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September 4, 2018

The graphic for 'Clint Maun's Motivational Minute' features the title in a large, bold, blue font on a dark blue background. To the right is a close-up image of a silver stopwatch with a black face and a yellow hand. Below the title, a white box contains the text: 'Here is a motivational minute from Clint that stands the test of time.'

**Four Questions For Self-Evaluation:
Are you able to take a self-evaluation of the important parts of your life? Successful people are able to complete a very simple and immediate self-evaluation about their life.**

Most people wait to evaluate their lives until there is a major crisis situation. It is difficult to do an objective self-evaluation during a crisis. Successful people complete an ongoing self-evaluation. They are able to know how all parts of their lives are going, usually on a daily basis.

There are four questions that will allow you to evaluate the different parts of your life; your marriage, your family, your work, your friendships. You must look at each of these situations as it relates to the four questions. The questions are:

1. How are you doing today?
2. How do you know that's how you're doing?
3. When was the last time you messed up?
4. How do you know that's how you messed up?

These four questions require you to know what you are doing right or wrong in any given situation. They also require you to have specific knowledge of your judgment. This is a key to success. As a successful person, you can give yourself daily positive and negative feedback. You can have self-control. You must not wait for someone to tell you if you are doing it right or wrong. The questions were "How are you doing today? How do you know that's how you're doing? When is the last time you messed? and How do you know that's how you messed up?"



The Benefits of Value-Based Care: New Data Sheds Light on Value-Based Care Programs

Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way. The concept has been around for quite some time and there are several variations. You can say that today's concept of value-based care was sparked with the creation and implementation of the Affordable Care Act in 2010. With new legislation and cuts to Medicare, the Center for Medicare and Medicaid Services (CMS) needed to design a new strategy of accountable healthcare, with the hopes of providing better care for individuals and better health for populations, at reduced costs. An array of value-based care programs and payment models was the result, such as the Hospital Value-Based Purchasing Program (HVBP), the Hospital Readmissions Reduction Program (HRRP), the Merit-based Incentive Payment System (MIPS), and Alternative Payment Models (APMs) to name a few. These initiatives associated payment for healthcare directly to the quality of care provided, rewarding providers for delivering high quality, efficient clinical care.

How Does Value-Based Care Stack Up?

In the traditional healthcare environment, physicians are reimbursed based on the number of services they provide, or the number of procedures they order. This is known as the **fee-for-service** (FFS) reimbursement model. The FFS payment model for health care is considered one of the major drivers of high costs because it encourages and incentivizes the use of more (and expensive) services. **Value-based care** differs from a fee-for-service in that the *value* in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes.

Moreover, in the traditional healthcare model, many times patients are left confused and frustrated trying to navigate through the healthcare system alone. For example, patients must manage their own care path, moving from primary care physician, to specialist, and then to surgery center in a way that is often complicated and unpredictable. Patients may see multiple doctors, specialists, and surgeons who do not communicate with each other, or have access to the same important, patient data. In the traditional model, providers lack the technology and the incentives to coordinate patient care across the health care system, so they stay independent, using the fee-for-service payment model, which ultimately drives up healthcare costs.

How is Value-Based Care Performing?

According to recent data, value-based care is truly bending the healthcare cost curve, reducing unnecessary medical costs 5.6 percent on average while improving care quality and patient engagement. These findings and more have been revealed in *Finding the Value: The State of Value-Based Care in 2018*, a national study of 120

payers conducted by ORC International and commissioned by Change Healthcare. The report reveals some key value-based care trends to consider. Here are just a few:

- *Payers report success in reducing unnecessary medical costs as a result of their value-based care strategies. Medical cost savings topped 5.6% on average, with almost a quarter of respondents noting savings in excess of 7.5%.*
- *Almost 80% of payers report improvements in care quality, while 64% report improvements in provider relationships and 73% report patient engagement improved.*
- *For the first time, commercial lines, not government lines of business, are leading adoption, advancement, and innovation of value-based care models and strategies.*
- *Pure fee-for-service is fading faster than predicted in past studies, now accounting for only 37.2% of reimbursement, and projected to dip below 26% by 2021.*
- *Innovation agility remains a problem, with only 21% of payers capable of rolling out a new episode of care program in three to six months. Over a third of payers need up to a year to launch a new program, 21% require up to 18 months, and 13% need up to 24 months or more—more than enough time for conditions to change in a fast-moving healthcare market.*

It's important to note that as providers increase their adoption of value-based care models, they may see short-term financial hits before longer-term costs decline. However, the transition from fee-for-service to fee-for-value has been embraced as the best method for lowering healthcare costs while increasing quality care and helping people lead healthier lives.

*"Too many of us are not living our dreams because we are living our fears."
—Les Brown*



Employees Matter

Super Simple Morale Boosters

Do your employees and/or co-workers seem a little burnt out? Are they dragging themselves to work? Are smiles and laughter a foreign concept? If so, some serious morale boosters may be in order. Indeed, low morale can lead to a slew of problems like toxic attitudes, low productivity and engagement, and increased turnover. Fortunately, there are some simple strategies you can implement to help get your employees out of their rut. To be sure, in most situations, little things can make a huge impact on day-to-day morale and productivity.

Here are a few tactics to think about for your employees:

- **Encourage your team to engage in philanthropy and community support.** Ask your employees what cause(s) they're excited about. Allow them to spend work time (a few hours every other month perhaps) to volunteer at their favorite charity or non-profit organization. Another way to build employee morale and camaraderie is through community service. There are several opportunities in every community to lend a helping hand. Working together to better the lives of others is a great way to bond and boost morale.
- **Make room for personal interests at work.** Get to know your employees. Learn their interests and passions. Then, find ways for them to share or demonstrate those interests at work. For example, if an employee likes to garden, encourage them to bring or sell their produce at work. Or maybe an employee enjoys cooking. Ask them to bring their dishes to work to showcase their skills.
- **Share business goals and results.** Every team contributes to the success of the organization. People like to know how they are impacting overall company success. Make sure you're sharing business metrics and results with your team. This can be during team meetings, via emails, or even during a *town hall* type of forum. Also, be sure to *connect-the-dots* for your employees. Tell them how their work specifically is impacting the bottom line.
- **Remember that we're all adults.** Chances are, your organization may have a few policies and processes that try to babysit employees into compliance. You hired adults with skills, passions, and goals. Make room for your staff's creativity and vigor. Employees don't need babysitters, they need opportunity. Treat your employees like adults—they'll notice and appreciate it.
- **Cut the cord on toxic employees.** If you truly want to boost and maintain high morale you need to rid of the employees who will undermine your every move. If you're in a situation where a certain employee is constantly complaining and creating chronic team negativity, you need to address it. Be honest and let the employee know that their attitude doesn't have room on the team. They can either change their ways or you can help them find something they are better suited for.

"Wisdom consists of the anticipation of consequences."

-Norman Cousins



News You Can Use

Study Reveals Five-Star Ratings Don't Equate to Drop in Preventable Hospitalizations

A new study by researchers with University of Pennsylvania and University of Chicago, published in the *Journal of Health Care Organization, Provision and Financing* has

concluded that nursing homes' publicly reported star ratings have increased substantially since the adoption of the Five-Star Quality Rating System, but there hasn't been a corresponding drop in preventable hospitalizations.

Investigators reviewed Medicare claims data from 2007 to 2010, aiming to track the association between nursing homes' ratings and the number of potentially preventable hospitalizations per 30 days. They ultimately found that before the Five-Star system began in 2008, there was a consistent relationship between star rating and hospitalization rates, with the higher-quality facilities demonstrating lower numbers of readmits. After the release in December 2008, however, the gradient between star rating and hospitalizations reduced.

The study's authors noted that this aligns with the theory that the ratings have become less meaningful over time as a broad indicator of quality. The adjusted rates of preventable hospitalizations from 2- to 5-star rates facilities were higher after the release.

Researchers point out that one possibility is providers *teaching to the test* and making superficial changes that don't actually stick. Another thought is patient selection, where providers may be cherry-picking patients that skew the ratings. While researchers did not observe differences in distribution of patients in nursing homes before and after the ratings were released, they argued it's still worth further examination.

The researchers also noted that it's possible that profit nursing homes with higher 5-star ratings were incentivized to select high-risk patients (by partnering with hospitals willing to share their readmission incentives, for example). Selection of lower risk patients by poorly rated facilities would also explain the decrease in hospitalization rates among 1-star facilities after 5-star release.

Learn more [from the published study](#).

"Expecting life to treat you well because you are a good person is like expecting an angry bull not to charge because you are a vegetarian."

—Shari R. Barr



Just For Fun

A Little Healthcare Humor

- I felt super exhausted after giving blood. It's such a draining procedure.
- Statistically.... 9 out of 10 injections are in vein.
- *Patient:* "My hair keeps falling out. What can you give me to keep it in?"
Doctor: "A shoebox."
- A man speaks frantically into the phone, "My wife is pregnant, and her contractions are only two minutes apart!"

"Is this her first child?" the doctor queries.

"No, you idiot!" the man shouts. "This is her husband!"



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