage plans now offer supplemental benefits that cover a lot of things that caregivers do. We're moving in the right direction, but not fast enough. That's the gap we're trying to fill with Careforth.

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**You have an insurance background. You worked for Blue Cross and Blue Shield of Minnesota for more than 10 years, the last three as chief marketing officer. I also saw UnitedHealth Group on your resume. How did working for health insurers shape how you think about healthcare or what you're doing at Careforth now?**

**Marek:** That was a pivotal time in my career. It shaped how I think in a few ways that stand out. First, we overuse the phrase, "Skate to where the puck is going." To which I reply, "If you want to skate to where the puck is going, you better be in the arena, you better be on the ice, and you better have skates on." That's not often true of those who use the phrase. You have to fully understand the problem to fix it.

Second, engagement is the key to success. You can have the best product. You can have the best service. You can have all that figured out. But without engagement, you have nothing. If you can't capture someone's attention and drive their engagement, you can't motivate behavior change. You can't drive and achieve healthy outcomes. Think about telemedicine right now. It's cheaper, more convenient. You can access it on your phone from anywhere through an app. But it's not creating enough customer engagement to improve outcomes and lower costs.

10

**You live just over the Wisconsin side of the Minnesota-Wisconsin border. You're from Wisconsin. You work in Minnesota. What does Minnesota get wrong about Wisconsin? What does Wisconsin get wrong about Minnesota?**

**Marek:** What Minnesota gets wrong about Wisconsin is the number of lakes. Minnesota boasts that it's the land of 10,000 lakes. We have more than 15,000, and we have lakes with fewer boats and people on them, which is beautiful. What does Wisconsin get wrong about Minnesota? Minnesota has some really great colleges and universities and schools. My wife went to the University of Minnesota.

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## BURDA'S FINAL BIT

My dad died in 1989 of pancreatic cancer at the age of 59. I was 29. After a short stay to deal with an acute episode, the hospital discharged him home to live out his final weeks of life. They recommended contacting a home hospice program and getting a hospital bed along with some other pieces of durable medical equipment. The recommendations came on a sheet of paper handed to me as we wheeled my dad out of the hospital and into the car. Don't let the handicap door hit your ass on the way out.

With the help of my wife, who is a nurse, my mom, sister and a few close friends, we figured it all out, got all the right stuff and my dad died peacefully at home. Actually, in his own bed. He refused to use the hospital bed. Good for him.

It should have been easier for all of us. We were left alone to deal with it. If Matt Marek and Careforth succeed, those experiences can be over for millions of people.

## AUTHOR



**David Burda** began covering healthcare in 1983 and hasn't stopped since. Dave writes this monthly column "Burda on Healthcare," contributes weekly blog posts, manages our weekly newsletter 4sight Friday, and hosts our weekly Roundup podcast. Dave believes that healthcare is a business like any other business, and customers — patients — are king. If you do what's right for patients, good business results will follow.

Dave's personal experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 40 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, Illinois, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, Illinois, with his lovely wife of 40 years and his three children, none of whom want to be journalists or lobster fishermen.

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### **Matt Marek**

**Matt Marek** is president and CEO of Careforth and responsible for strategy, culture and overall company performance. Prior to Careforth, he served as president and CEO of Further, one of the largest health spending account administrators in the U.S. Matt has a bachelor's degree in business administration and finance from the University of Wisconsin-River Falls.