

The Eldercare Workforce: Meeting the Long-Term Services and Support Needs of Older Adults

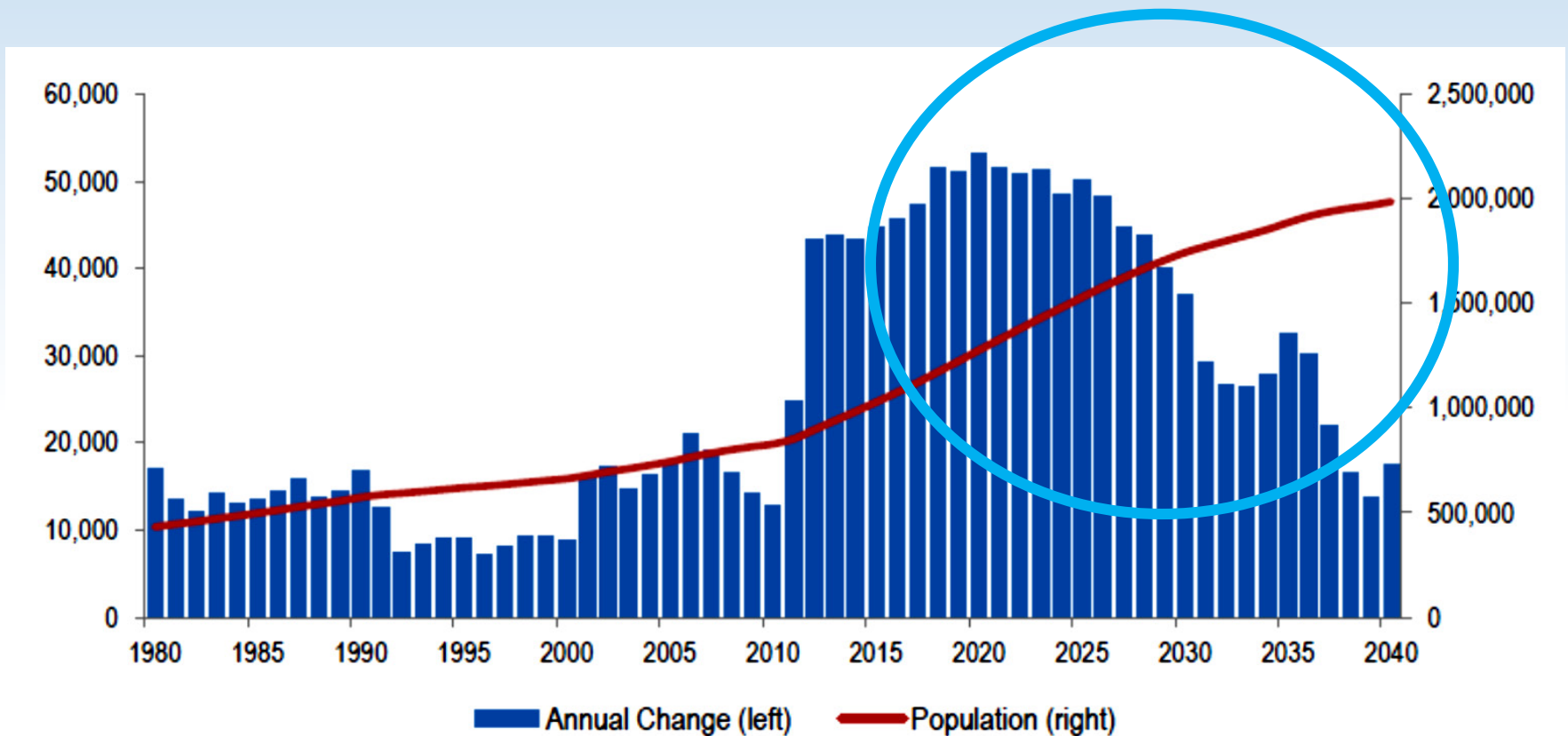


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Lynnwood, WA

**CENTER FOR HEALTH
WORKFORCE STUDIES**
UNIVERSITY of WASHINGTON

Susan Skillman, Deputy Director

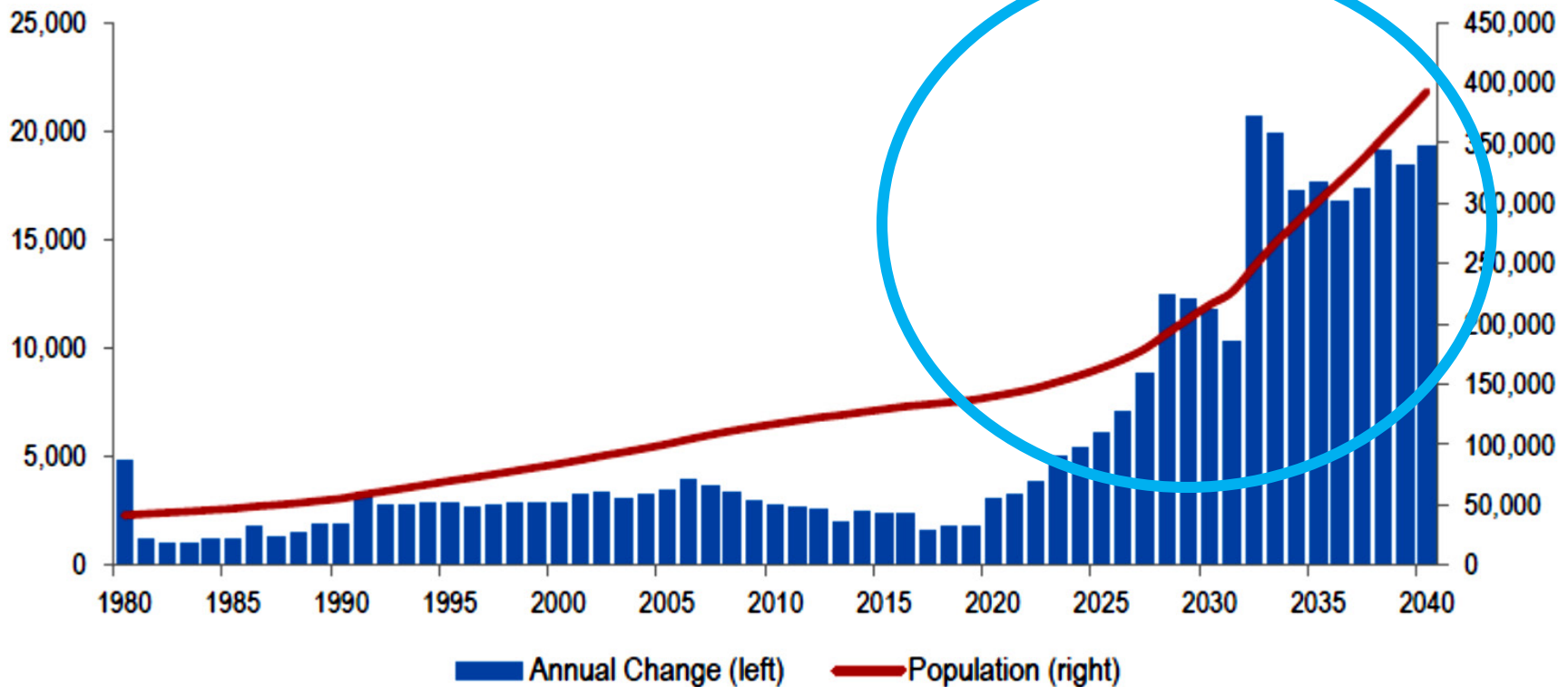
Washington State Population Age 65+



Washington State Office of Financial Management. *State of Washington Forecast of the State Population: November 2016 Forecast.*

http://www.ofm.wa.gov/pop/stfc/stfc2016/stfc_2016.pdf

Washington State Population Age 85+



Washington State Office of Financial Management. *State of Washington Forecast of the State Population: November 2016 Forecast.*
http://www.ofm.wa.gov/pop/stfc/stfc2016/stfc_2016.pdf

The Eldercare Workforce in Washington

From *Washington's Eldercare Workforce*. 2015. Lichiello, Clegg-Thorp, Kern. William D. Ruckelshaus Center, Washington State University Extension and University of Washington Evans School of Public Policy and Governance.

Clinical and other health care:

- Physicians
- Nurses (ARNPs, RNs, LPNs)
- Physician assistants
- Mental health professionals
- Oral health care
- Pharmacy care
- Allied health care
- Rehabilitation services

Direct care:

- Home health aides
- Nurse assistants
- Personal care aides
- Informal and family caregivers
- Respite care workers

- Home care aides (new certification in Washington as of 2011)

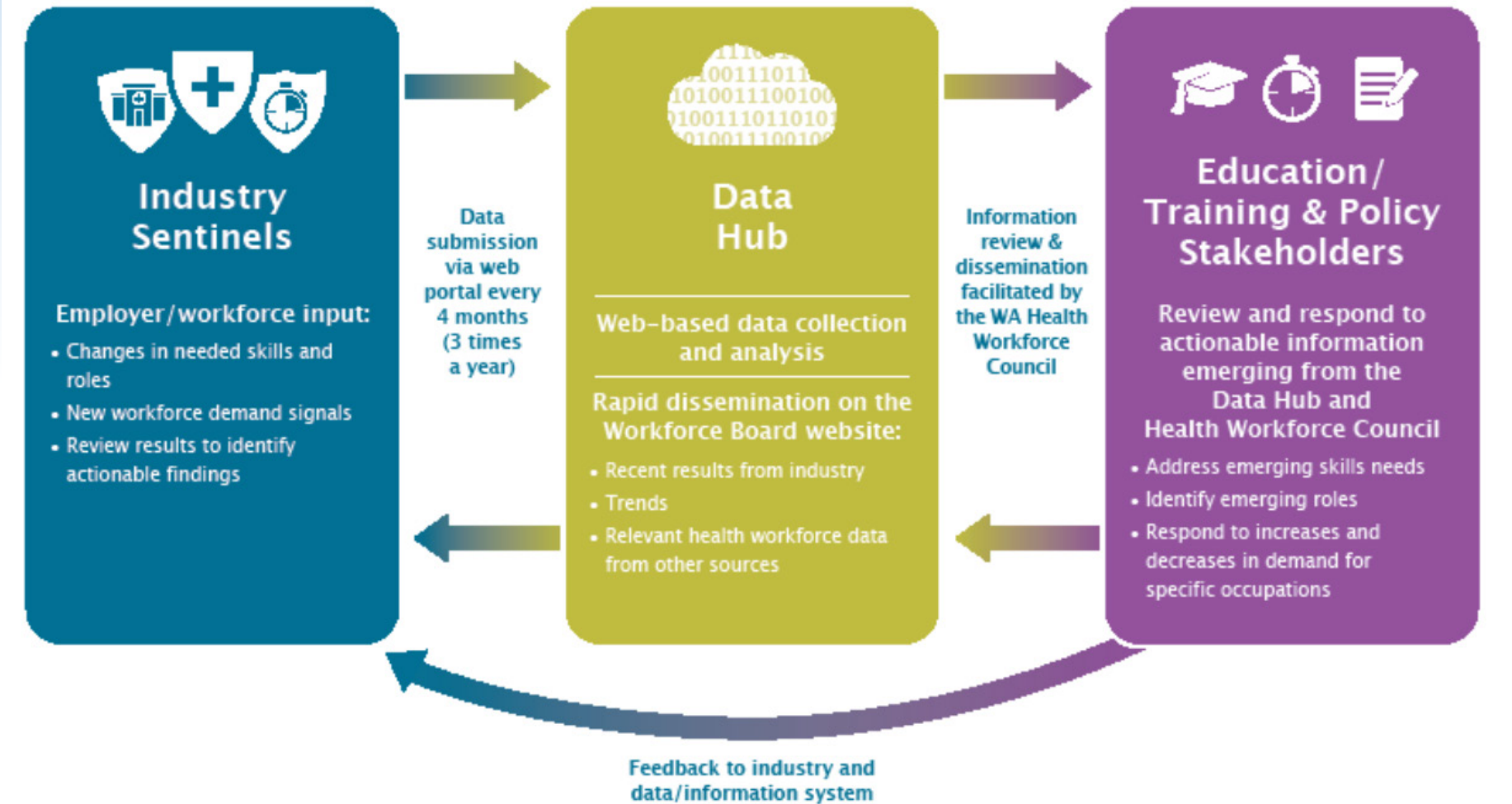
Direct Care Workers Work in

- Adult Family Homes
- Assisted Living Facilities
- Nursing Homes
- Hospice Care
- Home Care

among other sites



Washington's Health Workforce Sentinel Network



<http://www.wtb.wa.gov/HealthSentinel/>

Health Workforce Sentinel Network Questions

After indicating the facility type(s) and locations for which they're reporting, and which occupations they employ, Sentinels answer questions about recent (the past 3–4 months):

- Occupations experiencing **exceptionally long vacancies**
- Occupations with **increased or decreased demand**
- **New occupations** that they did not previously employ
- **New roles** for existing employees
- Changes in **orientation/onboarding procedures** for new employees
- Changes in **training priorities** for existing employees

----AND qualitative input about which, how, and reasons why

Long Term Care Sentinels report:

Exceptionally long vacancies for:

- Nursing assistants
- Home health, home care aides
- Licensed practical nurses
- Registered nurses

Home Care

Intermediate Care Facility

**Nursing & Personal Care
Facility (Not SNF)**

Skilled Nursing Facility

Long Term Care Sentinels report:

Exceptionally long vacancies for:

- Nursing assistants
- Home health, home care aides
- Licensed Practical Nurses
- Registered Nurses

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Long Term Care Sentinels report:

Exceptionally long vacancies for:

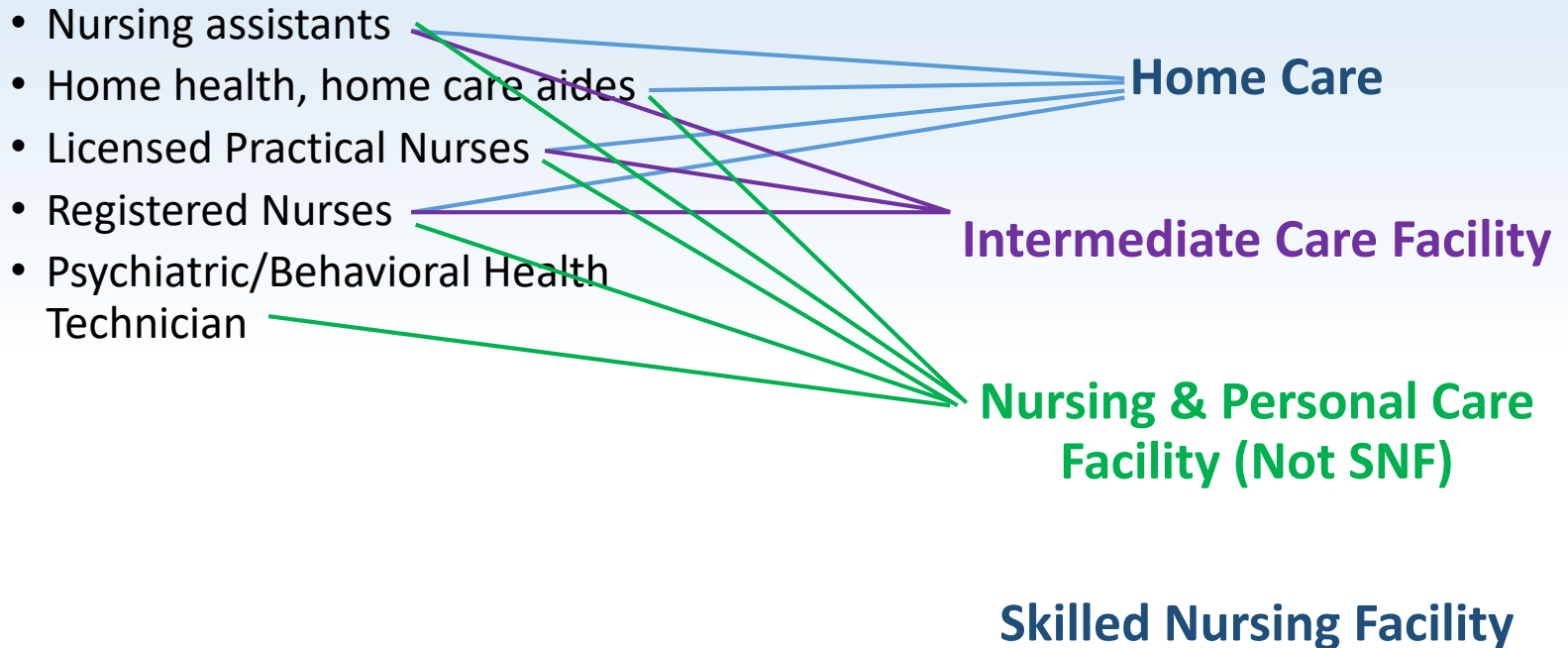
- Nursing assistants
- Home health, home care aides
- Licensed Practical Nurses
- Registered Nurses
- Psychiatric/Behavioral Health Technician

Home Care

Intermediate Care Facility

Nursing & Personal Care Facility (Not SNF)

Skilled Nursing Facility



Long Term Care Sentinels report:

Exceptionally long vacancies for:

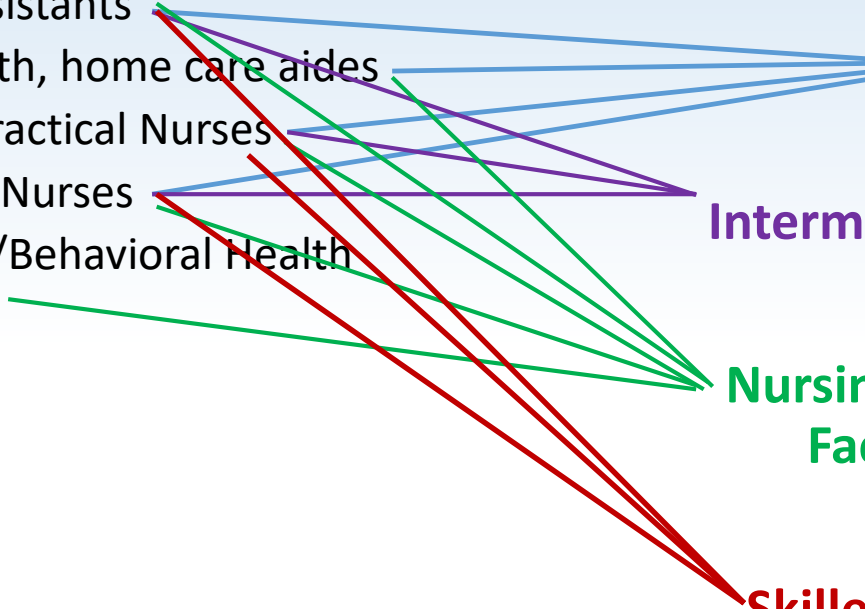
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Long Term Care Sentinels report:

Exceptionally long vacancies for:

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- Psychiatric/Behavioral Health Technician

Home Care

Intermediate Care Facility

Increased demand for:

- Nursing assistants
- Home health, home care aides
- Licensed Practical Nurses
- Registered Nurses

Nursing & Personal Care Facility (Not SNF)

Skilled Nursing Facility

Long Term Care Sentinels report:

Reasons for exceptionally long vacancies:

Home health, home care aides

- *Poor compensation and benefits*
- *The cost of compensation and benefits*
- *Short shifts not attractive*
- *Competition with large(r) urban areas*
- *Lack of qualified, trained applicants*

Nursing assistants

- *Poor compensation and benefits*
- *Competition with large(r) urban areas and higher pay*
- *Minimum wage pressures*
- *Applicants attracted away by sign-on bonuses*

Licensed practical nurses

- *Too few applicants/limited supply*
- *Competition with higher paying facilities*

Registered nurses

- *Limited number of applicants*
- *Lower pay than hospitals (and SNFs)*
- *12 hours shift requirements*

Reasons for increased demand:

Home health, home care aides

- *High turnover*
- *Increase in number of clients*
- *Surge in retirements*

Nursing assistants

- *Surge in retirements*
- *More client demand*
- *Not enough training sites*

Licensed practical nurses

- *Not enough available*
- *Higher level of care needed (LPNs over other lower skilled occupations)*

Registered nurses

- *Not enough supply*
- *Higher level of care needed*
- *Turnover*
- *Increased regulation requiring RNs (24/7 requirements)*

Long Term Care - Direct Care Workforce: example: Home Care Aides

Home Care Aides:

- Assist consumers in activities of daily living (e.g., cooking, cleaning, dressing, grooming, taking medications, and transferring into and out of beds)
- Consumers with physical disabilities, dementia, developmental disabilities, and mental illness may require other kinds of assistance for independent living
- Washington recently implemented training standards to help HCAs develop skills that meet the complex needs of the consumers they serve.

Long Term Care - Direct Care Workforce: example: Home Care Aides

Who Are Home Care Aides?

A 2010 survey of HCAs in Washington found that:

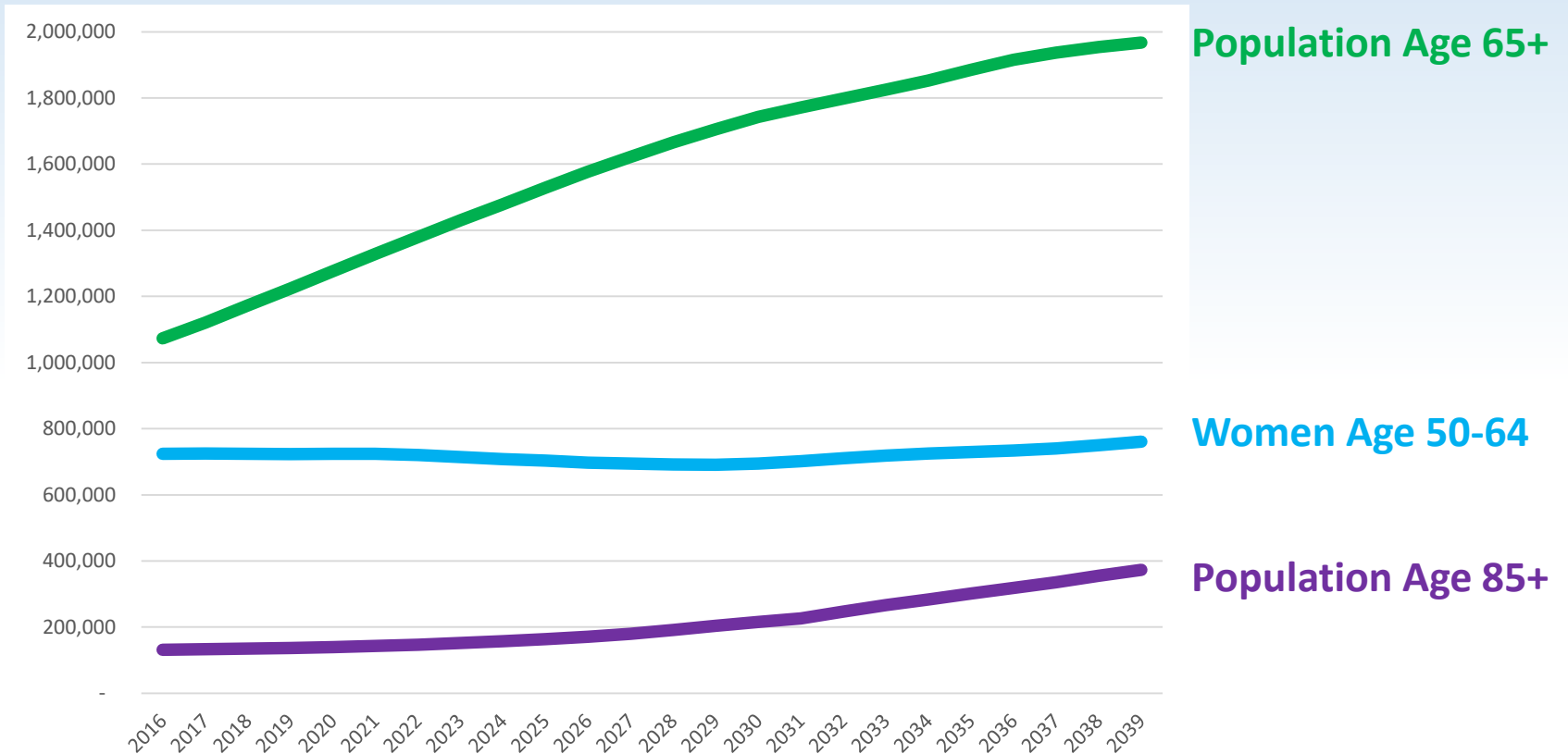
- 8 out of 10 are women
- 58% are age 50 or older
- 66% work part time as an HCA
- 18% have a college degree
- 8% lack a high school diploma
- More than 30% are Hispanic or people of color

Where Do Home Care Aides Work?

Washington, HCAs work in a variety of home and community-based settings. Those who serve Medicaid consumers do so as:

- individual providers of home care services,
- employees of home care agencies,
- workers in state-licensed boarding homes,
- workers in adult family homes, &
- workers in supported living settings.

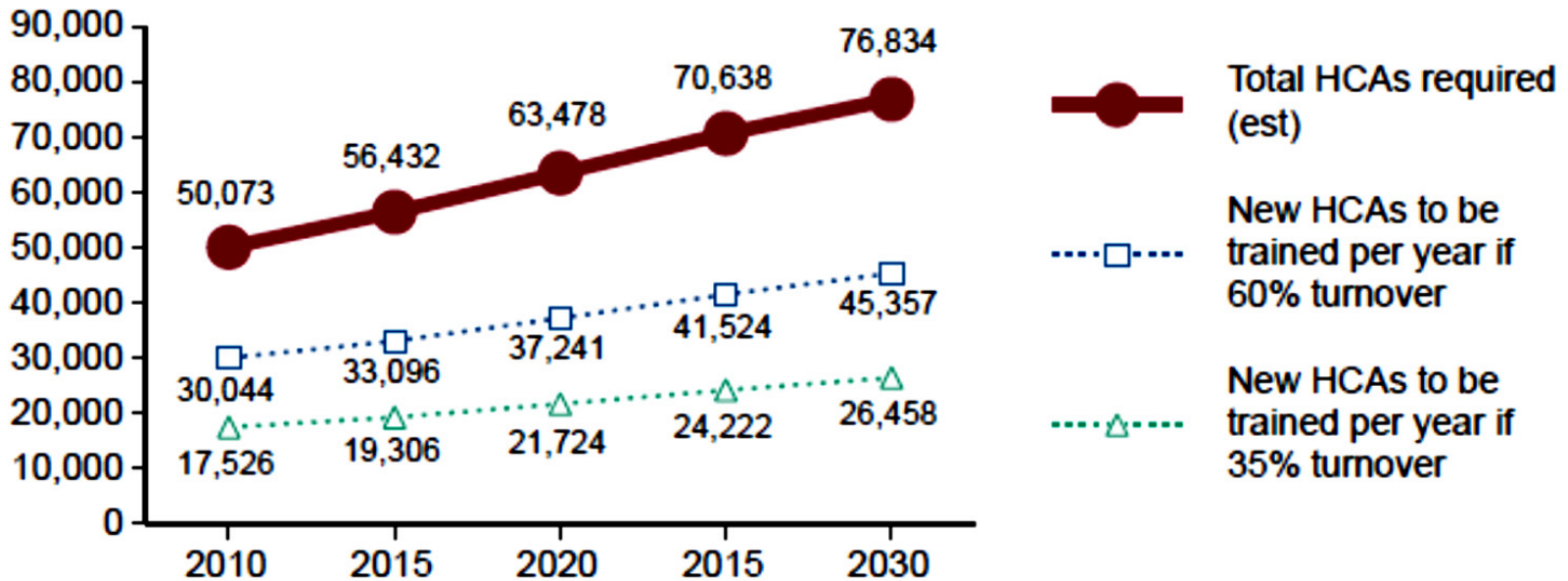
Washington State Population 2016-2040



Data source: Washington State Office of Financial Management. *State of Washington Forecast of the State Population: November 2016 Forecast*. http://www.ofm.wa.gov/pop/stfc/stfc2016/stfc_2016.pdf

Long Term Care - Direct Care Workforce: example: Home Care Aides

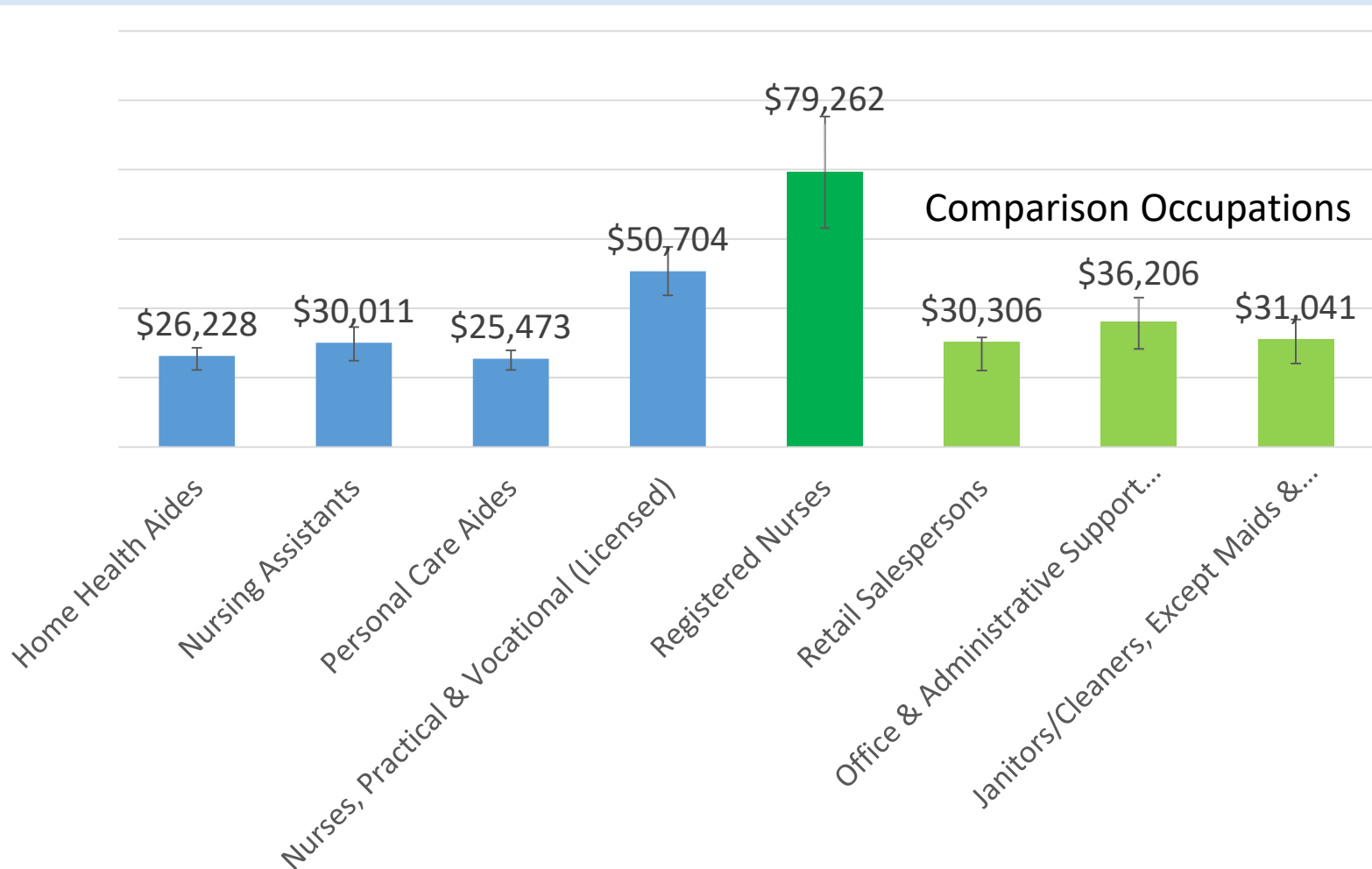
Figure 3: Projected Increase in Home Care Aide Supply Required for Home- and Community-Based Medicaid Services in Washington, 2010-2030*



*Based on estimated increases in the number of Medicaid consumers using HCA services as individual providers, through home care agencies, and in adult family homes and boarding homes.

From: Skillman SM, Basye A. 2011. *Policy Brief - Home Care Aides in Washington: Current Supply and Future Demand*. University of Washington Center for Health Workforce Studies. http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2015/09/Home_Care_Aides_Brief.pdf

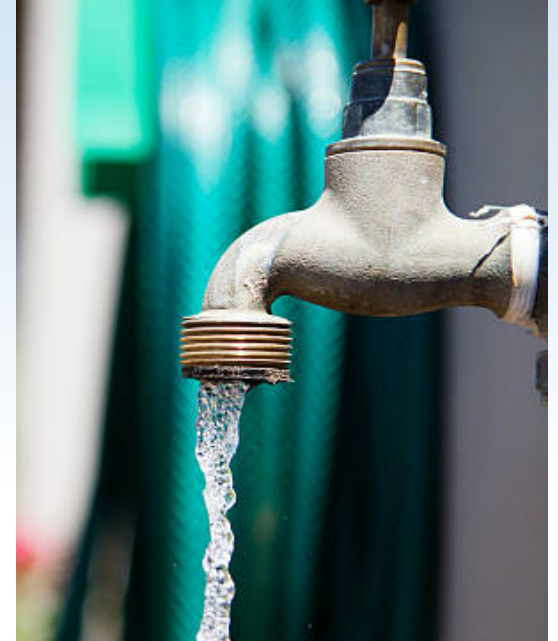
Direct care workforce: Washington State - full time* salaries 2016



* Based on hourly rates, although high %s work part time. Ranges on bars indicate 25th and 75th percentiles of salaries for each occupation
Data source: Washington State Employment Security Department, Labor Market and Economic Analysis Division

Direct care workforce: Solutions

It's not just about turning up the education/training "spigot"



We need to improve workforce conditions and promote opportunities to recruit and retain a high quality direct care workforce

Direct care workforce: Solutions

Salaries

- requires reimbursement models that reward use of direct care workers

--- Will value-based payment be the norm in the future?
(Value vs. Volume)



Direct care workforce: Solutions

Career Pathways/Professional Development

From our national study of rural home health care:

- Support career ladder programs that allow direct service workers (e.g., home health aides, certified nurse aides) to pursue career advancement opportunities that promote recruitment and retention.

Skillman SM, Patterson DG, Coulthard C, Mroz TM. *Access to Rural Home Health Services: Views from the Field*. Policy Brief #152. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Dec 2015. http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/02/RHRC_FR152_Skillman.pdf

Direct care workforce: Solutions

Technology

From our national study of rural home health care:

“Using technology can offer a cost-effective means to supervise paraprofessionals working in remote locations.”

“With appropriate financial incentives for technology, we may benefit from developing specific training for rural home health care workers to prepare them for using technology in patient care.”

Skillman SM, Patterson DG, Coulthard C, Mroz TM. *Access to Rural Home Health Services: Views from the Field*. Policy Brief #152. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Dec 2015.

Direct care workforce: Solutions

Technology - Robots

- Staffing augmentation
- Dispensing meds



- Lifting
- Toileting
- Interactivity
- Reminders
-

https://www.roboticsbusinessreview.com/health-medical/elder_care_robots_are_necessary_and_imminent_say_european_experts/

Direct care workforce: Solutions

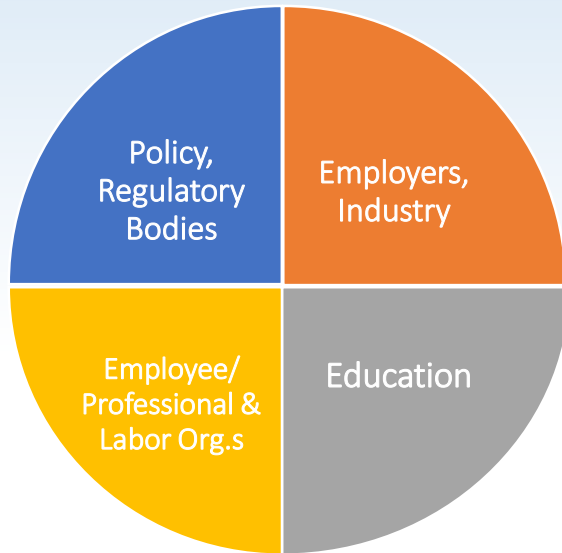
How does health workforce planning happen?

It's a combination of -

- Collaboration
- Competition
- Regulation
- Legislation
- Innovation



Health workforce planning partners



- Schools, Colleges, Universities, Training organizations
- Health care providers
 - Hospitals, clinics, long term care, other providers & delivery settings
- Departments of Health
- Departments of Labor/Employment
- Local/regional health/labor development groups
 - E.g., Washington’s “Accountable Communities of Health”; workforce investment boards
- Licensing boards
- Labor unions
- Professional associations
- Health workforce researchers/analysts
- Area Health Education Centers (AHECs)
- And more

No single agency or organization has the authority or the ability to identify overall health workforce needs and deploy the resources to address them.



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<https://depts.washington.edu/fammed/chws/>