



MEMO

Date: June 3, 2015

To: 2015 White House Conference on Aging

From: PHI (Paraprofessional Healthcare Institute)

RE: Comments on WHCOA Long-Term Services and Supports Issue Brief

PHI (Paraprofessional Healthcare Institute) applauds the inclusion of Long-Term Services and Supports (LTSS) as a core issue for the 2015 White House Conference on Aging (WHCOA). As the country's premier expert on the direct-care workforce, PHI brings decades of experience in reshaping workforce policy and practice, particularly improving the quality of jobs held by the nation's more than four million direct-care workers. Through a multi-faceted approach that combines training, research, and advocacy, we are strengthening low-income communities, building economic stability for individuals and families, and improving the care provided to low-income elders and people living with disabilities.

We strongly agree with the White House Conference on Aging that meeting the LTSS needs of older adults and people with disabilities represents one of the primary challenges for this generation. We must ensure that all individuals as they age can live in dignity and remain engaged in their communities. This issue also has fiscal importance: the cost of care for individuals with multiple chronic conditions who are also living with functional limitations is more than twice the cost of care for their peers without functional limitations.¹ On this point, PHI strongly supports—and expands upon through these comments—the brief's acknowledgment that direct-care workers play a critical role in the delivery of high-quality, efficient LTSS to millions of older people and people with disabilities.

As noted by the AARP Public Policy Institute, the ratio of family caregivers to older adults, age 80 and older, will plummet from about 7:1 today to less than 4:1 in 2030. Unfortunately, these Americans will experience diminished care unless we innovate and better support the direct-care workforce. PHI's research estimates that while the demand for home care workers will increase 50 percent by 2022, the primary labor pool from which direct-care workers are drawn—women, ages 25-54—will grow by less than one percent. And while family caregivers are essential to the provision of care in this country, many people lack traditional family supports or are increasingly strained to offer such care, especially in complex health scenarios.



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It's in this context that PHI responds to the key questions posed in the issue brief. We appreciate the opportunity to offer additional context and recommendations, and we look forward to supporting the White House on this conference and on the issues described in these comments.

What could be done to ensure sufficient numbers of highly qualified direct-care workers for now and the future?

To ensure sufficient numbers of qualified direct-care workers, action must be taken on several fronts. The first area in critical need of attention is **improving compensation** for direct-care workers both in terms of wages and benefits. [Median wages for personal care aides](#) (the fastest-growing occupation in home care) has fallen below 133 percent of the federal poverty level (FPL) in 24 states and below 200 percent of FPL in every state. PHI recommends:

- Improving wages and overtime protections for direct-care workers, while properly financing the LTSS system and reimbursing LTSS providers for the actual cost of services.
- Working with state governments and agencies to incentivize Medicaid expansion to millions of low-income families under the Affordable Care Act.
- Assessing and expanding health coverage among direct-care workers, ensuring that they are in good health and can provide reliable care to older people and people with disabilities.

What could be done to ensure an adequate workforce with the knowledge and skills needed to support an increasing population of older Americans with chronic conditions and/or functional limitations?

To create the direct-care workforce we need, action must be taken to provide direct-care workers with **opportunities for training** that help workers develop and hone skills—both technical and relational—that are necessary to support older adults who need LTSS. PHI's evaluation and experience show that improving training can also reduce rates of injury and reduce turnover, thus improving working conditions and quality of care while lessening expenditures for care. For example, in Michigan, one of the six states chosen to implement the Personal and Home Care Aide State Training (PHCAST) demonstration project, project evaluators found that training significantly improved worker job satisfaction and confidence, important factors for staying on the job.ⁱⁱ

Better training becomes paramount as the industry rapidly grows. Direct-care workers account for 30 percent of the health care workforce, far outnumbering other health care occupations such as physicians, nurses, therapists and medical assistants. Expected to add 1.6 million to its ranks over the next decade, the direct-care workforce will total nearly 5 million workers by

2020. At 5 million, the direct-care workforce will become the nation's largest occupational group, exceeding registered nurses (3.4 million).ⁱⁱⁱ PHI recommends:

- Drawing on findings from the Health Resources and Services Administration's forthcoming report to Congress on outcomes from the PHCAST program to promulgate federal minimum training standards for personal care aides.
- Modifying current minimum federal training requirements for certified nursing assistants and home health aides to align with recommendations by the Institute of Medicine for a minimum of 120 hours of training prior to delivering services.^{iv}
- Developing and disseminating CMS guidance for states on LTSS workforce pre-service and ongoing training, while making available federal match funds for training for home care workers equal to what's offered for training in institutional settings.
- Incorporating direct-care worker quality measures into federally funded LTSS programs and demonstrations by drawing on related sources such as the recommendations in the August 2014 National Quality Forum health workforce report related to training and the development of core competencies in the care of older adults.^v
- Funding pilots and demonstration projects that train aides and family caregivers in better working together to enhance the quality of care for older people and people with disabilities, as well as funding additional training related to specific diseases and health conditions prevalent among older people.
- Requiring that grantees of the Center for Medicare and Medicaid Innovation design methods to identify, assess, and include family caregivers in care planning.

Basic training for direct-care workers is an essential step to building the workforce needed to support the growing population of older Americans with chronic conditions and/or functional limitations. In addition, we must create **opportunities for career advancement for direct-care workers**. PHI recommends:

- Funding pilot projects to develop career ladders for direct-care workers through vehicles such as the Center for Medicare and Medicaid Innovation, the apprenticeship program at the U.S. Department of Labor, and the President's American Graduation Initiative aimed at supporting students enrolled in community colleges nationwide. Such pilots should be inclusive of new occupational titles and roles used in health reform efforts that seek to reduce unnecessary hospitalization and emergency room utilization.
- Disseminating the findings of the [St. John's Enhanced Home Care Pilot Program](#) and other models that integrate the direct-care worker into the clinical care team in order to improve outcomes, as well as funding providers to duplicate successful interventions.

The aforementioned pilot produced marked decreases in hospital and emergency room utilization among participants.

How can we harness technology to assist individuals with their long-term service and support needs?

In partnership with our affiliates in New York, PHI is currently conducting the “Care Connection” project to create a “Senior Aide” role and use targeted telehealth interventions to maximize the value and impact of the interactions between home care workers and more than 1,100 Medicaid beneficiaries—improving the quality and efficiency of care. The project, by enhancing communication skills and information-sharing, is improving linkages among clinicians, care management staff, and home care workers in order to improve the health of Medicaid-eligible individuals. Aides are trained to report symptoms and changes in conditions in order to promote timely interventions and better health outcomes—potentially reducing avoidable hospital admissions and re-admissions, among other benefits. Care Connections successfully uses Practice Unite software that enables greater efficiency in reporting changes in conditions, while providing other supports to clients and family members such as scheduling transportation and making connections with physician offices. PHI recommends:

- Funding telehealth interventions and demonstration projects that support home care workers in the delivery of care to people receiving LTSS.

ⁱ Komisar, H. and Feder, J. “[Transforming Care for Medicare Beneficiaries with Chronic Conditions and Long-Term Care Needs: Coordinating Care Across All Services](#),” Georgetown University, October 2011.

ⁱⁱ Luz, C. and Hanson, K. “[Filling the Care Gap: Personal Home Care Worker Training Improves Job Skills, Status, and Satisfaction](#),” Home Health Care Management & Practice, May 2015.

ⁱⁱⁱ Paraprofessional Healthcare Institute. “[Facts 3: America’s Direct-Care Workforce](#),” November 2013.

^{iv} Institute of Medicine. “[Retooling for an Aging America: Building the Health Care Workforce](#),” April 2008.

^v National Quality Forum. “[Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps for the Health Workforce](#),” August 2014.