

Blazing A New Risk Management Trail for Human Services Providers

by Sylvia Landy Vail

In my last article I wrote about a compelling solution to the DSP staffing crisis and perpetual budget challenges for human services providers; substantially improved health for a majority of people supported in LTSS settings—now possible to affordably and easily facilitate—is at the crux of remediating both. There was a lot of interest expressed about a topic I briefly touched on in that paper, which I'll expand upon here . . . the linear relationship between better health and a reduction in risk exposure/expense for the provider and parent organization. Commanding attention to this specific topic, beyond concern for people supported, is the fact that risk associated with the poor health of this vital population costs human services provider organizations, and associated stakeholders/funders, millions upon millions of dollars each and every year—and the tab keeps growing by leaps and bounds.

Provider organizations have a lot on their plates and minimum-wage staff is responsible for critical decision-making and execution on a daily basis. Putting out fires and addressing serious mishaps is unfortunately commonplace. Based on our long-running experiences, research, and conversations throughout the industry, a great number of costly mistakes can be avoided—simply as a result of better health for people supported.

When health improves, there are four impact areas where risk is dramatically reduced and associated, material benefit accrues to people supported; organizational coffers, reputation, fund-worthiness and marketability; and stakeholders/funders.

1. Medication Administration
2. Attention to Acute Care Needs
3. Daily Interface by Staff
4. Grievance Actions

Before expanding on each of these four impact areas, I'll briefly note that it is possible to elevate consumer choice, improve the health of people supported, and simultaneously reduce expenses related to labor, food, PRNs, acute care needs and medication usage. Basically, the age-old, erroneous belief that the poor health of a majority of people supported is associated with their disability is untrue, as is the fact that nutritious food must cost more than less healthy options.

Individuals supported in LTSS settings and eating the right foods in the right amounts have been shown, with statistical significance, to quickly and sustainably result in 70% of people served at or moving toward a healthier BMI within 6 to 18 months. As healthy weight gain or loss is achieved, similar improvements occur relating to A1c levels; blood pressure readings; hypertension; feelings of social isolation and depression; and additional, associated chronic conditions. There are solutions today—that save more than the investment—to help accomplish eating the right foods in the right amounts and the noted, concurrent upsides.

The **four impact areas** and the ways in which significant risk reduction are achieved are outlined here . . .

• Medication Administration

Given that 70% of people supported are unnecessarily moving away from a normal BMI throughout

the nation's LTSS settings, there are a lot of PRN and prescription medications being used on a daily basis; the average number is 10 per person. As health improves and medication usage rapidly and sustainably diminishes, there are far fewer drugs that can be administered incorrectly by staff—as a result, there are fewer harmful and debilitating outcomes. With a reduction in the number of medications on hand and readily available, further misuse of any kind is constrained.

- **Attention to Acute Care Needs**

Similar to medication administration, there is much less that can go wrong when healthy weight gain or loss leads to its typical outcome: a material reduction in acute care needs. Opportunities for the following decline: misdiagnosis, delayed response to symptoms that may not always be communicated well, transportation snafus, hospitalizations that carry a number of additional complications for a person with a disability, and more. And then there's the plain, simple fact that a person at a healthy weight is easier to move around and transport, with less possibility for accident or injury to their own person or a caregiver.

- **Daily Interface by Staff**

High turnover and inexperienced staff are often at the helm when it comes to controlling carbs for people supported with diabetes—which individuals with disabilities experience at two to three times the mainstream rates. Similarly, this personnel pool is responsible for choosing, shopping for, preparing and administering appropriate foods for individuals with allergies and gluten-free, GERD, lactose intolerance, high blood pressure, and dysphagia needs. A tall order for most anyone; a misstep, even a slight one, can be catastrophic.

As health improves, with symptoms lessening and subpar conditions reversing, there are far fewer opportunities for dangerous—including life-threatening—decision making instances and implementation activities on the part of staff.

- **Grievance Actions**

Any one of the potential mistakes referenced above will make a number of people, surveyors and entities at the family, local and state levels sad, angry, circumspect, and sometimes vengeful. What ensues are costly knee-jerk fixes and time-consuming exchanges that not only take their toll on all stakeholders of the organization, but also lead to pricey chargebacks, penalties, settlements, and more.

So the tally grows exponentially on the plus side. The improved health of people served reduces the demand for, and on, DSPs and additional personnel. Labor, food, PRN and prescription medication expenses diminish along the way. And naturally occurring as health improves for people supported—across all impact areas highlighted here—is a group of employees for the first time ever, in most cases, who are more effective, safer from a personal standpoint, and experience greater job satisfaction overall. The icing on the eat-better cake is that risk management becomes much less challenging, time consuming and cash-out-the-door costly to providers and parent organizations—all while benefitting people supported in terms of quality and length of life. The human services industry often struggles to nail “bullseye,” but now it's at our fingertips.

[See the next page to learn about the author and Mainstay's innovative My25 programs.](#)



Sylvia Landy Vail holds her MBA from Northwestern University's Kellogg School of Management and is long experienced in both the health care and human services industries, with an impressive track record regarding critical outcomes achievement. She is co-founder of Mainstay, Inc. and its *My25* programs.

My25 resources are utilized throughout 30 states by leading providers, MCOs, state DHS, and state provider association groups, with a 99.9% subscription retention rate. Within LTSS settings, *My25* streamlines menu planning, grocery shopping, and recipe prep to facilitate substantial outcomes related to elevated choice, improved health for people supported, reduced expenses regarding food, labor, PRNs, acute care and prescription needs. Menus are customized for the individual (no matter how complicated) and customized regarding routines within each setting—cycling new every 35 days.

In Mainstay's longest-running provider customer, *My25* resources have seamlessly sustained turnover of 21 total house managers and staff members in one waiver setting, over several years, without interruption to choice-based, healthy, appealing, and budget-sensitive meals for people supported. Outcomes related to expense reductions and health—amidst ongoing census, menu request, and dietary/health status changes—have remained highly favorable since month 4 following initial *My25* implementation. Foolproof.

My25 programs additionally include robust and galvanizing engagement and educational resources for staff, consumers, and family members. Mainstay's team is comprised of: human services industry, preventive health, nutrition, disease management, culinary, and technology professionals.

In early 3rd quarter, 2017, *My25* will introduce a series of resources to improve the preventive health and nutrition of people with disabilities—IDD, SPMI, TBI and behavioral challenges—within supported living and foster and home-based settings. As a result, quality of life will be enhanced for millions of individuals and invested funders and stakeholders will benefit from significantly reduced expenses.



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