

Changing the Results of Healthcare

SOLUTIONS

The Newsletter for Healthcare & Human Services

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Big News!

In case you missed our earlier email this month, we have exciting news!

Clint Maun, CSP has been extensively quoted in **Provider Magazine's** article which highlights the realities of managing serious illness in our modern post-acute care settings – a must read!

You can view the Provider Magazine online article at the following link:

http://www.providermagazine.com/archives/2018 Archives/Pages/0118/The-Future-Is-Now.aspx#magazine-article



Employees Matter

Three Steps to Creating an Optimistic Team

Being optimistic yields many benefits. Indeed, research has shown that optimistic people heal faster, perform better, live longer and report more happiness and fulfillment in their lives. An optimistic mindset carries over into the workplace too. Optimistic employees generally have better attitudes and work ethic than their pessimistic, disenchanted colleagues. Optimism ultimately fuels motivation and

innovation and fosters a positive, productive working environment.

What, then, can you do to bring about such an environment of optimism? Here are three steps most of which can be done on your own with no more than an investment of time and a commitment to your people.

- 1. Learn and leverage your team's strengths. It's easy to pinpoint one's shortcomings and ask them to improve on those particular areas. Strengths-based leadership, on the other hand, focuses on learning an employee's strengths and aligning their work to maximize those strengths. This requires some thought and strategy on your part—you may need to shift tasks around. The work is worth the effort though, as you'll find that a team that can focus on their strengths is energized and optimistic about their work.
- 2. Constantly keep your team in the know. A critical piece to creating and sustaining optimism is ensuring employees are aware of, and can give input on, topics important to them, their livelihood, motivation, and future. Have regular staff meetings and one on ones with your employees and encourage the team to speak openly and honestly. Be sure you hold up your end of the bargain by being open and honest with them. Moreover, don't wait for an annual survey to understand the vibe of your team. Check in weekly to get a grasp on how employees feel about leadership and the company.
- 3. **Remove obstacles.** Optimism cannot thrive when employees feel stuck. Could your employees be doing a better job if a certain process or person was removed or changed? Does your team have clear career progression paths? Are your people given a platform to voice feedback, thoughts, and ideas? These are just a few types of questions that can give you an idea if your team feels stuck. Identify the barriers and then create a plan to remove them.

As a leader, you can have a significant impact on your team's experience at work. You can help make that experience an optimistic, positive one by leveraging strengths, opening communication channels, and removing obstacles. Best of all, you can get started on these today—as a leader nothing should hold you back!

"The pessimist sees difficulty in every opportunity."

The optimist sees opportunity in every difficulty."

-Winston Churchill



The Leading Edge

New Toolkit Helps States Looking to Broaden Medicaid at Home & Community Settings

As you're probably very well aware, state rules vary greatly when it comes to whether Medicaid will pay for a person's long-term care at home. The need for this funding is ever increasing, however. Currently, more Medicaid money for long-term care services and support is spent on home and community-based services than in nursing facilities.

In 1995, only 18 percent of Medicaid long-term care spending supported home and community-based services. Today, that number is 55 percent. It's one of the key reasons why the Center for Health Care Strategies and Manatt Health recently released a **new report**: Strengthening Medicaid Long-Term Services and Supports in an Evolving Policy Environment: A Toolkit for States. The report aims to broaden the availability of Medicaid at home and in community-based settings and describes innovative state programs that other states might replicate to serve their older residents. It was funded by the SCAN Foundation and the Milbank Memorial Fund.

The Medicaid Toolkit report features three strategies states can adopt, and highlights case studies of certain states that have already implemented the strategies in their daily operations. The strategies are as follows:

1. Developing the infrastructure to promote greater access to home- and community-based services.

When someone is in need of long-term care services, figuring out where to go and how to get the services can be difficult. The report highlights the state of Massachusetts, which implemented a free, one-stop information and referral network (a website and call center called MassOptions) to help residents understand how, or whether, they can get Medicaid reimbursement at home.

Even allowing people to provide long-term care at home through Medicaid is critically important. California, the report says, has implemented paid family leave to support family members providing long-term care for loved ones.

2. Helping nursing facility residents return to, and remain in, communities.

Many people in nursing homes could be getting care and services in the community and outside of the nursing home. However, Medicaid doesn't pay for housing. Fortunately, there are opportunities for states to pull down funding from other programs to help reestablish somebody in the community. Arizona and Texas, the report said, are already providing housing support to help nursing facility residents remain in their communities.

Some health plans help families secure housing because it's likely to be less expensive supporting them in the community than in a nursing home. In fact, a June 2017 report from the U.S. Department of Health and Human Services (HHS) said a program to bring nursing home residents back to their communities has shown significant cost savings to Medicaid.

3. Expanding access to home- and community-based services for "pre-Medicaid" individuals to prevent or delay nursing facility use.

Few older people suddenly need long-term care; typically, their health gradually devolves. That's why it's useful for states to offer access to home and community-based services before someone will apply for full Medicaid.

Washington and Vermont are looking to invest in some services for people who may not need a very significant amount of long-term care supports and services but may need moderate or light help. If they're provided that help, they may be able to avoid or postpone needing long-term services. In Vermont's Choices for Care program, people are divided into three groups, including those who could benefit from in-home

care, but aren't sick enough for Medicaid. Satisfaction with this pre-Medicaid program, the toolkit report said, "is very high." Washington offers support to caregivers assisting state residents who don't yet qualify for full Medicaid benefits.

"We generate fears while we sit. We overcome them by action."

—Dr. Henry Link



News You Can Use

The Flu Vaccine: A Major Factor for Seniors When Choosing Nursing Homes?

According to a recent poll conducted by the AARP and the University of Michigan, almost three-fourths of seniors said they'd be less likely to choose a nursing home if they found a large share of its staff wasn't vaccinated against the flu. In all, 73% of respondents said they felt medical staff should "definitely" get vaccinated, 71% said non-medical staff should be vaccinated, and 20% percent said staff vaccinations should be required.

Nearly three-quarters of people surveyed said that all staff in long-term care facilities should be required to get the flu vaccine. More than 60% also said all patients in nursing homes and assisted living facilities should be vaccinated.

The poll, which was completed by 2,007 Americans between the ages of 50 and 80, seems to indicate that not enforcing a flu vaccine program could hurt patient health and a company's bottom line. Case in point: If one-third or more of a facility's staff weren't vaccinated, 40% of those polled said they'd be "much less" likely to choose it for themselves or loved ones. Another third of respondents said that fact would make them "slightly less" likely to choose it.

Older people, and those with chronic health conditions, are especially vulnerable to the influenza virus, and at an increased risk of developing flu-related complications such as pneumonia. The CDC has reported that only 68% of workers in long-term care settings get vaccinated against the flu, compared to at least 92% of hospital workers.

The AARP-Michigan poll organizers noted that these results suggest that long-term care and nursing facilities should be doing all they can to protect vulnerable patients against the flu—or potentially risk losing business.

"There are no limits to what you can accomplish, except the limits you place on your own thinking." —Brian Tracy



Just For Fun

If you struggle to memorize medical terms, take a look at this cheat sheet to make things a little bit easier – and funnier – for you:

• **Artery**: The study of fine paintings

• Bacteria: Back door to cafeteria

• Cat scan: Searching for kitty

• Cauterize: Made eye contact with her

• Enema: Not a friend

• Fester: Quicker than someone else

• **Genes**: Blue denim slacks

• Medical Staff: A doctor's cane

• Organ Transplant: What you do to your piano when you move

Outpatient: A person who has fainted
 Pathological: A reasonable way to go

• Post-Operative: A letter carrier

• Recovery Room: Place to do upholstery

Red Blood Count: Dracula
 Thorax: A Dr. Seuss character

• Triple Bypass: Better than a quarterback sneak

• Tumor: More than one, an extra pair

• Vein: Conceited



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