

Advanced Direct Care Roles: A Key Strategy for Strengthening Post-Acute and Long-Term Care Access and Quality

Oregon Joint Task Force on Hospital Discharge Challenges

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March 28, 2024

Snapshot of the Direct Care Workforce in Oregon

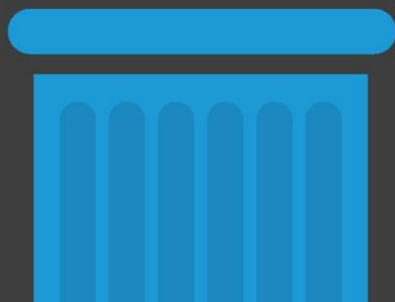
- 45,000 workers supporting older adults and people with disabilities across settings (2022)
 - Formal classifications: personal care aides, home health aides, and nursing assistants
- Low wages: median hourly wages are \$16.86 for personal care/home health aides and \$19.88 for certified nursing assistants (2022)
- Rapid growth: this workforce expanded 37% from 2012-2022 and is expected to grow 20% more by 2030 (65,000 total job openings from 2020-2030)



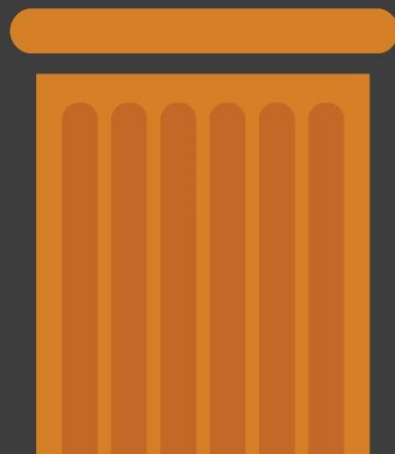
THE 5 PILLARS OF DIRECT CARE JOB QUALITY



QUALITY
TRAINING



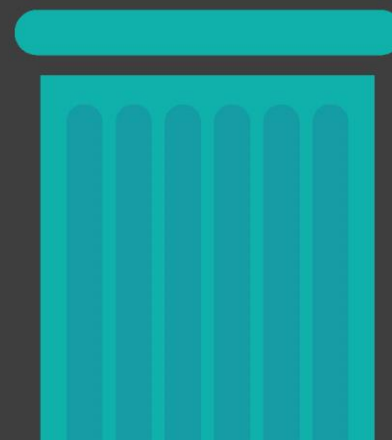
FAIR
COMPENSATION



QUALITY
SUPERVISION
& SUPPORT



RESPECT &
RECOGNITION



REAL
OPPORTUNITY





REAL OPPORTUNITY

A quality direct care job should invest in workers' learning, development, and career advancement.

Why Create Advanced Roles for Direct Care Workers?

- Build the skills and capacity of the direct care workforce overall
- Maximize the contribution of direct care workers to care delivery across settings
- Encourage job seekers to consider direct care in their career plans (recruitment)
- Encourage incumbent workers to stay in the field, rather than seeking career progression opportunities elsewhere (retention)
- Strengthen job satisfaction and satisfaction with care
- **Build the workforce needed to support more timely and effective post-hospital transitions**

“Working in these advanced roles has given me a lot of confidence in what I do. I feel good about being able to help more clients, more workers, and more family members in this way. I continue to learn, which is also good for me.”

MARISOL RIVERA

Care Coordinator at
Cooperative Home Care
Associates, Bronx, NY



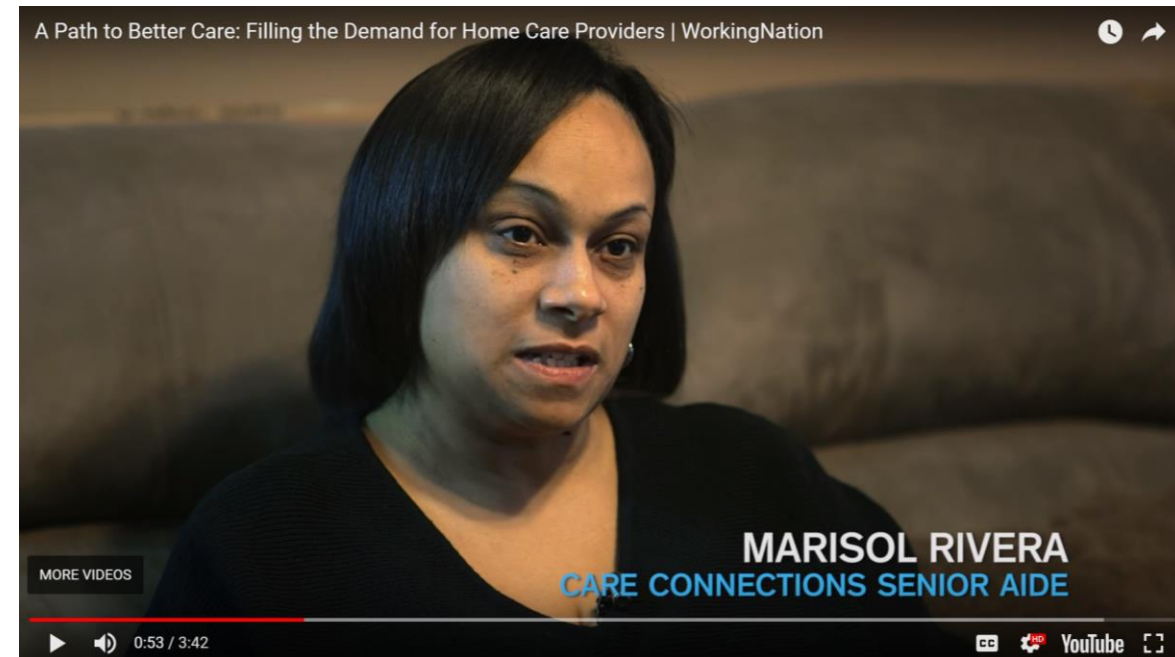
What Advanced Roles Can Direct Care Workers Fulfill?

- Peer mentors
- Assistant trainers
- Condition-specific specialists
- Senior aides
- Transition aides
- Health coaches
- Family coaches and educators



Care Connections Senior Aide

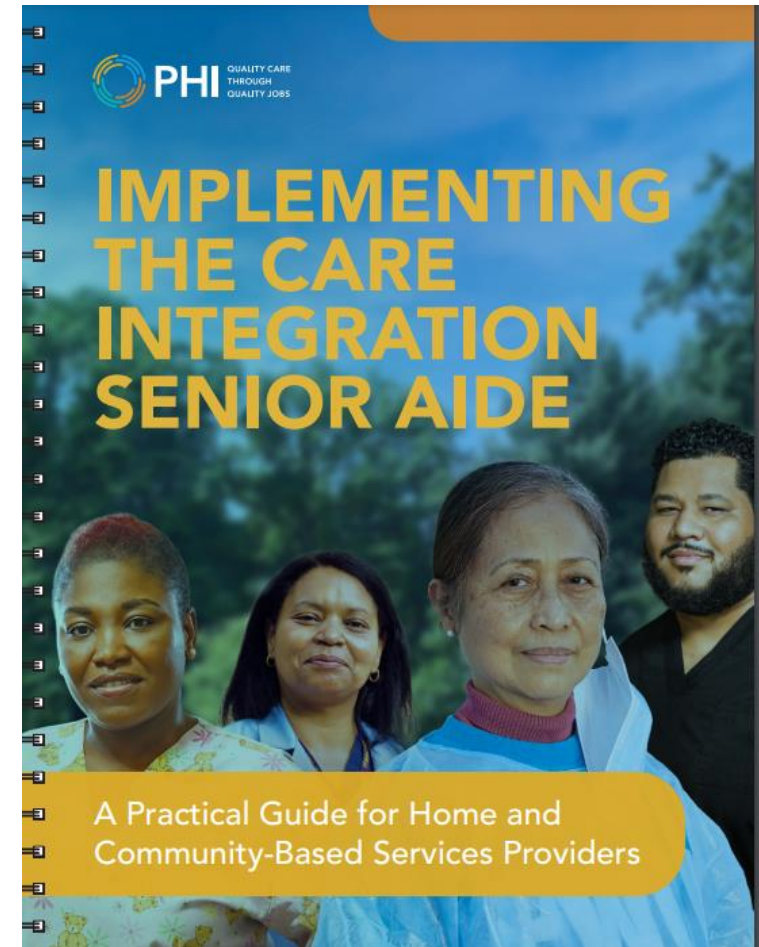
- Pilot project with three home care agencies and one managed long-term care plan in NYC
- Senior aides trained to coach and support home care workers and family caregivers and to serve on the interdisciplinary care team
- Results: improved job satisfaction, inclusion in the care team, relationships with clients and families, and communication with clinical managers
- Project also associated with 8% drop in emergency department visits and improved caregiver strain



<https://workingnation.com/one-companys-solution-filling-coming-demand-home-care-providers/>

Care Integration Senior Aide (CISA)

- Senior aide role that focuses on improving clinical and social conditions for clients through enhanced support for home care workers and improved interdisciplinary communication
- CISAs identify and communicate negative social determinants of health and clinical conditions, communicating their findings as full members of the interdisciplinary care team
- Aims to produce measurable return on investment (ROI) based on improved workforce and client outcomes
- Currently in pilot-testing phase



<https://www.phinational.org/resource/implementing-the-care-integration-senior-aide-a-practical-guide-for-home-and-community-based-services-providers/>

How Care Integration Senior Aides Support Clients and Save Costs

THE CARE INTEGRATION SENIOR AIDE

- Observe
- Record
- Report

CHANGES IN CLIENT CONDITION

- Changes in physical health
- Mental health or emotional state
- Injuries, rapid changes in condition, emergencies

SOCIAL DETERMINANTS OF HEALTH

- Stressors in the home
- Social connection
- Resource scarcity and other structural barriers
- Available community supports

KEY OUTCOMES

- Improved care quality measures (i.e., reductions in avoidable hospital admissions and emergency room utilization)
- Reduced negative social determinants of health (i.e., decreasing loneliness and isolation; increasing access to nutritious food, transportation, and more)
- Improved job retention and job satisfaction rates among home care aides and CISAs
- Improved client satisfaction with care delivery

COST SAVINGS

Transition Specialist

- Advanced role that focuses on improving transitions from acute to postacute care (and beyond) and avoiding preventable readmissions
- Transition Specialists establish consistent, person-centered relationships with patients and thereby help to improve care coordination and continuity across settings
- Pilot-tested with Trinity Health Senior Communities in Michigan with successful impact on readmission rates and patients' post-acute care experiences



<https://www.phinational.org/phi-helps-design-transition-specialist-program/>

TennCare QuiLTSS Competency Badges

- Statewide direct care career advancement program through TennCare
- Enables direct care workers to attain up to 12 different competency-based “badges” (aka micro-credentials)
- Each set of four badges associated with higher-level job title and (intended) wage increase



<https://quiltss.org/programs/>

Career & Education Pathway



| Level of Mastery | Levels of Mastery | Education Pathway | Career Pathway | Definition |
|------------------------------|-------------------|--|---|---|
| Emerging | | High School/GED | | |
| | | Pre- and Early-Service Training | Direct Service Worker | Level 1 mastery of all 12 competencies. Foundational knowledge of key practices is developing. S/he is able to perform job tasks to minimum acceptable standards with consistent prompting to complete tasks for given role. |
| | | QuILTSS Badges 1-4 | Community Support Specialist Level I | |
| Community Support Specialist | | QuILTSS Badges 5-8 | Community Support Specialist Level II | Level 2 mastery of all 12 competencies. Foundational knowledge of key practices is present. S/he is able to consistently perform job tasks to acceptable standards across a variety of contexts and requires few prompts to complete tasks for given role. |
| | | QuILTSS Badges 9-12 Full QuILTSS Credential | Community Support Specialist Level III | |
| | Supervisor | | Certificate in LTSS | Community Support Specialist III; Administrator; Team Lead |
| | | Associate Degree | | |
| Leader | | Bachelor of Arts/Bachelor of Science Degree | | Level 4 mastery of all 12 competencies. Consistently and fairly measures performance of others while providing feedback based on the acceptable standards across a variety of contexts regarding completed tasks for given roles of others. S/he motivates and leads the organization by establishing strategic goals and metrics for appropriate outcomes, accomplishments, and results with a willingness to change or consider new opportunities. S/he effectively communicates organization-wide initiative(s) and integrates behaviors, needed resources, and creative solutions to support it. |
| | | Master's/Doctoral Degree | Territory Manager; Company Owner and Director; Director of Nursing | |

<https://quiltss.org/pathways/>

Key Resources from PHI

POLICY RESEARCH >

Workforce Data Center

From wages to employment statistics, across states and nationwide, find the latest data on the direct care workforce.

We provide customized, up-to-date snapshots on this quickly-growing workforce.

STATE DATA

NATIONAL DATA

SELECT SEARCH CRITERIA You can select one or more states by using the map below, or by using the State drop

EMPLOYMENT TRENDS

STATE

ALABAMA

ALASKA

ARIZONA

ARKANSAS

CALIFORNIA

COLORADO

SHARE THIS



DIRECT CARE WORKFORCE STATE INDEX

STATES RANKING

1-5

| RANK | STATE | WORKER SUPPORTIVE POLICIES INDEX | DIRECT CARE WORKFORCE ECONOMIC INDEX |
|------|----------------------|--|--|
| 1 | WASHINGTON | 1 | 9 |
| 2 | RHODE ISLAND | 2 | 1 |
| 3 | DISTRICT OF COLUMBIA | 2 | 17 |
| 4 | MAINE | 9 | 4 |
| 5 | NEW JERSEY | 4 | 30 |

Find out where your state ranks at [PHInational.org](https://www.phinational.org)

<https://www.phinational.org/policy-research/workforce-data-center/>;
<https://www.phinational.org/state-index-tool/>



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Supporting Certified Nursing Assistant Advancement through Registered Apprenticeships

Oregon Joint Task Force on Hospital Discharge Challenges

Presenting on behalf of the Moving Forward Coalition Workforce Committee:

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Kezia Scales, PhD – PHI

Who We Are

The Moving Forward Coalition is a group of individuals and organizations that have come together to drive specific, actionable improvements in nursing home quality, while building a sustainable network to continue this vital work.

In the first two years, **our purpose** is to develop, test, and promote action plans to improve nursing home resident quality of life.

<https://movingforwardcoalition.org/>



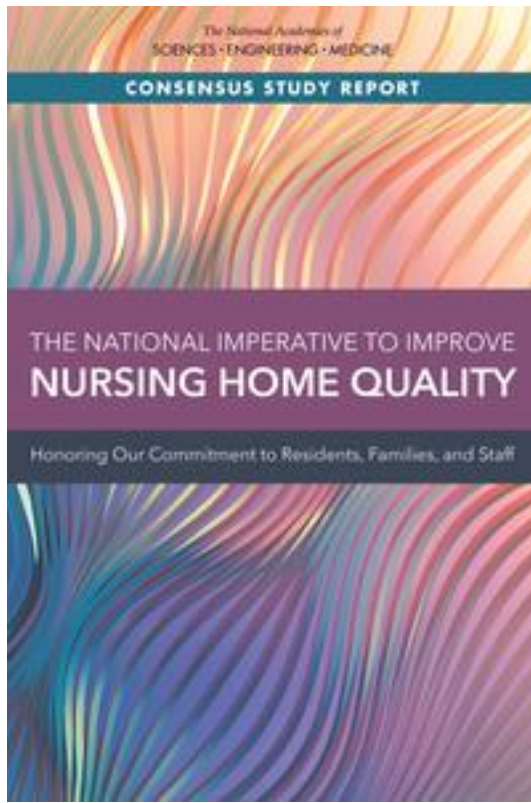
Our Supporting Organizations

40 organizations and counting have signed on as official supporting organizations of the Coalitions work. We are building and strengthening action-oriented partnerships with many more.



National Academies of Sciences, Engineering & Medicine (NASEM) 2022 Report

GOAL 2: Ensure a well-prepared, empowered, and appropriately compensated workforce



Recommendation 2A: Federal and state governments, together with nursing homes, should **ensure competitive wages and benefits** (including health insurance, child care, and sick pay) to recruit and retain all types of full- and part-time nursing home staff. Mechanisms that should be considered include wage floors, requirements for having a minimum percentage of service rates directed to labor costs for the provision of clinical care, wage pass-through requirements, and student loan forgiveness.

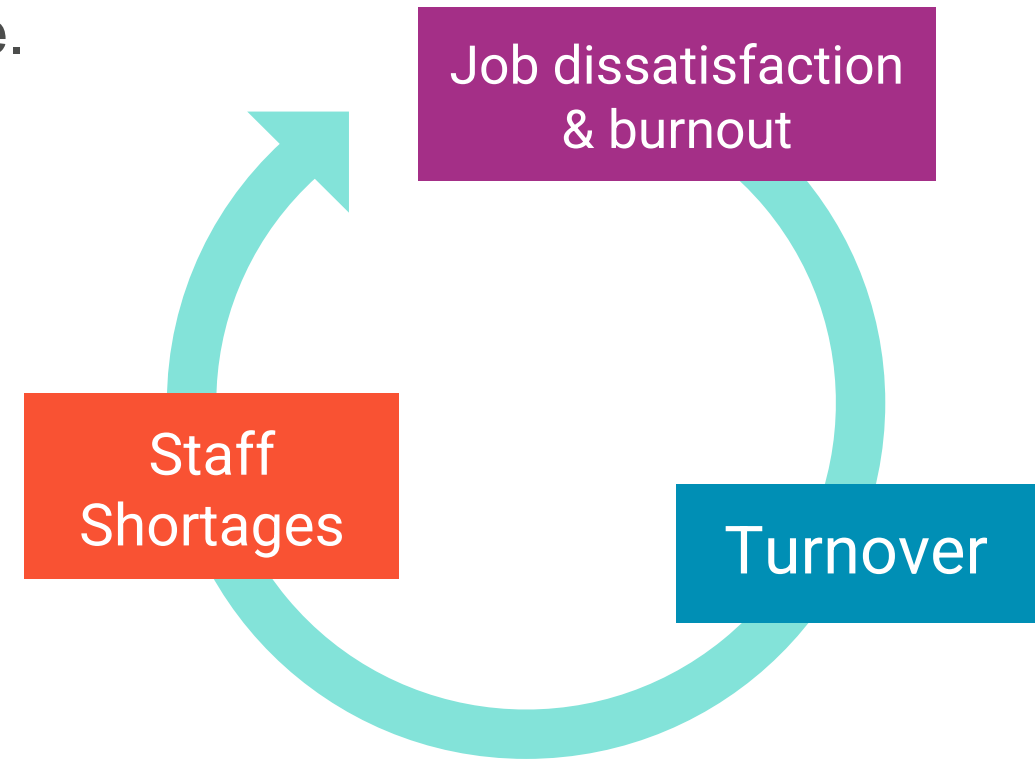
Recommendation 2E: To **advance the role of and empower certified nursing assistants:**

- Nursing homes should provide career advancement opportunities and peer mentoring;
- Federal and state governments, together with nursing homes should enable free entry-level training and continuing education (e.g., in community colleges);
- Nursing homes should cover CNAs' time for completing education and training programs;
- The Health Resources and Services Administration should fund training grants to advance and expand the role of the CNA and develop new models of care delivery that take advantage of the role of the CNA as a member of the interdisciplinary care team.



Improving Retention is Critical to Stabilizing the LTC Workforce & Providing High Quality Care

- CNAs are the eyes & ears of nursing homes, i.e. the '**surveillance system**' for recognizing & responding to changes in patient condition to preempt unnecessary hospitalization
- CNAs are responsible for ensuring that patients receive **adequate nutrition, mobility & skin care** – all of which are critical for successful recovery post-hospitalization
- CNAs typically face **limited opportunities for advancement**, & often feel that they are underprepared & underappreciated



Existing CNA career pathway models have been highly variable, limiting portability & replicability

Similarities

- Education areas: dementia, behavioral health, end of life care, restorative nursing, leadership/peer mentoring
- Wage progression
- Well-received among those directly involved

Differences

- Differing numbers of tiers & credentials
- Some are registered apprenticeships, some are not
- Funding sources
- May or may not include path to other certification or licensure (eg. med tech, LPN, RN)

Most programs start from the ground up, have remained fairly small in scale, & have challenges with growth

Different Types of CNA Career Pathway & Registered Apprenticeship Models

| No Apprenticeship | Apprenticeship |
|--|--|
| <p>Initial CNA certification with wraparound services</p> <p><i>e.g. Certified Nurse Assistant Program & Gateway-In Program (CA)</i></p> | <p>Initial CNA certification with wraparound services</p> <p><i>e.g. SEIU apprenticeships in several states including Oregon – RISE Partnership / Long-Term CareWorks</i></p> |
| <p>Career Pathway for Existing CNAs</p> <p><i>e.g. CNA Upskilling Program (CUSP) Quality Care Health Foundation & NAHCA: The CNA Association (CA)</i></p> | <p>Career Pathway for Existing CNAs</p> <p><i>e.g. Trilogy Health Services (KY, IN, OH, MI) & LeadingAge MN</i></p> |

D I S T I N G U I S H I N G F A C T O R S

SEVEN COMPONENTS OF REGISTERED APPRENTICESHIP



Industry-Led



Paid Job



Structured On-the-Job
Learning/Mentorship



Supplemental
Education



Diversity



Quality &
Safety



Nationally-Recognized
Credentials

TYPES OF APPRENTICESHIP

Time-based Approach:

Measures skill acquisition through apprentice's completion of at least 2,000 hours of on-the-job learning and a minimum of 144 hours of Related Training and Instruction.

Competency based:

Measures skill acquisition through apprentice's successful demonstration of acquired skills and knowledge.

Hybrid:

Measures apprentice's skill acquisition through a combination of specified minimum number of hours of on-the-job learning and the successful demonstration of competency.



Why Registered Apprenticeship for a CNA Pathway?

- Nationally-recognized, **portable** credential
- Allows for development of national standards that can be **replicated** by other employers
- Replication allows for **evaluation**
- Allows access to resources & funding sources specific to apprenticeship
 - Industry intermediaries to support administrative & technical aspects
 - Incentive funds via intermediaries
 - Federal & state grants

Barriers & Areas for States to Intervene

Barrier

Long-term care employers have limited experience & capacity for grant writing, grant administration, & administrative oversight of apprenticeship

Areas for Intervention

- Simplify grant applications
- Create user-friendly portals for submission & tracking
- Technical assistance to employers
- Strengthen relationships with industry intermediaries designed to support admin aspects of apprenticeship:
 - *Equus, HCAP, & netAmerica contracted w/US DOL to support healthcare employers*

Barriers & Areas for States to Intervene

Barrier

CNA workforce development too dependent on time- & scope-limited grants.

Huge variation in funding sources across & within states

Areas for Intervention

- Explore more sustainable funding models through state labor, education, or health departments.
- Post funding opportunities from all state sources in one centralized location
- Post RFAs well in advance, post throughout the year, & allow rolling applications

Barriers & Areas for States to Intervene

Barrier

**Lots of stakeholders,
both government &
non-government**

**Too much inefficiency,
redundancy & lack of
coordination**

Areas for Intervention

- Dedicate a state-wide task force to CNA Workforce Development including government & non-government stakeholders
- Map out core processes & establish mechanisms for improving inter-agency coordination around regulatory processes, program administration, & funding

Partner with Key Stakeholders

- Depts of Health, Labor, & Education
- Boards of Nursing
- Workforce Development Boards
- State Apprenticeship Agency
- Community college networks & other educators
- SEIU & other labor unions
- NAHCA: The CNA Association
- Geriatric Workforce Enhancement Programs (GWEP) & Area Health Education Centers (AHEC)
 - *HRSA-funded*
- LeadingAge & AHCA/NCAL state affiliates
- Individual employers
- Industry intermediaries who support registered apprenticeship program development
 - *Contracted with US Dept of Labor: Equus, HCAP, & netAmerica*
- Quality Improvement Organizations (QIOs)

MOVING FORWARD

NURSING HOME QUALITY COALITION



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