

The Newsletter for Healthcare & Human Services

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Just 7 more Medicare customers can deliver *over \$1 million* to your top line.

This additional revenue offsets losses from Medicaid reimbursement rates.

Does your organization need to grow revenue?

Clint Maun and Maun-Lemke have over 25 years of expertise in "changing the results of healthcare". We have learned through that to assure their sustainability, LTC organizations **must not be** revenue dependent upon Medicaid.

Maun-Lemke's proven A.R.M.S. Length Revenue Enhancement System can be implemented costeffectively through our step-by-step process and web-based computer consulting support. For information on the A.R.M.S. Length System and how your organization can achieve their full Revenue potential, call Kathy Cain or Chad Maun at (800) 356-2233.

Common Hiring Mistakes You Need to Avoid

Hiring quality and qualified healthcare professionals can be complicated and challenging, and it is probably one of the most important management functions you perform. If you do it right, it can boost the productivity and the performance of your entire team. On the contrary, if you do it wrong,

you risk several negative scenarios: high turnover and increased operating costs, lower morale and higher frustration, and added stress for the existing workforce and management.

Without a systematic, well-thought out hiring process, you are likely to make common mistakes that could indeed result in the scenarios mentioned above. Moreover, without a detailed hiring process, it is all too easy to make the following hiring mistakes:

- Letting first impressions drive your decision. Hiring managers without a solid plan tend to react to first impressions and sometimes let one positive attribute or characteristic imply that all other aspects of a person' behavior will be positive. Although first impressions are important, they should not be the sole driver for your decision.
- Only leaning towards candidates who are like you. Too many people want to hire somebody just like themselves. They react favorably to people whom they perceive as being like them. They don't realize that this similarity may not necessarily mean these candidates are suitable for the job. Remember, diversity is critical to team and organizational success.
- **Failing to ask for clarification.** The inability to ask the right questions or to hear what the candidate is really saying can often lead to misinterpretations. Avoid the trap of hearing what you want to hear. Keep formal notes to accurately record what is said during interviews. Make sure your job requirements and performance expectations are clear.
- **Making a rushed decision.** Healthcare is a busy and fast-paced business—so it's extremely easy to make a rushed decision. Many hiring managers overlook signs of trouble in their haste to relieve the burden on the business. You may enjoy a "quick fix" by doing this, but in the long run, it could turn out disastrous.

Remember, hiring managers can make these mistakes, often unintentionally, because they have a poor recruiting and hiring strategy—or none at all. Avoid these mistakes by developing a comprehensive and detailed hiring plan, complete with checks and balances. And then stick to it!

"Experience enables you to recognize a mistake when you make it again." —Franklin P. Jones

Customer Service in the Digital Age: Are You Doing Everything You Can?

The digital world and today's quickly-growing social media environment have given healthcare consumers more power than ever. Not only can they instantly access your company's basic information, but they can also read and review other customers'/patients' personal experiences and feelings toward your healthcare organization. Jeff Bezos, founder and CEO of Amazon.com may have summed it up best when he said, "If you make customers unhappy in the physical world, they might tell six friends. If you make customers unhappy on the Internet, they can each tell 6,000 friends."

If you haven't already, it's high time to focus on ensuring top-notch service given the new reality of the digital age. Below are three questions to consider. If you *can't* answer "yes" to these questions, you may need to rethink some of your customer service strategies.

- 1. Does your self-service channel have an easy exit option, so customers can reach a live *person?* For example, if your organization offers an automated phone system, can customers easily and quickly get to a live operator, or would they have to listen to 10 minutes of options before they could take any action?
- 2. Are your processes customer-centric? Are processes such as admission easy for the customer, or are they designed for the benefit of the organization? Patients probably aren't going to have a good experience if they are required to complete the same form five times. It's small things like this that can send a patient/customer "over the edge" and on to their PC to rant about their bad experience.
- 3. *Do you have a service recovery plan?* Is there a solid and detailed plan in place for when things go wrong? Do your people know how to address a bad situation empathetically enough so that it spawns a positive story your customers want tell?

Remember, the power your customers and patients have swings both ways. If you provide superior, end-to-end customer service, they can just as easily hop on their laptops to tell their 6,000 friends how wonderful your organization is. By keeping a tight focus on the items covered above, you can much better ensure that the story your customers tell is a positive one.

"Nothing will work unless you do." —Maya Angelou

CMS Announces Three New Healthcare Initiatives

The Centers for Medicare & Medicaid Services recently announced three healthcare reform initiatives designed to facilitate the creation of Accountable Care Organizations (ACOs):

- The Center for Medicare and Medicaid Innovation will support a new ACO model—the "Pioneer ACO Model"—that will be available to providers this summer and is expected to save Medicare up to \$430 million over three years. The Pioneer model is designed for advanced organizations ready to participate in shared savings and will better coordinate patient care.
- The second announced initiative includes the idea of an "Advance Payment ACO Model" that would give certain ACOs participating in the Medicare Shared Savings Program access to their shared savings up front. CMS said this would help such providers to invest in the infrastructure and staff needed to succeed in an ACO model.
- Lastly, free "Accelerated Development Learning Sessions" will become available to provider groups interested in learning how to coordinate patient care through ACOs. The first sessions will be hosted via a webcast and all materials from the sessions will be publicly available.

You can learn more about ACOs here.

"A nickel ain't worth a dime anymore." —Yogi Berra

What Would You Do?

Two boys, Jonathan and Randy, were hiking in the woods one day, when Randy was bitten on the rear end by a huge rattlesnake.

Jonathan said, "I'll run to town for a doctor." Jonathan runs as fast as he can for 10 miles to a small town and finds the town's only doctor, who is busy delivering a baby. Jonathan said, "My buddy has been bit by a rattle snake in the woods and needs help right away!"

The doctor said, "I can't leave now, I'm busy! But here's what you can do. Take a pocket knife, cut a little 'x' where the bite is, suck out all the poison and then spit it on the ground."

Jonathan runs all the way back to his friend, who is in agony. In extreme pain, Randy screams, "Well what did the doctor say?"

Jonathan said, "He says you're gonna die."

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