Enhancing Caregiver Resources

Tuesday March 20, 2018

10:45 am – 12:00 pm

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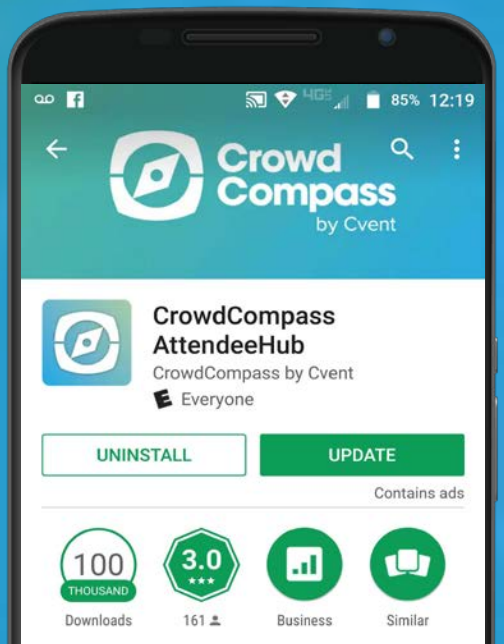

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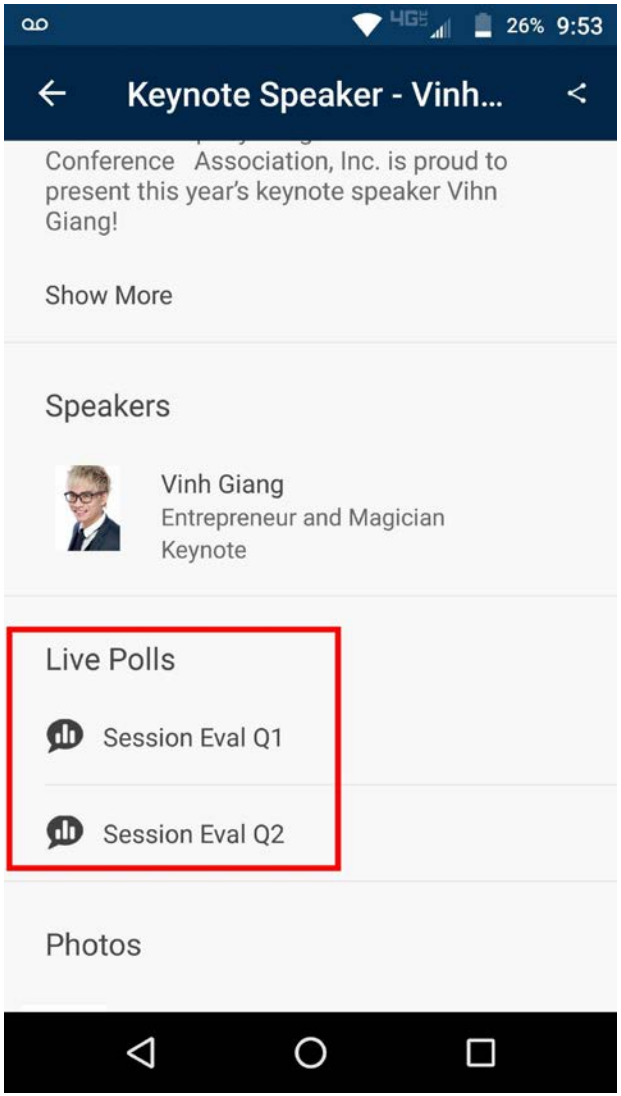

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Session Participants

- Robert Hanes, Moderator
- Robyn Stone, Speaker
- Sandra Timmermann, Responder

Development of Direct Care Professionals: Implications for Long Term Care (LTC) Insurers

Robyn I. Stone, DrPH

Senior VP for Research, LeadingAge

Who Are Direct Care Workers?

- Direct Care Professionals ≠ Low wage workers
- Certified nursing assistants
- Home health aides
- Home care/personal care aides
- Hospice/palliative care aides

Long-term care settings and workforce

- Settings for LTC
  - 25% institutions
    - Nursing homes
    - Assisted living
  - 75% home and community-based services (HCBS)
- Workers
  - Within institutions: mostly RNs, LPNs, CNAs
  - HCBS: mostly unlicensed direct-care workers

The Looming Long-Term Care Crisis

- By 2030: More than 70 million people age 65 years and older
  - o 20% of the population
- By 2050: Number needing long-term care will more than double
  - o From 8 million in 2000 to 19 million in 2050
- Who will care for those with long-term care (LTC) needs?
  - o Institute of Medicine (IOM) projects 3.5 million additional workers by 2030

Long-Term Trends

- The emerging “care gap”
- Shift from institutional to in-home and community-based settings
- More ethnically/racially diverse older adults in U.S.
- More highly educated and wealthier older adults in short run

Long-Term Trends (cont.)

- Haves vs. have-nots
- Impact of new technologies?
- Decreased traditional pipeline
- Immigration policy?

Trends in Home Care

- Proliferation of private pay home care agencies (median revenue in 2015 was $1.6 million)
- Consumer-directed models – private pay and Medicaid
- Technology-based platforms to match consumers and aides (includes registries)
- Managed care-based models
- Worker-owned co-ops

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

Characteristics

- Largely white, non-Hispanics, middle-aged women
- 20% CNAs, 33% in home care are foreign-born
- Low wages-stagnant over 10 years
- Great variability in benefits
- CNAs and hospice aides better compensated than home care/personal care aides

Direct Care Professional Jobs

	Number 2016	Mean Hourly Wage 2016	Projected Job Growth Rate (2010-2030)
Certified Nursing Assistant (CNA)	883,000	$12.79	68%
Home Health Aide	814,000	$11.35	88%
Home Care/Personal Care Aide	1.5 million	$10.92	88%

Source: Bureau of Labor Statistics, 2017

Type of Direct Care Professionals Living in Poverty

Type of Direct Care Professional by Care Setting	Percent At or Below the Poverty Line
Home Health	20.3%
Nursing Care Facilities	12.8%
Residential Care Facilities	12.6%

What is the Problem?

- High turnover rates; poor retention
- Shortage of competent direct care professionals across all settings
- Instability of workforce leads to
  - Service access problems
  - Excessive provider costs
  - Extreme workloads, inadequate supervision, poorer quality
  - Inadequate pipeline
- Future will probably look worse without serious interventions

Factors Influencing Workforce Recruitment and Retention

- The local economy
- Industry stereotyping and ageism
- Pay benefits
- Lack of career mobility

Factors Influencing Workforce Recruitment and Retention (cont.)

- Poor working conditions/supervision
- Inadequate/misplaced investments in education and training
- Inadequate public reimbursement
- Future of immigration – limited family reunification

Training Requirements

- Medicare/Medicaid certified nursing assistant, home health and Hispanic hospice aides – federally mandates 75 hours and competency exam
- Home care/personal care
  - o No federal requirements
  - o Minimal state requirements, tremendous variability
- Consumer-directed workers
  - o Training is a concern

Home Care/Personal Care Aide 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

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 abuse

Nurse Delegation

- Nurses delegate health maintenance 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

Public Policy Strategies

- Wage enhancements
- Health insurance benefits
- Provider payment incentives for better benefits

Public Policy Strategies (cont.)

- Investment in geriatric and gerontological training & competencies
- Nurse delegation changes
- Recognize and address role of immigration

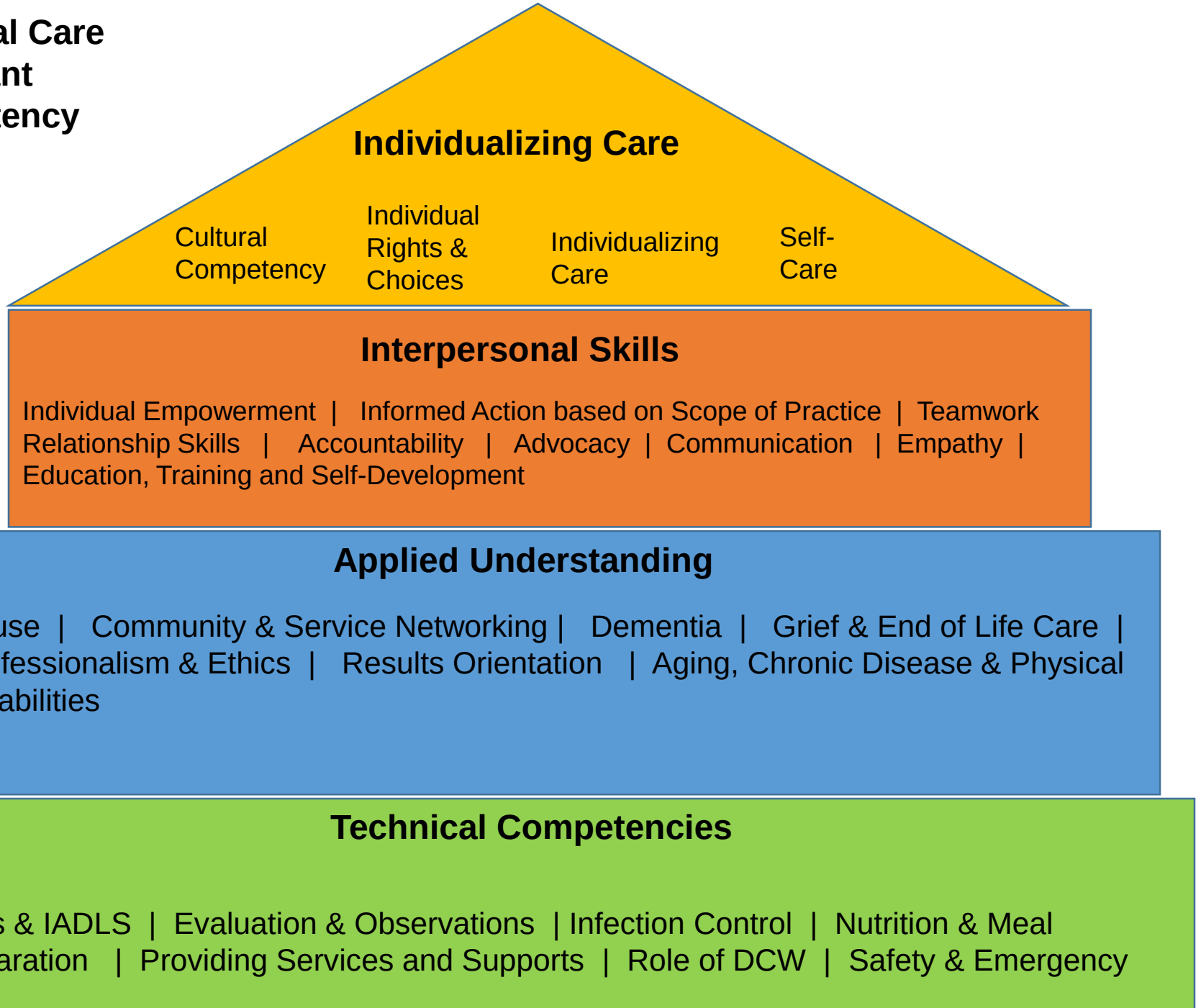
Workplace Strategies

- Organizational culture changes to empower and value direct care workers and frontline supervisors
- Peer mentoring
- Supervisor training programs

Workplace Strategies (cont.)

- Cultural competency in the workforce
- Innovative curricula & training modules for in-service
- Competency-based performance evaluation
- Career ladders and lattices

Personal Care Attendant Competency Model



Career Opportunities for Direct Care Professionals

- DCPs in healthcare teams
- DCPs as health coach in managing chronic conditions
- DCPs managing transitions
- DCPs = Community Health Workers?
- Aide specialists – dementia, medication management, oral health care
- Senior CNA – mentor, supervisor

Expanding the Pipeline

- High school students beginning K-12
- Older workers
- Redeployment of unemployed workers
- Former family caregivers
- New immigrants
- Technology to help reduce demand

Older Persons as Part of Solution

- Technologies to help retain quality older staff (e.g. reducing physical burden)
- Work redesign (e.g. job sharing options)
- Retired physicians, nurses, administrators as volunteer mentors/coaches for younger staff
- Retired geriatric professionals as educators in colleges, universities, trade schools

Older Persons as Part of Solution (cont.)

- Retired CNAs, home health and home care aides as trainers for new direct care workers and family caregivers
- Second careers for older persons
- Family caregivers as formal providers

Role of Technology

- Complementing vs replacing DCPs?
- E-health technologies
- Smartphone tech for observations, documentation
- E-learning for training, in-service
- Technologies to prevent injury
- Consumer technologies to reduce worker burden
- Robots and other AI advances
- Uber-style matching services

Implications for Insurers

- Workforce availability influences service use and claims
- Role of competencies in differentiating what products cover
- Benefits including technology as replacement or complement to human capital
- Implications for consumer demand for products
- Implications for costs of products

Reaction and Response: Sandra Timmermann

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- INSERT SURVEY POLLING QUESTIONS HERE

QUESTIONS

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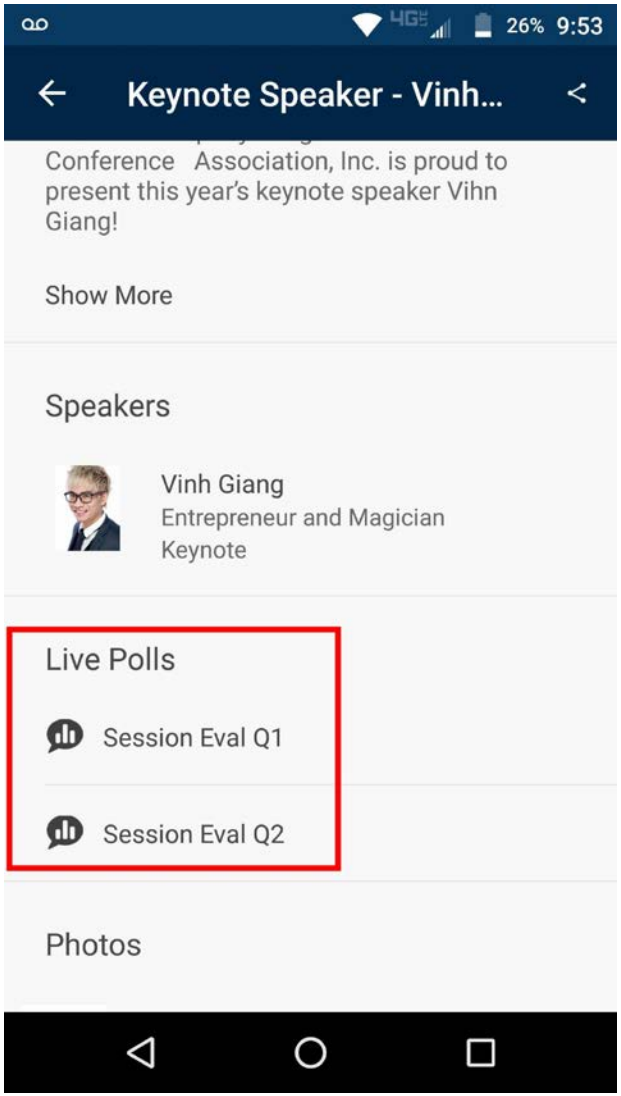

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Speaker Contact Information

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