

Freedom Focus

The Elusive “Home”

- Todd Graybill | Vice President—Liberty Operations

One of the most common, yet least understood maladies we confront in the healthcare business, is Alzheimers or similar manifestations of dementia. We confront it when we perform PSC assessments, when we deliver health care or personal care services, and in our personal lives with loved ones. Most of us know at least one person, either a family member, friend, or acquaintance with some form of dementia. I have learned of the disease’s progression through the experience of my mother, over the past seven years.

A common, almost universal theme of those suffering with Alzheimers, is the desire to “go home”. Many, many times throughout the day you will hear various requests, demands and pleas to “go home”. The sad reality is... for those with Alzheimers, Home, both literally and figuratively, no longer exists. They want to go to a place that is no longer there. For them, home is that place of comfort and security, that we all seek. The caregiver often wonders what home the patient is referring to. Is it the home she grew up in, back in Hollidaysburg, Pennsylvania nearly 90 years ago? Is it the tiny apartment where she set up housekeeping some 65+ years ago? Unfortunately, all we really know for certain is that the home that is sought, is no longer there.

I have heard the analogy made to that of “crossing borders”. Every day the individual is crossing borders into unknown lands, against their wishes and that is a frightening thing. When you have dementia, you are never home, you are always across the border in a strange land. Each day that passes takes them farther and farther from home. They must take the journey alone, for neither they, nor their loved ones know where they are going. When darkness falls each day, they want to come home, but cannot find their way. We try to tell them they are home; but we both know that isn’t really true. The home they seek no longer exists.

I wish I had the answer. What I do know is that constantly reminding them “You Are Home”, is both futile and untrue. You see, “home” is really a euphemism for “security, comfort and love” *That is something We All Can Give.*

R.A.I.S.E.[ing] The Bar—Lacey Barnes | LHNC Director

As we continually seek to improve our programs and services for our customers, we can’t forget that the cornerstone of our success is customer service. In an effort to ensure that we commit to elevate a culture of customer performance at every level in our organization, Liberty Healthcare has established the R.A.I.S.E. customer service nomination program companywide. [con’t. on page 2]



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A VIEW FROM THE ROAD

DENISE HOBSON | RN BSN, DIRECTOR OF CLINICAL SERVICES

Ever ask yourself “Does what I do really make a difference?” We all do. At

Liberty Healthcare of NC, it starts with a call. Many beneficiaries anxiously await the call to schedule their assessment. Then it comes and the smile can be heard as the first voice of Liberty schedules the assessment. The next smile heard is the assessor as he/ she provides an introduction and confirms the arrival. The day comes and the assessment begins. Allow me to take you on a real encounter of a couple assessments.

Just imagine for a moment a new mother of twins, stressful but excited. Now imagine these special blessings are conjoined at the stomach. Yes, 4 month old Siamese twins. As an assessor we might think two separate independent assessments, two separate sets of needs. However, we find two individuals with separate names, separate personalities, yet dependent on each other for many needs. For example, baby A is unable to urinate unless baby B is positioned in a particular angle. So as the assessor, you question, one assessment or two, one bath but two separate feedings, two separate dressings but one mobility. Are we going to need two aides or one. Well, in the end, these are two individuals, two identities, assessed as two beneficiaries with two assessments. Individualized assessments with clear pictures painted in; narratives begin the implementation of meeting the needs of these two beautiful children with unique needs. Independent assessments; this is our specialty.

So, if any of you question what difference you make, just think of this home, this experience, and never question again. You must feel proud of your role, no matter the role, and the impact you have. Always remember as I quote *Bill*

Wisn, “*To the world you may be one person but to one person you may be the world.*”

DID YOU KNOW?

Report to NC Study Commission on Aging [excerpt from page 4 of the report]

North Carolina is a pioneer in the area of Adult Protective Services (APS). In 1973, North Carolina enacted the first Elder Abuse Law in the United States. In 1975, this law was amended by the North Carolina General Assembly and became known as General Statute 108A, The Protection of the Abused, Neglected, or Exploited Disabled Adult Act. Support for passage of the 1975 amendments was largely the result of a grassroots effort as county departments of social services and other advocates realized that a legal tool other than guardianship was needed to protect all abused, neglected or exploited adults incapacitated by a physical or mental disability. This Act provided for the protection of abused, neglected, or exploited disabled adults eighteen years of age and older.

The mandate to protect is carried out by North Carolina’s 100 county departments of social services. The nature of Adult Protective Services intervention and the vulnerability of the population served require consideration of certain ethical principles, including:

- ◆Respect for freedom, dignity and autonomy
- ◆Consideration of least restrictive alternatives and interventions
- ◆Utilization of community-based, family-centered and strength-based prevention and intervention strategies; and
- ◆Emphasis on a multifaceted array of protective services rather than problem-solving, symptom-based interventions.

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Ms. Nora McIver is an 80 year old widow who lives alone. Her neighbor called 911 after finding her lying on the floor of her home where she had fallen fracturing her hip. Ms. McIver was subsequently hospitalized. A physical examination found Ms. McIver dehydrated, malnourished and mentally confused. Her doctors indicate she is currently unable to care for herself and will require assistance to obtain the necessary services to meet her basic needs. She does not have family or friends to assist her.

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Scenarios like this are likely to increase as more adults live longer and possibly suffer serious age-related chronic illnesses. The proportion of older adults (60 years of age and older) in this State is currently estimated at 40% of the State’s total population. By 2030 their proportion is expected to reach almost 50% of the State’s total population.

For the full report please link to [NC Study Commission On Aging](#)

THE IMPORTANCE OF UNDERSTANDING

JANA ALLEN | LIBERTY NC OFFICE ASSISTANT

FACT: More than 5 million Americans live with Alzheimers.

Research reveals the sheer mass of people that suffer with this crippling disease, but this fact doesn't help us to *understand* what they must feel or go through each day. Two very insightful stories that capture what it may be like to experience this disease brings to light just how difficult it is to live in the midst of confusion. ABC News reporter Cynthia McFadden experiences the *Virtual Dementia Tour* and shares the story of a family facing Alzheimer's disease. The Virtual Dementia Tour is a scientifically proven method of building a greater understanding of dementia through the use of patented sensory tools and instruction. Created by P.K. Beville, M.S., an award-winning geriatric specialist and founder of Second Wind Dreams, a nonprofit organization recognized as the first in the nation committed to changing the perception of aging through the fulfillment of dreams for elders.

You can take a 12 minute peek into the world of a Alzheimers patient when you log onto: [Virtual Dementia Tour](#)

While seeing may be believing; hearing can also alter our lives in the most remarkable way, "*Alive Inside*": *A story of Music & Memory*, shows us how an ipod with earphones has the possibility of changing people that have this disease by

proving how music can be therapeutic for these patients. This popular documentary was featured in the 2014 Sundance Film Festival that follows the life of a social worker named Dan Cohen, who has launched a campaign to bring ipods and music therapy into nursing homes. One of the central characters of the film, a ninety year old patient, Henry Dryer, was largely unresponsive to the outside world then he was given a pair of headphones to listen to his favorite singer, Cab Calloway, and he awakened. Transported by what he loved and could remember. This story is full of



hope in knowing music can make you *alive inside* once again. To watch this documentary you may link to: [Alive Inside Trailer](#)



Courtney Cantrell, PhD,
Director of NC DHHS' Division of MH/DD/
SAS

RALEIGH - Director Courtney Cantrell, PhD, of the North Carolina Department of Health and Human Services' (DHHS) Division of Mental Health, Developmental Disabilities and Substance Abuse Services, announced that four Local Management Entities/ Managed Care Organizations (LME/ MCO) were selected to pilot **Critical Time Intervention**, a program that assists adults with mental illness who are going through a transition phase in their recovery process. Critical Time Intervention is a focused, time-limited approach to connect people with community support as they transition into housing from homelessness, or from institutional settings, such as prisons and hospitals, into ongoing community-based services. Critical Time Intervention teams include licensed clinicians and certified peer-support specialists. **For the rest of this article visit:** [Notices](#) (News and Notices).

Analyzing Analytics

Richard 'Rico' Arriola, PMP

Database Administrator | Systems Analyst

Every day we see the impact of analytics all around us. Analytics usually make our lives richer by providing useful information and methods to analyze and utilize it. They are quickly being woven into the fabric of everyday life. Analytics are found everywhere from your local grocery store's checkout coupons to phone apps that track global exchanges. For sports fans, analytics has provided new ways to follow favorite players/teams in the form of Fantasy Baseball, Football, Basketball, etc.



[Continued from bottom of page 4]

In short, Analytics is a system of identifying, collecting, organizing, classifying, and analyzing information for the purpose of making well-educated decisions. The level of detail now available removes much of the guesswork from the decision-making process and allows you to examine information in a dispassionate manner. Ideally – no more relying on your “gut” feelings!

How is Liberty Healthcare NC utilizing Analytics?

Especially at the workplace, some form of analytics has existed since long before it became a mainstream business term and widely accepted concept. Information system professionals, such as Systems Analysts, Report Writers, and DBA’s have been laying the systems groundwork and developing reporting techniques that have facilitated an Analytics Revolution. In recent years, a boom in easy-to-use Business Intelligence (BI) software has empow-

ered business managers to analyze and visualize their company data in new ways.

Earlier this year Liberty invested in *SAS Analytics*, a program that takes reporting, charting, graphing, and forecasting to the next level. The installation of SAS necessitated changes in the way we manage our data. Consequently, a Data Warehouse and a SAS Server were created, information systems and procedures were developed, and changes were made to some of our technical processes to enable smooth and automated interactions with SAS. Now that the systems groundwork is laid, we are beginning to generate detailed reports and queries. The next step will involve creating dashboards for management and the further training of power users to create their own custom data explorations and visualizations. *It’s a great time to be involved with data systems at Liberty Healthcare!*

“What gets measured, gets managed.” Peter Drucker, Author, Consultant and Educator

Liberty’s Best Resource

News From The Trainer—Beth Oakley | Training & Development Manager

What is Liberty’s most important resource? *Its employees.* What is Liberty’s best resource?

Trained employees!

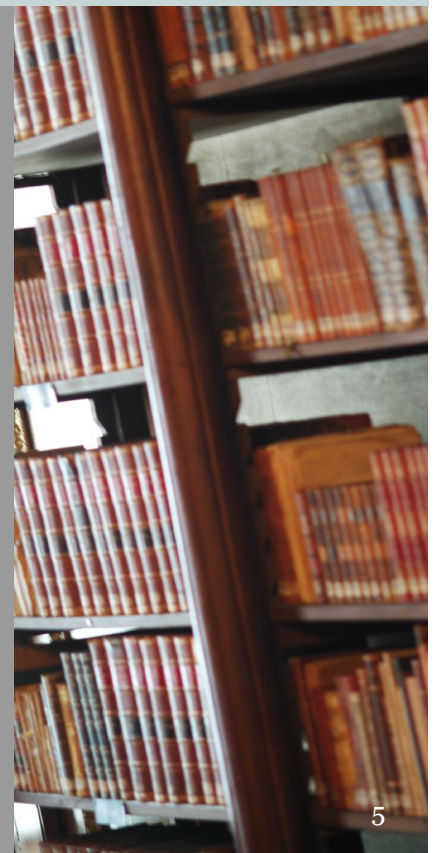
As many of you recall, much of Year 1 with Liberty was spent on learning specific job functions and staff spent many training hours just processing the ins-and-outs of the PCS program and Policy 3L.

But as Liberty transitions into the next phase of the NC contract, we are looking for ways to expand to new and exciting training opportunities for all staff. Working with the management teams, we want to create a culture that fosters continuous learning, with practices that lead to improved

job performance and employee satisfaction.

We will continue to develop creative approaches to delivering our trainings (and re-trainings), both for internal staff and for the field. The on-line learning system, Relias, will remain a solid avenue for training and we are investigating innovative methods for its use. Webinars continue to be a viable option to provide information in a timely and efficient manner. But this learning venue also presents new challenges for trainers to keep the material fresh and our audiences engaged.

A well-trained staff is Liberty’s best resource and we are committed to offering the best opportunities in order to keep it that way!



About Liberty Healthcare of North Carolina

Liberty Healthcare Corporation of North Carolina is the DMA's partner in administering the Independent Assessment program for Medicaid beneficiaries who may be eligible for Personal Care Services (PCS).

As the [Independent Assessment Entity \(IAE\)](#), we'll be conducting the eligibility assessment to determine if the individual meets specific Medicaid criteria for personal care services. The actual PCS services will be provided by state-approved personal health care providers.

[Liberty Healthcare NC](#)

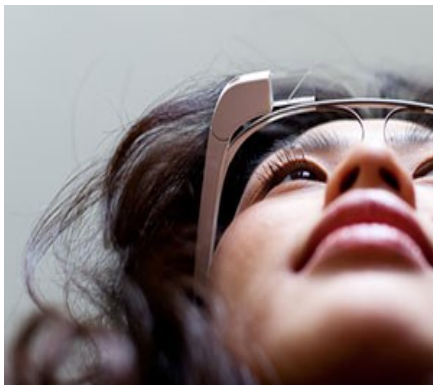


"The Wearable Health Tech Affect"-

[Adapted from] Alfred Poor | Writer for Health Tech Insider

Many people agree that wearable Health Tech devices will have a huge impact on the health and wellness of millions of people, both in terms of individual data and of aggregated information about larger populations that can lead to new insights about prevention and treatment of a variety of illnesses. But as with any technology, the Law of Unintended Consequences is waiting in the shadows to bite you in the butt.

For example, take an interesting essay written by Michael Ellison, president of a strategic marketing and consulting firm. In *"Wearables Poised to Reshape Insurer-Insured Relationship,"* he points to some of the existing joint projects between technology companies and health insurance or healthcare companies. He makes the case that wearables will be able to reward good behavior with lower premiums for the individuals (or their employers). As he puts it "UBI (usage based insurance), both rewards healthy behavior and motivates users to continue healthy diet and exercise habits."



As much as I want to believe in this pot of gold at the end of the wearable Health Tech rainbow, we need

to accept more than a couple leaps of faith to get there. First, there is the question of whether or not the devices make accurate measurements. We've already seen plenty of reports on how inaccurate many of the popular products are when it comes to simply counting steps. And even if they are accurate, can "gaming" the system be detected? Will the information generated by strapping your smartphone to your puppy and then playing fetch for half an hour be recognized as bogus data? If people are offered a financial incentive, there are always going to be some who seek a shortcut to the payoff.

Then we get to the question of whether they are measuring what you think they're measuring. New devices claim to record data on everything from glucose levels to blood pressure to electrocardiogram traces. Extensive independent testing will be required in order to determine if there is a close-enough correlation between the data produced by an accepted clinical measuring device and the wearable, and this has to be shown for all potential usage applications such as swimming or being outdoors in sub-freezing temperatures or at high altitudes.

But perhaps the most difficult hurdle is the term "healthy behavior." Pop quiz: is eating eggs healthy or not? That one food has yo-yo'ed in and out of favor in the health and medical community in recent decades, so who is to be the arbiter of what constitutes healthy behavior? Is running good for everyone, or just certain people? Is any amount of running good, or is there a threshold for too much or too little to be effective?

