Meeting LTSS Workforce Demands Now and in the Future

Robyn I. Stone, DrPH
Senior Vice President of Research, LeadingAge

CSG West
Education & Workforce Development Committee
Snowbird, UT
15 September 2018
Defining the Sector

- Post acute SNF and home health care
- Residential care – nursing homes, AL, memory care
- Independent living-market rate & subsidized
- HCBS – home care, personal care, IADL help
- Supportive services – transportation, meals, etc.
- Care/service coordination across settings and acute/primary care
Multidisciplinary Nature of the Occupations

- Medical/social/environment intersection
- Range of job categories
  - Clinicians
    - Nurses/social workers-lead clinicians
    - Physicians – relatively minor
    - Therapists – PT, OT, ST
    - Pharmacists
    - Dietician
    - Health educators
  - Administrators and managers
Occupations (cont.)

• Frontline professionals (60-80% of care)
  – CNAs
  – Home health/home care aides
  – Personal care attendants
  – Dietary aides

• Family and friends
  – Informal
  – Paid through consumer direction
Long-Term Trends

- The emerging “care gap”
- Shift from institutional to in-home and community-based settings
- More ethnically/racially diverse older adults and staff
- More highly educated, demanding older adults
Long-Term Trends (cont.)

- Greater disparity between “haves” and “have-nots”
- Expansion of consumer-directed service systems
- Impact of new technologies
Importance of this Sector

- Growth of the elderly population = fastest growing occupations in many localities
- New models of care = new types of jobs in this sector
- Economic driver in many communities – rural & other worker shortage areas
- Quality = Quality workforce!
Challenges to Workforce Development

• Recruitment challenges
• Retention challenges
• Lack of competent, quality staff – not just warm bodies!
Reasons for Challenges: Societal Level

- Undervalued sector across all occupations
- Ageism leads to lack of attention and investment
- Jobs seen as easy, default after “burnout”
Reasons for Challenge: Policy Level

- Inadequate public reimbursement
- Lack of universal LTSS financing
- Medicaid viewed as welfare program
- Uneven regulation; focuses on #s of staff
- Lack of intentional education policy
- Immigration policy?
Reasons for Challenges: Workplace Level

- Lack of quality supervisors
- Inadequate in-service
- Lack of career mobility
- Inadequate compensation/benefits
- Not competitive technologically
Characteristics of the Frontline Workforce

- Vast majority are female
- Older than CNAs; 43% over age 50
- \( \frac{3}{4} \) earn less than $15/hr.; annual median income of a home care worker is $13,000
- Fewer than half have health insurance; many receiving public benefits including Medicaid
- 1/3 are immigrants; over 40% in NY, CA, HI, NJ, FL
Growth in the Frontline Job Sector

- One of fastest growing jobs in the country
- Expected growth of 1.7 million direct care jobs over the next decade
- Decrease in women likely to take these jobs over next 20 years
- Decrease in availability of family caregivers
- States and plans are facing a workforce crisis
Roles/Responsibilities of Direct Care Professionals

- Personal care/activities of daily living assistance (e.g. eating, bathing, dressing)
- Assistance with instrumental activities (e.g. housekeeping, meal preparation)
- Eyes and ears of system
- Emotional support; one-on-one relationship
- Liaison with family caregivers
Why Should States Care About This Workforce?

- High turnover rates; poor retention
- Shortage of competent direct care professionals – how to develop pipeline?
- Shortage exacerbated in rural areas
- Lack of competent workforce – role of education & training
Why Should States Care About This Workforce? (cont.)

- Instability of workforce leads to
  - Service access problems for consumers
  - Extreme workloads for incumbent workers
  - Insufficient and incompetent workers directly related to poorer quality outcomes
  - Limited pipeline

- Future will probably look worse without serious interventions
Training Standards

- Paucity of state training standards
- 4 states implement vigorous standards
- 22 states have no formal training requirements
- 18 states specify required training hours – average of 49 hours
- 11 states articulate specific training for consumer directed home care/PCAs
- NW Training Partnership in WA - exemplar
Special Issues for Training Direct Care Professionals

- Multiple co-morbidities/multiple meds
- Functional decline
- High risk for depression, social isolation
- Dementia
- Significant family involvement
- Cultural competence
- How to deal with physical, verbal, sexual abuse
Nurse Delegation

- Nurses delegate health maintenance tasks and increase worker responsibilities
- 16 states allowed RNs to delegate 16 tasks to aides in 2016
- No delegation – FL, IN, PA, RI
- 19 states increased tasks since 2013
State Strategies

- Tying Medicaid reimbursement directly to wages and workforce development
- Access to health insurance benefits
- Plan/provider payment incentives to ensure stable quality workforce to produce quality outcomes
State Strategies (cont.)

- Investment in geriatric/gerontological training & competencies for direct care professionals
- Expand nurse delegation
- Recognize and address role of immigration—particularly family reunification & new “merit” policies
HCBS Worker Quality Measures

- Agency turnover rates
  - 3 month and 1 year
  - Requires good data and standardized measures
- Employee satisfaction scores
  - Does the agency even do an annual survey
  - Perceptions of supervision
  - Overall satisfaction
- Injury rates—worker comp claims history
- Evidence of quality workplace practices
  - Consistent assignment
  - Quality orientation and in-service training
  - Career ladders and lattices
High performance work system practice categories

- Recruiting
- Screening
- On-the-job orientation and training/Peer mentoring
- Cross training
- Flexibility about how work is done
- Self-managed teams
- Supervision: Who supervises, means of communication, how often
- Frontline worker participation in decision-making
Why Value-Based Payment Tied to Workforce Outcomes?

- MLTSS is primarily a human resource issue
- Quality workforce = Quality Service Delivery
- No LTSS without a quality workforce
- Consumer direction, paying families raises special challenges
Target Plan/Provider Incentives

- States and Plans should contract with high performing agencies and organizations
- States and Plans should fill gaps in training—particularly around special issues like dementia care, cultural competence
  - NY Workforce Investment orgs through 1115 waiver
- Link incentives to workforce performance
  - Examples of pay for performance in nursing homes (MN quality payments, PEAK culture change PFP in Kansas)